

**STATE OF GEORGIA
DEPARTMENT OF PUBLIC HEALTH**

Women, Infants and Children Program

**Edits Manual/Data Dictionary
For the
Electronic Turn-Around Document (ETAD)
Data Elements and Business Rules
For WIC Clinic Systems**

Georgia WIC Program
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DEDICATION	12
COMMITTEE MEMBERS	13
LIST OF ETAD CHANGE ORDERS	15
LIST OF SYSTEMS WORK ORDERS FFY 2005	21
LIST OF SYSTEMS WORK ORDERS FFY 2004	22
UNITED STATES DEPARTMENT OF AGRICULTURE MANDATE	24
LAYOUT	25
TABLE 1	26
TABLE 2: WIC PARTICIPANT TYPE CODES	32
TRANSACTION TYPE CODES	33
TABLE 3: TRANSACTION TYPE CODES	33
TRANSACTION TYPE C – INITIAL CERTIFICATION	34
TABLE 4: INITIAL CERTIFICATION – MANDATORY ENTRIES	34
TRANSACTION TYPE W – WAITING LIST	38
TABLE 5: WAITING LIST - MANDATORY ENTRIES	38
TRANSACTION TYPE S – SUBSEQUENT CERTIFICATION	41
TABLE 6: SUBSEQUENT CERTIFICATION—MANDATORY ENTRIES	41
TRANSACTION TYPE H – CHILD HALF CERTIFICATION	45
TABLE 6A: CHILD HALF CERTIFICATION—MANDATORY ENTRIES	45
TRANSACTION TYPE A – BREASTFEEDING WOMAN MID-ASSESSMENT	47
TABLE 6B: BREASTFEEDING WOMAN MID-ASSESSMENT —MANDATORY ENTRIES	47
TRANSACTION TYPE M – INFANT ASSESSMENT	48
TABLE 7: INFANT ASSESSMENT —MANDATORY ENTRIES	48
TRANSACTION TYPE U – UPDATE	49
TRANSACTION TYPE T –TERMINATION	50
TABLE 8: TERMINATION —MANDATORY ENTRIES	50
TRANSACTION TYPE X – TRANSFER INTO CLINIC	51
TABLE 9: TRANSFER INTO CLINIC —MANDATORY ENTRIES	51
TRANSACTION TYPE O – OUT OF STATE TRANSFER	54
TABLE 10: OUT OF STATE TRANSFER —MANDATORY ENTRIES	54
DATA ELEMENT: 1 – WAITING LIST CODE	57
DATA ELEMENT: 2 – TERMINATION CODE	58
DATA ELEMENT: 3 – TERMINATION DATE	61
DATA ELEMENT: 4 – TRANSFER INTO CLINIC	62
DATA ELEMENT: 5 – DATE FORM COMPLETED	62
DATA ELEMENT: 6 – STAFF INITIALS	63

DATA ELEMENT: – DISTRICT/UNIT CODE	64
TABLE: 13 DISTRICT/UNIT CODES	65
DATA ELEMENT: 7 – CLINIC CODE	67
DATA ELEMENT: 8 – DISCONTINUED (FORMERLY SORT CODE)	68
DATA ELEMENT: 9 – WIC IDENTIFICATION NUMBER (WIC ID)	69
DATA ELEMENT: 10 – PARTICIPANT’S LAST NAME	71
DATA ELEMENT: 11 –PARTICIPANT’S FIRST NAME	72
DATA ELEMENT: 13 – DATE OF BIRTH	74
DATA ELEMENT: 14 – STREET ADDRESS	74
DATA ELEMENT: 16 – ZIP CODE	77
DATA ELEMENT: 17 – COUNTY CODE	77
DATA ELEMENT: 18 – TELEPHONE NUMBER	79
DATA ELEMENT: 19 – SOCIAL SECURITY NUMBER (DISCONTINUED)	80
DATA ELEMENT: 20 – RACE DISCONTINUED¹ (ORIGINAL)	81
DATA ELEMENT: 20 –RACE2 (REVISED2)	82
TABLE: 14- RACE CODES	83
DATA ELEMENT: 21 – MIGRANT	84
DATA ELEMENT: 22 – MOTHER’S WIC ID OR PARENT/CAREGIVER’S NAME	86
DATA ELEMENT: 23 – GENDER	86
DATA ELEMENT: 24 – TYPE	87
DATA ELEMENT: 25 – MEDICAL DATA DATE	89
DATA ELEMENT: 26 – HEIGHT	90
DATA ELEMENT: 27 – WEIGHT	91
TABLE 15: HEMATOCRIT/HEMOGLOBIN VALUES FOR PRENATAL WOMEN*	93
HEMATOCRIT/HEMOGLOBIN VALUES FOR CHILDREN	93
TABLE 16: HEMATOCRIT	93
TABLE 17: HEMATOCRIT/HEMOGLOBIN VALUES FOR POSTPARTUM AND NON-BREASTFEEDING WOMEN	94
TABLE 18: HEMATOCRIT/HEMOGLOBIN VALUES FOR INFANTS	94
DATA ELEMENT: 30 – REASON FOR CERTIFICATION	95
TABLE 19: REASON FOR CERTIFICATION BY TYPE AND PRIORITY	96
DATA ELEMENT: 31 – HIGH RISK	101
TABLE 20: HIGH RISK CODES FOR NUTRITIONAL AND/OR MEDICAL PROBLEMS	102
TABLE 21: HIGH RISK CODES FOR NUTRITIONAL AND/OR MEDICAL PROBLEMS	103
DATA ELEMENT: 32 – PRIORITY CODE	105
DATA ELEMENT: 33 – FOOD PACKAGE CODES	106
TABLE 22: FOOD PACKAGE CODES BY WIC TYPE	106
TABLE 23: INFANT FOOD PACKAGE CONVERSION TABLE*	107
TABLE 23A: INFANT FOOD PACKAGE CONVERSION TABLE EFFECTIVE 10/01/2009*	110
TABLE 23B: CHILD FOOD PACKAGE CONVERSION TABLE EFFECTIVE 10/01/2009*	118
TABLE 23C: SPECIAL INFANT FORMULA FOOD PACKAGE CONVERSION	119
TABLE EFFECTIVE 10/01/2009*(SPECIAL FORMULAS MAY BE ISSUED TO INFANTS, CHILDREN OR ADULTS)	119

DATA ELEMENT: 34 – MEDICAID	125
DATA ELEMENT: 35 – MEDICAID NUMBER	126
DATA ELEMENT: 36 – SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	127
DATA ELEMENT: 37 – OTHER SERVICES (ENROLLED IN AND REFERRED TO)	128
TABLE 24: OTHER SERVICES CODES (ENROLLED IN AND REFERRED TO)	128
DATA ELEMENT: 38 – DATE OF CERTIFICATION	130
DATA ELEMENT: 39 – FAMILY SIZE	130
DATA ELEMENT: 40 – MONTHLY INCOME	132
TABLE 25: DELETED (SEE TABLE 26 BELOW)	133
TABLE 26: WIC INCOME ELIGIBILITY GUIDELINES	134
DATA ELEMENT: 41 – ESTIMATED DATE OF CONFINEMENT	135
DATA ELEMENT: 42 – DELIVERY DATE	136
DATA ELEMENT: 43 – PREGRAVID WEIGHT	137
DATA ELEMENT: 44 –DISCONTINUED (FORMERLY ALCOHOL – ALCOHOL CONSUMPTION IS NOW COLLECTED IN DATA ELEMENTS #92 AND #93)	138
DATA ELEMENT: 45 – DISCONTINUED (FORMERLY CIGARETTES PER DAY) (TOBACCO USE IS NOW RECORDED IN DATA ELEMENTS #86 - 91)	139
DATA ELEMENT: 46 – MARITAL STATUS	140
DATA ELEMENT: 47 – EDUCATION LEVEL	141
DATA ELEMENT: 48 – MEDICAL CARE STARTED	142
DATA ELEMENT: 49 – WEIGHT PRIOR TO DELIVERY	143
DATA ELEMENT: 50 – PREGNANCY OUTCOME CODE	144
TABLE 27: PREGNANCY OUTCOME CODES	144
DATA ELEMENT: 51 – BREAST FEEDING NOW	145
DATA ELEMENT: 52 – BREASTFED EVER	146
DATA ELEMENT: 53 – NUMBER OF WEEKS BREAST FED	147
DATA ELEMENT: 54 – DATE OF MOST RECENT BREASTFEEDING RESPONSEERROR! BOOKMARK NOT DEFINED.	149
DATA ELEMENT: 55 – INFANT BIRTH WEIGHT	150
DATA ELEMENT: 56 – MULTIPLE BIRTH	151
DATA ELEMENT: 57 – CHILD’S FIRST PACKAGE CODE	152
DATA ELEMENT: 58 – PICKUP CODE	153
TABLE 28: VOUCHER PICK UP WEEK CODE	153
TABLE 29: VOUCHER PICK UP DAY CODE	153
DATA ELEMENT: 59 – VOUCHER INTERVAL CODE	154
DATA ELEMENT: 60 – DISTRICT/UNIT USE CODE	155
DATA ELEMENT: 61 – SPECIAL USE	156
DATA ELEMENT: 62 –DISCONUED (FORMERLY VERIFICATION OF CERTIFICATION	157
DATA ELEMENT: 63 – DISCONTINUED (FORERLY VOC ISSUED RECEIVED	158

DATA ELEMENT: 64 – IMMUNIZATION STATUS DATE	159
DATA ELEMENT: 65 – IMMUNIZATION RECORD SCREENED/REQUESTED	160
DATA ELEMENT: 66 – IMMUNIZATION ADEQUATE FOR AGE OR REFERRED TO	161
DATA ELEMENT: 67 – DISCONTINUED (FORMERLY IMMUNIZATION RECORD PRESENTED	162
DATA ELEMENT: 68 – IDISCONTIUED (FORMERLY MMUNIZATION RECORD REQUESTED)	163
DATA ELEMENT: 70 – DISCONTINUED (FORMERLY REFERRED FOR FOLLOW UP	165
DATA ELEMENT: 71 – TEMPORARY ASSISTANCE FOR NEEDY FAMILIES)	166
DATA ELEMENT: 72 – PHYSICAL PRESENCE	167
DATA ELEMENT: 73 –REASON FOR ABSENCE	168
TABLE 30: REASON FOR ABSENCE	168
DATA ELEMENT: 74 - ETHNICITY	169
DATA ELEMENT: 75 – HEMATOLOGICAL DATA DATE	170
DATA ELEMENT: 77 – PROOF OF RESIDENCY	172
TABLE 31: INPUT FOR PROOF OF RESIDENCY	172
DATA ELEMENT: 78 – PROOF OF IDENTIFICATION	173
TABLE 32: INPUT FOR PROOF OF IDENTIFICATION	173
DATA ELEMENT: 79 – PROOF OF INCOME	175
TABLE 33: INPUT FOR PROOF OF INCOME	175
DATA ELEMENT: 80 – PARITY	177
DATA ELEMENT: 82 – DIABETES DURING PREGNANCY	179
DATA ELEMENT: 83 – HYPERTENSION DURING PREGNANCY	180
DATA ELEMENT: 84 – MULTIVITAMIN CONSUMPTION	181
DATA ELEMENT: 85 – MULTIVITAMIN CONSUMPTION	182
DATA ELEMENT: 86– CIGARETTES PER DAY	183
DATA ELEMENT: 87 – CIGARETTES PER DAY PRENATAL VISIT	184
DATA ELEMENT: 88 – CIGARETTES PER DAY POST-PARTUM VISIT	185
DATA ELEMENT: 89 – CIGARETTES PER DAY LAST THREE MONTHS OF PREGNANCY	186
DATA ELEMENT: 90 – HOUSEHOLD SMOKING PRENATAL VISIT	187
DATA ELEMENT: 91 – HOUSEHOLD SMOKING POST-PARTUM VISIT	188
DATA ELEMENT: 92 – DRINKS PER WEEK THREE MONTHS PRIOR TO PREGNANCY	189
DATA ELEMENT: 93 – DRINKS PER WEEK LAST THREE MONTHS OF PREGNANCY	190
DATA ELEMENT: 94 – PROOF OF IDENTIFICATION PARENT/GUARDIAN/CAREGIVER	191
TABLE 34: INPUT FOR PROOF OF IDENTIFICATION – PARENT/GUARDIAN/CAREGIVER	191
DATA ELEMENT: 95 – SECONDARY NUTRITION EDUCATION FOLLOW-UP DATE	193
DATA ELEMENT: 96 – SECONDARY NUTRITION EDUCATION FOLLOW-UP CONTACT PROVIDED	194
DATA ELEMENT: 97 – SECONDARY NUTRITION EDUCATION FOLLOW-UP TYPE	195
TABLE 35: VALID INPUT FOR SECONDARY NUTRITION EDUCATION FOLLOW-UP CONTACT TYPE	195

DATA ELEMENT: 98 – SECONDARY NUTRITION EDUCATION FOLLOW-UP TOPICS	196
TABLE 36: CODES TO BE USED FOR TOPICS BY WIC TYPE:	197
DATA ELEMENT: 99 – SECONDARY NUTRITION EDUCATION FOLLOW-UP CONTACT PROVIDER	199
TABLE 37 SELECTIONS FOR TITLE OF INDIVIDUAL PROVIDING NUTRITION EDUCATION:	200
DATA ELEMENT: 100 – BODY MASS INDEX	201
TABLE 38: CONVERTING FRACTION TO DECIMALS TO INCHES	201
TABLE 39: CONVERTING FRACTION TO DECIMALS - QUARTER POUNDS	201
DATA ELEMENT: 101 – DATE BREASTFEEDING BBEGAN	203
DATA ELEMENT: 102 – DISCONTINUED	204
DATA ELEMENT: 103 – DATE OF LAST TIME OF BREASTFEEDING AND/OR PUMPING	205
DATA ELEMENT: 104 – PEER COUNSELOR ID	206
DATA ELEMENT: 105 – TYPE OF PEER COUNSELOR CONTACT	207
TABLE 40 TYPE OF PEER COUNSELING CONTACT	207
DATA ELEMENT: 106 – PEER COUNSELOR TERMINATION DATE	208
DATA ELEMENT: 107 – BREAST PUMP ASSIGNED	209
DATA ELEMENT: 108 – BREASTFEEDING PEER COUNSELOR ASSIGNED	210
DATA ELEMENT: 109 – FAMILY NUMBER CURRENTLY NOT USED	211
DATA ELEMENT: 110 – DATE OF INITIAL CONTACT	212
DATA ELEMENT: 111 – INITIAL CONTACT TYPE	213
TABLE 41 INITIAL CONTACT TYPE	213
DATA ELEMENT: 113 – INFANT FEEDING METHOD	215
DATA ELEMENT: 114 – WOMAN’S FEEDING METHOD	216
DATA ELEMENT: 115 – MEDICAL HOME	217
DATA ELEMENT: 116 – FRUIT INTAKE	218
DATA ELEMENT: 117 – VEGETABLE INTAKE	219
DATA ELEMENT: 118 – DAILY ACTIVITY FOR CHILDREN	220
DATA ELEMENT: 119 – SECOND FOOD PACKAGE OPTION	221
DATA ELEMENT: 120 – PEACHCARE	223
DATA ELEMENT: 121 – DAIRY INTAKE	224
DATA ELEMENT: 122 – SCREEN TIME	225
DATA ELEMENT: 123 – DATE PEER COUNSELOR ASSIGNED	226
DATA ELEMENT: 124 – DATE BEAST PUMP AASSIGNED	227
DATA ELEMENT: 125 – DATE BREAST PUMP RETURNED	228
DATA ELEMENT: 126 – TYPE OF BREAST PUMP ASSIGNED*	229
DATA ELEMENT: 127 – DATE APPOINTMENT KEPT	230
DATA ELEMENT: 128 – DISCLOSURE ALLOWED	231
DATA ELEMENT: 129 – DATE APPOINTMENT REQUESTED	232

DATA ELEMENT: 130 – BREASTFEEDING DYADS	233
DATA ELEMENT: 131 – VIDEO CONFERENCE BOX	234
REVISED ELECTRONIC TURN-AROUND DOCUMENT	235
ELECTRONIC TAD RECORD FORMAT	236
BATCH CONTROL SYSTEM	237
ELECTRONIC SYSTEM	237
TABLE 42: ELECTRONIC TURNAROUND DOCUMENT - HEADER	239
TABLE 43: ELECTRONIC TURNAROUND DOCUMENT - DETAIL RECORD	240
TABLE 44: ELECTRONIC TURNAROUND DOCUMENT - DATA ELEMENT ORDER	246
CRITICAL ERRORS	251
CALCULATING VALID CERTIFICATION PERIODS	252
TABLE 45: VALID CERTIFICATION PERIODS FOR PRENATAL WOMEN	253
TABLE 46: VALID CERTIFICATION PERIODS FOR POSTPARTUM NON-BREAST FEEDING WOMEN	254
VOUCHER PRINTING RULES	254
TABLE 47: VALID CERTIFICATION PERIODS FOR POSTPARTUM BREAST FEEDING WOMEN	255
TABLE 48: VALID CERTIFICATION PERIODS FOR INFANTS	259
TABLE 49: VALID CERTIFICATION PERIODS FOR CHILDREN	261
VOUCHER RECEIPT MESSAGES:	262
PROCESSING WIC VOUCHERS	264
TABLE 50: WIC VOUCHER RECONCILIATION	265
VPOD PRINTING RULES	266
SAMPLE VPOD VOUCHERS	268
BANK EXCEPTIONS	270
GEORGIA WIC PROGRAM	271
SYSTEM MODIFICATION TESTING PROTOCOL	271
DEFINITIONS:	271
CENTRAL PROCESSING SYSTEM (CPS) - CSC	272
COMPUTER SYSTEMS ISSUES AND PROBLEMS	274
GEORGIA WIC PROGRAM ETAD CHANGES 2004 - 2012	276
ETAD CHANGES FFY 2004	276
04-001	276
04-002	277
04-003	278
04-004:	279
04-005	280
04-006	281
04-006a	282
04-007	283
04-008	284
04-009	285
04-010	286
04-011	287
04-012	288
04-012a	289
04-013	290

Georgia WIC Program

Edits Manual/Data Dictionary

<i>04-013a</i>	<i>291</i>
<i>04-014</i>	<i>292</i>
<i>04-015</i>	<i>293</i>
<i>04-016</i>	<i>294</i>
<i>04-017</i>	<i>296</i>
<i>04-017a</i>	<i>297</i>
<i>04-018</i>	<i>298</i>
<i>01-019</i>	<i>299</i>
ETAD CHANGES FFY 2005	300
<i>05-001</i>	<i>300</i>
<i>05-002</i>	<i>301</i>
<i>05-003</i>	<i>302</i>
ETAD CHANGES FFY 2006	303
<i>06-001</i>	<i>303</i>
<i>06-002</i>	<i>304</i>
<i>06-003</i>	<i>305</i>
<i>06-004</i>	<i>306</i>
<i>06-005</i>	<i>307</i>
<i>06-006</i>	<i>308</i>
<i>06-007</i>	<i>309</i>
<i>06-008</i>	<i>310</i>
<i>06-009</i>	<i>311</i>
ETAD CHANGES FFY 2007	312
<i>07-001</i>	<i>312</i>
<i>07-002</i>	<i>313</i>
<i>07-003</i>	<i>314</i>
<i>07-004</i>	<i>315</i>
<i>07-005</i>	<i>316</i>
<i>07-006</i>	<i>317</i>
<i>07-007</i>	<i>318</i>
<i>07-008</i>	<i>319</i>
<i>07-009</i>	<i>320</i>
<i>07-010</i>	<i>321</i>
<i>07-011</i>	<i>322</i>
<i>07-012</i>	<i>323</i>
<i>07-013</i>	<i>324</i>
<i>07-014</i>	<i>325</i>
ETAD CHANGES FFY 2008	325
<i>08-001</i>	<i>326</i>
<i>08-001a</i>	<i>328</i>
<i>08-002</i>	<i>330</i>
<i>08-003</i>	<i>332</i>
<i>08-003a</i>	<i>333</i>
<i>08-003b</i>	<i>333</i>
<i>08-004</i>	<i>335</i>
<i>08-004a</i>	<i>336</i>
<i>08-005</i>	<i>338</i>
<i>08-005a</i>	<i>340</i>
<i>08-005b</i>	<i>342</i>
<i>08-006</i>	<i>344</i>
<i>08-006a</i>	<i>347</i>
<i>08-006b</i>	<i>350</i>
<i>08-007</i>	<i>353</i>
<i>08-007a</i>	<i>354</i>
<i>08-008</i>	<i>355</i>
<i>08-008a</i>	<i>357</i>
<i>08-008b</i>	<i>359</i>

Georgia WIC Program

Edits Manual/Data Dictionary

<i>08-009</i>	<i>361</i>
<i>09-009a</i>	<i>362</i>
<i>08-010</i>	<i>363</i>
<i>08-010a</i>	<i>364</i>
<i>08-010b</i>	<i>365</i>
<i>08-011</i>	<i>366</i>
<i>08-011a</i>	<i>367</i>
<i>08-011b</i>	<i>367</i>
<i>08-012</i>	<i>369</i>
<i>08-012a</i>	<i>371</i>
<i>08-012b</i>	<i>373</i>
<i>08-013</i>	<i>375</i>
<i>08-014</i>	<i>376</i>
<i>08-014a</i>	<i>377</i>
<i>08-015</i>	<i>378</i>
<i>08-015a</i>	<i>379</i>
<i>08-016</i>	<i>380</i>
<i>08-016a</i>	<i>381</i>
<i>08-017</i>	<i>382</i>
<i>08-017a</i>	<i>383</i>
<i>08-017b</i>	<i>384</i>
<i>08-018</i>	<i>385</i>
<i>08-018a</i>	<i>386</i>
<i>08-018b</i>	<i>387</i>
<i>08-019</i>	<i>388</i>
<i>08-019a</i>	<i>390</i>
<i>08-020</i>	<i>392</i>
<i>08-021</i>	<i>393</i>
ETAD CHANGES FFY 2009	<i>394</i>
<i>09-01</i>	<i>394</i>
<i>09-02</i>	<i>395</i>
<i>09-03</i>	<i>397</i>
<i>09-04</i>	<i>398</i>
<i>09-05</i>	<i>401</i>
<i>09-06</i>	<i>402</i>
<i>09-07</i>	<i>403</i>
<i>09-08</i>	<i>404</i>
<i>09-09</i>	<i>405</i>
<i>09-10</i>	<i>406</i>
<i>09-11</i>	<i>408</i>
ETAD CHANGES FFY 2010	<i>410</i>
<i>10-01</i>	<i>410</i>
<i>10-02</i>	<i>412</i>
<i>10-03</i>	<i>414</i>
<i>10-04</i>	<i>415</i>
<i>10-05</i>	<i>416</i>
<i>10-05a</i>	<i>416</i>
<i>10-06</i>	<i>418</i>
<i>10-07</i>	<i>419</i>
<i>10-08</i>	<i>420</i>
<i>10-08a</i>	<i>421</i>
<i>10-09</i>	<i>422</i>
<i>10-10</i>	<i>423</i>
ETAD CHANGES FFY 2012	<i>425</i>
<i>12-01</i>	<i>425</i>
GEORGIA WIC BRANCH WORK ORDERS 2004 - 2012	10

Georgia WIC Program

Edits Manual/Data Dictionary

WORK ORDERS FFY 2004	10
04-001	10
04-002	11
04-003	12
04-004	13
WORK ORDERS FFY 2005	14
05-01	14
05-02	15
05-03	16
05-04	17
05-05	18
05-06	19
05-07	20
05-08	21
05-09	22
05-10	23
05-11	24
WORK ORDERS FFY 2006	25
06-01	25
06-01a	26
06-02	27
06-03	28
06-04	29
06-05	30
WORK ORDERS FFY 2007	31
07-01	31
07-02	32
WORK ORDERS FFY 2008	33
08-01	33
08-02	35
08-03	36
08-04	37
08-05	38
08-05a	40
08-06	42
08-07	43
WORK ORDERS FFY 2009	44
09-01	44
09-02	45
09-03	46
09-04	47
09-05	63
09-06	64
09-07	65
09-08	67
09-09	70
09-10	71
09-11	72
09-12	74
09-13	75
WORK ORDERS FFY 2010	76
10-01	76
10-02	78
10-03	79
10-03a	82
10-04	85
10-05	87

Georgia WIC Program

10-06
10-06a
10-07

INDEX

Edits Manual/Data Dictionary

88
92
96
98



LESLIE A. HURT

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This manual is dedicated to the memory of Leslie Hurt, whose hard work, dedication, experience and high degree of professionalism made it all possible. Thank you, Leslie

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Vicky Moody, Northeast Health District
Wanda Hill, Savannah/Coastal Health District
Wanda Simkins, East Central Health District

List of ETAD Change Orders

		FFY 2011		
ETAD CHANGE #	DE #	DESCRIPTION	DATE S/ENT	PAGE
11-01	128	Disclosure Allowed	02/18/2011	
11-02	129	Date of Initial Contact	02/18/2011	
11-03	130	Appointment Missed	02/18/2011	
		FFY 2010		
ETAD CHANGE #	DE #	DESCRIPTION	DATE SENT	PAGE
10-01	121	Create Date element #121 to record daily dairy intake of WIC Clients		
10-02	122	CREATE DATA ELEMENT #122 TO RECORD THE AMOUNT OF TIME CLIENTS SPEND ON NON-WORK AND NON-SCHOOL COMPUTER, TV, GAMES, ETC.		
10-03	123	CREATE DATE ELEMENT #123 TO RECORD THE DATE A BREASTFEEDING PEER COUNSELOR WAS ASSIGNED TO A CLIENT		
10-04	124	CREATE DATA ELEMENT #124 TO RECORD THE DATE A BREAST PUMP WAS ASSIGNED TO A CLIENT.		
10-05	125	CREATE DATA ELEMENT #125 TO RECORD THE DATE A BREAST PUMP WAS ASSIGNED TO A CLIENT WAS RETURNED		
10-06	53	DISCONTINUE USE OF D/E #053. ETAD CHANGE CANCELED		
10-07	102	DISCONTINUE USE OF D/E #102 10/01/2010		
10-08	104	MODIFY D/E #104 TO ACCEPT UP TO 5 NUMERIC CHARACTERS INSTEAD OF 3 ALPHA CHARACTERS		
10-09	126	TYPE OF BREAST PUMP ASSIGNED		
10-10	127	DATE APPOINTMENT KEPT		

FFY 2009				
ETAD CHANGE #	DE #	DESCRIPTION	DATE SENT	PAGE
09-01	113	Add data element 113: Infant Feeding Type		
09-02	114	ADD DATA ELEMENT 114: WOMAN FEEDING TYPE		
09-03	33	Change data element 33 to read: CPA FPC		
09-04	89	MOVE ALCOHOL/TOBACCO/ETC TO TOP OF LIST		
09-05	37	Add three (3) extra spaces to REFERRED TO		
09-06	115	ADD DATA ELEMENT 115: MEDICAL HOME		
09-07	116	Add data element 116: Fruit Intake		
09-08	117	ADD DATA ELEMENT 117: VEGETABLE INTAKE		
09-09	118	Add data element 118: Daily Activity		
09-10	119	ADD DATA ELEMENT 119: SECOND FPC SELECTION		
09-11	120	Add data element 120: Peachcare		

FFY 2008				
ETAD Change #	DE #	Description	Date Sent	Page
08-01	94	ADD DATA ELEMENT #94	01/18/2008	
08-02	78-79	Change data elements 77, 78, 79	01/18/2008	
08-03	95	ADD DATA ELEMENT #95 (LOW-RISK NUT. ED. FOLLOW-UP)	05/15/2008	
08-04	96	Add data element #96 (Low-risk Nut. Ed. Follow-up)	05/15/2008	
08-05	97	ADD DATA ELEMENT #97 (LOW-RISK NUT. ED. FOLLOW-UP)	05/15/2008	
08-06	98	Add data element #98 (Low-risk Nut. Ed. Follow-up)	05/15/2008	
08-07	99	ADD DATA ELEMENT #99(LOW-RISK NUT. ED. FOLLOW-UP)	05/15/2008	
08-08	100	Add data element #100 (Body Mass Index)	05/15/2008	
08-09	101	ADD DATA ELEMENT #101 (BREASTFEEDING QUESTIONS)	05/15/2008	
08-10	102	Add data element #102 (Breastfeeding Questions)	05/15/2008	
08-11	103	ADD DATA ELEMENT #103 (BREASTFEEDING QUESTIONS)	05/15/2008	
08-12	53	Change wording of question	05/15/2008	
08-13	104	ADD DATA ELEMENT #104 (PEER COUNSELOR ID)	05/15/2008	
08-14	105	Add data element #105 (Peer Counselor Contact)	05/15/2008	
08-15	106	ADD DATA ELEMENT #106 (PEER COUNSELOR CONTACT)	05/15/2008	
08-16	107	Add data element #107 (Peer Counselor Contact)	05/15/2008	
08-17	108	ADD DATA ELEMENT #108 (PEER COUNSELOR CONTACT)	05/15/2008	
08-18	109	Add data element #109 (Peer Counselor Contact)	05/15/2008	
08-19	110	DATE OF INITIAL CONTACT	06/16/2008	
08-20	111	Type of initial contact	06/16/2008	
08-21	112	RECUMBENT/STANDING	08/14/2008	

FFY 2007				
ETAD CHANGE #	DE #	DESCRIPTION	DATE SENT	PAGE
07-01	80	06-1 Parity Data Element	06-01	166
07-02	81	06-2 DATE LAST PREGNANCY ENDED	06-02	168
07-03	82	06-3 Diabetes During Pregnancy Post-Partum	06-03	170
07-04	83	06-04 HYPERTENSION DURING PREGNANCY POST-PARTUM	06-04	172
07-05	84	Multivitamin Consumption Prior to Pregnancy	06-05	174
07-06	85	MULTIVITAMIN CONSUMPTION DURING PREGNANCY	06-06	176
07-07	86	Cigarettes per day three months prior to pregnancy	06-07	178
07-08	87	CIGARETTES PER DAY PRENATAL VISIT	06-08	180
07-09	88	Cigarettes per day post partum visit	06-09	182
07-10	89	CIGARETTES PER DAY LAST THREE MONTHS OF PREGNANCY	06-10	184
07-11	90	Household smoking prenatal visit	06-11	186
07-12	91	HOUSEHOLD SMOKING POST PARTUM VISIT	06-12	188
07-13	92	(Alcoholic) Drinks per week – 3 months prior to pregnancy	06-13	190
07-14	93	(ALCOHOLIC) DRINKS PER WEEK – LAST 3 MONTHS OF PREGNANCY	06-14	192
07-15	14	Street Address	06-15	194
07-16	15	CITY	06-16	196
07-17	16	Zip Code	06-17	198
07-18	17	COUNTY	06-18	200
07-19	30	Certification Reasons	06-19	202
07-20	30	CERTIFICATION REASONS	06-20	204
07-21	30	Certification Reasons	06-21	206
07-22	22	MOTHER'S (PARENT'S/CARE GIVER'S) ID	06-22	208
07-23	37	Other Services (Enrolled In/Referred To)	06-23	210
07-24	8	SORT CODE	06-24	212

07-25	19	Social Security Number	06-25	214
FFY 2006NO ETAD CHANGES SENT THIS FFY				

FFY 2005				
ETAD CHANGE #	DE #	DESCRIPTION	DATE SENT	PAGE
05-01	76	Foster Care	05-01	216
05-02	20	RACE	05-02	217
05-03	20	Race	05-03	218

FFY 2004				
ETAD Change #	DE #	Description	Date Sent	Page
04-001	64	IMMUNIZATION STATUS DATE	04-001	219
04-005	68	Record Requested	04-005	220
04-006	69	REFERRED TO	04-006	221
04-006a	69	Referred To	04-006a	222
04-007	70	REFERRED TO FOLLOW UP	04-007	223
04-008	71	TANF	04-008	224
04-009	10	LAST NAME	04-009	225
04-010	11	First Name	04-010	226
04-011	72	PHYSICAL PRESENCE	04-011	227
04-012	73	Reason For No Physical Presence	04-012	228
04-012A	73	REASON FOR NO PHYSICAL PRESENCE	04-012A	229
04-013	20	Race	04-013	230
04-013A	20	RACE	04-013A	231
04-014a	74	Ethnicity	04-014a	232
04-015	RS, ID, IN	PROOF FIELDS (RESIDENCY, IDENTIFICATION AND INCOME)	04-015	233
04-016	75	Hematological Date	04-016	234-235
04-017	27	WEIGHT	04-017	236
04-017a	43, 49	Weight Prior To Delivery (Field 49)	04-017a	237
04-18	40	MONTHLY INCOME	04-18	238
04-19	IN	Proof Of Income	04-19	239-240

List of Systems Work Orders FFY 2005

SWR NUMBER	DATA ELEMENT NUMBER(S)	DESCRIPTION OF WORK	PAGE NUMBER
05-02	37	Rules for Field 37: Other Services	241
05-03	27	INCREASE MAXIMUM WEIGHT	242
05-04	65, 66, 67, 68, 69	Changes to Immunization Questions	243
05-05	40	RULES FOR INCOME	244
05-06	RS, ID, IN	Re-number Proof Fields	245
05-07	14, 15, 16, 17	MAKE ALL ADDRESS FIELDS CRITICAL	246
05-08		Update Voucher Maximums (See enclosure)	247
05-09		UPDATE VOUCHER MESSAGES (SEE ACTION MEMO 05-01)	248
05-10		Update Voucher Messages (See Action Memo 05-05)	249
05-11		UPDATE INCOME GUIDELINE TABLES (SEE ENCLOSURE)	250

List of Systems Work Orders FFY 2004

SWR NUMBER	DATA ELEMENT NUMBER(S)	DESCRIPTION OF WORK	PAGE NUMBER
04-001		Change Income Tables to Reflect new guidelines effective April 15, 2004	251
04-002		CHANGE RISK CODE TABLES IN FFY 2004 WIC PROCEDURES MANUAL	252-253
04-003	BD, BR, NO, MV, WS	Changes to Proof of Identification Table	254
04-004		ADD TWO LINES TO SYSTEM GENERATED CERTIFICATION FORM FOR TWO ADDITIONAL NAMES	255

Purpose

The purpose of this Edits Manual/Data Dictionary is to describe the Data Elements on the Electronic Turnaround Document (ETAD) used to register Georgia WIC participants. This manual was designed for computer programmers and system developers who create software for the Georgia WIC program. The manual provides the following information for programmers:

- Name
- Number
- Definition
- Business rules (i.e., validation rules)
- Cross-Element edits
- Applicable transactions for each data element.
- Applicable WIC Types.

When properly applied, this information will improve efficiency, automation and consistency within the program. Discontinued, revised and new data elements are also included.

Changes from previous versions of this document include:

- Fourteen new Pregnancy Nutrition Surveillance System (PNSS) questions from the U.S. Centers for Disease Control and Prevention (CDC).
- A precise method for calculating valid certification periods by WIC type to prevent over issuance of benefits, as mandated by the USDA.
- New data elements to capture more accurate breastfeeding data
- New data elements to capture secondary nutrition education contacts and topics.
- New data elements to capture initial contact data.
- Inclusion of family numbers on the ETAD
- Data element for the calculation of body Mass Index (BMI)
- Revisions to the ETAD Change Orders and Systems Work Orders to clarify dates and to better coordinate the testing process.
- A new section covering Bank Exceptions.
- New Data Elements to capture feeding practices of women and infants.
- New Data Elements to capture daily intake of fruits and vegetables.
- New Data Element to capture daily activity of children.
- New Data Element to capture client's Medical Home as well as participation in Peachcare.

This document incorporates WIC regulations, the Georgia WIC Policies and Procedures Manual, and instructions to CSC, the data warehouse contractor that maintains and operates the centralized processing system.

The State WIC Office must approve all changes to local agency clinic modules, including those described herein, before they are applied. System Developers must follow the steps in the new System Modification Testing Protocol. The System Modification Testing Protocol was created to prevent critical errors, track the status of operations, and to ensure that the front end and back end are synchronized.

This manual may also serve as a reference, if electronic systems fail, and operations temporarily revert to manual processes. All local WIC agencies are expected to implement these rules and to also comply with the following related documents:

- Memoranda of Agreement Annex I
- Statement on Auditing Standards No. 70 (SAS 70 Audits)
- Food and Nutrition Service (FNS) Handbook 901
- Georgia WIC Procedures Manual website:
<http://health.state.ga.us/programs/wic/publications.asp>
- United States Department of Agriculture (USDA) regulations, 7CFR246, found at the following website:
http://www.access.gpo.gov/nara/cfr/waisidx_04/7cfr246_04.html

- WIC Branch System Modification Testing Protocol

United States Department of Agriculture Mandate

To ensure the effective and efficient operation of the WIC Program, the U.S. Department of Agriculture requires the State of Georgia to eliminate variations in front end systems.

These variations have resulted in tangible and intangible costs to the Georgia WIC Program, which could potentially result in a claims action against the state. This manual must, therefore, be used as the standard for all computer systems used within Georgia WIC clinics. In order to accomplish this objective, all district health departments must implement the following corrective actions:

1. Ensure that only participants within a valid certification period receive benefits. (See Tables 44-48).
2. Decrease the number of critical errors by establishing a threshold for allowable critical errors and monitoring compliance of such. (See pages 218-219)
3. Establish and implement security controls to prevent fraud. (See pages 229-230)
4. Ensure that enrollees terminated in the centralized processing system are also terminated in front end systems. (See pages 31-33)

In order to accomplish these mandates system developers must:

1. Provide system manuals to the Georgia WIC Branch and update their manuals as changes occur.
2. Submit requests for all computer system changes to the Georgia WIC Branch for review and approval prior to implementation. (See System Modification Testing Protocol).
3. Bring all computer systems into compliance with Georgia WIC Program standard edits as promulgated.

Therefore, local agencies were given the opportunity to preview these standards and provide comments back to the State by April 15, 2005.

NOTE:

ALL ETAD CHANGE ORDERS AND WORK ORDERS ARE TO BE ENTERED AS THEY ARE WRITTEN.

DO NOT ASSUME OR IMPLY ANYTHING THAT IS NOT SPECIFICALLY STATED.

Layout

The following format will be used to describe each data element:

Name:	The name and number for each data element.
Definition:	Briefly describes the purpose of each data element.
Data Element Type:	Alpha, Numeric, or Date format type.
Data Element Length:	Indicates the maximum number of characters that may be entered by number of positions occupied on the Electronic Turn Around Document (Etad).
ETAD Positions:	The data element location within the ETAD layout.
Intent/Purpose:	The rationale for including the data element on the ETAD
Business rules:	<p>Business rules are expressions that limit the values that may be entered in a Element.</p> <p><i>Example:</i> Data element 36 SNAP will accept <u>only</u> the characters Y, N, or U. The system must not allow any other characters, numbers or symbols.</p> <p>They also indicate restrictions on range(s) of data that may be entered.</p> <p><i>Example:</i> Data element 39 Family Size must be a number greater than 0 and less than 21. A value of 0 or 21 or greater must be rejected.</p> <p>They also include all other ETAD data elements that are edited against an element and indicate acceptable values for each.</p> <p><i>Example:</i> Data element 41 estimated date of confinement (EDC) is critical for WIC TYPE P only.</p>
Validation Rules:	Provides developers with the only allowable entries in the data element.
Critical:	<p>Indicates the designated restrictions that must be imposed. The software must not allow users to proceed until the validation rules have been applied and the required information has been entered.</p> <p><i>Example:</i> Data Element 41 Estimated Date of Confinement (EDC) is critical for WIC TYPE P only.</p>
Transaction Type:	Identifies the process being executed on behalf of participants including: certifications, waiting list changes, infant assessments, updates, terminations, transfers into clinic, and out of state transfers.
Transmittal Date:	Date that the change order was sent to the developers.

TABLE 1: ELECTRONIC TURN AROUND DOCUMENT (ETAD) DATA ELEMENTS

Data Element Number	Code Name	* Type	Length	ETAD Location	Critical for WIC Types
N/A	TRANSACTION TYPE	C	1	15-15	ALL
1	Waiting List Code	C	1	16-16	All
2	TERMINATION CODE	C/N	1	17-17	ALL
3	Termination Date	D	8	18-25	All
4	TRANSFER INTO CLINIC	N	3	26-28	ALL
5	Date Form Completed	D	8	29-36	All
6	STAFF INITIALS	C	3	37-39	NO
N/A	District	N	3	40-42	All
7	CLINIC CODE	N	3	43-45	ALL
8	Discontinued (Sort Code)				
9	WIC ID NUMBER	N	11	47-57	ALL
10	Last Name	C	15	58-72	All
11	FIRST NAME	C	14	73-86	ALL
12	Middle Initial	C	1	87-87	No
13	DATE OF BIRTH	D	8	88-95	ALL
14	Street Address	C/N	25	96-120	All
15	CITY	C	18	121-138	ALL
16	Zip Code	N	5	139-143	All
17	COUNTY	N	3	144-146	ALL
18	Telephone	N	10	147-156	N
19	DISCONTINUED (SSN)				
20	Race	N	2	378-379	All
21	MIGRANT	C	1	167-167	ALL
22	Mother's WIC ID, etc	C/N	15	168-182	N
23	GENDER	C	1	183-183	ALL
24	Type	C	1	184-184	All
25	MEDICAL DATA DATE	D	8	185-192	ALL

* C = Character, N = Numeric, D= Date

Data Element Number	Code Name	* Type	Length	ETAD Location	Critical for WIC Types
26	Height	N	3	193-195	All
27	WEIGHT	N	5	196-200	ALL
28	Hematocrit	N	3	201-203	All
29	HEMOGLOBIN	N	3	204-206	ALL
30	Reason For Certification	N	30	207-221 and 406-420	All
31	HIGH RISK	C	1	222-222	NO
32	Priority	N	1	223-223	All
33	FOOD PACKAGE	C/N	3	224-226	ALL
34	Medicaid	C	1	227-227	All
35	MEDICAID NUMBER	C/N	13	228-240	ALL
36	SNAP	C	1	241-241	All
37	OTHER SERVICES (ENROLLED IN/REFERRED TO)	C	10	242-251 489-491	ALL
38	Date of Certification	D	8	252-259	All
39	FAMILY SIZE	N	2	260-261	ALL
40	Monthly Income	N	5	262-266	All
41	ESTIMATED DATE OF CONFINEMENT	D	8	267-274	P
42	Delivery Date	D	8	275-282	NB
43	PREGRAVID WEIGHT	N	3	283-285	PNB
44	Alcohol	N	2	286-287	P
45	CIGARETTES	N	2	288-289	P
46	Marital Status	C	1	290-290	PNB
47	EDUCATION LEVEL	N	2	291-292	PNB
48	Medical Care Started	N	1	293-293	P
49	WEIGHT PRIOR TO DELIVERY	N	3	294-296	NB
50	Pregnancy Outcome	C	1	297-297	All
51	BREAST FEEDING NOW	C	1	298-298	NBIC
52	Breast feeding Ever	C	1	299-299	NBIC

Data Element Number	Code Name	* Type	Length	ETAD Location	Critical for WIC Types
53	NUMBER OF WEEKS B/F	N	2	300-301	NBIC
54	Date of Most Recent Response	D	8	302-309	NBIC
55	INFANT BIRTH WEIGHT	N	4	310-313	I
56	Multiple Birth	N	1	314-314	NBI
57	CHILD'S FIRST PACKAGE	N	3	315-317	NO
58	Pickup Code (Week/Day)	C/N	2	318-319	All
59	VOUCHER INTERVAL CODE	N	1	320-320	ALL
60	District/Unit Use Code	C/N	8	321-328	No
61	SPECIAL USE	C/N	9	329-337	NO
62	Discontinued (VOC)				
63	DISCONTINUED (VOC ISSUED/RECEIVED)				
64	Immunization Status Date	D	8	351-358	IC
65	RECORD SCREENED/REQUESTED	C	1	359-359	IC
66	Adequate for Age/Referred To	C	1	360-360	IC
67	DISCONTINUED				
68	Discontinued				
69	DISCONTINUED				
70	Discontinued				
71	TANF	C	1	365-365	ALL
72	Physical Presence	C	1	366-366	All
73	PHYSICAL PRESENCE REASON	C	1	367-367	ALL IF #72 = N
74	Ethnicity (Hispanic/Latino)	C	1	368-368	All
75	HEMATOLOGICAL DATA DATE	D	8	369-376	ALL
76	Foster Care	C	1	377-377	All
77	PROOF OF RESIDENCY	C	2	345-346	ALL

Data Element Number	Code Name	* Type	Length	ETAD Location	Critical for WIC Types
78	Proof of Identification	C	2	347-348	All
79	PROOF OF INCOME	C	2	349-350	ALL
80	Parity	N	2	380-381	PNB
81	DATE LAST PREGNANCY ENDED	N	6	382-387	PNB
82	Diabetes During Pregnancy Post Partum Visit	N	1	388-388	NB
83	HYPERTENSION DURING PREGNANCY POST PARTUM VISIT	N	1	389-389	NB
84	Multivitamin Use Prior To Pregnancy	N	1	390-390	PNB
85	MULTIVITAMIN USE DURING PREGNANCY	N	1	391-391	P
86	Cigarettes/Day 3 Mos. Prior to Pregnancy	N	2	392-393	PNB
87	CIGARETTES/DAY PRENATAL VISIT	N	2	394-395	PNB
88	Cigarettes/Day Postpartum Visit	N	2	396-397	NB
89	CIGARETTES/DAY LAST 3 MOS. OF PREGNANCY	N	2	398 - 399	NB
90	Household Smoking Prenatal Visit	N	1	400-400	PNB
91	HOUSEHOLD SMOKING POSTPARTUM VISIT	N	1	401-401	PNB
92	Drinks/Week 3 Mos. Prior to Pregnancy	N	2	402-403	PNB
93	DRINKS/WEEK LAST 3 MOS. OF PREGNANCY	N	2	404-405	PNB
94	Proof of Identification – Parent/Guardian/Caregiver	C	2	157 - 158	IC
95	LOW-RISK NUTRITION EDUCATION FOLLOW-UP DATA	D	8	481 - 488	ALL
96	Low-risk Nutrition Education Follow-up Contact Provided	C	1	46 - 46	All
97	LOW-RISK NUTRITION EDUCATION FOLLOW-	C	1	344 - 344	

Data Element Number	Code Name	* Type	Length	ETAD Location	Critical for WIC Types
	UP CONTACT TYPE				ALL
98	Low-risk Nutrition Education Follow-up Topics	N	15	361 – 363 547 - 558	All
99	LOW-RISK NUTRITION EDUCATION CONTACT PROVIDER	C	2	286 - 287	ALL
100	Body Mass Index (BMI)	N	3	497 - 499	PNBC* *If over 2 years of Age
101	DATE BREASTFEEDING BEGAN	D	8	159 -166	NBIC (P ONLY IF #51 = Y
102	Breastfeeding Began at Birth	C	1	364 - 364	NBIC (P only if #51 = Y
103	DATE OF LAST TIME OF BREASTFEEDING AND/OR PUMPING	D	8	519 - 526	NBIC (P ONLY IF #51 = Y
104	Peer Counselor ID	C	3	338 - 340	PNB
105	TYPE OF PEER COUNSELING CONTACT	C	1	341 - 341	PNB
106	Peer Counseling Termination Date	D	8	527 - 534	PNB
107	BREAST PUMP ASSIGNED	C	1	288 - 288	PNB
108	Breastfeeding Peer Counselor Assigned	C	1	289 - 289	PNB
109	FAMILY NUMBERS	N	12	535 - 546	ALL
110	Date of Initial Contact	D	8	559 - 566	All
111	INITIAL CONTACT TYPE	C	1	342 - 342	ALL
112	Recumbent/Standing	C	1	343 - 343	All
113	INFANT FEEDING METHOD	C	1	495 - 495	I
114	Woman Feeding Method	C	1	496 - 496	NB
115	MEDICAL HOME	C	1	492 - 192	IC
116	Fruit Intake	C	1	500-500	PNBC
117	VEGETABLE INTAKE	C	1	501-501	PNBC
118	Daily Activity	C	1	502-502	PNBC

Data Element Number	Code Name	* Type	Length	ETAD Location	Critical for WIC Types
119	SECOND FOOD PACKAGE OPTION	C/N	3	503-505	ALL
120	Peachcare	C	1	493-493	IC

Data Element 94 to become effective on 06/01/2008
Data Elements 95 – 111 to become effective on 10/01/2008
Data Elements 112 – 120 to become effective on 10/01/2009

TABLE 2: WIC Participant Type Codes

WIC PARTICIPANT TYPE	
P	Prenatal
N	NON-BREAST FEEDING WOMAN
B	Breast feeding Woman
I	INFANT
C	Child

ELIGIBLE PARTICIPANTS INCLUDE: "PREGNANT, POSTPARTUM AND BREAST FEEDING WOMEN, INFANTS AND YOUNG CHILDREN UP TO FIVE YEARS OLD FROM FAMILIES WITH INADEQUATE INCOME WHO ARE AT SPECIAL RISK WITH RESPECT TO THEIR PHYSICAL AND MENTAL HEALTH BY REASON OF INADEQUATE NUTRITION OR HEALTH CARE, OR BOTH. THE PROGRAM SHALL 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."

SOURCE: TITLE 7 AGRICULTURE CODE OF THE FEDERAL REGULATIONS PART 246.1

Definition of WIC Participant for Use in the Minimum and Supplemental Data Sets

IT IS IMPORTANT TO CLARIFY THE PC2006 DEFINITION OF WIC PARTICIPATION. FOR PC2006, IT IS UNDERSTOOD THAT WIC PARTICIPANTS ARE PERSONS ON WIC MASTER LISTS OR PERSONS LISTED IN WIC OPERATING FILES WHO ARE CERTIFIED TO RECEIVE WIC BENEFITS IN APRIL 2004. THIS DEFINITION IS DIFFERENT FROM REGULATORY REPORTING REQUIREMENTS, WHICH DEFINE PARTICIPATION IN TERMS OF WIC VOUCHERS OR CHECKS CLAIMED BY PARTICIPANTS. PERSONS ON WAITING LISTS ARE NOT TO BE INCLUDED IN PC2008.

Guidance For States Providing WIC Participant Data

WIC Participant And Program Characteristics PC2006

US Department of Agriculture

Food and Nutrition Service, P. 7.

TRANSACTION TYPE CODES

Definition:	The Transaction Type code indicates the action being attempted and determines the validation rules applied to the data submitted. One transaction type is usually selected, however combinations are permitted using one ETAD. For example, update and transfer.
Data Type:	Alpha
Length:	1
ETAD Position:	15 – 15
Business Rules:	

TABLE 3: TRANSACTION TYPE CODES

TRANSACTION TYPES	
C	Certification
W	WAITING LIST
S	Subsequent certification
H	CHILD HALF-CERTIFICATION
A	WOMAN MID-ASSESSMENT
M	INFANT ASSESSMENT
U	Update
T	TERMINATION
X	Transfer into clinic
*X-S	TRANSFER WITH SUBSEQUENT CERTIFICATION
O	Out of state transfer
W-C	WAITING LIST CERTIFIED
W-N	Waiting list non-certified

(Also See Data Element 1: Waiting List Codes)

See tables below for required data elements by transaction type.

CRITICAL: Yes, for all transactions and for all WIC types.
(Example: P1 = Prenatal/Priority 1; B4 = breastfeeding, priority 4; etc.)

*Transfer with subsequent certification refers to a transfer that also meets the requirements of a subsequent certification. A brief description of each transaction type follows below:

TRANSACTION TYPE C – INITIAL CERTIFICATION

This transaction is used only once for a participant to create the initial computer record for a newly certified WIC participant. This transaction can be used only if the participant has never been in the Georgia WIC Program under the WIC ID number assigned for this transaction. An initial certification cannot be done in combination with any other transaction.

TABLE 4: INITIAL CERTIFICATION – MANDATORY ENTRIES

DATA ELEMENT NUMBER	DATA NAME	ALL WIC TYPES	P	N	B	I	C
	Transaction Type = C	X					
5	DATE FORM COMPLETED	X					
7	Clinic Code	X					
9	WIC ID NUMBER	X					
10	Last Name	X					
11	FIRST NAME	X					
13	Date of Birth	X					
14	STREET	X					
15	City	X					
16	ZIP CODE	X					
17	County	X					
20	RACE	X					
21	Migrant	X					
23	GENDER	X					
24	Type	X					
25	MEDICAL DATA DATE	X					
26	Height	X					
27	WEIGHT	X					
28/29	Hematocrit/Hemoglobin	X*1					
30	REASON(S) FOR CERTIFICATION	X					
32	Priority	X					
33	FOOD PACKAGE	X					
34	Medicaid Y/N	X					
35	MEDICAID NUMBER	IF 34=Y					
36	SNAP Y/N	X					
38	DATE OF CERTIFICATION	X					
39	Family Size	X					
40	MONTHLY INCOME	X					
41	Estimated Date of Confinement (EDC)		X				
42	DELIVERY DATE			X	X		
43	Pregravid Weight		X	X	X		
44	ALCOHOL		X				
45	Cigarettes		X				
46	MARITAL STATUS		X	X	X		

DATA ELEMENT NUMBER	DATA NAME	ALL WIC TYPES	P	N	B	I	C
47	Education Level		X	X	X		
48	MEDICAL CARE START DATE		X	X	X		
49	Weight Prior Delivery			X	X	X *2	
50	PREGNANCY OUTCOME			X	X		
51	BF Now			X	X	X	X
52	BF EVER			X	X	X	X
53	Number Weeks Breastfed			X	X	X	X
54	DATE MOST RECENT BF RESPONSE			X	X	X	X
55	Infant Birth Weight			X	X	X	
56	MULTIPLE BIRTH			X	X	X	
58	Pickup Code	X					
59	VOUCHER INTERVAL CODE	X					
64	Immunization Status Date					X	X
65	IMMUNIZATION RECORD SCREENED OR REQUESTED					X	X
66	Adequate for Age or Referred To					X	X
71	TANF	X					
72	Physical Presence	X					
73	REASON FOR NO PHYSICAL PRESENCE	X NOT REQUIRED IF 72= Y					
74	Ethnicity	X					
75	HEMATOLOGICAL DATA DATE	X*1					
77	Proof of Residency	X					
78	PROOF OF IDENTIFICATION	X					
79	Proof of Income	X					
80	PARITY		X	X	X		
81	Date Last Pregnancy Ended		X	X	X		
82	DIABETES DURING PREGNANCY – POSTPARTUM VISIT			X	X		
83	Hypertension During Pregnancy – Postpartum Visit			X	X		
84	MULTIVITAMIN CONSUMPTION PRIOR TO PREGNANCY		X	X	X		
85	Multivitamin Consumption During Pregnancy		X				
86	CIGARETTES PER DAY THREE MONTHS PRIOR TO PREGNANCY		X	X	X		

DATA ELEMENT NUMBER	DATA NAME	ALL WIC TYPES	P	N	B	I	C
87	Cigarettes Per Day Prenatal Visit		X				
88	CIGARETTES PER DAY POSTPARTUM VISIT			X	X		
89	Cigarettes Per Day Last Three Months Of Pregnancy			X	X		
90	HOUSEHOLD SMOKING – PRENATAL VISIT		X				
91	Household Smoking – Postpartum Visit			X	X		
92	DRINKS PER WEEK -THREE MONTHS PRIOR TO PREGNANCY		X	X	X		
93	Drinks Per Week – Last Three Months Of Pregnancy			X	X		
94	PROOF OF ID – PARENT/GUARDIAN/CAREGIVER					X	X
100	Body Mass Index		X	X	X		X*
101	DATE BREASTFEEDING BEGAN		X*	X	X	X	X
102	Breastfeeding Began at Birth		X*	X	X	X	X
103	DATE OF LAST TIME OF BREASTFEEDING AND/OR PUMPING		X*	X	X	X	X
104	Peer Counselor ID		X	X	X		
105	TYPE OF PEER COUNSELING CONTACT		X	X	X		
106	Peer Counseling Termination Date		X	X	X		
107	BREAST PUMP ASSIGNED		X	X	X		
108	Breastfeeding Peer Counselor Assigned		X	X	X		
109	FAMILY NUMBER	X					
110	Date of Initial Contact	X					
111	INITIAL CONTACT TYPE	X					
112	Recumbent/Standing	X					
113	INFANT FEEDING METHOD					X	
114	Woman Feeding Method			X	X		
115	MEDICAL HOME					X	X
116	Fruit Intake		X	X	X		X
117	VEGETABLE INTAKE		X	X	X		X
118	Daily Activity		X	X	X		X

DATA ELEMENT NUMBER	DATA NAME	ALL WIC TYPES	P	N	B	I	C
119	SECOND FOOD PACKAGE OPTION	X					
120	Peachcare					X	X
121	Dairy Intake		X	X	X		X
122	Screen Time		X	X	X		X
128	Disclosure Allowed	X					

*1 — For all participants except for infants less than nine months old.

*2 — Required for infants if Data Element 22 contains a valid WIC ID number.

*3 – If Child is over the age of 2 years.

TRANSACTION TYPE W – WAITING LIST

The waiting list is used to place a new or previously certified person on the waiting list or to activate a person who is currently on the waiting as follows:

N = Not certified

C = Certified

A = Activate

The following data elements are mandatory to activate a person on the waiting list based on the participant’s status:

TABLE 5: WAITING LIST - MANDATORY ENTRIES

DATA ELEMENT NUMBER	DATA ELEMENT NAME	WAITING LIST CODE		
	Transaction Type = W	N	C	A
1	WAITING LIST CODE (N, C, A)	N	C	A
5	Date Form Completed	N	C	A
7	CLINIC CODE	N	C	A
9	WIC ID Number	N	C	A
10	LAST NAME	N	C	A
11	First Name	N	C	A
13	DATE OF BIRTH		C	A
14	Street Address	N	C	A
15	CITY			
16	Zip Code	N	C	A
17	COUNTY		C	A
20	Race		C	A
21	MIGRANT		C	A
23	Gender		C	A
24	TYPE	N	C	A
25	Medical Data Date		C	A
26	HEIGHT		C	A
27	Weight		C	A
28/29	HEMATOCRIT/HEMOGLOBIN (HCT/HGB)		C	A
30	Reason(s) for Certification		C	A
32	PRIORITY		C	A
33	Food Package		C	A
34	MEDICAID Y/N		C	A
35	Medicaid Number		C	A
36	SNAP Y/N		C	A
38	Date of Certification		C	A
39	FAMILY SIZE		C	A
40	Monthly Income		C	A
41	ESTIMATED DATE OF CONFINEMENT (TYPE P)		C	A
42	Delivery Date (Types B,N)		C	A

DATA ELEMENT NUMBER	DATA ELEMENT NAME	WAITING LIST CODE		
43	PREGRAVID WEIGHT (TYPES P,B,N)		C	A
44	Alcohol (Type P)		C	A
45	CIGARETTES (TYPE P)		C	A
46	Marital Status (Types P,B,N)		C	A
47	EDUCATION LEVEL (TYPES P,B,N)		C	A
48	Medical Care Started (Types P,B,N)		C	A
49	WEIGHT PRIOR DELIVERY (TYPES B,N)		C	A
50	Pregnancy Outcome (Types B,N)		C	A
51	BF NOW		C	A
52	BF Ever		C	A
53	NUMBER OF WEEKS BREASTFED		C	A
54	Date Most Recent BF Response		C	A
55	INFANT BIRTH WEIGHT (TYPE I)		C	A
56	Multiple Birth (Type I)		C	A
58	PICKUP CODE		C	A
59	Voucher Interval Code		C	A
64	IMMUNIZATION STATUS DATE		C	A
65	Immunization Record Screened or Requested		C	A
66	ADEQUATE FOR AGE OR REFERRED TO		C	A
71	TANF		C	A
72	PHYSICAL PRESENCE		C	A
73	Reason for no physical presence		C	A
74	ETHNICITY		C	A
77	Proof of Residency	N	C	A
78	PROOF OF IDENTIFICATION	N	C	A
79	Proof of Income	N	C	A
80	PARITY		C	A
81	Date Last Pregnancy Ended		C	A
82	DIABETES DURING PREGNANCY – POSTPARTUM VISIT		C	A
83	Hypertension During Pregnancy – Postpartum Visit		C	A
84	MULTIVITAMIN CONSUMPTION PRIOR TO PREGNANCY		C	A
85	Multivitamin Consumption During Pregnancy		C	A
86	CIGARETTES PER DAY THREE MONTHS PRIOR TO PREGNANCY		C	A
87	Cigarettes Per Day Prenatal Visit		C	A
88	CIGARETTES PER DAY POSTPARTUM		C	A

DATA ELEMENT NUMBER	DATA ELEMENT NAME	WAITING LIST CODE		
	VISIT			
89	Cigarettes Per Day Last Three Months of Pregnancy		C	A
90	HOUSEHOLD SMOKING - PRENATAL VISIT		C	A
91	Household Smoking - Postpartum Visit		C	A
92	DRINKS PER WEEK THREE MONTHS PRIOR TO PREGNANCY		C	A
93	Drinks Per Week Last Three Months Of Pregnancy		C	A
94	PROOF OF ID – PARENT/GUARDIAN/CAREGIVER		C	A
100	Body Mass Index		C	A
101	DATE BREASTFEEDING BEGAN		C	A
102	Breastfeeding Began At Birth		C	A
103	DATE OF LAST TIME OF BREASTFEEDING AND/OR PUMPING		C	A
104	Peer Counseling ID		C	A
105	TYPE OF PEER COUNSELING CONTACT		C	A
106	Peer Counseling Termination Date		C	A
107	BREAST PUMP ASSIGNED		C	A
108	Breastfeeding Peer Counselor Assigned		C	A
109	FAMILY NUMBER		C	A
110	Date of Initial Contact		C	A
111	INITIAL CONTACT TYPE		C	A
112	Recumbent/Standing		C	A
113	INFANT FEEDING METHOD		C	A
114	Woman Feeding Method		C	A
115	MEDICAL HOME		C	A
116	Fruit Intake		C	A
117	VEGETABLE INTAKE		C	A
118	Daily Activity		C	A
119	SECOND FOOD PACKAGE OPTION		C	A
120	Peachcare		C	A
121	Dairy Intake		C	A
122	Screen Time		C	A
128	Disclosure Allowed		C	A

TRANSACTION TYPE S – SUBSEQUENT CERTIFICATION

Subsequent certification is used to re-certify an active or terminated participant already assigned a WIC ID number in the centralized computer system.

TABLE 6: SUBSEQUENT CERTIFICATION—MANDATORY ENTRIES

DATA ELEMENT NUMBER	DATA ELEMENT NAME	ALL WIC TYPES	P	N	B	I	C
	Transaction Type = S	X					
5	DATE FORM COMPLETED	X					
7	Clinic Code	X *3					
9	WIC ID NUMBER	X *3					
14	Street						
15	CITY						
16	Zip code						
24	TYPE	X *3					
25	Medical Data Date	X *1					
26	HEIGHT	X *1					
27	Weight	X *1					
28/29	HCT/HGB	X *1					
30	Reason For Certification	X					
32	PRIORITY	X					
33	Food Package	X					
34	MEDICAID Y/N	X					
35	Medicaid Number	If 34=Y *2					
36	SNAP Y/N	X					
38	Date of Certification	X					
39	FAMILY SIZE	X*1					
40	Monthly Income	X*1					
41	ESTIMATED DATE OF CONFINEMENT (EDC)		X				
42	Delivery Date			X	X		
43	PREGRAVID WEIGHT		X	X *4	X *4		
44	Alcohol		X				
45	CIGARETTES		X				
46	Marital Status		X	X*4	X*4		
47	EDUCATION LEVEL		X	X*4	X*4		
48	Medical Care Started		X	X	X		
49	WEIGHT PRIOR TO DELIVERY			X	X		
50	Pregnancy Outcome			X	X		
51	BF NOW			X	X	X	X
52	BF Ever			X	X	X	X
53	NUMBER WEEKS BREASTFED			X	X	X	X
54	Date Most Recent BF Response			X	X	X	X

DATA ELEMENT NUMBER	DATA ELEMENT NAME	ALL WIC TYPES	P	N	B	I	C
77	PROOF OF RESIDENCY	X					
78	Proof of Identification	X					
64	IMMUNIZATION STATUS DATE					X	X
65	Immunization record screened or requested					X	X
66	ADEQUATE FOR AGE OR REFERRED TO					X	X
71	TANF	X					
72	PHYSICAL PRESENCE	X					
73	Reason for no physical presence	X					
75	HEMATOLOGICAL DATA DATE		X	X	X		X
80	Parity		X	X	X		
81	DATE LAST PREGNANCY ENDED		X	X	X		
82	Diabetes During Pregnancy – Postpartum Visit			X	X		
83	HYPERTENSION DURING PREGNANCY – POSTPARTUM VISIT			X	X		
84	Multivitamin Consumption Prior To Pregnancy		X	X	X		
85	MULTIVITAMIN CONSUMPTION DURING PREGNANCY		X				
86	Cigarettes Per Day Three Months Prior To Pregnancy		X	X	X		
87	CIGARETTES PER DAY PRENATAL VISIT		X	X	X		
88	Cigarettes Per Day - Postpartum Visit			X	X		
89	CIGARETTES PER DAY LAST THREE MONTHS OF PREGNANCY			X	X		
90	Household Smoking Prenatal Visit		X				
91	HOUSEHOLD SMOKING POSTPARTUM VISIT			X	X		
92	Drinks Per Week Three Months Prior To Pregnancy		X	X	X		
93	DRINKS PER WEEK LAST THREE MONTHS OF PREGNANCY			X	X		
94	Proof of Identification – Parent Guardian Caregiver				X	X	
95	LOW-RISK NUTRITION EDUCATION FOLLOW-UP DATE	X					
96	Low-risk Nutrition Education Follow-up						

DATA ELEMENT NUMBER	DATA ELEMENT NAME	ALL WIC TYPES	P	N	B	I	C
	Contact Provided	X					
97	LOW-RISK NUTRITION EDUCATION FOLLOW-UP CONTACT TYPE	X					
98	Low-risk Nutrition Education Follow-up Topics	X					
99	LOW-RISK NUTRITION EDUCATION FOLLOW-UP CONTACT PROVIDER	X					
100	Body Mass Index		X	X	X		X*
101	DATE BREASTFEEDING BEGAN		X**6	X	X	X	X
102	Breastfeeding Began at Birth		X**6	X	X	X	X
103	DATE OF LAST TIME OF BREASTFEEDING AND/OR PUMPING		X**6	X	X	X	X
104	Peer Counselor ID		X	X	X		
105	TYPE OF PEER COUNSELING CONTACT		X	X	X		
106	Peer Counseling Termination Date		X	X	X		
107	BREAST PUMP ASSIGNED		X	X	X		
108	Breastfeeding Peer Counselor Assigned		X	X	X		
109	FAMILY NUMBERS	X					
110	Date of Initial Contact	X					
111	INITIAL CONTACT TYPE	X					
112	Recumbent/Standing	X					
114	WOMAN FEEDING METHOD			X	X		
115	Medical Home					X	X
116	FRUIT INTAKE		X	X	X		X
117	Vegetable Intake		X	X	X		X
118	DAILY ACTIVITY		X	X	X		X
119	Second Food Package Option	X					
120	PEACHCARE					X	X
121	Dairy Intake		X	X	X		X
122	Screen Time		X	X	X		X
128	Disclosure Allowed	X					

Footnotes:

*1 — Not required if the REASON FOR CERTIFICATION = 502.

*2 — If data element 34 = Y, data element 35 need not be resubmitted if the Medicaid Number is the same as that already printed on the TAD, or previously contained in the record.

*3 — These data elements are printed on the computer generated TAD. They are not required on the Paper TAD, but must be included in electronic records. CSC enters this data.

*4 — These data elements are required for Types N or B, if not provided by a prenatal certification/subsequent certification.

*5 – If child is over 2 years of age*6 – If Data Element #51 = Y

TRANSACTION TYPE H – CHILD HALF CERTIFICATION

A Mid-Assessment is used to track the progress of a child that has been certified for a one year period. Mid-Assessments occur at six month from the initial certification of sub-subsequent certification in cases where the child was enrolled in WIC as an infant.

TABLE 6A: CHILD HALF CERTIFICATION—MANDATORY ENTRIES

DATA ELEMENT NUMBER	DATA ELEMENT NAME	C
	Transaction Type = H	
5	DATE FORM COMPLETED	X
7	Clinic Code	X
9	WIC ID NUMBER	X
24	TYPE	X
25	Medical Data Date	X
26	HEIGHT	X
27	Weight	X
28/29	HCT/HGB	X
32	PRIORITY	X
33	Food Package	X
51	BF NOW	X
52	BF Ever	X
53	NUMBER WEEKS BREASTFED	X
54	Date Most Recent BF Response	X
64	IMMUNIZATION STATUS DATE	X
65	Immunization record screened or requested	X
66	ADEQUATE FOR AGE OR REFERRED TO	X
72	PHYSICAL PRESENCE	X
73	Reason for no physical presence	X
75	HEMATOLOGICAL DATA DATE	X
100	Body Mass Index	X*
112	Recumbent/Standing	X
116	FRUIT INTAKE	X
117	Vegetable Intake	X
118	DAILY ACTIVITY	X
119	Second Food Package Option	X
120	PEACHCARE	X

Footnotes:

*1 — Not required if the REASON FOR CERTIFICATION = 502.

*2 — If data element 34 = Y, data element 35 need not be resubmitted if the Medicaid Number is the same as that already printed on the TAD, or previously contained in the record.

*3 — These data elements are printed on the computer generated TAD. They are not required on the Paper TAD, but must be included in electronic records. CSC enters this data.

*4 — These data elements are required for Types N or B, if not provided by a prenatal certification/subsequent certification.

*5 – If child is over 2 years of age

*6 – If Data Element #51 = Y

TRANSACTION TYPE A – BREASTFEEDING WOMAN MID-ASSESSMENT

A Mid-Assessment is used to track the progress of a breastfeeding woman that has been certified for a one year period. Mid-Assessments occur at six month from the initial certification.

TABLE 6B: BREASTFEEDING WOMAN MID-ASSESSMENT — MANDATORY ENTRIES

DATA ELEMENT NUMBER	DATA ELEMENT NAME	C
	Transaction Type = A	
5	DATE FORM COMPLETED	X
7	Clinic Code	X
9	WIC ID NUMBER	X
24	TYPE	X
25	Medical Data Date	X
26	HEIGHT	X
27	Weight	X
28/29	HCT/HGB	X
32	PRIORITY	X
33	Food Package	X
51	BF NOW	X
34	MEDICAID	X
52	BF Ever	X
53	NUMBER WEEKS BREASTFED	X
54	Date Most Recent BF Response	X
72	PHYSICAL PRESENCE	X
73	Reason for no physical presence	X
75	HEMATOLOGICAL DATA DATE	X
100	Body Mass Index	X*
112	Recumbent/Standing	X
116	FRUIT INTAKE	X
117	Vegetable Intake	X
118	DAILY ACTIVITY	X
119	Second Food Package Option	X

Footnotes:

*1 — Not required if the REASON FOR CERTIFICATION = 502.

*2 — If data element 34 = Y, data element 35 need not be resubmitted if the Medicaid Number is the same as that already printed on the TAD, or previously contained in the record.

TRANSACTION TYPE M – INFANT ASSESSMENT

This transaction is used to enter the mid-certification nutritional assessment information, collected between five and seven months of age, for an infant already in the computer system.

The required data elements are: Medical Data Date, Length, Weight, Hematocrit/Hemoglobin, immunization, and the Breastfeeding questions.

TABLE 7: INFANT ASSESSMENT — MANDATORY ENTRIES

Data Element Number	Data Element Name	Infant
	TRANSACTION TYPE = M	X
5	Date Form Completed	X
7	CLINIC CODE	X
9	WIC ID Number	X
24	TYPE	X
25	Medical Data Date	X
26	LENGTH/HEIGHT	X
27	Weight	X
28/29	HEMATOCRIT/HEMOGLOBIN (HCT/HGB)	X
51	BF Now	X
52	BF EVER	X
53	Number Weeks Breastfed	X
54	DATE MOST RECENT BF RESPONSE	X
64	Immunization Status Date	X
65	IMMUNIZATION RECORD SCREENED OR REQUESTED	X
66	Adequate For Age or Referred to	X
70	REFERRED FOR FOLLOW UP	X
72	Physical Presence	X
73	REASON FOR NO PHYSICAL PRESENCE	X
75	Hematological Data Date	X
113	INFANT FEEDING METHOD	X
119	Second Food Package Option	X
120	PEACHCARE	X

* Proof of identification, residency, and income are not required during the mid-certification assessment.

TRANSACTION TYPE U – UPDATE

This transaction is used to change, correct, or update information for a participant already assigned a WIC ID number in the centralized computer system.

TRANSACTION TYPE T –TERMINATION

This transaction is used to terminate a participant from the WIC Program. Currently terminations may be completed either by the clinic system (front-end) or the data processing system (back-end).

TABLE 8: TERMINATION — MANDATORY ENTRIES

Data Element Number	Data Element Name	WIC Types
	TRANSACTION TYPE = T	ALL
2	Termination Code	All
3	TERMINATION DATE	ALL
5	Date Form Completed	All
9	WIC ID	ALL
13	Date of Birth	All
24	WIC TYPE	ALL
38	Certification Date	All

TRANSACTION TYPE X – TRANSFER INTO CLINIC

This transaction is used to transfer a participant, within a valid certification period, with a WIC ID number in the centralized computer system from one Georgia WIC clinic to another. This transaction may be used to transfer a participant who is either active or on a waiting list.

TABLE 9: TRANSFER INTO CLINIC — MANDATORY ENTRIES

DATA ELEMENT NUMBER	DATA ELEMENT NAME	WIC TYPES
	Transaction Type = X	All
4	TRANSFER INTO CLINIC (CLINIC CODE)	ALL
5	Date Form Completed	All
7	CLINIC CODE	ALL
9	WIC ID Number	All*
14	STREET ADDRESS	ALL
15	City	All
16	ZIP CODE	ALL
17	County	All
58	PICKUP CODE	ALL
59	Voucher Interval Code	All
77	PROOF OF RESIDENCY (FOR OUT OF STATE TRANSFERS ONLY)	ALL
78	Proof of Identification	All
80 – 93	DATA ELEMENTS 80 – 93 ARE FOR TYPES P, N, AND/OR B WHEN TRANSFERRING WITH SUBSEQUENT CERTIFICATION.	
83	Hypertension During Pregnancy – Postpartum Visit	P N B
84	MULTIVITAMIN CONSUMPTION PRIOR TO PREGNANCY	P N B
85	Multivitamin Consumption During Pregnancy	P N B
86	CIGARETTES PER DAY THREE MONTHS PRIOR TO PREGNANCY	P N B

DATA ELEMENT NUMBER	DATA ELEMENT NAME	WIC TYPES
87	Cigarettes Per Day Prenatal Visit	P N B
88	CIGARETTES PER DAY POSTPARTUM VISIT	P N B
89	Cigarettes Per Day Last Three Months of Pregnancy	P N B
90	HOUSEHOLD SMOKING - PRENATAL VISIT	P N B
91	Household Smoking - Postpartum Visit	P N B
92	DRINKS PER WEEK THREE MONTHS PRIOR TO PREGNANCY	P N B
93	Drinks Per Week Last Three Months Of Pregnancy	P N B
94	PROOF OF IDENTIFICATION PARENT GUARDIAN CAREGIVER	I C
95	Low-risk Nutrition Education Follow-up Date	All
96	LOW-RISK NUTRITION EDUCATION FOLLOW-UP CONTACT PROVIDED	ALL
97	Low-risk Nutrition Education Follow-up Contact Type	All
98	LOW-RISK NUTRITION EDUCATION FOLLOW-UP TOPICS	ALL
99	Low-risk Nutrition Education Follow-up Contact Provider	All
100	BODY MASS INDEX	P N B C¹
101	Date Breastfeeding Began	P ² N B I C
102	BREASTFEEDING BEGAN AT BIRTH	P² N B I C
103	Date of Last Time of Breastfeeding and/or Pumping	P ² N B I C
104	PEER COUNSELOR ID	P N B
105	Type of Peer Counseling Contact	P N B
106	PEER COUNSELING TERMINATION DATE	P N B
107	Breast Pump Assigned	P N B
108	BREASTFEEDING PEER COUNSELOR ASSIGNED	P N B
109	Family Numbers	All

DATA ELEMENT NUMBER	DATA ELEMENT NAME	WIC TYPES
110	DATE OF INITIAL CONTACT	ALL
111	Initial Contact Type	All
113	INFANT FEEDING METHOD	I
114	Woman Feeding Method	NB
115	MEDICAL HOME	IC
116	Fruit Intake	PNBC
117	VEGETABLE INTAKE	PNBC
118	Daily Activity	PNBC
119	SECOND FOOD PACKAGE OPTION	ALL
120	Peachcare	IC
121	Dairy Intake³	PNBC
128	Disclosure Allowed	ALL

1. If Child's age is greater than two years.
2. If Data Element #51 (Breastfeeding Now) = Y
3. If combined with Subcert.

TRANSACTION TYPE O – OUT OF STATE TRANSFER

Out of State Transfer is used only once for any participant to create the initial computer record for a participant certified in another state. The Etad may be completed using the edit criteria for an out of state transfer, as long as Data Element 30, Reason for Certification, is coded as Risk Code 502 (Transfer of Certification).

TABLE 10: OUT OF STATE TRANSFER — MANDATORY ENTRIES

DATA ELEMENT NUMBER	DATA ELEMENT NAME	ALL WIC TYPES	P	N	B	I	C
	Transaction Type = O	X					
5	DATE FORM COMPLETED	X					
7	Clinic Code	X					
9	WIC ID NUMBER	X					
10	Last Name	X					
11	FIRST NAME	X					
13	Date of Birth	X					
14	STREET ADDRESS	X					
15	City	X					
16	ZIP CODE	X					
17	County	X					
20	RACE	X					
21	Migrant	X					
23	GENDER	X					
24	Type	X					
30	REASON FOR CERTIFICATION	X					
32	Priority	X ¹					
33	FOOD PACKAGE	X					
38	Date of Certification	X					
41	ESTIMATED DATE OF CONFINEMENT (EDC)		X				
42	Delivery Date			X	X		
43	PREGRAVID WEIGHT		X	X	X		
44	Alcohol		X				
45	CIGARETTES		X				
46	Marital Status		X	X	X		
47	EDUCATION LEVEL		X	X	X		
48	Medical Care Started		X	X	X		
49	WEIGHT PRIOR TO DELIVERY			X	X	X ²	
50	Pregnancy Outcome			X	X		
51	BF NOW			X	X	X	X
52	BF Ever			X	X	X	X
53	NUMBER WEEKS BREASTFED			X	X	X	X
54	Date Most Recent BF Response			X	X	X	X
58	PICKUP CODE	X					
59	Voucher Interval Code	X					

DATA ELEMENT NUMBER	DATA ELEMENT NAME	ALL WIC TYPES	P	N	B	I	C
65	IMMUNIZATION RECORD SCREENED OR REQUESTED					X	X
66	Immunization adequate for age/Referred to					X	X
74	ETHNICITY	X					
77	Proof of Residency	X					
78	PROOF OF IDENTIFICATION	X					
95	Low-risk Nutrition Education Follow-up Date	X					
96	LOW-RISK NUTRITION EDUCATION FOLLOW-UP CONTACT PROVIDED	X					
97	Low-risk Nutrition Education Follow-up Contact Type	X					
98	LOW-RISK NUTRITION EDUCATION FOLLOW-UP TOPICS	X					
99	Low-risk Nutrition Education Follow-up Contact Provider	X					
100	BODY MASS INDEX		X	X	X		X ³
101	Date Breastfeeding Began		X ⁴	X	X	X	X
102	BREASTFEEDING BEGAN AT BIRTH		X ⁴	X	X	X	X
103	Date of Last Time of Breastfeeding and/or Pumping		X ⁴	X	X	X	X
104	PEER COUNSELOR ID		X	X	X		
105	Type of Peer Counseling Contact		X	X	X		
106	PEER COUNSELING TERMINATION DATE		X	X	X		
107	Breast Pump Assigned		X	X	X		
108	BREASTFEEDING PEER COUNSELOR ASSIGNED		X	X	X		
109	Family Numbers	X					
110	DATE OF INITIAL CONTACT	X					
111	Initial Contact Type	X					
113	INFANT FEEDING METHOD					X	
114	Woman Feeding Method			X	X		
115	MEDICAL HOME					X	X
116	Fruit Intake		X	X	X		X
117	VEGETABLE INTAKE		X	X	X		X
118	Daily Activity		X	X	X		X
119	SECOND FOOD PACKAGE OPTION	X					
120	Peachcare					X	X
121	Dairy Intake	X					
128	Disclosure Allowed	X					

¹ PRIORITY assignment when REASON FOR CERTIFICATION is Risk Code 502 should be based on the highest priority possible for that WIC type.

² Required for infants if Data Element 22 contains a valid WIC ID number.

3If Child's age is greater than two years.

⁴If Data Element #51 (Breastfeeding Now) = Y

Data Element: 1 – WAITING LIST CODE

Definition:	A one-position data element used to: <ul style="list-style-type: none">• Place a certified or non-certified participant on the waiting list, or• Activate a participant from the waiting list to an active status, or• Place a currently active or terminated participant on the waiting list.
Data Element Type:	Alpha
Data Element Length:	1
ETAD Position:	16 – 16
Intent/Purpose:	It is the intent that this data element be used only when there is a need to place clients on waiting list due to restrictions in funding
Business Rules:	Transaction Must Equal W C – (Certified) The person being placed on waiting list has been certified as eligible for the WIC Program, but cannot be served due to caseload or other restrictions. N – (Not certified) The person being placed on the waiting list appears potentially eligible, but has not been actually certified. A – (Activated) The person currently on the waiting list is being activated to receive WIC vouchers. DO NOT ALLOW FOR ANY OTHER TRANSACTIONS
Validation Rules:	Allowable input is: C, N or A DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes, for all waiting list transactions for all WIC types. This Data Element must be empty for all other transactions.

(See Table 3: Transaction Type Codes, p. 31)

Data Element: 2 – TERMINATION CODE

Definition: A one-position data element to identify the reason a participant is being terminated from the WIC program.

Data Element Type: Alpha/Numeric

Data Element Length: 1

ETAD Position: 17 – 17

Intent/Purpose: It is the intent of this Data Element to capture the reason for a participant termination from WIC

Business Rules: Transaction Must Equal **T or R**

Must be EMPTY if transaction type is not “T”

Front End Systems: Must use alpha codes (See Table 11)

Central Processing System (CPS): Must use numeric codes (See Table 12)

If Data Element 24 (Type) is P,N,B or C then all codes may apply.

If Data Element 24 (Type) is I then only A, B, E, F, H, K, L or R may apply.

DO NOT ALLOW FOR ANY OTHER TRANSACTIONS

Validation Rules: Front End Systems: **A, B, C, D, E, F, G, H, I, J, K, L and R**

DO NOT ALLOW ANY OTHER INPUTS

CPS: **0, 1, 2, 3, 7, 8, and 9**

DO NOT ALLOW ANY OTHER ENTRIES

Critical: No

Table 11: Clinic Initiated Termination Codes*

CODE	*TERMINATION REASON
A	Not eligible for free or reduced cost medical care or no longer income eligible
B	NO LONGER A RESIDENT OF AREA SERVED BY CLINIC
C	The participant has reached a time limit or age limit
D	NO NUTRITIONAL RISK FACTORS PRESENT
E	Failure to pick up vouchers for two full consecutive months
F	FAILED TO RETURN AND BE CERTIFIED FOR THE WIC PROGRAM
G	Suspended due to abuse of the WIC program
H	DEATH
I	Priority not being served
J	MISCARRIAGE
K	Other
L	FAILURE TO RETURN WITH PROOF ON 30 DAY CERTIFICATION
R	Reverse termination (certification period still valid)

Table 12: CPS Initiated Termination Codes

CODE	TERMINATION REASON
0	Transfer out of clinic or district/unit
1	A CHILD ON HIS/HER FIFTH BIRTHDAY; A NON-BREAST FEEDING WOMAN AT SIX MONTHS; A BREAST FEEDING WOMAN AT TWELVE MONTHS FROM DELIVERY.¹
2	Failure to pickup vouchers for two full consecutive months ¹
3	FAILURE TO RETURN WITH PROOF ON THIRTY DAY CERTIFICATION¹
4	Reserved for future use
5	RESERVED FOR FUTURE USE
6	Reserved for future use
7	TERMINATED FROM WAITING LIST
8	Pregnant woman at estimated date of confinement (EDC) + 75 days ¹
9	OVERDUE FOR CERTIFICATION¹

¹To be taken over by front-end clinic systems FFY 2009

Data Element: 3 – TERMINATION DATE

Definition:	An eight-position data element to indicate the effective date of the termination code reason entered in Data Element 2.
Data Element Type	Date
Data Element Length:	8
ETAD position:	18 – 25
Intent/Purpose:	It is the intent of this Data Element to capture the date when a participant was terminated from the WIC program. This is to ensure that such termination was made at the proper time.
Business Rules:	Data Element 2 (Termination Code) must equal T or R DO NOT USE FOR ANY OTHER TRANSACTION TYPE Data Element 5 (Date Form Completed): Termination date must be greater than or equal to Date Form Completed. Data Element 13 (Date of Birth) is required Data Element 38 (Certification Date) is required Data Element 24 (Type) is required
Validation Rules:	The entry must be a valid calendar date in MMDDYYYY format or empty for all other transaction types. DO NOT ALLOW ANY OTHER ENTRIES
Critical:	No for any transaction type other than T or R

Data Element: 4 – Transfer Into Clinic

Definition: A three-position data element to indicate the clinic code number that the participant is being transferred into (gaining clinic). Unless otherwise indicated Transfer Into Clinic transactions may only be initiated by the receiving clinic. Exceptions are hospital clinics.

Data Element Type: Numeric

Data element Length: 3

ETAD Position: 26 – 28

Business Rules: This transaction may be used in combination with a subsequent certification, an update, or an infant assessment. In those cases the Medical Data Date, Height, Weight, Hematocrit/Hemoglobin, and breast feeding data entries are completed.

In all cases, the transfer into clinic transaction must be marked.

Data Element 7 (Clinic number): Data Element 4 (Transfer into Clinic) must not equal Data Element 7 (clinic number).

Validation Rules: Must be a valid Georgia WIC Clinic three digit number between 001 – 999

Entries must be validated against the current list of clinic codes.

DO NOT ALLOW ANY OTHER ENTRIES

Critical: No, for any transaction type other than X

Transaction Types: X = Transfer Into Clinic

DO NOT USE FOR ANY OTHER TRANSACTION TYPE

Data Element: 5 – DATE FORM COMPLETED

Definition: An eight-position data element to indicate the date the Certification Form (ETAD or TAD) was completed.

Data Element Type: Date

Data Element Length: 8

ETAD Position: 29 – 36

Intent/Purpose: It is the intent of this Data Element to capture the date when a particular WIC transaction was completed.

Business Rules: All dates entered on the ETAD or TAD must be less than or equal to Date Form Completed date, except for the date entered in Data Element 41 estimated date of confinement (EDC).

Data Element 24 (WIC Type): If WIC Type is Infant then Date Form Completed cannot be more than one year after Data Element 13 (Date of Birth).

If WIC Type is Child then Date Form Completed (Data Element 5) must be greater than one year, and less than five years from Data Element 13 (Date of Birth).

If WIC Type is Prenatal, Non-breastfeeding, or Breastfeeding, then Date Form Completed (Data Element 5) must be greater than five years from Data Element 13 (Date of Birth).

Data Element 25 (Medical Data Date): Data Element 25 must not be more than 60 days less than Date Form Completed (Data Element 5).

Data Element 38 (Date of Certification): Data Element 38 must not be greater than Date Form Completed

Data Element 41 (Estimated Date of Confinement): Date Form Completed may not be more than one year less than Data Element 41 (Estimated Date of Confinement).

Data Element 42 (Delivery Date) cannot be greater than Date Form Completed

Data Element 75 (Hematological Data Date): Data Element 75 may not be greater than 90 days prior to Date Form Completed (Data Element 38).

Date Form Completed may default to current date.

Validation Rules: The entry must be a valid calendar date in MMDDYYYY format.

DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes

Transaction Types: All.

Data Element: 6 – STAFF INITIALS

Definition: A three-position data element for the initials of the clinic staff member preparing the ETAD

Data Element Type: Alpha

Data Element Length: 3

ETAD Position:	37–39
Intent/Purpose:	It is the intent of this Data Element to capture the identifying initials of the WIC staff completing the WIC transaction.
Business Rule:	Each clinic staff with the responsibility of completing WIC transactions must have their three character identification – usually initials – entered into the system. The identification must be linked to the user login and default to this field.
Validation Rules:	Valid entries are A , B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, and Z. DO NOT ALLOW ANY OTHER ENTRIES
Critical:	No.
Transaction Types:	Used for all transactions regardless of WIC type.

Data Element: – DISTRICT/UNIT CODE

Definition:	A three digit field that identifies the District and Unit number of the clinic where the transaction is being completed. This Data Element is not numbered.
Data Element Type:	Numeric
Data Element Length:	3
ETAD Position:	40–42
Intent/Purpose:	It is the intent of this element to capture the identifying number of the Health District and Unit where the transaction os being completed. This allows that District to receive credit

for the participant and provides the data processor with the information required to notify the staff of critical errors or other problems as well as for producing reports.

Business Rules: The District Unit number shall default into Data Element. The hyphen between the second and third digits is implied.

Validation Rules: Valid entries are: **0, 1, 2, 3, 4, 5, 6, 7, 8, or 9** (See Table 13 on next page)
DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes for all transactions regardless of WIC Type

Transaction Types: All

TABLE: 13 DISTRICT/UNIT CODES

District /Unit	Common Name (Geographical)	Official Name
01-1	ROME	NORTHWEST
01-2	Dalton	North Georgia
02-0	GAINESVILLE	NORTH
03-1	Cobb	Cobb/Douglas
03-2	FULTON	FULTON
03-3	Clayton	Clayton

03-4	GWINNETT	EAST METRO
03-5	DeKalb	DeKalb
04-0	LAGRANGE	LAGRANGE
05-1	Dublin	South Central
05-2	MACON	NORTH CENTRAL
06-0	Augusta	East Central
07-0	COLUMBUS	WEST CENTRAL
08-1	Valdosta	South
08-2	ALBANY	SOUTHWEST
09-1	Coastal	Coastal
09-2	WAYCROSS	SOUTHEAST
10-0	Athens	Northeast
11-0*	SOUTHSIDE MEDICAL CENTER	SOUTHSIDE
12-0	Grady Health System	Grady

***Contract Agency closed October 2011**

Data Element: 7 – Clinic Code

Definition:	A three-position unique number for the service site or clinic where the transaction is being completed.. Clinics are sites with actively enrolled participants, where WIC transactions are performed and where voucher issuance occurs.
Data Type:	Numeric
Data Element Length:	3
ETAD Position:	43 – 45
Intent/Purpose:	It is the intent of this element to capture the identifying number of the clinic or service site where the transaction os being completed. This provides the data processor with the information required to notify the staff of critical errors or other problems as well as for producing reports.
Business Rule:	The clinic number shall default into Data Element 7. Lead zeros are required. The clinic code must be a complete three digit number. The clinic code must be validated against the front end system’s internal clinic listing. The clinic listing must contain all Georgia WIC clinics including those that have been closed. “000” is not allowed.
Validation Rules:	Valid entries are: 0, 1, 2, 3, 4, 5, 6, 7, 8, or 9 DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes for all transactions regardless of WIC Type.

Data Element: 8 – DISCONTINUED (Formerly Sort Code)

Length: 1

Etad Position: 46-46 - Position has been re-assigned

SORT CODES WILL BE REMOVED FROM THE CPS. HOWEVER, THEY MAY BE RETAINED WITHIN CLINIC SYSTEMS IF DESIRED.

DO NOT TRANSMIT SORT CODES TO CSC, WHEN BATCHING.

Data Element: 9 – WIC IDENTIFICATION NUMBER (WIC ID)

Definition: An eleven-position data element used to uniquely identify a participant. The number consists of four data elements:

- Three-digit number that identifies the Georgia clinic where the participant was initially enrolled in WIC. This must be a valid WIC clinic number even if the clinic is no longer active.
- Six digit sequential number assigned by clinic system
- One digit check number
- One digit participant code

Example: WIC ID Number 92512345641

925 = Number of the clinic that first enrolled the participant

123456 = Sequential number

4 = Check digit

1 = Participant code

Data Element Type: Numeric

Data Element Length: 11

ETAD Position: 47 – 57

Intent/Purpose: It is the intent of this data element to accurately record the WIC ID number of all participants in the WIC Program

Business Rules: The entry must be an 11-digit number.

The entry cannot be all zeroes or all nines.

The 10th digit is the check digit and is validated against the modulus 10 value of the first 9 digits.

Example: To calculate the check digit for the WIC ID 92512345641, use the following method:

Use the first nine (9) numbers.

Multiply the nine digits by 212121212 – do not carry numbers:

$$9 \times 2 = 18$$

$$2 \times 1 = 02$$

$$5 \times 2 = 10$$

$$1 \times 1 = 01$$

$$2 \times 2 = 04$$

$$3 \times 1 = 03$$

$$4 \times 2 = 08$$

$$5 \times 1 = 05$$

$$6 \times 2 = 12$$

Eliminate all zeros and add the results in the following manner:

$$1+8+2+1+1+4+3+8+5+1+2 = 36 \text{ Subtract the result from the next highest unit of 10: } 40-36=4$$

The 11 digit WIC ID number must be defaulted into the data element by the system if the transaction type is “C” or “O” if the client is not currently in the clinic system.

If the participant is currently in the clinic system their WIC ID number will be carried into a new transaction such as “S”, “U” or “X”

The clinic staff must be able to change the participant code number in cases where a subsequent family member is being added.

In cases of intra-state transfers (“X” or “X-S”) the clinic staff must be able to enter the client’s Georgia WIC ID number.

Validation Rules:

Valid entries are: **0, 1, 2, 3, 4, 5, 6, 7, 8, or 9**

DO NOT ALLOW ANY OTHER ENTRIES

Critical:

Yes, for all transactions for all WIC types.

Transaction types:

All. Every WIC participant must have a valid WIC ID number which is to be included on all transactions.

Data Element: 10 – PARTICIPANT’S LAST NAME

Definition:	Up to fifteen-position data element for the WIC participant’s Last name.
Data Element Type:	Alpha
Data Element Length:	15
ETAD Position:	58 – 72
Intent/Purpose:	It is the intent of this data element to accurately record the last name of WIC Participants.
Business Rules:	Data element must contain at least two alphabetic characters, without spaces. The name may contain an apostrophe (’), space (), or hyphen (-). Data Element cannot be empty.
Validation Rules:	Valid entries are A , B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z., ‘, <SPACE> or – DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes for all transactions regardless of WIC types.

Data Element: 11 –Participant’s First Name

Definition:	Up to a fourteen-position data element for the WIC participant’s First name.
Data Element Type:	Alpha
Data Element Length:	14
ETAD Position:	73 – 86
Intent/Purpose:	It is the intent of this data element to accurately record the first name of WIC Participants.
Business Rules:	Data element must contain at least two alphabetic characters, without spaces. The name may contain an apostrophe (‘), space (), or hyphen (-). Data Element cannot be empty.
Validation Rules:	Valid entries are A , B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z., ‘, <SPACE> or – DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes for all transactions regardless of WIC types.

Data Element: 12 – PARTICIPANT’S MIDDLE INITIAL

- Definition:** A one-position element for the WIC participant’s middle initial.
- Data Element Type:** Alpha
- Data Element Length:** 1
- ETAD Position:** 87 – 87
- Business Rules:** Data element may contain one alphabetic character or may be empty.
- Validation Rules:** Valid entries are **A , B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z., ‘, <SPACE> or –**
DO NOT ALLOW ANY OTHER ENTRIES
- Critical:** No

Data Element: 13 – DATE OF BIRTH

Definition:	An eight-position data element to indicate the participant’s date of birth.
Data Element Type:	Date
Data Element Length:	8
ETAD Position:	88 – 95
Intent/Purpose:	It is the intent of this data element to accurately capture the birth date of the WIC participant
Business Rules:	The entry must be a valid calendar date in MMDDYYYY format. Entry must not be greater than date form completed. If Data Element 13 (Date of Birth) is greater than 11 months previous to Data Element 5 (Date Form Completed) but less than five years then Data Element 24 must = C If Date Element 13 (Date of Birth) is less than one year from Data Element 5 (Date Form Completed) then Data Element 24 must = I If Data Element 13 (Date of Birth) is greater than five years to Data Element 5 (Date Form Completed) then Data Element 24 must = either P, N, or B
Validation Rules:	The entry must be a valid calendar date in MMDDYYYY format. DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes for all transactions regardless of WIC types

Data Element: 14 – STREET ADDRESS

Definition:	An upper case, left justified twenty-five position data element to record the street address of the participant.
Data Element Type:	Alpha/Numeric
Data Element Length:	25
ETAD Position:	96 -120
Intent/Purpose:	It is the intent of this data element to accurately capture the street address of the WIC participant
Business Rules:	May not be blank, must contain data A post office box is not an acceptable address, unless a post office box form has been completed and filed in the participant's chart. Must agree with client's Proof of Residency (Data Element 77).
Validation Rules:	Valid entries are A , B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z 0, 1, 2, 3, 4, 5, 6, 7, 8, or 9 May also contain: Space (), hyphen (-), number sign (#), or slash (/). DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes for all transactions regardless of WIC types.

*Data Element: 15 – CITY

Definition:	An upper case, left justified eighteen position data element to record the city or town where the WIC participant resides,
Data Element Type:	Alpha
Data Element Length:	18
ETAD Position:	121 - 138
Intent/Purpose:	It is the intent of this data element to accurately capture the city or town where the WIC participant resides.
Business Rules:	May not be blank, must contain data Entry must be a city or town in the State of Georgia unless exceptions have been made for bordering areas. Entry must agree with client's Proof of Residency (Data Element 77). City or town must relate to the zip code assigned by the U.S. Postal Service and must agree with ZIP CODE (Data Element 16) Element 16 (zip code) must cause Element 15 (city) to automatically populate
Validation Rules:	Valid entries are A , B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z May also contain: Space () and/or hyphen. DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes for all transactions regardless of WIC types.

* Element 16 (zip code) must cause Element 15 (city) to automatically populate.

***Data Element: 16 – ZIP CODE**

Definition:	A five-position data element to record the zip code of the participant's address.
Data Element Type:	Numeric
Data Element Length:	5
ETAD Position:	139 – 143
Intent/Purpose:	It is the intent of this data element to accurately capture the ZIP code of the city or town where the WIC participant resides.
Business Rules:	May not be blank, must contain data Entry must be a valid zip code assigned by the U.S. Postal Service and must agree with city or town in the State of Georgia unless exceptions have been made for bordering areas. Entry must agree with client's Proof of Residency (Data Element 77). ZIP CODE (Data Element 16) must cause Element 15 (city) to automatically populate
Validation Rules:	Valid entries are: 0, 1, 2, 3, 4, 5, 6, 7, 8, or 9 DO NOT ALLOW ANY OTHER ENTRIES
. Critical:	Yes for all transactions regardless of WIC types.

Data Element: 17 – COUNTY CODE

* Element 16 *must* cause Element 15 to automatically populate.

Definition: A three-position data element for the Federal Information Processing Standards (FIPS) code of the county where the participant resides. FIPS codes are a standardized set of numeric or alphabetic codes issued by the National Institute of Standards and Technology (NIST) to ensure uniform identification of geographic entities through all federal government agencies.

EXCEPTION: If the clinic serves out of state participants, the code entered must be the county where the clinic is located, rather than the participant's county of residence.

Data Element Type: Numeric

Data Element Length: 3

ETAD Position: 144 – 146

Intent/Purpose: It is the intent of this data element to accurately capture the three digit FIPS code of the county where the WIC participant resides.

Business Rules: May not be blank, must contain data.

Entry may not be 000 or greater than 159.

Entry must contain three digits, lead zeros are required when county code is less than 100.

Validation Rules: Valid entries are: **0, 1, 2, 3, 4, 5, 6, 7, 8, or 9**

DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes for all transactions regardless of WIC types

Data Element: 18 – TELEPHONE NUMBER

Definition:	A ten-position data element for the area code and telephone number where the participant may be contacted.
Data Element Type:	Alpha/Numeric
Data Element Length:	10
ETAD Position:	147 – 156
Intent/Purpose:	It is the intent of this data element to accurately capture the ten digit telephone number of the WIC participant so that clinic staff may contact the participant for late/missed appointments, nutrition education or other reasons.
Business Rules:	This is a non-critical field, however if the participant has a telephone or gives a number where they may be reached it must contain ten digits in this order: <ul style="list-style-type: none">• Area Code (3)• Prefix (3)• Number (4)
Validation Rules:	Valid entries are: 0, 1, 2, 3, 4, 5, 6, 7, 8, or 9 NO PHONE NO DO NOT ALLOW ANY OTHER ENTRIES
Critical:	No
Transaction Type:	All.

Data Element: 19 – SOCIAL SECURITY NUMBER (DISCONTINUED)

Length: 9

ETAD Position: 157 – 165 - Positions have been re-assigned

To protect participants, social security numbers will be removed from the centralized processing system (back end). However, they may be retained within clinic systems (front end) if desired, although it is not recommended. Do not send social security numbers to the contractor, when batching.

Data Element: 20 – RACE DISCONTINUED¹ (ORIGINAL)

Length: 1

ETAD Position: 166 – 166 Position has been re-assigned

Race is now a two position located at ETAD Positions 378-379

Data Element: 20 –Race2 (Revised2)

Definition:	A two-position data element to indicate the participant’s racial identity.
Data Element Type:	Numeric
Data Element Length:	2
ETAD Position:	378 - 379
Intent/Purpose:	It is the intent of this data element to accurately capture the racial identity of the WIC participant.
Business Rules:	The following definitions of racial type apply:

White: A person having origins in any of the original peoples of Europe, Middle East, or Northern Africa.

Black/African American: A person having origins in any of the black racial groups of Africa.

Asian: A person having origins in may of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America).

Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

The check box illustrated below will be used to select the proper racial identity of the participant. In cases where a participant may be of mixed or multi-racial, the user may check as many boxes as may apply.

The mouse is to be used to select the options, once selected, a check mark will appear in the selected boxes.

RACE: (One or more racial categories may be selected)

_____	Date: _____
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	

The system will automatically generate the proper two-digit code based on Table 14 below.

TABLE: 14- RACE CODES

AI/AN	ASIAN	BLACK/ AFRICAN AMERICAN	NH/PI	WHITE	RACE
				X	01
		X			02
	X				03
X					04
			X		05
X				X	06
	X			X	07
		X		X	08
X		X			09
X	X				10
X			X		11
	X	X			12
	X		X		13
		X	X		14
			X	X	15
X	X	X			16
X	X		X		17
X	X			X	18
X		X	X		19
X		X		X	20
X			X	X	21
	X	X	X		22
	X	X		X	23
	X		X	X	24
		X	X	X	25
X	X	X	X		26
X	X	X		X	27
X	X		X	X	28

AI/AN	ASIAN	BLACK/ AFRICAN AMERICAN	NH/PI	WHITE	RACE
X		X	X	X	29
	X	X	X	X	30
X	X	X	X	X	31

Validation Rules: Valid entries are numbers 1 through 31. An entry of 00 is not allowed.

DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes for following transactions regardless of WIC types

Transaction type: C, O, S, X or W-C.

Data Element: 21 – MIGRANT

Definition: A one-position data element to indicate if the participant is a migrant farm worker

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 167 - 167

Intent/Purpose: It is the intent of this data element to accurately capture the number of the WIC participants who are generally employed as itinerant or migrant farm workers.

Business Rules: User will indicate migrant status of a participant by entering one of the following codes:
Y = Yes, the participant **is** generally employed as an itinerant or migrant farm worker.
N = No, **the participant is not** generally employed as an itinerant or migrant farm worker

Validation Rules: Valid entries are: **Y** or **N**

DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes for following transaction types regardless of WIC type:

Transactions Types: C, O, or W-C.

Data Element: 22 – MOTHER’S WIC ID OR PARENT/CAREGIVER’S NAME

- Definition:** Up to a fifteen-position data element to record the WIC identification number or the name of one of the custodial parents or caregiver of an infant WIC participant. If a WIC identification number is used, it enables linking the infant’s record to the mother’s record for special reporting..
- Data Element Type:** Alpha/Numeric
- Data Element Length:** 15
- ETAD Position:** 168 - 182
- Intent/Purpose:** It is the intent of this data element to accurately capture the name or WIC ID number of the person primarily responsible for the care of an infant WIC participant.
- Business Rules:** Element 24 (WIC Type) must be I.
Element 9 (WIC ID Number): If the input is numeric, it is treated as a WIC ID number and must pass the check digit edit. If the WIC ID is erroneous, it does not create a critical error; rather the mainframe ignores (blanks out) the invalid ID number.
- Validation Rules:** Valid entries are either: **0, 1, 2, 3, 4, 5, 6, 7, 8, or 9**
Or
A , B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z;
(Apostrophe), - (Hyphen); <Space>; EMPTY.
DO NOT ALLOW ANY OTHER ENTRIES
- Critical:** No. This data element is used for WIC Type I for the following transactions, but may be left blank.
- Transaction Types:** C, W-C

Data Element: 23 – GENDER

Definition:	A one-position data element designating the gender of WIC participants.
Data Element Type:	Alpha
Data Element Length:	1
ETAD Position:	183 - 183
Intent/Purpose:	It is the intent of this data element to accurately capture the gender of each WIC participant to allow proper cross editing for gender specific transactions, food packages and certification reasons.
Business Rules:	Cannot be blank. M = Male (infants and children only). F = Female (may apply to any WIC type). If Element 24 (Type) is P, N, or B, then Element 23 (gender) must equal F. If Data Element 24 (Type) is I or C the Element 23 (Gender) may be M or F
Validation Rules:	Valid entries are either: M or F DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes for all transactions regardless of WIC Type

Data Element: 24 – TYPE

Definition: A one-position data element designating classification or type of WIC participants.

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 184 - 184

Intent/Purpose: It is the intent of this data element to accurately capture the type of each WIC participant to allow proper cross editing for type specific transactions, food packages and certification reasons.

Business Rules: Cannot be blank.

P = Prenatal (Pregnant women only).

N = Non-Breastfeeding (Post-partum women only).

B = Breastfeeding (Post-partum women only).

I = Infant

C = Child

If Data Element 13 (Date of Birth) is greater than 11 months previous to Data Element 5 (Date Form Completed) but less than five years then Data Element 24 must = C

If Date Element 13 (Date of Birth) is less than one year from Data Element 5 (Date Form Completed) then Data Element 24 must = I

If Data Element 13 (Date of Birth) is greater than five years to Data Element 5 (Date Form Completed) then Data Element 24 must = either P, N, or B

If Data Element 24 = N then Data Element 114 (Woman's Feeding Method) must default to F (Fully Formula Fed).

Data Element 33 (Food package code) must be compatible with WIC type (See Table 18 for allowable food packages by WIC Type).

If Data Element 24 is either P, N, or B then Data Element 23 (Gender) must = F

If Data Element 24 is either I or C then Data Element 23 (Gender) may = either M or F

Validation Rules: Valid entries are: **P, N, B, I** or **C**.

DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes for all transaction regardless of WIC type

Data Element: 25 – MEDICAL DATA DATE

Definition:	An eight-position data element to indicate the date the WIC participant's medical data (height and weight) was taken.
Data Element Type:	Date
Data Element Length:	8
ETAD Position:	185 – 192
Intent/Purpose:	It is the intent of this data element to accurately capture the height and weight of WIC participants to ensure proper assignment of risk codes, high risk status and food packages.
Business Rules:	<p>If Transaction Type = M (infant mid-certification assessment), then Data Element 25 must be less than or equal to Data Element 5 (Date form completed), but not more than 60 days less.</p> <p>Element 25 must be equal to or less than Element 38 (Date of Certification), but not more than 60 days less.</p> <p>Data Element 25 cannot be greater than Data Element 5 (Date form completed).</p>
Validation Rules:	<p>Entry must be a valid calendar date in MMDDYYYY format.</p> <p>DO NOT ALLOW ANY OTHER ENTRIES</p>
Critical:	Yes for all transactions regardless of WIC type.

Data Element: 26 – HEIGHT

Definition:	A three-position data element to indicate the vertical height (or recumbent length depending on age) of the participant to the nearest eighth inch.
Data Element Type:	Numeric
Data Element Length:	3
ETAD Position:	193 - 195
Intent/Purpose:	It is the intent of this data element to accurately capture the height of the WIC participant to ensure proper assignment of risk codes and food packages.
Business Rules	Range must be 06 to 84 inches. Range must be 0 through 7 for eighth inches. Height may not decrease more than one inch between the current certification and the previous certification (non-critical error). Element 23 (Gender) for Types I and C Element 13 (Date of Birth) for Types I and C
Validation Rules:	Valid entries are either: 0, 1, 2, 3, 4, 5, 6, 7, 8, or 9 DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes
Transaction Type:	C, M, S, X, or W-C

Data Element: 27 – WEIGHT

Definition:	A five-position data element to indicate the weight of the participant in pounds and ounces to the nearest ounce.
Data Element Type:	Numeric
Data Element Length:	5
ETAD Position:	196 - 200
Intent/Purpose:	It is the intent of this data element to accurately capture the weight of the WIC participant to ensure proper assignment of risk codes and food packages.
Business Rules	Range for pounds: 000 through 600 Range for ounces: 00 through 15 Allow 000 for infants born weighing less than 1 full pound Decimal point is implied Maximum weight for P, N, or B: 600 pounds 15 ounces Cross edit Element 23 (Gender) for Types I and C Cross edit Element 13 (Date of Birth) for Types I and C Cross edit Element 43 (Pre-gravid Weight) for P, N, or B Cross edit Element 49 (Weight Prior to Delivery) for P, N, or B Cannot be blank Entry of 000.00 is not allowed
Validation Rules:	Valid entries are either: 0, 1, 2, 3, 4, 5, 6, 7, 8, or 9 DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes
Transaction Type:	C, M, S, X, or W-C

*Data Element 28 – HEMATOCRIT and 29 – HEMOGLOBIN

Definition: A three-position data element for either the participant's hematocrit or hemoglobin value expressed as a whole number and tenths. The Hemoglobin *or* Hematocrit value measures the iron status that applies to the current certification.

Data Element Type: Numeric

Data Element Length: 3

ETAD Position: 201 – 203 (Hematocrit)

ETAD Position: 204 – 206 (Hemoglobin)

Intent/Purpose: It is the intent of this data element to accurately capture the Hematocrit and/or Hemoglobin levels of the WIC participant.

Business Rules:

Hematocrit (Hct): 10.0 to 60.0, 88.8, empty or dash (—)

A value of 88.8 may be entered in the hematocrit or hemoglobin position for postpartum women certified in a hospital clinic, breast feeding subsequent certification, or children who have had normal hematocrit on the previous certification. Dashes (—) may be used to erase erroneous or unintended data in these positions.

Hemoglobin (Hgb): 05.0 to 20.0, 88.8, empty or dash (—)

A value of 88.8 may be entered in the hematocrit or hemoglobin position for postpartum women certified in a hospital clinic or for children who have had a normal hemoglobin on the previous certification.

Dashes (—) may be used in these positions to erase errors.

The measurement must be collected within ninety (90) days of the certification date.

If Element 28 and/or Element 29 (Hct/Hgb) is equal to 88.8 AND Element 24 (WIC Type) is either B or N, then Element 59 (Interval) must not be greater than 3.

If Element 28 and/or 29 are equal to 88.8, and Transaction Type is either C or S, at the NEXT voucher printing the system must not allow vouchers to print until Element 28 and/or 29 contain valid entries not equal to 88.8.

If user attempts to print voucher at next printing without updating Element 28 and/or 29, display the following warning message:

“Please update Hct/Hgb Element and Hematological Data Date prior to voucher issuance.”

Highlight Data Elements 28, 29 and 75 until data has been updated.

If Element 28 is populated then, Element 29 may be empty.

If Element 29 is populated then Element 28 may be empty.

* Front-end systems must provide an on-screen reminder to complete blood-work: For Type **N** or **B** if Element 28 and/or 29 has a value of 88.8 display this on screen message: “Hct/Hgb value = 88.8. Update Hct/Hgb value and hematological data date prior to voucher issuance.” Voucher printing must be prevented if values are not updated.

Element 13 (Date of birth) — Elements 28 or 29 are required for certifications and subsequent certifications for WIC Types: P, N, B, C and I, if an infant is greater than six months of age.

Element 24 (WIC Type): P, N, B, C and I if infant is greater than six months of age.

Element 45 (Cigarettes): See Table 14 below.

Element 30 (Reason For Certification) See Table 14 below.

Decimal is implied

TABLE 15: HEMATOCRIT/HEMOGLOBIN VALUES FOR PRENATAL WOMEN*

RISK CODE DATA ELEMENT 30	TRIMESTER	SMOKING DATA ELEMENT 45	HCT VALUE DATA ELEMENT 28	HGB VALUE DATA ELEMENT 29	PRIORITY DATA ELEMENT 32
201	1 st (00 – 13 weeks)	=00 ≥ 01	≤ 10.9 ≤ 11.2	≤32.9% ≤33.9%	1
201	2ND (14 –26 WEEKS)	=00 ≥ 01	≤ 10.4 ≤ 10.7	≤31.9% ≤32.9%	1
201	3 rd (27 – 40 weeks)	=00 ≥ 01	≤ 10.9 ≤ 11.2	≤32.9% ≤33.9%	1

Element 59 (Voucher Interval Code): If Element (hematocrit/hemoglobin) 28 or Element 29 = 88.8 and Element 24 (Type) is either N or B, then Element 59 (voucher interval code) must not be greater than 3.

If Element 24 (Type) = B and Transaction = S then the only allowable values for hematocrit are 10.0 – 60.0 or for hemoglobin are 05.0 – 20.0. The value 88.8 is not allowable.

HEMATOCRIT/HEMOGLOBIN VALUES FOR CHILDREN

TABLE 16: HEMATOCRIT

CODE 201	PRIORITY
LOW HEMOGLOBIN/HEMATOCRIT	

<p>12 to 23 months of age: Hemoglobin: 10.9 gm or lower Hematocrit: 32.8% or lower</p> <p>24 months to 5 years of age: Hemoglobin: 11.0 gm or lower Hematocrit: 32.9% or lower</p>	3
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TABLE 17: HEMATOCRIT/HEMOGLOBIN VALUES FOR POSTPARTUM AND NON-BREASTFEEDING WOMEN

CODE 201	PRIORITY
<p>LOW HEMOGLOBIN/HEMATOCRIT Error! Bookmark not defined.</p> <p>Non-smokers: Hemoglobin 11.9 gm or lower (≥ 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 (≥ 15 years of age) 12.0 gm or lower (< 15 years of age) Hematocrit 36.8% or lower</p>	1, 6

TABLE 18: HEMATOCRIT/HEMOGLOBIN VALUES FOR INFANTS

CODE 201	PRIORITY
<p>LOW HEMOGLOBIN/HEMATOCRIT Hemoglobin: 10.9 gm or lower Hematocrit: 32.8% or lower</p>	1

Validation Rules: Valid entries are either: **0, 1, 2, 3, 4, 5, 6, 7, 8, 9** or **Dash (-)**

DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes

Transaction Types: C, S, W-C, X-S

Data Element: 30 – Reason for Certification

- Definition:** Up to ten data elements of three positions each documenting a participant’s nutritional need for the WIC Program. Each participant must have at least one risk code and may have a maximum of ten risk codes.
- Data Element Type:** Numeric
- Data Element Length:** 30
- ETAD Position:** 207 – 221 and 406-420
- Intent/Purpose:** It is the intent of this data element to accurately capture the reasons that a client is being certified for the WIC Program.
- Business Rules:** Client must have at least one risk code corresponding to the highest priority.
1. At least one code is REQUIRED. The additional codes are optional, but will be edited for validity if present. A maximum of ten certification reasons will be transmitted to the CPS.
 2. Select and transmit the highest priority codes and certification reason(s) by WIC type in order of magnitude (high to low).
 3. Dashes (—) may be used to erase errors in Element 30 and in the mainframe.
 4. If Risk Code 331 (Pregnancy at Young age) is in any position, and Element 24 (Type) is non-breast feeding and Element 32 (Priority) is 3, then Element 42 (Actual Delivery Date) must be prior to the woman’s 17th birthday.
 5. If Risk Code 337 (Birth of Large for Gestational Age Infant) is in any position, then Element 55 (Infant Birth Weight) must be greater than or equal to nine pounds and zero ounces. Staff must manually enter infant’s birth weight.
 6. If Risk Code 142 (Prematurely) is in any position, the child must be less than 24 months old. Staff must manually enter weeks of gestation.

See Table 19: Reason For Certification below.

TABLE 19: REASON FOR CERTIFICATION BY TYPE AND PRIORITY

Risk	Title	P	B	N	I	C < 24 m	C ≥ 2 yr
101	Underweight – BMI < 18.5	1	1	6			
103*	Underweight or At Risk of Becoming Underweight				1	3	3
111	Overweight – BMI ≥	1	1	6			
113*	Obese						3
114*	Overweight or at Risk of Becoming Overweight						3
115*	High Weight-for-Length				1	3	
121*	Short Stature or At Risk of Short Stature				1	3	3
131	Low Maternal Weight Gain	1					
132	Maternal Weight Loss during Pregnancy	1					
133	High Maternal Weight Gain	1	1	6			
134	Failure to Thrive				1	3	3
135	Inadequate Growth				1	3	3
141	Low Birth Weight				1	3	
142	Prematurity				1		
151*	Small for Gestational Age				1	Y	
152*	Low Head Circumference				1	Y	
153	Large for Gestational Age				1		

*Changes made to Georgia WIC criteria 2012

Biochemical

Risk	Title	P	B	N	I	C < 24 m	C ≥ 2 yr
201*	Low Hematocrit/Low Hemoglobin	1	1	6	1	3	3
211*	Elevated Blood Lead Levels	1	1	6	1	3	3

*Changes made to Georgia WIC criteria 2012

Clinical/Health/Medical

Risk	Title	P	B	N	I	C < 24 m	C ≥ 2 yr
301	Hyperemesis Gravidarum	1					
302	Gestational Diabetes	1					
303	History of Gestational Diabetes	1	1	6			
304	History of Preeclampsia	1	1	6			
311	History of Preterm Delivery	1	1	6			
312	History of Low Birth Weight	1	1	6			
321	History of Spontaneous Abortion, Fetal or Neonatal Loss	1	1	6			
331	Pregnancy at a Young Age	1	1,6	6			
332	Closely Spaced Pregnancies	1	1	6			
333	High Parity and Young Age	1	1	6			
334	Lack of or Inadequate Prenatal Care	1					
335	Multi-Fetal Gestation	1	1	6			
336	Fetal Growth Restriction	1					
337	History of a Large for Gestational Age Infant	1	1	6			
338	Pregnant Woman Currently Breastfeeding	1					
339	History of Birth with Nutrition Related Congenital or Birth Defect	1	1	6			
341	Nutrient Deficiency Diseases	1	1	6	1	3	3
342	Gastrointestinal Disorders	1	1	6	1	3	3
343	Diabetes Mellitus	1	1	6	1	3	3
344*	Thyroid Disorders	1	1	6	1	3	3

Clinical/Health/Medical (Continued)

Risk	Title	P	B	N	I	C < 24 m	C ≥ 2 yr
345	Hypertension and Pre-hypertension	1	1	6	1	3	3

Georgia WIC Program

Edits Manual/Data Dictionary

346	Renal Disease	1	1	6	1	3	3
347	Cancer	1	1	6	1	3	3
348	Central Nervous System Disorders	1	1	6	1	3	3
349	Genetic And Congenital Disorders	1	1	6	1	3	3
351	Inborn Errors of Metabolism	1	1	6	1	3	3
352	Infectious Diseases	1	1	6	1	3	3
353	Food Allergies	1	1	6	1	3	3
354	Celiac disease	1	1	6	1	3	3
355	Lactose Intolerance	1	1	6	1	3	3
356	Hypoglycemia	1	1	6	1	3	3
357	Drug Nutrient Interactions	1	1	6	1	3	3
358	Eating Disorders	1	1	6			
359	Recent Major Surgery, Trauma, Burns	1	1	6	1	3	3
360	Other Medical Conditions	1	1	6	1	3	3
361	Depression	1	1	6		3	3
362	Developmental, Sensory, or Motor Disabilities Interfering with Ability to Eat	1	1	6	1	3	3
363	Pre-Diabetes		1	6			
371	Maternal Smoking	1	1	6			
372	Alcohol and Illegal Drug Use	1	1	6			
381	Dental Problems	1	1	6	1	3	3
382	Fetal Alcohol Syndrome				1	3	3

*Changes made to Georgia WIC criteria 2012

Dietary

Risk	Title	P	B	N	I	C < 24 m	C ≥ 2 yr
400	Inappropriate Nutrition Practices	4	4	6	4	6	6
411★	Inappropriate Nutrition Practices for Infants				4		
425★	Inappropriate Nutrition Practices for Children					5	5
427★	Inappropriate Nutrition Practices for Women	4	4	6			
401	Other Dietary Risk (Failure to Meet Dietary Guidelines)	1	1	6			3
428	Dietary Risk Associated with Complementary Feeding Practices				4 ≥ 4 mo	5	

★Codes for system processing – not assigned by clinic staff

Other Risks

Risk	Title	P	B	N	I	C < 24 m	C ≥ 2 yr
502	Transfer of Certification	1	1,2,4	3,6	1,4	3,5	3,5
601	Breastfeeding Mother of Infant at Nutritional Risk		1,2,4				
602	Breastfeeding Complications or Potential Complications (Women)		1				
603	Breastfeeding Complications or Potential Complications (Infants)				1		
701	Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy				2		
702	Breastfeeding Infant of Woman at Nutritional Risk				1,2,4		
703	Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse Most Recent Pregnancy				1		
801	Homelessness	4	4	6	4	5	5
802	Migrancy	4	4	6	4	5	5
901	Recipient of Abuse	4	4	6	4	5	5
902	Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food	4	4	6	4	5	5
903	Foster Care	4	4	6	4	5	5
904	Environmental Tobacco Smoke Exposure	4	1	6	1	3	3

¹No other risk code is allowed when this risk code is used

²Age must be ≥ 4 months and ≤ 12 months

³Age must be ≥ 12 months and ≤ 23 months

⁴Clinic users will enter Risk code 400 for each of these types/priorities and front-end systems will convert to the appropriate code for processing by the mainframe.

LEGEND: P=PRENATAL, N=NON-BREASTFEEDING, B=BREASTFEEDING, I=INFANT, C=CHILD

PRIORITY: 1, 2, 3, 4, 5, 6 PRIORITY 1 = HIGHEST PRIORITY, 6= LOWEST PRIORITY

(EXAMPLE: P1 = PRENATAL/PRIORITY 1; B4 = BREASTFEEDING, PRIORITY 4; ETC.)

1. Element 24 (WIC Type) must be either P,N, or B
2. Element 32 (Priority)
3. Element 33 (Food Package)
4. Element 28 and/or 29 (Hematocrit/Hemoglobin): If Element 30 contains Risk Code 201 (low HGB/HCT) in any position, the cross-Element edits for Element 28 and/or Element 29 apply.
5. If Element 30 (Reason for Certification) contains Risk Code 331 (Pregnancy at a young age) in any position and Element 24 (Type) = Non-breast feeding and Element 32 (Priority) = 3, then Element 42 (Delivery Date) must be prior to the woman's 17th birthday.
6. Element 44 (Alcohol): If Element 30 (Reason for Certification) contains Risk Code 372 (Alcohol Use) in any position, then Element 44 (Alcohol) must be greater than 00.
7. Element 45 (Cigarettes): If Element 30 (Reason for Certification) contains Risk Code 371 (Maternal Smoking) in any position, then Element 45 (Cigarettes) must be greater than 00.
8. Since there may be up to ten Certification Reason Codes for a participant, with one priority code and one WIC Type per certification, the table relationship edits work as follows:

Rule A — All Certification Reason Codes in the ETAD must be legitimate for the WIC Type (based on Table 17 Hematocrit/Hemoglobin Values For Infants), and

Rule B — At least one of the certification codes must contain a priority code equal to the priority code on Table 18: Reason For Certification, and

Rule C — If more than one certification code is used, the priority code must be equal to the highest Priority Code on Table 18: Reason For Certification.

The exception to Table 18: Reason For Certification follows:

1. During mid assessments an infant's priority code may **not** be downgraded from the initial certification, regardless of risk code assigned. **The priority may only be upgraded.** Proof of identification, residency and income are not required during mid-certification assessment.
2. Element 55 (Infant Birth Weight) must be greater than or equal to nine pounds, if Element 30 (Reason for Certification/Risk Code) equals 337 (Birth of a Large for Gestational Age Infant).
3. If Risk Code is 121 (Short Stature \leq to the 10th percentile length or height for age based on the CDC age/sex specific growth charts), then Element 24 (WIC Type) must be I or C and Element 13 (Date of Birth) must \leq to 24 months from Element 5 (Date Form Completed). High risk: length or height for age \leq 5th percentile.
4. Risk codes 422 (Inadequate Dietary Pattern) and 501 (Possibility of Regression) are to be discontinued as of January 1, 2008.
5. Risk Code 371 (Daily Smoking of cigarettes, pipe, or cigars) will now include WIC Type N, Priority 6.
6. Risk Code 400 (Inappropriate Nutrition Practice) has been added and includes the following rules:

7. If entered Risk Code is 400 and WIC type is P or B, and Priority is 4, then submit code 427.
8. If entered Risk Code is 400 and WIC type is N, and Priority is 6, then submit code 427.
9. If entered Risk Code is 400 and WIC type is I, and Priority is 4, then submit code 411.
10. If entered Risk Code is 400 and WIC type is C, and Priority is 5, then submit code 425.
11. Risk Code 401 (Other Dietary Risk – Failure to Meet Dietary Guidelines) has been added and includes the following rules:
12. If entered Risk Code is 401 NO OTHER RISK CODE MAY BE ENTERED. All systems must prevent the entering of any other Risk Codes when 401 is entered.
13. If Risk Code is 401 and WIC Type is P or B then priority must be 4.
14. If Risk Code is 401 and WIC Type is N then Priority must be 6.
15. If Risk Code is 401 and WIC Type is I then Priority must be 4 and age must be ≥ 4 months and ≤ 12 months (Risk of Inappropriate Complimentary Feeding Practices). Risk Code 401 is not to be used for Transaction Type M (Midcert).
16. If Risk Code is 401 and WIC Type is C then Priority must be 5 and age must be ≥ 12 months and ≤ 23 months (Risk of Inappropriate Complimentary Feeding Practices).
17. If Risk Code is 401 and WIC Type is C then Priority must be 5 and age must be ≥ 2 years (Failure to Meet Dietary Guidelines).
18. Risk code 904 (Environmental Tobacco Smoke Exposure) has been added and includes the following rules:
19. If Risk Code is 904 and WIC Type is P then Priority must be 1.
20. If Risk Code is 904 and WIC Type is N then Priority must be 6.
21. If Risk Code is 904 and WIC Type is B then Priority must be 1.
22. If Risk Code is 904 and WIC Type is I then Priority must be 1.
23. If Risk Code is 904 and WIC Type is C then Priority must be 3.

Validation Rules: Valid entries are either: **1, 2, 3, 4, 5, 6, 7, 8, 9, or 0**

DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes

Transaction Types: C, S, W-C, X-S

Data Element: 31 – High Risk

Definition:	A one-position data element to indicate whether the participant is at high risk for nutritional and/or medical problems.
Data Element Type:	Alpha
Data Element Length:	1
ETAD Position:	222 – 222
Intent/Purpose:	It is the intent of this data element to accurately determine if a WIC client is at nutritional high risk.
Business Rules:	<ol style="list-style-type: none">1. Y= Yes2. N = No3. If empty, data element must default to no.4. If Element 30 (Reason for Certification) contains any of the following high risk certification reasons in any position then default to yes.5. Cross edit Element 13 (Date of Birth).
Validation Rules:	Valid entries are either: Y or N DO NOT ALLOW ANY OTHER ENTRIES
Critical:	No
Transaction Types:	As applicable

*TABLE 20: HIGH RISK CODES FOR NUTRITIONAL AND/OR MEDICAL PROBLEMS

CODE	
101 Underweight Pre-pregnancy BMI <18.5	1, 6
103 UNDERWEIGHT (WEIGHT FOR LENGTH OR BODY MASS INDEX FOR AGE ≤5TH %)	1, 3
111 Overweight Pre-pregnancy BMI ≥25	1, 6
113 OVERWEIGHT GREATER THAN 24 MONTHS OLD AND BMI FOR AGE ≥95TH PERCENTILE	3
121 Short Stature (length/height for age ≤5 th %)	1, 3
131 LOW GESTATIONAL WEIGHT GAIN FOR SECOND (14-26 WEEKS) AND THIRD (27-40 WEEKS) TRIMESTERS, LOW WEIGHT GAIN SUCH THAT A PRENATAL WOMAN'S WEIGHT PLOTS AT ANY POINT BENEATH THE BOTTOM (SOLID) LINE ON THE APPROPRIATE PRENATAL WEIGHT GAIN GRID.	1
132 Gestational Weight Loss During Pregnancy Weight loss of ≥2 lbs in the second and third trimesters	1
134 FAILURE TO THRIVE; INADEQUATE GROWTH	1, 3
135 Inadequate Growth	1, 3
141 LOW BIRTH WEIGHT INFANT (INFANT WEIGHING 2,500 GRAMS (5 POUNDS 8 OUNCES) OR LESS AT BIRTH).	1, 3
201 LOW HEMOGLOBIN/HEMATOCRIT: HEMOGLOBIN OR HEMATOCRIT AT TREATMENT LEVEL	1, 3, 6
211 Elevated Blood Lead Levels Blood lead level of ≥10 µg/deciliter	1, 3, 6
301 DIAGNOSED HYPER EMESIS GRAVID ARUM	1
302 Diagnosed Gestational Diabetes	1
331 PREGNANCY AT A YOUNG AGE, ESTIMATED DATE OF CONFINEMENT (EDC) AT LESS THAN 17 YEARS OF AGE	1, 3
335 Multi-Fetal Gestation	1, 6
341 DIAGNOSED NUTRIENT DEFICIENCY DISEASE	1, 3, 6

* Source: Data and Documentation Required for WIC Assessment/Certification Prenatal Women, Nutrition Section Handbook, Revised March 2004. Risk Codes and Reason for Certification are equivalent.

* Source: Data and Documentation Required for WIC Assessment/Certification Prenatal Women, Nutrition Section Handbook, Revised March 2004. Risk Codes and Reason for Certification are equivalent.

342 Diagnosed Gastro-Intestinal Disorder	1, 3, 6
343 DIAGNOSED DIABETES MELLITUS	1, 3, 6
344 Diagnosed Thyroid Disorder	1, 3, 6
345 DIAGNOSED HYPERTENSION	1, 3, 6
346 Diagnosed Renal Disease	1, 3, 6
347 DIAGNOSED CANCER	1, 3, 6
348 Diagnosed Central Nervous System Disorder	1, 3, 6
349 DIAGNOSED GENETIC/CONGENITAL DISORDER	1, 3, 6
350 Diagnosed Pyloric Stenosis	1
351 DIAGNOSED INBORN ERRORS OF METABOLISM	1,3, 6
352 Diagnosed Infectious Disease	1, 3, 6
353 DIAGNOSED FOOD ALLERGY	1, 3, 6
354 Diagnosed Celiac Sprue	1, 3, 6
355 LACTOSE INTOLERANCE	1, 3, 6
356 Diagnosed Hypoglycemia	1, 3, 6
357 DRUG/NUTRIENT INTERACTIONS USE OF DRUG OR MEDICATION SHOWN TO INTERFERE WITH NUTRIENT INTAKE OR UTILIZATION, TO EXTENT THAT NUTRITIONAL STATUS IS COMPROMISED.	1, 3, 6
358 Diagnosed Eating Disorder	1, 6
359 RECENT MAJOR SURGERY, TRAUMA OR BURNS MAJOR SURGERY, TRAUMA OR BURNS WITHIN PAST TWO MONTHS	1, 3, 6
360 Other Medical Conditions Diagnosed Medical Condition Severe Enough to Compromise Nutritional Status	1, 3, 6
362 DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH ABILITY TO EAT.	1, 3, 6
382 Diagnosed Fetal Alcohol Syndrome	1, 3
602 BREAST FEEDING COMPLICATIONS; PROVIDE OR REFER TO APPROPRIATE BF COUNSELOR	1
603 Breast feeding Complications or Potential Complications; Infants Only	1

TABLE 21: HIGH RISK CODES FOR NUTRITIONAL AND/OR MEDICAL PROBLEMS

Priority	WIC Types
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1	PREGNANT WOMEN, BREAST FEEDING WOMEN, AND INFANTS WITH NUTRITIONAL NEEDS.
2	Breast feeding women, who do not qualify under Priority 1, but are breast feeding Priority 2 infants. Infants up to six (6) months of age whose mothers were program participants during their pregnancy. Infants up to six (6) months of age whose mothers were not program participants during pregnancy but had a documented nutritional need.
3	CHILDREN (UNDER AGE 5) WITH A NUTRITIONAL NEED. POSTPARTUM TEENAGERS WHO ARE NOT BREAST FEEDING AND WHOSE DELIVERY DATE WERE PRIOR TO 18 YEARS 10 MONTHS OF AGE.
4	Pregnant women, breast feeding women, and infants with a nutritional need because of poor diet or homeless/migrant status.
5	CHILDREN WITH A NUTRITIONAL NEED BECAUSE OF POOR DIET OR HOMELESS/ MIGRANT STATUS.
6	Children with a nutritional need because of poor diet or homeless/ migrant status.

Data Element: 32 – PRIORITY CODE

Definition:	A one-position code to indicate the preferential rating for enrolling program participants based on WIC type and reason for certification/nutritional risk code as follows:
Data Element Type:	Numeric
Data Element Length:	1
ETAD Position:	223 – 223
Intent/Purpose:	It is the intent of this data element to accurately assign the priority of the WIC client to ensure that services are targeted to those with highest need.
Business Rules:	<p>Element 32 (priority) may not be downgraded on an infant assessment.</p> <p>Element 24 (WIC Type); see Table 18: Reason for Certification.</p> <p>Element 30 (Reason For Certification). See Table 18: Reason for Certification.</p> <p>Element 13 (Date of Birth). An infant cannot be certified as Priority 2 if older than six months of age (See Element 30 Reason for Certification).</p> <p>When an infant certified after six months of age converts to a child at age one year, do not allow changes to Element 30 (Reason for Certification) or Element 32 (Priority).</p> <p>The mainframe will allow changes to Element 33 (Food Package) from infant to child without generating a critical error.</p> <p>May not be “0” or blank</p> <p>For Transaction Types H, A or M (Child Half-Certification, Women Mid-Assessment, Infant Assessment) priority may not be lowered at the time of the assessment.</p> <p>For Transaction U when WIC Type B changes to Type N the priority code changes from 1 to 3, if Risk Code 331 (Pregnancy at a Young Age) is present and from 1 to 6 if Risk Code 331 is not present.</p>
Validation Rules:	Valid entries are either: 1, 2, 3, 4, 5, or 6.
	DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes for all WIC Types
Transaction Types:	C, S, M, W-C

Data Element: 33 – FOOD PACKAGE CODES

Definition:	A three-position data element identifying the eligible food products, which are acceptable for use in the WIC Program. These authorized supplemental foods are prescribed according to the category and nutritional needs of participants. The food package code numbers shown below are based on the contractor at the time of this publication. They are subject to change when the vendor changes.
Data Element Type:	Alpha/Numeric
ETAD Position:	224 – 226
Intent/Purpose:	It is the intent of this data element to accurately record the Food Package Code (FPC) assigned to WIC clients
Length:	3
Business Rules:	All entries must be validated against the updated list of allowable food package codes. Compare Element 13 (Date of Birth) with Element 24 (WIC Type) for Infants and Children.

TABLE 22: FOOD PACKAGE CODES BY WIC TYPE

WIC Type	Allowable Food Package Codes
PRENATAL WOMEN (P)	401, 402, 403, 404, 405, 406, 407, 410, 414, 416, 999
Non-breast feeding post partum women (N)	501, 502, 503, 504, 512, 510, 999
BREAST FEEDING POST PARTUM WOMEN (B) COMBINES BREASTFED & FORMULA FED	401, 402, 403, 404, 405, 406, 407, 410, 414, 416, 999
Breast feeding post partum women (B) Totally breastfed	400, 408, 411, 418, 999
INFANTS (I) (0 – 4 MONTHS)	153, 175, 177, 179, 257, 163, 265, 263, 155, 051, 065, 067, 069, 843, 183, 087, 091, 863, 853, 713, 741, 747, 745, 763, 723, 721, 736, 876, 861, 865, 867, 883, 893, 007, 897, 847, 753, 297, 275, 253, 213, 231, 235, 271, 209, 237, 281, 229, 249, 185, 165, 108, 201, 109, 121, 151, 161, 211, 111, 143, 194, 230, 145, 197, 999
Infants (I) (5 – 12 Months)	156, 154, 158, 256, 166, 264, 268, 152, 072, 846, 184, 084, 094, 866, 856, 716, 714, 718, 766, 726, 724, 733, 743, 873, 886, 896, 074, 894, 844, 756, 199, 296, 292, 294, 274, 254, 182, 172, 168, 251, 169, 131, 191, 171, 214, 114, 146, 195, 232, 148, 198, 999
CHILDREN (C)	600, 601, 602, 603, 604, 605, 606, 607, 610, 613, 614, 615, 999
Women/Children With Special Needs	384, 385, 364, 344, 358, 284, 375, 288, 324, 354, 732, 735, 734, 737, 738, 739, 352, 353, 371, 356, 362, 366, 357, 372, 376, 388, 742, 749, 744, 751, 748, 755, 702, 701, 704, 708, 710, 712, 703, 720, 722, 728, 320, 321, 390, 331, 393, 300, 310, 368, 308, 389, 349, 318, 382, 383, 340, 330, 328, 348, 338, 378, 341, 301, 325, 381, 315, 730, 760, 790, 798, 731, 761, 791, 799, 630, 660, 690, 698, 099, 199, 398, 098, 999

Critical:	Yes
Transaction Types:	C, S, X-S, W-C

TABLE 23: INFANT FOOD PACKAGE CONVERSION TABLE*

FOOD PACKAGE CODES	VOUCHER CODES		FOOD PACKAGE CODES
If Infant Age < 5 months			Then Convert To
155	002, 003	→	152
153	004, 005	→	156
257	089	→	256
163	088, 088	→	166
265	014	→	264
263	088	→	268
051	251, 252	→	072
843	843	→	846
183	895, 895	→	184
087	874	→	084
091	894	→	094
863	895	→	866
853	007, 011	→	856
713	764, 765	→	716
763	792	→	766
723	723, 723	→	726
721	704	→	724
736	723	→	733
876	104, 115	→	873
883	143	→	886
893	125, 125	→	896
007	134	→	074
897	135	→	894
847	125	→	844
753	122, 123	→	756
297	364, 365	→	296

FOOD PACKAGE CODES	VOUCHER CODES		FOOD PACKAGE CODES
275	379	→	274
253	353, 353	→	254
213	374	→	218
231	353	→	234
235	102, 103	→	236
271	153, 188	→	272
209	151	→	212
237	153	→	238
281	193, 198	→	282
229	192	→	220
249	193		250
185	176, 176	→	182
165	166, 177	→	172
108	168, 168	→	168
201	168	→	251
109	109, 169	→	169
121	160, 161	→	131
151	360, 360	→	191
161	190, 191	→	171
211	104, 140	→	214
111	060, 060	→	114
143	257, 258	→	146
194	889, 889	→	195
230	888, 888	→	232
145	244, 244, 244, 244	→	148
197	197	→	198
999	ANY	→	999
175	180		N/A
177	172		N/A
179	175		N/A

FOOD PACKAGE CODES	VOUCHER CODES		FOOD PACKAGE CODES
065	185		N/A
067	186		N/A
069	187		N/A
741	767		N/A
747	768		N/A
745	769		N/A
861	145		N/A
865	146		N/A
867	147		N/A
N/A	No Equivalent		154
N/A	NO EQUIVALENT		158
N/A	No Equivalent		714
N/A	NO EQUIVALENT		718
N/A	No Equivalent		743
N/A	NO EQUIVALENT		199
N/A	No Equivalent		292
N/A	NO EQUIVALENT		294

*The above code numbers reflect the codes used by Ross Laboratories, the formula contractor at the time of this publication. However, these codes are subject to change to reflect the needs of the next formula contractor.

TABLE 23A: INFANT FOOD PACKAGE CONVERSION TABLE EFFECTIVE 10/01/2009*

Food Package Code	Infant Age at Voucher Issue Date	Food Package to be Issued	Food Package Code	Infant Age at Voucher Issue Date	Food Package to be Issued
A11	0 TO 3 MONTHS, 15 DAYS	A11	A23	0 TO 3 MONTHS, 15 DAYS	A23
A11	3 months, 16 days to 5 months, 15 days	B11	A23	3 months, 16 days to 5 months, 15 days	B23
A11	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D11	A23	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D23
Separator					
A12	0 TO 3 MONTHS, 15 DAYS	A12	A20	0 TO 3 MONTHS, 15 DAYS	A20
A12	3 months, 16 days to 5 months, 15 days	B12	A20	3 months, 16 days to 5 months, 15 days	B20
A12	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D12	A20	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D20
Separator					
A13	0 TO 3 MONTHS, 15 DAYS	A13	A31	0 TO 3 MONTHS, 15 DAYS	A31
A13	3 months, 16 days to 5 months, 15 days	B13	A31	3 months, 16 days to 5 months, 15 days	B31
A13	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D13	A31	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D31
Separator					
A10	0 TO 3 MONTHS, 15 DAYS	A10	A32	0 TO 3 MONTHS, 15 DAYS	A32
A10	3 months, 16 days to 5 months, 15 days	B10	A32	3 months, 16 days to 5 months, 15 days	B32
A10	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D10	A32	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D32
Separator					
A21	0 TO 3 MONTHS, 15 DAYS	A21	A33	0 TO 3 MONTHS, 15 DAYS	A33
A21	3 months, 16 days to 5 months, 15 days	B21	A33	3 months, 16 days to 5 months, 15 days	B33
A21	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D21	A33	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D33

Georgia WIC Program

Edits Manual/Data Dictionary

				DAYS	
A22	0 TO 3 MONTHS, 15 DAYS	A22	A43	0 TO 3 MONTHS, 15 DAYS	A43
A22	3 months, 16 days to 5 months, 15 days	B22	A43	3 months, 16 days to 5 months, 15 days	B43
A22	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D22	A43	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D43

Food Package Code	Infant Age at Voucher Issue Date	Food Package to be Issued	Food Package Code	Infant Age at Voucher Issue Date	Food Package to be Issued
A24	0 TO 3 MONTHS, 15 DAYS	A24	A28	0 TO 3 MONTHS, 15 DAYS	A28
A24	3 months, 16 days to 5 months, 15 days	B24	A28	3 months, 16 days to 5 months, 15 days	B28
A24	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D24	A28	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D28
 					
A25	0 TO 3 MONTHS, 15 DAYS	A25	A29	0 TO 3 MONTHS, 15 DAYS	A29
A25	3 months, 16 days to 5 months, 15 days	B25	A29	3 months, 16 days to 5 months, 15 days	B29
A25	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D25	A29	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D29
 					
A26	0 TO 3 MONTHS, 15 DAYS	A26	F11	0 TO 20 DAYS	E00 OR E11
A26	3 months, 16 days to 5 months, 15 days	B26	F11	21 to < 1 month	E00 or E11 or F11
A26	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D26	F11	1 MONTH TO 3 MONTHS, 15 DAYS	F11
 					
A44	0 TO 3 MONTHS, 15 DAYS	A44	F11	3 months, 16 days to 5 months, 15 days	G11
A44	3 months, 16 days to 5 months, 15 days	B44	F11	5 MONTHS, 16 DAYS TO 11 MONTHS, 15 DAYS	H11
A44	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D44	E11	0 TO <1 MONTH	E00 OR E11
 					
A46	0 TO 3 MONTHS, 15 DAYS	A46	E11	1 month to 5 months, 15 days	E11
	3 months, 16 days to 5		E11	5 MONTHS, 16 DAYS TO 11 MONTHS, 15 DAYS	L11

Georgia WIC Program

Edits Manual/Data Dictionary

Food Package Code	Infant Age at Voucher Issue Date	Food Package to be Issued	Food Package Code	Infant Age at Voucher Issue Date	Food Package to be Issued
A46	months, 15 days	B46			
A46	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D46	K11	0 TO 20 DAYS	E00 OR E11
			K11	21 to < 1 month	E00 or E11 or K11
A27	0 TO 3 MONTHS, 15 DAYS	A27	K11	1 MONTH TO 5 MONTHS, 15 DAYS	K11
A27	3 months, 16 days to 5 months, 15 days	B27	K11	5 months, 16 days to 11 months, 15 days	M11
A27	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	D27			

Food Package Code	Infant Age at Voucher Issue Date	Food Package to be Issued	Food Package Code	Infant Age at Voucher Issue Date	Food Package to be Issued
J11	0 TO 20 DAYS	E00 OR E11	K21	0 TO 20 DAYS	E00 OR E21
J11	21 to < 1 month	E00 or E11 or J11	K21	21 to < 1 month	E00 or E21 or K21
J11	1 MONTH TO 5 MONTHS, 15 DAYS	J11	K21	1 MONTH TO 5 MONTHS, 15 DAYS	K21
J11	5 months, 16 days to 11 months, 15 days	N11	K21	5 months, 16 days to 11 months, 15 days	M21
F12	0 to 20 days	E00 or E11	J21	0 to 20 days	E00 or E21
F12	21 TO < 1 MONTH	E00 OR E11 OR F12	J21	21 TO < 1 MONTH	E00 OR E21 OR J21
F12	1 month to 3 months, 15 days	F12	J21	1 month to 5 months, 15 days	J21
F12	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	G12	J21	5 MONTHS, 16 DAYS TO 11 MONTHS, 15 DAYS	N21
F12	5 months, 16 days to 11 months 15 days	H12			
F13	0 to 20 days	E00 or E11	F23	0 to 20 days	E00 or E21
F13	21 DAYS TO 3 MONTHS, 15 DAYS	E00 OR E11 OR F13	F23	21 DAYS TO 3 MONTHS, 15 DAYS	E00 OR E21 OR F23
F13	3 months, 16 days to 5 months, 15 days	G13	F23	3 months, 16 days to 5 months, 15 days	G23
F13	5 MONTHS, 16 DAYS TO 11 MONTHS, 15 DAYS	H13	F23	5 MONTHS, 16 DAYS TO 11 MONTHS, 15 DAYS	H23
F21	0 TO 20 DAYS	E00 OR E21	F22	0 TO 20 DAYS	E00 OR E21

Georgia WIC Program

Edits Manual/Data Dictionary

Food Package Code	Infant Age at Voucher Issue Date	Food Package to be Issued	Food Package Code	Infant Age at Voucher Issue Date	Food Package to be Issued
F21	21 days to < 1 month	E00 or E11 or F21	F22	21 days to < 1 month	E00 or E11 or F22
F21	1 MONTH TO 3 MONTHS, 15 DAYS	F21	F22	1 MONTH TO 3 MONTHS, 15 DAYS	F22
F21	3 months, 16 days to 5 months, 15 days	G21	F22	3 months, 16 days to 5 months, 15 days	G22
F21	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	H21	F22	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	H22

Food Package Code	Infant Age at Voucher Issue Date	Food Package to be Issued	Food Package Code	Infant Age at Voucher Issue Date	Food Package to be Issued
E21	0 TO < 1 MONTH	E00 OR E21	E31	0 TO < 1 MONTH	E00 OR E31
E21	1 month to 5 months, 15 days	E21	E31	1 month to 5 months, 15 days	E31
E21	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	L21	E31	5 MONTHS, 16 DAYS TO 11 MONTHS 15 DAYS	L31
F31	0 TO 20 DAYS	E00 OR E31	F32	0 TO 20 DAYS	E00 OR E31
F31	21 to < 1 month	E00 or E31 or F31	F32	21 to < 1 month	E00 or E31 or F32
F31	1 MONTH TO 3 MONTHS, 15 DAYS	F31	F32	1 MONTH TO 3 MONTHS, 15 DAYS	F32
F31	3 months, 16 days to 5 months, 15 days	G31	F32	3 months, 16 days to 5 months, 15 days	G32
F31	5 MONTHS, 16 DAYS TO 11 MONTHS, 15 DAYS	H31	F32	5 MONTHS, 16 DAYS TO 11 MONTHS, 15 DAYS	H32
J31	0 TO 20 DAYS	E00 OR E31	K31	0 TO 20 DAYS	E00 OR E31
J31	21 days to < 1 month	E00 or E31 or J31	K31	21 days to < 1 month	E00 or E31 or K31
J31	1 MONTH TO 5 MONTHS, 15 DAYS	J31	K31	1 MONTH TO 5 MONTHS, 15 DAYS	K31
J31	5 months, 16 days to 11 months 15 days	N31	K31	5 months, 16 days to 11 months 15 days	M31
F33	0 to 20 days	E00 or E31	F43	0 to 20 days	E00 or E43
F33	21 DAYS TO < 1 MONTH	E00 OR E31 OR F33	F43	21 DAYS TO < 1 MONTH	E00 OR E43 OR F43

Georgia WIC Program

Edits Manual/Data Dictionary

Food Package Code	Infant Age at Voucher Issue Date	Food Package to be Issued		Infant Age at Voucher Issue Date	Food Package to be Issued	Food Package Code
F33	1 month to 3 months, 15 days	F33		F43	1 month to 3 months, 15 days	F43
F33	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	G33		F43	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	G43
F33	5 months, 16 days to 11 months, 15 days	H33		F43	5 months, 16 days to 11 months, 15 days	H43
D61	8 months, 16 days to 11 months, 15 days	D61		D71	5 months, 16 days to 11 months, 15 days	D71
E00	0 to 5 months, 15 days	E00		E00	5 months, 16 days to 11 months, 15 days	E01

TABLE 23B: CHILD FOOD PACKAGE CONVERSION TABLE EFFECTIVE 10/01/2009*

IF CHILD AGE IS 12 – 23 MONTHS AND FOOD PACKAGE IS:	IF CHILD AGE IS 24 MONTHS OR OLDER ISSUE FOOD PACKAGE:
C01	C21
C02	C22
C03	C23
C05	C25
C06	C26
C09	C29
C10	C30

TABLE 23C: SPECIAL INFANT FORMULA FOOD PACKAGE CONVERSION

TABLE EFFECTIVE 10/01/2009*(SPECIAL FORMULAS MAY BE ISSUED TO INFANTS, CHILDREN OR ADULTS)

FOOD CODE	PARTICIPANT AGE AT VOUCHER ISSUE DATE	FOOD PACKAGE TO BE ISSUED	FOOD PACK AGE CODE	PARTICIPANT AGE AT VOUCHER ISSUE DATE	FOOD PACKAGE TO BE ISSUED
R01	0 to 2 months, 15 days	R01	R03	0 to 3 months, 15 days	R03
R01	2 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S01	R03	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S03
R01	5 months, 16 days to 11 months, 15 days	T01	R03	5 months, 16 days to 11 months, 15 days	T03
X01	11 MONTHS, 15 DAYS TO 60 MONTHS	X01	X03	11 MONTHS, 15 DAYS TO 60 MONTHS	X03
R11	0 TO 3 MONTHS, 15 DAYS	R11	R24	0 TO 3 MONTHS, 15 DAYS	R24
R11	3 months, 16 days to 5 months, 15 days	S11	R24	3 months, 16 days to 5 months, 15 days	S24
R11	5 MONTHS, 16 DAYS TO 11 MONTHS, 15 DAYS	T11	R24	5 MONTHS, 16 DAYS TO 11 MONTHS, 15 DAYS	T24
X37	11 MONTHS, 15 DAYS TO 60 MONTHS	X37	X78	11 MONTHS, 15 DAYS TO 60 MONTHS	X78
R26	0 TO 3 MONTHS, 15 DAYS	R26			
R26	3 months, 16 days to 5 months, 15 days	S26		0 to 3 months, 15 days	R24
R26	5 MONTHS, 16 DAYS TO 11 MONTHS, 15 DAYS	T26		3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S24
X79	11 months, 15 days to 60 months	X79		5 months, 16 days to 11 months, 15 days	T24
R30	0 to 3 months, 15 days	R30	R40	0 to 3 months, 15 days	R40
R30	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S30	R40	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S40
R30	5 months, 16 days to 11 months, 15 days	T30	R40	5 months, 16 days to 11 months, 15 days	T40

FOOD CODE	PARTICIPANT AGE AT VOUCHER ISSUE DATE	FOOD PACKAGE TO BE ISSUED	FOOD PACK AGE CODE	PARTICIPANT AGE AT VOUCHER ISSUE DATE	FOOD PACKAGE TO BE ISSUED
R51	0 to 3 months, 15 days	R51	R61	0 to 3 months, 15 days	R61
R51	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S51	R61	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S61
R51	5 months, 16 days to 11 months, 15 days	T51	R61	5 months, 16 days to 11 months, 15 days	T61
R71	0 to 3 months, 15 days	R71	R73	0 to 3 months, 15 days	R73
R71	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S71	R73	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S73
R71	5 months, 16 days to 11 months, 15 days	T71	R73	5 months, 16 days to 11 months, 15 days	T73
X76	11 MONTHS, 15 DAYS TO 60 MONTHS	X76	X73	11 MONTHS, 15 DAYS TO 60 MONTHS	X73

FOOD CODE	PARTICIPANT AGE AT VOUCHER ISSUE DATE	FOOD PACKAGE TO BE ISSUED	FOOD PACKAGE CODE	PARTICIPANT AGE AT VOUCHER ISSUE DATE	FOOD PACKAGE TO BE ISSUED
R70	0 to 3 months, 15 days	R70	R91	0 to 2 months, 15 days	R91
R70	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S70	R91	2 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S91
R70	5 months, 16 days to 11 months, 15 days	T70	R91	5 months, 16 days to 11 months, 15 days	T91
R81	0 to 3 months, 15 days	R81	R82	0 to 3 months, 15 days	R82
R81	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S81	R82	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S82
R81	5 months, 16 days to 11 months, 15 days	T81	R82	5 months, 16 days to 11 months, 15 days	T82
X81	11 MONTHS, 15 DAYS TO 60 MONTHS	X81	X82	11 MONTHS, 15 DAYS TO 60 MONTHS	X82
R83	0 TO 3 MONTHS, 15 DAYS	R83	R04	0 TO 2 MONTHS, 15 DAYS	R04
R83	3 months, 16 days to 5 months, 15 days	S83	R04	2 months, 16 days to 5 months, 15 days	S04
R83	5 MONTHS, 16 DAYS TO 11 MONTHS, 15 DAYS	T83	R04	5 MONTHS, 16 DAYS TO 11 MONTHS, 15 DAYS	T04
X83	11 months, 15 days to 60 months	X83	X04	11 months, 15 days to 60 months	X04
R14	0 to 3 months, 15 days	R14	099	All	099
R14	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S14			
R14	5 months, 16 days to 6 months, 15 days	T14	099	All	099
R14	6 MONTHS, 16 DAYS TO 11 MONTHS, 15 DAYS	V14			
X14	11 months, 15 days to 60 months	X14	099	All	099
R10	0 to 3 months, 15 days	R10	R60	0 to 3 months, 15 days	R60

Georgia WIC Program

Edits Manual/Data Dictionary

FOOD CODE	PARTICIPANT AGE AT VOUCHER ISSUE DATE	FOOD PACKAGE TO BE ISSUED	FOOD PACKAGE CODE	PARTICIPANT AGE AT VOUCHER ISSUE DATE	FOOD PACKAGE TO BE ISSUED
R10	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S10	R60	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S60
R10	5 months, 16 days to 11 months, 15 days	T10	R60	5 months, 16 days to 11 months, 15 days	T60
R50	0 to 3 months, 15 days	R50	R20	0 to 3 months, 15 days	R20
R50	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S50	R20	3 MONTHS, 16 DAYS TO 5 MONTHS, 15 DAYS	S20
R50	5 months, 16 days to 11 months, 15 days	T50	R20	5 months, 16 days to 11 months, 15 days	T20

FOOD CODE	PARTICIPANT AGE AT VOUCHER ISSUE DATE	FOOD PACKAGE TO BE ISSUED	FOOD PACKAGE CODE	PARTICIPANT AGE AT VOUCHER ISSUE DATE	FOOD PACKAGE TO BE ISSUED
X33	11 months, 15 days to 60 months	X33	X39	Greater than 5 years	X39
X34	11 MONTHS, 15 DAYS TO 60 MONTHS	X34	X40	GREATER THAN 5 YEARS	X40
X35	11 months, 15 days to 60 months	X35	X41	Greater than 5 years	X41
X36	11 MONTHS, 15 DAYS TO 60 MONTHS	X36	X42	GREATER THAN 5 YEARS	X42
X06	GREATER THAN 5 YEARS	X06	X47	GREATER THAN 5 YEARS	X47
X38	Greater than 5 years	X38	X48	Greater than 5 years	X48
X45	GREATER THAN 5 YEARS	X45	X49	GREATER THAN 5 YEARS	X49
X15	Greater than 5 years	X15	X50	Greater than 5 years	X50
X51	11 months, 15 days to 60 months	X51	X72	11 months, 15 days to 60 months	X72
X52	11 MONTHS, 15 DAYS TO 60 MONTHS	X52	X77	11 MONTHS, 15 DAYS TO 60 MONTHS	X77
X53	11 months, 15 days to 60 months	X53	X74	11 months, 15 days to 60 months	X74
X66	11 months, 15 days to 60 months	X66	X69	11 months, 15 days to 60 months	X69
X67	11 MONTHS, 15 DAYS TO 60 MONTHS	X67	X70	11 MONTHS, 15 DAYS TO 60 MONTHS	X70
	11 months, 15 days to 60			11 months, 15 days to 60	

Georgia WIC Program

Edits Manual/Data Dictionary

X68	months	X68	X05	months	X05
FOOD CODE	PARTICIPANT AGE AT VOUCHER ISSUE DATE	FOOD PACKAGE TO BE ISSUED	FOOD PACK AGE CODE	PARTICIPANT AGE AT VOUCHER ISSUE DATE	FOOD PACKAGE TO BE ISSUED
X54	Greater than 5 years	X54	X63	Greater than 5 years	X63
X55	GREATER THAN 5 YEARS	X55	X64	GREATER THAN 5 YEARS	X64
X56	Greater than 5 years	X56	X65	Greater than 5 years	X65
X76	11 months, 15 days to 60 months	X76	X04	11 months, 15 days to 60 months	X04
X77	11 MONTHS, 15 DAYS TO 60 MONTHS	X77	X30	11 MONTHS, 15 DAYS TO 60 MONTHS	X30
X78	11 months, 15 days to 60 months	X78	X21	11 months, 15 days to 60 months	X21
X79	11 MONTHS, 15 DAYS TO 60 MONTHS	X79	X22	11 MONTHS, 15 DAYS TO 60 MONTHS	X22

Data Element: 34 – MEDICAID

Definition:	A one-position data element to indicate whether the participant is currently enrolled in the Medicaid program.
Data Element Type:	Alpha
Data Element Length:	1
ETAD Position:	227 – 227
Intent/Purpose:	It is the intent of this data element to accurately record if the WIC client is currently enrolled in the Medicaid program. A response of “Yes” will make the client adjunctively eligible for the program.
BUSINESS RULES:	<p>Y = Yes has proof of current enrollment and has a Medicaid number</p> <p>N = Not on the Medicaid Program</p> <p>U = Unverified</p> <p>If code Y is used, Element 35 (Medicaid number) must contain data. If Element 34 equals N or U then Element 35 (Medicaid number) must be empty (or Dash).</p> <p>If Element 34 equals N or U and there is a Medicaid number on the master file, it is automatically blanked out by the mainframe.</p> <p>If Element 34 is yes then Element 40 (Monthly Income) cannot be blank however income guidelines will not be applied to determine eligibility.</p> <p>Element 37 (Other services) Code M must be consistent.</p> <p>Y or U in the position for Element 34) requires an M (Medicaid) in the position for 37 (Enrolled In). N in Element 34 disallows an M in Element 37 (Other Services Enrolled In or Referred To).</p>
Validation Rules:	<p>Valid entries are either: Y, N, or U</p> <p>DO NOT ALLOW ANY OTHER ENTRIES</p>
Critical:	Yes
Transaction types:	C, S or W-C.

Data Element: 35 – MEDICAID NUMBER

Definition:	A thirteen-position data element for the participant’s Medicaid number
Data Element Type:	Alpha/Numeric
Data Element Length:	13
ETAD Position:	228 - 240
Intent/Purpose:	It is the intent of this data element to accurately record the Medicaid Identification number of the WIC client if the client is currently enrolled in the Medicaid program.
Business Rules:	<p>An entry is required of Data Element 34 (Medicaid) is “Y” If an entry is required, it may be up to 13 positions long and it must begin with a number, empty space or —<Dash>.</p> <p>If Element 34 (Medicaid) was previously Yes but is being changed to No or Unverified on the current transaction, dashes (—) may be used in all positions in Element 35 to remove the data element contents and the Medicaid number in the master file. Dashes function to allow removal of incorrect data.</p> <p>If Element 35 contains data then Element 34 (Medicaid) must be “Y”.</p>
Validation Rules:	<p>Valid entries are either: 0,1,2,3,4,5,6,7,8,9, or M DO NOT ALLOW ANY OTHER ENTRIES</p>
Critical:	Only if Data Element 34 = “Y”
Transaction Type:	As needed

Data Element: 36 – Supplemental Nutrition Assistance Program (SNAP)

Definition:	A one-position data element to indicate whether a participant is currently enrolled in SNAP
Data Element Type:	Character
Data Element Length:	1
ETAD Position:	241 - 241
Business Rules:	<p>Y = Yes has proof of current enrollment in the Food Stamp Program.</p> <p>N = Not on the Food Stamp Program.</p> <p>U = Unverified (alleges on Food Stamp Program, but without proof).</p> <p>Code L (SNAP) in Element 37 (Other Services Referred to and Enrolled In) must be consistent. Y or U for Element 36 requires an L (SNAP) in Element 37 (Other Services).</p> <p>N in Element 36 disallows an L (SNAP) in Element 37 (Other Services Enrolled In)</p>
Validation Rules:	<p>Valid entries are either: Y, N, or U</p> <p>DO NOT ALLOW ANY OTHER ENTRIES</p>
Critical:	Yes
Transaction Types:	Required for transactions C, S or W-C.

Data Element: 37 – OTHER SERVICES (Enrolled In and Referred To)

Definition: Two sections: The first section, Enrolled In, specifies the health/social services that the participant is currently receiving. There may be up to five (5) entries in this section. The second section, Referred To, specifies programs that the participant is not receiving but was referred to. There may be up to eight (8) entries in this section.

Data Element Type: Alpha

Data Element Length: 13

ETAD Position: 242 – 251 and 489 – 491

Business Rules: ENROLLED IN occupies positions 242 – 246

REFERRED TO occupies positions 247 - 251 and positions 489 – 491.

If Enrolled In contains Code L (SNAP), M (Medicaid), N (TANF) then Code L, M, N must not be allowed in REFERRED TO.

If any of the above data elements contain either Yes or Unverified, then appropriate codes will default into the Enrolled In position. These codes must appear first.

Cross-edit 34 (Medicaid), 36 (SNAP) and 71 (TANF) for consistency.

TABLE 24: OTHER SERVICES CODES (ENROLLED IN AND REFERRED TO)

Code	Service	Code	Service
A	COMMUNITY HEALTH	M	MEDICAID
B	Health Check	N	Temporary Assistance to Needy Families (TANF)
C	CHILDREN'S' MEDICAL SERVICES (CMS)	O	MENTAL HEALTH
D	Woman's Health	P	Head Start
E	PERINATAL CASE MANAGEMENT (PCM)	Q	N/A OR NONE
F	Pregnancy Related Services (PRS)	R	Refused
G	IMMUNIZATION	S	COMMUNITY HEALTH CENTER
H	Lead Screening	T	Children's 1 st
I	DENTAL HEALTH	U	OTHER SPECIFY
J	Sexually transmitted diseases (STD)	V	Dietitian
K	PRIVATE DOCTOR	W	BREASTFEEDING
L	SNAP	X	Breastfeeding Peer Counselor
		Y	PEACHCARE

Validation Rules: Valid entries are either: **A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, or Y**

DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes

Transaction types: C, S, X-S, W-C

Data Element: 38 – DATE OF CERTIFICATION

Definition:	An eight-position data element to indicate the month, day, and year of participant's first certification for WIC reported in an MMDDYYYY format. For pregnant women, this item applies to the <i>current</i> pregnancy and not to prior pregnancies. For breast-feeding and postpartum women, this item applies to the <i>most recent</i> pregnancy. For infants and children, this item refers to the first WIC Certification ever recorded.
Data Element Type:	Date
Data Element Length:	8
ETAD Position:	252 – 259
Business Rules:	<p>Element 38 must be less than or equal to Element 5 (Date Form Completed).</p> <p>If Element 24 (Type) is P, then Element 38 must not be more than nine months before Element 5 (Date Form Completed).</p> <p>If Element 24 (Type) is N, B, or C, and transaction type is S then Element 38 (Date of Certification) must not be more than seven months before Element 5 (Date Form Completed).</p> <p>If Element 24 (Type) is I, Element 38 (Date of Certification) must not be before Element 13 (Date of Birth) and not more than one year before Element 5 (Date Form Completed).</p> <p>If Element 24 (Type) is N or B, and transaction type is S then Element 38 (Date of Certification) must be after or equal to Element 42 (Delivery Date). Refer to Element 42 (Delivery Date) for an exception to Updates.</p> <p>Cross-edit Element 13 (Date of Birth)</p> <p>Cross-edit Element 24 (WIC Type)</p> <p>Cross-edit Element 42 (Delivery Date)</p>
Validation Rules:	Valid entry must be a valid calendar date in MMDDYYYY format.
	DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes
Transactions Types:	C, O, S or W-C

Data Element: 39 – FAMILY SIZE

Definition: A two-position data element identifying the total number of individuals in the household.

Data Type: Numeric

Length: 2

ETAD Position: 260 – 261

Business Rules: Must contain data.
Cross-edit Element 40 (Income).
Cross-edit Element 9 (WIC Identification Number).

Validation Rules: Valid entries are: **1, 2, 3, 4, 5, 6, 7, 8, 9, or 0**
DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes

Transaction Types: C, W-C, and S.

Data Element: 40 – MONTHLY INCOME

Definition:	A five-position data element for recording the gross monthly household income (before deductions) in whole dollars.
Data Element Type:	Numeric
Data Element Length:	5
ETAD Position:	262 – 266
Business Rules:	<p>00000 = NO income (if Element 79 Proof of Income) contains MV, PA ZI or NO.</p> <p>00001 through 99999 = Actual monthly dollar amount for people reporting income.</p> <p>Element must contain data, unless the participant is an out of state transfer.</p> <p>A person or family member(s) who participate in other benefit programs such as: SNAP, Medicaid, or Temporary Assistance for Needy Families automatically meet the income eligibility requirement. However, income must still be collected.</p> <p>May not be blank.</p>

After July 1, 2012 the current conversion factors of using 4.3 to convert weekly to monthly, 2.15 to convert bi-weekly to monthly are not to be used. See below listed description of new procedures:

1. If a household has only one income source, or if all sources have the same frequency, do not use conversion factors. Compare the income, or the sum of the separate incomes, to the published IEGs 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:
 - 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.
 - ***Do not round the values resulting from each conversion.***
 - Add together all the unrounded, converted values.
 - 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
3. Refer to following scenarios for illustration:

Family has one source of income, client is paid weekly:

 - a. Family size: 4
 - b. Weekly Income: \$675.25
 - c. Weekly Income from table: \$821 – Eligible

Family has two sources of income, one client is paid weekly the other monthly:

d. Family size:	4	
e. Weekly Income:	\$526.73	
f. Monthly Income:	\$1,591	
g. Annualized weekly income:		\$426.73 X 52 = \$22,189.96
h. Annualized monthly income:		\$1,591.00 X 12 = \$19,092.00
i. Annual Income:		\$22,189.96
		<u>+\$19,092.00</u>
		\$41,281.96 - Eligible

TABLE 25: DELETED (SEE TABLE 26 BELOW)

Element 40 is compared to Element 39 (Family Size), to determine income eligibility.

If Element 34 (Medicaid Code) is **Y**, the maximum income edit for the family size is by-passed. However the actual income must be entered.

If Element 36 (SNAP) is **Y**, the maximum income edits for the family size are by-passed; however the actual income must be entered and reported.

If Element 71(TANF) is **Y**, the maximum income edit for the family size is by-passed; however the actual income must be entered.

If Element 40 = 00000 then Element 79 (Proof of Income) must contain **ZI** (Zero Income), **PA** (Public Assistance/TANF/SNAP) or **MV** (Medicaid verified) **NO** (No Proof is Available).

Cross-edit Element 39 (Family size).

Cross-edit Element 79 (Proof of Income).

Applies to all WIC types.

Validation Rules: Valid entries are: **1, 2, 3, 4, 5, 6, 7, 8, 9, or 0**

DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes

Transaction Types: C, S, or W-C.

TABLE 26: WIC INCOME ELIGIBILITY GUIDELINES (Effective July 1, 2012)

185% Federal Poverty Level

Family 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	2,944	1,472	1,359	680
4	42,647	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
Each Additional Member Add	+7,326	+611	+306	+282	+141

Data Element: 41 – ESTIMATED DATE OF CONFINEMENT

Definition:	An eight-position data element for the date a pregnant woman is expected to deliver the baby.
Data Element Type:	Date
Data Element Length:	8
ETAD Position:	267 – 274
Business Rules:	Only applies to WIC Type P (Prenatal). The estimated date of confinement (EDC) date must be greater than Element 38 (Date of Certification) but not by more than nine months after. Cross-edit Element 24 (WIC Type).
Validation Rules:	Must be a valid calendar date in MMDDYYYY format DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes for Type P
Transaction Types:	C, O, S, W-C.

Data Element: 42 – DELIVERY DATE

Definition:	An eight-position data element to indicate the date of actual delivery or the date the pregnancy ended for a postpartum woman.
Data Element Type:	Date
Data Element Length:	8
ETAD position:	275 – 282
Business Rules:	<p>If Element 24 (Type): is either N or B, then Element 38 (Date of Certification) must be equal to or greater than Element 42, unless an Update Transaction is submitted to change Element 24 ((Type) from Prenatal (P) to Non-breast feeding (N) or Breast feeding (B) without a certification.</p> <p>Element 38 (Date of Certification)</p> <p>If Element 30(Reason For Certification) contains Risk Code 331 (Pregnancy at Young Age) in any position and Element 24 (WIC Type) is Non-breast feeding (N) and Element 32 (Priority) is 3 then Element 42 must be before the woman's age of 17 years.</p> <p>If Element 30 (Reason For Certification) contains Risk Code 331 (Pregnancy at Young Age) in any position and Element 24 (WIC Type) is B and Element 32 (Priority) is 1 then Element 42 must be before the woman's age of 17 years.</p> <p>Element 32 (Priority)</p> <p>Element 13 (Date of Birth)</p> <p>Element 42 (Delivery Date) may not be more than one year before Element 5 (Date Form Completed).</p>
Validation Rules:	<p>Must be a valid calendar date in MMDDYYYY format</p> <p>DO NOT ALLOW ANY OTHER ENTRIES</p>
Critical:	Yes for N and B.
Transaction Types:	C, O, S, W-C; If post partum update U and X

Data Element: 43 – PREGRAVID WEIGHT

Definition:	A three-position data element to indicate the woman's weight in whole pounds prior to becoming pregnant.
Data Element Type:	Numeric
Data Element Length:	3
ETAD Position:	283 – 285
Business Rules:	Valid entries are 001 through 600. Element 24 (Type) must be P, N, or B.
Validation Rules:	Valid entries are: 1, 2, 3, 4, 5, 6, 7, 8, 9, or 0 DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes
Transaction types:	C, S, O, or W-C.

**Data Element: 44 –DISCONTINUED (FORMERLY ALCOHOL – ALCOHOL
CONSUMPTION IS NOW COLLECTED IN DATA ELEMENTS #92 AND #93)**

ETAD Positions 286 – 287 have been re-assigned

**Data Element: 45 – DISCONTINUED (FORMERLY CIGARETTES PER DAY)
(TOBACCO USE IS NOW RECORDED IN DATA ELEMENTS #86 - 91)**

ETAD Positions 288 – 289 have been re-assigned

Data Element: 46 – MARITAL STATUS

Definition: A one-position data element describing the woman's marital status.

Data Element Type: Numeric

Data Element Length: 1

ETAD Position: 290 – 290

Business Rules: 0 = Married

1 = Not married

9 = Unknown

Element 24 (Type) must be P, N, or B.

Validation Rules: Valid entries are either: **0, 1, or 9**

DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes for P, N, or B.

Transaction Type: C, S, O, or W-C.

Data Element: 47 – EDUCATION LEVEL

DEFINITION: A two-position data element for the woman participant's highest-grade level completed.

DATA TYPE: Numeric

LENGTH: 2

ETAD POSITION: 291 – 292

BUSINESS RULES:

1. 01 through 08 = Grade school
2. 09 through 12 = High school
3. 13 through 16 = Undergraduate school
4. 17 through 18 = Graduate school
5. 99 = Unknown or none
6. Element must contain data.
7. Element 24 (Type) must be P, N, or B.

CRITICAL: Yes for P, N, and B.

TRANSACTION TYPE: C, S, O, or W-C.

Data element: 48 – MEDICAL CARE STARTED

Definition:	A one-position data element to indicate the month of her pregnancy during which the prenatal woman began receiving prenatal care.
Data Element Type:	Numeric
Data Element Length:	1
ETAD position:	293 – 293
Business Rules:	0 = No prenatal care received 1 to 7 = 1 st through 7 th month of pregnancy 8 = 8 th or 9 th month of pregnancy 9 = Unknown Element must contain data if Data Element 24 (Type) is either P, N, or B. If Element 30 (Reason for certification) = Risk Code 334 (Lack of or Inadequate Prenatal Care) in any position, then Element 48 must contain 0, 4, 5, 6, 7, or 8. Element 48 (Medical care started) may not contain 1, 2, 3, or 9 if Element 30 (Reason for Certification) contains Risk Code 334 (Lack of or inadequate prenatal care) in any position.
Validation Rules:	Valid entries are: 1, 2, 3, 4, 5, 6, 7, 8, 9, or 0 DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes for P, N, and B.
Transaction type:	C, S, O, or W-C.

Data Element: 49 – WEIGHT PRIOR TO DELIVERY

Definition: A three-position data element to indicate the woman’s final weight, prior to delivery, rounded to the nearest whole pound.

Data Element Type: Numeric

Data Element Length: 3

ETAD Position: 294 – 296

Business Rules: Element must contain data if Data Element 24 (Type) is either P, N, or B.

Validation Rules: Valid entries are: **1, 2, 3, 4, 5, 6, or 0** for first position (294) and
1, 2, 3, 4, 5, 6, 7, 8, 9, or 0 for second and third positions (295-296)

DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes for Type N and B.

Transaction type: C, S, O, or W-C.

Data Element: 50 – PREGNANCY OUTCOME CODE

Definition: A one-position data element designating the result(s) of the pregnancy that just ended for the postpartum woman.

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 297 – 297

Business Rules: See Table 27 below

TABLE 27: PREGNANCY OUTCOME CODES

CODE	OUTCOME
A	Full Term Healthy Infant
B	FULL TERM INFANT DEATH
C	Full Term Birth Defect
D	PREMATURE HEALTHY INFANT
E	Premature Infant Death
F	PREMATURE BIRTH DEFECT
G	Stillborn
H	SPONTANEOUS ABORTION
I	Therapeutic Abortion
J	NOT AVAILABLE
K	Other/Multiple Births
L	ELECTED ABORTION

Element 24 (Type) must be N or B.

Validation Rules Valid entries are **A, B, C, D, E, F, G, H, I, J, K, or L**

DO NOT ALLOW ANY OTHER ENTRIES

CRITICAL: Yes

TRANSACTION Types: C, O, S, W-C; If Post Partum Update add U and X

Data Element: 51 – BREAST FEEDING NOW

Definition:	A one-position data element to indicate whether an infant, child (up to 18 months) or woman is currently breastfeeding.
Data Element Type:	Alpha
Data Element Length:	1
ETAD Position:	298 – 298
Business Rules:	Y = Yes N = No If Element 51 is Y then Element 52 (Breastfed Ever) must be Y. If Element 51 is N then Element 52 (Breastfed Ever) may be Y or N. If Element 51 and Element 52 (Breastfed Ever) are N, then Element 53 (Weeks Breastfed) must be equal to 00. If Element 51 is Y then Element 53 (Weeks Breastfed) must be equal to or greater than 00. If Element 51 is N then Element 53 (Weeks Breastfed) may be equal to or greater than 00. If Element 51 is Y or N, then Element 54 (Breast feeding Response Date) must contain a valid calendar date equal to or less than Cross-edit with Element 5 (Date Form Completed).
Validation Rules	Valid entries are Y or N DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes for Types: N, B, I, C (if the child is less than 18 months).
Transaction Types:	C, S, O, W-C, U, X

Data Element: 52 – BREASTFED EVER

Definition: A one-position data element to indicate whether an infant or child has ever been breastfed.

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 299 – 299

Business Rules: Y = Yes
N = No
Cross-edit with Element 51 (Breast feeding Now).

Validation Rules Valid entries are **Y** or **N**
DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes, for Types: N, B, I, C.

Transaction Types: C, S, O, or W-C, U, X

Data Element: 53 – NUMBER OF WEEKS BREAST FED

Definition: A two-position data element to indicate the number of weeks (rounded up) breast-feeding occurred for the infant, child or the postpartum woman.

Data Element Type: Numeric

Data Element Length: 2

ETAD Position: 300 – 301

Business Rules: Use the following matrix for calculation of number of weeks breastfed:

Type	B/F Now	B/F Ever	B/F at Birth	Date Start	Date Stop	DFC	Dob	ADD	Calculation
I	Y	Y*	Y			✓	✓		(DFC – DOB)/7 = Weeks Breastfed
I	Y	Y*	N	✓		✓			(DFC – Date Start)/7 = Weeks Breastfed
I	N	Y	Y		✓		✓		(Date Stop – DOB)/7 = Weeks Breastfed
I	N	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed
B	Y	Y*	Y			✓		✓	(DFC - Delivery Date)/7 = Weeks Breastfed
B	Y	Y*	N	✓		✓			(DFC – Date Start)/7 = Weeks Breastfed
B	N	Y	Y		✓			✓	(Date Stop – Delivery Date)/7 = Weeks Breastfed
B	N	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed
N	N*	Y	Y		✓			✓	(Date Stop - Delivery Date)/7 = Weeks Breastfed
N	N*	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed
C	Y	Y*	Y			✓	✓		(DFC – DOB)/7 = Weeks Breastfed
C	Y	Y*	N	✓		✓			(DFC – Date Start)/7 = Weeks Breastfed
C	N	Y	Y		✓		✓		(Date Stop – DOB)/7 = Weeks Breastfed
C	N	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed

*Data Elements will be automatically populated.

Formula for Weeks Breastfed

If Calculation =	Then Weeks Breastfed =
0 ≥ and <7 ¹	01
6 > and <14	01
13 > and <21	02
20 > and <28	03
27 > and <35	04
34 > and <42	05
41 > and <49	06
48 > and <56	07
Etc.	Etc.

¹If Data Element #102 (Breastfeeding Began At Birth) = Y and Data Element #5 (Date Form Completed) = Data Element #13 (Date Of Birth) and Data Element #42 (Delivery Date) then count Weeks Breastfed as <1

For entries less than 10, use 0 in the lead position; i.e., “1” must be entered as “01”, etc.

Validation Rules: Valid entries are **1, 2, 3, 4, 5, 6, 7, 8, 9, or 0**
DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes for N, B, I and C.

Transaction Type: C, S, O, or W-C.

Data Element: 54 – DATE OF MOST RECENT BREASTFEEDING RESPONSE

Definition:	An eight-position data element to indicate the date breast-feeding data was acquired.
Data ElementType:	Date
Data Element Length:	8
ETAD Position:	302 – 309
Business Rules:	See Element 51 (Breast feeding Now) for the cross-Element edits.
Validation Rules:	The entry must be a valid calendar date in MMDDYYYY format
Critical:	Yes, for types N, B, I and C.
Transaction Types:	C, S, O, W-C

Data Element: 55 – INFANT BIRTH WEIGHT

Definition: A four-position data element for the infant's birth weight.

Data Element Type: Numeric

Data Element Length: 4

ETAD Position: 310 – 313

Business Rules: 00 through 15 = range of pounds
00 through 15 = range of ounces
If Element 30 (Reason for Certification) contains Risk Code 141 (Low Birth Weight) in any position and Element 24 (Type) = Infant, then Element 55 must be ≤ 5 pounds 8 ounces (2,500 grams).
If Element 30 (Reason for Certification) = Risk Code 141 (Low Birth Weight) and Element 24 (Type) = Child and age is less than 24 months, then Element 55 must be ≤ 5 pounds 8 ounces (2,500 grams).
If Element 30 (Reason for Certification) contains Risk Code 312 (Delivery of Low Birth Weight Infant) in any position and Element 24 (Type) = Non-breast feeding woman or Breast feeding woman, then Element 55 must be ≤ 5 pounds 8 ounces (2,500 grams).
Cross-edit with Element 13 (Date of Birth).

Validation Rules: Valid entries are **1, 2, 3, 4, 5, 6, 7, 8, 9, or 0**
DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes for infants.

Transaction Types: C or W-C. or M

Data Element: 56 – MULTIPLE BIRTH

Definition:	A one-position data element to indicate whether the infant participant was the result of a single or multiple-birth.
Data Element Type:	Numeric
Data Element Length:	1
ETAD Position:	314 – 314
Business Rules:	1 = Single birth 2 = Twins 3 = Triplets 4 = Quadruplets 5 = Quintuplets 9 = More than five Position must contain data. Element 24 (Type) must be N, B or I. If Element 30 (Reason for Certification) contains Risk Code 335 (Multi-fetal Gestation) in any position and Element 24 (Type) = Non-breast feeding woman or Breast-feeding then Element 56 must be greater than 1.
Validation Rules:	Valid entries are 1, 2, 3, 4, 5, 6, 7, 8, 9, or 0 DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes for Type N, B or I.
Transaction Types:	C, O, W-C

Data Element: 57 – CHILD’S FIRST PACKAGE CODE

Definition: A three-position code used to change an infant’s food package to a child’s food package, if the child’s first food package differs from the standard (FPC 603). Infants are changed to children on their first birthday. If an Infant is certified after age 6 months, the information in this data element will be used to produce the food package to be received when the infant turns one year of age.

Data Element Type: Alpha/Numeric

Data Element Length: 3

ETAD Position: 315 – 317

Business Rules: Entry must be a valid child food package code
Cross-edit with Element 13 (Date of Birth) for Infant.
Element 24 (Type) must be I.
Cross-edit with Element 33 (Food Package Code).

Validation Rules: See Table 23b: Child Food Packages by WIC Type p112

DO NOT ALLOW ANY OTHER ENTRIES

Critical: No

Transaction Type: C

Data Element: 58 – PICKUP CODE

- Definition:** A two-position data element to indicate the week and day of the week that participants pick up vouchers.
- Data Element Type:** Numeric and alpha
- Data Element Length:** 2
- ETAD Position:** 318 – 319
- Business Rules:** The first position = week code must be a number only.

TABLE 28: VOUCHER PICK UP WEEK CODE

Code	Week
1	First week of month
2	Second week of month
3	Third week of month
4	Fourth week of month

The second position = day code must be a letter only.

TABLE 29: VOUCHER PICK UP DAY CODE

Code	Day of Week
A	Monday
B	Tuesday
C	Wednesday
D	Thursday
E	Friday

Applies to all WIC Types.

- Validation Rules:** Valid entries for first position are either: **1, 2, 3,** or **4**
 Valid entries for second position are either **A, B, C, D,** or **E**
DO NOT ALLOW ANY OTHER ENTRIES
- Critical:** YES
- Transaction type:** C, S, O, or W-C

Data Element: 59 – VOUCHER INTERVAL CODE

Definition:	A one-position data element to indicate whether vouchers will be issued for one, two or three months at a time.
Data Element Type:	Numeric
Data Element Length:	1
ETAD Position:	320 – 320
Business Rules:	1 = Monthly 2 = Two months on even numbered months 3 = Two months on odd numbered months 4 = Three months (for use with VPOD only) Postpartum women certified in a hospital clinic with Elements 28 and 29 (Hematocrit/Hemoglobin) value = to 88.8 must have Element 75 (Hematological Data Date) = to Element 38 (Date of Certification). Element 24 (Type): All (P, N, B, I, C) Element 77 (Proof of Residency) Element 78 (Proof of Identity) Element 79 (Proof of Income) If Element 77(Proof of Residency), 78 (Proof of Identification), 79 (Proof of Income) equals No then Element 59 (Voucher Interval Code) must equal 1.
Validation Rules;	Valid entries are either 1, 2, 3, or 4 DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes
Transaction types:	C, S, O, or W-C.

Data Element: 60 – DISTRICT/UNIT USE CODE

Definition: An eight-position data element reserved for clinic use.

Data Element Type: Alpha/Numeric

Data Element Length: 8

ETAD Position: 321 – 328

Edit Criteria: None

Validation Rules: Any entry is acceptable

Critical: No

Transaction Types: Not applicable.

Data Element: 61 – SPECIAL USE

Definition:	A nine-position data element reserved for use as directed by the Georgia WIC Program.
Data Element Type:	Alpha/Numeric
Data Element Length	9
ETAD Position:	329 – 337
Business rules:	None
Validation Rules:	Any entry is acceptable
Critical:	No
Transaction types:	Not applicable.

Data Element: 62 –DISCONUED (FORMERLY VERIFICATION OF CERTIFICATION

Discontinued

Data Element Length: 6

ETAD Position: 338 – 343. Positions have been reassigned.

Data Element: 63 – DISCONTINUED (FORERLY VOC ISSUED RECEIVED)

Discontinued.

Data Element Length: 1

ETAD Position: 344 – 344 Position has been re-assigned

Data Element: 64 – IMMUNIZATION STATUS DATE

Definition:	An eight-position element used to indicate the date a participant’s immunization record was examined or requested by WIC clinic staff, usually at the time of certification.
Data Element Type:	Date
Data Element Length:	8
ETAD Position:	351 – 358
Business Rules:	Date may not be before Date of Birth (Element 13). Date cannot be after Date Form Completed (Element 5) No default date will be allowed; must be entered by user. Cross-edit with Element 65 (Immunization Record Screened/Requested). Cross-edit with Element 66 (Adequate for Age/Referred to).
Validation Rules:	Must be a valid calendar date in MMDDYYYY format DO NOT ALLOW ANY OTHER ENTRIES
Critical:	No for infants less than two months old. Yes for Infants greater than or equal to two months old and Children.
Transaction Types:	C, S, M

Data Element: 65 – IMMUNIZATION RECORD SCREENED/REQUESTED

Definition: A one-position data element to indicate whether the participant’s immunization record was reviewed.

Data Element Type: Alphabetic character

Data Element Length: 1

ETAD Position: 359 – 359

BUSINESS RULES: Y = Yes, the record was reviewed.
R = Record requested (the record was not available).

Element 24 (Type) must be infant or child, if Element 65 contains data.

Critical: Yes for infants over two months of age and children. Not critical for updates or transfers.

Validation Rules: Valid entries are either: **Y** or **R**

DO NOT ALLOW ANY OTHER ENTRIES

Transaction Types: C, S, M, O, W-C or X.

DATA ELEMENT: 66 – IMMUNIZATION ADEQUATE FOR AGE OR REFERRED TO

Definition:	A one-position data element used to indicate whether the participant’s immunizations are up to date or where they were referred to if not adequate for age.
Data Element Type:	Alpha
Data Element Length:	1
ETAD Position:	360 – 360
BUSINESS RULES:	Y = Yes D = Referred to Doctor H = Referred to Health Department Element 13 (Date of Birth) verifies that the participant is less than five years old. If Element 65 is Y then Element 66 must contain data. Element 24 (Type) must be Infant or Child.
Validation Rules:	Valid entries are either Y, D or H DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes for infants over two months of age and children.
Transaction types:	C, S, M, O, W-C or X.

**Data Element: 67 – DISCONTINUED (FORMERLY IMMUNIZATION RECORD
PRESENTED**

Discontinued effective 04/30/2005

ETAD POSITION: 361 – 361 Position has been re-assigned

**Data Element: 68 – IDISCONTIUED (FORMERLY MMUNIZATION RECORD
REQUESTED**

Discontinued effective 4/30/05

ETAD POSITION: 362 – 362 Position has been re-assigned.

Data Element: 69 – DISCONTINUED FORMERLY REFERRED TO

Discontinued effective 04/30/2005

ETAD POSITION: 363 – 363 Position has been re-assigned

Data Element: 70 – DISCONTINUED (FORMERLY REFERRED FOR FOLLOW UP

Discontinued effective 4/30/2005

ETAD POSITION: 364 – 364 Position has been re-assigned.

Data Element: 71 – TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

Definition:	A one-position data element used to indicate if the participant is currently receiving benefits under the Temporary Assistance for Needy Families (TANF) program.
Data Element Type:	Alpha
Data Element Length:	1
ETAD Position:	365 – 365
Business Rules:	Y = Yes N = No U = Unverified Required for all WIC types. Data Element 40 (Income): If Element 71 equals Y, bypass the maximum income edit for Element 39 (Family Size). Data Element 40 (Income) must contain actual income. Data Element 37 (Other Services) must be consistent. Code Y or U in Position 71 requires N in Position 37 (Enrolled In). N in Data Element 71 disallows N in Position 37 (Enrolled In).
Validation Rules:	Valid entries are either Y, N or U
Critical:	Yes
Transaction type:	C and S.

Data Element: 72 – PHYSICAL PRESENCE

Definition:	A one-position data element used to indicate if the participant was physically present at the time of certification.
Data Element Type:	Alphabetic character
Data Element Length:	1
ETAD Position:	366 – 366
Business Rules:	Y = Yes N = No Applies to all WIC types. If Data Element 72 equals Y then Data Element 73 (Physical presence, reason for absence) must be BLANK.
Validation Rules	Valid entries are either Y or N DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes
Transaction type:	C, S, M, O, or W-C.

Data Element: 73 –REASON FOR ABSENCE

- Definition:** A one-position data element used to indicate the reason the participant was not physically present at the time of certification.
- Data Element Type:** Alpha
- Data Element Length:** 1
- ETAD Position:** 367 – 367
- Business Rules:** Applies to all WIC types (Element 24).

TABLE 30: REASON FOR ABSENCE

S	
Code	Reason
D	Disabilities
R	Receiving on-going health care
W	Working parents or caretakers
N	Newborn infant (up to two months) of a WIC mother or WIC eligible mother during her pregnancy.

- Critical:** Yes if Data Element 72 (Physical Presence) = No.
- Validation Rules:** Valid entries are either: **D, R, W** or **N**
DO NOT ALLOW ANY OTHER ENTRIES
- Transaction Types:** C, S, M, O, W-C

Data Element: 74 - ETHNICITY

Definition:	A one-position data element used to indicate the participant's ethnic identity.
Data Element Type:	Alpha
Data Element Length:	1
ETAD Position:	368 – 368
Business Rules:	Y = Yes Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race). N = No, not Hispanic or Latino. Cross-edit with Data Element 20 Race.
Validation Rules:	Valid entries are either: Y or N DO NOT ALLOW ANY OTHER ENTRIES
Critical:	Yes, for transaction type: C, S, O or W-C.
Transaction types:	C, S, O, or W-C.

Data Element: 75 – HEMATOLOGICAL DATA DATE

Definition:	An eight-position data element for the date the laboratory blood test for anemia (hematocrit or hemoglobin) was performed or the hematological data was collected from a referral source.
Data Element Type:	Date
Data Element Length:	8
ETAD Position:	369 – 376
Business Rules:	<p>Do not allow hematological data date earlier than 90 days before Date of Certification (Data Element 38) for all WIC types.</p> <p>Postpartum women certified in a hospital clinic with (Element 28 and 29) Hematocrit/Hemoglobin value = 88.8 must have Element 75 equal to Element 38 (Date of Certification). System must allow issuance of one month of vouchers only.</p> <p>Pregnant women: blood test must be performed during pregnancy.</p> <p>Breast feeding women (WIC Type B) 6-12 months post partum: No test required if test was performed after the termination of their pregnancy (Element 42 Delivery Date).</p> <p>Infants <9 months: No blood work required, unless there is a medical reason.</p> <p>Infants >9 months without hematological data collected between age six to nine months: Must have hematological data collected between age nine and twelve months.</p> <p>Children with normal results: If hematological data is collected at age 12 months; blood test data must be collected again by age 18 months. If age 18 months results are within a normal range hematological data must be collected once every twelve-months (at the subsequent certification closest to that year) until age 5 years, unless the child is terminated before his/her fifth birthday.</p> <p>Valid input for Element 28 is between 10.0 and 60.0 = normal range</p> <p>Valid input for Element 29 is between 05.0 and 20.0 = normal range</p> <p>Children with abnormal results: collect hematological data at subsequent certification visits.</p> <p>For prenatal women, infants (if certified after six months of age) and children: Element 75 (Hematological Data Date) must be equal to or no more than 90 days before Element 38 (Date of Certification).</p> <p>For Non-breast feeding women and Breast-feeding women Element 75 (Hematological Data Date) must be after Element 42 (Delivery Date).</p> <p>Cross-edit with Element 28 (Hematocrit).</p> <p>Cross-edit with Element 29 (Hemoglobin).</p> <p>Cross-edit with Element 59 (Voucher Interval Code).</p>
Validation Rules:	<p>Must be a valid calendar date in MMDDYYYY format.</p> <p>DO NOT ALLOW ANY OTHER ENTRIES</p>
Critical:	Yes, not critical for infants less than nine months.
Transaction Types:	C, S, O, W-C

Data Element: 76 – FOSTER CARE

: A one-position data element used to indicate whether a participant is currently in foster care.

Data Element Type: Alphabetic character

Data Element Length: 1

ETAD Position: 377 – 377

Business Rules: Y = Yes client is in foster care.

N = No Client is not in foster care.

Validation Rules: Valid entries are either Y or N

DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes

Transaction Types: C, S, W-C, O

Data Element: 77 – PROOF OF RESIDENCY

Definition:	A two-position data element used by the clinic creating the ETAD to identify the documentation used to verify the participant's residency.
Data Element Type:	Alpha
Data Element Length:	2
ETAD Position:	345 – 346
Business Rules:	Must contain data as shown below in TABLE 31: INPUT FOR PROOF OF RESIDENCY.

TABLE 31: INPUT FOR PROOF OF RESIDENCY

Code	Description	Code	Description
CB	Cable TV Bill	RM	Rent/Mortgage Receipt
EL	Electric Bill	TL	Telephone Bill
GS	Gas Bill	WA	Water Bill
MV	Medicaid Verification	OT	Other (Must document)
MR	Medical Record	*NO	No Proof Presented (30 day certification)
NP	No Proof Available/Does Not Exist. 30 day rule does not apply.		

Proof of identification, residency and income are not required during infant mid-certification assessment.

Applies to all WIC types.

If Data Element 77 = NO then allow Termination Code L (30 Day Termination) in Data Element 2 (Termination Code).

If Data Element 77 = NO then Data Element 3 (Termination Date) will default to Data Element 38 (Date of Certification) plus 30 days.

If Data Element 77 = NO then the Interval Code must default to 1 (monthly). No other entries will be allowed in Element 59 until NO is replaced by an updated transaction.

Validation Rules: Valid entries are either: **CB, EL, GS, MV, MR, NP, RM, TL, WA, OT** or **NO**

DO NOT ALLOW ANY OTHER ENTRIES

Critical: Yes.

Transaction types: C, O, S, X, W-C or U

* If participant returns with required documentation within 45 days, allow Transaction Type U (Update) to replace NO in Position 77 (Proof of Residency). A termination reversal must be used to update NO, after 45 days have elapsed. After updates are made, allow the interval code to be changed and vouchers to be printed without causing over issuance.

Data Element: 78 – PROOF OF IDENTIFICATION

Definition: A two-position data element, used by the clinic creating the ETAD, to document the type of identification presented to verify the participant's identity.

Data Element Type: Alpha

Data Element Length: 2

ETAD Position: 347 – 348

BUSINESS RULES: Must contain data
 . Proof of identification, residency and income are not required during mid-certification assessment.

TABLE 32: INPUT FOR PROOF OF IDENTIFICATION

Code	Description	Code	Description
BD	Birth document (Types I, C)	ST	State ID
DL	Driver's license (Not valid for Types I, C)	VC	VOC card
IM	Immunization record	VR	Voter registration card
ML	Military ID card	WC	WIC ID (Voucher Pickup Only)
MR	Medical record	WS	Work or school ID (Types P, N, B)
SS	Social security card	OT	Other (must document)
BR	Hospital ID bracelet (Type I, and N or B only if Infant is also BR)	BC	Birth certificate
NO	*No proof presented (30 day certification) (Types P,N,B,I,C)	NP	No Proof Available/Does Not Exist. 30 day rule does not apply.

* If participant returns with required documentation within 45 days, allow Transaction Type U (Update) to replace NO in Element 77(Proof of Residency). Beyond 45 days termination reversal must be used. Once update occurs allow the interval code to be changed and vouchers to be printed without causing over issuance.

DataElement 24 (Type)

Data Element 2 (Termination Code): If Data Element 78 = NO then allow Termination Code L (30 Day Termination) in Data Element 2 (Termination Code).

Data Element 3 (Termination Date): If Data Element 78 = NO then Data Element 3 (Termination Date) will default to Data Element 38 (Certification Date) plus 30 days.

If Data Element 78 = NO then Data Element 59 (Interval Code) defaults to 1 (monthly).

No other entries will be allowed in Data Element 59 (Interval Code) until NO is replaced by an updated transaction.

Codes are applicable to all WIC types with the following exceptions:

Exceptions: If Data Element 24 (Type) is Infant or Child then Data Element 78 may not be driver's license (DL) or work or school identification (WS).

If Data Element 24 is Prenatal, Non-breastfeeding, or Breast-feeding then Data Element 78 may not be birth document (BD).

If Data Element 24 is Infant then Data Element 78 may be hospital ID bracelet (BR) applies only to WIC Type Infant.

Validation Rules: See Table 32: Input for Proof of Identification above for acceptable input

Critical: Yes

Transaction types: C, O, S, X, W-C or U.

Data Element: 79 – PROOF OF INCOME

Definition: A two-position data element used by the clinic creating the ETAD to identify the documentation used to prove income.

Data Element Type: Alpha

Data Element Length: 2

ETAD Position: 349 – 350

Business Rules: Must contain data.

See Table 33: Input for Proof of Income below. Proof of identification, residency and income are not required during mid-certification assessment.

TABLE 33: INPUT FOR PROOF OF INCOME

Code	Description	Code	Description
AM	Alimony	EP	Official statement from Employer
AN	Annuities	PS	Pay Stub
BA	Basic Allowance for Subsistence	PN	Pensions
CS	Child Support Payments	PP	Private Pension
CP	Contribution from People Not in the Household	PA	Public Assistance/Welfare Payments (TANF)
DI	Dividends or Interest on bonds	RI	Rental Income (Net)
			Self Employment
EI	Estate Income	SE	(Net Income)
FR	Financial Records	SS	Social Security
GR	Government Retirement in Household	SI	Supplementary Security Income
IT	Income Tax	TT	Trust
MV	Medicaid verification	UC	Unemployment Compensation
MR	Military Retirement	UN	Unemployment Notice
MN	Monetary Compensation	VP	Veteran's Payment
NR	Net Royalties	OT	Other (Must document)
*NO	No Proof Presented (30 day)	NP	No Proof Available/Does Not Exist. 30 day rule does not apply.
ZI	Zero Income		

* If participant returns with required documentation within 45 days, allow Transaction Type U (Update) to replace NO for Element 77 (Proof of Residency). Beyond 45 days termination reversal must be used. Once update occurs allow interval code to be changed and vouchers to be printed without causing over issuance.

Data Element 24 (Type). Codes are applicable for all WIC Types.*

If Data Element 79 is **ZI** then Data Element 40 (Income) must be 00000.

If Data Element 79 = **NO** then allow Termination Code **L** (30 Day Termination)Data Element 2 (Termination Code).

If Data Element 79 = **NO** then Data Element 3 (Termination Date) must default to DataElement 38 (Date of Certification) plus 30 days.

If Element 79 = **NO** then Data Element 59 (Interval Code) must default to 1 (monthly). No other entries will be allowed in Element 59 (Interval Code) until **NO** is replaced by an updated transaction.

Validation Rules:	See Table 33 above for valid inputs
Critical:	Yes
Transaction Types:	C, O, S, X, W-C, U.

* See GA WIC Procedures Manual

Data Elements 80-93 apply to women only

Data Element: 80 – PARITY

DEFINITION: A two-position data element indicating the number of times a woman has been pregnant for 20 weeks gestation or more, regardless of birth outcome. Multiple births count as one. Do not include current pregnancy.

DATA TYPE: Numeric

LENGTH: 2

ETAD POSITION: 380-381

BUSINESS RULES:

1. 00 = None
2. 01-29 = Number of previous births
3. DATA Element 24 (WIC Type) must be either P, N, or B.
4. If Data Element 80 (Parity) = 00 then input must equal 000000.

CRITICAL: Yes for P, N, B.

TRANSACTION TYPE: C, S, or W-C.

Data Element: 81 – DATE LAST PREGNANCY ENDED

DEFINITION: A six-position data element 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).

DATA TYPE: NUMERIC

LENGTH: 6

ETAD POSITION: 382-387

BUSINESS RULES:

1. Must be a valid month and four-digit year in MMCCYY format.
2. 000000=No previous pregnancies
3. Data Element 24 (WIC Type) must be either P, N, or B.
4. If Data Element 80 (Parity) = 00 then input must equal 000000.

CRITICAL: Yes for P, N, and B.

TRANSACTION TYPES: C, S, and W-C.

DATA ELEMENT: 82 – DIABETES DURING PREGNANCY

DEFINITION: A one-position data element indicating the presence of diabetes during this current pregnancy, as diagnosed by a physician and self-reported by a postpartum woman or as reported or documented by a physician or someone working under a physician's orders.

DATA TYPE: Numeric

LENGTH: 1

ETAD POSITION: 388-388

BUSINESS RULES:

1. 1 = No, never had diabetes of any type
2. 2 = Yes, told by a doctor I had diabetes before the most recent pregnancy, when not pregnant (diabetes mellitus).
3. 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. 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).
5. Data Element 24 (WIC Type) must be either N, or B.

CRITICAL: Yes for WIC Types B, N

TRANSACTION TYPE: C, S, X-S, and W-C.

Data Element: 83 – HYPERTENSION DURING PREGNANCY

DEFINITION: A one-position data element indicating the presence of hypertension (high blood pressure), during pregnancy as diagnosed by a physician, or someone working under a physician's orders and self-reported by a woman.

DATA TYPE: Numeric

LENGTH: 1

ETAD POSITION: 389-389

BUSINESS RULES:

1. 1 = No, never had high blood pressure of any type.
2. 2 = Yes, told by a doctor I had high blood pressure before the most recent pregnancy, when not pregnant (chronic hypertension).
3. 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. 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).
5. Data Element 24 (WIC Type) must be either N, or B.

CRITICAL: Yes for WIC Types B and N.

TRANSACTION TYPES: C, S, X-S, and W-C.

Data Element: 84 – MULTIVITAMIN CONSUMPTION

DEFINITION: A one-position data element indicating an average of how many times per week a woman took a multivitamin in the month before the current pregnancy (P) or in the month before the most recent pregnancy for non-breast feeding (N) or breast feeding post partum women (B).

DATA TYPE: Numeric

LENGTH: 1

ETAD POSITION: 390-390

BUSINESS RULES:

1. 0 = Less than once per week
2. 1-7 = Times per week
3. 8 = Eight or more times a week
4. 9 = Unknown
5. Data Element 24 (WIC Type) must be either P, N, or B.

CRITICAL: Yes for WIC Types P, N and B.

TRANSACTION TYPES: C, S, X-S, and W-C.

Data Element: 85 – MULTIVITAMIN CONSUMPTION

DEFINITION: A one-position data element indicating if a pregnant woman has taken vitamins and/or minerals in the past month.

DATA TYPE: Numeric

LENGTH: 1

ETAD POSITION: 391-391

BUSINESS RULES:

1. 1 = Yes
2. 2 = No
3. 9 = Unknown
4. Data Element 24 (WIC Type) must be P.

CRITICAL: Yes for WIC Type P (prenatal) only.

TRANSACTION : C, S, X-S and W-C.

Data Element: 86– CIGARETTES PER DAY

DEFINITION: A two-position data element indicating the average number of cigarettes the woman smoked per day during the three months before she became pregnant with the current or most recent pregnancy, if not collected during the prenatal period.

DATA TYPE: Numeric

LENGTH: 2

ETAD POSITION: 392-393

BUSINESS RULES:

1. 00 = Did not smoke
2. 01–96 = Number of cigarettes per day
3. 97 = 97 cigarettes per day or more
4. 98 = Smoked, but quantity unknown
5. 99 = Unknown or refused
6. Data Element #24 (WIC Type) must be either P, N, or B.

CRITICAL: Yes for WIC Type P. Critical for N or B if not collected during prenatal period.

TRANSACTION TYPES: C, S, X-S, and W-C

Data Element: 87 – CIGARETTES PER DAY PRENATAL VISIT

DEFINITION: A two-position data element indicating the average number of cigarettes the woman currently smokes per day at her prenatal visit.

DATA TYPE: Numeric

LENGTH: 2

ETAD POSITION: 394-395

BUSINESS RULES:

1. 00 = Does not smoke
2. 01–96 = Number of cigarettes per day
3. 97 = 97 cigarettes per day or more
4. 98 = Smokes, but quantity unknown
5. 99 = Unknown or refused
6. Data Element 24 (WIC Type) must be P.
7. If Data Element 88 is greater than 00, then Data Element 45 (Cigarettes) must be greater than 00.

CRITICAL: Yes for WIC Type P.

TRANSACTION TYPES: C, S, X-S, and W-C

Data Element: 88 – CIGARETTES PER DAY POST-PARTUM VISIT

DEFINITION: A two-position data element indicating the average number of cigarettes the woman currently smokes per day at her postpartum visit.

DATA TYPE: Numeric

LENGTH: 2

ETAD POSITION: 396-397

BUSINESS RULES:

1. 00 = Did not smoke
2. 01–96= Number of cigarettes per day
3. 97 = 97 cigarettes per day or more
4. 98 = Smoked, but quantity unknown
5. 99 = Unknown or refused
6. Data Element 24 (WIC Type) must be either N, or B.
7. If Data Element 88 is greater than 00, then Data Element 45 (Smoking) must be greater than 00.

CRITICAL: Yes for WIC Type N and B

TRANSACTION TYPES: C, S, X-S and W-C.

Data Element: 89 – CIGARETTES PER DAY LAST THREE MONTHS OF PREGNANCY

DEFINITION: A two-position data element indicating the average number of cigarettes the woman smoked during the last three months of her pregnancy. This is reported at the postpartum visit only.

DATA TYPE: Numeric

LENGTH: 2

ETAD POSITION: 398-399

BUSINESS RULES:

1. 00 = Does not smoke
2. 01–96 = Number of cigarettes per day
3. 97 = 97 cigarettes per day or more
4. 98 = Smokes, but quantity unknown
5. 99 = Unknown or refused
6. Data Element 24 (WIC Type) must be either N or B.
7. If Data Element 88 (Cigarettes per day post-partum visit) is greater than 00 then Data Element 45 (Cigarettes) must be greater than 00.

CRITICAL: Yes for WIC Types N and B.

TRANSACTION TYPES: C, S, X-S, and W- C.

Data Element: 90 – HOUSEHOLD SMOKING PRENATAL VISIT

DEFINITION: A one-position data element indicating whether anyone in the household, other than the pregnant women, currently smokes inside the home.

DATA TYPE: Numeric

LENGTH: 1

ETAD POSITION: 400-400

BUSINESS RULES:

1. 1 = Yes, someone else smokes inside the home
2. 2 = No, no one else smokes inside the home
3. 9 = Unknown
4. Data Element 24 (WIC Type) must be P.

CRITICAL: Yes for WIC Types P.

TRANSACTION TYPE: C, S, X-S, and W-C.

Data Element: 91 – HOUSEHOLD SMOKING POST-PARTUM VISIT

DEFINITION: A one-position data element indicating whether anyone in the household other than the postpartum women currently smokes inside the home.

DATA TYPE: Numeric

LENGTH: 1

ETAD POSITION: 401-401

BUSINESS RULES:

1. 1 = Yes, someone else smokes inside the home
2. 2 = No, no one else smokes inside the home
3. 9 = Unknown
4. Data Element 24 (WIC Type) must be either N, or B.

CRITICAL: Yes for WIC Types N and B.

TRANSACTION TYPES: C, S, X-S, and W-C.

Data Element: 92 – DRINKS PER WEEK THREE MONTHS PRIOR TO PREGNANCY

DEFINITION: A two-position data element indicating the average number of drinks per week of beer, wine or liquor the woman consumed during the three months before she became pregnant.

DATA TYPE: Numeric

LENGTH: 2

ETAD POSITION: 402-403

BUSINESS RULES:

1. 00 = Did not drink
2. 01 = 1 drink per week or less
3. 02–20 = Number of drinks per week
4. 21 = 21 or more drinks per week
5. 98 = Drank, but quantity unknown
6. 99 = Unknown or refused
7. Data Element 24 (WIC Type) must be either P, N, or B.
8. If Data Element 92 (Drinks per week three months prior to pregnancy) is greater than one and less than 99, then Data Element 44 (Alcohol) must be greater than 00.

CRITICAL: Yes for WIC Types P, N and B.

TRANSACTION TYPES: C, S, X-S and W-C.

Data Element: 93 – DRINKS PER WEEK LAST THREE MONTHS OF PREGNANCY

DEFINITION: A two-position data element indicating the average number of drinks per week of beer, wine, or liquor the woman consumed during the last three months of pregnancy. This is reported at the post-partum visit only.

DATA TYPE: Numeric

LENGTH: 2

ETAD POSITION: 404-405

BUSINESS RULES:

1. 00 = Did not drink
2. 01 = 1 drink per week or less
3. 02–20 = Number of drinks per week
4. 21 = 21 or more drinks per week
5. 98 = Drank, but quantity unknown
6. 99 = Unknown or refused
7. Data Element 24 (WIC Type) must be either N, or B.
8. If data Data Element 92 is greater than 1 and less than 99 then data Data Element 44 (Alcohol) must be greater than 00.

CRITICAL: Yes for WIC Types N or B.

TRANSACTION TYPE: C, S, X-S, and W-C.

Data Element: 94 – PROOF OF IDENTIFICATION PARENT/GUARDIAN/CAREGIVER

DEFINITION: A two-position data element, used by the clinic creating the ETAD, to document the type of identification presented to verify the identity of a parent, guardian or caregiver of an Infant or Child participant.

DATA TYPE: Alphabetic Characters

LENGTH: 2

ETAD POSITION: 157 - 158

BUSINESS RULES:

1. Data Element #24 (WIC Type) must be either I or C.
2. Input must be either: DL, IM, ML, MR, SS, VC, VR, WC, WS, OT, or NO (see Table 33: Proof of Identification – Parent/Guardian/Caregiver).
3. Must contain data if Data Element #24 (WIC Type) is either I or C.
4. If Data Element #94 = NO then allow Termination Code L (30 Day Termination) in Data Element #2. NOTE: The termination will apply to the Infant or Child participant.
5. If Data Element #94 = NO then Data Element #3 (Termination Date will default to Data Element #38 (Certification Date) plus 30 days.
6. If Data Element #94 = NO then Data Element #59 (Interval Code) will default to 1 (Monthly).
7. No other entries will be allowed in Data Element #59 (Interval Code) until NO in Data Element #94 is replaced by an updated transaction.
8. Proofs of Identification specified for WIC Types I and C (BD, BR, and ST), may not be used in Data Element #94.

CRITICAL Yes for I and C

TRANSACTION TYPE: C, S, X, W-C OR U.

TABLE 34: INPUT FOR PROOF OF IDENTIFICATION – PARENT/GUARDIAN/CAREGIVER

Code	Description	Code	Description
DL	Driver’s license (Not valid for Types I, C)	VC	VOC card
IM	Immunization record	VR	Voter registration card
ML	Military ID	WC	WIC ID (Voucher Pickup Only)
MR	Medical record	WS	Work or school ID (Types P, N, B)
SS	Social security card	OT	Other (must document)
		NO	*No proof presented (30 day certification)

* If participant returns with required documentation within 45 days, allow Transaction Type U (Update) to replace NO in Element 77(Proof of Residency). Beyond 45 days termination reversal must be used. Once update occurs allow the interval code to be changed and vouchers to be printed without causing over issuance.

		(Types P,N,B,I,C)
--	--	-------------------

Data Element: 95 – SECONDARY NUTRITION EDUCATION FOLLOW-UP DATE

DEFINITION: An eight-position data element, documenting the date that F was provided to a client.

DATA TYPE: Date

LENGTH: 8

ETAD POSITION: 481 - 488

BUSINESS RULES:

1. Must be a valid calendar date in MMDDYYYY format
2. Data must be entered every time client receives secondary nutrition education follow-up services
3. If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Care Plan must be entered in SOAP Notes and/or Medical Record

CRITICAL: Yes for P N B I C

TRANSACTION TYPE: X, W-C, U.

Data Element: 96 – SECONDARY NUTRITION EDUCATION FOLLOW-UP CONTACT PROVIDED

DEFINITION: A one-position data element, documenting the type of nutrition education follow-up that was provided to a client.

DATA TYPE: Alpha

LENGTH: 1

ETAD POSITION: 46 - 46

VALIDATION RULE(S): Valid input is either L, H, or N.

L = Low Risk

H = High Risk

N = Not Provided or Missed.

BUSINESS RULES:

1. Data must be entered every time client receives secondary nutrition education follow-up services.
2. Data Element “Transaction Type” must not be C or S.
3. If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Care Plan must be entered in SOAP Notes and/or Medical Record

4. Data Element #96 may apply to High Risk clients as well.
5. High Risk secondary contact may be counted for a Low risk contact; however Low risk contact may not be counted for High Risk.

CRITICAL Yes for P N B I C

TRANSACTION TYPE: X, W-C OR U.

Data Element: 97 – SECONDARY NUTRITION EDUCATION FOLLOW-UP TYPE

DEFINITION: A one-position data element, documenting the type of nutrition education follow-up that was provided to a client.

DATA TYPE: Alpha

LENGTH: 1

ETAD POSITION: 344 – 344

VALIDATION RULES:

Valid input is either: I, C, V, K, O, R, M

BUSINESS RULES:

1. Data must be entered every time client receives secondary nutrition education follow-up services.
2. If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Work Plan must be entered in SOAP Notes and/or Medical Record

3. See Table 34 for valid inputs. Table is to be in the form of a drop down menu, user will select appropriate response.
4. Data Element #97 (Low Risk Nutrition Education Follow-up Contact Type) may apply to High Risk clients as well.

EDITS: Data Element “Transaction Type” must not equal “C” or “S”.

If Data Element #97 contains either I, C, V, K, O then Data Element #96 (Secondary Contact Provided?) must be “Y”.

If Data Element #97 contains either R, M then Data Element #96 (Secondary Contact Provided?) must be “N”

CRITICAL Yes for PNBIC

TRANSACTION TYPE: X, W-C OR U.

TABLE 35: VALID INPUT FOR SECONDARY NUTRITION EDUCATION FOLLOW-UP CONTACT TYPE

Input	Description	Data Element # 96 =
I	Individual	L or H
C	Class	L or H
V	Video Conference	L or H
K	Kiosk	L
O	Online	L
R	Refused	N
M	Missed/Not Provided	N

Data Element: 98 – SECONDARY NUTRITION EDUCATION FOLLOW-UP TOPICS

DEFINITION: A 15-position data element, documenting the type of nutrition education follow-up topics that were provided to a client.

DATA TYPE: Numeric

LENGTH: 15

ETAD POSITION: 361 – 363
547 - 558

VALIDATION RULES:

Valid input is 0, 1, 2, 3, 4, 5, 6, 7, 8, 9

BUSINESS RULES:

1. Data must be entered every time client receives secondary nutrition education follow-up services.
2. If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Care Plan must be entered in SOAP Notes and/or Medical Record

1. System must allow for up to five (5) Nutrition Education topics to be entered at one time. System must allow for up to five (5) Nutrition Education topics to be transmitted to CPS at one time. Each topic will use three (3) positions.
2. See Table 35 for valid inputs. Table is to be in the form of a drop down menu, user will select appropriate response(s). The item selected will generate a three (3) digit code based on the following rules:
3. If Data Element # 24 (WIC Type) = I then leading number must = “1”
If Data Element # 24 (WIC Type) = C then leading number must = “2”
4. If Data Element # 24 (WIC Type) = P, N, or B then leading number must = “3”
5. Only allow selections appropriate to WIC type; i.e. Data Element#24 (Type) = I the topics 101 – 109 will become available.
6. Data Element #98 (Low Risk Nutrition Education Follow-up Contact Topics) may apply to High Risk clients as well.

Edits: Data Element “Transaction Type” must not equal “C” or “S”.

Data Element #96 (Secondary Contact Provided?) must be either L or H for selections I, C, V, in Data Element #97

Data Element #96 (Secondary Contact Provided?) must be L for selections K, O in Data Element #97

Data Element #96 (Secondary Contact Provided?) must be N for selections R, M in Data Element #97

If Data Element #96 (Secondary Contact Provided?) is N then no input for Data Element #98 is to be allowed.

CRITICAL? Yes for P N B I C

TRANSACTION TYPE: O, X, W-C or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

TABLE 36: CODES TO BE USED FOR TOPICS BY WIC TYPE:

Infants		Children		Women (P, N, or B)	
Code	Topic	Code	Topic	Code	Topic
126	*Alcohol, Tobacco, Drugs & Other Harmful Substances	222	*Alcohol, Tobacco, Drugs & Other Harmful Substances	325	**EXIT COUNSELING
101	Reinforce Good Points in Diet	201	Reinforce Good Points in Diet	301	Reinforce Good Points in Diet
102	Nutritional Value of WIC Foods	202	Nutritional Value of WIC Foods	302	Nutritional Value of WIC Foods
103	Assessment of Latch & Positioning	203	Meat/Meat Substitutes	303	Assessment of Latch & Positioning
104	Frequency/Duration/Encouragement	204	Dairy/Milk/Milk Substitutes	304	Frequency/Duration/Encouragement
105	Supply & Demand/Supplementing	205	Fruits/Vegetables	305	Supply & Demand/Supplementing
106	Growth Spurts	206	Bread/Cereal	306	Infant Growth Spurts
107	Problems/Barriers (Specify in Notes)	207	Good Quality Snacks	307	Problems/Barriers (Specify in Notes)
108	Iron Fortified Formula	208	High Calcium Sources	308	Iron Fortified Formula
109	Formula Preparation	209	Foods To Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)	309	Formula Preparation
110	Techniques of Bottle Feeding	210	Medicine/Vitamins/Minerals	310	Techniques of Bottle Feeding
111	Spitting Up/Reflux	211	Low Empty Calories & Sweet Drinks	311	Weight Management
112	Delay Solids Until 5-6 Months	212	Dental Care/Weaning to Cup/Baby Bottle Caries	312	Exercise Benefits/Frequency
113	Beginning Solids (Type & Amounts)	213	Weight Management	313	Physical Activity/Play as a Family
114	Iron Fortified Infant Cereal	214	Exercise Benefits/Frequency	314	Alternatives to TV/Video Time
115	Offer Water Daily When Starting Solids	215	Physical Activity/Play as a Family	315	Meat/Meat Substitutes
116	Single Food Introduction (Baby Foods)	216	Alternatives to TV/Video Time	316	Dairy/Milk/Milk Substitutes
117	Prevention of Choking	217	Modeling of Positive Behaviors	317	Fruits/Vegetables
118	Encouraging Self Feeding Skills	218	Stress Free Feeding	318	Bread/Cereal
119	Low Empty Calories & Sweet Drinks	219	Picky Eating	319	Good Quality Snacks
120	Dental Care/Weaning to Cup/Baby Bottle Caries	220	Goal Setting	320	High Calcium Sources
121	Modeling of Positive Behaviors	221	Immunizations	321	Foods To Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)
122	Stress Free Feeding	223	Other (Specify in Notes)	322	Adequate Fluid Intakes
Code	Topic	Code	Topic	Code	Topic
123	Picky Eating			323	Low Empty Calories & Sweet Drinks
124	Goal Setting			324	Nausea, Constipation, Heartburn
125	Immunizations			326	Other (Specify in Notes)
127	Other (Specify)				

*Alcohol, Tobacco, Drugs & Other Harmful Substances – Required at least once for an infant.

*Alcohol, Tobacco, Drugs & Other Harmful Substances – Required at least once for a child.

**Exit Counseling – From the prenatal through the postpartum (breastfeeding or non-breastfeeding) period, a woman participant must receive Exit Counseling.

Example of how conversion will work:

If WIC Type is I and the topic is Goal Setting, the system will enter the code 124.

If WIC Type is C and the topic is Goal Setting, the system will enter the code 220.

Data Element: 99 – SECONDARY NUTRITION EDUCATION FOLLOW-UP CONTACT PROVIDER

DEFINITION: A two-position data element, documenting the type of nutrition education follow-up contact provider

DATA ELEMENT TYPE: Alpha/Numeric
DATA ELEMENT LENGTH: 2
ETAD POSITION: 286 - 287
VALIDATION RULE(S): See table #35 For Valid Inputs.
CRITICAL: Yes for WIC Types P, N, B, I, C

BUSINESS RULES: Add Data Element #99.

1. Data must be entered every time client receives secondary nutrition education follow-up services.
2. See table #36 for valid inputs. Table is to be in the form of a drop down menu, user will select appropriate response. The item selected will generate a 2 digit alpha/numeric code based on the following rules:
3. If Provider is a Registered Dietitian or Licensed Dietitian (RD/LD) then system must transmit code "P1"
4. If Provider is a Nutritionist (NUTR) the system must transmit code "P2"
5. If Provider is a Registered Nurse (RN) the system must transmit code "P3"
6. If Provider is a Licensed Practical Nurse (LPN) the system must transmit code "P4"
- If Provider is a Nutrition Assistant (NA) the system must transmit code "P5"
7. If Provider is other than any of the above the system must transmit code "P6"
8. The system must be able to link education provided to the credentials of the provider.
9. If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Care Plan must be entered in SOAP Notes and/or Medical Record

10. Data Element #99 (Low Risk Nutrition Education Follow-up Contact Provider) may apply to High Risk clients as well.

EDITS: Data Element "Transaction Type" must not equal "C" or "S"

Data Element #96 (Secondary Contact Provided?) must be either L or H for selections I, C, V, in Data Element #97

Data Element #96 (Secondary Contact Provided?) must be L for selections K, O in Data Element #97

Data Element #96 (Secondary Contact Provided?) must be N for selections R, M in Data Element #97

If Data Element #96 (Secondary Contact Provided) is N then no input for Data Element #99 is to be allowed.

CRITICAL: P, N, B, I, C

TRANSACTION TYPES: O, X, or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

TABLE 37 SELECTIONS FOR TITLE OF INDIVIDUAL PROVIDING NUTRITION EDUCATION:

Code	Acronym	Title
P1	RD/LD	Registered Dietician/Licensed Dietician
P2	NUTR	Nutritionist
P3	RN	Registered Nurse
P4	LPN	Licensed Practical Nurse
P5	NA	Nutrition Assistant
P6	Other	

Data Element: 100 – BODY MASS INDEX

DEFINITION: A three (3) digit number that displays the participants Body Mass Index as calculated by their height and weight.

Data Element Type: Numeric

Data Element Length: 4 (Decimal point is implied)

ETAD Position: 497 - 499

VALIDATION RULE(S): Valid input is 0, 1, 2, 3, 4, 5, 6, 7, 8, 9

CRITICAL Yes for WIC Types P N, B, C (If child age is greater than or equal to 2 years)

Business Rules:

1. Data Element 100 will show the participants BMI
2. The system will automatically calculate the BMI based on the following formula:
3. $\text{Weight (in pounds)} / \text{Height (in inches)} / \text{Height (in inches)} \times 703$.
4. The system will automatically calculate and populate the BMI Data Element
5. Insert 999 in Element 100 if BMI cannot be taken for any reason or if Data Element 112 = R. CPS will not transmit records with 999 entry to CDC or anyone else.
6. A reference for converting fraction to decimals and guidance for rounding is provided in the following table:

TABLE 38: CONVERTING FRACTION TO DECIMALS TO INCHES

Fraction of Inch	Equivalent Decimal
1/8	.125
2/8 or 1/4	.25
3/8	.375
4/8 or 1/2	.5
5/8	.625
6/8 or 3/4	.75
7/8	.875

TABLE 39: CONVERTING FRACTION TO DECIMALS - QUARTER POUNDS

Weight in Quarters of Pounds	Equivalent Decimal
1/4	.25
1/2	.5
3/4	.75

Rounding Rules for BMI:

1. Once calculated, BMI must be rounded to one decimal point.
2. Use the whole number and decimal point when calculating BMI i.e., if the measurement is $32 \frac{3}{8}$, use 32.375 in the calculation.

3. Round only when the final calculation is completed.
4. If the second number to the right of the decimal point is 4 or less, round down i.e., 14.741 = 14.7
5. If the second number to the right of the decimal point is 5 or greater, round up i.e., 14.761 = 14.8
6. Only populate the BMI Data Element after the final rounding has been completed.

EDITS: BMI is not calculated for infants or children under the age of two years.

FOR WIC TYPES: P, N, B, C

FOR TRANSACTION TYPES: C, O, S, X, W-C or U.

Data Element: 101 – Date Breastfeeding Began

DEFINITION: An eight (8) digit date element that documents the date the mother of a breastfed infant first began breastfeeding.

DATA ELEMENT TYPE: Date

DATA ELEMENT LENGTH: 8

ETAD POSITION: 159 - 166

VALIDATION RULE(S): Valid Calendar date in MMDDYYYY format.

CRITICAL? Yes for WIC Types N, B, I, C.

BUSINESS RULES:

1. Data must be entered every time client is asked the Breastfeeding questions.
2. If Data Element #51 (Breastfed Now) = Y, Data Element #101 must be completed.
3. If Data Element #52 (Breastfed Now) = N, but Data Element #52 (Breastfed Ever) = Y then Data Elements #101 must be completed.
4. If Data Element #52 (Breastfed Ever) = N then Data Elements #101 will not be open.

EDITS: Data Element #51 (Breastfed Now)
Data Element #52 (Breastfed Ever)

FOR WIC TYPES: N, B, I, C

FOR TRANSACTION TYPES: C, O, S, X, W-C or U.

Data Element: 102 – DISCONTINUED

DATA ELEMENT LENGTH: 1

ETAD POSITION: 364 – 364 Position will be re-assigned

Data Element: 103 – Date of Last Time of Breastfeeding and/or Pumping

DEFINITION: A one (1) digit data element to indicate if breastfeeding began at birth.

DATA ELEMENT TYPE: Date

DATA ELEMENT LENGTH: 8

ETAD POSITION: 519 - 526

Validation Rule(s): Valid Calendar date in DDMMYYYY format.

CRITICAL? Yes for WIC Types N, B, I, C (and P only if Data Element #51 (Breastfeeding Now) = Y).

BUSINESS RULES:

1. Data must be entered every time client is asked the Breastfeeding questions.
2. If Data Element #51 (Breastfed Now) = N, and Data Element #52 (Breastfed Ever) = Y, Data Element #103 (Date of Last Time of Breastfeeding and/or pumping) will become active and must be completed.
3. If Data Element #52 (Breastfed Ever) = N then Data Elements #103 (Date of Last Time of Breastfeeding and/or pumping) will not be open.
4. User will key in data using DDMMYYYY format and Data Element #53 (Number of Weeks Breastfed) will be calculated using dates entered in Data Element #101 (Date Breastfeeding Began) and Data Element #103 (Date of Last Time Breastfeeding Began).
5. If Data Element #52 (Breastfed Ever) = N then Data Element #103 (Date of Last Time of Breastfeeding and/or pumping.), will not be open.

EDITS: Data Element #51 (Breastfed Now)
Data Element #52 (Breastfed Ever)

FOR WIC TYPES: N, B, I, C

FOR TRANSACTION TYPES: C, O, S, X, W-C or U.

Data Element: 104 – PEER COUNSELOR ID

DEFINITION: A three (3) digit data element to collect the identification of the Breastfeeding Peer Counselor assigned to the client.

DATA ELEMENT TYPE: Alpha

DATA ELEMENT LENGTH: 5

ETAD POSITION: 338 – 340
516 - 517

VALIDATION RULE(S): Valid Input is A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z.

CRITICAL? Yes for WIC Types P, N, B,

BUSINESS RULES: Data Element #37 (Enrolled In or Referred To) must contain X in at least one position.

EDITS: Data Element # 24 (Type)
Data Element #37 (Enrolled In or Referred To)

FOR TRANSACTION TYPES: C, O, S, X, W-C or U.

Data Element: 105 – Type of Peer Counselor Contact

DEFINITION: A one-digit field to collect the type of Breastfeeding contact received by the client

DATA ELEMENT TYPE: Alpha

DATA ELEMENT LENGTH: 1

ETAD POSITION: 341 - 341

VALIDATION RULE(S): VALID INPUT IS C, G, H, M, P.

CRITICAL? No

BUSINESS RULES: Data Element #37 (Enrolled In or Referred To) must contain **W** in at least one position.

See Table #38 for drop-down menu choices.

EDITS: Data Element # 24 (Type)
Data Element #37 (Enrolled In or Referred To)

FOR WIC TYPES: P, N, B

FOR TRANSACTION TYPES: C, O, S, X, W-C or U.

TABLE 40 TYPE OF PEER COUNSELING CONTACT

Code	Type of Contact
C	Clinic
G	Group Class
H	Home
M	Medical Setting (Hospital, etc.)
P	Telephone

Data Element: 106 – Peer Counselor Termination Date

DEFINITION: An eight (8) digit field to collect the date when Breastfeeding Peer Counseling was terminated.

DATA ELEMENT TYPE: Date

Data Element Length: 8

ETAD Position: 527 - 534

VALIDATION RULE(S): Valid Input is calendar date in MMDDYYYY format

CRITICAL? No

BUSINESS RULES: Data Element #37 (Enrolled In or Referred To) must contain **W** in at least one position.

FOR WIC TYPES: N, B

EDITS:

FOR TRANSACTION TYPES: C, O, S, X, W-C or U.

Data Element: 107 – Breast Pump Assigned

DEFINITION: A one (1) digit field to indicate if the client was issued a breast pump..

DATA ELEMENT TYPE: Alpha

DATA ELEMENT LENGTH: 1

ETAD POSITION: 288 - 288

VALIDATION RULE(S): Valid Input is Y, N

CRITICAL? No

BUSINESS RULES: Data Element #37 (Enrolled In or Referred To) must contain W in at least one position.

FOR WIC TYPES: N, B

FOR TRANSACTION TYPES: C, O, S, X, W-C or U.

Data Element: 108 – Breastfeeding Peer Counselor Assigned

DEFINITION: A one (1) digit field to indicate if the client was to a breastfeeding peer counselor.

DATA ELEMENT TYPE: Alpha

DATA ELEMENT LENGTH: 1

ETAD POSITION: 289 - 289

VALIDATION RULE(S): Valid Input is Y, N

Critical? No

For WIC Types: P, N, B

BUSINESS RULES: Data Element #37 (Enrolled In or Referred To) must contain **W** or **X** in at least one position.

FOR TRANSACTION TYPES: C, O, S, X, W-C or U.

Data Element: 109 – Family Number CURRENTLY NOT USED

DEFINITION: Up to a twelve (12) digit field to record the Family Number assigned to the client by the system.

DATA ELEMENT TYPE: Numeric

DATA ELEMENT LENGTH: 12

ETAD POSITION: 535 - 546

VALIDATION RULE(S): Valid Input is 1, 2, 3, 4, 5, 6, 7, 8, 9, 0.

CRITICAL? Yes for WIC Types P, N, B, I, C

BUSINESS RULES:

1. The systems will populate this Data Element from the Family Number it assigns to enable users to track family members even if WIC ID numbers or Last Names are different
2. Right Justify
3. Lead zeros required.
4. If Data Element 76 (Foster Care) is “Y” family number of CURRENT family is to be used.

FOR TRANSACTION TYPES: C, O, S, X, W-C or U.

Data Element: 110 – Date of Initial Contact

DEFINITION: An eight (8) digit field to record the date of the clinic’s initial contact with the client.

DATA ELEMENT TYPE: Date

DATA ELEMENT LENGTH: 8

ETAD POSITION: 559 - 566

VALIDATION RULE(S): Valid Input is calendar date in MMDDYYYY format

CRITICAL? Yes for WIC Types P, N, B, I, C

BUSINESS RULES: If Transaction Type = C and...

1. Data Element #24 (Type) is N or C then Data Element #110 (Date of Initial Contact) must be \leq Data Element #5 (Date Form Completed) + 20 days to meet Processing Standards.
2. Data Element #110 is \geq Data Element #5 (Date Form Completed) + 20 days then Processing Standards have not been met. No action on the part of the clinic system is required, CSC will produce report. However, clinic staff may desire to run ad hoc report on this data – system should allow for this.
3. Data Element #24 (Type) is P, B or I then Data Element #110 (Date of Initial Contact) must be \leq Data Element #5 (Date Form Completed) + 10 days to meet Processing Standards.
4. Data Element #110 is \geq Data Element #5 (Date Form Completed) + 10 days then Processing Standards have not been met. No action on the part of the clinic system is required, CSC will produce report. However, clinic staff may desire to run ad hoc report on this data – system should allow for this.
5. Data Element #21 (Migrant) = Y then Data Element #110 (Date of Initial Contact) must be \leq Data Element #5 (Date Form Completed) + 10 days to meet Processing Standards regardless of WIC Type.
6. If Transaction Type = S or W-C and client is within their valid certification period, Data Elements #110 (Initial Contact Date) and #111 (Initial Contact Type) will not be accessible.
7. If Transaction Type = S or W-C and client is overdue for certification Data Element #110 (Initial Contact Date) will default to the same as Data Element #5 (Date Form Completed) and #111 (Initial Contact Type) will be activated.
8. Data Element 110 will not change if there is no break in services to the client. A break in service will be determined according to the following rules:
9. If the previous transaction is not “T”.
10. If the previous transaction is “T” and term Reason is not “R”.

FOR TRANSACTION TYPES: C, O, X, S, W-N – If Previous transaction is T and Term Reason if R. W-C, S if previous transaction is T and Term Reason is not R.

Data Element: 111 – Initial Contact Type

DEFINITION: A one (1) digit field to record the type of initial contact with the client.

DATA ELEMENT TYPE: Alphabetic Character

DATA ELEMENT LENGTH: 1

ETAD POSITION: 342 - 342

VALIDATION RULE(S): Valid Input is W, T, O

CRITICAL? Yes for WIC Types P, N, B, I, C

BUSINESS RULES: If Data Element #110 (Date of Initial Contact) is applicable then provide a drop-down menu for users to select the type of initial contact.

See Table #41 Type of Initial Contact for allowable input

FOR TRANSACTION TYPES: C, O, S, X, W-C or U.

TABLE 41 INITIAL CONTACT TYPE

Code	Type of Contact
W	Walk-in
T	Telephone
O	Other (Explain in notes)

Data Element: 112 –Recumbent/Standing

DEFINITION: A one (1) digit field to record the position of the client when height was taken.

DATA ELEMENT Type: Character

DATA ELEMENT LENGTH: 1

ETAD POSITION: 343 - 343

VALIDATION RULE(S):

1. R = Recumbent
2. S = Standing

CRITICAL? Yes for WIC Types P, N, B, I, C

BUSINESS RULES: Add a one position field to capture the position of the client when height was taken.

FOR WIC TYPES: P, N, B, I, C

FOR TRANSACTION TYPES: C, S, W-C

Data Element: 113 – INFANT FEEDING METHOD

DEFINITION: A one (1) digit field to record the type of infant feeding practiceg.

DATA ELEMENT Type: Character

DATA ELEMENT LENGTH: 1

ETAD POSITION: 495 – 495

VALIDATION RULE(S): Must be either: F, M, S, or E. **NO OTHER ENTRIES ARE ALLOWED**

CRITICAL? Yes for WIC Type I only. **DO NOT ALLOW DATA ELEMENT 113 TO BE USED FOR ANY OTHER WIC TYPES.**

BUSINESS RULES Add a one position field to capture the type of feeding for Infant participants. Provide users with drop-down box with following options:

- F = Fully Formula Fed
- E = Exclusively Breastfed
- M = Mostly Breastfed
- S = Some Breastfed

The data element will be populated by the users clicking on the appropriate response. See Work Order #09-01 for further information on the use of this field.

For WIC Types: I **DO NOT ALLOW FOR ANY OTHER WIC TYPES**

FOR TRANSACTION TYPES: C, S, W-C, U, M, O, X **DO NOT USE FOR ANY OTHER WIC TRANSACTIONS**

Data Element: 114 – WOMAN’S FEEDING METHOD

DEFINITION: A one (1) digit field to record the type of infant feeding a woman participant is practicing.

DATA ELEMENT Type: Character

DATA ELEMENT LENGTH: 1

ETAD POSITION: 496 - 496

VALIDATION RULE(S): Must be either E, F, M or S.

NO OTHER ENTRIES ARE ALLOWED

CRITICAL? Yes for WIC Type P, N, or B.
DO NOT USE FOR ANY OTHER WIC TYPE.

BUSINESS RULES: Add a one position field to capture the type of feeding for women participants.

Provide users with drop-down box with following options:

- F = Fully Formula Fed
- E = Exclusively Breastfed
- M = Mostly Breastfed
- S = Some Breastfed

The data element will be populated by the users clicking on the appropriate response. See Work Order #09-01 for further information on the use of this field.

FOR WIC TYPES: P, N, or B. **DO NOT ALLOW DATA ELEMENT 113 TO BE USED FOR ANY OTHER WIC TYPES**

FOR TRANSACTION TYPES: C, S, W-C, U, M, O, X **DO NOT USE FOR ANY OTHER WIC TRANSACTIONS**

Data Element: 115 – MEDICAL HOME

Data Element Type: Alphabetic Characters

Data Element Length: 1

ETAD Position: 492 - 492

Validation Rule(s): Valid input is Y or N.

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for WIC Types I and C

DO NOT USE FOR ANY OTHER WIC TYPE.

Definition: “Medical Home” is a physician seen by the participant on a regular basis, i.e. family doctor.

Intent/Purpose: It is intended to determine if the participant has a specific physician that they see on a regular basis. The physician’s name will be collected on the Certification Form and does not need to be entered into the ETAD.

Business Rules: If WIC Type is P, N, or B do not allow an entry to be made in Data Element 115.

Edits: Data Element #24 (Type) must equal I or C. **DO NOT USE FOR ANY OTHER WIC TYPE.**

For WIC Types: I or C

For Transaction Types: C, S, X-S, W-C **DO NOT USE FOR ANY OTHER TRANSACTION TYPE.**

Data Element: 116 – FRUIT INTAKE

Data Element Type: Alphabetic Characters

Data Element Length: 1

ETAD Position: 500 - 500

Validation Rule(s): Valid input is D, S or N.

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for WIC Type P, N, B and C

DO NOT USE FOR ANY OTHER WIC TYPE.

Definitions: Data Element #116 is intake of fruit.

D = Daily
S = Some Days
N = Never

Intent/Purpose: It is intended to determine if participant eats fruit on a regular basis or if at all.

Business Rules: If WIC Type is I do not allow an entry to be made in Data Element 116.

Edits: Data Element #24 (Type) must equal P, N, B or C. **DO NOT USE FOR ANY OTHER WIC TYPE.**

For WIC Types: P, N, B or C

For Transaction Types: C, S, X-S, W-C **DO NOT USE FOR ANY OTHER TRANSACTION TYPE.**

Data Element: 117 – VEGETABLE INTAKE

Data Element Type: Alpha
Data Element Length: 1
ETAD Position: 501 - 501
Validation Rule(s): Valid input is D, S or N.

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for WIC Type P, N, B, or C

DO NOT USE FOR ANY OTHER WIC TYPE.

Definitions: Data Element #117 is intake of vegetables.

D = Daily
S = Some Days
N = Never

Intent/Purpose: It is intended to determine if the participant eats vegetables on a regular basis or if at all.

Business Rules: If WIC Type is I do not allow an entry to be made in Data Element 117.

Edits: Data Element #24 (Type) must equal P, N, B, or C. **DO NOT USE FOR ANY OTHER WIC TYPE.**

For WIC Types: P, N, B, C

For Transaction Types: C, S, X-S, W-C **DO NOT USE FOR ANY OTHER TRANSACTION TYPE.**

Data Element: 118 – Daily Activity For Children

Data Element Type: Alpha
Data Element Length: 1
ETAD Position: 502 - 502
Validation Rule(s): Valid input is V, S or N.

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for WIC Type P, N, B or C

DO NOT USE FOR ANY OTHER WIC TYPE.

Definitions: Data Element #118 daily activity.
V = Very Active
S = Active Some of the time
N = Not Active

Intent/Purpose: It is intended to determine if the participant engages in physical activity on a regular basis or if at all.

Business Rules: If WIC Type is I do not allow an entry to be made in Data Element 118.

Edits: Data Element #24 (Type) must equal P, N, B or C. **DO NOT USE FOR ANY OTHER WIC TYPE.**

For WIC Types: P, N, B or C

For Transaction Types: C, S, X-S, W-C **DO NOT USE FOR ANY OTHER TRANSACTION TYPE.**

Data Element: 119 – Second Food Package Option

Data Element Type:	Alpha/Numeric
Data Element Length:	3
ETAD Position:	503 – 505
Validation Rule(s):	Must be a valid Georgia WIC Food Package Code or 000.

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for P, N, B, I, C

DO NOT USE FOR ANY OTHER WIC TYPE.

Definitions: Second FPC Option for Special Situations: A three position data element that will allow CPAs to (1) insert a second part to the CPA FPC (Data Element #33) for clients who are eligible to receive supplemental foods in addition to special formula products in Food Package III or (2) specify the FPC to be issued for a partially breastfed infant during the first month of life.

000: A three-digit code to be entered into Data Element #119 to indicate that there is no second part needed for the two-part food package for a WIC participant receiving Food Package III. The “000” code is **never** transmitted to the data processor (CSC). The “000” code **cannot** be used for partially breastfed infants during the first month of life.

Intent/Purpose: It is the intent of this ETAD Change to create a data element to capture the second part of a two-part food package assigned to a WIC participant receiving Food Package III (Special Formula required) and to provide a location for CPAs to indicate a special food package choice used among partially breastfed infants during the first month of life. It is also the intent that the system will require the CPA to enter a code in this data element field, if the field is enabled, and not allow the CPA to proceed until an acceptable entry has been made.

Business Rules: If the CPA FPC (Data Element #33) begins with either X, 0, 1, or 9 then enable Data Element #119 else make it unavailable to users.

If Data Element #24 (WIC Type) is I **AND** infant’s age is less than 30 days **AND** Data Element #113 (Infant Feeding Type) is “P” then Data Element #119 **MUST** be activated. User must not be allowed to continue until Data Element #119 is completed. Do not allow 000 to be entered in this situation. See Table 2 in Work Order #09-04 for allowed choices. For example, if CPA FPC (Data Element #33) is F13 and infant is 10 days old, then user can choose either food package code E00 or E11 to enter into Data Element #119.

If Data Element #119 is enabled, the default value will be blank, however do not allow users to progress further until a valid entry has been made to the Data Element.

If the second part of the two-part FPC is not required for a Food Package III participant, the CPA may enter 000 into the element. The system must accept this as a valid entry and allow the user to continue.

The 000 is for internal use only and, if present, the system must transmit a **blank** for Data Element #119. Do not transmit the 000 entry to CSC.

If Data Element #119 is not equal to “000”, the system must allow the user to print BOTH of food package codes listed in Data Element #33 and Data Element #119.

If Data Element #24 (WIC Type) is I AND infant’s age is less than 30 days AND Data Element #113 (Infant Feeding Type) is “P”, then the system should print the FPC entered in Data Element #119 for the first month of life and then follow the standard infant food package sequencing based on the applicable CPA FPC entered in Data Element #33 for the remaining months of vouchers printed.

If Data Element #119 is “999”, then the system must allow the use of food package code 999.

Edits:

Data Element #33 (CPA FPC), Data Element #24 (Type), Data Element #113 (Infant Feeding Type)

Cross Edits:

Both Data Element #119 and Data Element #33 must be allowed, if it is applicable, to have an entry of 999 at the same time and allow the printing of two 999 District/clinic-created food packages.

Data Element #119 can never be enabled if Data Element #113 (Infant Feeding Type) is “E” or “F”.

For WIC Types:

P, N, B, I, C

For Transaction Types:

At every voucher issuance.

Data Element: 120 – PEACHCARE

Data Element Type: Alpha
Data Element Length: 1
ETAD Position: 493 - 493
Validation Rule(s): Must be Y, or N

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for I, C

DO NOT USE FOR ANY OTHER WIC TYPE.

Definitions: Peachcare: State sponsored health insurance program for infants and children.

Y = Yes, client is receiving Peachcare
N = No, client is not receiving Peachcare

NO OTHER ENTRIES ARE ALLOWED

Intent/Purpose: It is the intent of this ETAD Change to create a data element to identify those clients who are enrolled in the Georgia Peachcare program.

Business Rules: If Data Element #24 (WIC Type) is I or C enable Data Element #120.
If Data Element #34 (Medicaid) is either Y or U, do not allow access to Data Element #120. If Data Element #34 (Medicaid) is N, then allow access to Data Element #120.
Allowable responses are Y for yes or N for no or U for unverified..

Edits: Data Element #24 (WIC Type) must be either I or C.

DO NOT USE FOR ANY OTHER WIC TYPE.

For WIC Types: I, C

For Transaction Types: C, S, X, W-C, O

Data Element: 121 – Dairy Intake

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 506 - 506

Validation Rule(s): D, S or N

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for P, N, B, C

DO NOT USE FOR ANY OTHER WIC TYPE.

Definitions: Dairy Intake: Frequency that client consumes dairy products;
Dairy Products: Milk (in any form), Cheese (in any form), Yogurt.
D = Daily
S = Some Days
N = Never

NO OTHER ENTRIES ARE ALLOWED

Intent/Purpose: It is the intent of this ETAD Change to determine if the participant consumes dairy products on a regular basis or if at all.

Business Rules: If Data Element #24 (Type) = I, do not allow an entry to be made in Data Element #121.

Edits:

For WIC Types: P, N, B, C

DO NOT USE FOR ANY OTHER WIC TYPE.

For Transaction Types: C, S, X-S, W-C, O-S

DO NOT USE FOR ANY OTHER TRANSACTIONS

Print on Cert Form: Yes, place with fruits and vegetable questions. Phrase as:
“How often is dairy consumed?” Valid entries are D = Daily S = Some Days N = Never

Data Element: 122 – Screen Time

Data Element Type: Numeric

Data Element Length: 2
ETAD Position: 567 - 568

Validation Rule(s): 0 – 24
Add leading 0 if input is less than 10 hours.

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for P, N, B, C

Definitions: Screen Time: In the previous week, how many hours per day does the client spend watching television, playing video games or playing at computer.

NO OTHER ENTRIES ARE ALLOWED

Intent/Purpose: It is the intent of this ETAD Change to create a data element to identify the amount of time during which clients are engaging in screen time per day.

Business Rules: If Data Element #24 (Type) = I, do not allow an entry to be made in Data Element #122.

Combined total cannot exceed 24.

If position #567 is less than 1 add leading 0. "0" may be the default value in position #567.

Edits:

For WIC Types: P, N, B, C

DO NOT USE FOR ANY OTHER WIC TYPE.

For Transaction Types: C, S, X-S, W-C

DO NOT USE FOR ANY OTHER TRANSACTIONS

Print on Cert Form: Yes, place with physical activity question. Phrase as:
"Hours of screen time?" Numeric responses are required.

Data Element: 123 – Date Peer Counselor Assigned

Data Element Type: Date

Data Element Length: 8

ETAD Position: 507 - 514

Validation Rule(s): Valid input is a date in MMDDYYYY format that is equal to or greater than the clients certification date.

NO OTHER ENTRIES ARE ALLOWED

Critical? No

Definitions: Peer Counselor refers to a Breastfeeding Peer Counselor
Date Peer Counselor Assigned is the date that a client was assign to a Breastfeeding Peer Counselor.

Intent/Purpose: It is the intent of this ETAD Change to track the date when a Breastfeeding Peer Counselor was assigned to the client.

Business Rules: Data Element #24 (WIC Type) must be either P or B.

Testing : Attempt to use for other WIC Types. System must not allow input for other WIC Types.

Edits: Data Element #24 (WIC Type) must be either P or B.

DO NOT USE FOR ANY OTHER WIC TYPE.

For WIC Types: P, B

For Transaction Types: C, S, X, W-C, O, U

Data Element: 124 – Date Breast Pump Assigned

Data Element Type:	Date
Data Element Length:	8
ETAD Position:	569 - 576
Validation Rule(s):	Valid input is a date in MMDDYYYY format that is equal to or greater than the clients certification date.
	<u>NO OTHER ENTRIES ARE ALLOWED</u>
Critical?	No
Definitions:	Records the date that a breast pump was issued to a client.
Intent/Purpose:	It is the intent of this ETAD Change to track the date when a Breast Pump was assigned to the client.
Business Rules:	Data Element #24 (WIC Type) must = B
Testing :	Attempt to use for WIC Types other than B. System must not allow input for other WIC Types. Attempt to enter a non-valid date (i.e. 13/21/2100)
Edits:	Data Element #24 (WIC Type) must = B Data Element #124 must be Less than or equal to Data Element #125 (Breast Pump Return)

DO NOT USE FOR ANY OTHER WIC TYPE.

For WIC Types:	B
For Transaction Types:	C, S, X, W-C, O, U

DO NOT USE FOR ANY OTHER TRANSACTION

Data Element: 125 – Date Breast Pump Returned

FOR FRONT-END SYSTEMS ONLY – DO NOT TRANSMIT THIS INFORMATION TO CSC*

Data Element Type: Date

Data Element Length: 8

ETAD Position: N/A

Validation Rule(s): Valid input is a date in MMDDYYYY format that is equal to or greater than the clients certification date and greater than or equal to Data Element #124 (Date Breast Pump Assigned)

NO OTHER ENTRIES ARE ALLOWED

Critical? No

Definitions: Date WIC participant returns breast pump.

Intent/Purpose: It is the intent of this ETAD Change to track the date when a Breast Pump is returned by the client. This information will not be sent to CSC. It is to be kept in the front end for the purpose of ad hoc reporting only

Business Rules: N/A

Testing : N/A

Edits: N/A

N/A

For WIC Types: B, N or P

DO NOT USE FOR ANY OTHER WIC TYPE.

For Transaction Types: N/A

*This information is for front-end ad hoc reporting only. This data element is not to be sent to CSC because in many cases the client will be terminated before the pump is returned resulting in excessive transaction processing to provide the data to CSC.

Data Element: 126 – Type of Breast Pump Assigned*

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 585 - 585

Definition: Use the following table to define the types of breast pumps assigned to a WIC client:

Type of Breast Pump	Input Code
Manual	N
Bailey Nature III	B
Elite	E
Lactina	L
Pedal	P
Symphony	S
Purely Yours	Y
Other	O

Insert entire table, both columns (Type of Breast Pump and Input Code), so CPA can readily identify pumps that must be returned.

Intent/Purpose: It is the intent of this ETAD Change to add a new data element (126) to record the type of breast pump assigned to a WIC client.

Validation Rules: Valid input is: N, B, E, L, P, S, Y, or O.

DO NOT ALLOW ANY OTHER INPUTS

Critical? No

Cross Edits: If Data Element 126 is N the pump is non-returnable. Do not allow access or input into Data Element 125 (Date Breast Pump Returned) at any time. If Data Element 126 is either B, E, L, P, S, Y, or O keep Data Element 125 active until a date is entered indicating that the pump has been returned.

For WIC Types: B, N

For Transactions: C, S, X, X-S, U, O, W-C

Data Element: 127 – Date Appointment Kept

Data Element Type:	Date
Data Element Length:	8
ETAD Position:	587– 594
Definition:	<p>Date Appointment Kept is the actual date that a WIC client was provided services after making an appointment.</p> <p>Processing standards are defined as follows:</p> <p>WIC Types P, B, I: Appointment must be kept within 10 working days from the Date of Initial Contact (Data Element #110).</p> <p>WIC Types N, C: Appointment must be kept within 20 working days from the Date of Initial Contact (Data Element #110).</p> <p>For participants categorized as Migrant (Data Element #21= Y): Appointment must be kept within 10 working days from the Date of Initial Contact (Data Element #110) regardless of WIC Type.</p>
Intent/Purpose:	<p>It is the intent of this ETAD Change to add a new data element (127) to record the date that the client received services. This will be accomplished by means of a drop down box that will appear whenever the difference between Data Element #110 (Date of Initial Contact) and Data Element #127 (Date Appointment Kept) exceeds the parameters of the processing standards. Users will be prompted to select reason for missing the standards from a list of possibilities. Users will also be required to input the new appointment date as well. The new appointment date will start the processing standards timeframe from the beginning.</p>
Business Rules:	<p>If Data Element #21 (Migrant) = Y then Data Element #127 must be within 10 working days of Date of Initial Contact (Data Element #110) else use parameters for WIC Type.</p> <p>If Data Element #24 (Type) is either P, B or I then Data Element #127 must be within 10 working days of Date of Initial Contact (Data Element #110).</p> <p>If Data Element #24 (Type) is either N or C then Data Element #127 must be within 20 working days of Date of Initial Contact (Data Element #110) unless Data Element #21 (Migrant) = Y then standards for Data Element #127 must be within 10 working days of Date of Appointment Initial Contact (Data Element #110).</p>
Validation Rules:	Valid input is: date in MMDDYYYYY format.
Critical?	No

DO NOT ALLOW ANY OTHER INPUTS

Data Element: 128 – Disclosure Allowed

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 595 – 595

Definition: Disclosure Allowed indicates if WIC clients will allow their personal/medical data to be shared with other social service programs such as Medicaid, Family Planning, etc.

Business Rules: If a client indicates no objection to sharing data with other agencies outside of WIC, place “Y” will be placed in Data Element 128 by the system users. Any information collected may be shared with other services providers or placed in special reports that may be requested.

If a client indicates that they do not want their data shared, “N” will be placed in Data Element 128 by the system users. The system must not allow users to provide any personal and/or medical data with any agency outside of WIC.

In the event the client responds with “No” the only data that may be shared is in cases where other agencies are requesting numbers only.

Validation Rules: Valid input is Y or N

Critical? Yes

Cross Edits:

For WIC Types: P, N, B, I, C

For Transactions: C, S, M, X, X-S, O

Data Element: 129 – Date Appointment Requested

Data Element Number: 129

Data Element Name: Date Appointment Requested

Data Element Type: Date

Data Element Length: 8

ETAD Position: 596 – 603

Definition: Date Appointment Requested is used only for a person who missed an appointment and needs a new appointment in order to be recertified.

Processing standards are defined as follows:

WIC Types P, B, I: Appointment must be made for a date within 10 calendar days from the Date of Initial Contact (Data Element #110).

WIC Types N, C: Appointment must be made for a date within 20 calendar days from the Date of Initial Contact (Data Element #110).

For participants categorized as Migrant (Data Element #21 = Y): Appointment must be made for a date within 10 working days from the Date of Initial Contact (Data Element #110) regardless of WIC Type.

Intent/Purpose: It is the intent of this ETAD Change to add a new data element (129) to record the date that the client was given a new appointment to be recertified. The new appointment date will start the processing standards timeframe from the beginning.

Business Rules: The client must be in a valid certification period. This data element will only be for currently certified clients who have requested a new appointment for recertification due to a missed appointment

Validation Rules: Valid input is: Date in MMDDYYYY format.

DO NOT ALLOW ANY OTHER INPUTS

Critical? No

Cross Edits: Data Element XXX (Termination Date) must be greater than Data Element YYY (Date Form Completed)

For WIC Types: P, N, B, I, C

For Transactions: S, O-S, X-S

Data Element: 130 – Breastfeeding Dyads

Data Element Type:	Numeric
Data Element Length:	11
ETAD Position:	604 - 614
Definition:	Breastfeeding Dyads is a means to keep breastfeeding mothers and their infants linked in the system to provide an accurate count for reporting purposes and while performing Program Reivews.
Business Rules:	If a participant is Type B and her feeding
Validation Rules:	Valid input is a date in MMDDYYYY format
Critical?	No
Cross Edits:	Must be a date greater than the initial contact date (Data Element 110)
For WIC Types:	P, N, B, I, C
For Transactions:	C, S (Only if there has been a break in service)

Data Element: 131 – Video Conference Box

Data Element Type: Alpha.

Data Element Length: 1

ETAD Position: 615 – 615

Purpose: To enable a CPA to electronically sign a certification form when the certification is completed by videoconference.

Validation Rules: Valid input is either Y or N

Dritical? No

Business Rules: Add a Check box labeled “**Certification Completed by Videoconference Box**”.

When the “**Certification Completed by Videoconference Box**” is checked, some characters must be entered into the box. This text message with CPA’s signature should print on the certification form in the space provided for the CPA’s signature.

If “**Certification Completed by Videoconference Box**” is checked then send “Y”

If “**Certification Completed by Videoconference Box**” is not checked then send “N”

“**Certification Completed by Videoconference Box**” must print on certification form.

For WIC Types: P, N, B, I, C

For Transaction Types: C, S

DO NOT ALLOW FOR ANY OTHER TRANSACTIONS

Revised Electronic Turn-Around Document

The revised ETAD layout is provided by CSC below for your reference. Please note the following important points:

The purpose of this layout is to define a common system interface record between the various clinic systems and the centralized processing system. It does not specify Element edits or batching requirements. These are available in separate documents.

Data entered into numeric Elements should be right justified and zero-filled. Data entered into character Elements should be left justified, with trailing blanks if needed.

The two position Race Element has been implemented in all systems.

Data Element 8, Sort Code, has been discontinued. The position(s) for that Data Element have been re-assigned.

Data Element 62, GA VOC Card Number or State Abbreviation, and Data Element 63, Issued/Received, have been discontinued. The position(s) for those Data Elements have been re-assigned.

The "Proof of" Data Elements have been assigned Data Element numbers 77, 78, and 79.

Data Elements 64 through 66 and 71 through 75 have been documented, and Data Elements 67 through 70 have been discontinued. The position(s) for those Data Elements have been re-assigned.

PNSS Data Data Elements 80 – 93 have been added for CDC data collection. CSC will calculate the PNSS Data Element for positive or negative weight change during pregnancy and information will be provided in the form of a new report.

Address Data Elements 14, 15, 16, and 17 (Street Address, City, ZIP Code and County) have been made critical.

Data Element 30 (Certification Reasons) has been changed as follows:

Add an additional WIC Type to Reason #142 and new phrasing.

New phrasing for Reason #337.

New Phrasing for Reason #121

Certification Reasons #422 and 501 have been removed and are no longer valid.

Add an additional WIC Type to Reason #371.

New Certification Reasons #400, 401 and 904 have been added along with conversion instructions for reason # 400 based on WIC Type and priority.

Data Element 22 (Mother's [parent/guardian] WIC ID) has been made critical.

A new code (V – Dietician) has been added to Data Element 37 (Other Services [Enrolled In/Referred To])

New Data Element #94 has been added: Proof of Identification – Parent/Guardian/Caregiver.

New Proof Code NP (No Proof Available) has been added to the tables for Data Elements 77, 78, and 79.

New Data Elements 95, 96, 97, 98, and 99 dealing with secondary nutrition education follow-up have been added.

New Data Element 100: Body Mass Index, has been added.

New Data Elements 101, 102, and 103 dealing with breastfeeding questions have been added.

Data Element 53, Number of Weeks Breastfed has been re-structured to provide a more accurate means of measuring the actual number of weeks an infant/child has been breastfed.

New Data Elements 104, 105, 106, 107, and 108 dealing with Breastfeeding Peer Counseling have been added.

New Data Element 109 - Family Numbers, has been added.

New Data Elements 110 and 111 dealing with initial contact date and type have been added.

New Data Element 112 dealing with position of client at time height is taken, has been added

The Georgia WIC ETAD 480 has been expanded to ETAD 640.

Electronic TAD Record Format

In order to ensure consistency among the various WIC clinic systems, a common file layout is essential. The detailed ETAD file specifications for the header, detail, and footer records are contained on the next several pages. In addition to the detailed Data Element specifications, the following batch requirements must also be met when submitting ETAD files to CSC:

TAD files are named using the MAMMDDYY.CCC format where:

MA	= Required TAD file identifier
MMDDYY	= Date the batch was prepared
CCC	= Clinic number

All alphabetic data must be in UPPER CASE.

All Data Element dates should be entered in the MMDDYYYY format.

For example: November 5, 2005 = 11052005.

With the exception of the GTXN05 special transactions for hospitals, all ETADs batched together must all be for the same clinic. Specifically, the clinic code of the ETAD **detail** records must be the same as the clinic code of the ETAD **header** record.

All batches are required to have one header record, one trailer record, and one or multiple detail records. All batches are required to contain an accurate count of detail records. An invalid detail record count and/or a missing trailer record are indicators of an invalid file transmission. Headers and footer must contain the required constant values as detailed on the header and footer layouts.

Multiple batches are allowed on the same medium.

All records within the batch are required to have a record type (A, D, or W) and record length key to identify the type of record. This key will be used to identify potential record corruption on transfers.

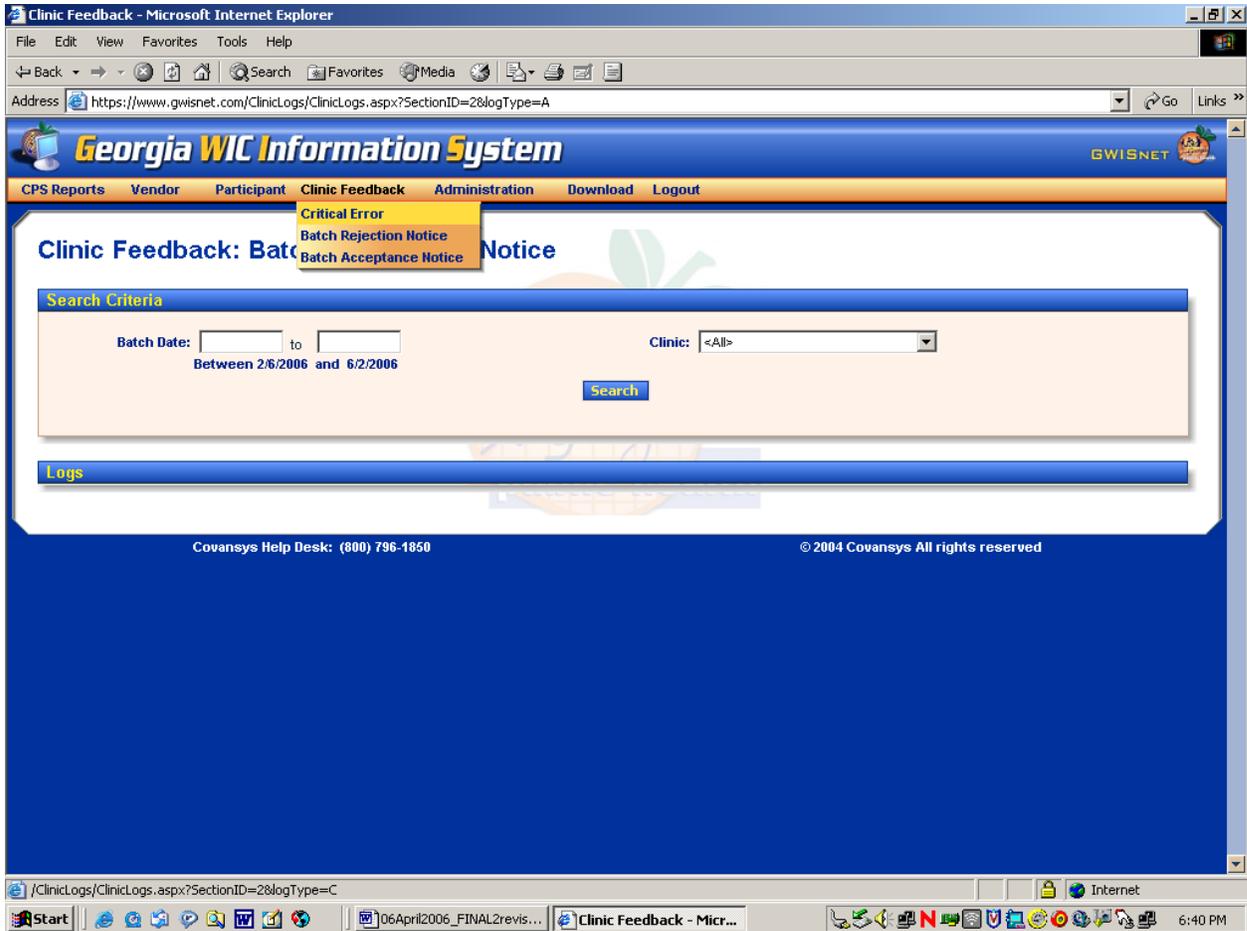
Each header and trailer record within the batch is required to have an originating computer ID. This ID is assigned by CSC and matches the communication system master file. This ID will be replicated on the detailed records and will be for return routing whenever two-way data transmission is implemented.

All records within the batch are required to have an originating system ID. This will be unique for each vendor/entity submitting records to CSC. This ID will be used to analyze batches and track down processing problems to the source system.

ELECTRONIC SYSTEM

Prior to transmitting ETAD batches to CSC, the electronic systems create a Batch Header Record and a Batch Trailer Record for each TAD batch created. These records replace the Batch Control Form, which applied to the paper TAD submissions. These electronic batch records control TAD and voucher batches submitted by any means (electronic and paper) from the sponsored system to the centralized processing system. Batch Acknowledgements are posted daily with weekly recaps on the Georgia WIC Information System Internet version (GWISnet).

CSC tracks each batch by clinic number and posts the status of batches accepted, rejected and with critical errors on GWISnet as shown below:



System developers may receive access rights to GWISnet to view the WIC clinic listing, Clinic Feedback (critical errors, batch rejection notices, batch acceptance notices) for the WIC clinics using their software. Developers should

mail this request to the Georgia WIC Branch, Systems Information Unit Director.

Georgia WIC Information System

CPS Reports Vendor Participant Clinic Feedback Administration Download Logout

Clinic Feedback: Batch Acceptance Notice

Search Criteria

Batch Date: 05/05/2006 to 06/02/2006
Between 2/6/2006 and 6/2/2006

Clinic: 001 - APPLING CO

[Search](#)

Logs

Status	Batch Date	Batch Type	Clinic	Items
NEW	05/30/2006	Batch Acceptance Notice	001 - APPLING CO	1
NEW	05/28/2006	Batch Acceptance Notice	001 - APPLING CO	1
NEW	05/26/2006	Batch Acceptance Notice	001 - APPLING CO	1
NEW	05/23/2006	Batch Acceptance Notice	001 - APPLING CO	1
NEW	05/22/2006	Batch Acceptance Notice	001 - APPLING CO	1
NEW	05/19/2006	Batch Acceptance Notice	001 - APPLING CO	1
NEW	05/18/2006	Batch Acceptance Notice	001 - APPLING CO	1
NEW	05/16/2006	Batch Acceptance Notice	001 - APPLING CO	1
NEW	05/15/2006	Batch Acceptance Notice	001 - APPLING CO	1
NEW	05/12/2006	Batch Acceptance Notice	001 - APPLING CO	1
NEW	05/11/2006	Batch Acceptance Notice	001 - APPLING CO	1
NEW	05/10/2006	Batch Acceptance Notice	001 - APPLING CO	1
NEW	05/09/2006	Batch Acceptance Notice	001 - APPLING CO	1
NEW	05/08/2006	Batch Acceptance Notice	001 - APPLING CO	1

Records 1 to 14 of 14

Georgia WIC Information System

CPS Reports Vendor Participant Clinic Feedback Administration Download Logout

Batch Acceptance Notice Details

05/30/2006 - Batch Acceptance Notice

WAYCROSS HEALTH DISTRICT 09-2
CLINIC 001

TYPE	BATCH ID	TXNS IN BATCH STATED ACTUAL	RECEIVED VIA	BATCHING ERRORS	TRACKING
TAD	052606-0001	12 12	05/30/06 UPLOAD	-- NONE --	T0010396
TOTALS	1	12 12			
VOUCHER	052606-0001	136 136	05/30/06 UPLOAD	-- NONE --	M0010407
TOTALS	1	136 136			

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TABLE 42: ELECTRONIC TURNAROUND DOCUMENT HEADER

**ETAD 640
Header Record
(Effective 10/01/2011)**

Data Element Name	Starting Position	Ending Position	Length	ETAD Data Element Number	Required Constant Values, Format or Expression
Record Type	1	1	1	N/A	“A”
Record Length	2	4	3	N/A	“640”
Batch Date	5	12	8	N/A	In “MMDDYYYY” Format
Batch Number	13	16	4	N/A	
Batch District/Unit	17	19	3	N/A	
Batch Clinic	20	22	3	N/A	
Batch Record Count	23	30	8	N/A	
Filler	31	464	434	N/A	Blanks
Reserved For CSC Use	465	472	8	N/A	Blanks
(Uploaded File Name)				N/A	
Originating Computer ID	473	478	6	N/A	Example: GA9275
Originating System ID	479	480	2	N/A	Example: AE
Reserved For Future Use	481	640	160	N/A	

TABLE 43: ELECTRONIC TURNAROUND DOCUMENT - DETAIL RECORD

ETAD 640 Detail Record					
ETAD Data Element Number	Data Element Name	Starting Position	Ending Position	Length	Valid Input Parameters
N/A	Record Type	1	1	1	"D"
N/A	Record Length	2	4	3	"640"
N/A	Record ID	5	8	4	"G903"
N/A	Batch Type ID	9	14	6	"DTXN05" for regular ETAD/"GTXN05" for Hospital ETAD
Un-numbered	Transaction Type	15	15	1	C, M, O, S, U, W, X
1	Wait List Code	16	16	1	C, N, A
2	Termination Code	17	17	1	A,B,C,D,E,F, G, H, I, J, K, L, R or 0,1,2,3,7,8,9
3	Termination Date	18	25	8	Date in MMDDYYYY format
4	Transfer Into Clinic	26	28	3	
5	Date Form Completed	29	36	8	Date in MMDDYYYY format
6	Staff Initials	37	39	3	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y,Z
Un-numbered	District/Unit Code	40	42	3	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
7	Clinic Code	43	45	3	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
8	Sort Code				
9	WIC ID Number	47	57	11	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
10	Last Name	58	72	15	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y,Z
11	First Name	73	86	14	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y,Z
12	Middle Initial	87	87	1	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y,Z
13	Date of Birth	88	95	8	Date in MMDDYYYY format
14	Street Address	96	120	25	1, 2, 3, 4, 5, 6, 7, 8, 9, 0, A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y,Z
15	City	121	138	18	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y,Z
16	ZIP Code	139	143	5	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
17	County Code	144	146	3	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
18	Telephone	147	156	10	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
19	Social Security Number - Discontinued				

ETAD Data Element Number	Data Element Name	Starting Position	Ending Position	Length	Valid Input Parameters
20	Race	378	379	2	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
21	Migrant	167	167	1	Y, N
22	Mother's WIC ID Number/Last Name	168	182	15	1, 2, 3, 4, 5, 6, 7, 8, 9, 0, A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y,Z
23	Gender	183	183	1	M, F
24	Type	184	184	1	P, N, B, I, C
25	Medical Data Date	185	192	8	Date in MMDDYYYY format
26	Height	193	195	3	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
27	Weight	196	200	5	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
28	Hematocrit	201	203	3	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
29	Hemoglobin	204	206	3	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
30	Reason For Certification	207	221	30	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
31	High Risk	406	420	1	Y, N
32	Priority Code	222	222	1	1, 2, 3, 4, 5, 6
33	Food Package Code	223	223	1	1, 2, 3, 4, 5, 6
34	Medicaid	224	226	3	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
35	Medicaid	227	227	1	Y, N, U
36	Medicaid Number	228	240	13	[1space], -, 1, 2, 3, 4, 5, 6, 7, 8, 9, 0
37	SNAP	241	241	1	Y, N, U
37	Other Services (Enrolled In/Referred To)	242	251	13	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y
38	Date Of Certification	489	491	13	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y
38	Date Of Certification	252	259	8	Date in MMDDYYYY format
39	Family Size	260	261	2	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
40	Monthly Income	262	266	5	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
41	Estimated Date of Confinement (EDC)	267	274	8	Date in MMDDYYYY format
42	Delivery Date	267	274	8	Date in MMDDYYYY format
42	Delivery Date	275	282	8	Date in MMDDYYYY format
43	Pre-Gravid Weight	283	285	3	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
44	Alcohol – Discontinued				
45	Smoking – Discontinued				
46	Marital Status	290	290	1	0, 1, 9
47	Education Level	291	292	2	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
48	Medical Care Started	293	293	1	1, 2, 3, 4, 5, 6, 7, 8, 9
49	Weight Prior To Delivery	294	296	3	1, 2, 3, 4, 5, 6, 7, 8, 9, 0

ETAD Data Element Number	Data Element Name	Starting Position	Ending Position	Length	Valid Input Parameters
50	Pregnancy Outcome Code	297	297	1	A,B,C,D,E,F,G,H,I,J,K,L
51	Breastfeeding Now (BF NOW)	298	298	1	Y, N
52	Breastfed Ever (BF EVER)	299	299	1	Y, N
53	Number of Weeks Breastfed	300	301	2	<, 1, 2, 3, 4, 5, 6, 7, 8, 9, 0
54	Date of Most Recent Breastfeeding Response	302	309	8	Date in MMDDYYYY format
55	Infant Birth Weight	310	313	4	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
56	Multiple Birth	314	314	1	1, 2, 3, 4, 5, 9
57	Child's First Food Package Code	315	317	3	1, 2, 3, 4, 5, 6, 7, 8, 9, 0, C
58	Pick-up Code	318	319	2	1, 2, 3, 4, 5, A,B,C,D,E
59	Voucher Interval Code	320	320	1	1, 2, 3, 4
60	District Unit Use Code	321	328	8	1, 2, 3, 4, 5, 6, 7, 8, 9, 0, A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y,Z
61	Special Use Code	329	337	9	1, 2, 3, 4, 5, 6, 7, 8, 9, 0, A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y,Z
62	Verification Of Certification - Discontinued				
63	VOC Issued/Received - Discontinued				
64	Immunization Status Date	351	358	8	Date in MMDDYYYY format
65	Immunization Record Screened/Requested	359	359	1	Y, R
66	Immunization Adequate for Age/Referred To	360	360	1	Y, D, H
67	Immunization Record Presented				
68	Immunization Record Requested				
69	Referred To				
70	Formerly referred For Follow Up				
71	Temporary Assistance For Needy Families	365	365	1	Y, N, U
72	Physical Presence	366	366	1	Y, N
73	Reason For Absence	367	367	1	D, R, W, N
74	Ethnicity	368	368	1	Y, N
75	Hematological Data Date	369	376	8	Date in MMDDYYYY format
76	Foster Care	377	377	1	Y, N
77	Proof Of Residency	345	346	2	CB, EL, GS,MV, MR, NP, RM, TL, WA, OT, NO

ETAD Data Element Number	Data Element Name	Starting Position	Ending Position	Length	Valid Input Parameters
78	Proof Of Identification	347	348	2	BD, DL, IM, ML, MR, SS, BR, NO, ST, VC, VR, WC, WS, OT, BC, NP
79	Proof Of Income	349	350	2	AM, AN, BA, CS, CP, DI, EI, FR, GR, IT, MV, MR, MN, NR, NO, EP, PS, PN, PP, PA, RI, SE, SS, SI, TT, UC, UN, VP, NP, OT, ZI
80	Parity	380	381	2	00, 01 – 29
81	Date Last Pregnancy Ended	382	387	6	Date in MMYYYY format OR 000000
82	Diabetes During Pregnancy – Post Partum Visit	388	388	1	1, 2, 3, 4
83	Hypertension During Pregnancy – Post Partum Visit	389	389	1	1, 2, 3, 4
84	Multi-vitamin Consumption Prior To Pregnancy	390	390	1	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
85	Multi-vitamin Consumption During Pregnancy	391	391	1	1, 2, 9
86	Cigarettes Per Day Three Months Prior To Pregnancy	392	393	2	00, 01 – 96, 97, 98, 99
87	Cigarettes Per Day Prenatal Visit	394	395	2	00, 01 – 96, 97, 98, 99
88	Cigarettes Per Day Post Partum Visit	396	397	2	00, 01 – 96, 97, 98, 99
89	Cigarettes Per Day Last Three Months Of Pregnancy	398	399	2	00, 01 – 96, 97, 98, 99
90	Household Smoking – Prenatal Visit	400	400	1	1, 2, 9
91	Household Smoking – Post Partum Visit	401	401	1	1, 2, 9
92	Drinks Per Week Three Months Prior To Pregnancy	402	403	2	00, 01 – 20, 21, 98, 99
93	Drinks Per Week Last Three Months Of Pregnancy	404	405	2	00, 01 – 20, 21, 98, 99
94	Proof Of Identification – Parent/Guardian/Caregiver	157	158	2	DL, IM, ML, MR, SS, VC, VR, WC, WS, OT, NO
95	Low-Risk Nutrition Education Follow-up Date	481	488	8	Date in MMDDYYYY format
96	Low-Risk Nutrition Education Follow-up Contact Provided	46	46	1	Y, N
97	Low-Risk Nutrition Education Follow-up Type	344	344	1	I, C, V, K, O, R, M

ETAD Data Element Number	Data Element Name	Starting Position	Ending Position	Length	Valid Input Parameters
98	Low-Risk Nutrition Education Follow-up Topics	361 547	363 558	15	P, N, B, I, C, and 1, 2, 3, 4, 5, 6, 7, 8, 9, 0
99	Low-Risk Nutrition Education Follow-up Contact Provider	286	287	2	P1,P2, P3, P4, P5, P6
100	Body Mass Index	497	499	3	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
101	Date Breastfeeding Began	159	166	8	Date in MMDDYYYY format
102	Breastfeeding Began At Birth	364	364	1	Y, N
103	Date of Last Breastfeeding and/or Pumping	519	526	8	Date in MMDDYYYY format
104	Peer Counselor ID	338 516	340 517	5	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y,Z 1, 2, 3, 4, 5, 6, 7, 8, 9, 0
105	Type of Peer Counseling Contact	341	341	1	C, G, H, M, P
106	Peer Counseling Termination Date	527	534	8	Date in MMDDYYYY format
107	Breast Pump Assigned	288	288	1	Y, N
108	Breastfeeding Peer Counselor Assigned	289	289	1	Y, N
109	Family Numbers	535	546	12	1, 2, 3, 4, 5, 6, 7, 8, 9, 0
110	Date Of Initial Contact	559	566	8	Date in MMDDYYYY format
111	Initial Contact Type	342	342	1	W, T, O
112	Recumbent/Standing	343	343	1	R, S
113	Infant Feeding Method	495	495	1	F, E, M
114	Woman Feeding Method	496	496	1	F, E, M, S
115	Medical Home	492	492	1	Y, N
116	Fruit Intake	500	500	1	D, S, N
117	Vegetable Intake	501	501	1	D, S, N
118	Daily Activity For Children	502	502	1	V, S, N
119	Second Food Package Option	503	505	3	Valid WIC Food Package Code
120	Peachcare	493	493	1	Y, N
121	Dairy Intake	506	506	1	D, S, N
122	Screen Time	567	568	2	Pos 531: 0,1,2, Pos 532: 0,1,2,3,4,5,6,7,8,9
123	Date Peer Counselor Assigned	507	514	8	Date in MMDDYYYY format
124	Date Breast Pump Issued	569	576	8	Date in MMDDYYYY format
125	Date Breast Pump Returned	---	---	-	Data to be kept in front-end systems only – do not transmit
126	Type of Breast Pump Assigned	585	585	1	B, E, L, M, P, S, Y
127	Date Appointment Kept	586	593	8	Date in MMDDYYYY format
128	Disclosure Allowed	595	595	1	Y, N

ETAD Data Element Number	Data Element Name	Starting Position	Ending Position	Length	Valid Input Parameters
129	Date Appointment Requested	596	603	8	Date in MMDDYYYY format
130	Breastfeeding Dyad	604	614	11	0,1, 2, 3, 4, 5, 6, 7, 8, 9
131	Videoconference Transaction	615	615	1	Y, N

TABLE 44: ELECTRONIC TURNAROUND DOCUMENT - DATA ELEMENT ORDER

Starting Position	Ending Position	ETAD Data Element Number	Data Element Name
1	1	N/A	Record Type
2	4	N/A	Record Length
5	8	N/A	Record ID
9	14	N/A	Batch Type ID
15	15	Un-Numbered	Transaction Type
16	16	1	Wait List Code
17	17	2	Termination Code
18	25	3	Termination Date
26	28	4	Transfer Into Clinic
29	36	5	Date Form Completed
37	39	6	Staff Initials
40	42	Un-Numbered	District/Unit Code
43	45	7	Clinic Code
46	46	96	Low-Risk Nutrition Education Follow-up Contact Provided
47	57	9	WIC ID Number
58	72	10	Last Name
73	86	11	First Name
87	87	12	Middle Initial
88	95	13	Date of Birth
96	120	14	Street Address
121	138	15	City
139	143	16	ZIP Code
144	146	17	County Code
147	156	18	Telephone
157	158	94	Proof of Identification – Parent/Guardian/Caregiver
159	166	101	Date Breastfeeding Began
167	167	21	Migrant
168	182	22	Mother’s WIC ID Number/Last Name
183	183	23	Gender
184	184	24	Type
185	192	25	Medical Data Date
193	195	26	Height
196	200	27	Weight
201	203	28	Hematocrit

Starting Position	Ending Position	ETAD Data Element Number	Data Element Name
204	206	29	Hemoglobin
207	221	30	Reason For Certification (Continued at 406 – 420)
222	222	31	High Risk
223	223	32	Priority Code
224	226	33	Food Package Code
227	227	34	Medicaid
228	240	35	Medicaid Number
241	241	36	SNAP
242	251	37	Other Services (Enrolled In/Referred To) (Continued at 489 – 491)
252	259	38	Date of Certification
260	261	39	Family size
262	266	40	Monthly Income
267	274	41	Estimated Date of Confinement (EDC)
275	282	42	Delivery Date
283	285	43	Pre-Gravid Weight
286	287	99	Low-Risk Nutrition Education Follow-up Contact Provider
288	288	107	Breast Pump Assigned
289	289	108	Breastfeeding Peer Counselor Assigned
290	290	46	Marital Status
291	292	47	Education Level
293	293	48	Medical Care Started
294	296	49	Weight Prior To Delivery
297	297	50	Pregnancy Outcome Code
298	298	51	Breastfeeding Now (BF Now)
299	299	52	Breastfed Ever (BF Ever)
300	301	53	Number of Weeks Breastfed
302	309	54	Date of Most Recent Breastfeeding Response
310	313	55	Infant Birth Weight
314	314	56	Multiple Birth
315	317	57	Child's First Food Package Code
318	319	58	Pick-up code
320	320	59	Voucher Interval Code
321	328	60	District Unit Use Code
329	337	61	Special Use Code
338	340	104	Peer Counselor ID (Continued at 516 – 517)
341	341	105	Type of Peer Counseling Contact

Starting Position	Ending Position	ETAD Data Element Number	Data Element Name
342	342	111	Initial Contact Type
343	343	112	Recumbent/Standing
344	344	97	Low-Risk Nutrition Education Follow-up Type
345	346	77	Proof of Residency
347	348	78	Proof of Identification
349	350	79	Proof of Income
351	358	64	Immunization Status Date
359	359	65	Immunization Record Screened/Requested
360	360	66	Immunization Adequate for Age/Referred To
361	363	98	Low-Risk Nutrition Education follow-up topics
364	364	N/A	Blank
365	365	71	Temporary Assistance For Needy Families
366	366	72	Physical Presence
367	367	73	Reason for Absence
368	368	74	Ethnicity
369	376	75	Hematological data Date
377	377	76	Foster Care
378	379	20	Race
380	381	80	Parity
382	387	81	Date Last Pregnancy Ended
388	388	82	Diabetes During Pregnancy – Post Partum Visit
389	389	83	Hypertension During Pregnancy – Post Partum Visit
390	390	84	Multi-vitamin Consumption Prior to Pregnancy
391	391	85	Multi-vitamin Consumption During Pregnancy
392	393	86	Cigarettes Per Day Three Months Prior to Pregnancy
394	395	87	Cigarettes Per Day Prenatal Visit
396	397	88	Cigarettes Per Day Postpartum Visit
398	399	89	Cigarettes Per Day Last Three Months of Pregnancy
400	400	90	Household Smoking Prenatal Visit
401	401	91	Household Smoking Postpartum Visit
402	403	92	Drinks Per Week Three Months Prior to Pregnancy
404	405	93	Drinks Per Week Last Three Months of Pregnancy
406	420	30	Reason For Certification
421	480	Reserved for CSC	Reserved for CSC
421	469	Reserved for CSC	Reserved for CSC
470	472	N/A	Originating Clinic ID*

Starting Position	Ending Position	ETAD Data Element Number	Data Element Name
473	478	N/A	Originating Computer ID*
479	480	N/A	Originating System ID*
481	488	95	Secondary Nutrition Education Follow-up Date
489	491	37	Referred To
492	492	115	Medical Home
493	493	120	Peachcare
494	494	N/A	Blank
495	495	113	Infant Feeding
496	496	114	Women Feeding
497	499	100	Body Mass Index
500	500	116	Fruit Intake
501	501	117	Vegetable Intake
502	502	118	Daily Activity for Children
503	505	119	Second FPC Option
506	506	121	Dairy Intake <i>Becomes Effective 10/01/2010</i>
507	514	123	Date Peer Counselor Assigned <i>Becomes Effective 10/01/2010</i>
515	515	N/A	Blank
516	517	104	Peer Counselor ID
519	526	103	Date of Last Breastfeeding and/or Pumping
527	534	106	Peer Counseling Termination Date
535	546	109	Family Number
547	558	98	Secondary Nutrition Education Follow-up Topics
559	566	110	Date of Initial Contact
567	568	122	Screen Time
569	576	124	Date Breast Pump Assigned <i>Becomes Effective 10/01/2010</i>
577	584	N/A	Blank
585	585	126	Type of Breast Pump Assigned <i>Becomes Effective 10/01/2010</i>
586	593	127	Date Appointment Made For <i>Becomes Effective 10/01/2010</i>
584	594	N/A	Blank
595	595	128	Disclosure Allowed
596	603	129	Date Appointment Requested
604	614	130	Breastfeeding Dyads
615	615	131	Videoconference Transaction
616	640	Reserved for future use	Reserved for future use
---	---	8	Discontinued
---	---	19	Discontinued

Starting Position	Ending Position	ETAD Data Element Number	Data Element Name
---	---	44	Discontinued
---	---	45	Discontinued
---	---	62	Discontinued
---	---	63	Discontinued
---	---	67	Discontinued
---	---	68	Discontinued
---	---	69	Discontinued
---	---	70	Discontinued
---	---	102	Discontinued 10/01/2010

*Items in these fields are to be defaulted in by the originating computer.

Critical Errors

The centralized processing system flags two types of critical errors; both are identified on the critical error report as follows:

A. **Data Element Data Errors** —Data element(s) with incorrect value(s) or a value in one data element that is inconsistent with the data in another data element

B. **Transaction Errors** — Transaction errors prevent the system from processing the transaction. A list of transaction errors follows:

The transaction type is not a valid code (C, W, S, M, U, T, X, O).

The WIC ID is not a number, contains all zeroes or all nines, is incomplete or fails the check digit verification.

The WIC ID is already on file, and the transaction type is C or O.

The WIC ID is equal to a previous WIC ID processed in the same cycle and both are transaction type C or O.

The WIC ID is not on file and the transaction type is M, S, T, U, X, or W (with Wait List Code “A”).

The transaction type is T and the termination code is a space.

The transaction type is T, the termination date is a space, and the termination code is not “R”.

The transaction type is U, and the master file record is terminated.

The transaction type X (transfer) into Data Element 4 (Transfer Into Clinic) that is on the Restricted D/U Table (not accepting transfers) will create a critical error.

Transaction type is X and Data Element 4 (Transfer Into Clinic) is a space.

Transaction type is X and Data Element 4 (Transfer Into Clinic) is the same as the existing clinic code on the master file.

The existing master file record is Wait Listed, and the transaction type is not W, T, or X.

Data Element 7 (Clinic code) must equal the clinic code on the CPS master file to perform transaction types: C, W, S, M, U, T, O. If the clinic code is not equal to the CPS master file only transaction type X may be performed.

Calculating Valid Certification Periods

The goal of calculating valid certification periods includes but is not limited to the following:

1. To ensure that only categorically eligible participants receive WIC vouchers and services.
2. To eliminate all unmatched redemptions.
3. To synchronize the clinic (front end) systems with the centralized processing (back end) system.

Issuance Period Rules

The Georgia WIC Procedures Manual defines categorically ineligibility as, "...the period of time when a participant is no longer eligible to receive WIC benefits. Participants who are categorically ineligible are: Postpartum women six months after delivery, children who have reached their fifth (5th) birthday, and breast feeding women who stop breast feeding and are greater than six (6) months postpartum or one year 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 are allowed to receive vouchers for that entire week. Vouchers may be issued up to three months at a time. (See Element 59 Voucher Interval Code).

Vouchers may not be issued before a participant's certification date nor after a participant's termination date.

Clinics must correct critical errors and successfully batch records to ensure that all certifications reach the CPS, to prevent unmatched redemptions classified as "issued before cert, no master record, and issued after term."

- (a) Vouchers may be prorated for the first or last month. The last month of benefits may be less than one full month to prevent issuing vouchers after eligibility ends.
- (b) Infants may be certified for up to one year of age, if certified before six months of age. Infants are changed to a child at their first birthday, if they remain eligible to participate.
- (c) Children may be certified for up to one year. At initial certification or subsequent certification date plus six months a Half Certification must be complete (TXN =H)
- (d) The last issuance period for a child will be on the last day of the month in which he/she turns five years old, if the last day of categorical eligibility is before the end of the month.

See Tables 45 – 48 for eligibility and voucher printing rules to address unmatched redemptions for each WIC type follows:

TABLE 45: VALID CERTIFICATION PERIODS FOR PRENATAL WOMEN

Authority	Eligibility Start Date	Eligibility End Date	Clinic Action(s)	VPOD Validation Rules(s)
<p>“Pregnant women shall be certified for the duration of their pregnancy and for up to six weeks postpartum.” 7CFR246.7</p> <p>“For the duration of their pregnancy and for up to six weeks post partum. There is no extension granted beyond the six week postpartum cutoff.” Procedures Manual, CT</p>	<p>“The participant’s first certification for WIC reported in an MMDDYYYY format. For pregnant women, this item applies to the current pregnancy and not to prior pregnancies. For breast feeding and postpartum women, this item applies to the <i>most recent</i> pregnancy.” USDA PCXXXX</p> <p>Verify certification.</p> <p>Out of state transfer certifications are included. See Data Element 38 (Date of Certification)</p>	<p>End of pregnancy: The earlier of Actual Delivery Date (ADD) or Estimated date of confinement (EDC) plus six weeks in MMDDYYYY format.</p>	<p>Certify woman and change to post partum woman, after delivery, if she is eligible.</p> <p>Vouchers may be issued for up to three months at one time.</p>	<p>Vouchers may be issued throughout pregnancy up to the earlier of Actual Delivery Date (ADD) or Estimated Date of Confinement (EDC) plus six weeks.</p> <p>Vouchers may not have a first day to use after the termination of pregnancy plus six weeks unless the participant has been recertified as a post partum woman.</p> <p>The last voucher(s) must only be for the week that includes the termination date.</p> <p>Vouchers may be issued for up to three months at one time.</p> <p>Clinic systems must be programmed to print this message on voucher receipts before the upcoming termination date:</p> <p>“Categorical termination date MMDDYYYY”.</p> <p style="text-align: right;">Procedures Manual, FD</p>

TABLE 46: VALID CERTIFICATION PERIODS FOR POSTPARTUM NON-BREAST FEEDING WOMEN

Authority	First day	Last Day		
WIC Type	Eligibility Begins	Eligibility Ends	Clinic Action Required	Voucher Printing Rule(s)
<p>“Postpartum women shall be certified for up to six months post partum.” 7CFR246.7</p> <p>“...for up to six months from the termination of their pregnancy.” Procedures Manual CT</p> <p>“When a participant becomes categorically ineligible before the end of the month, eligibility will end on the termination date.” Procedures Manual FD</p>	<p>“The participant’s first certification for WIC reported in an MMDDYYYY format. For pregnant women, this item applies to the <i>current</i> pregnancy and not to prior pregnancies. For breast feeding and postpartum women, this item applies to the <i>most recent</i> pregnancy.” USDA PCXXXX</p> <p>Verify certification.</p> <p>Out of state transfer certifications are included. See Data Element 38 (Date of Certification)</p>	<p>Actual Delivery Date (ADD) plus six months, then terminate.</p>	<p>Terminate after actual delivery date plus six months.</p>	<p>Vouchers may not have the “First day to use” before the certification date (Data Element 38).</p> <p>The last voucher(s) must only be through the week that includes the termination date.</p> <p><i>Clinic systems must be programmed to print this message on voucher receipts before the upcoming termination date:</i></p> <p>“Categorical termination date MMDDYYYY”. Procedures Manual, FD</p>

Voucher Printing Rules

Example1: If a post partum non-breastfeeding woman is certified on 03/01/2006, she is eligible until 09/01/2006. The “first day to use” printed on her vouchers is her voucher pick up date, 03/01/2006. The “last day to use” date on her March vouchers is 04/01/2006. Her last voucher pick up date cannot be after her termination date 09/01/2006. The last set of vouchers must only be **through** the week that includes the termination date.

Example 2: A prenatal woman was certified on 9/06/2005; thus she was eligible for benefits for six weeks post partum. Her actual delivery date was 03/21/2006. In March, when she delivered, she was changed from a prenatal woman to a post partum non-breastfeeding woman. Her termination date became 09/21/2006. She is no longer eligible to receive vouchers after 09/21/2006. The last set of vouchers must only be **through** the week that includes the termination date.

TABLE 47: VALID CERTIFICATION PERIODS FOR POSTPARTUM BREAST FEEDING WOMEN

Authority	First day	Last Day		
WIC Type	Eligibility Begins	Eligibility Ends	Clinic Action Required	VPOD Validation Rule(s)
<p>“Breast feeding women shall be certified at intervals of approximately six months and ending with the breastfed infant’s first birthday.” 7CFR246.7</p> <p>“...for six months from the date of initial and/or subsequent certification as a post partum woman, breast feeding woman. Eligibility ends when the certification period is over, when the breast feed infant turns one or when breast feeding is discontinued, whichever comes first.” Procedures Manual CT</p>	<p>“The month, day, and year of participant’s first certification for WIC reported in an MMDDYYYY format. For breast feeding postpartum women, this item applies to the <i>most recent</i> pregnancy.” USDA PCXXXX</p> <p>Verify certification.</p> <p>Out of state transfer certifications are included.</p> <p>See Data Element 38 (Date of Certification)</p>	<p>Eligibility may extend up to 12 months after the Actual Delivery Date (ADD) or when breast feeding ends, which ever comes first. Breast feeders may be certified for up to six months at a time beginning with the ADD. They may be recertified for an additional six months, if breast-feeding continues. When breast-feeding ends, change to a non-breast feeding woman. Terminate after ADD plus six months, during first six-month interval. Terminate during week that breast-feeding was reported to end during second six-month interval. Breast feeding women are categorically ineligible, when breast-feeding stops.</p>	<p>Recertify prenatal woman to a post partum breast-feeding woman at ADD plus six months, while breastfeeding.</p> <p>Vouchers may be issued for up to three months at a time.</p> <p>If breast feeding continues after ADD plus six months, the woman may be recertified again for up to an additional six months, or when eligibility ends,</p> <p>or when the baby’s first birthday occurs, which ever comes first.</p> <p>Vouchers may be issued up to three months at a time. (Data Element 59) Voucher Interval Code. See following for exceptions.</p> <p>For Breastfeeding Women at less than 6 months postpartum:</p> <p>If a woman has been certified as WIC Type B but wants to change the infant’s status to Fully Formula Fed (FFF) before reaching 6 months postpartum she can remain a WIC Type B but her status is to be reclassified as “Some Breastfeeding”. She will be issued a food package in the W21 – W31 range. She will be eligible to remain on the WIC Program beyond 6 months postpartum but will not receive any WIC foods. She must be recertified at that time and be assigned a food Package Code W80</p>	<p>Vouchers may not have a “first day to use” before the certification date. The last date to issue vouchers must be on or before the termination date.</p> <p>The last voucher(s) must only be for the week that includes the termination date.</p> <p>Clinic systems must be programmed to print this message on voucher receipts before the upcoming termination date:</p> <p>“Categorical termination date MMDDYYYY”.</p> <p>Procedures Manual, FD</p>

Authority	First day	Last Day	
			<p>for tracking purposes. Other benefits such as nutrition education and counseling will continue to be provided.</p> <p>If a woman has been certified as WIC Type B but wants to change the infant’s status to Partial Breastfed (PBF) before reaching 6 months postpartum she can remain a WIC Type B but her status is to be reclassified as “Mostly Breastfeeding”. She will be issued a food package in the W01 – W11 range. She will be eligible to remain on the WIC Program beyond 6 months postpartum and will continue to receive WIC foods. She must be recertified at that time.</p> <p>For Breastfeeding Women at greater than 6 months postpartum:</p> <p>If a woman has been certified as WIC Type B but wants to change the infant’s status to Fully Formula Fed (FFF) after 6 months postpartum she can remain a WIC Type B but must be recertified as a Type B and issued a food package W80 for tracking purposes. She will be eligible to remain on the WIC Program up to 12 months postpartum or until she discontinues all breast feeding. Other benefits such as nutrition education and counseling will continue to be provided.</p> <p>If a woman has been certified as</p>

Authority	First day	Last Day	
			<p>WIC Type B but wants to change the infant’s status to Partial Breastfed (PBF) after 6 months postpartum she must be recertified as a Type B with status of “Mostly Breastfeeding”. She will be issued a food package in the W01 – W11 range. She will be eligible to remain on the WIC Program up to 12 months postpartum or until she discontinues all breast feeding.</p> <p>For women breastfeeding multiple children (twins, triplets, etc) at less than 6 months postpartum:</p> <p>If a woman has been certified as WIC Type B and is breast feeding multiple children but wants to change the infant’s status to Fully Formula Fed (FFF) before reaching 6 months postpartum she can remain a WIC Type B but her status is to be reclassified as “Some Breastfeeding”. She will be issued a food package in the W21 – W31 range. She will be eligible to remain on the WIC Program beyond 6 months postpartum but will not receive any WIC foods. She must be recertified at that time and be assigned a Food Package Code W80 for tracking purposes. Other benefits such as nutrition education and counseling will continue to be provided.</p> <p>If a woman has been certified as WIC Type B but wants to change the infant’s status to Partial Breastfed</p>

Authority	First day	Last Day	
			<p>(PBF) before reaching 6 months postpartum she can remain a WIC Type B but her status is to be reclassified as “Mostly Breastfeeding”. She will be issued a food package in the W41 – W51 range (breast feeding multiples). She will be eligible to remain on the WIC Program beyond 6 months postpartum and will continue to receive WIC foods. She must be recertified at that time.</p> <p>For women breastfeeding multiple children (twins, triplets, etc) at greater than 6 months postpartum:</p> <p>If a woman has been certified as WIC Type B and is breast feeding multiple children but wants to change the infant’s status to Fully Formula Fed (FFF) after reaching 6 months postpartum she can remain a WIC Type B but her status is to be reclassified as “Some Breastfeeding” and will be issued a Food Package Code W80 for tracking purposes. She will be eligible to remain on the WIC Program until 12 months postpartum or until she discontinues all breast feeding but will not receive any WIC foods. Other benefits such as nutrition education and counseling will continue to be provided.</p> <p>If a woman has been certified as WIC Type B but wants to change the infant’s status to Partial Breastfed (PBF) after reaching 6 months postpartum she can remain a WIC</p>

Authority	First day	Last Day		
			Type B but her status is to be reclassified as “Mostly Breastfeeding” and she must be recertified as WIC Type B at that time. She will be issued a food package in the W41 – W51 range (breast feeding multiples). She will be eligible to remain on the WIC Program until 12 months postpartum or until she discontinues all breast feeding and will continue to receive WIC foods.	

TABLE 48: VALID CERTIFICATION PERIODS FOR INFANTS

Authority	First day	Last Day		
WIC Type	Eligibility Begins	Eligibility Ends	Clinic Action Required	VPOD Validation Rule(s)
“Infants shall be certified at intervals of approximately six	“Date of Certification The first WIC certification ever recorded for infants	Certification date + up to the infant’s first birthday, if certified before age six	<u>If certified before age six months:</u>	At six months of age infant’s initial food package should be upgraded to include juice and

Authority	First day	Last Day		
WIC Type	Eligibility Begins	Eligibility Ends	Clinic Action Required	VPOD Validation Rule(s)
<p>months, except that the State agency may permit local agencies under its jurisdiction to certify infants under six months of age for a period extending up to the first birthday provided the quality and accessibility of health care services are not diminished.” 7CFR246.7</p> <p>“...six months of age or younger until their first birthday...greater than six months of age, for six months from the date of certification.” Procedures Manual, CT</p>	<p>and children reported in MMDDYYYY format.” USDA PC2006</p> <p>Verify certification.</p> <p>Out of state transfer certifications are included.</p>	<p>months.</p> <p>At the first birthday change the infant to a child, if eligible. If he or she is not eligible, terminate at first birthday.</p> <p style="text-align: center;">OR</p> <p>If certified after age six months, the eligibility period is up to six months.</p>	<p>A mid-assessment may be performed at age six months, if an infant was certified before age six months. Vouchers may be issued for up to 3 issuance months at a time.</p> <p>The mid-assessment (M) transaction does not effect certification periods.</p> <p>An infants’ priority may be upgraded if additional risk factors are identified, but may not be downgraded.</p> <p style="text-align: center;"><u>If certified after age six months:</u></p> <p>Change WIC Type to Child and change to child’s food package, in the calendar month in which the child turns one year old. Certification continues.</p> <p>Terminate at the end of the certification period, if no longer eligible for WIC.</p>	<p>cereal unless otherwise directed by a CPA.</p> <p>Food package adjustments are not dependent upon mid-assessments.</p> <p>See Table 19 Infant Food Package Code conversion).</p> <p>Change food package from infant to standard a child’s food package at the calendar month in which the child turns one year old, unless otherwise directed by a CPA.</p> <p>Clinic systems must be programmed to print this message on voucher receipts before the upcoming termination date:</p> <p>“Categorical termination date MMDDYYYY”.</p> <p>Procedures Manual, FD</p>

TABLE 49: VALID CERTIFICATION PERIODS FOR CHILDREN

Authority	First day	Last Day		
WIC Type	Eligibility Begins	Eligibility Ends	Clinic Action Required	VPOD Validation Rule(s)
<p>“Children shall be certified at intervals of approximately one year and ending with the last day of the month in which a child reaches the fifth birthday.” 7CFR246.7</p> <p>“... for six months from the date of each certification a Half Certification must be completed until they reach their fifth birthday, if assessed at nutritional risk.” Procedures Manual, CT</p>	<p>Certification date: “The month, day, and year of participant’s first certification for WIC reported in an MMDDYYYY format. For infants and children, this item refers to the first WIC certification ever recorded.” USDA PC2006</p> <p>Verify certification: include certifications from out of state and transfers into clinics.</p> <p>May be certified in one year intervals.</p> <p>See Data Element 38 (Date of Certification).</p>	<p>Children become categorically ineligible on the last day of the month in which the child becomes five years old.</p>	<p>Recertify children every 12 months until they turn five years old, if they are eligible.</p> <p>Vouchers may be issued for up to three months at a time</p> <p>OR</p> <p>Terminate on the last day of the month in which the child turns five years old.</p> <p>Procedures Manual, CT</p>	<p>Vouchers may not have “First day to use” before certification date. Vouchers may not have a “First day to use” after the termination date.</p> <p>The last voucher(s) must only be issued up to the last day of the month in which the child reaches his/her fifth birthday.</p> <p>Clinic systems must be programmed to print this message on voucher receipts at least one month before the upcoming Half Certification due date:</p> <p>“Half Certification due MMDDYYYY”</p> <p>“Categorical termination date MMDDYYYY”.</p> <p>Clinic systems must be programmed to print this message on voucher receipts before the upcoming termination date:</p> <p>“Categorical termination date MMDDYYYY”.</p> <p>Procedures Manual, FD</p>

VOUCHER RECEIPT MESSAGES:

The following messages must also appear on the voucher receipt according to the following rules:

NUTRITIONAL ASSESSMENT DUE – MMDDYY: For WIC type I only, if first certified prior to 6 months of age. Message starts the 6th month of age, and continues until a nutritional assessment is completed.

Data Element #24 (Type) = I

RECERT DUE – MMDDYY: For WIC types B and C. Recertification is due in the same month as, or in the month after the voucher issue month based on the date of certification plus 6 months.

Data Element #24 (Type) = B or C
Data Element #38 (Certification Date)

HALF CERTIFICATION DUE – MMDDYY For WIC type C. Half Certification is due in the same month as, or in the month after the voucher issue month based on the date of certification plus 6 months.

Data Element #24 (Type) = C
Data Element #38 (Certification Date)

RECERT DUE (P) – MMDDYY: For WIC type P. Recertification is due in the same month as, or in the month after the voucher issue month after the voucher issue month based on the EDC plus 45 days.

Data Element #24 (Type) = P
Data Element #41 (EDC)

RECERT OVDUE – MMDDYY: For WIC type B and C. Recertification is overdue based on the date of certification plus 6 months.

Data Element #24 (Type) = B or C
Data Element #38 (Certification Date)

RECERT OVDUE (P) – MMDDYY: For WIC type P. Recertification is overdue based on EDC plus 45 days.

Data Element #24 (Type) = P
Data Element #41 (EDC)

1ST BDATE – MMDDYY: For WIC type I only. Infant birthdate is in the month after voucher issue month. Date shown in message is the birthdate.

Data Element #24 (Type) = I
Data Element #13 (Date of Birth)

CATEG TERM – MMDDYY: Message appears in month final set of vouchers is produced.

For WIC type N message appears at the delivery date plus 6 months.

For WIC type B message appears at delivery date plus 12 months.

For WIC type C message appears in the month of the 5th birthday.

PROCESSING WIC VOUCHERS

The vendor's bank must be informed that vouchers are negotiable instruments that must be processed through the Federal Reserve Bank. The Georgia WIC Program will provide each vendor a stamp that is embossed with a unique four digit vendor identification number. All vouchers accepted by the vendor must be stamped with this number in preparation for a bank deposit. Lost, stolen or damaged stamps must be reported to the WIC Branch immediately.

Payment will be assured if:

1. Voucher(s) are accepted on the "First Day to Use" date through the "Last Day to Use" date.
2. An authorized WIC vendor stamp appears on the voucher.
3. Deposited within sixty (60) days of the "First Day to Use" date.
4. A signature is obtained, in ink, at the time of purchase.
5. The amount of purchase is entered in the "PAY EXACTLY SPACE", in ink.
6. The amount of purchase does not exceed the maximum allowable payment for the vendor's peer group.

Processing WIC Vouchers Source: **Georgia WIC Vendor Handbook**

TABLE 50: WIC VOUCHER RECONCILIATION

*September is used to illustrate time frames.

Vouchers		Cut off Dates (for vouchers redeemed in September)		
		Submit missing information to CSC by these dates to correct vouchers.		
		Issue Month	30 Day Month	Closeout 60 Day Month
		Oct 7 th working day	Nov 7 th working day	Dec 7 th working day
Issue Date	Date Redeemed	Unmatched Redemption (GWIS EWRR300G-030)	No Issue: CUR Part 1 Column 1 (GWIS EWRR350G-031)	CUR Part 1 Column 2 (GWIS REPORT EWRR350G)
		CSC publishes data in Month End Reports via CD-ROM and on GWISnet for vouchers redeemed in September by:		
Any day in *September	Any day in *September	Oct 15	Nov 15	Dec 15
				After the above date, vouchers are purged from the Centralized Processing System. Rebate, participation, and administrative funds are lost.
All vouchers are categorized by month redeemed (not by day within the month).				

VPOD Printing Rules**1. Prenatal Women**

Vouchers may be issued throughout pregnancy up to the earlier of Actual Delivery Date (ADD) or Estimated Date of Confinement (EDC) plus six weeks. Vouchers may not have a first day to use greater than the termination of pregnancy plus six weeks unless the participant has been recertified as a post partum woman. The last voucher(s) must only up to and including the week that includes the termination date. Vouchers may be issued for up to three months at one time. Clinic systems must be programmed to print this message on voucher receipts one month before the upcoming termination date: "Categorical termination date MMDDYYYY".

2. Non-breast feeding Women

Vouchers may not have the "First day to use" less than the certification date (Element 38). The last voucher(s) must only be up to and including the week that includes the termination date. Clinic systems must be programmed to print this message on voucher receipts before the upcoming termination date: "Categorical termination date MMDDYYYY".

3. Breast feeding Women

Vouchers may not have a "first day to use" less than the certification date. The last date to issue vouchers must be on or before the termination date. The last voucher(s) must only be and including the week that includes the termination date. Clinic systems must be programmed to print this message on voucher receipts before the upcoming termination date: "Categorical termination date MMDDYYYY".

4. Infants

At six months of age infant's initial food package may be upgraded to include juice and cereal unless otherwise directed by a CPA. Food package adjustments are not dependent upon mid-assessments. See Table 22 Infant Food Package Code conversion). Change food package from infant to standard a child's food package at the calendar month in which the child turns one year old, unless otherwise directed by a CPA. Clinic systems must be programmed to print this message on voucher receipts before the upcoming termination date: "Categorical termination date MMDDYYYY".

5. Children

Vouchers may not have "First day to use" less than certification date. Vouchers may not have a "First day to use" after the termination date. The last voucher(s) must only be issued up to the last day of the month in which the child reaches his/her fifth birthday. Clinic systems must be programmed to print this message on voucher receipts before the upcoming termination date: "Categorical termination date MMDDYYYY".

6. Hematocrit/Hemoglobin = 88.8

If Element 28 and/or Data Element 29 (Hct/Hgb) is equal to 88.8 and Data Element 24 (WIC Type) contains either B or N, then Data Element 59 (Interval) must contain 1, 2 or 3.

If Data Element 28 and/or 29 are equal to 88.8 and transaction type is either C or S, at the NEXT voucher printing the system must not allow vouchers to print until Data Element 28 and/or 29 contain valid entries not equal to 88.8.

Valid input for Data Element 28 is between 10.0 and 60.0

Valid input for Data Element 29 is between 05.0 and 20.0

If a user attempts to print vouchers at the next printing without updating Data Element 28 and/or 29, display the following error message and do not allow vouchers to print:

"Vouchers will not print until Hct/Hgb and hematological data date are updated."

The software must continue to display and highlight the above message and not allow vouchers to print until Data Elements 28, 29 and 75 (Hematological Data Date) have been updated.

7. Ensure that systems assign a voucher serial number only once from the inventory of serial numbers provided by the CPS for a designated timeframe. For example: Do not allow Jane Doe and Larry Brown to both receive voucher number 12345678 (i.e., the same voucher serial number).

8. Stop systems from reprinting duplicate copies of the same voucher serial number(s) during a printing session. For example: Do not allow more than one copy of voucher number 24681012 to print for the same client.

Reuse of Voucher Numbers Assigned to Local Agencies

9. Currently the CPS has 50 million eight-digit numbers available, which are grouped into blocks of 10 million numbers that begin with 0, 1, 2, 3 or 5. Periodically these numbers will be reissued, starting with the lowest number. As a result, systems will be reissued ranges of numbers

that may have been previously assigned in the past; these numbers may also be lower than those currently assigned. For example: 00000001 would follow 5999999.

Systems must be able to accept these new numbers and differentiate them from the previously assigned range of numbers that have expired. To assist in this distinction, the CPS assigns local agencies ranges of numbers with expiration dates. This date is the last day of the month following the month that the voucher range(s) were issued to the clinic plus one year.

Example: ClinicXXX received 10,000 voucher serial numbers on February 1, 2008. The expiration date for those vouchers would be March 31, 2009.

Expired numbers must not be used after the expiration date; and must be removed from the system. The system must generate an error message instructing users to purge the remaining number in the expired range as follows:

“This range of numbers has expired. Void or remove all remaining numbers.”

Sample VPOD Vouchers

The maximum price will be removed from vouchers, as shown below, with modified flash files distributed electronically to local agencies.

DIST/UNIT/CLINIC	WIC ID NO.	C	P	PARTICIPANT	VOUCHER NO.	ISSUED BY
01 1 008	471 015 807	4	2	SAMPLE, MOM	39573050	HJD
SOUTHERN NATIONAL 64-1968-611 GEORGIA WIC PROGRAM DEPARTMENT OF HUMAN RESOURCES 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	
FPC 404 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 2-46 OZ PLASTIC BOTTLES OR 2-11.5 OZ CANS POURABLE					VC 028	
					VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE	
					PAY EXACTLY DOLLARS CENTS	
IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION					PARTICIPANT/GUARDIAN/PROXY SIGNATURE	

⑈395730504⑈ ⑆061119684⑆ 25 03 14 2⑈

DIST/UNIT/CLINIC	WIC ID NO.	C	P	PARTICIPANT	VOUCHER NO.	ISSUED BY
01 1 008	471 015 807	4	2	SAMPLE, MOM	39573051	HJD
SOUTHERN NATIONAL 64-1968-611 GEORGIA WIC PROGRAM DEPARTMENT OF HUMAN RESOURCES 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	
FPC 404 MILK: 1 GAL OR 4-12 OZ CNS EVAP OR 1-5 QT BOX CHEESE: UP TO 1 LB JUICE: 1-12 OZ CAN FROZEN OR 1-46 OZ CAN OR 1-46 OZ PLASTIC BOTTLE OR 1-11.5 OZ CAN POURABLE					VC 031	
					VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE	
					PAY EXACTLY DOLLARS CENTS	
IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION					PARTICIPANT/GUARDIAN/PROXY SIGNATURE	

⑈395730513⑈ ⑆061119684⑆ 25 03 14 2⑈

DIST/UNIT/CLINIC	WIC ID NO.	C	P	PARTICIPANT	VOUCHER NO.	ISSUED BY
01 1 008	471 015 807	4	2	SAMPLE, MOM	39573052	HJD
SOUTHERN NATIONAL 64-1968-611 GEORGIA WIC PROGRAM DEPARTMENT OF HUMAN RESOURCES 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	
FPC 404 MILK: 1 GAL OR 4-12 OZ CNS EVAP OR 1-5 QT BOX JUICE: 1-12 OZ CAN FROZEN OR 1-46 OZ CAN OR 1-46 OZ PLASTIC BTL OR 1-11.5 OZ CAN POURABLE CEREAL: UP TO 24 OUNCES 1 LB DRIED BEANS/PEAS OR 18 OZ PEANUT BUTTER					VC 037	
					VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE	
					PAY EXACTLY DOLLARS CENTS	
IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION					PARTICIPANT/GUARDIAN/PROXY SIGNATURE	

DIST/UNIT/CLINIC 01 1 008	WIC ID NO. 471 015 807	C 4	P 2	PARTICIPANT SAMPLE, MOM	VOUCHER NO. 39573053	ISSUED BY HJD
SOUTHERN NATIONAL 64-1968-811 GEORGIA WIC PROGRAM DEPARTMENT OF HUMAN RESOURCES 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 06/08/2006	LAST DAY TO USE 07/08/2006
FPC 404 MILK: 1 GAL OR 4-12 OZ CNS EVAP OR 1-5 QT BOX CHEESE: UP TO 1 LB AND EGGS: 1 DOZEN JUICE: 2-12 OZ CANS FROZEN OR 2-46 OZ CANS OR 2-46 OZ PLASTIC BOTTLES OR 2-11.5 OZ CANS POURABLE				VC 054	VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE	
				PAY EXACTLY		
				DOLLARS		CENTS
IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION				PARTICIPANT/GUARDIAN/PROXY SIGNATURE		

⑈ 39573053 ⑈ ⑆ 06 11 1968 ⑆ 25 03 14 2 ⑈

GEORGIA WIC PROGRAM DEPARTMENT OF HUMAN RESOURCES				Clinic/Sort Code: 008
WIC ID#: 47101580742 Name: SAMPLE, MOM				Date Printed: 06/08/2006
				User ID: HJD
Voucher#	Date	FPC	VC	NOTE: For Compliance Use Only
39573050	06/08/2006	404	028	
39573051	06/08/2006	404	031	
39573052	06/08/2006	404	037	
39573053	06/08/2006	404	054	
I CERTIFY THAT I HAVE RECEIVED THE VOUCHERS LISTED ON THIS RECEIPT				Participant/Guardian/Proxy Signature

Bank Exceptions

Definition: Bank Exceptions are vouchers that have been processed by the WIC Banking facility but have been found to have one of several possible errors which may include:

- INCOMPLETE VOUCHER NUMBER
- MANL/VPOD NOT YET ISSUED
- COMPUTER NOT YET ISSUED
- PREVIOUS VOID
- PREVIOUS REDEMPTION
- PREVIOUS LOST/STOLEN
- DUPLICATE

Incomplete Voucher Number: The voucher contains a serial number consisting of less than eight (8) digits. This type of Bank Exception is rare and can be the result of improper keying entry of the serial numbers into the clinic computer system. Systems must have the ability to ensure that voucher batches contain the complete eight digit serial number for both the first and last number of the batch when entered by clinic staff.

Manual/VPOD Not Yet Issued: The banking system has processed vouchers that cannot be matched to serial numbers issued to any clinic. This is caused when clinic issue vouchers from old batches that are no longer valid. This situation can generate an unusually large number of Bank Exceptions when it occurs.

Please refer to: Reuse of Voucher Numbers Assigned to Local Agencies on page 197 above for remedy.

Computer Not Yet Issued: With the advent of VPOD, this type of Bank Exception is extremely rare but can occur if clinics issue old versions of the pre-printed manual vouchers.

Previously Void: Traditionally the most common type of Bank Exception, “Previously Void” are voucher serial numbers that are shown as having been voided in a previous month. From October to July, FFY 2008, Previously Void vouchers accounted for approximately 65% of the total Bank Exceptions when the unusually large number of Previous Redemption and Manual/VPOD Not Yet Issued voucher were excluded from the calculations. System developers must research the causes and possible correction for this type of Bank Exception.

Previous Redemption: Vouchers that were processed by the bank but have been shown to have been also redeemed in a previous month to the current month. System developers must research the causes and possible correction for this type of Bank Exception.

Previous Lost/Stolen: Vouchers that were reported lost or stolen in a previous month but have been processed by the bank during the current month. This type of Bank Exception is often an indicator of fraud or theft and will be followed up by the WIC Programs compliance investigation section.

Duplicate: Occurs when the same voucher serial number is processed twice or more during the current month. This may be because the same client received a duplicate set of vouchers or different clients received vouchers with the same serial number. System developers must research the causes and possible correction for this type of Bank Exception.

Georgia WIC Program

System Modification Testing Protocol

Purpose: To ensure that required modifications are implemented successfully and with reasonable timeliness, to maintain high quality standards, to prevent haphazard and/or unauthorized changes to WIC modules.

Reference: The FFY 2006 Memorandum of Agreement (MOA) between the health districts and the state requires that modifications to front-end WIC systems receive prior review and approval from the Georgia WIC Program (GWP).

DEFINITIONS:

Distribution Date(s): Date or dates on which the new changes were installed on clinic computers and new ETAD format began to be used by WIC clinics.

Comment Period: Period during which programmers may submit questions or comments to the SWP regarding that particular Change/Work Order.

Authorized Test Dates: Period during which programmers may submit test data to CSC. This will allow for a more coordinated approach to testing.

Final Cutoff Date: The last day that CSC will accept ETADs under the previous format. ETADs submitted after that date using the previous format will be rejected. (GWP reserves the right to make specific exceptions to the final cutoff date.)

GWB Approval Date: Date on which GWP authorizes the system to go into production.

Front-end system: Any of the four (4) public health software systems currently in use within WIC clinics and/or health districts in the State of Georgia (current version only). Under normal conditions only one (1) version of each system may be installed and/or run at any time within the State of Georgia. However, during implementation of bundled Work Orders or during normal version upgrades, two versions of a system may be operating at the same time. Dual versions may operate simultaneously only within time frames approved by GWP.

Log: Maintaining adequate notes, records of conversations, etc. to aid in the smooth execution of the protocol.

Modification (System Modification): Any additions, changes, alterations, and/or deletions to system code.

Parallel Testing: Actual files with modification(s) made are processed and results compared to the same files that were processed prior to modification. This is the testing system preferred by the state.

Production Testing: Modifications are made available to a limited number of users (usually a single clinic) and modification(s) are incorporated into live data. The files from the test site are compared to other files submitted without modification from the same system.

System Representative: Any of the four officially recognized representatives of a front-end system, who are authorized to deal with GWP on computer system changes and who represents all system developers working on that front-end system.

System Developers

Front-end System	System Representative	Contact Information
Aegis	Lamont Carter Zhaojin Song Emeka Tinson Robert Desprez	zsong@dhr.state.ga.us entinson@dhr.state.ga.us lipowers@dhr.state.ga.us 404-232-1140 rjdesprez@dhr.state.ga.us 404-651-7623
HN2 (Athens)	Elaine Evans	706-583-2788 Fax 706-227-5490 exevas@dhr.state.ga.us
Mitchell & McCormick	Eric Schuff	770-465-1511 Ext 1-800-551-0775 FAX: (770) 465-1314 eschuff@mandm.net
NetSmart (DeKalb)	Robert Lankford Harry Ragland Beth Ranker	864-232-2666 X3507 rlankford@ntst.com HRagland@ntst.com branker@ntst.com

CENTRAL PROCESSING SYSTEM (CPS) - CSC

CPS	System Representative	Contact Information
CSC	Beth Vaughn Wes Saunders	1-800-786-7909ext 3950 Fax: 1-913-469-5814 Fax: 7-913-888-3824 evaughn4@csc.com ssaunders@csc.com

Georgia WIC Program (GWP)

GWP	System Representative	Contact Information
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Georgia WIC Program	<p>Jim Laraby</p> <p>Astride Ainsley</p>	<p>404-657-4655 or 404-657-2900 Fax: 404-657-2910 jrlaraby@dhr.state.ga.us</p> <p>404-656-9874 or 404-657-2900 Fax: 404-657-2910 aaainsley@dhr.state.ga.us</p>
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Testing: Each system will submit one set of test data for each bundled group of Work Orders received regardless of the number of data items affected. Bundled Work Orders will all have the same implementation date. A bundle number will be added to each individual Work Orders for tracking purposes.

I. Testing Overview. The following basic steps comprise the internal and external testing process.

A. Internal

- Respond to work orders from GWP, receive clarification if needed.
- Modify front-end system code as necessary.
- Perform User Acceptance Tests (UAT) at clinic or district level
- Receive sign-off from clinic/district level UAT
- Transmit test data to
 - a. CSC
 - b. Copy e-mail to GWP – Jim Laraby and Astride Ainsley
 - c. Log

B. External

1. CSC tests submission to assess impact on critical errors
2. Test before/after scenarios
3. Execute parallel/production run (UAT)
4. Compare old vs. new databases
5. Log

II. Detail of External Testing Protocol

- A. Upon completion of code changes and all internal testing, front-end developers will contact CSC via telephone or e-mail to schedule a date on which to submit test data. Date must be within the period proscribed by the GWP and which appears on the change order. (GWP reserves the right to specify test cases to be used.)
- B. Front-end developers submit test data when scheduled.
- C. CSC will respond to general inquiries and correspondence from system representatives regarding their submission(s) with reasonable timeliness.
- D. CSC will acknowledge receipt of test data via e-mail (cc to GWP).
 1. Run old data – check for critical errors
 2. Run new data – check for critical errors
 3. Interpret results
 4. If error-free recommend approval by GWP
 5. CSC will report results of tests with reasonable timeliness. (Expect a five working day turnaround.)
 - a. Developers will update release notes and send to GWP. Release notes should describe changes made and reference the applicable request bundle number.
 - b. GWP will authorize system developers to implement the changes.
 - c. Log.

- E. If errors occur:
 1. CSC will inform system developers and GWP of results – with detail of errors/problems encountered.
 2. System developer will make corrections and re-test.
 3. Repeat initial steps (I.A.1.)

- F. System developers will provide GWP and CSC with updated release notes for all changes. Notes must include:
 1. Date changes were installed.
 2. Work order number(s)
 3. Data Item(s) affected
 4. The system version number OR other clear indicator for tracking purposes
 5. Include areas and/or clinics receiving updates and/or schedule for updating if all clinics using that system will not receive the new version at the same time.

IV. Problems discovered within computer systems during routine use:

- A. Clinics will notify GWP of bugs encountered via the Computer Systems Issues Report form (See Attachment A).
- B. Front-end developers will notify GWP and CSC if any changes need to be made to the system as a result of the issue/problem investigation process.
- C. No changes, additions, deletions or modifications to WIC modules by any system will be allowed without prior review and approval by the GWP.

“Changes, additions, deletions or modifications” may include but are not limited to:

1. Change of programming language
 2. Changes in system architecture such as moving to web based application or consolidation of servers.
 3. Addition of data elements not included in system edits manual.
 4. Deletion of data elements proscribed by edits manual.
 5. Changes or modification to data elements including but not limited to type of input; data ranges; ETAD positions; cross edits.
-
- D. Routine “bug fixes” are allowed without prior approval. Such fixes are those items that correct errors in programming that prevent the existing system from operating in accordance with the edits manual or reduce efficiency of the existing system.

IV. Attachments

- A. Computer Systems Issues and Problems Report Form
- B. ETAD Change Order Form
- C. Work Order Form

Computer Systems Issues and Problems

Georgia WIC
Computer Systems Issues and Problems

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 aaainsley@dhr.state.ga.us or circle selections and fax to Astride Ainsley at(404) 657-2910.

Severity of problem (select one)	Error /Problem type: (select one and describe below)	
Extremely critical	Batching problem Provide Batch number	System down / System failure
Critical	Bug (software)	System Slow
Major	Creates Critical Error(s)	Termination/Term Reversal
Average	Computer virus (type)	Testing protocol
Minor	ETAD /Data Element	Voucher serial numbers duplicated; multiple copies printed () times
Enhancement	Food Package Code/Voucher Code	Voided voucher numbers (list)
Farmer's Market	Incorrect information / Update needed	Vouchers did not print
	Printer Problem	Vouchers printed to wrong destination
	Same voucher serial number given to different clients	Other (Describe below)
	Software Conversion /Version change	

Describe the issue and proposed solution (include voucher numbers if applicable):

staff report this issue to anyone? Yes ___ No ___
 s, provide name and telephone number: _____
 us since report (circle): Resolved _____ Unresolved _____ Pending _____
 mputer report potentially affected: (e.g. CUR, Bank Exception, etc.) _____
 son for reporting to state WIC Office (circle): FYI only _____ Take Action _____

Georgia WIC Program ETAD Changes 2004 - 2012

ETAD CHANGES FFY 2004

Georgia WIC Branch
ETAD Change

FFY 2004 Immunization Screening Questions **Number:** 04-001

Field Name: Immunization Status Date

Field Type: Date

Field Number: 64

Field Length: 8

Input: MMDDCCYY

Critical? Y

ETAD Position(s) 351 - 358

BUSINESS RULES: See Attached

EDITS: Defaults to current date

FOR WIC TYPES: I, C

FOR TRANSACTION TYPES: C S M

OTHER:

Transmittal Date: 12/03/2003

Effective Date: 01/01/2004

Final Cutoff Date: 02/01/2004

**Georgia WIC Branch
ETAD Change**

FFY 2004 Immunization Screening Questions **Number:** 04-002

Field Name: Record Screened

Field Number: 65

Field Type: Character

Field Length: 1

Input: Y N

Critical? Y

ETAD Position(s) 359-359

Business Rules: See Attached

Edits: Accepts only Y or N

For WIC Types: I C

For Transaction Types: C S M

Transmittal Date: 12/03/2003

Effective Date: 01/01/2004

Final Cutoff Date: 02/01/2004

Georgia WIC Branch
ETAD Change

FFY 2004 Immunization Screening Questions **Number:** 04-003

Field Name: Adequate for Age

Field Number: 66

Field Type: Character

Field Length: 1

Input: Y N

Critical? Y

ETAD Position(s) 360-360

Business Rules: See Attached

Edits: Accepts only Y or N

For WIC Types: I C

For Transaction Types: C S M

Other: Disable if Record Screened = N

Transmittal Date: 12/03/2003

Effective Date: 01/01/2004

Final Cutoff Date: 02/01/2004

**Georgia WIC Branch
ETAD Change**

FFY 2004 Immunization Screening Questions **Number:** 04-004

Field Name: Presented Record

Field Number: 67

Field Type: Character

Field Length: 1

Input: Y N

Critical? Y

ETAD Position(s) 361-361

Business Rules: See Attached

Edits: Accepts only Y or N

For WIC Types: I C

For Transaction Types: C S M

Transmittal Date: 12/03/2003

Effective Date: 01/01/2004

Final Cutoff Date: 02/01/2004

Georgia WIC Branch
ETAD Change

FFY 2004 Immunization Screening Questions **Number:** 04-005

Data Element Name: Record Requested

Data Element Number: 68

Data Element Type: Character

Data Element Length: 1

Input: Y N

Critical? Y

ETAD Position(s) 362-362

Business Rules: See Attached

Edits: Accepts only Y or N

For WIC Types: I C

For Transaction Types: C S M

Other: Disable of Presented Record = Y

Transmittal Date: 12/03/2003

Effective Date: 01/01/2004

Final Cutoff Date: 02/01/2004

Georgia WIC Branch
ETAD Change

FFY 2004 Immunization Screening Questions **Number:** 04-006

Data Element Name: Referred To
Data Element Number: 69
Data Element Type: Character
Data Element Length: 1

Input: D H

Critical? Y

ETAD Position(s) 363-363

Business Rules: See Attached

Edits: Accepts only D (Doctor) or H (Hospital)

For WIC Types: I C

For Transaction Types: C S M

Transmittal Date: 12/03/2003

Effective Date: 01/01/2004

Final Cutoff Date: 02/01/2004

Georgia WIC Branch

ETAD Change

FFY 2004 Immunization Screening Questions **Number:** 04-006a

Data Element Name: Referred To

Data Element Number: 69

Data Element Type: Character

Data Element Length: 1

Input: D H

Critical? Y

ETAD Position(s) 363-363

Business Rules: See Attached

Edits: Accepts only D (Doctor) or H (Health Department)

For WIC Types: I C

For Transaction Types: C S M

Transmittal Date: 04/15/2003

Effective Date: 01/01/2004

Final Cutoff Date: 02/01/2004

Georgia WIC Branch
ETAD Change

FFY 2004 Immunization Screening Questions **Number:** 04-007

Data Element Name: Referred For Follow Up

Data Element Number: 70

Data Element Type: Character

Data Element Length: 1

Input: Y N

Critical? Y

ETAD Position(s) 364-364

Business Rules: See Attached

Edits: Accepts only Y or N

For WIC Types: I C

For Transaction Types: C S M

Transmittal Date: 12/03/2003

Effective Date: 01/01/2004

Final Cutoff Date: 02/01/2004

Georgia WIC Branch

ETAD Change

FFY 2004 Temporary Assistance For Needy Families **Number:** 04-008

Data Element Name: TANF

Data Element Number: 71

Data Element Type: Character

Data Element Length: 1

Input: Y N U

Critical? Y

ETAD Position(s) 365-365

Business Rules: See Attached. Display TANF information in the Income Determination Section of the Certification Form.

Edits: Accepts only Y, N or U

For WIC Types: PNBIC

For Transaction Types: C S

Other: If TANF = Y bypass maximum income edit for Family Size

Transmittal Date: 12/03/2003

Effective Date: 01/01/2004

Final Cutoff Date: 02/01/2004

Georgia WIC Branch
ETAD Change

FFY 2004 Name Elements **Number:** 04-009

Data Element Name: Last Name

Data Element Number: 10

Data Element Type: Character

Data Element Length: 15

Input: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
 ' <space>

Critical?: Y

ETAD Position(s) 58 - 72

Business Rules: Accepts only alphabet A – Z (caps only); dash (-); apostrophe (') and space.

Edits: Must contain minimum of two (2) characters. Cannot be null.

For WIC Types: PNBIC

For Transaction Types: All

Other: The purpose of this is to ensure that all systems will not allow characters or symbols that could result in misreads and/or critical errors by the mainframe

Transmittal Date: 12/22/2003

Effective Date: 01/22/2004

Final Cutoff Date: 02/22/2004

Georgia WIC Branch
ETAD Change

FFY 2004 Name Elements **Number:** 04-010

Data Element Name: First Name
Data Element Number: 11
Data Element Type: Character
Data Element Length: 14

Input: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
 ' space

Critical? Y

ETAD Position(s) 73 - 86

Business Rules: Accepts only alphabet A – Z (caps only); dash (-); apostrophe (‘) and space.

Edits: Must contain minimum of two (2) characters. Cannot be null.

For WIC Types: PNBIC

For Transaction Types: All

Other: The purpose of this is to ensure that all systems will not allow characters or symbols that could result in misreads and/or critical errors by the mainframe

Transmittal Date: 12/22/2003

Effective Date: 01/22/2004

Final Cutoff Date: 02/22/2004

Georgia WIC Branch
ETAD Change

FFY 2004 Physical Presence **Number:** 04-011

Data Element Name: Physical Presence

Data Element Number: 72

Data Element Type: Character

Data Element Length: 1

Input: Y N

Critical? Y

ETAD Position(s) 366 - 366

Business Rules: See Attached

Edits: Accepts only Y N

For WIC Types: PNBIC

For Transaction Types: C S M

Other: If Physical Presence = Y, disable Data Element #73 (Reason). If Physical Presence = N then enable Data Element #73.

Transmittal Date: 12/22/2003

Effective Date: 01/22/2004

Final Cutoff Date: 02/22/2004

Georgia WIC Branch
ETAD Change

FFY 2004 Physical Presence - Reasons **Number:** 04-012

Data Element Name: Reason For No Physical Presence

Data Element Number: 73

Data Element Type: Character

Data Element Length: 1

Input: D R W

Critical? Y (If Data Element #72 = N. Otherwise Not Critical)

ETAD Position(s) 367 - 367

Business Rules: See Attached

Edits: Accepts only D (Disabilities); R (Receiving Ongoing Health Care); W (Working Parents or Caretakers)

For WIC Types: PNBIC

For Transaction Types: C S M

Other: If Physical Presence (Data Element #72) = Y, disable Data Element #73 (Reason). If Physical Presence = N then enable Data Element #73.

Transmittal Date: 12/22/2003

Effective Date: 01/22/2004

Final Cutoff Date: 02/22/2004

Georgia WIC Branch

ETAD Change

FFY 2004 Physical Presence - Reasons **Number:** 04-012a

Data Element Name: Reason For No Physical Presence

Data Element Number: 73

Data Element Type: Character

Data Element Length: 1

Input: D R W N

Critical? Y (If Data Element #72 = N. Otherwise Not Critical)

ETAD Position(s) 367 - 367

Business Rules: See Attached

Edits: Accepts only D (Disabilities); R (Receiving Ongoing Health Care); W (Working Parents or Caretakers), N (Newborn Infant of a mother who was on WIC or was eligible for WIC during her pregnancy)

For WIC Types: PNBIC

For Transaction Types: C S M

Other: If Physical Presence (Data Element #72) = Y, disable Data Element #73 (Reason). If Physical Presence = N then enable Data Element #73.

Transmittal Date: 03/15/2004

Effective Date: 01/22/2004

Final Cutoff Date: 02/22/2004

Georgia WIC Branch

ETAD Change

FFY 2004 Racial Code

Number: 04-013

Data Element Name: Race

Data Element Type: N

Data Element Number: 20

Data Element Length: 1

Input: 1, 2, 3, 4, 5

Critical? Y (for Transactions C, O, W-C)

ETAD Position(s) 166 - 166

Business Rules: Critical for Transaction codes C (Initial Certification); O (Out of State Transfer and W-C (Certified Waiting List). Valid entries are:

- 1 – White
- 2 – Black/African American
- 3 – Hawaiian/Pacific Islander
- 4 – American Indian/Alaska Native
- 5 – Asian

No other entries are allowed. Data Element 20 will no longer contain entries for 'Multiracial' or 'Unknown'.

Edits:

For WIC Types: P, N, B, I, C

For Transaction Types: C, O, W-C

Other: Critical only for above listed Transactions. Not required for all other transactions.

Transmittal Date: 02/09/2004

Effective Date: 05/01/2004

Final Cutoff Date: 06/01/2004

Georgia WIC Branch
ETAD Change

FFY 2004 Race Code (Modification to ETAD Change 04-013) Number: 04-013a

Data Element Name: Race
Data Element Type: N
Data Element Number: 20
Data Element Length: 1
Input: 1, 2, 3, 4, 5, 6
Critical?: Y (for Transactions C, O, W-C)

ETAD Position(s) 166 - 166

Business Rules: Critical for Transaction codes C (Initial Certification); O (Out of State Transfer and W-C (Certified Waiting List). Valid entries are:

- 1 – White
- 2 – Black/African American
- 3 – Asian
- 4 – American Indian/Alaska Native
- 5 –Hawaiian/Pacific Islander
- 6 - Multiracial

No other entries are allowed

Edits:

For WIC Types: P, N, B, I, C

For Transaction Types: C, O, W-C

Other: Critical only for above listed Transactions. Not required for all other transactions. **Data Element 20 will no longer contain entries for 'Unknown'.**

Transmittal Date: 02/09/2004
Effective Date: 05/01/2004
Final Cutoff Date: 06/01/2004

Georgia WIC Branch
ETAD Change

FFY 2004 Ethnicity Code **Number:** 04-014

Data Element Name: Ethnicity
Data Element Type: C
Data Element Number: 74
Data Element Length: 1

Input: Y, N

Critical? Y (for Transactions C, O, W-C)

ETAD Position(s) 368 - 368

Business Rules: Critical for Transaction codes C (Initial Certification); O (Out of State Transfer and W-C (Certified Waiting List). Valid entries are:

Y = Yes Hispanic or Latino

N = Not Hispanic or Latino

Edits:

For WIC Types: P, N, B, I, C

For Transaction Types: C, O, W-C

Other: Critical only for above listed Transactions. Not required for all other transactions. Null or blank cannot be accepted.

Transmittal Date: 02/09/2004
Effective Date: 05/01/2004
Final Cutoff Date: 06/01/2004

Georgia WIC Branch

ETAD Change

FFY 2004 30 Day Certification

Number: 04-015

Data Element Name: Proof Data Elements (Residency, Identification and Income)
Data Element Type: C
Data Element Number: RS, ID, IN
Critical?: Y

ETAD Position(s) 345 - 350

Coding Changes: Allow acceptance of 'NO' in each of the Proof Data Elements. Add clinic term code "L" for 30-day termination.

If "NO" is entered into any of the Proof Data Elements then allow Term Code 'L' in Data Element 2. Data Element 3 (Termination Date) defaults to Certification Date + 30 days. Term code "L" will be for clinic use, mainframe auto term code for 30 day certification will be "3"

If "NO" is entered into any of the Proof Data Elements then Data Element 59 (Voucher Interval Code) defaults to "1". No other entries will be allowed until 'NO' is removed from Proof Data Elements during update.

If client returns with required documentation within thirty days, allow UPDATE transaction to remove 'NO' from Proof Data Elements, and allow either '1', '2', '3' or '4' for Data Element 59.

If auto term action has been applied, and client is still in a valid certification period, allow clinic staff to submit a TERMINATION transaction using reason 'R', (reverse termination) to remove 'NO' from Proof Data Elements, and allow either '1', '2', '3' or '4' for Data Element 59.

Edits:

For WIC Types: P, N, B, I, C

For Transaction Types: All Transactions

Other: Data Element 2 will accept term Code "L" at clinic level and "3" for mainframe auto terms.

Transmittal Date: 02/09/2004
Effective Date: 05/01/2004
Final Cutoff Date: 06/01/2004

Georgia WIC Branch

ETAD Change

FFY 2004	Hematological Date	Number: 04-016
Data Element Name:	Hematological Date	
Data Element Type:	D	
Data Element Number:	75	
Data Element Length:	8	
Input:	MMDDCCYY	
Critical?:	Y	
ETAD Position(s)	369 - 376	

Business Rules:**Edits:**

For WIC Types: P, N, B, I (At or over 6 months of age during Mid-Cert Assessment only), C

For Transaction Types: C, O, S, M, W-C

Other: Hematological Data Date must be equal to or less than Certification Date, but not more than **90** days less.

INFANTS (WIC Type I)

Infant age is less than or equal to 9 months: No HGB/HCT required.

Infant age is greater than 9 months and less than 13 months: HGB/HCT is required. Note:

- If infant was tested for HGB/HCT and test date is less than or equal to 90 days of date of certification, a new HGB/HCT test is NOT required.
- If infant was NOT tested for HGB/HCT less than or equal to 90 days of date of certification, a new HGB/HCT test IS required.
- A repeat HGB/HCT test will be required in 6 months.

CHILDREN (WIC Type C)**(Older than 13 months of age)**

- If Child was tested for HGB/HCT less than or equal to 90 days of date of certification, a new HGB/HCT test is NOT required.
- If Child was NOT tested for HGB/HCT less than or equal to 90 days of date of certification, a new HGB/HCT test IS required.
- If HGB is less than or equal to 10.9 gm OR HCT is less than or equal to 32.8% AND ages is between 12 and 23 months then repeat HGB/HCT must be taken within 6 months, otherwise next HGB/HCT to be taken in 1 year.
- If HGB is less than or equal to 11.0 gm OR HCT is less than or equal to 32.9% AND ages is between 24 and 60 months then repeat HGB/HCT must be taken within 6 months, otherwise next HGB/HCT to be taken in 1 year.

BREASTFEEDING/NON-BREASTFEEDING WOMEN

(WIC Types B and N)

- HGB/HCT is required for Certification (Transaction C)
- HGB/HCT date must be greater than actual delivery date but not more than 90 days less than Certification date.
- If Type is B, HGB/HCT is NOT required for Subsequent Certification (Transaction S) at 6 months.
- For Types B or N certified in a Hospital Clinic 88.8 may be used for HGB/HCT, however new HGB/HCT test must be completed within 90 days of discharge. Do not allow printing of vouchers beyond the initial set until client blood work has been completed.

PRENATAL WOMEN

(WIC Type P)

- HGB/HCT is required for Certification.
- HGB/HCT date must be taken during CURRENT pregnancy.
- HGB/HCT date must not be less than 90 from Certification Date.

Transmittal Date:	08/13/2004	Question/Comments Due 08/25/2004
Effective Date:	10/01/2004	
Final Cutoff Date:	11/01/2004	

Georgia WIC Branch

ETAD Change

FFY 2004

Number: 04-017

Data Element Name: Weight

Data Element Type: N

Data Element Number: 27

Data Element Length: 5

Input: 000/01 – 600/15

Critical?: Y

ETAD Position(s): 196 – 200

Business Rules: Increase maximum weight allowed for TYPES P, N, B to 600 lbs., 15 oz.

Edits:

For WIC Types: P, N, B

For Transaction Types: C, S, O, W-C

Other: Maximum input cannot exceed 600 lbs., 15 oz.

Transmittal Date: 08/13/2004 **Question/Comments Due** 08/25/2004

Effective Date: 10/01/2004

Final Cutoff Date: 11/01/2004

Georgia WIC Branch

ETAD Change

FFY 2004

Number: 04-017a

Data Element Name: Pre Gravid Weight (Data Element 43)
Weight Prior To Delivery (Data Element 49)

Data Element Type: #43: N
#49: N

Data Element Number: 43, 49

Data Element Length: 3

Input: 000 - 600

Critical? Y

ETAD Position(s) #43: 283 – 285
#49: 294 - 296

Business Rules: Increase maximum weight allowed for each weight Data Element for P, N, B to 600 lbs., 15 oz.

Edits:

For WIC Types: P, N, B

For Transaction Types: C, S, O, W-C

Other: Maximum input cannot exceed 600 lbs.

Transmittal Date: 08/13/2004 **Question/Comments Due 08/25/2004**

Effective Date: 10/01/2004

Final Cutoff Date: 11/01/2004

Georgia WIC Branch

ETAD Change

FFY 2004

Number: 04-18

Data Element Name: Monthly Income

Data Element Type: N

Data Element Number: 40

Data Element Length: 5

Input: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9

Critical? Y

ETAD Position(s) 262 - 266

Business Rules: Required Data Element to assess eligibility for WIC

Edits:

For WIC Types: P, N, B, I, C

For Transaction Types: C, S, X (with Sub-cert), W-C

Other: If Data Element IN (Proof Of Income) = ZI then Income must = 0.
If Data Element IN (Proof Of Income) = MV the Income must be equal to or greater than 0.
Data Element 40 may not be NULL

Transmittal Date: 08/13/2004 **Question/Comments Due 08/25/2004**

Effective Date: 10/01/2004

Final Cutoff Date: 11/01/2004

Georgia WIC Branch
ETAD Change

FFY 2004

Number: 04-19

Data Element Name: Proof Of Income
Data Element Type: C
Data Element Number: IN
Data Element Length: 2
Input: New input: ZI = Zero Income
Critical: Y
ETAD Position(s) 349 - 350
Business Rules: Add new input to Proof Of Income (IN) Data Element. New code is ZI (Zero Income)

Edits:

For WIC Types: P, N, B, I, C

For Transaction Types: C, S, X (with Sub-cert), W-C

Other: If Data Element IN (Proof Of Income) = ZI then Income (Data Element 40) must = 0.

If Data Element 40 (Income) is greater than 0 then IN cannot equal ZI.

Transmittal Date: 08/13/2004 **Question/Comments Due 08/25/2004**

Effective Date: 10/01/2004

Final Cutoff Date: 11/01/2004

Georgia WIC Branch
ETAD Change

FFY 2005

Number: 05-002

Field Name: Race

Field Type: Character

Field Number: 20

Field Length: 2

Input: 01 - 31

Critical? Yes

Business Rules: Expand Race field to two (2) positions and move to ETAD positions 378 – 379.

Edits:

For WIC Types: PNBIC

For Transaction Types: C, S, O, W-C, X

Other: When changes have been made, notify the State WIC Branch and CSC. Parallel testing **must** be completed prior to going live with data transmission.

Transmittal Date: 05/20/2005

Effective Date: 06/15/2005

Final Cutoff Date: 07/15/2005

Georgia WIC Branch
ETAD Change

FFY 2005

Number: 05-003

Field Name: Race

Field Type: Character

Field Number: 20

Field Length: 2

Input: 01 - 31

Critical? Yes

Business Rules: System users will use “Check Boxes” to indicate the Racial identity of each participant. Each system will generate a two-digit code according to the attached table to be transmitted to CSC. ETAD positions 378 – 379 will now be used for race.

Edits:

For WIC Types: PNBIC

For Transaction Types: C, S, O, W-C, X

Other: When changes have been made, notify the State WIC Branch and CSC. Parallel testing **must** be completed prior to going live with data transmission.

Transmittal Date: 05/20/2005

Effective Date: 06/15/2005

Final Cutoff Date: 07/15/2005

ETAD CHANGES FFY 2006

Georgia WIC Branch
ETAD Change

FFY 2006

Number: 06-001

Field Name: Street Address

Field Type: Alpha/Numeric

Data Data Element Number: 14

Field Length: 25

ETAD Position: 096 - 120

Input: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9

A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z

Critical? Yes

Business Rules: This is to be a critical field for each WIC transaction and Type. Data Element #14 must not be blank

Edits:

For WIC Type: P N B I C

For Transaction Types: All

Cross-Field Edits:

Other: When changes have been made, notify the State WIC Branch and CSC. Parallel testing **must** be completed prior to going live with data transmission.

Transmittal Date: 10/01/2005

Effective Date: 04/15/2006

Final Cutoff Date: 05/15/2006

Georgia WIC Branch
ETAD Change

FFY 2006

Number: 06-002

Field Name: City

Field Type: Alpha

Data Element Number: 15

Field Length: 18

ETAD Position: 121 - 138

Input: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z

Critical? Yes

Business Rules: This is to be a critical field for each WIC transaction and Type. Data Element #15 must not be blank

Edits:

For WIC Type: P N B I C

For Transaction Types: All

Cross-Field Edits:

Other: When changes have been made, notify the State WIC Branch and CSC. Parallel testing **must** be completed prior to going live with data transmission.

Transmittal Date: 10/01/2005

Effective Date: 04/15/2006

Final Cutoff Date: 05/15/2006

ETAD Change

FFY 2006

Number: 06-003

Field Name: ZIP Code

Field Type: Alpha/Numeric

Data Element Number: 16

Field Length: 5

ETAD Position: 139 - 143

Input: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 0

Critical? Yes

Business Rules: This is to be a critical field for each WIC transaction and Type. Data Element #16 must not be blank

Edits:

For WIC Type: P N B I C

For Transaction Types: All

Cross-Field Edits:

Other: When changes have been made, notify the State WIC Branch and CSC. Parallel testing **must** be completed prior to going live with data transmission.

Transmittal Date: 10/01/2005

Effective Date: 04/15/2006

Final Cutoff Date: 05/15/2006

ETAD Change

FFY 2006

Number: 06-004

Field Name: County

Field Type: Numeric

Data Element Number: 17

Field Length: 3

ETAD Position: 144 - 146

Input: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 0

Critical? Yes

Business Rules: This is to be a critical field for each WIC transaction and Type. Data Element #17 must not be blank

Edits:

For WIC Type: P N B I C

For Transaction Types: All

Cross-Field Edits:

Other: When changes have been made, notify the State WIC Branch and CSC. Parallel testing **must** be completed prior to going live with data transmission.

Transmittal Date: 10/01/2005

Effective Date: 04/15/2006

Final Cutoff Date: 05/15/2006

ETAD Change

FFY 2006

Number: 06-005

Field Name: Certification Reasons

Field Type: Numeric

Data Element Number: 30

Field Length: 15

ETAD Position: 207 – 221 and 406 - 420

Input: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 0

Critical? Yes

Business Rules: Add an additional WIC Type to Certification Code 142 and add new phrasing:

142 = Prematurely (Children < 24 months of age) (Enter Weeks Gestation:)

Edits:

For WIC Type: I C

For Transaction Types: C, S, X-S, W-C

Cross-Field Edits:

Other: When changes have been made, notify the State WIC Branch and CSC. Parallel testing **must** be completed prior to going live with data transmission.

Transmittal Date: 10/01/2005

Effective Date: 04/15/2006

Final Cutoff Date: 05/15/2006

ETAD Change

FFY 2006

Number: 06-006

Field Name: Certification Reasons

Field Type: Numeric

Data Element Number: 30

Field Length: 15

ETAD Position: 207 – 221 and 406 - 420

Input: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 0

Critical? Yes

Business Rules: New phrasing for Certification Reason #337:

337 = History of Large for Gestational Age Infant (Birth weight > or = to 9 lbs.) Must enter birth weight of infant

Edits:

For WIC Type: P N B

For Transaction Types: C, S, X-S, W-C

Cross-Field Edits: Data Element #24 (WIC Type) must be either P, N or B

Data element #55 (Infant Birth Weight) must be > or = 9 lbs.

Other: When changes have been made, notify the State WIC Branch and CSC. Parallel testing **must** be completed prior to going live with data transmission.

Transmittal Date: 10/01/2005

Effective Date: 04/15/2006

Final Cutoff Date: 05/15/2006

ETAD Change

FFY 2006

Number: 06-007

Field Name: Certification Reasons

Field Type: Numeric

Data Element Number: 30

Field Length: 15

ETAD Position: 207 – 221 and 406 - 420

Input: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 0

Critical? Yes

Business Rules: New phrasing for Certification Reason #121:

121 = Short Stature < or = to 10%. (If < 24 month from Data Element #5 [Date Form completed])

Edits:

For WIC Type: I C

For Transaction Types: C, S, X-S, W-C

Cross-Field Edits: Data Element #24 (WIC Type) must be either I or C

Data element #13 (Date Of Birth) must be < or = 24 months from Data element #5 (Date Form Completed).

Other: When changes have been made, notify the State WIC Branch and CSC. Parallel testing **must** be completed prior to going live with data transmission.

Transmittal Date: 10/01/2005

Effective Date: 04/15/2006

Final Cutoff Date: 05/15/2006

ETAD Change

FFY 2006

Number: 06-008

Field Name: Mother's (parent/guardian) WIC ID**Field Type:** Alpha/Numeric**Data Element Number:** 22**Field Length:** 15**ETAD Position:** 168 - 182**Input:** 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 0
A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z
' (Apostrophe)
<Space>
EMPTY**Critical?** Yes**Business Rules:** Data Element #24 (WIC Type) must be I

Data Element # 9 (WIC ID Number): If the input is numeric, it is treated as a WIC ID number and must pass the check digit edit. If the WIC ID is erroneous, it does not create a critical error; rather the mainframe ignores (blanks out) the invalid ID number

Edits:**For WIC Type:** I**For Transaction Type:** C**Cross-Field Edits:** Data Element #24 (WIC Type) must be either I

Transaction Type must be C

Other: When changes have been made, notify the State WIC Branch and CSC. Parallel testing **must** be completed prior to going live with data transmission.

Transmittal Date: 10/01/2005**Effective Date:** 04/15/2006**Final Cutoff Date:** 05/15/2006

ETAD Change

FFY 2006

Number: 06-009

Field Name: Other Services (Enrolled In/Referred To)

Field Type: Alpha

Data Element Number: 37

Field Length: 10

ETAD Position: 242 - 251

Input: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z

Critical? Yes

Business Rules: Add new code: V - Dietitian

Edits:

For WIC Type: P, N, B, I, C

For Transaction Type: C, S, X-S, W-C

Cross-Field Edits:

Other: When changes have been made, notify the State WIC Branch and CSC. Parallel testing **must** be completed prior to going live with data transmission.

Transmittal Date: 10/01/2005

Effective Date: 04/15/2006

Final Cutoff Date: 05/15/2006

ETAD CHANGES FFY 2007

Georgia WIC Branch
ETAD Change

FFY 2007

ETAD Change Number: 07-001

Data Element Number: 80

Bundle: 07-01

Data Element Name: Parity

Data Element Type: Numeric

Data Element Length: 2

ETAD Position: 380 - 381

- Validation Rule(s):
1. 00 = None
 2. 01 – 29 = Number of previous births
 3. Data Element 24 (WIC Type) must be either P, N, or B.
 4. If Data Element 80 (Parity) = 00 then input must equal 000000

Critical? Yes for P, N, B.

Business Rules:

Edits:

For WIC Types: P, N, B

For Transaction Types: C, S, or W-C

For GWB Use

Transmittal Date: 12/08/2006 ETAD Change Number: 07-01

Effective Date: 04/01/2007
Bundle: 07-01

Final Cutoff Date: 05/01/2007

GWB Approval Date: ____/____/____

**Georgia WIC Branch
ETAD Change**

FFY 2007

ETAD Change Number: 07-002

Data Element Number: 81

Bundle: 07-01

Data Element Name: Date Last Pregnancy Ended

Data Element Type: Numeric

Data Element Length: 6

ETAD Position: 382-387

Validation Rule(s):

1. Must be a valid month and four-digit year in MMYYYY format.
- 2, 000000=No previous pregnancies
3. Data Element 24 (WIC Type) must be either P, N, or B.
4. If Data Element 80 (Parity) = 00 then input must equal 000000.

Critical Yes for P, N, B.

Business Rules:

Edits:

For WIC Types: P, N, B

For Transaction Types: C, S, or W-C

For GWB Use

Transmittal Date: 12/08/2006 **ETAD Change Number:** 07-02

Effective Date: 04/01/2007 **Bundle:** 07-01

Final Cutoff Date: 05/01/2007

GWB Approval Date: ____/____/____

Georgia WIC Branch
ETAD Change

FFY 2007

ETAD Change Number: 07-003

Data Element Number: 82

Bundle: 07-01

Data Element Name: Diabetes During Pregnancy Postpartum Visit

Data Element Type: Numeric

Data Element Length: 1

ETAD Position: 388-388

Validation Rule(s):

- 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)
5. Data Element 24 (WIC Type) must be either N, or B.

Critical? Yes for P, N, B.

Business Rules:

Edits:

For WIC Types: N, B
For Transaction Types: C, S, X-S or W-C

For GWB Use

Transmittal Date: 12/08/2006 ETAD Change Number: 07-03

Effective Date: 04/01/2007

Bundle: 07-01

Final Cutoff Date: 05/01/2007

GWB Approval Date: ____/____/____

**Georgia WIC Branch
ETAD Change**

FFY 2007

ETAD Change Number: 07-004

Data Element Number: 83

Bundle: 07-01

Data Element Name: Hypertension During Pregnancy Postpartum Visit

Data Element Type: Numeric

Data Element Length: 1

ETAD Position: 389-389

Validation Rule(s):

1. 1 = No, never had high blood pressure of any type.
2. 2 = Yes, told by a doctor I had high blood pressure before the most recent pregnancy, when not pregnant (chronic hypertension).
3. 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. 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).
5. Data Element 24 (WIC Type) must be either N, or B.

Critical? Yes for N, B.

Business Rules:

Edits:

For WIC Types: N, B

For Transaction Types: C, S, X-S or W-C

For GWB Use

Transmittal Date: 12/08/2006

ETAD Change Number: 07-04

Effective Date: 04/01/2007

Bundle: 07-01

Final Cutoff Date: 05/01/2007

GWB Approval Date: ____/____/____

Georgia WIC Branch
ETAD Change

FFY 2007

ETAD Change Number: 07-005

Data Element Number: 84

Bundle: 07-01

Data Element Name: Prenatal/Multivitamin Consumption Prior to Pregnancy

Data Element Type: Numeric

Data Element Length: 1

ETAD Position: 390-390

Validation Rule(s):

1. 0 = Less than once per week
2. 1-7 = Times per week
3. 8 = Eight or more times a week
4. 9 = Unknown
5. Data Element 24 (WIC Type) must be either P, N, or B.

Critical Yes for P, N, B.

Business Rules:

Edits:

For WIC Types: P, N, B

For Transaction Types: C, S, X-S or W-C

For GWB Use

Transmittal Date: 12/06/2006 ETAD Change Number: 07-05

Effective Date: 04/01/2007

Bundle: 07-01

Final Cutoff Date: 05/01/2007

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2007

ETAD Change Number: 07-006

Data Element Number: 85

Bundle: 07-01

Data Element Name: Prenatal/Multivitamin Consumption During Pregnancy

Data Element Type: Numeric

Data Element Length: 1

ETAD Position: 391-391

Validation Rule(s):

- 1. 1 = Yes
- 2. 2 = No
- 3. 9 = Unknown
- 4. Data Element 24 (WIC Type) must be P.

Critical? Yes for P (Prenatal) only

Business Rules:

Edits:

For WIC Types: P

For Transaction Types: C, S, X-S or W-C

For GWB Use

Transmittal Date: 12/08/2006 ETAD Change Number: 07-06

Effective Date: 04/01/2007 Bundle: 07-01

Final Cutoff Date: 05/01/2007

GWB Approval Date: ____/____/____

Georgia WIC Branch
ETAD Change

FFY 2007

ETAD Change Number: 07-007

Data Element Number: 86

Bundle: 07-01

Data Element Name: Cigarettes Per Day Three Months Prior To Pregnancy

Data Element Type: Numeric

Data Element Length: 2

ETAD Position: 392-393

Validation Rule(s):

- 1. 00 = Did not smoke
- 2. 01-96 = Number of cigarettes per day
- 3. 97 = 97 cigarettes per day or more
- 4. 98 = Smoked, but quantity unknown
- 5. 99 = Unknown or refused
- 6. Data Element #24 (WIC Type) must be either P, N, or B.

Critical? Yes for P. Critical for N or B if not collected during prenatal period

Business Rules:

Edits:

For WIC Types: P, N, B
For Transaction Types: C, S, X-S and W-C

For GWB Use

Transmittal Date: 12/08/2006 ETAD Change Number: 07-07

Effective Date: 04/01/2007
Bundle: 07-01

Final Cutoff Date: 05/01/2007

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2007

ETAD Change Number: 07-008

Data Element Number: 87

Bundle: 07-01

Data Element Name: Cigarettes Per Day Prenatal Visit

Data Element Type: Numeric

Data Element Length: 2

ETAD Position: 394-395

Validation Rule(s):

- 00 = Does not smoke
- 01-96 = Number of cigarettes per day
- 97 = 97 cigarettes per day or more
- 98 = Smokes, but quantity unknown
- 99 = Unknown or refused

Data Element #24 (WIC Type) must be P.

If Data Element 88 is greater than 00, then Data Element 45 (Cigarettes) must be greater than 00.

Critical? Yes for P.

Business Rules:

Edits:

For WIC Types: P
 For Transaction Types: C, S, X-S and W-C

For GWB Use

Transmittal Date: 12/08/2006 ETAD Change Number: 07-08

Effective Date: 04/01/2007 Bundle: 07-01

Final Cutoff Date: 05/01/2007

GWB Approval Date: ____/____/____

Georgia WIC Branch
ETAD Change

FFY 2007

ETAD Change Number: 07-009

Data Element Number: 88

Bundle: 07-01

Data Element Name: Cigarettes Per Day Post-partum Visit

Data Element Type: Numeric

Data Element Length: 2

ETAD Position: 396-397

Validation Rule(s):

- 00 = Did not smoke
- 01-96 = Number of cigarettes per day
- 97 = 97 cigarettes per day or more
- 98 = Smoked, but quantity unknown
- 99 = Unknown or refused

Data Element #24 (WIC Type) must be either N, or B.

If Data Element 88 is greater than 00, then Data Element 45 (Cigarettes) must be greater than 00.

Critical Yes for N and B.

Business Rules:

Edits:

For WIC Types: N, B
For Transaction Types: C, S, X-S and W-C

For GWB Use

Transmittal Date: 12/08/2006 ETAD Change Number: 07-09

Effective Date: 04/01/2007
Bundle: 07-01

Final Cutoff Date: 05/01/2007

GWB Approval Date: ____/____/____

Georgia WIC Branch
ETAD Change

FFY 2007

ETAD Change Number: 07-010

Data Element Number: 89

Bundle: 07-01

Data Element Name: Cigarettes Per Day Last Three Months of Pregnancy Post-partum Visit

Data Element Type: Numeric

Data Element Length: 2

ETAD Position: 398-399

Validation Rule(s):

00 = Does not smoke

01-96 = Number of cigarettes per day

97 = 97 cigarettes per day or more

98 = Smokes, but quantity unknown

99 = Unknown or refused

Data Element #24 (WIC Type) must be either N, or B.

If Data Element 88 is greater than 00, then Data Element 45 (Cigarettes) must be greater than 00.

Critical Yes for N and B.

Business Rules:

Edits:

For WIC Types: N, B

For Transaction Types: C, S, X-S and W-C

For GWB Use

Transmittal Date: 12/08/2006 ETAD Change Number: 07-10

Effective Date: 04/01/2007

Bundle: 07-01

Final Cutoff Date: 05/01/2007

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2007

ETAD Change Number: 07-011

Data Element Number: 90

Bundle: 07-01

Data Element Name: Household Smoking Prenatal Visit

Data Element Type: Numeric

Data Element Length: 1

ETAD Position: 400-400

Validation Rule(s):

1 = Yes, someone else smokes inside the home

2 = No, no one else smokes inside the home

9 = Unknown

Data Element 24 (WIC Type) must be P.

Critical? Yes for P.

Business Rules:

Edits:

For WIC Types: P

For Transaction Types: C, S, X-S and W-C

For GWB Use

Transmittal Date: 12/08/2006 ETAD Change Number: 07-11

Effective Date: 04/01/2007

Bundle: 07-01

Final Cutoff Date: 05/01/2007

GWB Approval Date: ____/____/____

Georgia WIC Branch
ETAD Change

FFY 2007

ETAD Change Number: 07-012

Data Element Number: 91

Bundle: 07-01

Data Element Name: Household Smoking Prenatal Visit

Data Element Type: Numeric

Data Element Length: 1

ETAD Position: 401-401

Validation Rule(s):

1 = Yes, someone else smokes inside the home

2 = No, no one else smokes inside the home

9 = Unknown

Data Element 24 (WIC Type) must be either N or B.

Critical Yes for N and B.

Business Rules:

Edits:

For WIC Types: N and B

For Transaction Types: C, S, X-S and W-C

For GWB Use

Transmittal Date: 12/08/2006 ETAD Change Number: 07-12

Effective Date: 04/01/2007

Bundle: 07-01

Final Cutoff Date: 05/01/2007

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2007

ETAD Change Number: 07-013

Data Element Number: 92

Bundle: 07-01

Data Element Name: Drinks Per Week Three Months Prior To Pregnancy

Data Element Type: Numeric

Data Element Length: 2

ETAD Position: 402-403

Validation Rule(s):

- 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

Data Element 24 (WIC Type) must be either P, N, or B.

If Data Element 92 (Drinks per week three months prior to pregnancy) is greater than one and less than 99, then Data Element 44 (Alcohol) must be greater than 00.

Critical? Yes for P, N and B.

Business Rules:

Edits:

For WIC Types: P, N and B
 For Transaction Types: C, S, X-S and W-C

For GWB Use

Transmittal Date: 12/08/2006

ETAD Change Number: 07-13

Effective Date: 04/01/2007

Bundle: 07-01

Final Cutoff Date: 05/01/2007

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2007

ETAD Change Number: 07-014

Data Element Number: 93

Bundle: 07-01

Data Element Name: Drinks Per Week Last Three Months Of Pregnancy Post-Partum Visit

Data Element Type: Numeric

Data Element Length: 2

ETAD Position: 404-405

Validation Rule(s):

- 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

Data Element 24 (WIC Type) must be either N, or B.

If Data Element 92 (Drinks per week three months prior to pregnancy) is greater than one and less than 99, then Data Element 44 (Alcohol) must be greater than 00.

Critical Yes for N and B.

Business Rules:

Edits:

For WIC Types: N and B
 For Transaction Types: C, S, X-S and W-C

For GWB Use

Transmittal Date: 12/08/2006 ETAD Change Number: 07-14

Effective Date: 04/01/2007

Bundle: 07-01

Final Cutoff Date: 05/01/2007

GWB Approval Date: ____/____/____

Georgia WIC Branch
ETAD Change

FFY 2008

ETAD Change Number: 08-001

Data Element Number:**Bundle:** 08-01

Add new Data Element #94: Proof of Identification – Parent/Guardian/Caregiver.

Data Element Name: Proof of Identification – Parent/Guardian/Caregiver**Data Element Type:** Alphabetic Characters**Data Element Length:** 2**ETAD Position:** 157 - 158**Validation Rule(s):**

1. Data Element #24 (WIC Type) must be either I or C.
2. Input must be either: DL, IM, ML, MR, SS, VC, VR, WC, WS, OT, or NO (see Table 39 Proof of Identification – Parent/Guardian/Caregiver).

Critical?

Yes for I and C

Yes for Transactions C, S, X, W-C OR U.

Business Rules:

1. Must contain data if Data Element #24 (WIC Type) is either I or C.
2. If Data Element #94 (Proof of Identification – Parent/Guardian/Caregiver) = NO then allow Termination Code L (30 Day Termination) in Data Element #2. NOTE: The termination will apply to the Infant or Child participant.
3. If Data Element #94 (Proof of Identification – Parent/Guardian/Caregiver) = NO then Data Element #3 (Termination Date) will default to Data Element #38 (Certification Date) plus 30 days.
4. If Data Element #94 (Proof of Identification – Parent/Guardian/Caregiver) = NO then Data Element #59 (Interval Code) will default to 1 (Monthly).
5. No other entries will be allowed in Data Element #59 (Interval Code) until NO in Data Element #94 is replaced by an updated transaction.
6. If Data Element #94 (Proof of Identification – Parent/Guardian/Caregiver) = NP then Data Element #59 (Interval Code) may be either 1, 2, 3 or 4.
7. Proofs of Identification specified for WIC Types I and C (BD, BR, and ST), may not be used in Data Element #94.

Edits:

1. Data Element #24 (Type)
2. Data Element #2 (Termination Code)
3. Data Element #3 (Termination Date)
4. Data Element #59 (Interval Code)

For WIC Types: I, C**For Transaction Types:** C, S, X, W-C or U

Other: Please see

Table #34 (attached) for all acceptable input.

Table 34 Input for Proof of Identification – Parent/Guardian/Caregiver

Code	Description	Code	Description
DL	Driver's license (Not valid for Types I, C)	VC	VOC card
IM	Immunization record	VR	Voter registration card
ML	Military ID	WC	WIC ID (Voucher Pickup Only)
MR	Medical record	WS	Work or school ID (Types P, N, B)
SS	Social security card	OT	Other (must document)
NP	No Proof Available. 30 day rule does not apply.	NO	*No proof presented (30 day certification) (Types P,N,B,I,C)

For GWB Use**Transmittal Date:** 01/18/2008**ETAD Change Number:** 08-01**Effective Date:** 06/01/2008**Bundle:** 08-01**Final Cutoff Date:** 07/01/2008**GWB Approval Date:** ____/____/____

* If participant returns with required documentation within 45 days, allow Transaction Type U (Update) to replace NO in Element 77(Proof of Residency). Beyond 45 days termination reversal must be used. Once update occurs allow the interval code to be changed and vouchers to be printed without causing over issuance.

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-001a

Data Element Number: 94**Bundle:** 08-01

Add new Data Element #94: Proof of Identification – Parent/Guardian/Caregiver.

Data Element Name: Proof of Identification – Parent/Guardian/Caregiver**Data Element Type:** Alphabetic Characters**Data Element Length:** 2**ETAD Position:** 157 - 158**Validation Rule(s):**

1. Data Element #24 (WIC Type) must be either I or C.
2. Input must be either: DL, IM, ML, MR, SS, VC, VR, WC, WS, OT, ST, BR (If Type is N or B, Infant ID must also be BR), NP, BC or NO (see Table 39 Proof of Identification – Parent/Guardian/Caregiver).

Critical? Yes for I and C
Yes for Transactions C, S, X, W-C OR U.

Business Rules:

8. Must contain data if Data Element #24 (WIC Type) is either I or C.
9. If Data Element #94 (Proof of Identification – Parent/Guardian/Caregiver) = NO then allow Termination Code L (30 Day Termination) in Data Element #2. NOTE: The termination will apply to the Infant or Child participant.
10. If Data Element #94 (Proof of Identification – Parent/Guardian/Caregiver) = NO then Data Element #3 (Termination Date) will default to Data Element #38 (Certification Date) plus 30 days.
11. If Data Element #94 (Proof of Identification – Parent/Guardian/Caregiver) = NO then Data Element #59 (Interval Code) will default to 1 (Monthly).
12. No other entries will be allowed in Data Element #59 (Interval Code) until NO in Data Element #94 is replaced by an updated transaction.
13. If Data Element #94 (Proof of Identification – Parent/Guardian/Caregiver) = NP then Data Element #59 (Interval Code) may be either 1, 2, 3 or 4.
14. Proofs of Identification specified for WIC Types I and C (BD, BR, and ST), may not be used in Data Element #94.

Edits:

1. Data Element #24 (Type)
2. Data Element #2 (Termination Code)
3. Data Element #3 (Termination Date)
4. Data Element #59 (Interval Code)

For WIC Types: I, C**For Transaction Types:** C, S, X, W-C or U

Other: Please see Chart #xx (attached) for all acceptable input.

Table 34: Input for Proof of Identification – Parent/Guardian/Caregiver

Code	Description	Code	Description
DL	Driver's license (Not valid for Types I, C)	VC	VOC card
IM	Immunization record	VR	Voter registration card
ML	Military ID	WC	WIC ID (Voucher Pickup Only)
MR	Medical record	WS	Work or school ID (Types P, N, B)
SS	Social security card	OT	Other (must document)
BR	Hospital ID bracelet (Type I and N, B only if Infant ID is BR)	ST	State ID
BC	Birth Certificate		
NP	No Proof Available. 30 day rule does not apply.	NO	*No proof presented (30 day certification) (Types P,N,B,I,C)

For GWB Use

Transmittal Date: 01/18/2008 **ETAD Change Number:** 08-01

Effective Date: 06/01/2008 **Bundle:** 08-01

Final Cutoff Date: 07/01/2008

GWB Approval Date: ____/____/____

* If participant returns with required documentation within 45 days, allow Transaction Type U (Update) to replace NO in Element 77(Proof of Residency). Beyond 45 days termination reversal must be used. Once update occurs allow the interval code to be changed and vouchers to be printed without causing over issuance.

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-002

Data Element Number: 77, 78, 79

Bundle: 08-01

Data Element Name: 77 (Proof of Residency)
78 (Proof of Identification)
79 (Proof of Income)

Data Element Type: Alphabetic characters

Data Element Length: 2

ETAD Position: 77: 345 – 346
#78: 347 - 348
#79: 349 - 350

Validation Rule(s): See Tables 30 - 32 for acceptable input.

Critical?: Yes for WIC Types P, N, B, I, C

Business Rules: Add new Proof Code **NP: No Proof Available** to data elements 77, 78, 79. Used when client is unable to obtain any of the accepted proof items and/or such proof does not exist.

Edits: If Data Element(s) 77, 78, or 79 contain NP the 30 day rule DOES NOT APPLY.

If Data Element(s) 77, 78, or 79 contain NP then Data Element #59 (Voucher Interval Code) may contain either 1, 2, 3, or 4.

For WIC Types: P, N, B, I, C

For Transaction Types: C, O, S, X, W-C or U.

Other: Tables 29, 30 and 31:

Table 31: Input for Proof of Residency

Code	Description	Code	Description
CB	Cable TV Bill	RM	Rent/Mortgage Receipt
EL	Electric Bill	TL	Telephone Bill
GS	Gas Bill	WA	Water Bill
MV	Medicaid Verification	OT	Other (Must document)
MR	Medical Record	*NO	No Proof Presented (30 day certification)
NP	No Proof Available/Does Not Exist. 30 day rule does not apply.		

Table 32: Input for Proof of Identification

Code	Description	Code	Description
BD	Birth document (Types I, C)	ST	State ID (Types I and C)
DL	Driver's license (Not valid for Types I, C)	VC	VOC card
IM	Immunization record	VR	Voter registration card
ML	Military ID	WC	WIC ID (Voucher Pickup Only)
MR	Medical record	WS	Work or school ID (Types P, N, B)
SS	Social security card	OT	Other (must document)
BR	Hospital ID bracelet (Type I only)	BD	Birth document (Types I and C only)
NO	*No proof presented (30 day certification) (Types P, N, B, I, C)	NP	No Proof Available/Does Not Exist. 30 day rule does not apply.

Table 33: Input for Proof of Income

Code	Description	Code	Description
AM	Alimony	EP	Official statement from Employer
AN	Annuities	PS	Pay Stub
BA	Basic Allowance for Subsistence	PN	Pensions
CS	Child Support Payments	PP	Private Pension
CP	Contribution from People Not in the Household	PA	Public Assistance/Welfare Payments (TANF)
DI	Dividends or Interest on bonds	RI	Rental Income (Net)
EI	Estate Income	SE	Self Employment (Net Income)
FR	Financial Records	SS	Social Security
GR	Government Retirement in Household	SI	Supplementary Security Income
IT	Income Tax	TT	Trust
MV	Medicaid verification	UC	Unemployment Compensation
MR	Military Retirement	UN	Unemployment Notice
MN	Monetary Compensation	VP	Veteran's Payment
NR	Net Royalties	OT	Other (Must document)
*NO	No Proof Presented (30 day)	NP	No Proof Available/Does Not Exist. 30 day rule does not apply.
ZI	Zero Income		

For GWB Use

Transmittal Date: 01/18/2008

ETAD Change Number: 08-02

Effective Date: 06/01/2008

Bundle: 08-01

Final Cutoff Date: 07/01/2008

WB Approval Date: ____/____/____

**Georgia WIC Branch
ETAD Change**

FFY 2008 **ETAD Change Number: 08-003**

Data Element Number: 95 **Bundle: 08-02**

Data Element Name: Low Risk Nutrition Education Follow-up Date

Data Element Type: Date

Data Element Length: 8

ETAD Position: 481 - 488

VALIDATION RULE(S): **MUST BE A VALID CALENDAR DATE IN MMDDYYYYY FORMAT.**

Critical?: Yes for WIC Types P, N, B, I, C

Business Rules: Add Data Element #95

Data elements 95 - 99 are to be used to document secondary nutrition education follow-up with clients.

Data must be entered every time client receives secondary nutrition education follow-up services.
If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Work Plan must be entered in SOAP Notes and/or Medical Record

Data Element #95 (Low Risk Nutrition Education Follow-up Date) may apply to High Risk clients as well.

EDITS: Data Element "Transaction Type" must not equal "C" or "S"

For WIC Types: P, N, B, I, C

For Transaction Types: O, S, X, W-C or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

For GWB Use

Transmittal Date: 05/15/2008 **ETAD Change Number: 08-03**

Effective Date: 10/01/2008 **Bundle: 08-02**

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-003a

Data Element Number: 95 Bundle: 08-02

Data Element Name: Secondary Nutrition Education Follow-up Date

Data Element Type: Date

Data Element Length: 8

ETAD Position: 481 - 488

Validation Rule(s): Must be a valid calendar date in MMDDYYYY FORMAT.

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add Data Element #95

Data elements 95 - 99 are to be used to document secondary nutrition education follow-up with clients.

Data must be entered every time client receives secondary nutrition education If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Care Plan must be entered in SOAP Notes and/or Medical Record

Data Element #95 (Secondary Nutrition Education Follow-up Date) may apply to High Risk clients as well.

EDITS: Data Element "Transaction Type" must not equal "C" or "S"

For WIC Types: P, N, B, I, C

For Transaction Types: O, X, W-C or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

For GWB Use

Transmittal Date: 07/23/2008 ETAD Change Number: 08-03a

Effective Date: 10/01/2008 Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

FFY 2008

ETAD Change Number: 08-003b

Data Element Number: 95 Bundle: 08-02

Data Element Name: Secondary Nutrition Education Follow-up Date

Data Element Type: Date

Data Element Length: 8

ETAD Position: 481 - 488

Validation Rule(s): Must be a valid calendar date in MMDDYYYY format.

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add Data Element #95

Data elements 95 - 99 are to be used to document secondary nutrition education follow-up with clients.

Data must be entered every time client receives secondary nutrition education follow-up services.
If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Care Plan must be entered in SOAP Notes and/or Medical Record

Data Element #95 (Secondary Nutrition Education Follow-up Date) may apply to High Risk clients as well.

High Risk secondary contact may be counted for a Low Risk contact, however Low Risk contact may not be counted for High Risk.

EDITS: Data Element "Transaction Type" must not equal "C" or "S"

For WIC Types: P, N, B, I, C

For Transaction Types: O, X, W-C or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

For GWB Use

Transmittal Date: 08/13/2008 ETAD Change Number: 08-03b

Effective Date: 10/01/2008 Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: / /

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-004

Data Element Number: 96

Bundle: 08-02

Data Element Name: Low Risk Nutrition Education Follow-up Contact Provided

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 46 - 46

Validation Rule(s): Valid input is either Y or N.

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add Data Element #96.

Data elements 95 - 99 are to be used to document secondary nutrition education follow-up with clients.

Data must be entered every time client receives secondary nutrition education follow-up services

If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Work Plan must be entered in SOAP Notes and/or Medical Record

Data Element #96 (Low Risk Nutrition Education Follow-up Contact Provided) may apply to High Risk clients as well.

EDITS: Data Element "Transaction Type" must not equal "C"

For WIC Types: P, N, B, I, C

For Transaction Types: O, S, X, W-C or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

For GWB Use

Transmittal Date: 05/15/2008

ETAD Change Number: 08-04

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-004a

Data Element Number: 96

Bundle: 08-02

Data Element Name: Secondary Nutrition Education Follow-up Contact Provided

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 46 - 46

Validation Rule(s): Valid input is: L, H, N

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add Data Element #96.

Data elements 95 - 99 are to be used to document secondary nutrition education follow-up with clients.

Data must be entered every time client receives secondary nutrition education
If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Care Plan must be entered in SOAP Notes and/or Medical Record

Data Element #96 (Secondary Nutrition Education Follow-up Contact Provided) may apply to High risk clients as well.

High Risk secondary contact may be counted for a Low risk contact; however Low risk contact may not be counted for High Risk.

Provide drop-down box with options:

- L = Low Risk
- H = High Risk
- N = Not Provided

EDITS: Data Element "Transaction Type" must not equal "C" or "S"

For WIC Types: P, N, B, I, C

For Transaction Types: O, X, W-C or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

For GWB Use

Transmittal Date: 07/23/2008

ETAD Change Number: 08-04a

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-005

Data Element Number: 97

Bundle: 08-02

Data Element Name: Low Risk Nutrition Education Follow-up Contact Type

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 344 - 344

Validation Rule(s): Valid input is either I, C, V, K, O, R or M.

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add Data Element #97.

Data elements 95 - 99 are to be used to document secondary nutrition education follow-up with clients.

Data must be entered every time client receives secondary nutrition education follow-up services.

See Chart on next page for valid inputs. Chart is to be in the form of a drop down menu, user will select appropriate response.

If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Work Plan must be entered in SOAP Notes and/or Medical Record

Data Element #97 (Low Risk Nutrition Education Follow-up Contact Type) may apply to High Risk clients as well.

EDITS: Data Element “Transaction Type” must not equal “C”

Data Element #96 (Secondary Contact Provided?) must be H for selections I, C, V, K, O

Data Element #96 (Secondary Contact Provided?) must be N for selections R or M

For WIC Types: P, N, B, I, C

For Transaction Types: O, S, X, W-C or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

Pull down menu for appropriate response:

Input	Description	Data Element #96 =
I	Individual	H
C	Class	H
V	Video Conference	H

K	Kiosk	H
O	On-line	H
R	Refused	N
M	Missed/Not Provided	N

For GWB Use

Transmittal Date: 05/15/2008

ETAD Change Number: 08-05

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-005a

Data Element Number: 97

Bundle: 08-02

Data Element Name: Secondary Nutrition Education Follow-up Contact Type

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 344 - 344

Validation Rule(s): Valid input is either I, C, V, K, O, R or M.

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add Data Element #97.

Data elements 95 - 99 are to be used to document secondary nutrition education follow-up with clients.

Data must be entered every time client receives secondary nutrition education follow-up services.

See Chart on next page for valid inputs. Chart is to be in the form of a drop down menu, user will select appropriate response.

If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Care Plan must be entered in SOAP Notes and/or Medical Record

Data Element #97 (Secondary Nutrition Education Follow-up Contact Type) may apply to High Risk clients as well.

EDITS: Data Element "Transaction Type" must not equal "C" or "S"

Data Element #96 (Secondary Contact Provided) must be Low Risk (L) , High Risk (H), Not Provided (N) for selections I, C, V, K, O

Data Element #96 (Secondary Contact Provided) must be N for selections R or M

For WIC Types: P, N, B, I, C

For Transaction Types: O, X, W-C or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

Pull down menu for appropriate response:

Input	Description	Data Element #96 =
-------	-------------	--------------------

I	Individual	Y
C	Class	Y
V	Video Conference	Y
K	Kiosk	Y
O	On-line	Y
R	Refused	N
M	Missed/Not Provided	N

For GWB Use

Transmittal Date: 07/23/2008

ETAD Change Number: 08-05a

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-005b

Data Element Number: 97

Bundle: 08-02

Data Element Name: Secondary Nutrition Education Follow-up Contact Type

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 344 - 344

Validation Rule(s): Valid input is either I, C, V, K, O, R or M.

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add Data Element #97.

Data elements 95 - 99 are to be used to document secondary nutrition education follow-up with clients.

Data must be entered every time client receives secondary nutrition education follow-up services.

See Chart on next page for valid inputs. Chart is to be in the form of a drop down menu, user will select appropriate response.

If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Care Plan must be entered in SOAP Notes and/or Medical Record

Data Element #97 (Secondary Nutrition Education Follow-up Contact Type) may apply to High Risk clients as well.

Edits: Data Element “Transaction Type” must not equal “C” or “S”

Data Element #96 (Secondary Contact Provided) must be N for selections R or M

For WIC Types: P, N, B, I, C

For Transaction Types: O, X, W-C or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

Pull down menu for appropriate response:

Input	Description	Data Element #96 =
I	Individual	L or H

C	Class	L or H
V	Video Conference	L or H
K	Kiosk	L
O	On-line	L
R	Refused	N
M	Missed/Not Provided	N

For GWB Use

Transmittal Date: 08/13/2008

ETAD Change Number: 08-05b

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-006

Data Element Number: 98**Bundle:** 08-02**Data Element Name:** Low Risk Nutrition Education Follow-up Topics**Data Element Type:** Numeric**Data Element Length:** 15**ETAD Position:** 361 – 363 and 547 - 558**Validation Rule(s):** Valid input is P,N,B,I,C and 0, 1, 2, 3, 4, 5, 6, 7, 8, 9**Critical?** Yes for WIC Types P, N, B, I, C**Business Rules:** Add Data Element #98.

Data elements 95 - 99 are to be used to document secondary nutrition education follow-up with clients.

Data must be entered every time client receives secondary nutrition education follow-up services.

System must allow for up to five (5) Nutrition Education topics to be entered at one time. Each topic will use three(3) positions.

See Chart on pages 3 - 4 for valid inputs. Chart is to be in the form of a drop down menu, user will select appropriate response. The item selected will generate a three digit code based on the following rules:

1. If Data Element # 24 (WIC Type) = I then leading number must = "1"
2. If Data Element # 24 (WIC Type) = C then leading number must = "2"
 1. If Data Element # 24 (WIC Type) = P, N, or B then leading number must = "3"
 2. Only allow selections appropriate to WIC type; i.e. Data Element#24 (Type) = I the topics 101 – 109 will become available.

If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Work Plan must be entered in SOAP Notes and/or Medical Record

Data Element #98 (Low Risk Nutrition Education Follow-up Contact Topics) may apply to High Risk clients as well.

Edits: Data Element "Transaction Type" must not equal "C"

Data Element #96 (Secondary Contact Provided?) must be Y for selections I, C, V, K, O in Data Element #97

If Data Element #96 (Secondary Contact Provided?) is N then no input for Data Element #98 is to be allowed.

For WIC Types: P, N, B, I, C**For Transaction Types:** O, S, X, W-C or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

Codes to be used for topics by WIC Type:

Infants		Children		Women (P, N, or B)	
Code	Topic	Code	Topic	Code	Topic
01	Reinforce Good Points in Diet	201	Reinforce Good Points in Diet	301	Reinforce Good Points in Diet
02	Nutritional Value of WIC Foods	202	Nutritional Value of WIC Foods	302	Nutritional Value of WIC Foods
03	Assessment of Latch & Positioning	203	Meat/Meat Substitutes	303	Assessment of Latch & Positioning
04	Frequency/Duration/Encouragement	204	Dairy/Milk/Milk Substitutes	304	Frequency/Duration/Encouragement
05	Supply & Demand/Supplementing	205	Fruits/Vegetables	305	Supply & Demand/Supplementing
06	Growth Spurts	206	Bread/Cereal	306	Infant Growth Spurts
07	Problems/Barriers (Specify)	207	Good Quality Snacks	307	Problems/Barriers (Specify)
08	Iron Fortified Formula	208	High Calcium Sources	308	Iron Fortified Formula
09	Formula Preparation	209	Foods To Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)	309	Formula Preparation
10	Techniques of Bottle Feeding	210	Medicine/Vitamins/Minerals	310	Techniques of Bottle Feeding
11	Spitting Up/Rflux	211	Low Empty Calories & Sweet Drinks	311	Weight Management
12	Delay Solids Until 5-6 Months	212	Dental Care/Weaning to Cup/Baby Bottle Caries	312	Exercise Benefits/Frequency
13	Beginning Solids (Type & Amounts)	213	Weight Management	313	Physical Activity/Play as a Family
14	Iron Fortified Infant Cereal	214	Exercise Benefits/Frequency	314	Alternatives to TV/Video Time
15	Offer Water Daily When Starting Solids	215	Physical Activity/Play as a Family	315	Meat/Meat Substitutes
16	Single Food Introduction (Baby Foods)	216	Alternatives to TV/Video Time	316	Dairy/Milk/Milk Substitutes
17	Prevention of Choking	217	Modeling of Positive Behaviors	317	Fruits/Vegetables
18	Encouraging Self Feeding Skills	218	Stress Free Feeding	318	Bread/Cereal
19	Low Empty Calories & Sweet Drinks	219	Picky Eating	319	Good Quality Snacks

Infants		Children		Women (P, N, or B)	
Code	Topic	Code	Topic	Code	Topic
20	Dental Care/Weaning to Cup/Baby Bottle Caries	220	Goal Setting	320	High Calcium Sources
21	Modeling of Positive Behaviors	221	Immunizations	321	Foods To Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)
22	Stress Free Feeding	222	*Alcohol, Tobacco, Drugs & Other Harmful Substances	322	Adequate Fluid Intakes
23	Picky Eating	223	Other (Specify)	323	Low Empty Calories & Sweet Drinks
24	Goal Setting			324	Nausea, Constipation, Heartburn
25	Immunizations			325	**EXIT COUNSELING
26	*Alcohol, Tobacco, Drugs & Other Harmful Substances			326	Other (Specify)
27	Other (Specify)				

*Alcohol, Tobacco, Drugs & Other Harmful Substances – Required at least once for an infant.

*Alcohol, Tobacco, Drugs & Other Harmful Substances – Required at least once for a child.

**Exit Counseling – From the prenatal through the postpartum (breastfeeding or non-breastfeeding) period, a woman participant must receive Exit Counseling.

Example of how conversion will work:

If WIC Type is I and the topic is Goal Setting, the system will enter the code 124.

If WIC Type is C and the topic is Goal Setting, the system will enter the code 220.

For GWB Use

Transmittal Date: 05/15/2008

ETAD Change Number: 08-06

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-006a

Data Element Number: 98 **Bundle:** 08-02

Data Element Name: Secondary Nutrition Education Follow-up Topics

Data Element Type: Numeric

Data Element Length: 15

ETAD Position: 361 – 363 and 547 - 558

Validation Rule(s): Valid input is P,N,B,I,C and 0, 1, 2, 3, 4, 5, 6, 7, 8, 9

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add Data Element #98.

Data elements 95 - 99 are to be used to document secondary nutrition education follow-up with clients.

Data must be entered every time client receives secondary nutrition education follow-up services.

System must allow for up to five (5) Nutrition Education topics to be entered at one time. Each topic will use three(3) positions.

See Chart on pages 3 - 4 for valid inputs. Chart is to be in the form of a drop down menu, user will select appropriate response. The item selected will generate a three digit code based on the following rules:

1. If Data Element # 24 (WIC Type) = I then leading number must = “1”
2. If Data Element # 24 (WIC Type) = C then leading number must = “2”
3. If Data Element # 24 (WIC Type) = P, N, or B then leading number must = “3”
4. Only allow selections appropriate to WIC type; i.e. Data Element#24 (Type) = I the topics 101 – 127 will become available.

If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Care Plan must be entered in SOAP Notes and/or Medical Record

Data Element #98 (Secondary Nutrition Education Follow-up Contact Topics) may apply to High Risk clients as well.

Edits: Data Element “Transaction Type” must not equal “C”

Data Element #96 (Secondary Contact Provided) must be Low Risk (L), High Risk (H), Not Provided (N) for selections I, C, V, K, O in Data Element #97

If Data Element #96 (Secondary Contact Provided) is N then no input for Data Element #98 is to be allowed.

For WIC Types: P, N, B, I, C

For Transaction Types: O, X, W-C or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

Codes to be used for topics by WIC Type:

Infants	Children	Women (P, N, or B)
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Code	Topic	Code	Topic	Code	Topic
01	Reinforce Good Points in Diet	201	Reinforce Good Points in Diet	301	Reinforce Good Points in Diet
02	Nutritional Value of WIC Foods	202	Nutritional Value of WIC Foods	302	Nutritional Value of WIC Foods
03	Assessment of Latch & Positioning	203	Meat/Meat Substitutes	303	Assessment of Latch & Positioning
04	Breastfeeding Frequency/Duration/Encouragement	204	Dairy/Milk/Milk Substitutes	304	Breastfeeding Frequency/Duration/Encouragement
05	Breastfeeding Supply & Demand/Supplementing	205	Fruits/Vegetables	305	Breastfeeding Supply & Demand/Supplementing
06	Growth Spurts	206	Bread/Cereal	306	Infant Growth Spurts
07	Breastfeeding Problems/Barriers (Specify)	207	Good Quality Snacks	307	Breastfeeding Problems/Barriers (Specify)
08	Iron Fortified Formula	208	High Calcium Sources	308	Iron Fortified Formula
09	Formula Preparation	209	Foods To Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)	309	Formula Preparation
10	Techniques of Bottle Feeding	210	Medicine/Vitamins/Minerals	310	Techniques of Bottle Feeding
11	Spitting Up/Reflux	211	Low Empty Calories & Sweet Drinks	311	Weight Management
12	Delay Solids Until 5-6 Months	212	Dental Care/Weaning to Cup/Baby Bottle Caries	312	Exercise Benefits/Frequency
13	Beginning Solids (Type & Amounts)	213	Weight Management	313	Physical Activity/Play as a Family
14	Iron Fortified Infant Cereal	214	Exercise Benefits/Frequency	314	Alternatives to TV/Video Time
15	Offer Water Daily When Starting Solids	215	Physical Activity/Play as a Family	315	Meat/Meat Substitutes
16	Single Food Introduction (Baby Foods)	216	Alternatives to TV/Video Time	316	Dairy/Milk/Milk Substitutes
17	Prevention of Choking	217	Modeling of Positive Behaviors	317	Fruits/Vegetables
18	Encouraging Self Feeding Skills	218	Stress Free Feeding	318	Bread/Cereal
19	Reduce/Limit Empty Calories & Sweet Drinks	219	Picky Eating	319	Good Quality Snacks

Infants		Children		Women (P, N, or B)	
Code	Topic	Code	Topic	Code	Topic
20	Dental Care/Weaning to Cup/Baby Bottle Caries	220	Goal Setting	320	High Calcium Sources
21	Modeling of Positive Behaviors	221	Immunizations	321	Foods To Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)
22	Stress Free Feeding	222	*Alcohol, Tobacco, Drugs & Other Harmful Substances	322	Adequate Fluid Intakes
23	Picky Eating	223	Other (Specify)	323	Reduce/Limit Empty Calories & Sweet Drinks
24	Goal Setting			324	Nausea, Constipation, Heartburn
25	Immunizations			325	**EXIT COUNSELING
26	*Alcohol, Tobacco, Drugs & Other Harmful Substances			326	Other (Specify)
27	Other (Specify)				

*Alcohol, Tobacco, Drugs & Other Harmful Substances – Required at least once for an infant.

*Alcohol, Tobacco, Drugs & Other Harmful Substances – Required at least once for a child.

**Exit Counseling – From the prenatal through the postpartum (breastfeeding or non-breastfeeding) period, a woman participant must receive Exit Counseling.

Example of how conversion will work:

If WIC Type is I and the topic is Goal Setting, the system will enter the code 124.

If WIC Type is C and the topic is Goal Setting, the system will enter the code 220.

For GWB Use

Transmittal Date: 07/23/2008

ETAD Change Number: 08-06a

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-006b

Data Element Number: 98 **Bundle:** 08-02

Data Element Name: Secondary Nutrition Education Follow-up Topics

Data Element Type: Numeric

Data Element Length: 15

ETAD Position: 361 – 363 and 547 - 558

Validation Rule(s): Valid input is 0, 1, 2, 3, 4, 5, 6, 7, 8, 9

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add Data Element #98.

Data elements 95 - 99 are to be used to document secondary nutrition education follow-up with clients.

Data must be entered every time client receives secondary nutrition education follow-up services.

System must allow for up to five (5) Nutrition Education topics to be entered at one time. System must allow for up to five (5) Nutrition Education topics to be transmitted to CPS at one time. Each topic will use three (3) positions.

See Chart on pages 3 - 4 for valid inputs. Chart is to be in the form of a drop down menu, user will select appropriate response. The item selected will generate a three digit code based on the following rules:

1. If Data Element # 24 (WIC Type) = I then leading number must = “1”
2. If Data Element # 24 (WIC Type) = C then leading number must = “2”
3. If Data Element # 24 (WIC Type) = P, N, or B then leading number must = “3”
4. Only allow selections appropriate to WIC type; i.e. Data Element#24 (Type) = I the topics 101 – 127 will become available.

If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Care Plan must be entered in SOAP Notes and/or Medical Record

Data Element #98 (Secondary Nutrition Education Follow-up Contact Topics) may apply to High Risk clients as well.

Edits: Data Element “Transaction Type” must not equal “C” or “S”

If Data Element #96 (Secondary Contact Provided) is N then no input for Data Element #98 is to be allowed.

For WIC Types: P, N, B, I, C

For Transaction Types: O, X, W-C or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

Codes to be used for topics by WIC Type:

Infants		Children		Women (P, N, or B)	
Code	Topic	Code	Topic	Code	Topic
001	Reinforce Good Points in Diet	201	Reinforce Good Points in Diet	301	Reinforce Good Points in Diet
002	Nutritional Value of WIC	202	Nutritional Value of	302	Nutritional Value of WIC Foods

	Foods		WIC Foods		
03	Assessment of Latch & Positioning	203	Meat/Meat Substitutes	303	Assessment of Latch & Positioning
04	Breastfeeding Frequency/Duration/Encouragement	204	Dairy/Milk/Milk Substitutes	304	Breastfeeding Frequency/Duration/Encouragement
05	Breastfeeding Supply & Demand/Supplementing	205	Fruits/Vegetables	305	Breastfeeding Supply & Demand/Supplementing
06	Growth Spurts	206	Bread/Cereal	306	Infant Growth Spurts
07	Breastfeeding Problems/Barriers (Specify in notes)	207	Good Quality Snacks	307	Breastfeeding Problems/Barriers (Specify in notes)
08	Iron Fortified Formula	208	High Calcium Sources	308	Iron Fortified Formula
09	Formula Preparation	209	Foods To Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)	309	Formula Preparation
10	Techniques of Bottle Feeding	210	Medicine/Vitamins/Minerals	310	Techniques of Bottle Feeding
11	Spitting Up/Reflux	211	Reduce/Limit Low Empty Calories & Sweet Drinks	311	Weight Management
12	Delay Solids Until 5-6 Months	212	Dental Care/Weaning to Cup/Baby Bottle Caries	312	Exercise Benefits/Frequency
13	Beginning Solids (Type & Amounts)	213	Weight Management	313	Physical Activity/Play as a Family
14	Iron Fortified Infant Cereal	214	Exercise Benefits/Frequency	314	Alternatives to TV/Video Time
15	Offer Water Daily When Starting Solids	215	Physical Activity/Play as a Family	315	Meat/Meat Substitutes
16	Single Food Introduction (Baby Foods)	216	Alternatives to TV/Video Time	316	Dairy/Milk/Milk Substitutes
17	Prevention of Choking	217	Modeling of Positive Behaviors	317	Fruits/Vegetables
18	Encouraging Self Feeding Skills	218	Stress Free Feeding	318	Bread/Cereal
19	Reduce/Limit Empty Calories & Sweet Drinks	219	Picky Eating	319	Good Quality Snacks
20	Dental Care/Weaning to Cup/Baby Bottle Caries	220	Goal Setting	320	High Calcium Sources
21	Modeling of Positive Behaviors	221	Immunizations	321	Foods To Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)
22	Stress Free Feeding	222	*Alcohol, Tobacco, Drugs & Other Harmful Substances	322	Adequate Fluid Intakes
Code	Topic	Code	Topic	Code	Topic
23	Picky Eating	223	Other (Specify in notes)	323	Reduce/Limit Empty Calories & Sweet Drinks
24	Goal Setting			324	Nausea, Constipation, Heartburn

25	Immunizations			325	**EXIT COUNSELING
26	*Alcohol, Tobacco, Drugs & Other Harmful Substances			326	Other (Specify in notes)
27	Other (Specify in notes)				

*Alcohol, Tobacco, Drugs & Other Harmful Substances – Required at least once for an infant.

*Alcohol, Tobacco, Drugs & Other Harmful Substances – Required at least once for a child.

**Exit Counseling – From the prenatal through the postpartum (breastfeeding or non-breastfeeding) period, a woman participant must receive Exit Counseling.

Example of how conversion will work:

If WIC Type is I and the topic is Goal Setting, the system will enter the code 124.

If WIC Type is C and the topic is Goal Setting, the system will enter the code 220.

For GWB Use

Transmittal Date: 08/13/2008

ETAD Change Number: 08-06b

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008 ETAD Change Number: 08-007

Data Element Number: 99 **Bundle:** 08-02

Data Element Name: Low Risk Nutrition Education Contact Provider

Data Element Type: Alpha

Data Element Length: 2

ETAD Position: 286 - 287

Validation Rule(s): See Chart Below For Valid Inputs.

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add Data Element #99.

Data elements 95 - 99 are to be used to document secondary nutrition education follow-up with clients.

Data must be entered every time client receives secondary nutrition education follow-up services.

See Chart on next page for valid inputs. Chart is to be in the form of a drop down menu, user will select appropriate response. The item selected will generate a 2 digit alpha/numeric code based on the following rules:

1. If Provider is a Registered Dietitian or Licensed Dietitian (RD/LD) then system must transmit code "P1"
2. If Provider is a Nutritionist (NUTR) the system must transmit code "P2"
3. If Provider is a Registered Nurse (RN) the system must transmit code "P3"
4. If Provider is a Licensed Practical Nurse (LPN) the system must transmit code "P4"
5. If Provider is a Nutrition Assistant (NA) the system must transmit code "P5"
6. If Provider is other than any of the above the system must transmit code "P6"

The system must be able to link education provided to the credentials of the provider.

If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Work Plan must be entered in SOAP Notes and/or Medical Record

Data Element #99 (Low Risk Nutrition Education Follow-up Contact Provider) may apply to High Risk clients as well.

Edits: Data Element "Transaction Type" must not equal "C"

Data Element #96 (Secondary Contact Provided) must be Y for selections I, C, V, K, O in Data Element #97

If Data Element #96 (Secondary Contact Provided) is N then no input for Data Element #99 is to be allowed.

For WIC Types: P, N, B, I, C

For Transaction Types: O, S, X, W-C or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

Table for selecting Title of individual providing Nutrition Education:

Code	Acronym	Title
P1	RD/LD	Registered Dietician/Licensed Dietician
P2	NUTR	Nutritionist
P3	RN	Registered Nurse
P4	LPN	Licensed Practical Nurse
P5	NA	Nutrition Assistant
P6	Other	

For GWB Use

Transmittal Date: 05/15/2008 **ETAD Change Number:** 08-07

Effective Date: 10/01/2008 **Bundle:** 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

**Georgia WIC Branch
ETAD Change**

FFY 2008 **ETAD Change Number:** 08-007a

Data Element Number: 99 **Bundle:** 08-02

Data Element Name: Secondary Nutrition Education Contact Provider

Data Element Type: Alpha

Data Element Length: 2

ETAD Position: 286 - 287

Validation Rule(s): See Chart Below For Valid Inputs.

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add Data Element #99.

Data elements 95 - 99 are to be used to document secondary nutrition education follow-up with clients.

Data must be entered every time client receives secondary nutrition education follow-up services.

See Chart on next page for valid inputs. Chart is to be in the form of a drop down menu, user will select appropriate response. The item selected will generate a 2 digit alpha/numeric code based on the following rules:

1. If Provider is a Registered Dietitian or Licensed Dietitian (RD/LD) then system must transmit code "P1"
2. If Provider is a Nutritionist (NUTR) the system must transmit code "P2"
3. If Provider is a Registered Nurse (RN) the system must transmit code "P3"
4. If Provider is a Licensed Practical Nurse (LPN) the system must transmit code "P4"
5. If Provider is a Nutrition Assistant (NA) the system must transmit code "P5"

6. If Provider is other than any of the above the system must transmit code "P6"

The system must be able to link education provided to the credentials of the provider.

If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Care Plan must be entered in SOAP Notes and/or Medical Record

Data Element #99 (Secondary Nutrition Education Follow-up Contact Provider) may apply to High Risk clients as well.

Edits: Data Element "Transaction Type" must not equal "C" or "S"

If Data Element #96 (Secondary Contact Provided) is N then no input for Data Element #99 is to be allowed.

For WIC Types: P, N, B, I, C

For Transaction Types: O, X, W-C or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

Table for selecting Title of individual providing Nutrition Education:

Code	Acronym	Title
P1	RD/LD	Registered Dietitian/Licensed Dietitian
P2	NUTR	Nutritionist
P3	RN	Registered Nurse
P4	LPN	Licensed Practical Nurse
P5	NA	Nutrition Assistant
P6	Other	

For GWB Use

Transmittal Date: 07/23/2008 **ETAD Change Number:** 08-07a

Effective Date: 10/01/2008

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008 **ETAD Change Number:** 08-008

Data Element Number: 100 **Bundle:** 08-02

Data Element Name: Add Body Mass Index (BMI) to ETAD.

Data Element Type: Numeric

Data Element Length: 4

ETAD Position: 497 - 499

Validation Rule(s): Valid input is 0, 1, 2, 3, 4, 5, 6, 7, 8, 9

Critical? Yes for WIC Types P N, B, C*

Business Rules: Add Data Element #100.

Data Element 100 will show the participants BMI

The system will automatically calculate the BMI based on the following formula:

Weight (in pounds) / Height (in inches) / Height (in inches) X 703.

The system will automatically calculate and populate the BMI Data Element

A reference for converting fraction to decimals and guidance for rounding is provided in the following table:

Fraction of Inch	Equivalent Decimal
1/8	.125
2/8 or 1/4	.25
3/8	.375
4/8 or 1/2	.5
5/8	.625
6/8 or 3/4	.75
7/8	.875

Weight in Quarters of Pounds	Equivalent Decimal
1/4	.25
1/2	.5
3/4	.75

Once calculated, BMI must be rounded to one decimal pint.

Rounding Rules for BMI:

Use the whole number and decimal point when calculating BMI i.e., if the measurement is 32 3/8, use 32.375 in the calculation.

Round only when the final calculation is completed.

If the second number to the right of the decimal point is 4 or less, round down i.e., 14.741 = 14.7

If the second number to the right of the decimal point is 5 or greater, round up i.e., 14.761 = 14.8

Only populate the BMI Data Element after the final rounding has been completed.

Edits: BMI is not calculated for infants or children under the age of two years..

For WIC Types: P, N, B, C *

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 05/15/2008 **ETAD Change Number:** 08-08

Effective Date: 10/01/2008 **Bundle:** 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-008a

Data Element Number: 100

Bundle: 08-02

Data Element Name: Add Body Mass Index (BMI) to ETAD.

Data Element Type: Numeric

Data Element Length: 4

ETAD Position: 497 - 499

Validation Rule(s): Valid input is 0, 1, 2, 3, 4, 5, 6, 7, 8, 9

Critical? Yes for WIC Types P N, B, C*

Business Rules: Add Data Element #100.

Data Element 100 will show the participants BMI

The system will automatically calculate the BMI based on the following formula:

Weight (in pounds) / Height (in inches) / Height (in inches) X 703.

The system will automatically calculate and populate the BMI Data Element

A reference for converting fraction to decimals and guidance for rounding is provided in the following table:

Fraction of Inch	Equivalent Decimal
1/8	.125
2/8 or 1/4	.25
3/8	.375
4/8 or 1/2	.5
5/8	.625
6/8 or 3/4	.75
7/8	.875

Weight in Quarters of Pounds	Equivalent Decimal
1/4	.25
1/2	.5
3/4	.75

Once calculated, BMI must be rounded to one decimal point.

Rounding Rules for BMI:

Use the whole number and decimal point when calculating BMI i.e., if the measurement is 32 3/8, use 32.375 in the calculation.

Round only when the final calculation is completed.

If the second number to the right of the decimal point is 4 or less, round down i.e., 14.741 = 14.7

If the second number to the right of the decimal point is 5 or greater, round up i.e., 14.761 = 14.8

Only populate the BMI Data Element after the final rounding has been completed.

Edits: BMI is not calculated for infants or children under the age of two years.

For WIC Types: P, N, B, C *

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 05/15/2008

ETAD Change Number: 08-08a

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-008b

Data Element Number: 100

Bundle: 08-02

Data Element Name: Add Body Mass Index (BMI) to ETAD.

Data Element Type: Numeric

Data Element Length: 3 (Decimal Point is Implied)

ETAD Position: 497 - 499

Validation Rule(s): Valid input is 0, 1, 2, 3, 4, 5, 6, 7, 8, 9

Insert 999 in Data Element 100 if BMI cannot be taken for any reason. CPS will not transmit records with the 999 entry to CDC or anyone else.

Critical? Yes for WIC Types P N, B, C (If child age is greater than two (2) years.

Business Rules: Add Data Element #100.

Data Element 100 will show the participants BMI

The system will automatically calculate the BMI based on the following formula:

Weight (in pounds) / Height (in inches) / Height (in inches) X 703.

If WIC Type = P then BMI must be calculated using the client's Pre-gravid Weight (Data Element #43) and Height.

The system will automatically calculate and populate the BMI Data Element.

A reference for converting fraction to decimals and guidance for rounding is provided in the following table:

Fraction of Inch	Equivalent Decimal
1/8	.125
2/8 or 1/4	.25
3/8	.375
4/8 or 1/2	.5
5/8	.625
6/8 or 3/4	.75
7/8	.875

Weight in Quarters of Pounds	Equivalent Decimal
1/4	.25
1/2	.5

$\frac{3}{4}$.75
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Once calculated, BMI must be rounded to one decimal point.

Rounding Rules for BMI:

Use the whole number and decimal point when calculating BMI i.e., if the measurement is 32 $\frac{3}{8}$, use 32.375 in the calculation.

Round only when the final calculation is completed.

If the second number to the right of the decimal point is 4 or less, round down i.e., 14.741 = 14.7

If the second number to the right of the decimal point is 5 or greater, round up i.e., 14.761 = 14.8

Only populate the BMI Data Element after the final rounding has been completed.

Edits: BMI is not calculated for infants or children under the age of two years.

If Element 112 (Recumbent/Standing) is R then Element 100 must equal 999

For WIC Types: P, N, B, C (If child age is greater than or equal to two (2) years.

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 08/13/2008 **ETAD Change Number:** 08-08b

Effective Date: 10/01/2008 **Bundle:** 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-009

Data Element Number: 101

Bundle: 08-02

Data Element Name: Date Breastfeeding Began

Data Element Type: Date

Data Element Length: 8

ETAD Position: 159 - 166

Validation Rule(s): Valid Calendar date in DDMMYYYY format.

Critical? Yes for WIC Types N, B, I, C (and P only if Data Element #51 (Breastfeeding Now) = Y).

Business Rules: Add Data Element #101.

Data elements 101 - 103 are to be used to augment breastfeeding data collection.

Data must be entered every time client is asked the Breastfeeding questions.

If Data Element #51 (Breastfed Now) = Y, Data Elements #101 - #103 must be completed.

If Data Element #52 (Breastfed Now) = N, but Data Element #52 (Breastfed Ever) = Y then Data Elements #101 - #103 must be completed.

If Data Element #52 (Breastfed Ever) = N then Data Elements #101 - #103 will not be open.

Edits: Data Element #51 (Breastfed Now)
Data Element #52 (Breastfed Ever)

For WIC Types: N, B, I, C (and P only if Data Element #51 (Breastfeeding Now) = Y).

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 05/15/2008

ETADChange Number: 08-09

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-009a

Data Element Number: 101 Bundle: 08-02

Data Element Name: Date Breastfeeding Began

Data Element Type: Date

Data Element Length: 8

ETAD Position: 159 - 166

Validation Rule(s): Valid Calendar date in DDMMYYYY format.

Critical? Yes for WIC Types N, B, I, C .

Business Rules: Add Data Element #101.

Data elements 101 - 103 are to be used to augment breastfeeding data collection.

Data must be entered every time client is asked the Breastfeeding questions.

If Data Element #51 (Breastfed Now) = Y, Data Elements #101 - #103 must be completed.

If Data Element #52 (Breastfed Now) = N, but Data Element #52 (Breastfed Ever) = Y then Data Elements #101 - #103 must be completed.

If Data Element #52 (Breastfed Ever) = N then Data Elements #101 - #103 will not be open.

Edits: Data Element #51 (Breastfed Now)
Data Element #52 (Breastfed Ever)

For WIC Types: N, B, I, C.

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 08/13/2008 ETADChange Number: 08-09a

Effective Date: 10/01/2008 Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-010

Data Element Number: 102 Bundle: 08-02

Data Element Name: Breastfeeding Began At Birth

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 364 - 364

Validation Rule(s): Valid input is either Y or N

Critical? Yes for WIC Types N, B, I, C (and P only if Data Element #51 (Breastfeeding Now) = Y).

Business Rules: Add Data Element #102.

Data elements 100 - 103 are to be used to augment breastfeeding data collection.

Data must be entered every time client is asked the Breastfeeding questions.

If Data Element #52 (Breastfed Ever) = Y, Data Element #100 (Breastfeeding Began at Birth) will become active.

If Data Element #52 (Breastfed Ever) = N, Data Element #100 (Breastfeeding Began at Birth) will not be active.

Edits: Data Element #51 (Breastfeeding Now)
Data Element #52 (Breastfed Ever)

For WIC Types: N, B, I, C (and P only if Data Element #51 (Breastfeeding Now) = Y).

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 07/21/2008 ETADChange Number: 08-10

Effective Date: 10/01/2008 Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-010a

Data Element Number: 102 Bundle: 08-02

Data Element Name: Breastfeeding Began At Birth

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 364 - 364

Validation Rule(s): Valid input is either Y or N

Critical? Yes for WIC Types N, B, I, C (and P only if Data Element #51 (Breastfeeding Now) = Y).

Business Rules: Add Data Element #102.

Data elements 100 - 103 are to be used to augment breastfeeding data collection.

Data must be entered every time client is asked the Breastfeeding questions.

If Data Element #52 (Breastfed Ever) = Y, Data Element #102 (Breastfeeding Began at Birth) will become active.

If Data Element #52 (Breastfed Ever) = N, Data Element #102 (Breastfeeding Began at Birth) will not be active.

Edits: Data Element #51 (Breastfeeding Now)
Data Element #52 (Breastfed Ever)

For WIC Types: N, B, I, C (and P only if Data Element #51 (Breastfeeding Now) = Y).

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 07/23/2008 ETADChange Number: 08-10a

Effective Date: 10/01/2008 Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-010b

Data Element Number: 102 Bundle: 08-02

Data Element Name: Breastfeeding Began At Birth

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 364 - 364

Validation Rule(s): Valid input is either Y or N

Critical? Yes for WIC Types N, B, I, C

Business Rules: Add Data Element #102.

Data elements 100 - 103 are to be used to augment breastfeeding data collection.

Data must be entered every time client is asked the Breastfeeding questions.

If Data Element #52 (Breastfed Ever) = Y, Data Element #102 (Breastfeeding Began at Birth) will become active.

If Data Element #102 (Breastfeeding Began at Birth) is activated, breastfeeding must have begun within twelve (12) hours of infant's birth, otherwise user must enter N

If Data Element #52 (Breastfed Ever) = N, Data Element #102 (Breastfeeding Began at Birth) will not be active.

Edits: Data Element #51 (Breastfeeding Now)
Data Element #52 (Breastfed Ever)

For WIC Types: N, B, I, C.

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 08/13/2008 ETADChange Number: 08-10b

Effective Date: 10/01/2008 Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-011

Data Element Number: 103

Bundle: 08-02

Data Element Name: Date of Last Time of Breastfeeding and/or Pumping

Data Element Type: Date

Data Element Length: 8

ETAD Position: 519 - 526

Validation Rule(s): Valid Calendar date in DDMMYYYY format.

Critical? Yes for WIC Types N, B, I, C (and P only if Data Element #51 (Breastfeeding Now) = Y).

Business Rules: Add Data Element #103.

Data elements 101 - 103 are to be used to augment breastfeeding data collection.

Data must be entered every time client is asked the Breastfeeding questions.

If Data Element #51 (Breastfeeding Now) = N and Data Element #52 (Breastfed Ever) = Y, Data Element #103 (Date of Last Time of Breastfeeding and/or pumping) will become active.

Business Rules: If Data Element #51 (Breastfeeding Now) = N and Data and Data Element #52 (Breastfed Ever) = Y, then Data Element #103 (Date of Last Time Breastfed and/or Pumped) will become active.

User will key in data using DDMMYY format and Data Element #53 (Number of Weeks Breastfed) will be calculated using dates entered in Data Element #101 (Date Breastfeeding Began) and Data Element # 103 (Date of Last Time Breastfed and/or Pumped)

If Data Element #52 (Breastfed Ever) = N then Data Element #103 (Date of Last Time of Breastfeeding and/or Pumping), will not be open.

Edits: Data Element #51 (Breastfeeding Now)
Data Element #52 (Breastfed Ever)

For WIC Types: N, B, I, C (and P only if Data Element #51 (Breastfeeding Now) = Y).

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 07/21/2008

ETAD Change Number: 08-11

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-011a

Data Element Number: 103

Bundle: 08-02

Data Element Name: Date of Last Time of Breastfeeding and/or Pumping

Data Element Type: Date

Data Element Length: 8

ETAD Position: 519 - 526

Validation Rule(s): Valid Calendar date in DDMMYYYY format.

Critical? Yes for WIC Types N, B, I, C (and P only if Data Element #51 (Breastfeeding Now) = Y).

Business Rules: Add Data Element #103.

Data elements 101 - 103 are to be used to augment breastfeeding data collection.

Data must be entered every time client is asked the Breastfeeding questions.

If Data Element #51 (Breastfeeding Now) = N and Data Element #52 (Breastfed Ever) = Y, Data Element #103 (Date of Last Time of Breastfeeding and/or pumping) will become active.

Business Rules: If Data Element #51 (Breastfeeding Now) = N and Data and Data Element #52 (Breastfed Ever) = Y, then Data Element #103 (Date of Last Time Breastfed and/or Pumped) will become active.

User will key in data using DDMMYY format and Data Element #53 (Number of Weeks Breastfed) will be calculated using dates entered in Data Element #101 (Date Breastfeeding Began) and Data Element # 103 (Date of Last Time Breastfed and/or Pumped)

If Data Element #52 (Breastfed Ever) = N then Data Element #103 (Date of Last Time of Breastfeeding and/or Pumping), will not be open.

Edits: Data Element #51 (Breastfeeding Now)
Data Element #52 (Breastfed Ever)

For WIC Types: N, B, I, C (and P only if Data Element #51 (Breastfeeding Now) = Y).

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 07/23/2008

ETAD Change Number: 08-11a

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-012

Data Element Number: 53

Bundle: 08-02

Data Element Name: Number of Weeks Breastfed.

Data Element Type: Numeric

Data Element Length: 2

ETAD Position: 300 - 301

Validation Rule(s): Valid input is <, 0, 1, 2, 3, 4, 5, 6, 7, 8, 9

Critical? Yes for WIC Types P N, B, I, C

Business Rules: Program front-end systems to automatically calculate the number of weeks an infant has been breastfed according to the following matrix:

Edits:

For WIC Types: P, N, B, I, C

For Transaction Types: C, O, S, X, W-C or U.

Weeks Breastfed Calculation Matrix

	B/F Now	B/F Ever	B/F at Birth	Date Start	Date Stop	DFC	Dob	ADD	Calculation
	Y	Y*	Y			✓	✓		(DFC – DOB)/7 = Weeks Breastfed
	Y	Y*	N	✓		✓			(DFC – Date Start)/7 = Weeks Breastfed
	N	Y	Y		✓		✓		(Date Stop – DOB)/7 = Weeks Breastfed
	N	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed
	Y	Y*	Y			✓		✓	(DFC - Actual Delivery Date)/7 = Weeks Breastfed
	Y	Y*	N	✓		✓			(DFC – Date Start)/7 = Weeks Breastfed
	N	Y	Y		✓			✓	(Date Stop – ADD)/7 = Weeks Breastfed
	N	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed
	N*	Y	Y		✓			✓	(Date Stop - ADD)/7 = Weeks Breastfed
	N*	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed
	Y	Y*	Y			✓		✓	(DFC - Actual Delivery Date)/7 = Weeks Breastfed
	Y	Y*	N	✓		✓			(DFC – Date Start)/7 = Weeks Breastfed
	N	Y	Y		✓			✓	(Date Stop - ADD)/7 = Weeks Breastfed
	N	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed
	Y	Y*	Y			✓	✓		(DFC – DOB)/7 = Weeks Breastfed
	Y	Y*	N	✓		✓			(DFC – Date Start)/7 = Weeks Breastfed
	N	Y	Y		✓		✓		(Date Stop – DOB)/7 = Weeks Breastfed
	N	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed

*Data Elements will be automatically populated.

Indicates New Data Elements

Formula for Weeks Breastfed

If Calculation =	Then Weeks Breastfed =
0> and <7	<1
6> and <14	1
13> and <21	2
20> and <28	3
27> and <35	4
34> and <42	5
41> and <49	6
48> and <56	7
Etc.	Etc.

For GWB Use

Transmittal Date: 05/15/2008

ETAD Change Number: 08-12

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-012a

Data Element Number: 53

Bundle: 08-02

Data Element Name: Number of Weeks Breastfed.

Data Element Type: Numeric

Data Element Length: 2

ETAD Position: 300 - 301

Validation Rule(s): Valid input is <, 0, 1, 2, 3, 4, 5, 6, 7, 8, 9

Critical? Yes for WIC Types P N, B, I, C

Business Rules: If Data Element #102 (Breastfeeding Began At Birth) = Y and Data Element #5 (Date Form Completed) = Data Element #13 (Date Of Birth) and/Data Element #38 (Date Of Certification) then count Weeks Breastfed as <1

Program front-end systems to automatically calculate the number of weeks an infant has been breastfed according to the following matrix:

Edits: Data Element #102 (Breastfeeding Began At Birth)
Data Element #5 (Date Form Completed)
Data Element #13 (Date Of Birth)
Data Element #38 (Date Of Certification)

For WIC Types: P, N, B, I, C

For Transaction Types: C, O, S, X, W-C or U.

Weeks Breastfed Calculation Matrix

	B/F Now	B/F Ever	B/F at Birth	Date Start	Date Stop	DFC	Dob	ADD	Calculation
	Y	Y*	Y			✓	✓		(DFC – DOB)/7 = Weeks Breastfed
	Y	Y*	N	✓		✓			(DFC – Date Start)/7 = Weeks Breastfed
	N	Y	Y		✓		✓		(Date Stop – DOB)/7 = Weeks Breastfed
	N	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed
	Y	Y*	Y			✓		✓	(DFC - Actual Delivery Date)/7 Weeks Breastfed
	Y	Y*	N	✓		✓			(DFC – Date Start)/7 = Weeks Breastfed
	N	Y	Y		✓			✓	(Date Stop – ADD)/7 = Weeks Breastfed
	N	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed
	N*	Y	Y		✓			✓	(Date Stop - ADD)/7= Weeks Breastfed
	N*	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed
	Y	Y*	Y			✓		✓	(DFC - Actual Delivery Date)/7 = Weeks Breastfed
	Y	Y*	N	✓		✓			(DFC – Date Start)/7 = Weeks Breastfed
	N	Y	Y		✓			✓	(Date Stop - ADD)/7 = Weeks Breastfed
	N	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed
	Y	Y*	Y			✓	✓		(DFC – DOB)/7 = Weeks Breastfed
	Y	Y*	N	✓		✓			(DFC – Date Start)/7 = Weeks Breastfed
	N	Y	Y		✓		✓		(Date Stop – DOB)/7 = Weeks Breastfed
	N	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed

*Data Elements will be automatically populated.

Indicates New Data Elements

Formula for Weeks Breastfed

If Calculation =	Then Weeks Breastfed =
0 _≥ and <7 ¹	<1
6 _{>} and <14	1
13 _{>} and <21	2
20 _{>} and <28	3
27 _{>} and <35	4
34 _{>} and <42	5
41 _{>} and <49	6
48 _{>} and <56	7
Etc.	Etc.

¹If Data Element #102 (Breastfeeding Began At Birth) = Y and Data Element #5 (Date Form Completed) = Data Element #13 (Date Of Birth) and/Data Element #38 (Date Of Certification) then count Weeks Breastfed as <1

For GWB Use

Transmittal Date: 07/23/2008

ETAD Change Number: 08-12a

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch
ETAD Change

FFY 2008

ETAD Change Number: 08-012b

Data Element Number: 53

Bundle: 08-02

Data Element Name: Number of Weeks Breastfed.

Data Element Type: Numeric/Character

Data Element Length: 2

ETAD Position: 300 - 301

Validation Rule(s): Valid input is <, 0, 1, 2, 3, 4, 5, 6, 7, 8, 9

Critical? No

Business Rules: If Data Element #102 (Breastfeeding Began At Birth) = Y and Data Element #5 (Date Form Completed) = Data Element #13 (Date Of Birth) and Data Element #42 (Delivery Date) then count Weeks Breastfed as <1

Program front-end systems to automatically calculate the number of weeks an infant has been breastfed according to the following matrix:

Edits: Data Element #102 (Breastfeeding Began At Birth)
Data Element #5 (Date Form Completed)
Data Element #13 (Date Of Birth)
Data Element #42 (Delivery Date)

For WIC Types: P, N, B, I, C

For Transaction Types: C, O, S, X, W-C or U.

Weeks Breastfed Calculation Matrix

	B/F Now	B/F Ever	B/F at Birth	Date Start	Date Stop	DFC	Dob	ADD	Calculation
	Y	Y*	Y			✓	✓		(DFC – DOB)/7 = Weeks Breastfed
	Y	Y*	N	✓		✓			(DFC – Date Start)/7 = Weeks Breastfed
	N	Y	Y		✓		✓		(Date Stop – DOB)/7 = Weeks Breastfed
	N	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed
	Y	Y*	Y			✓		✓	(DFC - Delivery Date)/7 = Weeks Breastfed
	Y	Y*	N	✓		✓			(DFC – Date Start)/7 = Weeks Breastfed
	N	Y	Y		✓			✓	(Date Stop – Delivery Date)/7 = Weeks Breastfed
	N	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed
	N*	Y	Y		✓			✓	(Date Stop - Delivery Date)/7= Weeks Breastfed
	N*	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed
	Y	Y*	Y			✓	✓		(DFC – DOB)/7 = Weeks Breastfed
	Y	Y*	N	✓		✓			(DFC – Date Start)/7 = Weeks Breastfed
	N	Y	Y		✓		✓		(Date Stop – DOB)/7 = Weeks Breastfed
	N	Y	N	✓	✓				(Date Stop – Date Start)/7 = Weeks Breastfed

*Data Elements will be automatically populated.

Formula for Weeks Breastfed

If Calculation =	Then Weeks Breastfed =
0 ¹ and <7 ¹	<1
6 ^{>} and <14	1
13 ^{>} and <21	2
20 ^{>} and <28	3
27 ^{>} and <35	4
34 ^{>} and <42	5
41 ^{>} and <49	6
48 ^{>} and <56	7
Etc.	Etc.

¹If Data Element #102 (Breastfeeding Began At Birth) = Y and Data Element #5 (Date Form Completed) = Data Element #13 (Date Of Birth) and Data Element #42 (Delivery Date) then count Weeks Breastfed as <1

For GWB Use

Transmittal Date: 08/13/2008

ETAD Change Number: 08-12b

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____ / ____ / ____

ETAD Change

FFY 2008

ETAD Change Number: 08-013

Data Element Number: 104 **Bundle:** 08-02

Data Element Name: Peer Counselor I.D.

Data Element Type: Alpha

Data Element Length: 3

ETAD Position: 338 - 340

Validation Rule(s): Valid input is A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z

Critical? Yes for WIC Types P, N, B,

Business Rules: Add a three-digit field to collect the identification of the Breastfeeding Peer Counselor assigned to the client.

Edits: Data element #37 (Enrolled In or Referred To) must contain X in at least one position.

For WIC Types: P, N, B

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 05/15/2008 **ETAD Change Number:** 08-13

Effective Date: 10/01/2008 **Bundle:** 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-014

Data Element Number: 105 **Bundle:** 08-02

Data Element Name: Type of Peer Counseling Contact.

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 341 - 341

Validation Rule(s): Valid input is C, G, H, M, P

Critical? Yes for WIC Types P N, B,

Business Rules: Add a one-digit field to collect the type of Breastfeeding contact received by the client. Use following table to create a drop-down box for users to select appropriate response:

Code	Type of Contact
C	Clinic
G	Group Class
H	Home
M	Medical Setting (Hospital, etc)
P	Telephone

Edits: Data element #37 (Enrolled In or Referred To) must contain X in at least one position.

For WIC Types: P, N, B

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 05/15/2008 **ETAD Change Number:** 08-14

Effective Date: 10/01/2008 **Bundle:** 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-014a

Data Element Number: 105 Bundle: 08-02

Data Element Name: Type of Peer Counseling Contact.

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 341 - 341

Validation Rule(s): Valid input is C, G, H, M, P

Critical? No

Business Rules: Add a one-digit field to collect the type of Breastfeeding contact received by the client. Use following table to create a drop-down box for users to select appropriate response:

Code	Type of Contact
C	Clinic
G	Group Class
H	Home
M	Medical Setting (Hospital, etc)
P	Telephone

Edits: Data element #37 (Enrolled In or Referred To) must contain X in at least one position.

For WIC Types: P, N, B

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 08/13/2008 ETAD Change Number: 08-14a

Effective Date: 10/01/2008 Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-015

Data Element Number: 106 **Bundle:** 08-02

Data Element Name: Peer Counseling Termination Date

Data Element Type: Date

Data Element Length: 8

ETAD Position: 527 - 534

Validation Rule(s): Must be a valid calendar date in MMDDYYYY format

Critical? Yes for WIC Types P N, B,

Business Rules: Add an eight-digit field to collect the date when Breastfeeding Peer Counseling was terminated.

Edits: Data element #37 (Enrolled In or Referred To) must contain X in at least one position.

For WIC Types: P, N, B

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 05/15/2008 **ETAD Change Number:** 08-15

Effective Date: 10/01/2008 **Bundle:** 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-015a

Data Element Number: 106 **Bundle:** 08-02

Data Element Name: Peer Counseling Termination Date

Data Element Type: Date

Data Element Length: 8

ETAD Position: 527 - 534

Validation Rule(s): Must be a valid calendar date in MMDDYYYY format

Critical? No

Business Rules: Add an eight-digit field to collect the date when Breastfeeding Peer Counseling was terminated.

Edits:

For WIC Types: P, N, B

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 08/13/2008 **ETAD Change Number:** 08-15a

Effective Date: 10/01/2008 **Bundle:** 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-016

Data Element Number: 107 **Bundle:** 08-02

Data Element Name: Breast Pump Assigned

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 288 - 288

Validation Rule(s): Must be either Y or N.

Critical? Yes for WIC Types P N, B,

Business Rules: Add a one-digit field to indicate if the client was issued a breast pump.

Edits: Data element #37 (Enrolled In or Referred To) must contain **W** in at least one position.

For WIC Types: P, N, B

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 05/15/2008 **ETAD Change Number:** 08-16

Effective Date: 10/01/2008 **Bundle:** 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-016a

Data Element Number: 107

Bundle: 08-02

Data Element Name: Breast Pump Assigned

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 288 - 288

Validation Rule(s): Must be either Y or N.

Critical? No

Business Rules: Add a one-digit field to indicate if the client was issued a breast pump.

Edits:

For WIC Types: N, B

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 08/13/2008

ETAD Change Number: 08-16a

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-017

Data Element Number: 107 **Bundle:** 08-02

Data Element Name: Breastfeeding Peer Counselor Assigned

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 289 - 289

Validation Rule(s): Must be either Y or N.

Critical? Yes for WIC Types P N, B,

Business Rules: Add a one-digit field to indicate if the client was assigned to a breastfeeding peer counselor.

Edits: Data element #37 (Enrolled In or Referred To) must contain **W** or **X** in at least one position.

For WIC Types: P, N, B

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 05/15/2008 **ETAD Change Number:** 08-17

Effective Date: 10/01/2008 **Bundle:** 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-017a

Data Element Number: 108 **Bundle:** 08-02

Data Element Name: Breastfeeding Peer Counselor Assigned

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 289 - 289

Validation Rule(s): Must be either Y or N.

Critical: Yes for WIC Types P N, B,

Business Rules: Add a one-digit field to indicate if the client was assigned to a breastfeeding peer counselor.

Edits: Data element #37 (Enrolled In or Referred To) must contain **X** in at least one position.

For WIC Types: P, N, B

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 05/15/2008 **ETAD Change Number:** 08-17a

Effective Date: 10/01/2008 **Bundle:** 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-017b

Data Element Number: 108

Bundle: 08-02

Data Element Name: Breastfeeding Peer Counselor Assigned

Data Element Type: Alpha

Data Element Length: 1

ETAD Position: 289 - 289

Validation Rule(s): Must be either Y or N.

Critical? No

Business Rules: Add a one-digit field to indicate if the client was assigned to a breastfeeding peer counselor.

Edits:

For WIC Types: P, N, B

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 08/13/2008

ETAD Change Number: 08-17b

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008 ETAD Change Number: 08-018

Data Element Number: 108 **Bundle:** 08-02

Data Element Name: Add new Data Element #108: Family Numbers

Data Element Type: Numeric

Data Element Length: 12

ETAD Position: 535 - 546

Validation Rule(s): Valid Input includes: 1, 2, 3, 4, 5, 6, 7, 8, 9, 0

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add a twelve-digit field for the client's family number.

The system will populate this Data Element from the Family Number is assigns to enable users to track family members even if WIC ID numbers or Last Names are different.

Right justify.

Lead zeros not required

For WIC Types: P, N, B, I, C

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 05/15/2008 **ETAD Change Number:** 08-18

Effective Date: 10/01/2008 **Bundle:** 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-018a

Data Element Number: 108 **Bundle:** 08-02

Data Element Name: Add new Data Element #108: Family Numbers

Data Element Type: Numeric

Data Element Length: 12

ETAD Position: 535 - 546

Validation Rule(s): Valid Input includes: 1, 2, 3, 4, 5, 6, 7, 8, 9, 0

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add a twelve-digit field for the client's family number.

The system will populate this Data Element from the Family Number is assigns to enable users to track family members even if WIC ID numbers or Last Names are different.

Right justify.

Lead zeros required

For WIC Types: P, N, B, I, C

For Transaction Types: C, O, S, X, W-C or U.

For GWB Use

Transmittal Date: 05/15/2008 **ETAD Change Number:** 08-18

Effective Date: 10/01/2008 **Bundle:** 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-018b

Data Element Number: 109

Bundle: 08-02

Data Element Name: Add new Data Element #109: Family Numbers

Data Element Type: Numeric

Data Element Length: 12

ETAD Position: 535 - 546

Validation Rule(s): Valid Input includes: 1, 2, 3, 4, 5, 6, 7, 8, 9, 0

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add a twelve-digit field for the client's family number.

The system will populate this Data Element from the Family Number is assigns to enable users to track family members even if WIC ID numbers or Last Names are different.

Right justify.

Lead zeros required

If Data Element #76 (Foster Care) is "Y" family number of CURRENT family is to be used.

For WIC Types: P, N, B, I, C

For Transaction Types: All

For GWB Use

Transmittal Date: 05/15/2008

ETAD Change Number: 08-18b

Effective Date: 10/01/2008

Bundle: 08-02

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-019

Data Element Number: 110 **Bundle:** 08-03

Data Element Name: Add new Data Element #110: Date of Initial Contact

Data Element Type: Date

Data Element Length: 8

ETAD Position: 559 - 566

Validation Rule(s): Must be a valid calendar date in MMDDYYYY format.

Critical: Yes for WIC Types P, N, B, I, C

Business Rules: Add an eight digit date field to capture the date of initial contact.

If Transaction Type = C, and...

Data Element #24 (Type) is N or C then Data Element #110 (Date of Initial Contact) must be \leq Data Element #5 (Date Form Completed) + 20 days to meet Processing Standards.

Data Element #110 (Date of Initial Contact) is \geq Data Element #5 (Date Form Completed) + 20 days then Processing Standards have not been met. No action on the part of the clinic system is required, CSC will produce report. However, clinic staff may desire to run ad hoc report on this data – system should allow for this.

Data Element #24 (Type) is P, B or I then Data Element #110 (Date of Initial Contact) must be \leq Data Element #5 (Date Form Completed) + 10 days to meet Processing Standards.

Data Element #110 (Date of Initial Contact) is \geq Data Element #5 (Date Form Completed) + 10 days then Processing Standards have not been met. No action on the part of the clinic system is required, CSC will produce report. However, clinic staff may desire to run ad hoc report on this data – system should allow for this.

Data Element #21 (Migrant) = Y then Data Element #110 (Date of Initial Contact) must be \leq Data Element #5 (Date Form Completed) + 10 days to meet Processing Standards regardless of WIC Type.

If Transaction Type = S or W-C and client is within their valid certification period, Data Elements #110 (Initial Contact Date) and #111 (Initial Contact Type) will not be accessible.

If Transaction Type = S or W-C and client is overdue for certification Data Element #110 (Initial Contact Date) will default to the same as Data Element #5 (Date Form Completed) and #111 (Initial Contact Type) will be activated.

For WIC Types: P, N, B, I, C

For Transaction Types: C, S, W-C

For GWB Use

Transmittal Date: 06/20/2008

ETAD Change Number: 08-19

Effective Date: 10/01/2008

Bundle: 08-03

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-019a

Data Element Number: 110

Bundle: 08-03

Data Element Name: Add new Data Element #110: Date of Initial Contact

Data Element Type: Date

Data Element Length: 8

ETAD Position: 559 - 566

Validation Rule(s): Must be a valid calendar date in MMDDYYYY format.

Allowable entries are: 1, 2, 3, 4, 5, 6, 7, 8, 9, 0.

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add an eight digit date field to capture the date of initial contact.

If Transaction Type = C, and...

Data Element #24 (Type) is N or C then Data Element #110 (Date of Initial Contact) must be \leq Data Element #5 (Date Form Completed) + 20 days to meet Processing Standards.

Data Element #110 (Date of Initial Contact) is \geq Data Element #5 (Date Form Completed) + 20 days then Processing Standards have not been met. No action on the part of the clinic system is required, CSC will produce report. However, clinic staff may desire to run ad hoc report on this data – system should allow for this.

Data Element #24 (Type) is P, B or I then Data Element #110 (Date of Initial Contact) must be \leq Data Element #5 (Date Form Completed) + 10 days to meet Processing Standards.

Data Element #110 (Date of Initial Contact) is \geq Data Element #5 (Date Form Completed) + 10 days then Processing Standards have not been met. No action on the part of the clinic system is required, CSC will produce report. However, clinic staff may desire to run ad hoc report on this data – system should allow for this.

Data Element #21 (Migrant) = Y then Data Element #110 (Date of Initial Contact) must be \leq Data Element #5 (Date Form Completed) + 10 days to meet Processing Standards regardless of WIC Type.

If Transaction Type = S or W-C and client is within their valid certification period, Data Elements #110 (Initial Contact Date) and #111 (Initial Contact Type) will not be accessible.

If Transaction Type = S or W-C and client is overdue for certification Data Element #110 (Initial Contact Date) will default to the same as Data Element #5 (Date Form Completed) and #111 (Initial Contact Type) will be activated.

Data Element #110 will not change if there is no break in services to the client. A break in service will be determined according to the following rules:

3. If the previous transaction is "T".
4. If the previous transaction is T and Data Element #2 (Termination Code) is not "R"

For WIC Types: P, N, B, I, C

For Transaction Types: C, O, X, S, W-N – If previous transaction is T and Term Reason is R

W-C, S - if previous transaction is T and Term Reason is not R

For GWB Use

Transmittal Date: 08/13/2008

ETAD Change Number: 08-19a

Effective Date: 10/01/2008

Bundle: 08-03

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008 ETAD Change Number: 08-020

Data Element Number: 111 Bundle: 08-02

Data Element Name: Add new data element #111: Initial Contact Type

Data Element Type: Character

Data Element Length: 1

ETAD Position: 342 - 342

Validation Rule(s): Must be either: W, T, or O.

Critical? Yes for WIC Types P, N, B, I, C

Business Rules: Add a one position field to capture the type of initial contact.

If Data Element #110 (Date of Initial Contact) is applicable then provide drop-down menu for user to select the type of initial contact:

- W – Walk-in
- T – Telephone
- O – Other (Explain in notes)

For WIC Types: P, N, B, I, C

For Transaction Types: C, S, W-C

For GWB Use ETAD Change Number: 08-20

Bundle: 08-02

Transmittal Date: 06/27/2008

Comment Period: 06/30/2008 to 07/09/2008

Authorized Test Dates: ____/____/____ to ____/____/____

Effective Date: 10/01/2008

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

Georgia WIC Branch

ETAD Change

FFY 2008

ETAD Change Number: 08-021

Data Element Number: 112

Bundle: 08-03

Data Element Name: Recumbent/Standing

Data Element Type: Character

Data Element Length: 1

ETAD Position: 343 - 343

Validation Rule(s): R = Recumbent

S = Standing

Critical? Yes for WIC Types C

Business Rules: Add new Data Element #112: A one position field to capture the position of the clients when height was taken.

For WIC Types: C

For Transaction: C, S, W-C

For GWB Use

Transmittal Date: 08/14/2008

ETAD Change Number: 08-21

Effective Date: 10/01/2008

Bundle: 08-03

Final Cutoff Date: 11/01/2008

GWB Approval Date: ____/____/____

**Georgia WIC Branch
ETAD Change**

FFY 2009

ETAD Change Number: 09-01

Data Element Number: 113

Bundle: 09-01

Data Element Name: Add new Data Element #113: Infant Feeding Type

Data Element Type: Character

Data Element Length: 1

ETAD Position: 495 - 495

Validation Rule(s): Must be either: F, P, or E. **NO OTHER ENTRIES ARE ALLOWED**Critical? Yes for WIC Type I. **DO NOT USE FOR ANY OTHER WIC TYPE.**

Intent/Purpose: To add a new ETAD Data Element to capture the type of feeding practice for Infants.

Definitions: F = Fully Formula Fed – Infant receives a full formula food package but may also be breastfed.

P = Partially Breastfed – Infant receives a partial formula food package.

E = Exclusively Breastfed – Infant receives no formula.

Business Rules: Add a one position field to capture the type of Infant Feeding:

Provide users with drop-down box with following options:

F = Fully Formula Fed
P = Partially Breastfed
E = Exclusively Breastfed

The Data Element will be populated by the users clicking on the appropriate response. See Work Order #09-01 for further information on the use of this field.

Cross Edits: Data Element #24 (Type) must be I. Do not allow users to access this data element if Data Element #24 is P, N, B or C.

If Data Element #113 is F then Data Element #51 (Breastfed Now) may be either Y or N.

If Data Element #113 is P then Data Element #51 (Breastfed Now) must be Y

If Data Element #113 is E then Data Element #51 (Breastfed Now) must be Y

For WIC Types: I **DO NOT USE FOR ANY OTHER WIC TYPE.**For Transaction Types: C, W-C, U, M, O, X **DO NOT USE FOR ANY OTHER WIC TRANSACTIONS**

**Georgia WIC Branch
ETAD Change**

FFY 2009	ETAD Change Number: 09-02
Data Element Number: 114	Bundle: 09-01
Data Element Name:	Add new Data Element #114: Woman Feeding Method
Data Element Type:	Character
Data Element Length:	1
ETAD Position:	496 - 496
Validation Rule(s):	Must be either E, F, M, or S. <u>NO OTHER ENTRIES ARE ALLOWED</u>
Critical?	Yes for WIC Type N or B. <u>DO NOT USE FOR ANY OTHER WIC TYPE.</u>
Intent/Purpose:	1) To define a mother's feeding method 2) To define the allowed food packages for a mother
Definitions:	<p>F = Fully Formula Feeding/Non-Breastfeeding. Infant receives full formula package – mother is not breastfeeding.</p> <p>E = Exclusively Breastfeeding. Infant is receiving no formula from the WIC Program, only the breastfeeding tracking voucher and, at age ≥ 6 months old, infant food vouchers. Mother is assumed to be breastfeeding approximately 100% of the time. WIC Type is "B".</p> <p>M = Mostly Breastfeeding . Infant is receiving a "Partially Breastfed" (P) food package. Mother is assumed to be breastfeeding at least 50% of the time. WIC Type is "B".</p> <p>S = Some Breastfeeding. Infant is receiving a full formula package (F). Mother is assumed to be breastfeeding less than 50% of the time. WIC Type is "B".</p>
Business Rules:	<p>Add a one position field to capture the type of feeding practice of postpartum women participants:</p> <p>Provide users with drop-down box with following options:</p> <p style="padding-left: 40px;">F = Fully Formula Feeding/Non Breastfeeding E = Exclusively Breastfeeding M = Mostly Breastfeeding S = Some Breastfeeding</p> <p>The data element will be populated by the users clicking on the appropriate response. See Work Order #09-01 for further information on the use of this field.</p>
Cross Edits:	<p>Data Element #24 (Type) must be N or B. Do not allow users to access this Data Element if Data Element #24 is either I, P or C.</p> <p>If Data Element #24 (Type) is N, then Data Element #114 must default to F (<u>cannot</u> be E, M, or S).</p> <p>If Data Element #24 (Type) is B, then Data Element #114 must be E, M, or S (<u>cannot</u> be F).</p>

If a mother's Data Element #114 is F, then Data Element #51 (Breastfed Now) must be N.

If a mother's Data Element #114 is E, M or S, then Data Element #51 (Breastfed Now) must be Y.

For WIC Types:

N or B **DO NOT USE FOR ANY OTHER WIC TYPE.**

For Transaction Types:

C, S, W-C, U, O, X **DO NOT USE FOR ANY OTHER WIC TRANSACTIONS**

Georgia WIC Branch
ETAD Change

FFY 2009		ETAD Change Number: 09-03
Data Element Number:	33	Bundle: 09-01
Data Element Name:	CPA Food Package Code	
Data Element Type:	Alpha/Numeric	
Data Element Length:	3	
ETAD Position:	224 - 226	
Validation Rule(s):	See Tables 21 – 21c of Edits Manual for valid inputs	
Critical?	Yes for all WIC Types	
Intent/Purpose:	1) To rename the “Food Package Code” Data Element to read “CPA Food Package Code” 2) To allow any of the 3 positions of the CPA Food Package Code to be either alpha or numeric	
Definitions:	CPA Food Package Code: a general 3-character alpha/numeric food package code (FPC) assigned by a WIC Competent Professional Authority (CPA). Each CPA Food Package Code may be subcategorized into multiple internal food package codes. In the case of infants, it is based on participant age at voucher issuance and the infant feeding type. For WIC Type “I” participants, the CPA Food Package Code represents a series of sequential changes in a WIC participant’s food package prescription over the participant’s WIC certification period. The CPA Food Package Code was primarily designed to facilitate the sequencing of infant food packages throughout the first year of life. For other WIC Types (e.g., P, N, B, or C), the CPA Food Package Code and the issued/internal food package code is usually the same.	
Business Rules:	Allow any element of the CPA Food Package Code (Data Element #33) to be either Alpha or Numeric.	
Cross Edits:	N/A	
For WIC Types:	P, N, B, I, C	
For Transaction Types:	See Edits Manual. No additional transaction types have been added.	

NOTE: THIS CHANGE MUST BE MADE IN ORDER TO ACCOMMODATE THE NEW FOOD PACKAGE CODES THAT WILL BECOME EFFECTIVE OCTOBER 1, 2009.

Georgia WIC Branch
ETAD Change

FFY 2009 ETAD Change Number: 09-04

Data Element Number: 98 Bundle: 09-01

Data Element Name: Secondary Nutrition Education Follow-up Topics

Data Element Type: Numeric

Data Element Length: 15

ETAD Position: 361 – 363 and 547 - 558

Validation Rule(s): Valid input is 0, 1, 2, 3, 4, 5, 6, 7, 8, 9.

Critical? Yes for WIC Types P, N, B, I, C

Intent/Purpose: “Alcohol, Tobacco, Drugs & other Harmful Substances” is a required training topic for mothers of Infants and Children and must be moved up to the top of the list. Also “Exit Counseling” is a required topic for adults and adolescents and must be moved up to the top of the list.

It is intended that these topic appear at the top of the nutrition education topics list.

Business Rules: See Chart on pages 3 - 4 for changes

If Data Element #31 (High Risk) = Y then provide user with on screen message:

Client is High Risk: Care Plan must be entered in SOAP Notes and/or Medical Record

Data Element #98 (Secondary Nutrition Education Follow-up Contact Topics) may apply to High Risk clients as well.

Edits: Data Element “Transaction Type” must not equal “C” or “S”

Data Element #96 (Secondary Contact Provided) must be Low Risk (L) or High Risk (H), selections I, C, V, K, O in Data Element #97

If Data Element #96 (Secondary Contact Provided) is N then no input for Data Element #98 is to be allowed.

For WIC Types: P, N, B, I, C

For Transaction Types: O, X, W-C or U. If client is in for voucher issuance only – the system is to automatically generate an Update TAD if client receives nutrition education or refuses/is not provided.

DO NOT USE FOR ANY OTHER WIC TRANSACTIONS

Codes to be used for topics by WIC Type:

Infants		Children		Women (P, N, or B)	
Code	Topic	Code	Topic	Code	Topic
26	*Alcohol, Tobacco, Drugs & Other Harmful Substances	222	*Alcohol, Tobacco, Drugs & Other Harmful Substances	325	**EXIT COUNSELING
01	Reinforce Good Points in Diet	201	Reinforce Good Points in Diet	301	Reinforce Good Points in Diet
02	Nutritional Value of WIC Foods	202	Nutritional Value of WIC Foods	302	Nutritional Value of WIC Foods
03	Assessment of Latch & Positioning	203	Meat/Meat Substitutes	303	Assessment of Latch & Positioning
04	Breastfeeding Frequency/Duration/Encouragement	204	Dairy/Milk/Milk Substitutes	304	Breastfeeding Frequency/Duration/Encouragement
05	Breastfeeding Supply & Demand/Supplementing	205	Fruits/Vegetables	305	Breastfeeding Supply & Demand/Supplementing
06	Growth Spurts	206	Bread/Cereal	306	Infant Growth Spurts
07	Breastfeeding Problems/Barriers (Specify in notes)	207	Good Quality Snacks	307	Breastfeeding Problems/Barriers (Specify in notes)
08	Iron Fortified Formula	208	High Calcium Sources	308	Iron Fortified Formula
09	Formula Preparation	209	Foods To Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)	309	Formula Preparation
10	Techniques of Bottle Feeding	210	Medicine/Vitamins/Minerals	310	Techniques of Bottle Feeding
11	Spitting Up/Reflux	211	Reduce/Limit Low Empty Calories & Sweet Drinks	311	Weight Management
12	Delay Solids Until 5-6 Months	212	Dental Care/Weaning to Cup/Baby Bottle Caries	312	Exercise Benefits/Frequency
13	Beginning Solids (Type & Amounts)	213	Weight Management	313	Physical Activity/Play as a Family
14	Iron Fortified Infant Cereal	214	Exercise Benefits/Frequency	314	Alternatives to TV/Video Time
15	Offer Water Daily When Starting Solids	215	Physical Activity/Play as a Family	315	Meat/Meat Substitutes
16	Single Food Introduction (Baby Foods)	216	Alternatives to TV/Video Time	316	Dairy/Milk/Milk Substitutes
17	Prevention of Choking	217	Modeling of Positive Behaviors	317	Fruits/Vegetables
18	Encouraging Self Feeding Skills	218	Stress Free Feeding	318	Bread/Cereal
19	Reduce/Limit Empty Calories & Sweet Drinks	219	Picky Eating	319	Good Quality Snacks
20	Dental Care/Weaning to Cup/Baby Bottle Caries	220	Goal Setting	320	High Calcium Sources
21	Modeling of Positive Behaviors	221	Immunizations	321	Foods To Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)

22	Stress Free Feeding	223	Other (Specify in notes)	322	Adequate Fluid Intakes
23	Picky Eating			323	Reduce/Limit Empty Calories & Sweet Drinks
24	Goal Setting			324	Nausea, Constipation, Heartburn
25	Immunizations			326	Other (Specify in notes)
27	Other (Specify in notes)			326	Other (Specify in notes)

***Alcohol, Tobacco, Drugs & Other Harmful Substances – Required at least once for an infant.**

***Alcohol, Tobacco, Drugs & Other Harmful Substances – Required at least once for a child.**

****Exit Counseling – From the prenatal through the postpartum (breastfeeding or non-breastfeeding) period, a woman participant must receive Exit Counseling.**

Example of how conversion will work:

If WIC Type is **I** and the topic is **Goal Setting**, the system will enter the code **124**.

If WIC Type is **C** and the topic is **Goal Setting**, the system will enter the code **220**.

Georgia WIC Branch
ETAD Change

FFY 2009

ETAD Change Number: 09-05

Data Element Number: 37

Bundle: 09-01

Data Element Name: Other Services (Enrolled in and Referred To)

Data Element Type: Alphabetic Characters

Data Element Length: 13

ETAD Position: 242 – 251 and 489 - 491

Validation Rule(s): Valid input is: A, B, C, D, E, F, H, I, L, K, L, M, N, O, P, Q, R, S, T, U, V, W, X.

Critical? Yes for WIC Types P, N, B, I, C

Intent/Purpose: It is intended to allow an additional three (3) ETAD positions for REFERRED TO input to allow more flexibility for CPAs.

Business Rules: See Edits Manual, ETAD ELEMENT 37, p. 99 for business rules. (Attached)

For WIC Types: P, N, B, I, C

For Transaction Types: C, S, X-S, W-C **DO NOT USE FOR ANY OTHER WIC TRANSACTIONS**

**Georgia WIC Branch
ETAD Change**

FFY 2009

ETAD Change Number: 09-06

Data Element Number: 115 **Bundle:** 09-01

Data Element Name: Medical Home (New Data Element)

Data Element Type: Alphabetic Characters

Data Element Length: 1

ETAD Position: 492 - 492

Validation Rule(s): Valid input is Y or N.

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for WIC Types I and C

DO NOT USE FOR ANY OTHER WIC TYPE.

Definitions: “Medical Home” is a physician seen by the participant on a regular basis, i.e. family doctor.

Intent/Purpose: It is intended to determine if the participant has a specific physician that they see on a regular basis. The physician’s name will be collected on the Certification Form and does not need to be entered into the ETAD.

Business Rules: If WIC Type is P, N, or B do not allow an entry to be made in Data Element 115.

Edits: Data Element #24 (Type) must equal I or C. **DO NOT USE FOR ANY OTHER WIC TYPE.**

For WIC Types: I or C

For Transaction Types: C, S, X-S, W-C **DO NOT USE FOR ANY OTHER TRANSACTION TYPE.**

ETAD Change

FFY 2009

ETAD Change Number: 09-07

Data Element Number: 116

Bundle: 09-01

Data Element Name: Fruits (New Data Element)

Data Element Type: Alphabetic Characters

Data Element Length: 1

ETAD Position: 500 - 500

Validation Rule(s): Valid input is D, S or N.

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for WIC Type P, N, B and C

DO NOT USE FOR ANY OTHER WIC TYPE.

Definitions: Data Element #116 is intake of fruit.

D = Daily
S = Some Days
N = Never

Intent/Purpose: It is intended to determine if participant eats fruit on a regular basis or if at all.

Business Rules: If WIC Type is I do not allow an entry to be made in Data Element 116.

Edits: Data Element #24 (Type) must equal P, N, B or C. **DO NOT USE FOR ANY OTHER WIC TYPE.**

For WIC Types: P, N, B or C

For Transaction Types: C, S, X-S, W-C **DO NOT USE FOR ANY OTHER TRANSACTION TYPE.**

ETAD Change

FFY 2009

ETAD Change Number: 09-08

Data Element Number: 117

Bundle: 09-01

Data Element Name: Vegetables (New Data Element)

Data Element Type: Alphabetic Characters

Data Element Length: 1

ETAD Position: 501 - 501

Validation Rule(s): Valid input is D, S or N.

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for WIC Type P, N, B, or C

DO NOT USE FOR ANY OTHER WIC TYPE.

Definitions: Data Element #117 is intake of vegetables.

D = Daily
S = Some Days
N = Never

Intent/Purpose: It is intended to determine if the participant eats vegetables on a regular basis or if at all.

Business Rules: If WIC Type is I do not allow an entry to be made in Data Element 117.

Edits: Data Element #24 (Type) must equal P, N, B, or C. **DO NOT USE FOR ANY OTHER WIC TYPE.**

For WIC Types: P, N, B, C

For Transaction Types: C, S, X-S, W-C **DO NOT USE FOR ANY OTHER TRANSACTION TYPE.**

ETAD Change

FFY 2009

ETAD Change Number: 09-09

Data Element Number: 118

Bundle: 09-01

Data Element Name: Usual Daily Activity (New Data Element)

Data Element Type: Alphabetic Characters

Data Element Length: 1

ETAD Position: 502 - 502

Validation Rule(s): Valid input is V, S or N.

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for WIC Type P, N, B or C

DO NOT USE FOR ANY OTHER WIC TYPE.

Definitions: Data Element #118 daily activity.

V = Very Active
S = Active Some of the time
N = Not Active

Intent/Purpose: It is intended to determine if the participant engages in physical activity on a regular basis or if at all.

Business Rules: If WIC Type is I do not allow an entry to be made in Data Element 118.

Edits: Data Element #24 (Type) must equal P, N, B or C. **DO NOT USE FOR ANY OTHER WIC TYPE.**

For WIC Types: P, N, B or C

For Transaction Types: C, S, X-S, W-C **DO NOT USE FOR ANY OTHER TRANSACTION TYPE.**

ETAD Change

FFY 2009 **ETAD Change Number:** 09-10

Data Element Number: 119 **Bundle:** 09-01

Data Element Name: Second FPC Option for Special Situations

Data Element Type: Alpha/Numeric

Data Element Length: 3

ETAD Position: 503 – 505

Validation Rule(s): Must be a valid Georgia WIC Food Package Code or 000.

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for P, N, B, I, C

DO NOT USE FOR ANY OTHER WIC TYPE.

Definitions: Second FPC Option for Special Situations: A three position Data Element that will allow CPAs to (1) insert a second part to the CPA FPC (Data Element #33) for clients who are eligible to receive supplemental foods in addition to special formula products in Food Package III or (2) specify the FPC to be issued for a partially breastfed infant during the first month of life.

000: A three-digit code to be entered into Data Element #119 to indicate that there is no second part needed for the two-part food package for a WIC participant receiving Food Package III. The “000” code is **never** transmitted to the data processor (CSC). The “000” code **cannot** be used for partially breastfed infants during the first month of life.

Intent/Purpose: It is the intent of this ETAD Change to create a data element to capture the second part of a two-part food package assigned to a WIC participant receiving Food Package III (Special Formula required) and to provide a location for CPAs to indicate a special food package choice used among partially breastfed infants during the first month of life. It is also the intent that the system will require the CPA to enter a code in this data element field, if the field is enabled, and not allow the CPA to proceed until an acceptable entry has been made.

Business Rules: If the CPA FPC (Data Element #33) begins with either X, 0, 1, or 9 then enable Data Element #119 else make it unavailable to users.

If Data Element #24 (WIC Type) is I **AND** infant’s age is less than 30 days **AND** Data Element #113 (Infant Feeding Type) is “P” then Data Element #119 **MUST** be activated. User must not be allowed to continue until Data Element #119 is completed. Do not allow 000 to be entered in this situation. See Table 2 in Work Order #09-04 for allowed choices. For example, if CPA FPC (Data Element #33) is F13 and infant is 10 days old, then user can choose either food package code E00 or E11 to enter into Data Element #119.

If Data Element #119 is enabled, the default value will be blank, however do not allow users to progress further until a valid entry has been made to the Data Element.

If the second part of the two-part FPC is not required for a Food Package III participant, the CPA may enter 000 into the element. The system must accept this as a valid entry and allow the user to continue.

The 000 is for internal use only and, if present, the system must transmit a **blank** for Data Element #119. Do not transmit the 000 entry to CSC.

If Data Element #119 is not equal to "000", the system must allow the user to print BOTH of food package codes listed in Data Element #33 and Data Element #119.

If Data Element #24 (WIC Type) is I AND infant's age is less than 30 days AND Data Element #113 (Infant Feeding Type) is "P", then the system should print the FPC entered in Data Element #119 for the first month of life and then follow the standard infant food package sequencing based on the applicable CPA FPC entered in Data Element #33 for the remaining months of vouchers printed.

If Data Element #119 is "999", then the system must allow the use of food package code 999.

Edits: Data Element #33 (CPA FPC), Data Element #24 (Type), Data Element #113 (Infant Feeding Type)

Cross Edits: Both Data Element #119 and Data Element #33 must be allowed, if it is applicable, to have an entry of 999 at the same time and allow the printing of two 999 District/clinic-created food packages.

Data Element #119 can never be enabled if Data Element #113 (Infant Feeding Type) is "E" or "F".

For WIC Types: P, N, B, I, C

For Transaction Types: At every voucher issuance.

Georgia WIC Branch
ETAD Change

FFY 2009

ETAD Change Number: 09-11

Bundle: 09-01

Data Element Number: 120

Data Element Name: Peachcare

Data Element Type: Alpha

Data Element Length:

ETAD Position: 493 - 493

Validation Rule(s): Must be Y, or N

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for I, C

DO NOT USE FOR ANY OTHER WIC TYPE.

Definitions: Peachcare: State sponsored health insurance program for infants and children.

Y = Yes, client is receiving Peachcare

N = No, client is not receiving Peachcare

NO OTHER ENTRIES ARE ALLOWED

Intent/Purpose: It is the intent of this ETAD Change to create a data element to identify those clients who are enrolled in the Georgia Peachcare program.

Business Rules: If Data Element #24 (WIC Type) is I or C enable Data Element #120.

If Data Element #34 (Medicaid) is either Y or U, do not allow access to Data Element #120. If Data Element #34 (Medicaid) is N, then allow access to Data Element #120.

Allowable responses are Y for yes or N for no or U for unverified.

Edits: Data Element #24 (WIC Type) must be either I or C.

DO NOT USE FOR ANY OTHER WIC TYPE.

For WIC Types: I, C

For Transaction Types: C, S, X, W-C, O

Georgia WIC Branch
ETAD Change

10-01

FFY 2010

ETAD Change Number: 10-01

Bundle: 10-01

Data Element Number: 121
Data Element Name: Dairy Intake (New Data Element)
Data Element Type: Alpha
Data Element Length: 1
ETAD Position: 506 - 506
Validation Rule(s): D, S or N

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for P, N, B, C

DO NOT USE FOR ANY OTHER WIC TYPE.

Definitions: Dairy Intake: Frequency that client consumes dairy products;
Dairy Products: Milk (in any form), Cheese (in any form), Yogurt.
D = Daily
S = Some Days
N = Never

NO OTHER ENTRIES ARE ALLOWED

Intent/Purpose: It is the intent of this ETAD Change to determine if the participant consumes dairy products on a regular basis or if at all.

Business Rules: If Data Element #24 (Type) = I, do not allow an entry to be made in Data Element #121.

Edits:

For WIC Types: P, N, B, C

DO NOT USE FOR ANY OTHER WIC TYPE.

For Transaction Types: C, S, X-S, W-C, O-S

DO NOT USE FOR ANY OTHER TRANSACTIONS

Print on Cert Form: Yes, place with fruits and vegetable questions. Phrase as:

“How often is dairy consumed?” Valid entries are D = Daily S = Some Days N = Never

Testing Outcomes:

Attempt to enter a numeric response. System must not allow any numeric characters.

Attempt to enter data using a transaction other than listed
System must not allow any other transaction to be used.

Attempt to enter an alpha code other than D, S, or N. System must not allow any other entries.

Attempt to enter data for WIC Type I.

Transmittal Date:

Effective Date: 10/01/2010

Final Cutoff Date: 11/01/2010

Georgia WIC Branch
ETAD Change

10-02

FFY 2010

ETAD Change Number: 10-02

Data Element Number: 122

Data Element Name: Screen Time (New Data Element)

Data Element Type: Numeric

Data Element Length: 2

ETAD Position: 567 - 568

Validation Rule(s): 0 – 24
Add leading 0 if input is less than 10 hours.

NO OTHER ENTRIES ARE ALLOWED

Critical? Yes for P, N, B, C

Definitions: Screen Time: In the previous week, how many hours per day does the client spend watching television, playing video games or playing at computer.

NO OTHER ENTRIES ARE ALLOWED

Intent/Purpose: It is the intent of this ETAD Change to create a data element to identify the amount of time during which clients are engaging in screen time per day.

Business Rules: If Data Element #24 (Type) = I, do not allow an entry to be made in Data Element #122.

Combined total cannot exceed 24.

If position #567 is less than 1 add leading 0. "0" may be the default value in position #567.

Edits:

For WIC Types: P, N, B, C

DO NOT USE FOR ANY OTHER WIC TYPE.

For Transaction Types: C, S, X-S, W-C

DO NOT USE FOR ANY OTHER TRANSACTIONS

Print on Cert Form: Yes, place with physical activity question. Phrase as:
"Hours of screen time?" Numeric responses are required.

Testing Outcomes: Attempt to enter an alpha. System must not allow any alpha characters.

Attempt to enter data using a transaction other than listed
System must not allow any other transaction to be used.

Attempt to enter data for WIC Type I.

Transmittal Date:

Effective Date: 10/01/2010

Final Cutoff Date: 11/01/2010

Georgia WIC Branch
ETAD Change

FFY 2010
Data Element Number: 123 **ETAD Change Number:** 10-03
Data Element Name: Date Peer Counselor Assigned (New Data Element)
Data Element Type: Date
Data Element Length: 8
ETAD Position: 507 - 514
Validation Rule(s): Valid input is a date in MMDDYYYY format that is equal to or greater than the clients certification date.

NO OTHER ENTRIES ARE ALLOWED

Critical? No

Definitions: Peer Counselor refers to a Breastfeeding Peer Counselor
Date Peer Counselor Assigned is the date that a client was assign to a Breastfeeding Peer Counselor.

Intent/Purpose: It is the intent of this ETAD Change to track the date when a Breastfeeding Peer Counselor was assigned to the client.

Business Rules: Data Element #24 (WIC Type) must be either P or B.

Testing : Attempt to use for other WIC Types. System must not allow input for other WIC Types.

Edits: Data Element #24 (WIC Type) must be either P or B.

DO NOT USE FOR ANY OTHER WIC TYPE.

For WIC Types: P, B

For Transaction Types: C, S, X, W-C, O, U

Georgia WIC Branch
ETAD Change

FFY 2010

ETAD Change Number: 10-04

Bundle: 10-01

Data Element Number: 124
Data Element Name: Date Breast Pump Assigned (New Data Element)
Data Element Type: Date
Data Element Length: 8
ETAD Position: 569 - 576
Validation Rule(s): Valid input is a date in MMDDYYYY format that is equal to or greater than the clients certification date.

NO OTHER ENTRIES ARE ALLOWED

Critical? No

Definitions: Records the date that a breast pump was issued to a client.

Intent/Purpose: It is the intent of this ETAD Change to track the date when a Breast Pump was assigned to the client.

Business Rules: Data Element #24 (WIC Type) must = B

Testing : Attempt to use for WIC Types other than B. System must not allow input for other WIC Types.
Attempt to enter a non-valid date (i.e. 13/21/2100)

Edits: Data Element #24 (WIC Type) must = B
Data Element #124 must be Less than or equal to Data Element #125 (Breast Pump Returnd)

DO NOT USE FOR ANY OTHER WIC TYPE.

For WIC Types: B
For Transaction Types: C, S, X, W-C, O, U

DO NOT USE FOR ANY OTHER TRANSACTION

Georgia WIC Branch
ETAD Change

FFY 2010

ETAD Change Number: 10-05

Bundle: 10-01

Data Element Number: 125

Data Element Name: Date Breast Pump Is Returned (New Data Element)

Data Element Type: Date

Data Element Length: 8

ETAD Position: 577 - 584

Validation Rule(s): Valid input is a date in MMDDYYYY format that is equal to or greater than the clients certification date and greater than or equal to Data Element #124 (Date Breast Pump Assigned)

NO OTHER ENTRIES ARE ALLOWED

Critical? No

Definitions: Date WIC participant returns breast pump.

Intent/Purpose: It is the intent of this ETAD Change to track the date when a Breast Pump returned by the client.

Business Rules: Data Element #24 (WIC Type) must be either B, N or P
Date must be equal to or greater than Data Element #124 (Breast Pump Assigned)

Testing : Attempt to use for WIC Types other than B or N. System must not allow input for other WIC Types.
Attempt to enter a non-valid date (i.e. 13/21/2100)

Edits: Data Element #24 (WIC Type) must be B or N
Data Element #125 must be greater than or equal to Data Element #124 (Breast Pump Assigned)

For WIC Types: B, N or P

DO NOT USE FOR ANY OTHER WIC TYPE.

For Transaction Types: C, S, X, W-C, O, U

Georgia WIC Branch
ETAD Change

FFY 2010

ETAD Change Number: 10-05a

Bundle: 10-01

Data Element Number: 125

Data Element Name: Date Breast Pump is Returned (New Data Element – FOR FRONT-END SYSTEMS ONLY – DO NOT TRANSMIT THIS INFORMATION TO CSC)

Data Element Type: Date

Data Element Length: 8

ETAD Position: N/A

Validation Rule(s): Valid input is a date in MMDDYYYY format that is equal to or greater than the clients certification date and greater than or equal to Data Element #124 (Date Breast Pump Assigned)

NO OTHER ENTRIES ARE ALLOWED

Critical? No

Definitions: Date WIC participant returns breast pump.

Intent/Purpose: It is the intent of this ETAD Change to track the date when a Breast Pump is returned by the client.

Business Rules: Data Element #24 (WIC Type) must be either B, N or P
Date must be equal to or greater than Data Element #124 (Breast Pump Assigned)

Testing : Attempt to use for WIC Types other than B, P, or N. System must not allow input for other WIC Types.
Attempt to enter a non-valid date (i.e. 13/21/2100)

Edits: Data Element #24 (WIC Type) must be B, P, or N
Data Element #125 must be greater than or equal to Data Element #124 (Breast Pump Assigned)

For WIC Types: B, N or P

DO NOT USE FOR ANY OTHER WIC TYPE.

For Transaction Types: C, S, X, W-C, O, U

**Georgia WIC Branch
ETAD Change**

FFY 2010

ETAD Change Number: 10-06

Bundle: 10-01

Data Element Number: 53

Data Element Name: Weeks Breastfed (Discontinued)

Data Element Type: Numeric

Data Element Length: 2

ETAD Position: 300 – 301

Intent/Purpose: It is the intent of this ETAD Change to discontinue the use of Weeks Breastfed beginning October 1, 2010. The ETAD positions 300 – 301 will be re-assigned after 10-01-2010. Remove this Data Element from the WIC screens.

Validation Rules: Do not allow data to be entered into this Data Element after September 30, 2010.

C A N C E L E D

Georgia WIC Branch
ETAD Change

FFY 2010

ETAD Change Number: 10-07

Bundle: 10-01

Data Element Number: 102

Data Element Name: Breastfeeding Began At Birth (Discontinued)

Data Element Type: Alphabetic Characters

Data Element Length: 1

ETAD Position: 364 - 364

Intent/Purpose: It is the intent of this ETAD Change to discontinue the use of Breastfeeding Began At Birth beginning October 1, 2010. The ETAD position 364 will be re-assigned after 10-01-2010. Remove this Data Element from the WIC screens after 10/01/2010.

Validation Rules: Do not allow data to be entered into this Data Element after September 30, 2010.

Georgia WIC Branch
ETAD Change

FFY 2010

ETAD Change Number: 10-08

Bundle: 10-01

Data Element Number: 104

Data Element Name: Peer Counselor ID (Modified)

Definition: Currently a three (3) digit data element to collect the identification of the Breastfeeding Peer Counselor assigned to the client. This is to be modified to accept up to 6 numeric characters.

Data Element Type: Alpha/Numeric Characters

Data Element Length: 6

ETAD Position: 338 – 340 and 516 - 518

Intent/Purpose: It is the intent of this ETAD Change to modify Data Element #104 (Peer Counselor ID) to accept up to 6 digits instead of alpha characters. The Data Element will be modified to allow for alpha characters in order to preserve historical information.

The ID will be assigned at the local level.

The ID number will begin with the District/Unit number with no dashes. Example: D/U 01-1 will be shown as 011.

Validation Rules: Valid input is: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9 and A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z*

*After 10/01/2010 only numeric characters are to be permitted on new entries.

The first three numbers must be a valid District number.

DO NOT ALLOW ANY OTHER INPUTS

Georgia WIC Branch
ETAD Change

FFY 2010

ETAD Change Number: 10-08a

Bundle: 10-01

Data Element Number: 104

Data Element Name: Peer Counselor ID (Modified)

Definition: Currently a three (3) digit data element to collect the identification of the Breastfeeding Peer Counselor assigned to the client. This is to be modified to accept up to 6 numeric characters.

Data Element Type: Alpha/Numeric Characters

Data Element Length: 6

ETAD Position: 338 – 340 and 516 - 518

Intent/Purpose: It is the intent of this ETAD Change to modify Data Element #104 (Peer Counselor ID) to accept up to 6 digits instead of alpha characters. The data element will be modified to allow for alpha characters in order to preserve historical information.

The ID will be assigned at the local level.

The ID number will begin with the District/Unit number with no dashes. Example: D/U 01-1 will be shown as 011.

Validation Rules: Valid input is: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, and A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z*

*After 10/01/2010 only numeric characters are to be permitted on new entries.

The first three numbers must be a valid District number.

DO NOT ALLOW ANY OTHER INPUTS

Georgia WIC Branch
ETAD Change

FFY 2010

ETAD Change Number: 10-09

Bundle: 10-01

Data Element Number: 126

Data Element Name: Type of Breast Pump assigned

Data Element Type: Alpha Characters

Data Element Length: 1

ETAD Position: 585 - 585

Definition: Use the following table to define the types of breast pumps assigned to a WIC client:

Type of Breast Pump	Input Code
Manual	N
Bailey Nature III	B
Elite	E
Lactina	L
Pedal	P
Symphony	S
Purely Yours	Y
Other	O

Insert entire table, both columns (Type of Breast Pump and Input Code), so CPA can readily identify pumps that must be returned.

Intent/Purpose: It is the intent of this ETAD Change to add a new data element (126) to record the type of breast pump assigned to a WIC client.

Validation Rules: Valid input is: N, B, E, L, P, S, Y, or O.

DO NOT ALLOW ANY OTHER INPUTS

Critical? No

Cross Edits: If Data Element 126 is N the pump is non-returnable. Do not allow access or input into Data Element 125 (Date Breast Pump Returned) at any time. If Data Element 126 is either B, E, L, P, S, Y, or O keep Data Element 125 active until a date is entered indicating that the pump has been returned.

For WIC Types: B, N

For Transactions: C, S, X, X-S, U, O, W-C

Testing: Attempt to input a code other than N, B, E, L, P, S, Y, or O.

Attempt to use for a WIC Type other than B or N.

**Georgia WIC Branch
ETAD Change**

FFY 2010

ETAD Change Number: 10-10**Bundle:** 10-01**Data Element Number:** 127**Data Element Name:** Date Appointment Kept**Data Element Type:** Date**Data Element Length:** 8**ETAD Position:** 587 – 594

Definition: Date Appointment Kept is the actual date that a WIC client was provided services after making an appointment.

Processing standards are defined as follows:

WIC Types P, B, I: Appointment must be kept within 10 working days from the Date of Initial Contact (Data Element #110).

WIC Types N, C: Appointment must be kept within 20 working days from the Date of Initial Contact (Data Element #110).

For participants categorized as Migrant (Data Element #21= Y): Appointment must be kept within 10 working days from the Date of Initial Contact (Data Element #110) regardless of WIC Type.

Intent/Purpose: It is the intent of this ETAD Change to add a new data element (127) to record the date that the client received services. This will be accomplished by means of a drop down box that will appear whenever the difference between Data Element #110 (Date of Initial Contact) and Data Element #127 (Date Appointment Kept) exceeds the parameters of the processing standards. Users will be prompted to select reason for missing the standards from a list of possibilities. Users will also be required to input the new appointment date as well. The new appointment date will start the processing standards timeframe from the beginning.

Business Rules: If Data Element #21 (Migrant) = Y then Data Element #127 must be within 10 working days of Date of Initial Contact (Data Element #110) else use parameters for WIC Type.

If Data Element #24 (Type) is either P, B or I then Data Element #127 must be within 10 working days of Date of Initial Contact (Data Element #110).

If Data Element #24 (Type) is either N or C then Data Element #127 must be within 20 working days of Date of Initial Contact (Data Element #110) unless Data Element #21 (Migrant) = Y then standards for Data Element #127 must be within 10 working days of Date of Appointment Initial Contact (Data Element #110).

Validation Rules: Valid input is: date in MMDDYYYYY format.

DO NOT ALLOW ANY OTHER INPUTS

Critical? No

Cross Edits: Data Element # 21 (Migrant)
Data Element #24 (Type)

Data Element #110 (Date of Initial Contact)

For WIC Types:

P, N, B, I, C

For Transactions:

All

Georgia WIC Branch
ETAD Change

12-01

FFY 2012

ETAD Change Number: 12-01

Description of Work: Implementation of new Notice of Disclosure.

Definition: Notice of Disclosure: The Notice of Disclosure is used to inform the WIC client of any possible use of their information by another Georgia State Health Program. The participants have the option of accept or rejects the use of their information by other program.

Purpose: The purpose of this Work Order is to provide developers with the new disclosure statement along with examples of WIC Certification forms for each of the applicable WIC types.

The new disclosure statement and certification forms are attached.

Description of Work:

1. Install the new Certification forms and disclosure statements attached below.
2. Allow for the automatic conversion to the new packages printed for October.

Implementation Date: November 1, 2011.

For WIC Types: P, N, B, I, C

For Transaction Types: C, S, O, X-S

2012

WIC CERTIFICATION STATEMENT

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.

WIC
ASSESSMENT/CERTIFICATION FORM
CHILD

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
1 COUNTY OF RESIDENCY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PROOF OF RESIDENCY		PARENT/GUARDIAN PROOF OF IDENTIFICATION		CHILD PROOF OF IDENTIFICATION	
	UP:		UP:		UP:	
2 COUNTY OF RESIDENCY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PROOF OF RESIDENCY		PARENT/GUARDIAN PROOF OF IDENTIFICATION		CHILD PROOF OF IDENTIFICATION	
	UP:		UP:		UP:	
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	in.
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 [HR] 201						
Underweight (less than or equal to 10%) [HR?] 103						
Overweight (BMI ≥ 95%, ≥ 24 months, standing height) [HR] 113						
At Risk of Becoming Overweight (BMI ≥ 85% and < 95%, ≥ 24 months, standing height) 114						
Short Stature ≤ 10% (if < 24 months of age and < 38 weeks gestation, use adjusted age) [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						
* Elevated Blood Lead Level (Blood Lead Level ≥ 10 µg/dl) [HR] 211						
* Nutrition Related Medical Conditions (List code(s):) [HR])						
* Dental Problems 381						
* Environmental Tobacco Smoke Exposure 904						
* Fetal Alcohol Syndrome [HR] 382						
* Inappropriate Nutrition Practices 400						
Homelessness 801						
Migrancy 802						
* Recipient of Abuse 901						
* Primary Caregiver with Limited Ability to make Feeding Decisions and/or Prepare Food 902						
Transfer of Certification 502						
Other Dietary Risk 401 -(Risk of Inappropriate Complementary Feeding Practices) [12 months to 23 months] -(Failure to meet Dietary Guidelines) [≥ 2 years of age]						
HIGH RISK (Yes or No)						
ELIGIBLE FOR WIC						
PRIORITY: 3= (201, 103, 113, 114, 121, 134, 135, 141, 142, 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) 5= (400, 401, 502, 801, 802, 901, 902)					(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)

FIRST CERTIFICATION

DATE	PHYSICAL PRESENCE	MEDICAID CURRENT Y/N/U	MEDICAID I.D. NUMBER VERIFY	TANF Y/N/U	SNAP Y/N/U	NO. IN FAMILY	GRO (CURR)
				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: _____ Source of Income Code _____
 Other _____
 (MUST Document in Health Record)
 (Write in type)

UP: _____

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

Staff Initials

Is the Client Income Eligible? YES () NO () 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 Initial

SECOND CERTIFICATION

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

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

UP: _____

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

Staff Initials

Is the Client Income Eligible? YES () NO () 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)	
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. ()

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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.

FIRST CERTIFICATION		
_____ Name of WIC Applicant/Participant/Guardian/ print) Date Caregiver/Spouse/Alternate Parent (please print)	_____ Date _____ UP:	_____ Name of WIC Official (please
_____ Signature of WIC Applicant/Participant/Guardian/ Date Caregiver/Spouse/Alternate Parent	_____ Date	_____ Signature of WIC Official
Please initial below to indicate your preference:		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		

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

Signature of WIC Applicant/Participant/Guardian/
Date
Caregiver/Spouse/Alternate Parent

Date

Signature of WIC Official

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.

**WIC
ASSESSMENT/CERTIFICATION FORM
INFANT**

CLINIC FAMILY NUMBER WIC ID NUMBER

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	
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		PARENT/GUARDIAN PROOF OF IDENTIFICATION		INFANT PROOF OF IDENTIFICATION	
UP:		UP:		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 NO		
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:						
Hematocrit/Hemoglobin (Value must be ≤ 90 days)				HCT HGB		
Select appropriate risk criteria per State guidelines (See Risk Criteria Handbook for definitions)				YES NO YES NO		
* Low Hgb/Hct [HR] 201						
* Underweight (less than or equal to 10%) [HR?] 103						
* Short Stature ≤ 10% (if < 38 weeks gestation use adjusted age) [HR?] 121						
* Failure to Thrive [HR] 134						
* Inadequate Growth [HR] 135						
* Low Birth Weight (Birth weight ≤ 5 1/2 lbs. or ≤ 2500 gms) [HR] 141						
* Prematurity (Enter weeks gestation:) 142						
* 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?])						
* Dental Problems 381						
* Environmental Tobacco Smoke Exposure 904						
* Fetal Alcohol Syndrome [HR] 382						
* Inappropriate Nutrition Practices 400						
* 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						
Transfer of Certification 502						
* Other Dietary Risk (Risk of Inappropriate Complimentary Feeding Practices) [≥ 4 months and ≤ 12 months] 401						
HIGH RISK (Yes or No)						
ELIGIBLE FOR WIC						

PRIORITY: 1= (201, 103, 121, 134, 135, 141, 142, 153, 211, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 359, 360, 362, 381, 382, 502, 603, 702, 703, 904)
2= (502, 701, 702)
4= (400, 401, 502, 702, 801, 802, 901, 902)

(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 ()

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 _____

	Y=Yes	N=No		
Peachcare				
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
	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.

**WIC
ASSESSMENT/CERTIFICATION FORM
POSTPARTUM BREASTFEEDING WOMAN**

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 ()		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		ENTER EDC DATE	
1 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	
2 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	
INITIAL CONTACT DATE: DATE OF FIRST VISIT REQUESTING WIC SERVICES <small>(Must change date if certifications 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		E M S	
BREASTFEEDING AN INFANT LESS THAN 1 YEAR OF AGE (Enter Delivery Date:) (Birthweight: lbs. ozs.) (00= 0-6 days, 01= 7-13 days, 02= 14-20 days, 03= 21-27 days, etc.)				Wks		Wks	
MEDICAL DATA DATE (Enter date height and weight measurement taken)							
Height in.		Pregravid Weight lbs.		lbs.		ht. wt.	
Hematological Data Date:				HCT		HGB	
Hematocrit/Hemoglobin (Value must be ≤ 90 days)				HCT		HGB	
Select appropriate risk criteria per State guidelines (See Risk Criteria Handbook for definitions)				YES		NO	
Low Hgb/Hct [HR] 201							
Underweight (< 6 mo. postpartum, based on pregravid or current wt., ≥ 6 mo. postpartum, based on current wt.) [HR] 101							
Overweight (< 6 mo. postpartum, based on pregravid or current wt., ≥ 6 mo. postpartum, based on current wt.) [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?] 371							
* Smoking (Any smoking of cigarettes, pipes or cigars) (Enter number of cigarettes or cigars smoked or number of times pipe smoked (# cig./day:) 904							
* Alcohol Use: Circle type: Routine (Enter oz./wk:), Binge drinker, Heavy drinker 372							
* Street Drug Use (Enter type of drug(s):) 373							
* Dental Problems 381							
* Inappropriate Nutrition Practices 400							
* 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							
Transfer of Certification 502							
Other Dietary Risk (Failure to Meet Dietary Guidelines) 401							

HIGH RISK (Yes or No)				
ELIGIBLE FOR WIC				
PRIORITY: 1= (201, 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, 904) 2= (502, 601) 4= (400, 401, 502, 601, 801, 802, 901, 902)				
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), 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), 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

INCOME DETERMINATION (income must be documented)

FIRST CERTIFICATION

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 ()

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 _____

SECOND CERTIFICATION

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 ()						

* 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 ()

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.

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

SECOND CERTIFICATION

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

Date
UP: _____

Name of WIC Official (please

Signature of WIC Applicant/Participant/Guardian/
Date
Caregiver/Spouse/Alternate Parent

Date

Signature of WIC Official

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.

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

CLINIC

FAMILY NUMBER

WIC ID NUMBER

NAME MIDDLE INITIAL		LAST		FIRST		BIRTHDATE	
ADDRESS ZIP CODE				CITY			
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="text"/> <input type="text"/> <input type="text"/>		PROOF OF RESIDENCY UP: <input type="text"/>		PROOF OF I.D. UP: <input type="text"/>		FOSTER CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	
INITIAL CONTACT DATE: DATE OF FIRST VISIT REQUESTING WIC SERVICES (Must change date if certifications are not consecutive)						Date: <input type="text"/>	
NON-BREASTFEEDING, LESS THAN 6 MONTHS POSTPARTUM (Enter Delivery Date:) (Birthweight: lbs. ozs.)						EVER BREASTFED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICAL DATA DATE (Enter date height and weight measurements were taken)						Weeks Breastfed: <input type="text"/>	
Height in.		Weight lbs.		Pregravid Weight lbs.			
Hematological Data Date:						HCT	
Hematocrit/Hemoglobin (Value must be ≤ 90 days)						.HGB	
Select appropriate risk criteria per State guidelines (See Risk Criteria Handbook for definitions)						YES	NO
Low Hgb/Hct [HR] 201							
Underweight (Based on pregravid weight or current weight) [HR] 101							
Overweight (Based on pregravid weight) [HR?] 111							
High Maternal Weight Gain (most recent pregnancy) 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 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 ≥ 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?] 371							
* Smoking (Any smoking of cigarettes, pipes or cigars) 371							
* Environmental Tobacco Smoke Exposure 904							
* Alcohol Use: Circle type: Routine (Enter oz./wk:), Binge drinker, Heavy drinker 372							
* Street Drug Use (Enter type of drug(s):) 373							
* Dental Problems 381							
* Inappropriate Nutrition Practices 400							
Homelessness 801							
Migrancy 802							
* Recipient of Abuse 901							
* Woman with Limited Ability to make Feeding Decisions and/or Prepare Food 902							
Transfer of Certification 502							
Other Dietary Risk (Failure to Meet Dietary Guidelines) 401							
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, 904)		
FOOD PACKAGE: <i>(Specify Tailoring Instructions)</i>		
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), NA/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

(Rev. 07/10) (1 of 3)

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)
				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:

Source of Income Code

Other _____
(MUST Document in Health Record)
(Write in type)

UP:

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

Staff Initials
Is the Client Income Eligible? YES () NO ()
Reported ()

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

DATA NEEDED FOR PREGNANCY SURVEILLANCE

Marital Status (O=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 _____

(Rev. 07/10) (2 of 3)

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/ Date	Date	Name of WIC Official (please print)
Caregiver/Spouse/Alternate Parent (please print)	UP: _____	
_____	_____	_____
Signature of WIC Applicant/Participant/Guardian/ Date	Date	Signature of WIC Official
Caregiver/Spouse/Alternate Parent		
Please initial below to indicate your preference:		

(Rev. 07/10) (1 of 3)

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.

WIC ASSESSMENT/CERTIFICATION FORM PRENATAL WOMAN

CLINIC FAMILY NUMBER WIC ID NUMBER

Form with fields for NAME, ADDRESS, TELEPHONE, RACE, COUNTY OF RESIDENCY, PROOF OF RESIDENCY, INITIAL CONTACT DATE, MEDICAL DATA DATE, Hematological Data Date, and a table for risk criteria.

* Woman with Limited Ability to make Feeding Decisions and/or Prepare Food	902		
Transfer of Certification	502		
Other Dietary Risk (Failure to Meet Dietary Guidelines)	401		
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)			
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), NA/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:	
		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 () 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)	
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	

(Rev. 07/10) (2 of 3)

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.

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

Rev. 07/10) (3 of 3)

Completion Date: ___/___/___

Test Dates: ___/___/___ to

Distribution Date(s): ___/___/___

___/___/___

Signed: _____

Date: ___/___/___

Georgia WIC Branch Work Orders 2004 - 2012

WORK ORDERS FFY 2004

**Georgia WIC Branch
Systems Work Orders**

FFY 2004

Number: 04-001

Description of Work: Change Income Tables to reflect new guidelines effective April 15, 2004.

The table shows 100% Federal Poverty Guidelines and corresponding 185% WIC income levels.

	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
Family Size	185%	185%	185%	185%	185%
1	\$17,224	\$1,436	\$718	\$663	\$332
2	\$23,107	\$1,926	\$963	\$889	\$445
3	\$28,990	\$2,416	\$1,208	\$1,115	\$558
4	\$34,873	\$2,907	\$1,454	\$1,342	\$671
5	\$40,756	\$3,397	\$1,699	\$1,568	\$784
6	\$46,639	\$3,887	\$1,944	\$1,794	\$897
7	\$52,522	\$4,377	\$2,189	\$2,021	\$1,011
8	\$58,405	\$4,868	\$2,434	\$2,247	\$1,124
For Each Add'l Member Add	\$5,883	\$491	\$246	\$227	\$114

Transmittal Date: 03/15/2004
Effective Date: 04/15/2004
Final Cutoff Date: N/A

**Georgia WIC Branch
Systems Work Orders**

FFY 2004

Number: 04-002

Description of Work Risk Codes

Description: Please note following changes in the Risk Codes table as reflected in the Georgia WIC Procedures Manual – FFY 2004:

1. Risk Code 101 is now applicable to WIC Type/Priority P1, B1, and N6
2. Risk Code 102 has been deleted.
3. Risk Code 111 is now applicable to WIC Type/Priority P1, B1, and N6
4. Risk Code 112 has been deleted.
5. Risk Code 113 is now applicable only to C3.
6. New Risk Code 114 is applicable to only C3.
7. Risk Code 322 has been deleted.
8. Risk Code 331 is now applicable to WIC Type/Priority P1, B1, N3 and N6.
9. Risk Code 501 is now applicable to WIC Type/Priority B1, B4, C3, and N6.

Transmittal Date:	04/15/2004
Effective Date:	04/31/2004
Final Cutoff Date:	N/A

**Georgia WIC Branch
Systems Work Orders**

FFY 2004

Number: 04-003

Description of Work: Changes to Proof of Identification Table

On proof of identification table pull down menu selections:

ADD: **BD – Birth Document.** Applicable to WIC Types I, C.

ADD: **BR – Hospital ID Bracelet.** Applicable to WIC Type I.

ADD: **NO – No Proof Presented.** Applicable to WIC Types P, N, B, I, C.

CHANGE: Medicaid code to: **MV – Medicaid Verification.**

CHANGE: **ST – State Identification** to include WIC Types I, C.

REMOVE: WIC Type ‘C’ from WS – Work/School ID

Transmittal Date:	03/22/2004
Effective Date:	05/01/2004
Final Cutoff Date:	N/A

**Georgia WIC Branch
Systems Work Orders**

FFY 2004

Number: 04-004

Description of Work: System Generated Certification Form

Add two (2) lines to system generated certification forms for WIC Clinic staff to write in names of up to two (2) proxies.

See attached example.

Transmittal Date:	03/22/2004
Effective Date:	05/01/2004
Final Cutoff Date:	N/A

**Georgia WIC Branch
Systems Work Orders**

FFY 2005

Number: 05-001

Description of Work: Business rules for voucher printing when Hct/Hgb = 88.8.

If Data Element 28 and/or Data Element 29 (Hct/Hgb) is equal to 88.8 AND Data Element 24 (WIC Type) contains either B or N, then Data Element 59 (Interval) must not be greater than 3.

If Data Element 28 and/or 29 are equal to 88.8, and Transaction Type is either C or S, at the NEXT voucher printing the system must not allow voucher to print until Data Element 28 and/or 29 contain valid entries not equal to 88.8.

Valid input for Data Element 28 is between 10.0 and 60.0

Valid input for Data Element 29 is between 05.0 and 20.0

If user attempts to print voucher at next printing without updating Data Element 28 and/or 29, display following warning message:

**Please Update Hct/Hgb Data Element and
Hematological Data Date prior
To voucher issuance.**

Highlight Data Elements 28, 29 and 75 until data has been updated.

Transmittal Date:	11/30/2004
Effective Date:	04/30/2005
Final Cutoff Date:	04/30/2005

**Georgia WIC Branch
Systems Work Orders**

FFY 2005

Number: 05-002

Description of Work: Rules for Data Element 37: Other Services

Data Element 37 – Enrolled In must default to the following codes if Data Element 34 (Medicaid), or Data Element 36 (SNAP) or Data Element 71) contain either Y or U:

If Data Element 34 is either Y or U then Data Element 37 – Enrolled In must contain M.

If Data Element 36 is either Y or U then Data Element 37 – Enrolled In must contain L.

If Data Element 71 is either Y or U then Data Element 37 – Enrolled In must contain N.

Data Element 37 – Enrolled In must default to the following codes if Data Element 34 (Medicaid), or Data Element 36 (SNAP) or Data Element 71 (TANF) contain N:

If Data Element 34 is either N then Data Element 37 – Referred To must contain M.

If Data Element 36 is either N then Data Element 37 – Referred To must contain L.

If Data Element 71 is either N then Data Element 37 – Referred To must contain N.

This rule applies to all WIC Types (P, N, B, I, C) for Transaction Codes C, S, X-S, W-C.

Transmittal Date:	11/30/2004
Effective Date:	04/30/2005
Final Cutoff Date:	04/30/2005

**Georgia WIC Branch
Systems Work Orders**

FFY 2005

Number: 05-003

Description of Work: Increase maximum weights.

Increase the maximum allowable input for Data Elements 27 (Weight), 43 (Pre-gravid Weight) and 49 (Weight Prior to Delivery) from 500 to 600 pounds.

Allowable input for each Data Element is: 001 - 600

Transmittal Date:	11/30/2004
Effective Date:	04/30/2005
Final Cutoff Date:	04/30/2005

**Georgia WIC Branch
Systems Work Orders**

FFY 2005

Number: 05-004

Description of Work: Changes to Immunization questions.

Immunization status Data Elements are to be changed as follows:

Data Element 65 – Record Screened is to be changed to Data Element 65 – Record Screened/Requested.

Data Element 66 – Adequate for Age is to be changed to Data Element 66 – Adequate for Age/Referred To
Data Elements 67, 68 and 69 will be discontinued effective 04/30/2005.

Allowable input for Data Element 65: Y or R.

Allowable input for Data Element 66: Y or D or H.

Cross-Data Element edits for Data Element 65:

Data Element 24 (WIC Type) must contain either I or C.

Transaction Type must be either C, S, M, O, W-C or X.

Cross-Data Element edits for Data Element 66:

Data Element 24 (WIC Type) must contain either I or C.

Transaction Type must be either C, S, M, O, W-C or X.

Other Rules: If Data Element 66 is not Y then it must contain either D or H. Data Element 66 may not be blank.

Transmittal Date:	11/30/2004
Effective Date:	04/30/2005
Final Cutoff Date:	04/30/2005

**Georgia WIC Branch
Systems Work Orders**

FFY 2005

Number: 05-005

Description of Work: Rules for Data Element 40 – Income

Data Element 40 must contain data in the range of 00001 – 99999 for people reporting an income. Data Element may not be blank.

Data Element 40 may contain input of 00000 if Data Element IN (Proof of Income) contains either MV (Medicaid Verification), PA (Public Assistance) or ZI (Zero Income).

Rules apply to all WIC Types (P, N, B, I, C).

Transaction Type must be either C, S, X-S, or W-C.

All other rules and cross-Data Element edits remain in effect.

Transmittal Date:	11/30/2004
Effective Date:	04/30/2005
Final Cutoff Date:	04/30/2005

**Georgia WIC Branch
Systems Work Orders**

FFY 2005

Number: 05-006

Description of Work: Renumber Proof Data Elements

The three Proof Data Elements for Residency, Identification and Income currently designated as RS, ID and IN will be assigned Data Element numbers to be consistent with designations for all other ETAD Data Elements.

Numbers to be assigned are:

Proof of Residency = Data Element 77

Proof of Identification = Data Element 78

Proof of Income = Data Element 79

The Data Element will retain their current ETAD position and all other rules and cross-Data Element edits remain in effect.

Transmittal Date:	11/30/2004
Effective Date:	04/30/2005
Final Cutoff Date:	04/30/2005

**Georgia WIC Branch
Systems Work Orders**

FFY 2005

Number: 05-007

Description of Work: Make all Address Data Elements critical.

Rules:

All Address Data Elements must contain data, failure to complete any of the Address Data Elements will not allow the user to proceed until Data Elements are completed.

Data Element 14 (Street Address) is Character/Numeric Data Element and may accept letter, numbers or symbols.

Data Element 15 (City) is a Character Data Element only and may only accept letters. In most systems Data Element 15 will automatically populate based on input in Data Element 16 (Zip Code).

DATA ELEMENT 16 (ZIP CODE) IS NUMERIC AND MUST NOT ACCEPT ANY INPUT OTHER THAN 0, 1, 2, 3, 4, 5, 6, 7, 8, or 9. No other input such as letters or symbols is to be allowed. All five positions of Data Element 16 must contain data. The Data Element may not be blank or contain blanks in any of the positions.

Data Element 17 (County) is Numeric only and must not accept any input other than 0, 1, 2, 3, 4, 5, 6, 7, 8, or 9. No other input such as letters or symbols is to be allowed. Allowable range is 001 – 159. Input of 000 or any number greater than 159 must not be allowed.

These rules apply to all WIC Types (P, N, B, I, C) and for Transaction Types C, S, M, X, X-S, W-C, W-N, O, T (with Termination Code R).

The Data Element will retain their current ETAD position and all other rules and cross-Element edits remain in effect.

Transmittal Date:	11/30/2004
Effective Date:	04/30/2005
Final Cutoff Date:	04/30/2005

**Georgia WIC Branch
Systems Work Orders**

FFY 2005

Number: 05-008

Description of Work: Update Voucher Maximums

Update Voucher Maximums in accordance with enclosed information.

Transmittal Date: 11/30/2004
Effective Date: 12/31/2004
Final Cutoff Date: 12/31/2004

**Georgia WIC Branch
Systems Work Orders**

FFY 2005

Number: 05-009

Description of Work: Update Voucher Messages

Update Voucher Messages in accordance with enclosed information, Action Memo 05-01.

Transmittal Date: 11/30/2004
Effective Date: 12/31/2004
Final Cutoff Date: 12/31/2004

**Georgia WIC Branch
Systems Work Orders**

FFY 2005

Number: 05-010

Description of Work: Update Voucher Messages

Update Voucher Messages in accordance with enclosed information, Action Memo 05-05.

Transmittal Date: 11/30/2004
Effective Date: 12/31/2004
Final Cutoff Date: 12/31/2004

**Georgia WIC Branch
Systems Work Orders**

FFY 2005

Number: 05-011

Description of Work: Update Income Eligibility Tables

Update Income Guideline tables in accordance with enclosed information.

Transmittal Date: 03/09/2004
Effective Date: 04/15/2005
Final Cutoff Date: 04/15/2005

Georgia WIC Branch

WORK ORDERS FFY 2006

**Georgia WIC Branch
Systems Work Orders**

FFY 2006

Number: 06-01

Request 05-02

This Work Orders serves as a correction to Work

Description of Work: Rules for Data Element 37: Other Services

Data Data Element 37 – Enrolled In must default to the following codes if Field 34 (Medicaid), or Field 36 (SNAP) or Field 71 (TANF) contain either Y or U:

If Field 34 is either Y or U then Field 37 – Enrolled In must contain M.

If Field 36 is either Y or U then Field 37 – Enrolled In must contain L.

If Field 71 is either Y or U then Field 37 – Enrolled In must contain N.

Data Data Element 37 Referred To must not contain any default entries. All entries in Data Element 37 Referred To must be entered by the user.

This rule applies to all WIC Types (P, N, B, I, C) for Transaction Codes C, S, X-S, W-C.

Transmittal Date:	12/15/2005
Effective Date:	Upon Receipt
Final Cutoff Date:	01/31/2006

**Georgia WIC Branch
Systems Work Orders**

FFY 2006

Number: 06-01a

This Work Orders serves as a correction to Work Orders 05-02

Description of Work: Rules for Data Element 37: Other Services

Data Element 37 – Enrolled In must default to the following codes if Field 34 (Medicaid), or Field 36 (SNAP) or Field 71 (TANF) contain either Y or U:

If Field 34 is either Y or U then Field 37 – Enrolled In must contain M.

If Field 36 is either Y or U then Field 37 – Enrolled In must contain L.

If Field 71 is either Y or U then Field 37 – Enrolled In must contain N.

Data Element 37 Referred To must not contain any default entries. All entries in Data Element 37 Referred To must be entered by the user.

This rule applies to all WIC Types (P, N, B, I, C) for Transaction Codes C, S, X-S, W-C.

Transmittal Date:	01/09/2006
Effective Date:	02/15/2006
Final Cutoff Date:	02/28/2006

**Georgia WIC Branch
Systems Work Orders**

FFY 2006

Number: 06-02

Description of Work: Change to Voucher Codes 140 and 181

Add the words "OR PREGESTIMIL LIPIL" at the end of the voucher message for Voucher Codes 140 and 181. These voucher codes are found in food packages 211, 214, 341, 301, and 325. Please see attached Information Memo #06-05 for complete details

Transmittal Date:	01/09/2006
Effective Date:	01/31/2006
Final Cutoff Date:	01/15/2006

**Georgia WIC Branch
Systems Work Orders**

FFY 2006

Number: 06-03

Description of Work: Add new income guidelines

In accordance with attached memorandum and table please make changes to the WIC Income Guidelines

Transmittal Date:	03/23/2006
Effective Date:	04/15/2006
Final Cutoff Date:	04/15/2006

**Georgia WIC Branch
Systems Work Orders**

FFY 2006

Number: 06-04

Description of Work: Discontinue use of Maximum Purchase Price” amount on WIC VPOD vouchers. Front-end systems are to no longer send the “Maximum Price” information to the printer when users print VPOD vouchers. The maximum price will be discontinued effective October 1, 2006. Front-end systems will no longer be required to maintain the maximum price tables.

Transmittal Date:	08/14/2006
Effective Date:	10/01/2006
Final Cutoff Date:	10/01/2006

**Georgia WIC Branch
Systems Work Orders**

FFY 2006

Number: 06-05

Description of Work:

In accordance with the attached information, allow voucher printing only for clients within a valid certification period. In cases where the first date to use is greater than the clients termination date, do not allow vouchers to print. Exception is for children turning 5 years old, vouchers may be issued to cover the entire month in which the child's birthday occurs.

Transmittal Date:	08/28/2006
Effective Date:	10/01/2006
Final Cutoff Date:	10/01/2006

WORK ORDERS FFY 2007

**Georgia WIC Branch
Systems Work Orders**

FFY 2007

Number: 07-01

Description of Work: Clinic software must be reprogrammed with first date of eligibility to last day of eligibility for each WIC type to prevent WIC clinic systems from issuing benefits to ineligible participants.

The eligibility period for each WIC type (pregnant/prenatal women, post partum women, breastfeeding women, infants and children up to five years) is defined by 7CFR246 and summarized on the attached documents.

This is part of the Edits Manual distributed July 18, 2006 for October 1, 2006 implementation. Implementation by the end of the Second Quarter of 2007 appears more realistic

Transmittal Date:	12/07/2006
Effective Date:	04/01/2007
Final Cutoff Date:	04/30/2007

**Georgia WIC Branch
Systems Work Orders**

FFY 2007

Number: 07-02

Description of Work:

1. Import new food package tables. This change adds the new name for Similac Lactose Free (Similac Sensitive); Similac 2 Advance (Similac Go & Grow Milk-Based) and Isomil 2 Advance (Similac Go & Grow Soy-Based) to current voucher messages.

The following voucher messages are affected:

- Similac Lactose Free:** 364, 365, 379, 353, 374, 102, 103, 386, 371, 351, and 132
- Similac 2 Advance:** 151, 153 and 188
- Isomil 2 Advance:** 192, 193, and 198

2. Import new Income Guideline table. The Income Guideline table is in Microsoft Excel format and includes new values at 185% of Federal poverty level as well as calculations showing 100% of poverty level. Due to rounding, the numbers will not always calculate exactly (when converting from weekly to annually for instance) however all systems must use the 185% figures regardless of how the system does calculations.

Both tables become effective on April 15, 2007.

Transmittal Date:	03/22/2007
Effective Date:	04/15/2007
Final Cutoff Date:	04/015/2007

**Georgia WIC Branch
Systems Work Orders**

FFY 2008

**Number: 08-01
Bundle No. 08-01**

Description of Work: Make changes to Certification Reason table:

Delete: Cert Code 422: Inadequate Dietary Pattern: WIC Types: PNBIC

Delete: Cert Code 501: Possibility of Regression WIC Types: NBC

Change: Cert Code 371: Smoking (Daily Smoking of cigarettes, pipe, cigars) to include WIC Type N, Priority 6

Add: Cert Code 400: Inappropriate Nutrition Practice: WIC Types: PNBIC

Add: Cert Code 401: Other Dietary Risk (Failure to Meet Dietary Guidelines) WIC Types: PNBIC

Add: Cert Code 904: Environmental Tobacco Smoke Exposure: WIC Types: PNBIC

Business Rules for Cert Code 400:

1. If Data Element 30 (Reason for Certification) contains 400 and WIC Type is P and Priority is 4, then transmit code 427 to mainframe.
2. If Data Element 30 (Reason for Certification) contains 400 and WIC Type is B and Priority is 4, then transmit code 427 to mainframe.
3. If Data Element 30 (Reason for Certification) contains 400 and WIC Type is N and Priority is 6, then transmit code 427 to mainframe.
4. If Data Element 30 (Reason for Certification) contains 400 and WIC Type is I and Priority is 4, then transmit code 411 to mainframe.
5. If Data Element 30 (Reason for Certification) contains 400 and WIC Type is C and Priority is 5, then transmit code 425 to mainframe.

Business Rules for Cert Code 401:

1. If Data Element 30 (Reason for Certification) contains 401, NO OTHER RISK CODE MAY BE SELECTED. Cert Code 401 is allowed only when no other risk code is noted.
2. If Data Element 30 (Reason for Certification) contains 401(Failure to meet dietary guidelines) and WIC Type is P or B, then priority must be 4.
3. If Data Element 30 (Reason for Certification) contains 401 (Failure to meet dietary guidelines) and WIC Type is N, then priority must be 6.
4. If Data Element 30 (Reason for Certification) contains 401 (Risk of inappropriate complementary feeding practices) and WIC Type is I, and age is ≥ 4 months and ≤ 12 months then priority must be 4.
5. If Data Element 30 (Reason for Certification) contains 401 (Risk of inappropriate complementary feeding practices) and WIC Type is C, and age is ≥ 12 months and ≤ 23 months then priority must be 5.
6. If Data Element 30 (Reason for Certification) contains 401 (Failure to meet dietary guidelines) and WIC Type is C, and age is ≥ 2 years of age, then priority must be 5.

Business Rules for Cert Code 904:

1. If WIC Type is P then Priority must be 1.
2. If WIC Type is N then Priority must be 6.

3. If WIC Type is B then Priority must be 1.
4. If WIC Type is I then Priority must be 1.
5. If WIC Type is C then Priority must be 3.

NOTE: The client is always to be assigned the highest priority associated with all risk codes. The codes listed above do not supersede higher priorities.
Example:
If Type = N and Risk Code contains 400 (Priority 6) and 331 (Priority 3) then the client is assigned the higher priority 3.

The above certification reasons apply to transactions C, S, X, W-C.

Transmittal Date: 01/18/2008

Number: 08-01

Effective Date: 06/01/2008

Bundle No. 08-01

Final Cutoff Date: 07/01/2008

**Georgia WIC Branch
Systems Work Orders**

FFY 2008

**Number: 08-02
Bundle No. 08-02**

Description of Work: Verification of Previous Work Orders

Verification of Work Orders 07-01:

In response to the Management Evaluation recently completed by USDA the State WIC Program is requesting verification from each front end developer that all versions of their systems currently operating in Georgia WIC Clinics comply with the requirements of Work Orders 07-01 (attached). This request requires clinic software to be programmed in such a manner to prevent issuance of vouchers outside of a client's valid certification period. See also Edits Manual pp 154 -159 (most recent version attached).

Verification of Expired Voucher Batches:

Georgia WIC Program Edits Manual p. 162 requires that systems do not allow voucher numbers over one year old to print. The message: "This range of numbers has expired. Void or remove all remaining numbers" is to appear on the screen to remind users that the batch is no longer valid and any remaining numbers must be purged from the system. Voucher printing may not continue until the required action is taken.

Transmittal Date: 05/15/2008

Effective Date: N/A

Final Cutoff Date: N/A

**Georgia WIC Branch
Systems Work Orders**

FFY 2008

**Number: 08-03
Bundle No. 08-02**

Description of Work: Changes to Breastfeeding Questions:

Change on-screen question for Data Elements #51 (Breastfed Now) and #52 (Breastfed Ever) to read:

“Breastfeeding Now At Least Once Per Day?” (#51)

“Ever Breastfed At Least Once Per Day?” (#52)

This is to ensure that clients know that breastfeeding, even if only once per day, still qualifies them as a breastfeeding woman.

All responses remain as Y/N.

Transmittal Date: 15/15/2008

Effective Date: 10/01/2008

Final Cutoff Date: 10/31/2008

**Georgia WIC Branch
Systems Work Orders**

FFY 2008

**Number: 08-04
Bundle No. 08-02**

Description of Work: Addition to Data Element #37 (Enrolled In- Referred To):

Change selection T to read “Children’s 1st”

Add new selections, **W** and **X** to table Table 23: **Other Services Codes (ENROLLED IN AND REFERRED TO)**

W – Breastfeeding.

X – Breastfeeding Peer Counselor. See table for complete reference:

Table 23: Other Services Codes (ENROLLED IN AND REFERRED TO)

Code	Service	Code	Service
A	Community Health	M	Medicaid
B	Health Check	N	Temporary Assistance to Needy Families (TANF)
C	Children’s’ Medical Services (CMS)	O	Mental Health
D	Woman’s Health	P	Head Start
E	Perinatal Case Management (PCM)	Q	N/A or none
F	Pregnancy Related Services (PRS)	R	Refused
G	Immunization	S	Community Health Center
H	Lead Screening	T	Children’s 1 st
I	Dental Health	U	Other specify
J	Sexually transmitted diseases (STD)	V	Dietitian
K	Private Doctor	W	Breastfeeding
L	SNAP	X	Breastfeeding Peer Counselor

Transmittal Date: 05/15/2008

Effective Date: 10/01/2008

Final Cutoff Date: 10/31/2008

**Georgia WIC Branch
Systems Work Orders**

FFY 2008

**Number: 08-05
Bundle No. 08-02**

Description of Work: In response to the recent Management Evaluation conducted by FNS, front-end systems will assume all automatic terminations previously generated by the Central Processing System (CPS).

Front-end clinic systems are to begin performing all automatic terminations of clients according to the following rules:

1. Failure to pick up vouchers for two consecutive months: for any client who fails to come to the clinic to pick up vouchers for two consecutive months, a Termination Transaction will be automatically generated using Term Code E.
 - Clients with Interval Code 1 (Monthly Issuance): Client does not come in for voucher issuance two months in a row. System shows no vouchers issued to that WIC ID number.
 - Clients with Interval Codes 2 or 3 (Bi-Monthly Even/Odd): Client does not come in on regularly scheduled pick-up date and does not come in on the following month regardless of the interval code. System shows no vouchers issued to that WIC ID number.
 - Clients with Interval Code 4 (Tri-Monthly): Client does not come in on regularly scheduled pick-up date and does not come in on the following month regardless of the interval code. System shows no vouchers issued to that WIC ID number.
2. A child on his/her fifth birthday; a non-breast feeding woman at six months; a breast feeding woman at twelve months from delivery. A Termination Transaction will be automatically generated using Term Code C.
 - Children reaching the age of 5 will continue to be eligible for vouchers covering the period from his/her birthday to the end of that month. The system will not allow vouchers to be printed for that child after the end of the month.
 - For Types N and B, the system will not allow vouchers to be printed for that client after the date of termination.
3. Failure to return with proof on thirty day certification. If Data Element 77, 78, and/or 79 contain "NO" and Data Element 38 (Certification Date) is greater than 30 days from current date, a Termination Transaction will be automatically generated using Term Code L at Certification Date +31 days. The system will not allow vouchers to be printed until client is re-certified.
4. Terminated From Waiting List. If client is on Waiting List (Certified) a Termination Transaction will be automatically generated using Term Code I on the last day of their Certification Period if no Transaction Code W – A has been completed.
5. Pregnant woman at estimated date of confinement (EDC) plus 75 days. If Type = P and current date = EDC plus 76 days a Termination Transaction will be automatically generated using Term Code K. The system will not allow vouchers to be printed until client is re-certified.
6. Overdue for certification. If client has not been recertified within 30 days of the end of his/her certification and remains eligible for recertification (i.e., is not at age limit or would no longer be eligible for recertification due to time limits) a Termination Transaction will be automatically generated using Term Code F on the last day of their Certification Period plus 31 days. The system will not allow vouchers to be printed for that client beyond the last day of his/her Certification period.

Terminations for the following reasons will continue to be done manually by clinic staff:

A	Not eligible for free or reduced cost medical care or no longer income eligible
D	No nutritional risk factors present
G	Suspended due to abuse of the WIC program
H	Death
J	Miscarriage
K	Other
R	Reverse termination (certification period still valid)

Transmittal Date: 05/15/2008

Effective Date: 10/01/2008

Final Cutoff Date: 10/31/2008

**Georgia WIC Branch
Systems Work Orders**

FFY 2008

Number: 08-05a
Bundle No. 08-02

Description of Work: In response to the recent Management Evaluation conducted by FNS, front-end systems will assume all automatic terminations previously generated by the Central Processing System (CPS).

Front-end clinic systems are to begin performing all automatic terminations of clients according to the following rules:

1. Failure to pick up vouchers for two consecutive months: for any client who fails to come to the clinic to pick up vouchers for two consecutive months, a Termination Transaction will be automatically generated using Term Code E.
 - Clients with Interval Code 1 (Monthly Issuance): Client does not come in for voucher issuance two months in a row. System shows no vouchers issued to that WIC ID number.
 - Clients with Interval Codes 2 or 3 (Bi-Monthly Even/Odd): Client does not come in on regularly scheduled pick-up date and does not come in on the following month regardless of the interval code. System shows no vouchers issued to that WIC ID number.
 - Clients with Interval Code 4 (Tri-Monthly): Client does not come in on regularly scheduled pick-up date and does not come in on the following month regardless of the interval code. System shows no vouchers issued to that WIC ID number.
2. A child on his/her fifth birthday; a non-breast feeding woman at six months; a breast feeding woman at twelve months from delivery. A Termination Transaction will be automatically generated using Term Code C.
 - ❑ Children reaching the age of 5 will continue to be eligible for vouchers covering the period from his/her birthday to the end of that month. The system will not allow vouchers to be printed for that child after the end of the month.
 - ❑ For Types N and B, the system will not allow vouchers to be printed for that client after the date of termination.
3. Failure to return with proof on thirty day certification. If Data Element 77, 78, 79 and/or 94 contain "NO" and Data Element 38 (Certification Date) is greater than 30 days from current date, a Termination Transaction will be automatically generated using Term Code L at Certification Date +31 days. The system will not allow vouchers to be printed until client is re-certified.
4. Terminated From Waiting List. If client is on Waiting List (Certified) a Termination Transaction will be automatically generated using Term Code I on the last day of their Certification Period if no Transaction Code W – A has been completed.
5. Pregnant woman at estimated date of confinement (EDC) plus 75 days. If Type = P and current date = EDC plus 76 days a Termination Transaction will be automatically generated using Term Code K. The system will not allow vouchers to be printed until client is re-certified.
6. Overdue for certification. If client has not been recertified within 30 days of the end of his/her certification and remains eligible for recertification (i.e., is not at age limit or would no longer be eligible for recertification due to time limits) a Termination Transaction will be automatically generated using Term Code F on the last day of their Certification Period plus 31 days. The system will not allow vouchers to be printed for that client beyond the last day of his/her Certification period.

Terminations for the following reasons will continue to be done manually by clinic staff:

A	Not eligible for free or reduced cost medical care or no longer income eligible
D	No nutritional risk factors present
G	Suspended due to abuse of the WIC program
H	Death
J	Miscarriage
K	Other
R	Reverse termination (certification period still valid)

**Georgia WIC Branch
Systems Work Orders**

FFY 2008

**Number: 08-06
Bundle No. 08-02**

Description of Work: Voucher Printing/Recording Irregularities.

During the recent Management Evaluation (ME) conducted by FNS it was "...determined that District-034 and District-060 both had instances where FI numbers either did not appear on the daily reconciliation report but FIs were printed or did appear on the daily reconciliation report but FIs were not printed. Both district also had instances where FI numbers were skipped in a series during a day of issuance."

This problem is not new and was supposed to be fixed several years ago. In order to satisfy the requirements of the ME response, please describe the steps that have been taken to prevent the following situations:

- Printed vouchers not appearing on the daily reconciliation report.
- Vouches that did appear on the daily reconciliation report but did not print.
- Skipping numbers.

Also provide any insights that may have caused the above conditions to have occurred. This information could be helpful to other developers.

Transmittal Date: 05/15/2008

Effective Date: 10/01/2008

Final Cutoff Date: 10/31/2008

**Georgia WIC Branch
Systems Work Orders**

FFY 2008

Number: 08-07
Bundle No. 08-02

Description of Work: Update Income Guidelines.

The attached income guidelines will become effective July 1, 2008 and will remain in effect until June 30, 2009.

All WIC clinic systems must use the updated guidelines starting on July 1, 2008.

Please confirm by e-mail and follow-up fax when the tables have been successfully loaded.

Transmittal Date: 05/30/2008

Effective Date: 07/01/2008

Final Cutoff Date: 07/01/2008

WORK ORDERS FFY 2009

**Georgia WIC Branch
Systems Work Orders**

FFY 2009

Number: 09-01

Bundle No. 09-01

Description of Work: Prevent printing of unauthorized vouchers.

In conjunction with the food package changes due to become effective November 15, 2008, insert an edit into all front-end systems that will prevent printing of unauthorized WIC vouchers.

When vouchers are printed in the WIC clinics they must contain a voucher code that has been approved by the Georgia WIC Program or, if created by clinic staff for a special purpose, must begin with the number 9.

If users attempt to create a voucher that begins with any number other than 9, the system must stop the process and provide the user with an on-screen message:

“Clinic created vouchers must begin with the number 9”

If the clinic system currently contains user created vouchers that are not authorized and if the clinic staff attempts to print one or more of those vouchers, the system must stop the process and provide the user with an on-screen message:

“Voucher code(s) not approved by the Georgia WIC Program”

The system must not allow the voucher printing process to continue until the correction has been made.

Transmittal Date: 10/02/2008

Effective Date: 11/15/2008

Final Cutoff Date: 11/15/2008

**Georgia WIC Branch
Systems Work Orders**

FFY 2009

Number: 09-02

Bundle No. 09-01

Description of Work: Prevent printing of expired vouchers.

To prevent voucher numbers from overlapping from one clinic to another, the Edits Manual requires that “[s]ystems must be able to accept ... new numbers and differentiate them from the previously assigned range of numbers that have expired. To assist in this distinction, the CPS assigns local agencies ranges of numbers with expiration dates. This date is the last day of the month following the month that the voucher range(s) were issued to the clinic plus one year.

Example: ClinicXXX received 10,000 voucher serial numbers on February 1, 2008. The expiration date for those vouchers would be March 31, 2009.

Expired numbers must not be used after the expiration date; and must be removed from the system. The system must generate an error message instructing users to purge the remaining number[s] in the expired range as follows:

“This range of numbers has expired. Void or remove all remaining numbers.”
(Edits Manual page 198)

The system must not allow the voucher printing process to continue until a new voucher range has been loaded.

Please confirm that your system is in compliance with the above instructions and indicate that date that the edit was included in the system.

Transmittal Date: 01/02/2009

Response Due Date: 01/31/2009

**Georgia WIC Branch
Systems Work Orders**

FFY 2009

Number: 09-03

Bundle No. 09-01

Description of Work: Prevent printing of vouchers beyond valid certification periods.

To prevent clients from receiving vouchers that are printed outside of their allowable certification periods, the Edits Manual describes the certification periods and voucher printing rules for each WIC Type (pp189 – 194 of the current edition) Page 197 – 198 also describes the rules for VPOD printing.

Please confirm that your system is in compliance with the above instructions and indicate that date that the edit was included in the system.

Transmittal Date: 01/02/2009

Response Due Date: 01/31/2009

**Georgia WIC Branch
Systems Work Order**

FFY 2009

Number: 09-04

Bundle No. 09-02

Description of Work: Sequencing of new food packages for infants according to feeding type and food packages for women exclusively breastfeeding multiples.

In conjunction with the food package changes due to become effective October 1, 2009, ensure that all front-end systems will follow the proscribed schedule for sequencing WIC vouchers.

The food packages proscribed for infants will be categorized in accordance with the infant's feeding type indicated by Data Element #113 on the ETAD. These are: Fully Formula Fed (F), Partially Breastfed (P) and Exclusively Breastfed (E).

Infants will be assigned a CPA Food Package Code (CPA FPC) but may have three or more different FPCs issued under the umbrella of that package according to the age and feeding type of the participant. Tables 1 through 4 below provide details of the food packages assigned. For Table 2 refer to ETAD Change 09-10 for more information on food package assignment for partially breastfed infants during the first 29 days of life. Table 5 provides the sequencing for Women exclusively breastfeeding multiples.

The default will be to the first option, users will have choice to change.

IT IS VITAL THAT THE FOOD PACKAGE SEQUENCING BE FOLLOWED EXACTLY TO PREVENT OVER OR UNDER ISSUANCE OF FOOD ITEMS. NO SUBSTITUTIONS OR VARIATIONS ARE ALLOWED. ALL NEW FOOD PACKAGE CODES AND SEQUENCING MUST BE IN PLACE, TESTED AND APPROVED FOR PRODUCTION NO LATER THAN OCTOBER 1, 2009.

Table 1
Fully Formula Fed
Data Element #113 = F

If Food Package Code (Data Element #33) is:	And Infant Age at Issuance is:	Then Issue Food Package Code:
A11	0 to 3 months 15 days	A11
A11	3 months 16 days to 5 months 15 days	B11
A11	5 months 16 days to 11 months 15 days	D11
A12	0 to 3 months 15 days	A12
A12	3 months 16 days to 5 months 15 days	B12
A12	5 months 16 days to 11 months 15 days	D12
A13	0 to 3 months 15 days	A13
A13	3 months 16 days to 5 months 15 days	B13
A13	5 months 16 days to 11 months 15 days	D13
A10	0 to 3 months 15 days	A10
A10	3 months 16 days to 5 months 15 days	B10
A10	5 months 16 days to 11 months 15 days	D10
A21	0 to 3 months 15 days	A21
A21	3 months 16 days to 5 months 15 days	B21
A21	5 months 16 days to 11 months 15 days	D21
A22	0 to 3 months 15 days	A22
A22	3 months 16 days to 5 months 15 days	B22
A22	5 months 16 days to 11 months 15 days	D22

Table 1
Fully Formula Fed
Data Element #113 = F
(Continued)

If Food Package Code (Data Element #33) is:	And Infant Age at Issuance is:	Then Issue Food Package Code:
A23	0 to 3 months 15 days	A23
A23	3 months 16 days to 5 months 15 days	B23
A23	5 months 16 days to 11 months 15 days	D23
A20	0 to 3 months 15 days	A20
A20	3 months 16 days to 5 months 15 days	B20
A20	5 months 16 days to 11 months 15 days	D20
A31	0 to 3 months 15 days	A31
A31	3 months 16 days to 5 months 15 days	B31
A31	5 months 16 days to 11 months 15 days	D31
A32	0 to 3 months 15 days	A32
A32	3 months 16 days to 5 months 15 days	B32
A32	5 months 16 days to 11 months 15 days	D32
A33	0 to 3 months 15 days	A33
A33	3 months 16 days to 5 months 15 days	B33
A33	5 months 16 days to 11 months 15 days	D33
A43	0 to 3 months 15 days	A43
A43	3 months 16 days to 5 months 15 days	B43
A43	5 months 16 days to 11 months 15 days	D43

Table 1
Fully Formula Fed
Data Element #113 = F
(Continued)

If Food Package Code (Data Element #33) is:	And Infant Age at Issuance is:	Then Issue Food Package Code:
A24	0 to 3 months 15 days	A24
A24	3 months 16 days to 5 months 15 days	B24
A24	5 months 16 days to 11 months 15 days	D24
A25	0 to 3 months 15 days	A25
A25	3 months 16 days to 5 months 15 days	B25
A25	5 months 16 days to 11 months 15 days	D25
A26	0 to 3 months 15 days	A26
A26	3 months 16 days to 5 months 15 days	B26
A26	5 months 16 days to 11 months 15 days	D26
A44	0 to 3 months 15 days	A44
A44	3 months 16 days to 5 months 15 days	B44
A44	5 months 16 days to 11 months 15 days	D44

Table 1
Fully Formula Fed
Data Element #113 = F
(Continued)

If Food Package Code (Data Element #33) is:	And Infant Age at Issuance is:	Then Issue Food Package Code:
A46	0 to 3 months 15 days	A46
A46	3 months 16 days to 5 months 15 days	B46
A46	5 months 16 days to 11 months 15 days	D46
A27	0 to 3 months 15 days	A27
A27	3 months 16 days to 5 months 15 days	B27
A27	5 months 16 days to 11 months 15 days	D27
A28	0 to 3 months 15 days	A28
A28	3 months 16 days to 5 months 15 days	B28
A28	5 months 16 days to 11 months 15 days	D28
A29	0 to 3 months 15 days	A29
A29	3 months 16 days to 5 months 15 days	B29
A29	5 months 16 days to 11 months 15 days	D29

Table 2
Partially Breastfed Fed
Data Element #113 = P

If Food Package Code (Data Element #33) is:	And Infant Age at Issuance is:	Then Issue Food Package Code:
F11	0 to 20 days	E00 OR
F11	“	E11
F11	21 to 29 days	E00 OR
F11	“	E11 OR
F11	“	F11
F11	30 days to 3 months 15 days	F11
F11	3 months 16 days to 5 months 15 days	G11
F11	5 months 16 days to 11 months 15 days	H11
E11	0 to 29 days	E00 OR
E11	“	E11
E11	30 days to 5 months 15 days	E11
E11	5 months 16 days to 11 months 15 days	L11
K11	0 to 20 days	E00 OR
K11	“	E11
K11	21 to 29 days	E00 OR
K11	“	E11 OR
K11	“	K11
K11	30 days to 5 months 15 days	K11
K11	5 months 16 days to 11 months 15 days	M11
J11	0 to 20 days	E00 OR
J11	“	E11
J11	21 to 29 days	E00 OR
J11	“	E11 OR
J11	“	J11
J11	30 days to 5 months 15 days	J11
J11	5 months 16 days to 11 months 15 days	N11

Table 2
 Partially Breastfed Fed
 Data Element #113 = P
 (Continued)

F12	0 to 20 days	E00 OR
F12	“	E11
F12	21 to 29 days	E00 OR
F12	“	E11 OR
F12	“	F12
F12	30 days to 3 months 15 days	F12
F12	3 months 16 days to 5 months 15 days	G12
F12	5 months 16 days to 11 months 15 days	H12
F13	0 to 20 days	E00 PR
F13	“	E11
F13	21 to 3 months 15 days	E00 OR
F13	“	E11 OR
F13	“	F13
F13	3 months 16 days to 5 months 15 days	G13
F13	5 months 16 days to 11 months 15 days	H13
F21	0 to 20 days	E00 OR
F21	“	E21
F21	21 to 29 days	E00 OR
F21	“	E11 OR
F21	“	F21
F21	30 days to 3 months 15 days	F21
F21	3 months 16 days to 5 months 15 days	G21
F21	5 months 16 days to 11 months 15 days	H21
E21	0 to 29 days	E00 OR
E21	“	E21
E21	30 days to 5 months 15 days	E21
E21	5 months 16 days to 11 months 15 days	L21

Table 2
Partially Breastfed Fed
Data Element #113 = P
(Continued)

If Food Package Code (Data Element #33) is:	And Infant Age at Issuance is:	Then Issue Food Package Code:
K21	0 to 20 days	E00 OR
K21	“	E21
K21	21 to 29 days	E00 OR
K21	“	E21 OR
K21	“	K21
K21	30 days to 5 months 15 days	K21
K21	5 months 16 days to 11 months 15 days	M21
J21	0 to 20 days	E00 OR
J21	“	E21
J21	21 to 29 days	E00 OR
J21	“	E21 OR
J21	“	J21
J21	30 days to 5 months 15 days	J21
J21	5 months 16 days to 11 months 15 days	N21
F22	0 to 20 days	E00 OR
F22	“	E21
F22	21 to 29 days	E00 OR
F22	“	E21 OR
F22	“	F22
F22	30 days to 3 months 15 days	F22
F22	3 months 16 days to 5 months 15 days	G22
F22	5 months 16 days to 11 months 15 days	H22
F23	0 to 20 days	E00 OR
F23	“	E21
F23	21 days to 3 months 15 days	E00 OR
F23	“	E21 OR
F23	“	F23
F23	3 months 16 days to 5 months 15 days	G23
F23	5 months 16 days to 11 months 15 days	H23

Table 2
 Partially Breastfed Fed
 Data Element #113 = P
 (Continued)

If Food Package Code (Data Element #33) is:	And Infant Age at Issuance is:	Then Issue Food Package Code:
F31	0 to 20 days	E00 OR
F31	“	E31
F31	21 to 29 days	E00 OR
F31	“	E31 OR
F31	“	F31
F31	30 days to 3 months 15 days	F31
F31	3 months 16 days to 5 months 15 days	G31
F31	5 months 16 days to 11 months 15 days	H31
E31	0 to 29 days	E00 OR
E31	“	E31
E31	30 days to 5 months 15 days	E31
E31	5 months 16 days to 11 months 15 days	L31
K31	0 to 20 days	E00 OR
K31	“	E31
K31	21 to 29 days	E00 OR
K31	“	E31 OR
K31	“	K31
K31	30 days to 5 months 15 days	K31
K31	5 months 16 days to 11 months 15 days	M31
J31	0 to 20 days	E00 OR
J31	“	E31
J31	21 to 29 days	E00 OR
J31	“	E31 OR
J31	“	J31
J31	30 days to 5 months 15 days	J31
J31	5 months 16 days to 11 months 15 days	N31

Table 2
Partially Breastfed Fed
Data Element #113 = P
(Continued)

If Food Package Code (Data Element #33) is:	And Infant Age at Issuance is:	Then Issue Food Package Code:
F32	0 to 20 days	E00 OR
F32	“	E31
F32	21 to 29 days	E00 OR
F32	“	E31 OR
F32	“	F32
F32	30 days to 3 months 15 days	F32
F32	3 months 16 days to 5 months 15 days	G32
F32	5 months 16 days to 11 months 15 days	H32
F33	0 to 20 days	E00 OR
F33	“	E31
F33	21 days to 3 months 15 days	E00 OR
F33	“	E31 OR
F33	“	F33
F33	3 months 16 days to 5 months 15 days	G33
F33	5 months 16 days to 11 months 15 days	H33
F43	0 to 20 days	E00 OR
F43	“	E43
F43	21 days to 3 months 15 days	E00 OR
F43	“	F43 OR
F43	“	F43
F43	3 months 16 days to 5 months 15 days	G43
F43	5 months 16 days to 11 months 15 days	H43

Table 3
Exclusively Breastfed Fed
Data Element #113 = E

If Food Package Code (Data Element #33) is:	And Infant Age at Issuance is:	Then Issue Food Package Code:
E00	0 to 5 months and 15 days	E00
E00	5 months 16 days to 11 months 15 days	E01

Table 4
 Fully formula Fed
 Data Element #113 = F
 Special Formula
 Infants

If Food Package Code (Data Element #33) is:	And Infant Age at Issuance is:	Then Issue Food Package Code:
R01	0 – 2 months and 15 days	R01
R01	2 months and 16 days – 5 months and 15 days	S01
R01	5 months and 16 days – 11 months and 15 days	T01
R03	0 – 3 months and 15 days	R03
R03	3 months and 16 days – 5 months and 15 days	S03
R03	5 months and 16 days – 11 months and 15 days	T03
R11	0 – 3 months and 15 days	R11
R11	3 months and 16 days – 5 months and 15 days	S11
R11	5 months and 16 days – 11 months and 15 days	T11
R24	0 – 3 months and 15 days	R24
R24	3 months and 16 days – 5 months and 15 days	S24
R24	5 months and 16 days – 11 months and 15 days	T24
R26	0 – 3 months and 15 days	R26
R26	3 months and 16 days – 5 months and 15 days	S26
R26	5 months and 16 days – 11 months and 15 days	T26
R20	0 – 3 months and 15 days	R20
R20	3 months and 16 days – 5 months and 15 days	S20
R20	5 months and 16 days – 11 months and 15 days	T20

Table 4
 Fully formula Fed
 Data Element #113 = F
 Special Formula
 Infants
 (Continued)

If Food Package Code (Data Element #33) is:	And Infant Age at Issuance is:	Then Issue Food Package Code:
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R24	0 – 2 months and 15 days	R24
R24	2 months and 16 days – 5 months and 15 days	S24
R24	5 months and 16 days – 11 months and 15 days	T24
R30	0 – 3 months and 15 days	R30
R30	3 months and 16 days – 5 months and 15 days	S30
R30	5 months and 16 days – 11 months and 15 days	T30
R40	0 – 3 months and 15 days	R40
R40	3 months and 16 days – 5 months and 15 days	S40
R40	5 months and 16 days – 11 months and 15 days	T40
R51	0 – 3 months and 15 days	R51
R51	3 months and 16 days – 5 months and 15 days	S51
R51	5 months and 16 days – 11 months and 15 days	T51
R61	0 – 3 months and 15 days	R61
R61	3 months and 16 days – 5 months and 15 days	S61
R61	5 months and 16 days – 11 months and 15 days	T61
R71	0 – 3 months and 15 days	R71
R71	3 months and 16 days – 5 months and 15 days	S71
R71	5 months and 16 days – 11 months and 15 days	T71

Table 4
Fully formula Fed
Data Element #113 = F
Special Formula
Infants
(Continued)

If Food Package Code (Data Element #33) is:	And Infant Age at Issuance is:	Then Issue Food Package Code:
R73	0 – 2 months and 15 days	R73
R73	2 months and 16 days – 5 months and 15 days	S73
R73	5 months and 16 days – 11 months and 15 days	T73
R70	0 – 3 months and 15 days	R70

R70	3 months and 16 days – 5 months and 15 days	S70
R70	5 months and 16 days – 11 months and 15 days	T70
R81	0 – 3 months and 15 days	R81
R81	3 months and 16 days – 5 months and 15 days	S81
R81	5 months and 16 days – 11 months and 15 days	T81
R82	0 – 3 months and 15 days	R82
R82	3 months and 16 days – 5 months and 15 days	S82
R82	5 months and 16 days – 11 months and 15 days	T82
R83	0 – 3 months and 15 days	R83
R83	3 months and 16 days – 5 months and 15 days	S83
R83	5 months and 16 days – 11 months and 15 days	T83
R91	0 – 2 months and 15 days	R91
R91	2 months and 16 days – 5 months and 15 days	S91
R91	5 months and 16 days – 11 months and 15 days	T91

Table 4
Fully formula Fed
Data Element #113 = F
Special Formula
Infants
(Continued)

If Food Package Code (Data Element #33) is:	And Infant Age at Issuance is:	Then Issue Food Package Code:
R04	0 – 2 months and 15 days	R04
R04	2 months and 16 days – 5 months and 15 days	S04
R04	5 months and 16 days – 11 months and 15 days	T04
R14	0 – 3 months and 15 days	R14
R14	3 months and 16 days – 5 months and 15 days	S14
R14	5 months and 16 days – 6 months and 15 days	T14
R14	6 months and 16 days – 11 months and 15 days	V14
R10	0 – 3 months and 15 days	R10
R10	3 months and 16 days – 5 months and 15 days	S10
R10	5 months and 16 days – 11 months and 15 days	T10
R50	0 – 3 months and 15 days	R50
R50	3 months and 16 days – 5 months and 15 days	S50
R50	5 months and 16 days – 11 months and 15 days	T50
R60	0 – 3 months and 15 days	R60
R60	3 months and 16 days – 5 months and 15 days	S60
R60	5 months and 16 days – 11 months and 15 days	T60

Table 5
 Exclusively Breastfeeding
 Multiples

CPA FPC	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
W61	W61	V61	W61	V61	W61	V61
W62	W62	V62	W62	V62	W62	V62
W63	W63	V63	W63	V63	W63	V63
W65	W65	V65	W65	V65	W65	V65
W69	W69	V69	W69	V69	W69	V69
W71	W71	V71	W71	V71	W71	V71

**Georgia WIC Branch
Systems Work Order**

FFY 2009

Number: 09-05

Bundle No. 09-02

Description of Work: Standardize appearance of VPOD vouchers across all systems.

In conjunction with the food package changes due to become effective October 1, 2009, ensure that all front-end systems print VPOD vouchers in a standardized manner.

This includes:

1. Font Name
2. Font Size
3. Indentation scheme
4. Capitalization scheme
5. Number of lines
6. Characters per line.

The following specifications are to be used:

Font Name	Times Roman
Font Size	10
Indentation Scheme	Food Type: Left Justification, start at position 1. Description: All descriptions will begin at position 11.
Capitalization Scheme	Food Type: All Caps Message: Capitalize first word and all brand names, all other information will be in lower case.
Number of lines	8: Line 1: FPC and VC Lines 2 – 7: Voucher Message
Characters per line	Maximum of 60: Food Type: Maximum of 10 including spaces and colon. Description: Maximum of 50 including spaces.

Example: An example of the standardized format is attached:

**Georgia WIC Branch
Systems Work Order**

FFY 2009

Number: 09-06

Bundle No. 09-02

Description of Work: Create verification questions for ensuring that any WIC Type with CPA FPC that has “Y” in the medical documentation field on the FPC/VC database has the required up-to-date medical documentation on file.

Intent: The intent of this Work Order is to ensure that participants who receive food packages requiring medical documentation have current documentation on file. It is also the intent that systems will not allow printing of vouchers if medical documentation is not present and up to date at the time of voucher issuance.

Definitions: Medical Documentation: Appropriate document from an authorized health professional stating that the participant requires a special food package. Those food packages are identified in the FPC/VC file with a “Y” in the newly created field “Medical Documentation”.

Scope of Work: When food package(s) that contain a “Y” in the Medical Documentation field in the FPC/VC files are selected, create a pop-up box that will open with the question:

Is current medical documentation on file?

Valid responses are to be limited to Y for yes or N for no.

NO OTHER RESPONSES ARE TO BE ALLOWED.

The question must be asked at every voucher issuance.

If the response is Y for yes, the system must allow the food package to print.

If the response is N for no, the system must not allow the food package to print.

This data is for internal checking only and must not be sent to the data processor (CSC).

For WIC Types: P, N, B, I, C

For Transactions: Must be done at every voucher issuance.

**Georgia WIC Branch
Systems Work Order**

FFY 2009

Number: 09-07

Bundle No. 09-02

Description of Work: Linking feeding practices to food package options.

Intent: The intent of this Work Order is to ensure that clients who are breastfeeding are issued the appropriate food packages. The mother's food package is determined by which food package her infant is assigned. It is also intended that system users will be limited to selections of food packages based on criteria shown below by use of drop down boxes generated by feeding type and number of months postpartum ("postpartum period").

Definitions: Feeding practices describe the status of breastfeeding women and infants.

WOMEN:

Exclusively Breastfeeding (E):

Infant is receiving no formula from the WIC Program, only the breastfeeding tracking voucher and, at age \geq 6 months old, infant food vouchers. Mother is assumed to be breastfeeding approximately 100% of the time. WIC Type is "B".

Mostly Breastfeeding (M):

Infant is receiving a "Partially Breastfed" (P) food package. Mother is assumed to be breastfeeding at least 50% of the time. WIC Type is "B".

Some Breastfeeding (S):

Infant is receiving a full formula package (F). Mother is assumed to be breastfeeding less than 50% of the time. WIC Type is "B".

INFANTS:

Fully Formula Fed (F):

Infant receives full formula package, but may also be breastfed.

Partially Breastfed (P):

Infant receives a partial formula package.

Exclusively Breastfed (E):

Infant receives no formula.

SEE TABLES BELOW FOR ALLOWABLE FOOD PACKAGES FOR EACH SITUATION:

Table 1: Women – Feeding Single Infant

If Postpartum Period Is:	And Woman's Status Is:	Then Limit Food Package Selection To:
Less than 6 months	E	W40 to W59 or any FPC starting with X, or 0, or 1, or 9
Less than 6 months	M	W00 to W19 or any FPC starting with X, or 0, or 1, or 9
Less than 6 months	S	W20 to W39 or any FPC starting with X, or 0, or 1, or 9
6 months or more	E	W40 to W59 or any FPC starting with X, or 0, or 1, or 9
6 months or more	M	W00 to W19 or any FPC starting with X, or 0, or 1, or 9
6 months or more	S	W80

Table 2: Women – Feeding Multiple Infants

If Postpartum Period Is:	And Woman's Status Is:	Then Limit Food Package Selection To:
Less than 6 months	E	W60 to W79 or any FPC starting with X, or 0, or 1, or 9
Less than 6 months	M	W40 to W59 or any FPC starting with X, or 0, or 1, or 9
Less than 6 months	S	W20 to W39 or any FPC starting with X, or 0, or 1, or 9
6 months or more	E	W60 to W79 or any FPC starting with X, or 0, or 1, or 9
6 months or more	M	W40 to W59 or any FPC starting with X, or 0, or 1, or 9
6 months or more	S	W80

**Georgia WIC Branch
Systems Work Order**

FFY 2009

Number: 09-08

Bundle No. 09-02

Description of Work: Transition children from whole milk food packages to low-fat milk food packages at 24 months of age.

Intent: The intent of this Work Order is to ensure that children who reach 24 months of age no longer receive whole milk food packages but are issued low-fat milk food packages. It is also the intent that users will be restricted to food package options based on age of the child.

Definitions: **Whole Milk Food Packages:** Food Packages in the C00 to C19 series that contain whole milk. Issued to WIC Type C if age is greater than 11 months and 15 days but less than 23 months and 16 days.

Low-fat Milk Food Packages: Food Packages in the C20 to C39 series that contain low-fat milk. Issued to WIC Type C if age is greater than 23 months and 15 days.

Scope of Work: Install edits in the WIC Clinic systems that will calculate the difference between the child's date of birth and the first day to use on the first voucher in the food package. The formula for calculating the age of the infant at time of issuance is: **First Day to Use [on first voucher of each food package being issued for each month] – (minus) Date of Birth [for the child] = age of Child at Date of Issuance.**

If a package is being issued and the first day to use for the vouchers is greater than 11 months and 15 days but less than 23 months and 16 days from the child's date of birth then only allow food packages in the C00 to C19 range or any food package that starts with X, 0, 1 or 9 to print.

If a package is being issued and the first day to use for the vouchers is greater than 23 months and 15 days but less than 60 months from the child's date of birth then only allow food packages in the C20 to C39 range or any food package that starts with X, 0, 1 or 9 to print.

Provide system users with drop-down boxes that indicate the food package selection(s) available.

Example: If the birth date of the child is February 15, 2007 and vouchers are being issued for January, February and March of 2009, and the pick-up/interval code is 4-A-4, the vouchers will have First Day To Use dates of 1/26/2009, 2/23/2009 and 3/23/2009. The age of the child at time of the first set of vouchers is 23 months and 11 days. That child would receive food package C01 (assuming issuance of the standard child package). However, on the first day to use on the second set of vouchers, the child's age will be 24 months and 8 days and will therefore be issued a food package C21 for February and March.

The same calculations will be applied for infants as well when calculating the proper food packages. See ETAD Change Order XX_09 for food packages.

SEE TABLES 1, 2 AND 3 BELOW FOR DESIGN SUGGESTION FOR DROP DOWN BOXES.

**Table 1:
Children at age 11 months and 16 days to 23 months and 15 days**

If Form of Milk Is:	Then Limit Food Package Selection To:
Whole Milk	C01 (Standard)
Whole Milk and Tofu	C05* - C06*
Lactose Intolerant	C02
Goat Milk	C03
None (To be used with special formula)	C09*
UHT (Homeless Package)	C10
Soy Milk	C11*

*Indicates Medical Documentation is required.

**Table 2:
Children at age 23 months and 16 days to 60 months**

If Form of Milk Is:	Then Limit Food Package Selection To:
Lactose Intolerant	C22
Low-fat Milk	C21(Standard), C28
Low-fat Milk and Extra Cheese	C24*
Goat Milk	C23
None (To be used with special formula)	C29*
UHT (Homeless Package)	C30
Low-fat Milk and Tofu	C25*, C26*
Whole Milk	C27*
Soy Milk	C31*

*Indicates Medical Documentation is required.

If the participant is being issued more than one month of vouchers and the first day to use on the first voucher is greater than 11 months and 15 days but less than 23 months and 16 days from the child's date of birth then only allow food packages in the C00 to C19 range or any food package that starts with X, 0, 1 or 9 but if the second and/or third months vouchers is greater than 23 months and 15 days from the date of the child's birth refer to Table 3 to determine the food package to issue.

**Table 3:
Equivalent Food Package Codes for Whole Milk to Low-fat Milk Transition**

Children at age 11 months and 16 days to 23 months and 15 days	Children at age 23 months and 16 days to 60 months
C01	C21
C02	C22
C03	C23
N/A	C24
C05	C25

C06	C26
N/A	C27
N/A	C28
C09	C29
C10	C30
C11	C31

**Georgia WIC Branch
Systems Work Order**

FFY 2009

Number: 09-09

Bundle No. 09-02

Description of Work: Automatically transition infants certified after 6 months of age to children's FPC at age 12 months.

Intent: The intent of this Work Order is to ensure that infants who reach 12 months of age before being subsequently certified as a child, receive the appropriate child's food package determined by the CPA.

Definitions: Infant to Child: Infants who are initially certified at or after the age of 6 months of age but before 11 months and 0 days of age are certified for a period of six months. At the time that the infant turns one year of age, the food package must be adjusted to that of a child even when the infant-to-child sub-cert is not needed.

Example: An infant is brought to the WIC Clinic on August 1. The infant was born on January 1 making his/her age seven months. The infant is certified for a six month period or until February 1. If the infant is on three months issuance he/she will receive infant packages for August, September, and October. At the next voucher issuance the infant will receive infant packages for November and December but the food package must be changed from an infant to child's package for the January vouchers.

Scope of Work: If Transaction Code is C (Initial Certification) and Data Element #24 (Type) is I and Date Form Completed is equal to or greater than Date of Birth plus 6 months, then Data Element #57 (Child's First Food Package) must default to C01. Users must have the option to change C01 to another FPC if necessary.

For vouchers that are printed when First Day To Use is equal to or greater than Date of Birth plus 11 months and 0 days, system must print the food package listed in Data Element #33 (and not Child's First Food Package Data Element #57).

**Georgia WIC Branch
Systems Work Order**

FFY 2009

Number: 09-10

Bundle No. 09-02

Description of Work: Calculate infant's age at voucher issuance

Intent: The intent of this Work Order is to ensure that infants are transitioned to the proper food package code according to their age on the first day to use date on the face of the vouchers for each month.

Definitions: First Day To Use: The date that appears on the face of the voucher telling the participant the earliest that the voucher may be used.

Infant Age at voucher issuance = First Day To Use – Date of Birth (Data Element #13).

Example: An infant is certified for WIC on June 1 at the age of 2 months and 17 days, is assigned CPA FPC A11 and is being issued three months of vouchers. The initial package issued would be A11 (0 – 3 months and 15 days). The second set of vouchers will have a first day to use of July 1 when the infant will be 3 months and 17 days old – the system must automatically print CPA FPC B11 (3 months and 16 days to 5 months and 15 days). The third set of vouchers will have a first day to use of August 1 and therefore will also be CPA FPC B11 since the child will be less than 5 months and 16 days old. Upon the next voucher printing (first day to use September 1) the infant will be 5 months and 17 days old and will receive CPA FPC D11.

Scope of Work: The clinic system must be able to calculate the infant's age on the first day to use appearing on the voucher each month and issue the appropriate food package for each month based on the CPA FPC. See Tables in Work Order 09-04.

**Georgia WIC Branch
Systems Work Order**

FFY 2009

Number: 09-11

Bundle No. 09-02

Description of Work:

Basic rules for Prenatal and Breastfeeding Women food packages.

Intent:

It is the intent of this Work Order to clarify for the clinic users the food package options available based on WIC Type, Feeding Type, and if the woman is currently pregnant with multiple fetuses or has given birth to multiple infants during the most recent pregnancy (Risk Code #335).

Definitions:

Feeding Type: New Data Element #114 describing the woman's feeding method.

CPA FPC: New title for Data Element #33

Scope of Work:

Provide clinic users with limited CPA FPC choices based on whether or not the participant is currently pregnant with more than one fetus or has given birth to more than one infant during the most recent pregnancy.

Business Rules:

Prenatal with multiples:

If Data Element #24 (Type) is P and Data Element 30 (Reason for Certification) contains 335 in any position, then allow only CPA FPC in range of W40 – W59 or any FPC that starts with X, **Z**, 0, 1, or 9.

Prenatal with single:

If Data Element #24 (Type) is P and Data Element 30 (Reason for Certification) does **not** contain 335 in any position, then allow only CPA FPC in range of W00 – W19 or any FPC that starts with X, **Z**, 0, 1, or 9.

Exclusively breastfeeding with multiples:

If Data Element #24 (Type) is B and Data Element 30 (Reason for Certification) contains 335 in any position and Data Element #114 (Woman Feeding Method) is E, then allow only CPA FPC in range of W40 – W79 or any FPC that starts with X, **Z**, 0, 1, or 9.

Mostly breastfeeding with multiples:

If Data Element #24 (Type) is B and Data Element 30 (Reason for Certification) contains 335 in any position and Data Element #114 (Woman Feeding Method) is M, then allow only CPA FPC in range of W40 – W59 or any FPC that starts with X, **Z**, 0, 1, or 9.

Some breastfeeding with multiples:

If Data Element #24 (Type) is B and Data Element 30 (Reason for Certification) contains 335 in any position and Data Element #114 (Woman Feeding Method) is S, then allow only CPA FPC in range of W20 – W39 or W80 or any FPC that

starts with X, **Z**, 0, 1, or 9.

Breastfeeding with single:

If Data Element #24 (Type) is B and Data Element 30 (Reason for Certification) does **not** contain 335 in any position, and Data Element #114 (Woman Feeding Method) is S, M, or E, then allow only CPA FPC in range of W00 – W59 or any FPC that starts with X, **Z**, 0, 1, or 9.

**Georgia WIC Branch
Systems Work Order**

FFY 2009

Number: 09-12

Bundle No. 09-02

Description of Work: Linking infant and mother’s food package to avoid over issuance.

Intent: It is the intent of this Work Order is to ensure that clients who are breastfeeding receive the appropriate food packages. A woman’s allowed food package is based on her infant’s assigned food package. This will be done by the CPA entering the infant’s food package in a box on the breastfeeding woman’s certification.

Definitions:

Scope of Work: Create a box on breastfeeding woman’s certification for the CPA to enter the infant’s CPA Food Package Code. Then use Table 1 below to determine which food package is allowed for the woman. If the CPA FPC assigned to the woman matches the infants the system must allow the CPA to move to next field otherwise the system must not allow the CPA to continue to next field until an appropriate entry is made.

The system must allow **AAA** to be entered into infant’s CPA FPC field. Then allow any food package to be assigned that is allowed for type of feeding. **AAA** will be used in cases where a woman is being certified and her infant is not present. i.e. Woman is pumping breast milk for any infant still in the hospital.

Validation Rules: Valid entries are any valid Georgia WIC Food Package Code appropriate for WIC Type and Feeding Type or AAA.

Cross Edits: Data Element #24 must be B. **NO OTHER ENTRIES ARE ALLOWED**

For WIC Types: B **DO NOT USE FOR ANY OTHER WIC TYPES**

For Transactions: C, W-C, S, O, X, U **DO NOT USE FOR ANY OTHER WIC TRANSACTIONS**

Systems Work Order

Number: 09-12

Table 1: Matching mother’s package to infant’s package

If infant’s package is:	Then Limit Mother’s Food Package to:
E00, E01	W40 – W79, packages beginning with 0,1,9, Z , or X
E02 – E99, F00 – F99, J00 - J99, K00 - K99, H00 – H99, L00 – L99, M00 – M99, N00 – N99	W00 – W19, or W40 – W59 , Packages beginning with 0,1,9 Z , or X

A00 – A99, D00 –D99, R00 - R99, S00 – S99	W20 – W39, W80, Packages beginning with 0,1,9 Z, or X
AAA or Food Package begins with 0,1,9	Any package approved for the woman's feeding method (E, M, or S) and WIC type B (which now include Z). See Work Order #09-07.

**Georgia WIC Branch
Systems Work Order**

FFY 2009

Number: 09-13
Bundle No. 09-02

Description of Work: Updated Non-Discrimination Clause

Intent: It is the intent of this Work Order to ensure that all front-end systems are printing the proper non-discrimination clause on the termination letters generated by clinic staff.

Definitions:

Scope of Work: Review the participant termination letter format in your system to ensure that it is printing the proper wording for the non-discrimination clause. The wording must read as follows:

“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, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

NO OTHER WORDING OR VARIATIONS ARE TO BE ALLOWED.

WORK ORDERS FFY 2010

**Georgia WIC Program
Systems Work Order**

FFY 2010

Number: 10-01

Description of Work: Install new food package/voucher message table. This is a table change only.

Infant formula rebate manufacturers have announced several changes to product names and packaging sizes. The new formulas are expected to begin appearing on store shelves during mid-May, 2010.

Several changes will be made during the course of the summer with the final changes to become effective in September 2010. To reduce time and effort involved, the food package table includes all changes to be made. The voucher codes affected will contain "or" statements to enable participants to be able to purchase the new products as they become available.

Examples: For cases where only the size of the container is changed vouchers will read:

XX-12.9 oz cans OR XX-12.4 oz cans powder Similac Advance EarlyShield

For cases where only the name of the product is changed vouchers will read:

XX containers 32 ounce ready-to-feed Isomil Advance **OR Similac Sensitive Isomil Soy**

For cases where both the name of the product and size of the container are changed vouchers will read:

XX-12.9 oz cans powder Isomil Advance OR XX-12.4 oz cans powder Similac Sensitive Isomil Soy

Please review the attached table(s) prior to including in your WIC clinic system. Any questions are to be addressed to the Unit of Nutrition Services at the State Office.

In addition to the above, wording for VC A30 has been corrected.

The summarized list of changes includes:

1. Formula changes- added "or" statements for the following products

Name changes

- Similac Sensitive Isomil Soy
- Similac Sensitive for Spit Up
- Similac Expert Care Alimentum
- Drop "LIPIL" from Enfamil AR
- Drop "Next Step LIPIL" from Enfagrow Premium Next Step
- Drop "Next Step LIPIL" from Enfagrow Soy Next Step
- Drop "LIPIL" from Gentlease
- Drop "LIPIL" from Gentlease Next Step

Package changes

- Similac Advance ES (12.4 oz – 90 fl oz)
- Isomil (12.4 oz – 90 fl oz)
- Sensitive (12.6 oz – 90 fl oz)

- Sensitive RS (12.3 oz – 90 fl oz)
- Neosure (13.1 oz – 87 fl oz)

2. Corrected wording on VC A30

Implementation: The food package table may be implemented **on or before** March 15, 2010.

Cross Reference: CSC SMR #CPS10-09

Transmittal Date: **02/15/2010**

Effective Date: **03/15/2010**

Final Cutoff Date: **03/15/2010**

**Georgia WIC Program
Systems Work Order**

FFY 2010

Number: 10-02

Description of Work: Re-arrange System Screens

In order to facilitate processing of clients in the clinics move the following data elements to WIC Nutrition Education screens:

1. Data Element #104: Peer Counselor ID
2. Data Element #107: Breast Pump Assigned
3. Data Element #124: Date Breast Pump Issued*
4. Data Element #125: Date Breast Pump Returned*

*New Data Elements Added in FFY 2010

The purpose of making this change is to keep these data elements together with other nutrition related Data Elements thus reducing the amount of time required to complete client processing.

Implementation: These changes may be made on or before October 1, 2010.

**Georgia WIC Program
Systems Work Order**

FFY 2010

Number: 10-03

Description of Work: Make changes to Risk Criteria

The purpose of this Work Order is to make necessary changes to the Risk Code table in the front end clinic systems. The following changes are required:

Add the following new risk codes:

Risk Criteria	Code	WIC Types/Priorities
History of Preeclampsia	304	P-1, B-1, N-6
Pre-Diabetes	363	B-1, N-6

Change current risk codes:

Risk Criteria	Code	Action	Notes
Underweight	101	Replace BMI Table	BMI less than 18.5. Delete current pregnant woman BMI Table. Use current non-pregnant tables for all women categories.
Overweight	111	Replace BMI Table. Update terminology/definition of paper and electronic Cert Forms (B)	BMI greater than 25. Delete current pregnant woman BMI Table. Use current non-pregnant tables for all women categories.
Low Maternal Weight Gain	131	Update terminology/definition of paper and electronic Cert Forms (P)	New terminology and definition based on new BMI table. (Low Gestational Weight Gain changes to Low Maternal Weight Gain.)
High Maternal Weight Gain	133	Update terminology/definition of paper and electronic Cert Forms (P, B, N)	New terminology and definition based on new BMI table. (High Gestational Weight Gain changes to High Maternal Weight Gain.)
History of Gestational Diabetes	303	Update terminology/definition of paper and electronic Cert Forms (P, B, N)	Delete "Gestational Diabetes (Most recent pregnancy)" and replace with: "History of Gestational Diabetes"
Lactose Intolerance	355	Remove (HR) High Risk Status (P, N, B, I, C)	Lactose Intolerance is no longer considered High Risk (HR)

Delete the following risk code:

Risk Criteria	Code	WIC Types/Priorities
Pyloric Stenosis	350	I

DO NOT ALLOW FOR ANY OTHER WIC TYPES/PRIORITIES

Implementation: These changes are to become effective on August 2, 2010

Cross Reference: CSC SMR #CPS10-27

Transmittal Date: 04/15/2010

Effective Date: 08/02/2010

Final Cutoff Date: 08/02/2010

**Georgia WIC Program
Systems Work Order**

FFY 2010

Number: 10-03a

Description of Work: Make changes to Risk Criteria

The purpose of this Work Order is to make USDA mandated changes to the Risk Code table in the front end clinic systems.

The following changes are required: (see attached Excel Risk Code table)

1. Add new risk codes:

Risk Criteria Name	Risk Code	WIC Types/Priorities	High Risk (D.E. #31)
History of Preeclampsia	304	P-1, B-1, N-6	N
Pre-Diabetes	363	B-1, N-6	N

2. Make obsolete risk code:

Risk Criteria Name	Risk Code	WIC Types/Priorities
Pyloric Stenosis	350	I

3. Changes to risk code definitions:

Replace previous definitions with the new definitions in the Risk Criteria list. The new definition should print on the applicable certification forms.

NEW Risk Criteria Name	Risk Code	WIC Types/Priorities	Notes
Low Maternal Weight Gain	131	(P/1)	Change “Low Gestational Weight Gain” to “Low Maternal Weight Gain.”
High Maternal Weight Gain	133	(P/1, B/1, N/6)	Change “High Gestational Weight Gain” to “High Maternal Weight Gain.”
History of Gestational Diabetes	303	(B/1, N/6)	Change “Gestational Diabetes (Most recent pregnancy)” to “History of Gestational Diabetes.”

4. Changes to Lactose Intolerance (Risk 355)

Risk Criteria Name	Risk Code	WIC Types/Priorities	Notes
Lactose Intolerance	355	(P/1, B/1, N/6, I/1, C/3)	Lactose Intolerance is no longer considered high risk #31 (Data Element #31 [High Risk] = No).

5. Changes to the definition and calculation of risk criteria for Underweight Women (Risk 101) and Overweight Women (Risk 111).

- Delete the two current BMI tables.
- *All systems MUST calculate BMI

$$((lb + (oz/16)) / ((inch + (8ths/8))^2) * 703$$
- See more detailed directions on how to calculate BMI later in work order

Risk Criteria	Code	Action Notes
Underweight	101	<p>If a woman's BMI is < 18.5 auto-select risk 101</p> <p>If a woman's BMI is < 18.5 auto-select client as high risk (Data Element #31 = Yes).</p> <p>WIC Type P: Calculate BMI using pregravid weight (DE# 43) and height only. If pregravid BMI <18.5, this code must be entered and High Risk (D.E. #31) must equal Y.</p> <p>WIC Type N & B <6 mo after delivery: Calculate BMI using both pregravid (DE# 43) & current weight (DE# 27) and height. If either is <18.5, this code must be entered and High Risk (D.E. #31) must equal Y.</p> <p>WIC Type B >=6 mo after delivery: Calculate BMI using current weight (DE# 27) and height only. If current BMI <18.5, this code must be entered and High Risk (D.E. #31) must equal Y.</p>
Overweight	111	<p>If a woman's BMI is ≥ 25 auto-select risk 111-overweight</p> <p>If a woman's BMI is > 29.9 auto-select client as high risk (Data Element #31 = Yes).</p> <p>WIC Type P, N, B <6 months after delivery: Calculate BMI using pregravid weight (DE# 43) and height only. If pregravid BMI >24.9, this code must be entered. If pregravid BMI >29.9 high risk (D.E. #31) must equal Y.</p> <p>WIC Type B >=6 months after delivery: Calculate BMI using current weight (DE# 27) and height only. If current BMI >24.9, this code must be entered. If current BMI >29.9, high risk (D.E. #31) must equal Y.</p>

6. Changes to how High Maternal Weight Gain (Risk 133) is determined for WIC Type N and B. Auto-assign High Maternal Weight Gain (Risk 133)

Risk Criteria Name	Risk Code	WIC Types/Priority	Notes
High maternal weight gain	133	(B/1, N/6)	Calculate weight gain as follows: Weight Prior to Delivery (D.E. #49) – Pregravid Weight (D.E. #43) See table below for risk determination

Table: Auto-Assign Risk Code 133 if:

If Pregravid BMI is	AND Multi-Fetal Gestation (Risk Code 335) is selected (Y) or not selected (N)	AND Weight Gain is
< 18.5	Y	Risk can not be used for this situation (not applicable)
< 18.5	N	> 40
> 18.5 and < 25	N	> 35
> 18.5 and < 25	Y	> 54
> 25.0 and < 30	N	> 25
> 25.0 and < 30	Y	> 50
> 30.0	N	> 20
> 30.0	Y	> 42

$$\text{BMI} = (\text{Weight in pounds} \times 703) / (\text{Height in inches} \times \text{Height in inches})$$

BMI calculation – uses weight in pounds (Data Element #43 or #27) and Height in inches (Data Element #26).

- Weight in pounds (Data Element #43 or #27) needs to be modified so that the first three digits are pounds and the second two digits are ounces separated by a decimal (###.##). The second two digits must be converted from ounces into pounds by dividing by 16 prior to adding to the first three digits. When completing the conversion, round the second decimal place up to the nearest whole number if the 3rd decimal place is 5 or greater and round down if the 3rd decimal place is 4 or lower.
- Height in inches (Data Element #26); the first two digits are inches and the last digit is eighths of an inch separated by a decimal (##.#). The last digit must first be converted into inches by dividing by 8 prior to adding it to the first two digits. When completing the conversion, round the first decimal place up to the nearest whole number if the 2nd decimal place is 5 or greater and round down if the 2nd decimal place is 4 or lower.
- Final BMI should be reported to one decimal place (##.#). Round the first decimal place up to the nearest whole number if the second decimal place is 5 or greater and round it down if the second decimal place is 4 or lower.

Implementation: These changes are to become effective on August 2, 2010

Cross Reference: CSC SMR #CPS10-27

Transmittal Date: 04/15/2010

Effective Date: 08/02/2010

Final Cutoff Date: 08/02/2010

**Georgia WIC Program
Systems Work Order**

FFY 2010

Number: 10-04

Description of Work: Add food packages beginning with “Z”.

Purpose: The purpose of this Work Order is to add food package codes that begin with the letter “Z” to the WIC systems. Food packages that begin with “Z” are an extension of the “X” packages and are to be treated the same way.

References: See Work Orders 09-07, 09-11, 09-12 and ETAD Change 09-10. Summary of the changes are listed below:

Table 1: (From Work Order 09-07) Women – Feeding Single Infant

If Postpartum Period Is:	And Woman’s Status Is:	Then Limit Food Package Selection To:
Less than 6 months	E	W40 to W59 or any FPC starting with X, Z, or 0, or 1, or 9
Less than 6 months	M	W00 to W19 or any FPC starting with X, Z, or 0, or 1, or 9
Less than 6 months	S	W20 to W39 or any FPC starting with X, Z, or 0, or 1, or 9
6 months or more	E	W40 to W59 or any FPC starting with X, Z, or 0, or 1, or 9
6 months or more	M	W00 to W19 or any FPC starting with X, Z, or 0, or 1, or 9
6 months or more	S	W80

Table 2: (From Work Order 09-07) n – Feeding Multiple Infants

If Postpartum Period Is:	And Woman’s Status Is:	Then Limit Food Package Selection To:
Less than 6 months	E	W60 to W79 or any FPC starting with X, Z, or 0, or 1, or 9
Less than 6 months	M	W40 to W59 or any FPC starting with X, Z, or 0, or 1, or 9
Less than 6 months	S	W20 to W39 or any FPC starting with X, Z, or 0, or 1, or 9

6 months or more	E	W60 to W79 or any FPC starting with X, Z, or 0, or 1, or 9
6 months or more	M	W40 to W59 or any FPC starting with X, Z, or 0, or 1, or 9
6 months or more	S	W80

For Work Order # 09-11, “Z” food packages should be added to food packages allowed for pregnant women regardless of whether they are pregnant with single infant or multiples.

Table 1: (From Work Order 09-12) Matching mother’s package to infant’s package

If infant’s package is:	Then Limit Mother’s Food Package to:
E00, E01	W40 – W79, packages beginning with 0,1,9, Z, or X
E02 – E99, F00 – F99, J00 - J99, K00 - K99, H00 – H99, L00 – L99, M00 – M99, N00 – N99	W00 – W19, or W40 – W59, Packages beginning with 0,1,9 Z, or X
A00 – A99, D00 –D99, R00 - R99, S00 – S99	W20 – W39, W80, Packages beginning with 0,1,9 Z, or X
AAA or Food Package begins with 0,1,9	Any package approved for the woman’s feeding method (E, M, or S) and WIC type B (which now include Z). See Work Order #09-07.

DO NOT ALLOW FOR ANY OTHER WIC TYPES/PRIORITIES

Implementation: These changes are to become effective on August 2, 2010

Cross Reference:

Transmittal Date: 05/xx/2010

Effective Date: 08/02/2010

Final Cutoff Date: 08/02/2010

**Georgia WIC Program
Systems Work Order**

FFY 2010

Number: 10-05

Description of Work: Sequencing of new formula food packages.

Purpose: The purpose of this Work Order is to provide developers with the tables required to successfully convert to the new formula contractor beginning October 1, 2010.

Sequencing the Conversion of Infant Formula Packages

Starting August 1, 2010

Vouchers with first day to use between 8/1/10 and 8/31/10	Vouchers with first day to use between 9/1/10 and 9/30/10	Vouchers with first day to use \geq October 1, 2010
Issue current package	Issue current package	Issue new package

(print)	August vouchers	September vouchers	October Vouchers
August pick-up	Current package	Current package	New package
September pick-up		Current package	New package
October pick-up			New package

Starting 10/1/2010, all vouchers printed on or after that date can only be for the new rebate formula products. This would apply even if the clinic was issuing prorated vouchers for a client who was late picking up September vouchers.

Implementation: These changes are to become effective on August 2, 2010

Transmittal Date: 06/xx/2010

Effective Date: 08/02/2010

Final Cutoff Date: 08/02/2010

**Georgia WIC Program
Systems Work Order**

FFY 2010

Number: 10-06

Description of Work: Replacement of non-discrimination statement and statement for certification forms.

Purpose: The purpose of this Work Order is to add the expanded New Certification Statement that will replace the old statement on all Certification forms (PNBIC) and Non-discrimination statement that will replace the old statement on the Notice of Termination/Ineligibility/Waiting List form (English).

The wording for each document is attached.

Implementation Date: October 1, 2010.

For WIC Types: P, N, B, I, C

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 use and disclosure of information about my and/or my family's participation in Georgia's WIC for non-WIC purposes, to be used by Georgia's WIC, its local WIC agencies, and designated public organizations, including but not limited to, such public organizations as the Immunization Program, Pregnancy Risk Assessment Monitoring System (PRAMS), Epidemiology, and other health or public assistance agencies, only in the administration of their programs that serve persons eligible for WIC. The receiving organizations must provide assurance they will not give my and/or my family's information about participation in WIC to any other organization or party without my permission.

I further understand that my and/or my family's information about participation in WIC may be used by these receiving organizations only for the following: 1) to determine eligibility for programs administered by those receiving organizations; 2) to conduct outreach for such programs; 3) to enhance the health, education, or well-being of WIC applicants and participants currently enrolled in those programs; 4) to streamline administrative procedures in order to minimize burdens on participants and staff; and 5) to assess and evaluate a State's health system in terms of responsiveness to participants' health care needs and health care outcomes.

Name of WIC Applicant or Participant (please print)

Signature of WIC Applicant or Participant

Date

Georgia's Special Supplemental Nutrition Program for Women, Infants and Children (Georgia WIC)
Non-Discrimination Statement

ENGLISH:

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). USDA is an equal opportunity provider and employer.

Georgia Relay Users can dial 711 or 1-800-255-0056 (TTY). TTY users dial 711 and tell the operator to dial 1-800-228-9173 (Georgia WIC)

SPANISH:

De conformidad con la Ley Federal y la política del Departamento de Agricultura de los EE. UU., esta institución tiene prohibido discriminar por motivos de raza, color de piel, origen nacional, sexo, edad o discapacidad.

Para presentar una queja por discriminación, escriba a USDA, Director, Oficina de adjudicación, 1400 Independence Avenue, SW, Washington, DC 20250-9410, o llame al (866) 632-9992 (sin cargo) ó (202) 260-1026 (numero local). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

Usuarios de Georgia Relay pueden llamar al 711 o al 1-800-255-0056 (TTY). Usuarios de TTY favor de llamar al 711 y decirle al operador que llame al 1-800-228-9173 (WIC de Georgia).

Transmittal Date: 06/16/2010

Effective Date: 10/01/2010

Final Cutoff Date: 11/01/2010

**Georgia WIC Program
Systems Work Order**

FFY 2010

Number: 10-06a

Description of Work: Replacement of non-discrimination statement and statement for certification forms.

Purpose: The purpose of this Work Order is to add the expanded New Certification Statement that will replace the old statement on all Certification forms (PNBIC) and Non-discrimination statement that will replace the old statement on the Notice of Termination/Ineligibility/Waiting List form (English).

The wording for each document is attached.

Implementation Date: October 1, 2010.

For WIC Types: P, N, B, I, C

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 use and disclosure of information about my and/or my family’s participation in Georgia’s WIC for non-WIC purposes, to be used by Georgia’s WIC, its local WIC agencies, and designated public organizations, including but not limited to, such public organizations as the Immunization Program, Pregnancy Risk Assessment Monitoring System (PRAMS), Epidemiology, and other health or public assistance agencies, only in the administration of their programs that serve persons eligible for WIC. The receiving organizations must provide assurance they will not give my and/or my family’s information about participation in WIC to any other organization or party without my permission.

I further understand that my and/or my family’s information about participation in WIC may be used by these receiving organizations only for the following: 1) to determine eligibility for programs administered by those receiving organizations; 2) to conduct outreach for such programs; 3) to enhance the health, education, or well-being of WIC applicants and participants currently enrolled in those programs; 4) to streamline administrative procedures in order to minimize burdens on participants and staff; and 5) to assess and evaluate a State’s health system in terms of responsiveness to participants’ health care needs and health care outcomes.

Name of WIC Applicant or Participant (please print)

Signature of WIC Applicant or Participant

Date

Georgia's Special Supplemental Nutrition Program for Women, Infants and Children (Georgia WIC)
Non-Discrimination Statement

ENGLISH:

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). USDA is an equal opportunity provider and employer.

TTY users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TTY) or (866) 377-8642 (relay voice users).

SPANISH:

De conformidad con la Ley Federal y la política del Departamento de Agricultura de los EE. UU., esta institución tiene prohibido discriminar por motivos de raza, color de piel, origen nacional, sexo, edad o discapacidad.

Para presentar una queja por discriminación, escriba a USDA, Director, Oficina de adjudicación, 1400 Independence Avenue, SW, Washington, DC 20250-9410, o llame al (866) 632-9992 (sin cargo) ó (202) 260-1026 (numero local). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

Los usuarios de TTY pueden llamar a USDA a través del servicio local de relevo o a través del Servicio Federal de Relevo al (800) 877-8339 (teléfono de texto) o (866) 377-8642 (relevo de voz).

Transmittal Date: 06/16/2010

Effective Date: 10/01/2010

Final Cutoff Date: 11/01/2010

**Georgia WIC Program
Systems Work Order**

FFY 2010

Number: 10-07

Description of Work: Implementation of new infant formula rebate contract.

Definition: **Contract Brand Infant Formula** means all infant formulas (except exempt infant formulas - CPA FPC beginning with R or S) produced by the manufacturer currently under contract with DCH. Currently and until September 30, 2010 the contractor is Ross (Similac), from October 1, 2010 on, the contractor will be Gerber.

Purpose: The purpose of this Work Order is to provide data base tables needed to convert WIC food packages to the new formula contractor, Gerber. Infant formula vouchers printed with a first day to use of August and/or September 2010, must contain the current Ross formula. All vouchers with a first day to use of October 1, 2010 or later must contain the new Gerber formula regardless of the date they are printed. For example, a client receiving tri-monthly issuance in August will receive vouchers containing Ross formula for August and September and Gerber formula for October.

The database and conversion table for the Gerber formula is attached.

Description of Work:

3. Install the new food package tables so that vouchers are printed according to the table below.

Printing Month	1 st Month Vouchers	2 nd Month Vouchers	3 rd Month Vouchers
August	Ross	Ross	Gerber
September	Ross	Gerber	Gerber
October	Gerber	Gerber	Gerber

4. Allow for the automatic conversion to the new packages printed for October.

NO CONTRACT FORMULA VOUCHERS PRINTED WITH A FIRST DAY TO USE DATE BEFORE OCTOBER 1, 2010 MAY CONTAIN GERBER PRODUCTS. (Print only Food Package in Column A of EXCEL Conversion Table)

NO CONTRACT FORMULA VOUCHERS PRINTED WITH A FIRST DAY TO USE DATE AFTER SEPTEMBER 30, 2010 MAY CONTAIN ROSS PRODUCTS. (Print only Food Package in Column B of EXCEL Conversion Table)

In case of late voucher pick-up the local clinic staff will need to reassign a pick-up code to allow them to print new contract formula (Gerber) during the month of October.

Food packages beginning with C, R, S, or W are not affected by this conversion. August or September food packages beginning with C, R, S, or W that are being picked up late may be printed after October 1, 2010. Some food packages beginning with X or Z will be affected. Refer to conversion table.

Implementation Date: August 2, 2010.

For WIC Types: P, N, B, I, C

Note: This version of the database also includes new food packages not related to the infant formula rebate and wording changes to many voucher messages.

Transmittal Date: 07/05/2010

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Index

Georgia WIC Program Edits Manual Index

A		121 Dairy Intake	224
Acknowledgements		122 - Screen Time	225
Committee Members	13	123 - date Peer Couns Assigned	226
Special Mention	13	124 - Date Breast Pump Assigned	227
B		125 - Date Breast Pump Ret	228
Bank Exceptions	270	126 - Type of Breast Pump Assigned	229
Batch Control System		127 - Date Appointment Kept	230
Electronic System	237	128 - Disclosure Allowed	231
C		129 - Date Appointment Requested	232
Central Processing System (CPS) - CSC	272	13 - DOB	74
Computer Issues Report	274	130 - Breastfeeding Dyads	233
Critical Errors		131 - Video Conf Box	234
Data Element Errors	251	14 - Address	74
Transaction Errors	251	15 - City	76
D		16 - ZIP Code	77
Data element		17 - County code	77
Med Care Start	142	18 - Telephone	79
Data Element		19 - Discontinued	80
0 - D/U Code	64	2 - Termination Code	58
1 - Wait List Code	57	20 - Race	82
10 - Last Name	71	21 - Migrant	84
100 - BMI	201	23 - Gender	86
101-Date B/F Began	203	24 - Type	87
102 - Discontinued	204	25 - Medical Data Date	89
103 - Date of Last B/F or Pump	205	26 - Height	90
104 - Peer Counselor ID	206	27 - Weight	91
105 - Type of Peer Couns. Contact	207	28 Hematocrit	92
106 - Peer Couns Term Date	208	29 - Hemoglobin	92
107 - Breast Pump Assigned	209	3 - Term Date	61
108 - B/F Peer Couns Assigned	210	30 - Cert Reasons	95
109 - Family Number (Not Used)	211	31 - High Risk	101
11 - First Name	72	32 - Priority	105
110 - Date of Initial Contact	212	33 - Food Package Code	106
111 - Initial Contact Type	213	34 - Medicaid	125
112 Recumbent/Standing	214	35 - Medicaid Number	126
113 - Inf Feeding Method	215	36 - SNAP	127
114 - Woman feeding Method	216	37 - other Services	128
115 - Medical Home	217	38 - Cert Date	130
116 - Fruit Intake	218	39 - Family Size	130
117 - Vegetable Intake	219	4 - Transfer In	62
118 Daily Activity - Child	220	40 - Monthly Income	132
119 - Second FPC Option	221	41 - EDC	135
12 - MI	73	42 - Delivery Date	136
120 - Peach Care	223	43 - Pregravid Weight	137
		44 - Discontinued	138
		45 - Discontinued	139
		46 - Marital status	140

47 - Education	141
49 - Wgt Prior to Delivery	143
5 - Date Form Completed	62
50 - Pregnancy Outcome	144
51 - BF Now	145
52 - BF Ever	146
53 - Number Weeks BF	147
54 - Date Most Recent Resp	149
55 - Inf Birth Wgt	150
56 - Multiple birth	151
57 - Child 1st FPC	152
58 - Pickup Code	153
59 - Interval Code	154
6 - Staff Initial	63
60 - D/U Use	155
61 - Special Use	156
62 - Discontinued	157
63 - Discontinued	158
64 - Immunization Stat Date	159
65 - Imm Record Requested	160
66 - Imm Adequate	161
67 - Discontinued	162
68 - Discontinued	163
69 - Discontinued	164
7 - Clinic Code	67
70 - Discontinued	165
71 - TANF	166
72 - Physical Presence	167
73 - Reason for Absence	168
74 - Ethnicity	169
75 - Hct/Hgb Data Date	170
76 - foster Care	171
77 - Proof of Residency	172
78 Proof of ID	173
79 Proof of Income	175
8 - Discontinued	68
80 - Parity	177
81 - Date Last preg Ended	178
83 - hypertension During Preg	180
84 - Multivitamen Use Prior to Preg	181
85 - Multivitamin Use - Last Month	182
86 - Cigarettes per Day	183
87 - Cig/Day - Prenatal	184
88 - cig/Day Post Partum	185
9 - WIC ID Number	69
91 - H/H Smoking Post Partum	188
92 - Drinks/Wk 3 Mo Prior to Preg	189
93 - drinks/Wk Last 3 Mo Preg	190
94 - Proof of ID - Parent	191
95 - Nut. Ed Follow Up	193
96 - Nut. Ed. Follow Up Contact	194
97 - Nut Ed Follow Up Type	195
98 - Nut Ed Follow Up Topics	196

99 - Nut Ed Follow Up Provider	199
Cig/Day Last 3 Months (Preg)	186
Mother/Guardian ID	86
DATA ELEMENT	
82 - Diabetes During Preg	179
Data Element:	
90 - H/H Smoking Prenatal	187
Dedication	12

E

ETAD 1, 15, 16, 17, 18, 19, 20, 23, 24, 25, 26, 33, 57,	
58, 61, 62, 63, 64, 67, 69, 72, 73, 74, 75, 76, 77,	
78, 79, 80, 81, 82, 85, 86, 87, 88, 89, 90, 91, 92,	
95, 101, 105, 106, 125, 126, 127, 128, 130, 131,	
132, 135, 136, 137, 138, 139, 140, 141, 142, 143,	
144, 145, 146, 147, 149, 150, 151, 152, 153, 154,	
155, 156, 157, 158, 159, 160, 161, 162, 163, 164,	
165, 166, 167, 168, 169, 170, 171, 172, 173, 175,	
177, 178, 179, 180, 181, 182, 183, 184, 185, 186,	
187, 188, 189, 190, 191, 193, 194, 195, 196, 199,	
201, 203, 204, 205, 206, 207, 208, 209, 210, 211,	
212, 213, 214, 215, 216, 217, 218, 219, 220, 221,	
223, 224, 225, 226, 227, 228, 229, 230, 231, 232,	
233, 234, 235, 236, 237, 239, 240, 241, 242, 243,	
244, 245, 246, 247, 248, 249, 250, 271, 274, 275,	
276, 277, 278, 279, 280, 281, 282, 283, 284, 285,	
286, 287, 288, 289, 290, 291, 292, 293, 294, 296,	
297, 298, 299, 300, 301, 302, 303, 304, 305, 306,	
307, 308, 309, 310, 311, 312, 313, 314, 315, 316,	
317, 318, 319, 320, 321, 322, 323, 324, 325, 326,	
327, 328, 329, 330, 331, 332, 333, 334, 335, 336,	
337, 338, 339, 340, 341, 342, 343, 344, 346, 347,	
349, 350, 352, 353, 354, 355, 356, 357, 358, 359,	
360, 361, 362, 363, 364, 365, 366, 367, 368, 369,	
370, 371, 372, 373, 374, 375, 376, 377, 378, 379,	
380, 381, 382, 383, 384, 385, 386, 387, 388, 389,	
390, 391, 392, 393, 394, 395, 397, 398, 401, 402,	
403, 404, 405, 406, 408, 409, 410, 412, 414, 415,	
416, 417, 418, 419, 420, 421, 422, 423, 425, 19,	
20, 47, 67, 85	

ETAD Change Orders

FFY 2004	20
FFY 2005	19
FFY 2006	19
FFY 2007	18
FFY 2008	17
FFY 2009	16
FFY 2010	15
FFY 2011	15

G

Georgia WIC Program (GWP)	272
---------------------------	-----

H

High Risk 3, 27, 101, 102, 103, 193, 194, 195, 196,
199, 241, 247, 332, 333, 334, 335, 336, 338, 340,
342, 344, 347, 350, 353, 355, 398, 79, 82, 83

I

Issuance Period Rules 252

L

Layout 25

P

Participant Type 32

Processing WIC Vouchers 264

Purpose 23

R

Reuse of Voucher Numbers 266

S

System Developers

Aegis 272

HN2 272

Mitchell & McCormick 272

NetSmart 272

Systems Work Orders

FFY 2004 22

FFY2005 21

T

Table 261

1 - ETAD Elements 26

10 - Out Of State Transfer 54

11 - Clinic Term Codes 59

12 - CPS Term Codes 60

13 - D/U Codes 65

14 - Race codes 83

15 - Hct/Hgb 93

16 - Hct 93

17 - Inf Hct/Hgb 94

18 - Inf Hct/Hgb 94

19 - Cert Reasons 96

2 - Participant Type 32

20 - High risk codes 102

21 - High Risk Codes 103

22 - FPC by WIC Type 106

23 - Inf FPC Conversion 107

23A 2009 Inf FPC 110

23B - 2009 Child FPC 118

23C - Special Inf Formula 119

24 - Other Svcs 128

25 - income Calculation 133

26 - Income Eligibility 134

27 - Preg Outcomes 144

28 - Pick Up codes 153

29 - Pick Up days 153

3 - Transaction Codes 33

30 - Reason for Absence 168

31 - Proof of Residency 172

31 - Proof of Residency 330

32 - Proof of ID 173, 331

33 - proof of Income 331

33 - Proof of Income 175

34 - Proof of ID 326

34 - Proof of ID - Parent 191

34 - Proof of ID Parent 328

35 - Nut. Ed. follow Up 195

36 - Nut. Ed. Topics 197

37 - Nut. Ed. Providers 200

38 - Convert Dec. to Inches 201

39 - Convert Fraction to Dec. Lbs 201

4 - Initial Certification 34

40 - Peer Counselor Contact 207

41 - Initial Contact 213

42 - ETAD Header 239

43 - ETAD Detail 240

44 - ETAD Element Order 246

45 - Prenatal Cert Periods 253

46 - Postpartum Cert Periods 254

47 - BF Cert Periods 255

48 - Infant Cert Periods 259

5 - Waiting List 38

50 - Voucher Reconciliation 265

6 - Subsequent Cert 41

6A - Child Half Cert 45

6B - Breastfeeding Mid Cert 47

7 - Infant Mid Cert 48

8 - Termination 50

9 - Transfer In 51

Child Cert Periods 261

Testing 273

Testing Protocol 23, 24, 271, 273

Transaction

A - Breastfeeding Woman Mid Cert 47

C - Initial Certification 34

H - Child Mid Certification 45

M - Infant Mid Certification 48

O - Out Of State Transfer 54

S - Subsequent Certification 41

T - Termination 50

U - Update 49

W - Waiting List 38

X - Transfer 51

Transaction Codes 33

U

United States Department of Agriculture 23, 24
USDA 23, 253, 254, 255, 259, 261, 35, 75, 82, 90, 94

V

Valid Certification Periods

Calculations	252
Voucher Printing Rules	254
Voucher receipt Messages	262
VPOD Printing Rules	266
VPOD Vouchers	
Samples	268