

**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  
Two Peachtree Street, NW  
Atlanta GA 30303-3931  
(404) 657-2900

**Revised Date:** August 22, 2016  
**Distribution Date:** August 23, 2016

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## 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](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:

|                             |   |
|-----------------------------|---|
| <b>Name:</b>                | The name and number for each data element.  |
| <b>Definition:</b>          | Briefly describes the purpose of each data element.   |
| <b>Data Element Type:</b>   | Alpha, Numeric, or Date format type.  |
| <b>Data Element Length:</b> | Indicates the maximum number of characters that may be entered by number of positions occupied on the Electronic Turn Around Document (Etad).   |
| <b>ETAD Positions:</b>      | The data element location within the ETAD layout.   |
| <b>Intent/Purpose:</b>      | The rationale for including the data element on the ETAD  |
| <b>Business rules:</b>      | <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> |
| <b>Validation Rules:</b>    | Provides developers with the only allowable entries in the data element.  |
| <b>Critical:</b>            | <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>   |
| <b>Transaction Type:</b>    | 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.  |
| <b>Transmittal Date:</b>    | Date that the change order was sent to the developers.  |

**Table 1: Electronic Turn Around Document (ETAD) Data Elements**

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

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

| Data Element Number | Code Name   | * Type     | Length    | ETAD Location              | Critical for WIC Types      |
|---------------------|---|------------|-----------|----------------------------|-----------------------------|
| 25                  | <b>MEDICAL DATA DATE</b>                                | <b>D</b>   | <b>8</b>  | <b>185-192</b>             | <b>ALL</b>                  |
| 26                  | Height  | N          | 3         | 193-195                    | All                         |
| 27                  | <b>WEIGHT</b>   | <b>N</b>   | <b>5</b>  | <b>196-200</b>             | <b>ALL</b>                  |
| 28                  | Hematocrit  | N          | 3         | 201-203                    | All                         |
| 29                  | <b>HEMOGLOBIN</b>                                       | <b>N</b>   | <b>3</b>  | <b>204-206</b>             | <b>ALL</b>                  |
| 30                  | Reason For Certification                                | N          | 30        | 207-221 and<br>406-420     | All                         |
| 31                  | <b>HIGH RISK</b>  | <b>C</b>   | <b>1</b>  | <b>222-222</b>             | <b>ALL</b>                  |
| 32                  | Priority  | N          | 1         | 223-223                    | All                         |
| 33                  | <b>FOOD PACKAGE</b>                                     | <b>C/N</b> | <b>3</b>  | <b>224-226</b>             | <b>ALL</b>                  |
| 34                  | Medicaid  | C          | 1         | 227-227                    | All                         |
| 35                  | <b>MEDICAID NUMBER</b>                                  | <b>C/N</b> | <b>13</b> | <b>228-240</b>             | All, Only if 34 =Y          |
| 36                  | SNAP  | C          | 1         | 241-241                    | All                         |
| 37                  | <b>OTHER SERVICES<br/>(ENROLLED<br/>IN/REFERRED TO)</b> | <b>C</b>   | <b>10</b> | <b>242-251<br/>489-491</b> | <b>ALL</b>                  |
| 38                  | Date of Certification                                   | D          | 8         | 252-259                    | All                         |
| 39                  | <b>FAMILY SIZE</b>                                      | <b>N</b>   | <b>2</b>  | <b>260-261</b>             | <b>ALL</b>                  |
| 40                  | Monthly Income  | N          | 5         | 262-266                    | All                         |
| 41                  | <b>ESTIMATED DATE OF<br/>CONFINEMENT</b>                | <b>D</b>   | <b>8</b>  | <b>267-274</b>             | <b>P, B, I, C(&lt;24MO)</b> |
| 42                  | Delivery Date   | D          | 8         | 275-282                    | NB                          |
| 43                  | <b>PREGRAVID WEIGHT</b>                                 | <b>N</b>   | <b>3</b>  | <b>283-285</b>             | <b>PNB</b>                  |
| 44                  | DISCONTINUED (Alcohol)                                  |            |           |                            |                             |
| 45                  | <b>DISCONTINUED<br/>(CIGARETTES)</b>                    |            |           |                            |                             |
| 46                  | Marital Status  | C          | 1         | 290-290                    | PNB                         |
| 47                  | <b>EDUCATION LEVEL</b>                                  | <b>N</b>   | <b>2</b>  | <b>291-292</b>             | <b>PNB</b>                  |
| 48                  | Medical Care Started                                    | N          | 1         | 293-293                    | PNB                         |
| 49                  | <b>WEIGHT PRIOR TO<br/>DELIVERY</b>                     | <b>N</b>   | <b>3</b>  | <b>294-296</b>             | <b>NB</b>                   |

| Data Element Number | Code Name   | * Type     | Length   | ETAD Location  | Critical for WIC Types          |
|---------------------|---|------------|----------|----------------|---------------------------------|
| 50                  | Pregnancy Outcome                                   | C          | 1        | 297-297        | NB                              |
| <b>51</b>           | <b>BREAST FEEDING NOW</b>                           | <b>C</b>   | <b>1</b> | <b>298-298</b> | <b>NBIC(&lt;24MO)</b>           |
| 52                  | Breast feeding Ever                                 | C          | 1        | 299-299        | NBIC(<24MO)                     |
| <b>53</b>           | <b>NUMBER OF WEEKS B/F</b>                          | <b>N</b>   | <b>2</b> | <b>300-301</b> | <b>NBIC(&lt;24MO)</b>           |
| 54                  | Date of Most Recent Response                        | D          | 8        | 302-309        | NBIC(<24MO)                     |
| <b>55</b>           | <b>INFANT BIRTH WEIGHT</b>                          | <b>N</b>   | <b>4</b> | <b>310-313</b> | <b>NBIC(&lt;24MO)</b>           |
| 56                  | Multiple Birth                                      | N          | 1        | 314-314        | NBI                             |
| <b>57</b>           | <b>CHILD'S FIRST PACKAGE</b>                        | <b>N</b>   | <b>3</b> | <b>315-317</b> | <b>NO</b>                       |
| 58                  | Pickup Code (Week/Day)                              | C/N        | 2        | 318-319        | All                             |
| <b>59</b>           | <b>VOUCHER INTERVAL CODE</b>                        | <b>N</b>   | <b>1</b> | <b>320-320</b> | <b>ALL</b>                      |
| 60                  | District/Unit Use Code                              | C/N        | 8        | 321-328        | No                              |
| <b>61</b>           | <b>SPECIAL USE</b>                                  | <b>C/N</b> | <b>9</b> | <b>329-337</b> | <b>NO</b>                       |
| 62                  | Discontinued (VOC)                                  |            |          |                |                                 |
| <b>63</b>           | <b>DISCONTINUED (VOC ISSUED/RECEIVED)</b>           |            |          |                |                                 |
| 64                  | Immunization Status Date                            | D          | 8        | 351-358        | Yes for I and C $\geq$ 2 months |
| <b>65</b>           | <b>RECORD SCREENED/REQUESTED</b>                    | <b>C</b>   | <b>1</b> | <b>359-359</b> | Yes for I and C $\geq$ 2 months |
| 66                  | Adequate for Age/Referred To                        | C          | 1        | 360-360        | Yes for I and C $\geq$ 2 months |
| <b>67</b>           | <b>DISCONTINUED (IMMUNIZATION RECORD PRESENTED)</b> |            |          |                |                                 |
| 68                  | Discontinued (IMMUNIZATION RECORD REQUESTED)        |            |          |                |                                 |
| <b>69</b>           | <b>DISCONTINUED (REFERRED TO)</b>                   |            |          |                |                                 |
| 70                  | Discontinued (REFERRED FOR FOLLOW-UP)               |            |          |                |                                 |
| <b>71</b>           | <b>TANF</b>   | <b>C</b>   | <b>1</b> | <b>365-365</b> | <b>ALL</b>                      |

| Data Element Number | Code Name   | * Type | Length | ETAD Location    | Critical for WIC Types |
|---------------------|---|--------|--------|------------------|------------------------|
| 72                  | Physical Presence   | C      | 1      | 366-366          | All                    |
| 73                  | <b>REASON FOR ABSENCE</b>   | C      | 1      | <b>367-367</b>   | <b>ALL IF #72 = N</b>  |
| 74                  | Ethnicity (Hispanic/Latino)   | C      | 1      | 368-368          | All                    |
| 75                  | <b>HEMATOLOGICAL DATA DATE</b>                                      | D      | 8      | <b>369-376</b>   | <b>ALL</b>             |
| 76                  | Foster Care   | C      | 1      | 377-377          | All                    |
| 77                  | <b>PROOF OF RESIDENCY</b>   | C      | 2      | <b>345-346</b>   | <b>ALL</b>             |
| 78                  | Proof of Identification   | C      | 2      | 347-348          | All                    |
| 79                  | <b>PROOF OF INCOME</b>  | C      | 2      | <b>349-350</b>   | <b>ALL</b>             |
| 80                  | Parity  | N      | 2      | 380-381          | PNB                    |
| 81                  | <b>DATE PREVIOUS PREGNANCY ENDED</b>                                | N      | 6      | <b>382-387</b>   | <b>PNB</b>             |
| 82                  | Discontinued Diabetes During Pregnancy Post Partum Visit            |        |        |                  |                        |
| 83                  | <b>DISCONTINUED HYPERTENSION DURING PREGNANCY POST PARTUM VISIT</b> |        |        |                  |                        |
| 84                  | Discontinued Multivitamin Use Prior To Pregnancy                    |        |        |                  |                        |
| 85                  | <b>DISCONTINUED MULTIVITAMIN USE DURING PREGNANCY</b>               |        |        |                  |                        |
| 86                  | Discontinued Cigarettes/Day 3 Mos. Prior to Pregnancy               |        |        |                  |                        |
| 87                  | <b>CIGARETTES/DAY PRENATAL VISIT</b>                                | N      | 2      | <b>394-395</b>   | <b>P</b>               |
| 88                  | Cigarettes/Day Postpartum Visit                                     | N      | 2      | 396-397          | NB                     |
| 89                  | <b>CIGARETTES/DAY LAST 3 MOS. OF PREGNANCY</b>                      | N      | 2      | <b>398 - 399</b> | <b>NB</b>              |
| 90                  | Household Smoking Prenatal Visit                                    | N      | 1      | 400-400          | P                      |
| 91                  | <b>HOUSEHOLD SMOKING POSTPARTUM VISIT</b>                           | N      | 1      | <b>401-401</b>   | <b>NB</b>              |
| 92                  | Drinks/Week 3 Mos. Prior to Pregnancy                               | N      | 2      | 402-403          | PNB                    |

| Data Element Number | Code Name  | * Type | Length | ETAD Location          | Critical for WIC Types           |
|---------------------|--|--------|--------|------------------------|----------------------------------|
| 93                  | <b>DRINKS/WEEK LAST 3 MOS. OF PREGNANCY</b>              | N      | 2      | 404-405                | NB                               |
| 94                  | Proof of Identification – Parent/Guardian/Caregiver      | C      | 2      | 157 - 158              | IC                               |
| 95                  | <b>NUTRITION EDUCATION DATE</b>                          | D      | 8      | 481 - 488              | ALL                              |
| 96                  | Nutrition Education Contact Provided                     | C      | 1      | 46 - 46                | All                              |
| 97                  | <b>NUTRITION EDUCATION TYPE</b>                          | C      | 1      | 344 - 344              | ALL                              |
| 98                  | Nutrition Education Topics                               | N      | 15     | 361 – 363<br>547 - 558 | All                              |
| 99                  | <b>NUTRITION EDUCATION CONTACT PROVIDER</b>              | C      | 2      | 286 - 287              | ALL                              |
| 100                 | Body Mass Index (BMI)                                    | N      | 3      | 497 - 499              | PNBC*<br>*If over 2 years of Age |
| 101                 | <b>DISCONTINUED (DATE BREASTFEEDING BEGAN)</b>           |        |        |                        |                                  |
| 102                 | Discontinued (Breastfeeding Began at Birth)              |        |        |                        |                                  |
| 103                 | <b>DATE OF LAST TIME OF BREASTFEEDING AND/OR PUMPING</b> | D      | 8      | 519 - 526              | PNBC**If over 2 years of Age     |
| 104                 | Peer Counselor ID  | C      | 3      | 338 - 340              | No                               |
| 105                 | <b>TYPE OF PEER COUNSELING CONTACT</b>                   | C      | 1      | 341 - 341              | NO                               |
| 106                 | Peer Counseling Termination Date                         | D      | 8      | 527 - 534              | NO                               |
| 107                 | <b>BREAST PUMP ASSIGNED</b>                              | C      | 1      | 288 - 288              | NO                               |
| 108                 | Breastfeeding Peer Counselor Assigned                    | C      | 1      | 289 - 289              | NO                               |
| 109                 | <b>FAMILY NUMBERS</b>                                    | N      | 12     | 535 - 546              | ALL                              |

| Data Element Number | Code Name                         | * Type     | Length   | ETAD Location    | Critical for WIC Types    |
|---------------------|-----------------------------------|------------|----------|------------------|---------------------------|
| 110                 | Date of Initial Contact           | D          | 8        | 559 - 566        | All                       |
| 111                 | <b>INITIAL CONTACT TYPE</b>       | <b>C</b>   | <b>1</b> | <b>342 - 342</b> | <b>ALL</b>                |
| 112                 | Discontinued Recumbent/Standing   |            |          |                  |                           |
| 113                 | <b>INFANT FEEDING METHOD</b>      | <b>C</b>   | <b>1</b> | <b>495 - 495</b> | <b>I</b>                  |
| 114                 | Woman Feeding Method              | C          | 1        | 496 - 496        | NB                        |
| 115                 | <b>MEDICAL HOME</b>               | <b>C</b>   | <b>1</b> | <b>492 - 192</b> | <b>IC</b>                 |
| 116                 | Fruit Intake                      | C          | 1        | 500-500          | PNBC                      |
| 117                 | <b>VEGETABLE INTAKE</b>           | <b>C</b>   | <b>1</b> | <b>501-501</b>   | <b>PNBC</b>               |
| 118                 | Daily Activity                    | C          | 1        | 502-502          | PNBC                      |
| 119                 | <b>SECOND FOOD PACKAGE OPTION</b> | <b>C/N</b> | <b>3</b> | <b>503-505</b>   | <b>SEE BUSINESS RULES</b> |
| 120                 | Peachcare                         | C          | 1        | 493-493          | IC                        |
| 121                 | Dairy Intake                      | C          | 1        | 506-506          | PNBC                      |
| 122                 | Screen Time                       | N          | 2        | 567-568          | PNBC                      |
| 123                 | Date Peer Counselor Assigned      | N          | 8        | 507-514          | No                        |
| 124                 | Date Breast Pump Issued           | N          | 8        | 569-576          | No                        |
| 125                 | Date Breast Pump Assigned         | N          | 8        | N/A              | No                        |
| 126                 | Type of Breast Pump Assigned      | C          | 1        | 585-585          | No                        |
| 127                 | Date Appointment Kept             | N          | 8        | 587-594          | No                        |
| 128                 | Disclosure Allowed                | C          | 1        | 595-595          | All                       |
| 129                 | Date Appointment Requested        | N          | 8        | 596-603          | No                        |
| 130                 | Breastfed Infant's ID             | N          | 11       | 604-614          | B                         |
| 131                 | Video Conference                  | C          | 1        | 615              | All                       |

Data Element 94 to become effective on 06/01/2008  
 Data Elements 95 – 111 to become effective on 10/01/2008  
 Data Elements 112 – 122 to become effective on 10/01/2009  
 Data Elements 123 – 126 to become effective on 10/01/2010  
 Data Elements 127 – 12 to become effective on 10/01/2009

**Table 2:** WIC Participant Type Codes

| WIC PARTICIPANT TYPE |                                 |
|----------------------|---------------------------------|
| <b>P</b>             | Prenatal                        |
| <b>N</b>             | <b>NON-BREAST FEEDING WOMAN</b> |
| <b>B</b>             | Breast feeding Woman            |
| <b>I</b>             | <b>INFANT</b>                   |
| <b>C</b>             | 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 |                                 |
|-------------------|---------------------------------|
| <b>C</b>          | Certification                   |
| <b>W</b>          | <b>WAITING LIST</b>             |
| <b>S</b>          | Subsequent certification        |
| <b>H</b>          | <b>CHILD HALF-CERTIFICATION</b> |
| <b>A</b>          | <b>WOMAN MID-ASSESSMENT</b>     |
| <b>M</b>          | <b>INFANT ASSESSMENT</b>        |
| <b>U</b>          | Update                          |
| <b>T</b>          | <b>TERMINATION</b>              |
| <b>X</b>          | Transfer into clinic            |
| <b>O</b>          | Out of state transfer           |
| <b>W-C</b>        | <b>WAITING LIST CERTIFIED</b>   |
| <b>W-N</b>        | 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.)

Required Data Elements By Transaction Type

X= Required by all WIC Types

P= Required by Prenatal

I= Required by Infant

C1= Required for children < 24 months

C2= Required for children ≥ 24 months

N= Required for non-breastfeeding postpartum women

B= Required for Breastfeeding women

Yellow highlights – allowed, not required

Red- changes made

**Table 4: REQUIRED DATA ELEMENTS BY TRANSACTION TYPE**

| DE # | Data Name                             | Transaction Type |   |   |        |   |   |   |   |
|------|---------------------------------------|------------------|---|---|--------|---|---|---|---|
|      |                                       | C                | S | M | H      | A | T | X | O |
| 2    | Termination Code                      |                  |   |   |        |   | X |   |   |
| 3    | TERMINATION DATE                      |                  |   |   |        |   | X |   |   |
| 4    | TRANSFER INTO CLINIC<br>(CLINIC CODE) |                  |   |   |        |   |   | X |   |
| 5    | DATE FORM COMPLETED                   | X                | X | I | C1, C2 | B | X | X | X |
| 6    | Staff Initial                         | X                | X | I | C1, C2 | B | X | X | X |
| 7    | Clinic Code                           | X                | X | I | C1, C2 | B | X | X | X |
| 9    | WIC ID NUMBER                         | X                | X | I | C1, C2 | B | X | X | X |
| 10   | Last Name                             | X                | X | I | C1, C2 | B | X | X | X |
| 11   | FIRST NAME                            | X                | X | I | C1, C2 | B | X | X | X |
| 12   | Middle Initial                        | X                | X | I | C1, C2 | B |   | X | X |
| 13   | Date of Birth                         | X                | X | I | C1, C2 | B | X | X | X |
| 14   | STREET                                | X                | X | I | C1, C2 | B |   | X | X |
| 15   | City                                  | X                | X | I | C1, C2 | B |   | X | X |

| DE #  | Data Name                                  | Transaction Type |           |           |           |   |           |   |           |
|-------|--|------------------|-----------|-----------|-----------|---|-----------|---|-----------|
|       |  | C                | S         | M         | H         | A | T         | X | O         |
| 16    | ZIP CODE                                   | X                | X         | I         | C1, C2    | B |           | X | X         |
| 17    | County                                     | X                | X         | I         | C1, C2    | B |           | X | X         |
| 18    | TELEPHONE                                  | X                | X         | I         | C1, C2    | B |           | X | X         |
| 20    | RACE                                       | X                | X         |           |           |   |           | X | X         |
| 21    | Migrant                                    | X                | X         |           |           |   |           | X | X         |
| 22    | MOTHER'S WIC ID OR PARENT/CAREGIVER'S NAME | I, C1, C2        | I, C1, C2 | I, C1, C2 | I, C1, C2 |   | I, C1, C2 | X | I, C1, C2 |
| 23    | GENDER                                     | X                | X         | X         | C1, C2    | B |           | X | X         |
| 24    | Type                                       | X                | X         | I         | C1, C2    | B |           | X | X         |
| 25    | MEDICAL DATA DATE                          | X                | X         | I         | C1, C2    | B |           |   | X         |
| 26    | Height                                     | X                | X         | I         | C1, C2    | B |           |   | X         |
| 27    | WEIGHT                                     | X                | X         | I         | C1, C2    | B |           |   | X         |
| 28/29 | Hematocrit/Hemoglobin                      | X*               | X         | I         | C1, C2    | B |           |   | X         |
| 30    | REASON(S)FOR CERTIFICATION                 | X                | X         | I         | C1, C2    | B |           |   | X         |
| 31    | HIGH RISK                                  | X                | X         | I         | C1, C2    | B |           |   |           |
| 32    | Priority                                   | X                | X         | I         | C1, C2    | B |           |   | X         |
| 33    | FOOD PACKAGE                               | X                | X         | I         | C1, C2    | B |           |   | X         |
| 34    | Medicaid Y/N                               | X                | X         |           |           |   |           |   |           |
| 35    | MEDICAID NUMBER                            | IF 34=Y          | IF 34=Y   |           |           |   |           |   |           |
| 36    | SNAP Y/N                                   | X                | X         |           |           |   |           |   |           |
| 37    | OTHER SERVICES                             | X                | X         | I         | C1, C2    | B |           |   |           |
| 38    | DATE OF CERTIFICATION                      | X                | X         | I         | C1, C2    | B | X         |   | X         |
| 39    | Family Size                                | X                | X         |           |           |   |           |   |           |
| 40    | MONTHLY INCOME                             | X                | X         |           |           |   |           |   |           |

| DE # | Data Name                                 | Transaction Type |                 |   |        |   |   |      |         |
|------|---|------------------|-----------------|---|--------|---|---|------|---------|
|      |   | C                | S               | M | H      | A | T | X    | O       |
| 41   | Estimated Date of Confinement (EDC)       | P, I, C1         | P, I, C1        | I | C1     | B |   |      | X       |
| 42   | DELIVERY DATE                             | N, B             | N, B            |   |        | B |   | N, B | N, B    |
| 43   | Pregravid Weight                          | P, N, B          | P, N, B         |   |        |   |   |      | X       |
| 46   | MARITAL STATUS                            | P, N, B          | P, N, B         |   |        |   |   |      | X       |
| 47   | Education Level                           | P, N, B          | P, N, B         |   |        |   |   |      | X       |
| 48   | MEDICAL CARE START DATE                   | P, N, B          | P, N, B         |   |        |   |   |      | X       |
| 49   | Weight Prior Delivery                     | N, B             | N, B            |   |        |   |   |      | N, B    |
| 50   | PREGNANCY OUTCOME                         | N, B             | N, B            |   |        |   |   |      | N, B    |
| 51   | BF Now                                    | N, B, I, C1, C2  | N, B, I, C1, C2 | I | C1, C2 | B |   |      | N, B    |
| 52   | BF EVER                                   | N, B, I, C1, C2  | N, B, I, C1, C2 | I | C1, C2 | B |   |      | B, N    |
| 53   | Number Weeks Breastfed                    | N, B, I, C1, C2  | N, B, I, C1, C2 | I | C1, C2 | B |   |      | N, B    |
| 54   | DATE MOST RECENT BF RESPONSE              | N, B, I, C1, C2  | N, B, I, C1, C2 | I | C1, C2 | B |   |      | N, B    |
| 55   | Infant Birth Weight                       | N, B, I, C1      | N, B, C1        | I |        | B |   |      |         |
| 56   | MULTIPLE BIRTH                            | N, B, I          | N, B, I         |   |        |   |   |      | N, B, I |
| 57   | CHILD'S 1 <sup>ST</sup> FOOD PACKAGE      | I                |                 | I |        |   |   | I    | I       |
| 58   | Pickup Code                               | X                | X               | I | C1, C2 | B |   | X    | X       |
| 59   | VOUCHER INTERVAL CODE                     | X                | X               | I | C1, C2 | B |   | X    | X       |
| 64   | Immunization Status Date                  | C1, C2           | I, C1, C2       | I | C1, C2 |   |   |      | I, C    |
| 65   | IMMUNIZATION RECORD SCREENED OR REQUESTED | C1, C2           | I, C1, C2       | I | C1, C2 |   |   |      | I, C    |

| DE # | Data Name  | C            | S            | M                    | Transaction Type          |                      | T | X | O    |
|------|--|--------------|--------------|----------------------|---------------------------|----------------------|---|---|------|
|      |  | I, C1, C2    | I, C1, C2    | I                    | H                         | A                    |   |   | I, C |
| 66   | Adequate for Age or Referred To                    | I, C1, C2    | I, C1, C2    | I                    | C1, C2                    |                      |   |   | I, C |
| 71   | TANF   | X            | X            |                      |                           |                      |   |   |      |
| 72   | Physical Presence                                  | X            | X            | I                    | C1, C2                    | B                    |   |   |      |
| 73   | REASON FOR NO PHYSICAL PRESENCE                    | X (IF 72= N) | X (IF 72= N) | I                    | C1, C2                    | B                    |   |   |      |
| 74   | Ethnicity  | X            | X            |                      |                           |                      |   |   | X    |
| 75   | HEMATOLOGICAL DATA DATE                            | X*           | X*           | I if 28/29 has value | C1, C2 if 28/29 has value | B if 28/29 has value |   |   | X    |
| 76   | FOSTER CARE  | X            | X            |                      |                           |                      |   |   | X    |
| 77   | Proof of Residency                                 | X            | X            |                      |                           |                      |   |   | X    |
| 78   | PROOF OF IDENTIFICATION                            | X            | X            |                      |                           |                      |   |   | X    |
| 79   | Proof of Income                                    | X            | X            |                      |                           |                      |   |   |      |
| 80   | PARITY   | P, N, B      | P, N, B      |                      |                           |                      |   |   |      |
| 81   | Date Last Pregnancy Ended                          | P, N, B      | P, N, B      |                      |                           |                      |   |   |      |
| 82   | DIABETES DURING PREGNANCY – POSTPARTUM VISIT       | N, B         | N, B         |                      |                           |                      |   |   |      |
| 83   | Hypertension During Pregnancy – Postpartum Visit   | N, B         | N, B         |                      |                           |                      |   |   |      |
| 84   | MULTIVITAMIN CONSUMPTION PRIOR TO PREGNANCY        | P, N, B      | P, N, B      |                      |                           |                      |   |   |      |
| 85   | Multivitamin Consumption During Pregnancy          | P            | P            |                      |                           |                      |   |   |      |
| 86   | CIGARETTES PER DAY THREE MONTHS PRIOR TO PREGNANCY | P, N, B      | P, N, B      |                      |                           |                      |   |   |      |

| DE # | Data Name  | C                      | S                      | M        | Transaction Type |          |   |   |   |
|------|--|------------------------|------------------------|----------|------------------|----------|---|---|---|
|      |  |                        |                        |          | H                | A        | T | X | O |
| 87   | <b>Cigarettes Per Day Prenatal Visit</b>                 | <b>P</b>               | <b>P</b>               |          |                  |          |   |   |   |
| 88   | <b>CIGARETTES PER DAY POSTPARTUM VISIT</b>               | <b>N, B</b>            | <b>N, B</b>            |          |                  |          |   |   |   |
| 89   | <b>Cigarettes Per Day Last Three Months Of Pregnancy</b> | <b>N, B</b>            | <b>N, B</b>            |          |                  |          |   |   |   |
| 90   | <b>HOUSEHOLD SMOKING – PRENATAL VISIT</b>                | <b>P</b>               | <b>P</b>               |          |                  |          |   |   |   |
| 91   | <b>Household Smoking – Postpartum Visit</b>              | <b>N, B</b>            | <b>N, B</b>            |          |                  |          |   |   |   |
| 92   | <b>DRINKS PER WEEK -THREE MONTHS PRIOR TO PREGNANCY</b>  | <b>P, N, B</b>         | <b>P, N, B</b>         |          |                  |          |   |   |   |
| 93   | <b>Drinks Per Week – Last Three Months Of Pregnancy</b>  | <b>N, B</b>            | <b>N, B</b>            |          |                  |          |   |   |   |
| 94   | <b>PROOF OF ID – PARENT/GUARDIAN/CAREGIVER</b>           | <b>I, C1, C2</b>       | <b>I, C1, C2</b>       |          |                  |          |   |   |   |
| 95   | <b>NUTRITION EDUCATION FOLLOW-UP DATE</b>                |                        |                        | <b>I</b> | <b>C1, C2</b>    | <b>B</b> |   |   |   |
| 96   | <b>Nutrition Education Follow-up Contact Provided</b>    |                        |                        | <b>I</b> | <b>C1, C2</b>    | <b>B</b> |   |   |   |
| 97   | <b>NUTRITION EDUCATION FOLLOW-UP CONTACT TYPE</b>        |                        |                        | <b>I</b> | <b>C1, C2</b>    | <b>B</b> |   |   |   |
| 98   | <b>Nutrition Education Follow-up Topics</b>              |                        |                        | <b>I</b> | <b>C1, C2</b>    | <b>B</b> |   |   |   |
| 99   | <b>NUTRITION EDUCATION FOLLOW-UP CONTACT PROVIDER</b>    |                        |                        | <b>I</b> | <b>C1, C2</b>    | <b>B</b> |   |   |   |
| 100  | <b>Body Mass Index</b>                                   | <b>P, N, B, C1, C2</b> | <b>P, N, B, C1, C2</b> |          | <b>C1, C2</b>    | <b>B</b> |   |   |   |

| DE # | Data Name   | Transaction Type                |                                 |   |                        |   |   |      |         |
|------|---|---------------------------------|---------------------------------|---|------------------------|---|---|------|---------|
|      |   | C                               | S                               | M | H                      | A | T | X    | O       |
| 103  | DATE OF LAST TIME OF BREASTFEEDING AND/OR PUMPING | N, B, I, C1, C2<br>(IF DE 52=Y) | N, B, I, C1, C2<br>(IF DE 52=Y) | I | C1, C2<br>(IF DE 52=Y) | B |   |      | I, N, B |
| 104  | Peer Counselor ID                                 | P, N, B                         | P, N, B                         |   |                        | B |   |      |         |
| 105  | TYPE OF PEER COUNSELING CONTACT                   | P, N, B                         | P, N, B                         |   |                        | B |   |      |         |
| 106  | Peer Counseling Termination Date                  | P, N, B                         | P, N, B                         |   |                        | B |   |      |         |
| 107  | BREAST PUMP ASSIGNED                              | P, N, B                         | P, N, B                         |   |                        | B |   |      |         |
| 108  | Breastfeeding Peer Counselor Assigned             | P, N, B                         | P, N, B                         |   |                        | B |   |      |         |
| 109  | FAMILY NUMBER                                     | X                               | X                               | I | C1, C2                 | B |   |      |         |
| 110  | Date of Initial Contact                           | X                               | X                               |   |                        |   |   |      | X       |
| 111  | INITIAL CONTACT TYPE                              | X                               | X                               |   |                        |   |   |      | X       |
| 112  | Recumbent/Standing                                | C1, C2                          | C1, C2                          | I | C1, C2                 |   |   |      |         |
| 113  | INFANT FEEDING METHOD                             | I                               | I                               | I |                        |   |   | I    | I       |
| 114  | Woman Feeding Method                              | N, B                            | N, B                            |   |                        | B |   | N, B | B       |
| 115  | MEDICAL HOME                                      | I, C1, C2                       | I, C1, C2                       |   |                        |   |   |      |         |
| 116  | Fruit Intake                                      | P, N, B, C1, C2                 | P, N, B, C1, C2                 |   | C1, C2                 | B |   |      |         |
| 117  | VEGETABLE INTAKE                                  | P, N, B, C1, C2                 | P, N, B, C1, C2                 |   | C1, C2                 | B |   |      |         |
| 118  | Daily Activity                                    | P, N, B, C1, C2                 | P, N, B, C1, C2                 |   | C1, C2                 | B |   |      |         |

| DE # | Data Name                           | Transaction Type          |                           |          |               |          |   |          |          |
|------|-------------------------------------|---------------------------|---------------------------|----------|---------------|----------|---|----------|----------|
|      |                                     | C                         | S                         | M        | H             | A        | T | X        | O        |
| 119  | <b>SECONDFOODPACKAGE<br/>OPTION</b> | <b>X</b>                  | <b>X</b>                  | <b>I</b> | <b>C1, C2</b> | <b>B</b> |   |          | <b>X</b> |
| 120  | <b>Peachcare</b>                    | <b>I, C1,<br/>C2</b>      | <b>I, C1,<br/>C2</b>      |          |               |          |   |          |          |
| 121  | <b>Dairy Intake</b>                 | <b>P, N, B<br/>C1, C2</b> | <b>P, N, B<br/>C1, C2</b> |          | <b>C1, C2</b> | <b>B</b> |   |          |          |
| 122  | <b>Screen Time</b>                  | <b>P, N, B<br/>C1, C2</b> | <b>P, N, B<br/>C1, C2</b> |          | <b>C1, C2</b> | <b>B</b> |   |          |          |
| 128  | <b>Disclosure Allowed</b>           | <b>X</b>                  | <b>X</b>                  |          |               |          |   |          | <b>X</b> |
| 129  | <b>Date Appointment Requested</b>   | <b>X</b>                  | <b>X</b>                  |          |               |          |   |          |          |
| 130  | <b>Breastfed Infant's ID</b>        | <b>B</b>                  | <b>B</b>                  |          |               | <b>B</b> |   | <b>X</b> | <b>B</b> |
| 131  | <b>Video Conference</b>             | <b>X</b>                  | <b>X</b>                  | <b>I</b> | <b>C1, C2</b> | <b>B</b> |   |          |          |



Data Element: 1 – WAITING LIST CODE

|                             |   |
|-----------------------------|---|
| <b>Definition:</b>          | A one-position data element used to: <ul style="list-style-type: none"><li>• Place a certified or non-certified participant on the waiting list, or</li><li>• Activate a participant from the waiting list to an active status, or</li><li>• Place a currently active or terminated participant on the waiting list.</li></ul>  |
| <b>Data Element Type:</b>   | Alpha   |
| <b>Data Element Length:</b> | 1   |
| <b>ETAD Position:</b>       | 16 – 16   |
| <b>Intent/Purpose:</b>      | It is the intent that this data element be used only when there is a need to place clients on the waiting list due to restrictions in funding   |
| <b>Business Rules:</b>      | Transaction Must Equal <b>W</b><br>Waiting list code must equal one of the following:<br><b>C</b> – (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.<br><b>N</b> – (Not certified) The person being placed on the waiting list appears potentially eligible, but has not been actually certified.<br><b>A</b> – (Activated) The person currently on the waiting list is being activated to receive WIC vouchers.<br><b>DO NOT ALLOW FOR ANY OTHER TRANSACTIONS</b> |
| <b>Validation Rules:</b>    | Allowable input is: <b>C, N</b> or <b>A</b><br><b>DO NOT ALLOW ANY OTHER ENTRIES</b>  |
| <b>Critical:</b>            | Yes.  |
| <b>Transaction Type:</b>    | For all waiting ( <b>W</b> ) list transactions. This Data Element must be empty for all other transactions.   |
| <b>WIC Types:</b>           | P, B, N, I, C<br>(See Table 3: Transaction Type Codes)  |

## Waiting List by Transaction

X= Required by all WIC Types

P= Required by Prenatal

I= Required by Infant

C1= Required for children < 24 months

C2= Required for children > 24 months

N= Required for non-breastfeeding postpartum women

B= Required for Breastfeeding women

Yellow highlights – allowed, not required

Red- changes made

**Table 5: WAITING LIST BY TRANSACTION TYPE**

| DE # | Data Name   | Transactions |     |     |
|------|---|--------------|-----|-----|
|      |   | W-N          | W-C | W-A |
| 1    | Waiting List Code                                 | X            | X   | X   |
| 2    | Termination Code                                  |              |     |     |
| 3    | <b>TERMINATION DATE</b>                           |              |     |     |
| 4    | <b>TRANSFER INTO CLINIC (CLINIC CODE)</b>         |              |     |     |
| 5    | <b>DATE FORM COMPLETED</b>                        | X            | X   | X   |
| 6    | <b>Staff Initial</b>                              | X            | X   | X   |
| 7    | <b>Clinic Code</b>                                | X            | X   | X   |
| 9    | <b>WIC ID NUMBER</b>                              | X            | X   | X   |
| 10   | <b>Last Name</b>                                  | X            | X   | X   |
| 11   | <b>FIRST NAME</b>                                 | X            | X   | X   |
| 12   | <b>MIDDLE INITIAL</b>                             | X            | X   | X   |
| 13   | <b>Date of Birth</b>                              |              | X   | X   |
| 14   | <b>STREET</b>                                     | X            | X   | X   |
| 15   | <b>City</b>                                       | X            | X   | X   |
| 16   | <b>ZIP CODE</b>                                   | X            | X   | X   |
| 17   | <b>County</b>                                     | X            | X   | X   |
| 18   | <b>Telephone</b>                                  | X            | X   | X   |
| 20   | <b>RACE</b>                                       |              | X   | X   |
| 21   | <b>Migrant</b>                                    |              | X   | X   |
| 22   | <b>MOTHER'S WIC ID OR PARENT/CAREGIVER'S NAME</b> | X            | X   | X   |
| 23   | <b>GENDER</b>                                     |              | X   | X   |
| 24   | <b>Type</b>                                       | X            | X   | X   |
| 25   | <b>MEDICAL DATA DATE</b>                          |              | X   | X   |
| 26   | <b>Height</b>                                     |              | X   | X   |
| 27   | <b>WEIGHT</b>                                     |              | X   | X   |

|       |   |                 |                 |
|-------|---|-----------------|-----------------|
| 28/29 | Hematocrit/Hemoglobin                     | X               | X               |
| 30    | REASON(S)FOR CERTIFICATION                | X               | X               |
| 32    | Priority                                  | X               | X               |
| 33    | FOOD PACKAGE                              | X               | X               |
| 34    | Medicaid Y/N                              | X               | X               |
| 35    | MEDICAID NUMBER                           | IF DE #34 = Y   | X IF DE #34 = Y |
| 36    | SNAP Y/N                                  | X               | X               |
| 38    | DATE OF CERTIFICATION                     | X               | X               |
| 39    | Family Size                               | X               | X               |
| 40    | MONTHLY INCOME                            | X               | X               |
| 41    | Estimated Date of Confinement (EDC)       | P, I, C1        | P, I, C1        |
| 42    | DELIVERY DATE                             | N, B            | N, B            |
| 43    | Pregravid Weight                          | P, N, B         | P, N, B         |
| 44    | ALCOHOL                                   | P               | P               |
| 45    | Cigarettes                                | P               | P               |
| 46    | MARITAL STATUS                            | P, N, B         | P, N, B         |
| 47    | Education Level                           | P, N, B         | P, N, B         |
| 48    | MEDICAL CARE START DATE                   | P, N, B         | P, N, B         |
| 49    | Weight Prior Delivery                     | N, B            | N, B            |
| 50    | PREGNANCY OUTCOME                         | N, B            | N, B            |
| 51    | BF Now                                    | N, B, I, C1, C2 | N, B, I, C1, C2 |
| 52    | BF EVER                                   | N, B, I, C1, C2 | N, B, I, C1, C2 |
| 53    | Number Weeks Breastfed                    | N, B, I, C1, C2 | N, B, I, C1, C2 |
| 54    | DATE MOST RECENT BF RESPONSE              | N, B, I, C1, C2 | N, B, I, C1, C2 |
| 55    | Infant Birth Weight                       | N, B, I, C1     | N, B, I, C1     |
| 56    | MULTIPLE BIRTH                            | N, B, I         | N, B, I         |
| 58    | Pickup Code                               |                 | X               |
| 59    | VOUCHER INTERVAL CODE                     |                 | X               |
| 64    | Immunization Status Date                  | I, C1, C2       | I, C1, C2       |
| 65    | IMMUNIZATION RECORD SCREENED OR REQUESTED | I, C1, C2       | I, C1, C2       |
| 66    | Adequate for Age or Referred To           | I, C1, C2       | I, C1, C2       |
| 71    | TANF                                      | X               | X               |
| 72    | Physical Presence                         | X               | X               |

| 73 | REASON FOR NO PHYSICAL PRESENCE                    |   | X (IF 72= N) | X (IF 72= N) |
|----|--|---|--------------|--------------|
| 74 | Ethnicity  |   | X            | X            |
| 75 | HEMATOLOGICAL DATA DATE                            |   | X*           | X*           |
| 77 | Proof of Residency                                 | X | X            | X            |
| 78 | PROOF OF IDENTIFICATION                            | X | X            | X            |
| 79 | Proof of Income                                    | X | X            | X            |
| 80 | PARITY   |   | P, N, B      | P, N, B      |
| 81 | Date Last Pregnancy Ended                          |   | P, N, B      | P, N, B      |
| 82 | DIABETES DURING PREGNANCY – POSTPARTUM VISIT       |   | P, N, B      | P, N, B      |
| 83 | Hypertension During Pregnancy – Postpartum Visit   |   | N, B         | N, B         |
| 84 | MULTIVITAMIN CONSUMPTION PRIOR TO PREGNANCY        |   | N, B         | N, B         |
| 85 | Multivitamin Consumption During Pregnancy          |   | P, N, B      | P, N, B      |
| 86 | CIGARETTES PER DAY THREE MONTHS PRIOR TO PREGNANCY |   | P            | P            |
| 87 | Cigarettes Per Day Prenatal Visit                  |   | P, N, B      | P, N, B      |
| 88 | CIGARETTES PER DAY POSTPARTUM VISIT                |   | P            | P            |
| 89 | Cigarettes Per Day Last Three Months Of Pregnancy  |   | N, B         | N, B         |
| 90 | HOUSEHOLD SMOKING – PRENATAL VISIT                 |   | P            | P            |
| 91 | Household Smoking – Postpartum Visit               |   | N, B         | N, B         |
| 92 | DRINKS PER WEEK - THREE MONTHS PRIOR TO PREGNANCY  |   | P, N, B      | P, N, B      |
| 93 | Drinks Per Week – Last Three Months Of Pregnancy   |   | N, B         | N, B         |
| 94 | PROOF OF ID – PARENT/GUARDIAN/CARE GIVER           |   | I, C1, C2    | I, C1, C2    |
| 95 | NUTRITION EDUCATION FOLLOW-UP DATE                 |   |              |              |
| 96 | Nutrition Education Follow-up Contact Provided     |   |              |              |

|     |  |                              |                              |
|-----|--|------------------------------|------------------------------|
| 97  | <b>NUTRITION EDUCATION FOLLOW-UP CONTACT TYPE</b>        |                              |                              |
| 98  | Nutrition Education Follow-up Topics                     |                              |                              |
| 99  | <b>NUTRITION EDUCATION FOLLOW-UP CONTACT PROVIDER</b>    |                              |                              |
| 100 | <b>Body Mass Index</b>                                   | P, N, B, C1, C2              | P, N, B, C1, C2              |
| 101 | <b>DATE BREASTFEEDING BEGAN</b>                          | N, B, I, C1, C2 (IF DE 52=Y) | N, B, I, C1, C2 (IF DE 52=Y) |
| 103 | <b>DATE OF LAST TIME OF BREASTFEEDING AND/OR PUMPING</b> | N, B, I, C1, C2 (IF DE 52=Y) | N, B, I, C1, C2 (IF DE 52=Y) |
| 104 | <b>Peer Counselor ID</b>                                 | P, N, B                      | P, N, B                      |
| 105 | <b>TYPE OF PEER COUNSELING CONTACT</b>                   | P, N, B                      | P, N, B                      |
| 106 | <b>Peer Counseling Termination Date</b>                  | P, N, B                      | P, N, B                      |
| 107 | <b>BREAST PUMP ASSIGNED</b>                              | P, N, B                      | P, N, B                      |
| 108 | <b>Breastfeeding Peer Counselor Assigned</b>             | P, N, B                      | P, N, B                      |
| 109 | <b>FAMILY NUMBER</b>                                     | X                            | X                            |
| 110 | <b>Date of Initial Contact</b>                           | X                            | X                            |
| 111 | <b>INITIAL CONTACT TYPE</b>                              | X                            | X                            |
| 112 | <b>Recumbent/Standing</b>                                | C1, C2                       | C1, C2                       |
| 113 | <b>INFANT FEEDING METHOD</b>                             | I                            | I                            |
| 114 | <b>Woman Feeding Method</b>                              | N, B                         | N, B                         |
| 115 | <b>MEDICAL HOME</b>                                      | I, C1, C2                    | I, C1, C2                    |
| 116 | <b>Fruit Intake</b>                                      | P, N, B, C1, C2              | P, N, B, C1, C2              |
| 117 | <b>VEGETABLE INTAKE</b>                                  | P, N, B, C1, C2              | P, N, B, C1, C2              |
| 118 | <b>Daily Activity</b>                                    | P, N, B, C1, C2              | P, N, B, C1, C2              |
| 119 | <b>SECOND FOOD PACKAGE OPTION</b>                        | X                            | X                            |
| 120 | <b>Peachcare</b>   | I, C1, C2                    | I, C1, C2                    |
| 121 | <b>Dairy Intake</b>                                      | P, N, B, C1, C2              | P, N, B, C1, C2              |
| 122 | <b>Screen Time</b>                                       | P, N, B, C1, C2              | P, N, B, C1, C2              |
| 128 | <b>Disclosure Allowed</b>                                | X                            | X                            |
| 129 | <b>Date Appointment Requested</b>                        | X                            | X                            |
| 130 | <b>Breastfed Infant's ID</b>                             | B                            | B                            |
| 131 | <b>Video Conference</b>                                  | X                            | X                            |

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

Must be EMPTY if transaction type is not “T”

Front End Systems: Must use alpha codes (See Table 6)

Central Processing System (CPS): Must use numeric codes (See Table 7)

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, G, 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:** Yes

**Transaction Type:** T, T-R

**WIC Type:** P, B, N, I, C

Table 6: Clinic Initiated Termination Codes\*

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

**Table 7: CPS Initiated Termination Codes**

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

<sup>1</sup>To 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 any valid termination code.

**ONLY TRANSACTION TYPE T MUST BE USED.**

Data Element 5 (Date Form Completed): Termination date must be equal to Date Form Completed.

If Termination Code R is used, termination date must be blank.

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:** Yes

**Transaction Type:** T

**WIC Type:** P, B, N, I, C

## Termination Reversals by Transaction Type

X= Required by all WIC Types

P= Required by Prenatal

I= Required by Infant

C1= Required for children < 24 months

C2= Required for children ≥ 24 months

N= Required for non-breastfeeding postpartum women

B= Required for breastfeeding women

Yellow highlights – allowed, not required

**Table 8: TERMINATION REVERSALS BY TRANSACTION TYPE**

| DE # | Data Name                                  | Transactions |  |  |
|------|--|--------------|--|--|
|      |  | T-R          |  |  |
|      | <b>New Transaction Code</b>                |              |  |  |
| 2    | TERMINATION CODE                           | X            |  |  |
| 14   | STREET ADDRESS                             | X            |  |  |
| 15   | CITY                                       | X            |  |  |
| 16   | ZIP CODE                                   | X            |  |  |
| 17   | COUNTY                                     | X            |  |  |
| 24   | TYPE                                       | X            |  |  |
| 34*  | Medicaid Y/N                               | X            |  |  |
| 35*  | MEDICAID NUMBER                            | X            |  |  |
| 71   | TANF                                       | X            |  |  |
| 77*  | Proof of Residency                         | X            |  |  |
| 78*  | Proof of Identification                    | X            |  |  |
| 79*  | Proof of Income                            | X            |  |  |
| 94   | Proof of ID Parent /Guardian/<br>Caregiver | X            |  |  |

\*For data elements 34, 35, 77, 78, and 79 must be completed for 30 days adjustments completed > 30 days after certification.

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 fields in the table below Medical Data Date, Height, Weight, Hematocrit/Hemoglobin, and breast feeding data entries may be completed.

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

The hospital certifying clinic enters their clinic number in Data Element 7 (Clinic Code) and the receiving clinic is entered in Data Element 4 (Transfer into Clinic).

For all other transfers, only Data Element 7 (Clinic Code) will be used which is the receiving clinic and Data Element 4 (Transfer into Clinic) will be blank.

Note: Out of State Transfer is used for any participant to create the 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).

**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

**Transaction Types:** X = Transfer Into Clinic

**WIC Type:** P, B, N, I, C

**DO NOT USE FOR ANY OTHER TRANSACTION TYPE**

Transfers by WIC Type**Table 9: TRANSFERS BY TRANSACTION TYPE**

| DE # | Data Name                                     | Transaction Type |  |  |  |
|------|---|------------------|--|--|--|
|      |   |                  |  |  |  |
| 4    | <b>TRANSFER INTO CLINIC<br/>(CLINIC CODE)</b> | X                |  |  |  |
| 5    | <b>DATE FORM COMPLETED</b>                    | X                |  |  |  |
| 6    | <b>Staff Initial</b>                          | X                |  |  |  |
| 7    | <b>Clinic Code</b>                            | X                |  |  |  |
| 9    | <b>WIC ID NUMBER</b>                          | X                |  |  |  |
| 10   | <b>Last Name</b>                              | X                |  |  |  |
| 11   | <b>FIRST NAME</b>                             | X                |  |  |  |
| 12   | <b>MIDDLE INITIAL</b>                         | X                |  |  |  |
| 13   | <b>DATE OF BIRTH</b>                          | X                |  |  |  |
| 14   | <b>STREET ADDRESS</b>                         | X                |  |  |  |
| 15   | <b>CITY</b>                                   | X                |  |  |  |
| 16   | <b>ZIP CODE</b>                               | X                |  |  |  |
| 17   | <b>COUNTY</b>                                 | X                |  |  |  |
| 18   | <b>TELEPHONE</b>                              | X                |  |  |  |
| 20   | <b>RACE</b>                                   | X                |  |  |  |
| 21   | <b>MIGRANT</b>                                | X                |  |  |  |
| 22   | <b>MOTHER'S WIC ID</b>                        | X                |  |  |  |
| 23   | <b>GENDER</b>                                 | X                |  |  |  |
| 24   | <b>TYPE</b>                                   | X                |  |  |  |
| 42   | <b>DELIVERY DATE</b>                          | X                |  |  |  |
| 57   | <b>CHILD'S 1<sup>ST</sup> FOOD PACKAGE</b>    | X                |  |  |  |
| 58   | <b>PICK UP CODE</b>                           | X                |  |  |  |
| 59   | <b>VOUCHER INTERVAL CODE</b>                  | X                |  |  |  |
| 113  | <b>INFANT FEEDING METHOD</b>                  | X                |  |  |  |
| 114  | <b>WOMAN FEEDING METHOD</b>                   | X                |  |  |  |
| 130  | <b>BREASTFED INFANT'S ID</b>                  | X                |  |  |  |

Yellow highlights – allowed, not required

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). Does not apply to transaction type T

If WIC Type is Child then Date Form Completed (Data Element 5) must be greater than 11 months, and less than five years and 15 days 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) must not be more 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 more than 90 days prior to Date Form Completed (Data Element 38).

Date Form Completed must default to current date when new transactions are submitted.

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

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction Types:** C, S, A, H, M, O, X, U, T, W, W-C, W-N

**WIC Type:** P, B, N, I, C

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/Numeric

**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, Z,**  
**0, 1, 2, 3, 4, 5, 6, 7, 8, or 9**

May also contain: Space ( )

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction Types:** C, S, A, H, M, O, X, U, T, W, W-C, W-N

**WIC Type:** P, B, N, I, C

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 is 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 10 on next page)  
**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction Types:** C, S, A, H, M, O, X, U, T, W, W-C, W-N

**WIC Type:** P, B, N, I, C

Table 10: District/Unit Codes

| District /Unit | Common Name (Geographical)          | Official Name        |
|----------------|-------------------------------------|----------------------|
| <b>01-1</b>    | <b>ROME</b>                         | <b>NORTHWEST</b>     |
| 01-2           | Dalton                              | North Georgia        |
| <b>02-0</b>    | <b>GAINESVILLE</b>                  | <b>NORTH</b>         |
| 03-1           | Cobb                                | Cobb/Douglas         |
| <b>03-2</b>    | <b>FULTON</b>                       | <b>FULTON</b>        |
| 03-3           | Clayton                             | Clayton              |
| <b>03-4</b>    | <b>GWINNETT</b>                     | <b>EAST METRO</b>    |
| 03-5           | DeKalb                              | DeKalb               |
| <b>04-0</b>    | <b>LAGRANGE</b>                     | <b>LAGRANGE</b>      |
| 05-1           | Dublin                              | South Central        |
| <b>05-2</b>    | <b>MACON</b>                        | <b>NORTH CENTRAL</b> |
| 06-0           | Augusta                             | East Central         |
| <b>07-0</b>    | <b>COLUMBUS</b>                     | <b>WEST CENTRAL</b>  |
| 08-1           | Valdosta                            | South                |
| <b>08-2</b>    | <b>ALBANY</b>                       | <b>SOUTHWEST</b>     |
| 09-1           | Coastal                             | Coastal              |
| <b>09-2</b>    | <b>WAYCROSS</b>                     | <b>SOUTHEAST</b>     |
| 10-0           | Athens                              | Northeast            |
| <b>11-0*</b>   | <b>SOUTHSIDE MEDICAL<br/>CENTER</b> | <b>SOUTHSIDE</b>     |
| 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 is 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.

**DO NOT ACCEPT TRANSACTIONS FROM A CLOSED CLINIC**

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

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction Types:** C, S, A, H, M, O, X, U, T, W, W-C, W-N

**WIC Type:** P, B, N, I, C

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 10<sup>th</sup> 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 may be able to change the participant code number in cases where a subsequent family member is being added.

In cases of intra-state transfers or out of state transfers (“X” or “O”) the clinic staff must be able to enter the client’s Georgia WIC ID number that was issued by the original certifying clinic.

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

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction Types:** C, S, A, H, M, O, X, U, T, W, W-C, W-N

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

**WIC Type:** P, B, N, I, C

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
- Transaction Types:** C, S, A, H, M, O, X, U, T, W, W-C, W-N
- WIC Type:** P, B, N, I, C

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

**Transaction Types:** C, S, A, H, M, O, X, U, T, W, W-C, W-N

**WIC Type:** P, B, N, I, C

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**

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** No

**Transaction Type:** C, S, A, H, M, O, U, W, W-C, W-N, X

**WIC Type:** P, B, N, I, C

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.
- Validation Rules:** The entry must be a valid calendar date in MMDDYYYY format.  
**DO NOT ALLOW ANY OTHER ENTRIES**
- Critical:** Yes
- Transaction Types:** C, S, A, H, M, U, O, W, W-C, W-N, X, T
- WIC Type:** P, B, N, I, C



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

**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 (#), apostrophe (‘), period (.), or slash (/).

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction Types:** C, S, A, H, M, O, W, W-C, W-N, X, T-R

U allowed but not required

**WIC Type:** P, B, N, I, C

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.

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) 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: Apostrophe ( ' ), Space ( ) and/or hyphen.

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction Types:** C, S, A, H, M, O, W, W-C, W-N, X, T-R

U allowed but not required

**WIC Type:** P, B, N, I, C

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.

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

**Transaction Types:** C, S, A, H, M, O, T-R , W, W-C, W-N, X  
U allowed but not required

**WIC Type:** P, B, N, I, C

Data Element: 17 – COUNTY CODE

**Definition:** A three-position data element for the county code of the county where the participant resides. The county codes are given in Table 11.

**EXCEPTION:** If the clinic serves out of state participants, then the county 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 county 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

**Transaction Types:** C, S, A, H, M, O, W, W-C, W-N, X, T-R

U allowed but not required

**WIC Type:** P, B, N, I, C

.

.

Table 11: COUNTY Code

| COUNTY        | CODE | COUNTY     | CODE | COUNTY     | CODE | COUNTY     | CODE |
|---------------|------|------------|------|------------|------|------------|------|
| APPLING       | 1    | DECATUR    | 43   | LAMAR      | 85   | SPALDING   | 126  |
| ATKINSON      | 2    | DEKALB     | 44   | LANIER     | 86   | STEPHENS   | 127  |
| BACON         | 3    | DODGE      | 45   | LAURENS    | 87   | STEWART    | 128  |
| BAKER         | 4    | DOOLY      | 46   | LEE        | 88   | SUMTER     | 129  |
| BALDWIN       | 5    | DOUGHERTY  | 47   | LIBERTY    | 89   | TALBOT     | 130  |
| BANKS         | 6    | DOUGLAS    | 48   | LINCOLN    | 90   | TALIAFERRO | 131  |
| BARROW        | 7    | EARLY      | 49   | LONG       | 91   | TATTNALL   | 132  |
| BARTOW        | 8    | ECHOLS     | 50   | LOWNDES    | 92   | TAYLOR     | 133  |
| BEN HILL      | 9    | EFFINGHAM  | 51   | LUMPKIN    | 93   | TELFAIR    | 134  |
| BERRIEN       | 10   | ELBERT     | 52   | MACON      | 94   | TERRELL    | 135  |
| BIBB          | 11   | EMANUEL    | 53   | MADISON    | 95   | THOMAS     | 136  |
| BLECKLEY      | 12   | EVANS      | 54   | MARION     | 96   | TIFT       | 137  |
| BRANTLEY      | 13   | FANNIN     | 55   | MCDUFFIE   | 97   | TOOMBS     | 138  |
| BROOKS        | 14   | FAYETTE    | 56   | MCINTOSH   | 98   | TOWNS      | 139  |
| BRYAN         | 15   | FLOYD      | 57   | MERIWETHER | 99   | TREUTLEN   | 140  |
| BULLOCH       | 16   | FORSYTH    | 58   | MILLER     | 100  | TROUP      | 141  |
| BURKE         | 17   | FRANKLIN   | 59   | MITCHELL   | 101  | TURNER     | 142  |
| BUTTS         | 18   | FULTON     | 60   | MONROE     | 102  | TWIGGS     | 143  |
| CALHOUN       | 19   | GILMER     | 61   | MONTGOMERY | 103  | UNION      | 144  |
| CAMDEN        | 20   | GLASCOCK   | 62   | MORGAN     | 104  | UPSON      | 145  |
| CANDLER       | 21   | GLYNN      | 63   | MURRAY     | 105  | WALKER     | 146  |
| CARROLL       | 22   | GORDON     | 64   | MUSCOGEE   | 106  | WALTON     | 147  |
| CATOOSA       | 23   | GRADY      | 65   | NEWTON     | 107  | WARE       | 148  |
| CHARLTON      | 24   | GREENE     | 66   | OCONEE     | 108  | WARREN     | 149  |
| CHATHAM       | 25   | GWINNETT   | 67   | OGLETHORPE | 109  | WASHINGTON | 150  |
| CHATTAHOOCHEE | 26   | HABERSHAM  | 68   | PAULDING   | 110  | WAYNE      | 151  |
| CHATTOOGA     | 27   | HALL       | 69   | PEACH      | 111  | WEBSTER    | 152  |
| CHEROKEE      | 28   | HANCOCK    | 70   | PICKENS    | 112  | WHEELER    | 153  |
| CLARKE        | 29   | HARALSON   | 71   | PIERCE     | 113  | WHITE      | 154  |
| CLAY          | 30   | HARRIS     | 72   | PIKE       | 114  | WHITFIELD  | 155  |
| CLAYTON       | 31   | HART       | 73   | POLK       | 115  | WILCOX     | 156  |
| CLINCH        | 32   | HEARD      | 74   | PULASKI    | 116  | WILKES     | 157  |
| COBB          | 33   | HENRY      | 75   | PUTNAM     | 117  | WILKINSON  | 158  |
| COFFEE        | 34   | HOUSTON    | 76   | QUITMAN    | 118  | WORTH      | 159  |
| COLQUITT      | 35   | IRWIN      | 77   | RABUN      | 119  |            |      |
| COLUMBIA      | 36   | JACKSON    | 78   | RANDOLPH   | 120  |            |      |
| COOK          | 37   | JASPER     | 79   | RICHMOND   | 121  |            |      |
| COWETA        | 38   | JEFF_DAVIS | 80   | ROCKDALE   | 122  |            |      |
| CRAWFORD      | 39   | JEFFERSON  | 81   | SCHLEY     | 123  |            |      |
| CRISP         | 40   | JENKINS    | 82   | SCREVEN    | 124  |            |      |
| DADE          | 41   | JOHNSON    | 83   | SEMINOLE   | 125  |            |      |

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:** 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

**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:

- Area Code (3)
- Prefix (3)
- Number (4)

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

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** No

**Transaction Type:** C, S, A, H, M, O, W, W-C, W-N, X  
U allowed but not required

**WIC Type:** P, B, N, I, C

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

**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 may 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 select as many boxes as may apply.

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

Date: \_\_\_\_\_

White

Black/African American

Asian

American Indian/Alaska Native

Native Hawaiian/Other Pacific Islander

The system will automatically generate the proper two-digit code based on Table 12 below.



Table: 12- Race Codes

| AI/AN | ASIAN | BLACK/<br>AFRICAN | 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/<br>AFRICAN | 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

**Transaction type:** C, O, S, W-C, X  
 U allowed but not required

**WIC Type:** P, B, N, I, 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 and their family members 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

**Transactions Types:** C, O, W-C, S, X  
U allowed but not required

**WIC Type:** P, B, N, I, 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 or C.

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

**TRANSACTION TYPES:** **C, W-C, X, S, M, H, O, T**

U allowed but not required

**WIC Type:** I, 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.

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

**Transaction Types:** C, S, A, H, M, O, W, W-C, W-N, X

U allowed but not required

**WIC Type:** P, B, N, I, C

Data Element: 24 – TYPE

|                             |   |
|-----------------------------|---|
| <b>Definition:</b>          | A one-position data element designating classification or type of WIC participants.   |
| <b>Data Element Type:</b>   | Alpha   |
| <b>Data Element Length:</b> | 1   |
| <b>ETAD Position:</b>       | 184 - 184   |
| <b>Intent/Purpose:</b>      | 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.   |
| <b>Business Rules:</b>      | Cannot be blank.<br>P = Prenatal (Pregnant women only).<br>N = Non-Breastfeeding (Post-partum women only).<br>B = Breastfeeding (Post-partum women only).<br>I = Infant<br>C = Child<br><br>If Data Element 13 (Date of Birth) is greater than or equal to 12 months 1 day previous to Data Element 5 (Date Form Completed) but less than five years then Data Element 24 must = C<br><br>If Date Element 13 (Date of Birth) is less than or equal to 11 months 0 days from Data Element 5 (Date Form Completed) then Data Element 24 must = I<br><br>For transactions C and S, if Data Element 5 (Date Form Completed) is greater than 11 months and less than 12 month after Data Element #13 (Date of Birth), the participant will be processed as a child certification. However, these participants will receive an infant food package for the first month of their certification causing them to be counted as an infant participant for this transition month.<br><br>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<br><br>If Data Element 24 = N then Data Element 114 (Woman’s Feeding Method) must default to F (Fully Formula Fed).<br><br>Data Element 33 (Food package code) must be compatible with WIC type for allowable food packages.<br><br>If Data Element 24 is either P, N, or B then Data Element 23 (Gender) must = F<br><br>If Data Element 24 is either I or C then Data Element 23 (Gender) may = either M or F<br><br>Only transaction types C, S and O can be used to change Data Element 24 from P to N or P to B. |
| <b>Validation Rules:</b>    | Valid entries are: <b>P, N, B, I</b> or <b>C</b> .<br><b>DO NOT ALLOW ANY OTHER ENTRIES</b>   |
| <b>Critical:</b>            | Yes   |
| <b>Transaction Types:</b>   | C, S, A, H, M, O, U, W, W-C, W-N, X, T-R  |
| <b>WIC Type:</b>            | P, B, N, I, C   |

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:** An eight-position data element to indicate the date the WIC participant’s medical data (height and weight) was taken.

**Business Rules:** If Transaction Type = H, A, or M, then Data Element 25 must be less than or equal to Data Element 5 (Date form completed), but not more than 60 days less.

If Transaction Type = C or S, then Element 25 must be equal to or less than Element 38 (Date of Certification), but not more than 60 days less.

Data Element 25 cannot be greater than Data Element 5 (Date form completed).

**Validation Rules:** Entry must be a valid calendar date in MMDDYYYY format.

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction Type:** C, S, A, H, M, (O and U optional)

**WIC Type:** P, B, N, I, C

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.

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

**Third digit must be 0, 1, 2, 3, 4, 5, 6, or 7**

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction Type:** C, M, S, A, H, W-C,(O and U optional)

**WIC Type:** P, B, N, I, 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

Cannot be blank

Entry of 000.00 is not allowed

**Validation Rules:** Valid entries are: **1, 2, 3, 4, 5, 6, or 0** for first position (196) and **1, 2, 3, 4, 5, 6, 7, 8, 9, or 0** for second and third positions (197 and 198) and **1, 0** for the fourth position (199) and **1, 2, 3, 4, 5, 6, 7, 8, 9, or 0** for the fifth position (200)

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction Type:** C, M, S, W-C, A, H, (O and U optional)

**WIC Type:** P, B, N, I, 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.

**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 (—)**

**AND/ OR**

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

1. A value of 88.8 is a valid entry for any WIC type. Dashes (—) may be used to erase erroneous or unintended data in these positions.
2. Blank is allowed for a Breastfeeding mid-Assessment.
3. If transaction type = W And waitlist code = C and WIC type = I and less than 6 months old, data elements 28/29 may be blank.
3. If Element 28 is populated then, Element 29 may be empty.  
If Element 29 is populated then Element 28 may be empty.
4. 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 or equal to nine months of age.
5. Decimal is implied.
6. Do not submit Data Elements 28/ 29 for a certification for an infant < 6 months.

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

**DO NOT ALLOW ANY OTHER ENTRIES**

**Cross Edits:** Data Element 30 (Reason For Certification) - Risk 201 will be assigned when Data Element 28/29 meet the values listed in Tables 13 -16 below.

Data Element 87 (Maternal smoking) – See Table 13 and Table 15

Data Element 13 (Date of birth) — To calculate age. See Table 14 and 16.

Table 13: Hematocrit/Hemoglobin Values For Prenatal Women

| TRIMESTER                     | SMOKING DATA ELEMENT 87 | HCT VALUE DATA ELEMENT 28 | HGB VALUE DATA ELEMENT 29 |
|-------------------------------|-------------------------|---------------------------|---------------------------|
| 1ST (00 – 13 WEEKS GESTATION) | =00<br>> 01             | <33.0%<br><34.0%          | <11.0<br><11.3            |

|   |             |                  |                  |
|---|-------------|------------------|------------------|
| 2 <sup>ND</sup> (14 –26 WEEKS gestation)  | =00<br>> 01 | <32.0%<br><33.0% | < 10.5<br>< 10.8 |
| 3 <sup>RD</sup> (27 – 40 WEEKS GESTATION) | =00<br>> 01 | <33.0%<br><34.0% | < 11.0<br>< 11.3 |

**Table 14: Hematocrit/Hemoglobin Values For Children**

| CODE 201  |
|---|
| <p>&lt;24 months of age:<br/>Hemoglobin: &lt;11.0<br/>Hematocrit: &lt; 32.9%</p> <p>&gt; 24 months to 5 years of age:<br/>Hemoglobin: &lt;11.1 gm<br/>Hematocrit: &lt;33.0%</p> |

**Table 15: Hematocrit/Hemoglobin Values For Breastfeeding and Non-Breastfeeding Women**

| SMOKING DATA ELEMENT 87 | HCT VALUE DATA ELEMENT 28 | HGB VALUE DATA ELEMENT 29                                    |
|-------------------------|---------------------------|--|
| =00                     | 35.7                      | <12.0 gm (≥15 years of age)<br>< 11.8 gm (< 15 years of age) |
| > 01                    | 36.7                      | <12.3 gm (≥15 years of age)<br>< 12.1 gm (< 15 years of age) |

**Table 16: Hematocrit/Hemoglobin Values For Infants (6-11 months)**

| CODE 201   |
|--|
| <p>Hemoglobin: &lt;11.0 gm<br/>Hematocrit: &lt;33.0%</p> |

**CRITICAL:** Yes

**Transaction Types:** C, S, W-C, M, H  
(O, A and U optional)

**WIC Type:** P, B, N, I, C



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:**

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. Table 17 provides a list of all risk criteria by WIC Type and Priority. See below.
5. When risk 401 or 428 are used, then no other risk can be assigned
6. Clinic users will enter Risk code 400 for risks 411, 425, 427 and front-end systems will convert to the appropriate code for processing by the mainframe.

Convert to the appropriate code for processing by the mainframe using the following rules.

- If entered Risk Code is 400 and WIC type is P or B, then submit code 427.
  - If entered Risk Code is 400 and WIC type is N, then submit code 427.
  - If entered Risk Code is 400 and WIC type is I, then submit code 411.
  - If entered Risk Code is 400 and WIC type is C, then submit code 425.
7. 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), 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 single priority or equal to the shared (common) Priority Code between codes and be **listed** in Table 17: Reason For Certification.

Examples:

|      | Code A | Code B | Valid values are |
|------|--------|--------|------------------|
| Ex 1 | 1,2    | 2,3    | 1,2              |
| Ex 2 | 1,2    | 1,2    | 1,2              |
| Ex 3 | 1      | 2      | 1                |

8. If only 1 risk is selected the system should accept any valid priority for that risk.

9. The exception to Table 17: Reason For Certification follows: During mid certifications, half certifications, and Mid-Assessments a participant’s priority code may **not** be downgraded from the initial certification, regardless of risk code assigned. **The priority may be upgraded.**

10. Some risk codes have different title names for different WIC Types. When printed on the certification form, the title name should match the title for the WIC Type.

11. Age must be  $\geq 4$  months and  $\leq 24$  months for risk 428 to be assigned.

12. If WIC type equals B, risk code 601 (Breastfeeding woman of infant at nutritional risk) must be in data element 30 (reason for cert.)

Table 17: Reason for Certification by Type and Priority

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.)

| Risk DE #30 | Title  | P | B | N | I | C < 24 m | C ≥ 24 m |
|-------------|--|---|---|---|---|----------|----------|
| 101         | Underweight                                    | 1 | 1 | 6 |   |          |          |
| 103         | Underweight or At Risk of Becoming Underweight |   |   |   | 1 | 3        | 3        |
| 111         | Overweight                                     | 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         | Gestational 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 | 3        |          |
| 151         | Small for Gestational Age                      |   |   |   | 1 | 3        |          |
| 152         | Low Head Circumference                         |   |   |   | 1 | 3        |          |
| 153         | Large for Gestational Age                      |   |   |   | 1 |          |          |
| 201         | Low Hematocrit/Hemoglobin                      | 1 | 1 | 6 | 1 | 3        | 3        |
| 211         | Elevated Blood Lead Levels                     | 1 | 1 | 6 | 1 | 3        | 3        |
| 301         | Hyperemesis Gravidarum                         | 1 |   |   |   |          |          |

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|-----|--|---|---|---|---|---|---|
| 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 |   |   |   |   |   |
| 311 | Delivery of Premature Infant                                       |   | 1 | 6 |   |   |   |
| 312 | History of Low Birth Weight Infant(s)                              | 1 |   |   |   |   |   |
| 312 | Delivery of Low Birth Weight Infant(s)                             |   | 1 | 6 |   |   |   |
| 321 | History of Fetal or Neonatal Loss                                  | 1 |   |   |   |   |   |
| 321 | Fetal or Neonatal Death  |   | 1 | 6 |   |   |   |
| 331 | Pregnancy at a Young Age   | 1 | 1 | 3 |   |   |   |
| 332 | Short Interpregnancy Interval                                      | 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 |   |   |   |   |   |
| 337 | Large for Gestational Age Infant                                   |   | 1 | 6 |   |   |   |
| 338 | Pregnant Woman Currently Breastfeeding                             | 1 |   |   |   |   |   |
| 339 | History of Birth with Nutrition Related Congenital or Birth Defect | 1 |   |   |   |   |   |
| 339 | Birth with Nutrition Related Congenital or Birth Defect            |   | 1 | 6 |   |   |   |
| 341 | Nutrient Deficiency Diseases                                       | 1 | 1 | 6 | 1 | 3 | 3 |
| 342 | Gastro-intestinal 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 |
| 345 | Hypertension   | 1 | 1 | 6 | 1 | 3 | 3 |
| 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 |

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|------|---|-----|-------|-----|-------------|-----|-----|
| 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   |             |     |     |
| 362  | Developmental, Sensory, or Motor Delays 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  | Oral Health   | 1   | 1     | 6   | 1           | 3   | 3   |
| 382  | Fetal Alcohol Syndrome  |     |       |     | 1           | 3   | 3   |
| 400  | Inappropriate Nutrition Practices   | 4   | 4     | 6   | 4           | 5   | 5   |
| 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  | Failure to Meet Dietary Guidelines  | 4   | 4     | 6   |             |     | 5   |
| 428  | Dietary Risk Associated with Complementary Feeding Practices  |     |       |     | 4<br>≥ 4 mo | 5   |     |
| 502  | Transfer of Certification   | 1,4 | 1,2,4 | 3,6 | 1,2,4       | 3,5 | 3,5 |
| 601  | Breastfeeding Mother of Infant at Nutritional Risk  |     | 1,2,4 |     |             |     |     |
| 602  | Breastfeeding Complications or Potential Complications (Women)                                      | 1   | 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 with Limited Ability to Make Feeding Decisions and/or Prepare Food                            | 4   | 4     | 6   |             |     |     |
| 902  | Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food                |     |       |     | 4           | 5   | 5   |



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|-----|--------------------------------------|---|---|---|---|---|---|
| 903 | Foster Care                          | 4 | 4 | 6 | 4 | 5 | 5 |
| 904 | Environmental Tobacco Smoke Exposure | 1 | 1 | 6 | 1 | 3 | 3 |

★Codes for system processing – not assigned by clinic staff

**Cross Edits:**

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.

Element 87 (Maternal Smoking) is “1-98” and WIC type is P, N, or B, then risk 371 (Maternal Smoking must be in Element #30 (Reason for Certification).

Element 90 (Household Smoking) is “1”, then risk 904 (Environmental Tobacco Smoke exposure must be in Element #30 (Reason for Certification).

Element 93 (Drinks per Week) is “1-98” and WIC type is and WIC type is P, N, or B, then risk 372 (Alcohol and Illegal Drug Use) must be in Element #30 (Reason for Certification).

If Element 41 (Estimated Date of Confinement) minus Element 81 (Date Previous Pregnancy Ended) is less than 25 month, then risk 332 (Closely Spaced Pregnancies) must be in Element #30 (Reason for Certification).

If WIC type equals N or B and Element 55 (Infant Birth Weight) is be greater than or equal to nine pounds and zero ounces, then Risk Code 337 (Birth of a Large for Gestational Age Infant) must be in Element #30 (Reason for Certification).

If Risk Code 142 (Prematurity) is in any position, the child must be less than 24 months old. Staff must manually enter weeks of gestation.

If transactions C, S, A, or O and WIC type equals N or B, and Element 55 (Infant Birth Weight) is equal to or less than 5 pounds 8 ounces, Risk Code 312 (Delivery of Low Birth Weight Infant) must be in Element #30 (Reason for Certification). If Element 56 (Multiple birth) is zero and Element 55 (Infant Birth Weight) is 0000 skip the edit.

If (age at EDC – 38 weeks) is ≤ 17 years 0 days, then risk 331 should be assigned.

**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, M, A, H, (O and U optional)

**WIC Type:**

**P, B, N, I, C**

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:**

1. Y= Yes
2. N = No
3. 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:** Yes

**Transaction Types:** C, S, A, H, M, W-C

U optional

**WIC Type:** P, B, N, I, C

Table 18: REASON FOR CERTIFICATION BY TYPE AND HIGH RISK STATUS

| Risk DE #30 | Title  | P | B | N | I | C < 24 m | C ≥ 24m |
|-------------|--|---|---|---|---|----------|---------|
| 101         | Underweight                                    | H | H | H |   |          |         |
| 103*        | Underweight or At Risk of Becoming Underweight |   |   |   | H | H        | H       |
| 111         | Overweight                                     | H | H | H |   |          |         |
| 113*        | Obese  |   |   |   |   |          | H       |
| 114*        | Overweight or at Risk of Becoming Overweight   |   |   |   |   |          | H       |
| 115*        | High Weight-for-Length                         |   |   |   |   |          |         |
| 121*        | Short Stature or At Risk of Short Stature      |   |   |   | H | H        | H       |
| 131         | Low Maternal Weight Gain                       | H |   |   |   |          |         |
| 132         | Gestational Weight Loss during Pregnancy       | H |   |   |   |          |         |
| 133         | High Maternal Weight Gain                      |   |   |   |   |          |         |
| 134         | Failure to Thrive                              |   |   |   | H | H        | H       |
| 135         | Inadequate Growth                              |   |   |   | H | H        | H       |
| 141         | Low Birth Weight                               |   |   |   | H |          |         |
| 142         | Prematurity                                    |   |   |   |   |          |         |
| 151*        | Small for Gestational Age                      |   |   |   |   |          |         |
| 152*        | Low Head Circumference                         |   |   |   |   |          |         |
| 153         | Large for Gestational Age                      |   |   |   |   |          |         |
| 201*        | Low Hematocrit/Hemoglobin                      | H | H | H | H | H        | H       |
| 211*        | Elevated Blood Lead Levels                     | H | H | H | H | H        | H       |
| 301         | Hyperemesis Gravidarum                         | H |   |   |   |          |         |
| 302         | Gestational Diabetes                           | H |   |   |   |          |         |
| 303         | History of Gestational Diabetes                |   |   |   |   |          |         |
| 304         | History of Preeclampsia                        |   |   |   |   |          |         |
| 311         | History of Preterm Delivery                    |   |   |   |   |          |         |
| 311         | Delivery of Premature Infant                   |   |   |   |   |          |         |
| 312         | History of Low Birth Weight Infant(s)          |   |   |   |   |          |         |
| 312         | Delivery of Low Birth Weight Infant(s)         |   |   |   |   |          |         |
| 321         | History of Fetal or Neonatal Loss              |   |   |   |   |          |         |
| 321         | Fetal or Neonatal Death                        |   |   |   |   |          |         |

\* 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.

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|      |  |   |   |   |   |   |   |
|------|--|---|---|---|---|---|---|
| 331  | Pregnancy at a Young Age   | H | H | H |   |   |   |
| 332  | Closely Spaced Pregnancies   |   |   |   |   |   |   |
| 333  | High Parity and Young Age  |   |   |   |   |   |   |
| 334  | Lack of or Inadequate Prenatal Care                                |   |   |   |   |   |   |
| 335  | Multi-Fetal Gestation  | H | H | H |   |   |   |
| 336  | Fetal Growth Restriction   | H |   |   |   |   |   |
| 337  | History of a Large for Gestational Age Infant                      |   |   |   |   |   |   |
| 337  | Large for Gestational Age Infant                                   |   |   |   |   |   |   |
| 338  | Pregnant Woman Currently Breastfeeding                             |   |   |   |   |   |   |
| 339  | History of Birth with Nutrition Related Congenital or Birth Defect |   |   |   |   |   |   |
| 339  | Birth with Nutrition Related Congenital or Birth Defect            |   |   |   |   |   |   |
| 341  | Nutrient Deficiency Diseases                                       | H | H | H | H | H | H |
| 342  | Gastro-intestinal Disorders  | H | H | H | H | H | H |
| 343  | Diabetes Mellitus  | H | H | H | H | H | H |
| 344* | Thyroid Disorders  | H | H | H | H | H | H |
| 345  | Hypertension   | H | H | H | H | H | H |
| 346  | Renal Disease  | H | H | H | H | H | H |
| 347  | Cancer   | H | H | H | H | H | H |
| 348  | Central Nervous System Disorders                                   | H | H | H | H | H | H |
| 349  | Genetic And Congenital Disorders                                   | H | H | H | H | H | H |
| 351  | Inborn Errors of Metabolism  | H | H | H | H | H | H |
| 352  | Infectious Diseases  | H | H | H | H | H | H |
| 353  | Food Allergies   | H | H | H | H | H | H |
| 354  | Celiac disease   | H | H | H | H | H | H |
| 355  | Lactose Intolerance  |   |   |   |   |   |   |
| 356  | Hypoglycemia   | H | H | H | H | H | H |
| 357  | Drug/Nutrient Interactions   | H | H | H | H | H | H |
| 358  | Eating Disorders   | H | H | H |   |   |   |
| 359  | Recent Major Surgery, Trauma, Burns                                | H | H | H | H | H | H |
| 360  | Other Medical Conditions   | H | H | H | H | H | H |
| 361  | Depression   |   |   |   |   |   |   |

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|      |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|
| 362  | Developmental, Sensory, or Motor Delays Interfering with Ability to Eat                             | H | H | H | H | H | H |
| 363  | Pre-Diabetes  |   | H | H |   |   |   |
| 371  | Maternal Smoking  |   |   |   |   |   |   |
| 372  | Alcohol and Illegal Drug Use  |   |   |   |   |   |   |
| 381  | Dental Problems   |   |   |   |   |   |   |
| 382  | Fetal Alcohol Syndrome  |   |   |   | H | H | H |
| 400  | Inappropriate Nutrition Practices   |   |   |   |   |   |   |
| 411★ | Inappropriate Nutrition Practices for Infants   |   |   |   |   |   |   |
| 425★ | Inappropriate Nutrition Practices for Children  |   |   |   |   |   |   |
| 427★ | Inappropriate Nutrition Practices for Women   |   |   |   |   |   |   |
| 401  | Failure to Meet Dietary Guidelines  |   |   |   |   |   |   |
| 428  | Dietary Risk Associated with Complementary Feeding Practices  |   |   |   |   |   |   |
| 502  | Transfer of Certification   |   |   |   |   |   |   |
| 601  | Breastfeeding Mother of Infant at Nutritional Risk  |   |   |   |   |   |   |
| 602  | Breastfeeding Complications or Potential Complications (Women)                                      |   | H |   |   |   |   |
| 603  | Breastfeeding Complications or Potential Complications (Infants)                                    |   |   |   | H |   |   |
| 701  | Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy |   |   |   |   |   |   |
| 702  | Breastfeeding Infant of Woman at Nutritional Risk   |   |   |   |   |   |   |
| 703  | Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse Most Recent Pregnancy         |   |   |   |   |   |   |
| 801  | Homelessness  |   |   |   |   |   |   |

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|     |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|
| 802 | Migrancy   |  |  |  |  |  |  |
| 901 | Recipient of Abuse   |  |  |  |  |  |  |
| 902 | Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food             |  |  |  |  |  |  |
| 902 | Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food |  |  |  |  |  |  |
| 903 | Foster Care  |  |  |  |  |  |  |
| 904 | Environmental Tobacco Smoke Exposure   |  |  |  |  |  |  |

\*Changes made to Georgia WIC criteria 2012

★Codes for system processing – not assigned by clinic staff

Note: bolded and shaded **H** - always High Risk; non-bolded H - can be High Risk

**Table 19: High Risk codes for Nutritional and/or Medical Problems**

| Priority | WIC Types   |
|----------|---|
| <b>1</b> | <b>PREGNANT WOMEN, BREAST FEEDING WOMEN, AND INFANTS WITH NUTRITIONAL NEEDS.</b>  |
| 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. |
| <b>3</b> | <b>CHILDREN (UNDER AGE 5) WITH A NUTRITIONAL NEED. POSTPARTUM TEENAGERS WHO ARE NOT BREAST FEEDING.</b>   |
| 4        | Pregnant women, breast feeding women, and infants with a nutritional need because of poor diet or homeless/migrant status.  |
| <b>5</b> | <b>CHILDREN WITH A NUTRITIONAL NEED BECAUSE OF POOR DIET OR HOMELESS/ MIGRANT STATUS.</b>   |
| 6        | Non Breast feeding women with a medical or nutritional need because of poor diet or homeless/ migrant status.   |

Data Element: 32 – PRIORITY CODE

|                             |  |
|-----------------------------|--|
| <b>Definition:</b>          | 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:  |
| <b>Data Element Type:</b>   | Numeric  |
| <b>Data Element Length:</b> | 1  |
| <b>ETAD Position:</b>       | 223 – 223  |
| <b>Intent/Purpose:</b>      | 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 the highest need.   |
| <b>Business Rules:</b>      | <p>Element 32 (priority) may not be downgraded on any mid-year 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). This rule does not apply to transaction type M.</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>Priority cannot be lower at a half-certification, Mid-assessment or midcert, than it was at the previous certification.</p> <p>When the only risk(s) assigned at transactions A, M, and H are lower priority risk, allow a higher priority to be assigned if the participant had a higher priority at certification. When the "do not downgrade priority" rule is applied, the risk should <b>not</b> also be cross edited with the risk/priority table.</p> <p style="padding-left: 40px;">Example - a Child at cert had risk 121 (priority 3). At half cert the only risk that applies is 400 (priority 5). The correct submission is risk 400 and priority 3.</p> <p>May not be blank</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> |
| <b>Validation Rules:</b>    | <p>Valid entries are either: <b>1, 2, 3, 4, 5, or 6.</b></p> <p><b>DO NOT ALLOW ANY OTHER ENTRIES</b></p>  |
| <b>Critical:</b>            | Yes  |
| <b>Transaction Types:</b>   | C, S, M, W-C, H, A, O  |
|                             | U optional   |
| <b>WIC Type:</b>            | P, B, N, I, C  |

Data Element: 33 – FOOD PACKAGE CODES

|                           |  |
|---------------------------|--|
| <b>Definition:</b>        | 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.   |
| <b>Data Element Type:</b> | Alpha/Numeric  |
| <b>ETAD Position:</b>     | 224 – 226  |
| <b>Intent/Purpose:</b>    | It is the intent of this data element to accurately record the CPA Food Package Code (FPC) assigned to WIC clients   |
| <b>Length:</b>            | 3  |
| <b>Business Rules:</b>    | All entries must be validated against the updated list of allowable CPA food package codes.<br>Compare Element 13 (Date of Birth) with Element 24 (WIC Type) for Infants and Children.<br>A child changes food package categories from a younger child package to older child package when the child's age on FIRST TO DATE TO USE is $\geq$ 23 months and 16 days. See Table 20 for conversion. |
| <b>Critical:</b>          | Yes  |
| <b>Transaction Types:</b> | C, S, W-C, H, A, M, O,<br>U optional   |
| <b>WIC Type:</b>          | P, B, N, I, C  |



**Table 20: Child Food Package Conversion Table Effective 10/01/2009\***

Use only for children conversion at 23 months 16 days

| IF CHILD IS RECEIVING PACKAGE | ADVANCE TO FOOD PACKAGE: |
|-------------------------------|--------------------------|
| C01                           | C28                      |
| <b>C02</b>                    | <b>C22</b>               |
| C03                           | C23                      |
| <b>C05</b>                    | <b>C25</b>               |
| C06                           | C26                      |
| <b>C09</b>                    | <b>C29</b>               |
| C10                           | C30                      |

Note: for complete listing of Food packages, please see electronic food package tables

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:** **Y** = Yes has proof of current enrollment and has a Medicaid number

**N** = Not on the Medicaid Program or using a family members Medicaid number

**U** = Unverified

**F** = Family Member Used to Qualify Participant

If code **Y** or **F** 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).

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.

If Element 34 is **Y** or **F** then Element 40 (Monthly Income) cannot be blank however income guidelines will not be applied to determine eligibility.

Element 37 (Other services) Code M must be consistent.

**Y** or **U** in the position for Element 34 requires an **M** (Medicaid) in the position for 37 (Enrolled In). **N** or **F** in Element 34 disallows an **M** in Element 37 (Other Services Enrolled In) Allow an **M** to be recorded in 37 (Other Services Referred To)

**Note: If using F in DE 34(a family member Medicaid number), DE 79 Proof of income must be OT.**

If any of the data elements (34 Medicaid, 36 SNAP, 71 TANF contain NO, then the appropriate codes may be allowed in the Referred To position. These codes cannot be defaulted. They must be entered manually.

**Validation Rules:** Valid entries are either: **Y, N, U, or F**

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction types:** C, S, W-C, T-R

U optional

**WIC Type:** P, B, N, I, C

Data Element: 35 – MEDICAID NUMBER

|                             |   |
|-----------------------------|---|
| <b>Definition:</b>          | A thirteen-position data element for the participant's Medicaid number  |
| <b>Data Element Type:</b>   | Alpha/Numeric   |
| <b>Data Element Length:</b> | 13  |
| <b>ETAD Position:</b>       | 228 - 240   |
| <b>Intent/Purpose:</b>      | 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.  |
| <b>Business Rules:</b>      | <p>An entry is required of Data Element 34 (Medicaid) is "Y or F"</p> <p>If an entry is required, it may be up to 13 positions long and it must begin with a number, empty space or —&lt;Dash&gt;.</p> <p>If Element 34 (Medicaid) was previously <b>Yes</b> but is being changed to <b>No</b> or <b>Unverified</b> 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 OR F".</p> <p>If Element 79 is NO, then allow transaction U or T (termination code R) to accept information in Elements 34 and 35.</p> |
| <b>Validation Rules:</b>    | <p>Valid entries are either: <b>0,1,2,3,4,5,6,7,8, or 9</b></p> <p><b>DO NOT ALLOW ANY OTHER ENTRIES</b></p>  |
| <b>Critical:</b>            | Only if Data Element 34 = "Y"   |
| <b>Transaction Type:</b>    | C, S, W-C, T-R<br>U optional  |
| <b>WIC Type:</b>            | P, B, N, I, C   |

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:** Alpha

**Data Element Length:** 1

**ETAD Position:** 241 - 241

**Business Rules:** Y = Yes has proof of current enrollment in SNAP.

N = Not on SNAP.

U = Unverified .

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).

N in Element 36 disallows an L (SNAP) in Element 37 (Other Services Enrolled In)

If Element 79 is NO, then allow transaction U or T (termination code R) to accept information in Element 36.

**Validation Rules:** Valid entries are either: Y, N, or U

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction Types:** C, S ,W-C (U allowed but not required)

**WIC Type:** P, B, N, I, 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 data elements (34 Medicaid, 36 SNAP, 71 TANF contain either Yes or Unverified, then appropriate codes will default into the Enrolled In position. These codes must appear first.  
 If any of the data elements (34 Medicaid, 36 SNAP, 71 TANF contain NO or (F for DE 34 Medicaid only), then the appropriate codes may be allowed in the Referred To position. These codes cannot be defaulted. They must be entered manually.  
 Cross-edit 34 (Medicaid), 36 (SNAP) and 71 (TANF) for consistency.

**Table 21: Other Services Codes (Enrolled In and Referred To)**

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

|   |          |   |           |
|---|----------|---|-----------|
| L | SNAP     | Y | PEACHCARE |
| M | MEDICAID |   |           |

**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, W-C,  
(M, H, A and U is optional)

**WIC Type:** P, B, N, I, C

Data Element: 38 – DATE OF CERTIFICATION

**Definition:** An eight-position data element to indicate the month, day, and year of participant's certification for WIC reported in an MMDDYYYY format. For pregnant women, this item applies to the *current* pregnancy and not to prior pregnancies.

Valid Certification Periods:

Pregnant Women: for the duration of their pregnancy plus six (6) weeks. This calculated as Estimated Date of Confinement plus six weeks.

Breastfeeding Women: For one year after delivery date or breastfeeding ceases, whichever comes first.

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

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

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

Children: for twelve (12) months from the date of each certification may continue eligibility until they reach their fifth birthday.

**Data Element Type:** Date

**Data Element Length:** 8

**ETAD Position:** 252 – 259

**Business Rules:** Element 38 must be less than or equal to Element 5 (Date Form Completed).  
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.

Cross-edit Element 24 (WIC Type)

Cross-edit Element 42 (Delivery Date)

**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, W-C, A, H, M, T, W, W-N

U optional

**WIC Type:** P, B, N, I, 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, S  
U optional

**WIC Type:** P, B, N, I, C



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:** 00000 = NO income (if Element 79 Proof of Income) contains ZI  
00001 through 99999 = Actual monthly dollar amount for people reporting income.

Element must contain data, unless the participant is an out of state transfer.

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.

May not be blank.

See below listed description of 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: \$865 – Eligible

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

|                               |          |                               |
|-------------------------------|----------|-------------------------------|
| d. Family size:               | 4        |                               |
| e. Weekly Income:             | \$426.73 |                               |
| 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        |

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

If Element 34 (Medicaid Code) is **Y or F**, 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 79 (Proof of Income) contain **ZI** (Zero Income), then Element 40 must equal 00000.

Zero is a valid entry for Medicaid and SNAP.

FES Only: The ZI questions must be completed.

Cross-edit Element 39 (Family size).

Cross-edit Element 79 (Proof of Income).

Applies to all WIC types.

|                           |  |
|---------------------------|--|
| <b>Validation Rules:</b>  | Valid entries are: <b>1, 2, 3, 4, 5, 6, 7, 8, 9, or 0</b><br><b>DO NOT ALLOW ANY OTHER ENTRIES</b> |
| <b>Critical:</b>          | Yes  |
| <b>Transaction Types:</b> | C, S, W-C<br>U optional  |
| <b>WIC Type:</b>          | P, B, N, I, C  |

Table 22: WIC Income Eligibility Guidelines (Effective July 1, 2016)

**185% Federal Poverty Level**

| Family Size                | Annual | Monthly | Twice-Monthly | Bi-Weekly | Weekly |
|----------------------------|--------|---------|---------------|-----------|--------|
| 1                          | 21,978 | 1,832   | 916           | 846       | 423    |
| 2                          | 29,637 | 2,470   | 1,235         | 1,140     | 570    |
| 3                          | 37,296 | 3,108   | 1,554         | 1,435     | 718    |
| 4                          | 44,955 | 3,747   | 1,874         | 1,730     | 865    |
| 5                          | 52,614 | 4,385   | 2,193         | 2,024     | 1,012  |
| 6                          | 60,273 | 5,023   | 2,512         | 2,319     | 1,160  |
| 7                          | 67,931 | 5,663   | 2,832         | 2,614     | 1,307  |
| 8                          | 75,590 | 6,304   | 3,152         | 2,910     | 1,455  |
| Each Additional Member Add | +7,696 | +642    | +321          | +296      | +148   |

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:** For prenatal, the estimated date of confinement (EDC) date must be greater than Element 38 (Date of Certification) but not by more than nine months.

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

**Transaction Types:** C, O, S, W-C, M, H, A, X, W, W-N  
U optional

**WIC Type:** P, N, B, I, C (< 24months)

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:** If Element 24 (Type): is either N or B, then Element 38 (Date of Certification) must be equal to or greater than Element 42.  
Element 42 (Delivery Date) may not be more than one year before Element 5 (Date Form Completed).

**Validation Rules:** Must be a valid calendar date in MMDDYYYY format

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes for N and B.

**Transaction Types:** C, O, S, W-C, A, X; If post partum update U

**WIC Type:** N, B

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:** **RANGE FOR POUND: 001 THROUGH 600.**  
Element must contain data if Element 24 (Type) is P, N, or B.

**Validation Rules:** Valid entries are: **1, 2, 3, 4, 5, 6,** or **0** for first position (283) and **1, 2, 3, 4, 5, 6, 7, 8, 9,** or **0** for second and third positions (284-285)  
**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction types:** C, S, O, W-C  
U optional

**WIC Type:** P, N, B

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

**Transaction Type:** C, S, O, W-C

U optional

**WIC Type:** P, N, B

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 30 = Graduate school
5. 99 = Unknown or none
6. Element must contain data.
7. Element 24 (Type) must be P, N, or B.

**CRITICAL:** Yes

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

U optional

**WIC Type:** P, N, B

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<sup>st</sup> through 7<sup>th</sup> month of pregnancy  
 8 = 8<sup>th</sup> or 9<sup>th</sup> 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

**Transaction type:** C, S, O, W-C

U optional

**WIC Type:** P, N, B

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:** **Range for pounds: 001 through 600**

Element must contain data if Data Element 24 (Type) is either 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

**Transaction type:** C, S, O, W-C

U optional

**WIC Type:** N, B

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 23 below

**Table 23: 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         |

**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 U optional

**WIC Type:** N, B

Data Element: 51 – BREAST FEEDING NOW

**Definition:** A one-position data element to indicate whether an infant, child (up to 24 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 WIC Type is B, Element 51 must be Y.

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 N then Element 53 (Weeks Breastfed) may be equal to or greater than 00.

If child is < 24 it is critical and valid values are Y or N.

If child is  $\geq$  24 months, submit space ( ).

Do not print on certification form if child is  $\geq$  24 months.

**Validation Rules** Valid entries are **Y, N, or space ( )**

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction Types:** C, S, O, W-C, M, A, H

U optional

**WIC Type:** N, B, I, C (if the child < 24 months)

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).

If child is < 24 it is critical and valid values are Y or N.

If child is  $\geq$  24 months, submit space ( ).

Do not print on certification form if child is  $\geq$  24 months.

**Validation Rules** Valid entries are **Y** or **N**, or **space ( )**

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes,

**Transaction Types:** C, S, O, W-C, M, A, H  
U optional

**WIC Type:** N, B, I, C (if the child < 24 months)

Data Element: 53 – NUMBER OF WEEKS BREASTFED

**Definition:** A two-position data element to indicate the number of weeks 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:** Program front-end systems to automatically calculate the number of weeks a child has been breastfed.

If child is  $\geq 24$  months, submit space ( ).

Calculate for all infants and children <24 months

If calculated weeks breastfed is > 99 weeks, send as 99.

**Table 24: Matrix for calculation of number of weeks breastfed**

| Type | B/F Now | B/F Ever | Date Last BF | DFC | DOB | Delivery Date | Calculation   |
|------|---------|----------|--------------|-----|-----|---------------|---|
| I    | Y       | Y*       |              | ✓   | ✓   |               | $(DFC - DOB)/7 = \text{Weeks Breastfed}$                                  |
| I    | N       | Y        | ✓            |     | ✓   |               | $(\text{Date Last BF} - DOB)/7 = \text{Weeks Breastfed}$                  |
| B    | Y       | Y*       |              | ✓   |     | ✓             | $(DFC - \text{Delivery Date})/7 = \text{Weeks Breastfed}$                 |
| B    | N       | Y        | ✓            |     |     | ✓             | $(\text{Date Last BF} - \text{Delivery Date})/7 = \text{Weeks Breastfed}$ |
| N    | N*      | Y        | ✓            |     |     | ✓             | $(\text{Date Last BF} - \text{Delivery Date})/7 = \text{Weeks Breastfed}$ |
| C    | Y       | Y*       |              | ✓   | ✓   |               | $(DFC - DOB)/7 = \text{Weeks Breastfed}$                                  |
| C    | N       | Y        | ✓            |     | ✓   |               | $(\text{Date Last BF} - DOB)/7 = \text{Weeks Breastfed}$                  |

\*Data Elements will be automatically populated.

**Table 25: Formula for weeks breastfed**

| If Days BF =         | Then Weeks Breastfed = |
|----------------------|------------------------|
| $0 \geq$ and $< 7^1$ | 00                     |
| $6 >$ 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.                   |



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

**Transaction Type:** C, S, O, W-C, M, A, H  
U optional

**WIC Types:** N, B, I and C (if child < 24 months)

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 Element Type:** Date

**Data Element Length:** 8

**ETAD Position:** 302 – 309

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

**Critical:** Yes,

**Transaction Types:** C, S, O, W-C, M, A, H  
U optional

**WIC Types:** N, B, I and C (if child < 24 months)

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:** **Range of pounds: 00 through 25**

Range of ounces: 00 through 15

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) contains Risk Code 141 (Low Birth Weight) and Element 24 (Type) = Child and age is ≤ 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).

If DE 56 (Multiple Birth) equals 0, then infant birth weight must equal 0000

**Validation Rules:** Valid entries are **1, 2, 0** for first position (310) and  
**1, 2, 3, 4, 5, 6, 7, 8, 9, or 0** for the second position (311) and  
**1, 0** for the third position (312) and  
**1, 2, 3, 4, 5, 6, 7, 8, 9, or 0** for the fourth position (313)  
**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction Types:** C, W-C, M, S, A  
 U optional

**WIC Types:** N, B, I, C (< 24 months)

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:** 0 = Spontaneous abortion, therapeutic abortion, elected abortion

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, and I.

If WIC Type is N, and DE 56 (Multiple birth) equals 0, then DE 50 (Pregnancy outcome) must equal H, I, J, or L.

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

**Transaction Types:** C, O, W-C, S  
U OPTIONAL

**WIC Types:** N, B, I

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.

**Data Element Type:** Alpha/Numeric

**Data Element Length:** 3

**ETAD Position:** 315 – 317

**Business Rules:** **THE CHILD’S FIRST FOOD PACKAGE DEFAULTS TO THE STANDARD C01.**

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 most recent food package files.

Infants certified at six months or greater, food package will convert to Data Element #57 (Child’s First Food Package) at 12 months.

All vouchers with a First Date to Use on or after the participant’s first birthday should be a child’s package. All vouchers with a First Date to Use before the participant’s first birthday should be an infant’s food package.

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** No

**Transaction Type:** C, M, O, W-C, X

U optional

**WIC Types:** I

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:** Alpha/Numeric

**Data Element Length:** 2

**ETAD Position:** 318 – 319

**Business Rules:** The first position = week code must be a number only.

**Table 26: 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 27: 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, W-C, H, M, A, X  
U optional

**WIC Types:** P, B, N, I, 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)

**Cross Edits:** Element 24 (Type): All (P, N, B, I, C)  
If Element 77 (Proof of Residency), 78 (Proof of Identification), 79 (Proof of Income) or 94 (Proof of ID of Parent/ Guardian/ Caregiver) 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, W-C, X, M, A, H  
U optional

**WIC Types:** P, B, N, I, 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:** C, S, A, H, M, O, W, W-C, W-N  
U optional

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



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:** C, S, A, H, M, O, W, W-C, W-N

U optional

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

**Data Element: 62 –DISCONTINUED (FORMERLY VERIFICATION OF CERTIFICATION)**

**Discontinued**

Data Element Length: 6

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

Data Element: 63 – DISCONTINUED (FORMERLY 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 Edits:** If DE 64, 65 or 66 contain data, then all (DE 64, 65, and 66) must contain data.

**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, H, (O and U optional)

**WIC Types:** I, C

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:** Alpha

**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.

**Cross Edits:** If DE 64, 65 or 66 contain data, then all (DE 64, 65, and 66) must contain data.

**Validation Rules:** Valid entries are either: **Y** or **R**  
**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes for infants over two months of age and children.

**Transaction Types:** C, S, M, W-C, H, (O and U optional)

**WIC Types:** I (is >2 months) and C

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.

**Cross Edits:** If DE 64, 65 or 66 contain data, then all (DE 64, 65, and 66) must contain data.

**Validation Rules:** Valid entries are either **Y, D** or **H**

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction types:** C, S, M, W-C, H, (O and U optional)

**WIC Types:** I (is >2 months) and C

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 – DISCONTINUED (FORMERLY IMMUNIZATION 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).

If any of the data elements (34 Medicaid, 36 SNAP, 71 TANF) contain NO, then the appropriate codes may be allowed in the Referred To position. These codes cannot be defaulted. They must be entered manually.

**Validation Rules:** Valid entries are either Y, N or U

**Critical:** Yes

**Transaction types:** C, S, W-C, T-R

U optional

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

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:** Alpha

**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 dash (-) or blank.

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

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction type:** C, S, M, W-C, A, H

U optional

**WIC Types:** P, B, N, I, 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).  
If Data Element 72 equals Y then Data Element 73 (Physical presence, reason for absence) must be dash (-) or blank.

**Table 28: Reason for Absence**

| 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 <b>or</b> WIC eligible mother during her pregnancy. |

See

**Validation Rules:** Valid entries are either: D, R, W, N, blank or dash (-)

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes if Data Element 72 (Physical Presence) = No.

**Transaction Types:** C, S, M, W-C, A, H  
U optional

**WIC Types:** P, B, N, I, 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.

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

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction types:** C, S, O, W-C

U optional

**WIC Types:** P, B, N, I, 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:** For transaction types C and S, hematological data date must be equal to or no more than 90 days before Date of Certification (Data Element 38) for all WIC types.

For transactions H, A, M, hematological data date must be equal to or no more than 90 days before Date Form Completed (Data Element 5) for all WIC types.

For Non-breast feeding women and Breast-feeding women Element 75 (Hematological Data Date) must be equal to or greater than Element 42 (Delivery Date), not to exceed DFC.

If Element 28/29 has contain data (blood value or 88.8), then Element 75 is required.

When elements 28/29 contain 88.8, then use Date Form Completed (Data Element 5) as the hematological date.

**Validation Rules:** Must be a valid calendar date in MMDDYYYY format.

**DO NOT ALLOW ANY OTHER ENTRIES**

**Critical:** Yes

**Transaction Types:** C, S, W-C, M, H

For transactions A, M, and O, DE 75 is only required when DE 28/29 contains valid data.

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

Data Element: 76 – FOSTER CARE

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

**Data Element Type:** Alpha

**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

U optional

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



Data Element: 77 – PROOF OF RESIDENCY

**Definition:** A two-position data element used 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 29: INPUT FOR PROOF OF RESIDENCY.

**Table 29: Input for Proof of Residency**

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

Applies to all WIC types.

1. If Data Element 77 = NO and is not updated within 30 days on day 31 automatically terminate the participant with a Termination Code L (30 Day Termination) in Data Element 2 (Termination Code), and Data Element 3 (Termination Date) will be set 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.

2. \*If participant returns with required documentation within 30 days, allow Transaction Type U (Update) to replace NO in Position 77 (Proof of Residency).
3. A termination reversal must be used to update NO, after 30 days have elapsed. After updates are made, allow the interval code to be changed and vouchers to be printed without causing over issuance.

**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, W-C, T-R**  
U optional

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

**Data Element: 78 – PROOF OF IDENTIFICATION**

**Definition:** A two-position data element 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, mid-certification breast feeding woman’s mid-assessment and children’s half certification.

**Table 30: Input for Proof of Identification**

| Code      | Description                                   | WIC Types Allowed | Code      | Description  | WIC Types Allowed |
|-----------|---|-------------------|-----------|--|-------------------|
| <b>BD</b> | Birth document                                | <b>I,</b>         | <b>ST</b> | State ID   | <b>P,N,B</b>      |
| <b>DL</b> | Driver’s license                              | <b>P,N,B</b>      | <b>VC</b> | VOC card   | <b>All</b>        |
| <b>IM</b> | Immunization record                           | <b>All</b>        |           |  |                   |
| <b>ML</b> | Military ID card                              | <b>P,N,B</b>      | <b>WC</b> | WIC ID<br>(Voucher Pickup Only)                                | <b>All</b>        |
| <b>MR</b> | Medical record                                | <b>All</b>        | <b>WS</b> | Work or school ID  | <b>P,N,B</b>      |
| <b>SS</b> | Social security card                          | <b>All</b>        | <b>OT</b> | Other (must document)  | <b>All</b>        |
| <b>BR</b> | Hospital ID bracelet                          | <b>I, N, B</b>    | <b>BC</b> | Birth certificate  | <b>All</b>        |
| <b>NO</b> | *No proof presented<br>(30 day certification) | <b>All</b>        | <b>NP</b> | No Proof Available/Does Not Exist. 30 day rule does not apply. | <b>All</b>        |

\*If participant returns with required documentation within 30 days, allow Transaction Type U (Update) to replace NO in Element 77(Proof of Residency). Beyond 30 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.

Data Element 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.

**Validation Rules:**

See Table 30: Input for Proof of Identification above for acceptable input

**Critical:**

Yes

**Transaction types:**

C, O, S, W-C, T-R

U optional

**WIC Types:**

P, B, N, I, C

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 31: Input for Proof of Income below. Proof of identification, residency and income are not required during mid-certification assessment, mid-certification breast feeding woman’s mid-assessment and children’s half certification.

**Table 31: 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                                   |      |  |

\* If participant returns with required documentation within 30 days, allow Transaction Type U (Update) to replace NO for Element 77 (Proof of Residency). Beyond 30 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 Data Element 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 31 above for valid inputs

**Critical:** Yes

**Transaction Types:** C, S, W-C, T-R  
U allowed but not required

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

---

\* 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, regardless of whether the infant is alive or dead (stillbirth, miscarriage, induced or spontaneous abortion) at birth.. 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 for Data Element 81 (Date Previous Pregnancy Ended) must equal 000000.
- CRITICAL:** Yes
- TRANSACTION TYPE:** C, S, W-C  
U optional
- WIC Types:** P, N, B

Data Element: 81 – DATE PREVIOUS 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:** DATE

**LENGTH:** 6

**ETAD POSITION:** 382-387

**BUSINESS RULES:**

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.
5. For WIC Types N and B, the date last pregnancy ended must not equal date of delivery (month and year).

**CRITICAL:** Yes

**TRANSACTION TYPES:** C, S, W-C  
U optional

**WIC Types:** P, N, B

Data Element: 82 – Diabetes During Preganancy DISCONTINUED

**DATA ELEMENT LENGTH:** 1

**ETAD POSITION:** 388 – 388 Position will be re-assigned



Data Element: 83 – Hypertension During Preganancy DISCONTINUED

**DATA ELEMENT LENGTH:** 1

**ETAD POSITION:** 389 – 389 Position will be re-assigned

Data Element: 84 – Multivitamin Consumption Prior to Preganancy DISCONTINUED

**DATA ELEMENT LENGTH:** 1

**ETAD POSITION:** 390 – 390 Position will be re-assigned

Data Element: 85 – Multivitamin Consumption Use During Preganancy DISCONTINUED

**DATA ELEMENT LENGTH:** 1

**ETAD POSITION:** 391 – 391 Position will be re-assigned

Data Element: 86 – Cigarettes/Day 3 Mos. Prior to Preganancy DISCONTINUED

**DATA ELEMENT LENGTH:** 1

**ETAD POSITION:** 392 – 393 Position will be re-assigned

Data Element: 87 – MATERNAL SMOKING

**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.

**CRITICAL:** Yes

**TRANSACTION TYPES:** C, S, A, W-C  
U optional

**WIC Types:** P, N, B

Data Element: 88 – Cigarettes/Day Postpartum Visit DISCONTINUED

**DATA ELEMENT LENGTH:** 1

**ETAD POSITION:** 396 – 397 Position will be re-assigned

Data Element: 89 – Cigarettes/Day Last 3 Mos. Of Pregnancy DISCONTINUED

**DATA ELEMENT LENGTH:** 1

**ETAD POSITION:** 398 – 399 Position will be re-assigned

Data Element: 90 – HOUSEHOLD SMOKING

**DEFINITION:** A one-position data element indicating whether anyone in the household, 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

**CRITICAL:** Yes

**TRANSACTION TYPE:** C, S, M, H, A, W-C  
U optional

**WIC Types:** All



Data Element: 91 – Household Smoking Postpartum Visit DISCONTINUED

**DATA ELEMENT LENGTH:** 1

**ETAD POSITION:** 401 – 401 Position will be re-assigned

Data Element: 92 – Drinks/Day Last 3 Mos. Of Pregnancy DISCONTINUED

**DATA ELEMENT LENGTH:** 1

**ETAD POSITION:** 402 – 403 Position will be re-assigned

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. | 02–97  | = | 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. |   |                             |

**CRITICAL:** Yes

**TRANSACTION TYPE:** C, S, A, W-C

U optional

**WIC Types:** N, B, P

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

**DEFINITION:** A two-position data element used 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:** Alpha

**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 32: 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 other than “1” will be allowed.
8. Proofs of Identification specified for WIC Types I and C (BD and BR), may not be used in Data Element #94.
9. 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.

**CRITICAL** Yes

**TRANSACTION TYPE:** C, S, W-C,T-R

U optional

**WIC Types:** I, C

See table 32 on next page

**Table 32: Input for Proof of Identification – Parent/Guardian/Caregiver**

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

\*

Data Element: 95 – NUTRITION EDUCATION DATE

**DEFINITION:** An eight-position data element, documenting the date that secondary nutrition education 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
3. Front End and Back End Systems must maintain a history for all secondary nutrition education contacts. A secondary nutrition contact should not override a previously entered contact (primary or secondary).
4. For transaction types C and S, data element #95 (Nutrition Education Date) must equal data element #38 (Date of Certification).
5. For transaction types M, A, H, and U data element #95 (Nutrition Education Date) must not equal data element #38 (Date of Certification).

**Cross Edits:** If Data Element #96 (Nutrition Education Contact Provided) contains data, then Element 95 (Nutrition Education Date) is required.

**CRITICAL:** Yes for M, A, H, C, S, W-C

**TRANSACTION TYPE:** M, A, H, C, S, W-C  
(U allowed but not required for all).

**WIC Type:** P, N, B, I, C

Data Element: 96 – NUTRITION EDUCATION CONTACT PROVIDED

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

**DATA TYPE:** Alpha

**LENGTH:** 1

**ETAD POSITION:** 46 - 46

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

L = Low Risk

H = High Risk

M = Midyear Assessment

N = Not Provided or Missed.

P = Primary

**BUSINESS RULES:**

1. Data must be entered every time client receives nutrition education 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**

3. Front End and Back End Systems must maintain a history for all secondary nutrition education contacts. A nutrition contact should not override a previously entered contact.
4. For transactions C and S, data element #96 (Nutrition Education contact Provided) must equal P. P cannot be used for other transaction types.
5. For transactions M, H, and A, Data Element 96 must equal M.

**CRITICAL:** Yes for transactions M, A, H, C, S, W-C

**TRANSACTION TYPE:** M, A, H, C, S, W-C Required  
(U allowed but not required for all).

**WIC Type:** P, N, B, I, C

Data Element: 97 – NUTRITION EDUCATION 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

1. Business Rules: Data must be entered every time client receives nutrition education services.
2. See Table 33 for valid inputs. Table 33 is to be in the form of a drop down menu, user will select appropriate response.
3. Front End and Back End Systems must maintain a history for all secondary nutrition education contacts. A secondary nutrition contact should not override a previously entered contact (primary or secondary).
4. When data element transaction type equals C or S, then data element #97 (Nutrition Education Type) must equal “I” (individual).

**EDITS:** If Data Element #97 (Nutrition Education Type) contains C or V, then Data Element #96 (Nutrition Contact Provided) must be “L or H”.

If Data Element #97 (Nutrition Education Type) equals “I”, then Data Element #96 (Nutrition Contact Provided) must be “L, H, P, or M”.

If Data Element #97 (Nutrition Education Type) contains either K or O, then Data Element #96 (Nutrition Education Contact Provided) must be “L”.

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

If Data Element #96 (Nutrition Education Contact Provided) equals L, H P or M, then Element 97 (Nutrition Education Type) is required.

**CRITICAL** Yes for transactions M, A, H, C, S

**TRANSACTION TYPE:** M, A, H, C, S Required  
(U allowed but not required for all).

**WIC Type:** P, N, B, I, C



**Table 33: 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 – NUTRITION EDUCATION 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 nutrition education 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**
3. 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.
4. See Table 34: A and Table 34: B for valid inputs. User will select appropriate response(s) from table.
5. When a topic from Table 34:A is selected the system will generate a three (3) digit code based on the following rules:
  - a. If Data Element # 24 (WIC Type) = I then leading number must = “1”
  - b. If Data Element # 24 (WIC Type) = C then leading number must = “2”
  - c. If Data Element # 24 (WIC Type) = P, N, or B then leading number must = “3”
  - d. Only allow selections appropriate to WIC type; i.e. Data Element#24 (Type) = I the topics 101 – 109 will become available.
6. When a topic from Table 34: B is selected the system will submit the appropriate three (3) digit code.
7. System must maintain a history for all nutrition education contacts. A nutrition contact should not override a previously entered contact.
8. Nutrition education codes beginning with “4” can only be selected when Data Element #97 (Nutrition Education Type) is equal to “O” (online) and Data Element #96 (Nutrition Education Contact Provided) equals “L”.
9. Nutrition education codes beginning with “4” can be used for any WIC Type (I, C, P, N, or B).

**Edits:** If Data Element #96 (Nutrition Education Contact Provided) is N then no input for Data Element #98 (Nutrition Education Topics) is to be allowed.

If Data Element #96 (Nutrition Education contact Provided) = L, H or P contains data, then Element 98 (Nutrition Education topics) must contain data.

**CRITICAL**                      Yes for transactions M, A, H, C, S, W-C

**TRANSACTION TYPE:**      M, A, H, C, S, W-C Required  
(U allowed but not required for all).

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

Table 34A: Codes to be used for topics by WIC Type:

| Infants |   | Children |  | Women (P, N, or B) |  |
|---------|---|----------|--|--------------------|--|
| Code    | Topic   | Code     | Topic  | Code               | Topic  |
| 126     | EXIT COUNSELING                               | 222      | EXIT COUNSELING  | 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) |  |  |  |  |
|-----|-----------------|--|--|--|--|

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.

**Table 34 B: Codes to be used for On-line Topics for ALL WIC Types:**

| Code |                       |
|------|-----------------------|
| Code | Topic                 |
| 401  | Fruits and Vegetables |
| 402  | Calcium               |
| 403  | Cholesterol           |
| 404  | Oral Health           |
| 405  | Iron                  |
| 406  | Breastfeeding         |
| 407  | Strong4Life           |
| 408  | Physical Activity     |

Data Element: 99 – NUTRITION EDUCATION CONTACT PROVIDER

|                             |   |
|-----------------------------|---|
| <b>DEFINITION:</b>          | A two-position data element, documenting the type of nutrition education follow-up contact provider   |
| <b>DATA ELEMENT TYPE:</b>   | Alpha/Numeric   |
| <b>DATA ELEMENT LENGTH:</b> | 2   |
| <b>ETAD POSITION:</b>       | 286 - 287   |
| <b>VALIDATION RULE(S):</b>  | See table #33   |
| <b>BUSINESS RULES:</b>      | <p>Data must be entered every time client receives nutrition education services.</p> <ol style="list-style-type: none"> <li>1. See table #35 for valid inputs.</li> <li>2. The system must be able to link education provided to the credentials of the provider.</li> <li>3. If Data Element #31 (High Risk) = Y then provide user with on screen message:<br/><b>Client is High Risk: Care Plan must be entered in SOAP Notes and/or Medical Record</b></li> <li>4. System must maintain a history for all nutrition education contacts. A secondary nutrition contact should not override a previously entered contact.</li> </ol> |
| <b>EDITS:</b>               | <p>If Data Element #96 (Nutrition Education Contact Provided) is N, then Data Element #99 (Nutrition Education Contact Provider) must equal P0.</p> <p>If Data Element #96 (Nutrition Education Contact Provided) = L or H, then Element 98 must equal P1-P7.</p> <p>For transactions O and U, DE 95, DE 96, DE 97, and DE 99 may be left blank. If any of them have data, then all must have data.</p> <p>If DE # 96 (Nutrition Education Contact Provided) equals P, then DE 99 (Nutrition Education Provider) must equal P1, P2, P3, or P4.</p>  |
| <b>CRITICAL:</b>            | Yes for transactions M, A, H, C, S, and W-C   |
| <b>TRANSACTION TYPES:</b>   | M, A, H, C, S, W-C Required<br>(U allowed but not required for all).  |
| <b>WIC TYPE:</b>            | P, N, B, I, C   |

**Table 35: Selections for Title of individual providing Nutrition Education:**

| <b>Code</b> | <b>Acronym</b> | <b>Title</b>                                     |
|-------------|----------------|--|
| 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          |  |
| P7          | Self           | Self Study (Used with Online Education or Kiosk) |
| P0          | None           | Missed or Refused Education Contact              |

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

**Business Rules:**

1. The system will automatically calculate the BMI based on the following formula:  

$$\text{Weight (in pounds)} / \text{Height (in inches)} / \text{Height (in inches)} \times 703.$$
2. FES Only: For prenatal women and postpartum women at less than 6 months after delivery date (DE 42), use pregravid weight (DE 43) to calculate BMI.
3. FES Only: For postpartum women equal to or greater than 6 months, use current weight (DE 27).
4. A reference for converting fraction to decimals and guidance for rounding is provided in the following table:

**Table 36: 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 37: Converting fraction to decimals - quarter pounds**

| Weight in Quarters of Pounds | Equivalent Decimal |
|------------------------------|--------------------|
| 1                            | .0625              |
| 2                            | 0.125              |
| 3                            | 0.1875             |
| 4                            | 0.250              |
| 5                            | 0.3125             |
| 6                            | 0.375              |



|    |        |
|----|--------|
| 7  | 0.4375 |
| 8  | 0.5    |
| 9  | 0.5625 |
| 10 | 0.625  |
| 11 | 0.675  |
| 12 | 0.750  |
| 13 | 0.8125 |
| 14 | 0.875  |
| 15 | 0.9375 |

## 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 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 < 24 months

**CRITICAL** Yes

**TRANSACTION TYPES:** C, W-C A, H, S

**WIC Types:** U optional  
P, N, B, C (if child  $\geq$  24 months)

Data Element: 101 – Date Breastfeeding Began DISCONTINUED

**DATA ELEMENT LENGTH:** 8

**ETAD POSITION:** 159 – 166 Position will be re-assigned

Data Element: 102 – Breastfeeding at Birth 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:** An eight (8) digit data element to indicate the 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 MMDDYYYY format.

**BUSINESS RULES:**

1. 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.
2. Does not have to be entered if previously Breastfed Now equals No for the previous two transactions, otherwise data must be entered.
3. If Data Element #52 (Breastfed Ever) = N then Data Element #103 (Date of Last Time of Breastfeeding and/or pumping) will not be open.
4. User will key in data using MMDDYYYY format and Data Element #53 (Number of Weeks Breastfed) will be calculated using dates entered in Data Element #13 (Date of Birth ) for infants, Data Element #42 (Date of Delivery) for postpartum women, Data Element #103 (Date of Last Time Breastfeeding of Breastfeeding and/or Pumping), and Data Element #5 (Date Form Completed). Use table 24 under Data Element #53 (Number of Weeks Breastfed).

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

**CRITICAL** Yes

**FOR TRANSACTION TYPES:** C, O, S, W-C, H, A, M  
U optional

**WIC Types:** N, B, I, C (if the child < 24 months)

Data Element: 104 – PEER COUNSELOR ID

|                               |   |
|-------------------------------|---|
| <b>DEFINITION:</b>            | A six (6) digit data element to collect the identification of the Breastfeeding Peer Counselor assigned to the client.  |
| <b>DATA ELEMENT TYPE:</b>     | Alpha/Numeric   |
| <b>DATA ELEMENT LENGTH:</b>   | 6   |
| <b>ETAD POSITION:</b>         | 338 – 340<br>516 – 517  |
| <b>INTENT/PURPOSE:</b>        | 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.<br><br>The ID will be assigned at the local level.<br><br>The ID number will begin with the District/Unit number with no dashes. Example; D/U 01-01 will be shown as 011. |
| <b>VALIDATION RULE(S):</b>    | 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.<br><br>After 10/01/2010 only numeric characters are to be permitted on new entries.<br><br>The first three numbers must be a valid District number.<br><br>DO NOT ALLOW ANY OTHER INPUTS  |
| <b>CRITICAL:</b>              | No  |
| <b>FOR TRANSACTION TYPES:</b> | C, S, W-C, A<br>U optional  |
| <b>WIC Types:</b>             | P, N, B   |

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.

**BUSINESS RULES:** See Table #38 for valid choices.

**EDITS:** Data Element # 24 (Type)

**CRITICAL:** No

**FOR TRANSACTION TYPES:** C, S, W-C, A  
U optional

**FOR WIC TYPES:** P, N, B

**Table 38: 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

Peer counselor Termination date must be equal to or less than termination date from the WIC program.

**CRITICAL:** No

**FOR TRANSACTION TYPES:** C, S, W-C, A

U optional

**FOR WIC TYPES:** N, B, P

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

**FOR TRANSACTION TYPES:** C, S, W-C, A

U optional

**FOR WIC TYPES:** N, B, P



Data Element: 108 – Breastfeeding Peer Counselor Assigned

**DEFINITION:** A one (1) digit field to indicate if the client was assigned 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

**BUSINESS RULES:**

**Critical:** No

**TRANSACTION TYPES:** C, S, W-C, A  
U optional

**For WIC Types:** P, N, B

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.

**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.

**CRITICAL:** Yes

**FOR TRANSACTION TYPES:** C, S, W-C, M, A, H

U optional

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

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

**BUSINESS RULES:**

1. If Transaction Type = S or W-C and client is within their valid certification period, submit information from previous certification in Data Elements #110 (Initial Contact Date) and #111 (Initial Contact Type) will not be accessible.
2. 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.
3. Data Element 110 will not change if there is no break in services to the client.
4. If the previous transaction is not "T".
5. DE 110 must be equal to the date the client makes contact to request services.
6. For WIC Type P, a new initial contact date is required with each new pregnancy.

**CRITICAL:** Yes

**FOR TRANSACTION TYPES:** C, O, S, W-N, W-C

U optional

**WIC Type:** P, B, N, I, C

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:** Alpha

**DATA ELEMENT LENGTH:** 1

**ETAD POSITION:** 342 - 342

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

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

See Table #39 Type of Initial Contact for allowable input

If Transaction Type = S or W-C and client is within their valid certification period, submit information from previous certification in Data Elements #110 (Initial Contact Date) and #111 (Initial Contact Type).

**CRITICAL:** Yes

**FOR TRANSACTION TYPES:** C, O, S, W-C  
U optional

**WIC Type:** P, B, N, I, C

**Table 39: Initial Contact Type**

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

Data Element: 112 –Recumbent/ Standing DISCONTINUED

**DATA ELEMENT LENGTH:** 1

**ETAD POSITION:** 343 – 343 Position will be re-assigned

Data Element: 113 – INFANT FEEDING METHOD

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

**DATA ELEMENT Type:** Alpha

**DATA ELEMENT LENGTH:** 1

**ETAD POSITION:** 495 – 495

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

**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

**CRITICAL:** Yes

**DO NOT ALLOW DATA ELEMENT 113 TO BE USED FOR ANY OTHER WIC TYPES.**

**FOR TRANSACTION TYPES:** C, S, W-C, M, O, X

U optional

**For WIC Types:** I, C<12 MONTH

**DO NOT ALLOW FOR ANY OTHER WIC TYPES**

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:** Alpha

**DATA ELEMENT LENGTH:** 1

**ETAD POSITION:** 496 - 496

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

**NO OTHER ENTRIES ARE ALLOWED**

**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

**CRITICAL:** Yes

**DO NOT USE FOR ANY OTHER WIC TYPE.**

**FOR TRANSACTION TYPES:** C, S, W-C, A, O, X  
U optional

**FOR WIC TYPES:** N, or B.

**DO NOT ALLOW DATA ELEMENT 114 TO BE USED FOR ANY OTHER WIC TYPES**

Data Element: 115 – MEDICAL HOME

**Data Element Type:** Alpha  
**Data Element Length:** 1  
**ETAD Position:** 492 - 492  
**Validation Rule(s):** Valid input is Y or N.

**NO OTHER ENTRIES ARE ALLOWED**

**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.**

**Critical:** Yes

**For Transaction Types:** C, S, W-C  
U optional

**For WIC Types:** I or C



Data Element: 116 – FRUIT INTAKE

**Data Element Type:** Alpha

**Data Element Length:** 1

**ETAD Position:** 500 - 500

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

**NO OTHER ENTRIES ARE ALLOWED**

**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.**

**Critical:** Yes

**For Transaction Types:** C, S, W-C, A, H

U optional

**For WIC Types:** P, N, B or C

**DO NOT USE FOR ANY OTHER WIC 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**

**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.**

**Critical:** Yes

**DO NOT USE FOR ANY OTHER WIC TYPE.**

**For Transaction Types:** C, S, W-C, A, H

U optional

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

Data Element: 118 – Daily Activity

**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**

**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.**

**Critical:** Yes

**For Transaction Types:** C, S, W-C, A, H

U optional

**For WIC Types:** P, N, B or C

**DO NOT USE FOR ANY OTHER WIC 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 blank

**NO OTHER ENTRIES ARE ALLOWED**

**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 by the user 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 **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, Z, 0, 1, or 9 then enable Data Element #119 or

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 “M” 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. If neither scenario applies, DE #119 is to be unavailable to users.

Refer to current sequencing guide for allowed entries or contact State WIC Office.

If Data Element #119 is enabled, 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 front end system must accept this as a valid entry and allow the user to continue.

If user enters “000”, then the FES must convert “000” to a blank and submit to the back end processor.

If Data Element #119 is not equal to “000”, the system must allow the user to print BOTH 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 “M”, 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.

**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 be enabled if Data Element #113 (Infant Feeding Type) is “E”, “S” or “F” only when FPC begins with 0, 1, or 9.

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

If DE 119 is blank, print only CPA FPC (DE#33)

If DE 119 is not blank, then print both DE 119 and DE 33

**Critical:**

No (allowed but not required)

**DO NOT USE FOR ANY OTHER WIC TYPE.**

**For Transaction Types:**

C, S, O, W-C, M, A, H

**For WIC Types:**

U optional  
P, N, B, I, C

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**

**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, Data Element #120 must equal N.  
If Data Element #34 (Medicaid) is N, then allow access to Data Element #120.  
Allowable responses are Y for yes or N for no

**Critical:** Yes

**For Transaction Types:** C, S, W-C  
U optional

**For WIC Types:** I, C

**DO NOT USE FOR ANY OTHER WIC TYPE.**

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**

**Definitions:** Dairy Intake: Frequency that client consumes dairy products;

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:**

**Critical:** Yes

**Transaction Types:** C, S, W-C, H, A  
U optional

**WIC Types:** P, N, B, C

**DO NOT USE FOR ANY OTHER WIC TYPE.**

**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**

**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:**

**Critical:** Yes

**For Transaction Types:** C, S, W-C, A, H  
U optional

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

**DO NOT USE FOR ANY OTHER WIC TYPE**

**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

**NO OTHER ENTRIES ARE ALLOWED**

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

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

**Critical:** No

**For Transaction Types:** C, S, W-C, O, A

U optional

**For WIC Types:** P, B

**DO NOT USE FOR ANY OTHER WIC TYPE.**

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.

**NO OTHER ENTRIES ARE ALLOWED**

**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.

**Edits:** Data Element #24 (WIC Type) must = B  
Data Element #124 must be Less than or equal to Data Element #125 (Breast Pump Returned)

**Critical:** No

**Transaction Types:** C, S, W-C, O, A  
U optional

**WIC Types:** B, P

**DO NOT USE FOR ANY OTHER WIC TYPE.**

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**

**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

**Critical:** No

**For Transaction Types:** N/A

**For WIC Types:** B, N or P

**DO NOT USE FOR ANY OTHER WIC TYPE.**

\*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:

**Table 40: Types of Breast Pumps**

| 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 data element (126) to record the type of breast pump assigned to a WIC client.

**Validation Rules:** Validate against Table 40 above.  
Valid input is N, B, E, L, P, S, Y, O, or blank

**DO NOT ALLOW ANY OTHER INPUTS**

**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.

**Critical:** No

**Transactions:** C, S, O, W-C, A  
U optional

**WIC Types:** B, N, P

Data Element: 127 – Date Appointment Kept

|                             |   |
|-----------------------------|---|
| <b>Data Element Type:</b>   | Date  |
| <b>Data Element Length:</b> | 8   |
| <b>ETAD Position:</b>       | 587– 594  |
| <b>Definition:</b>          | <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>                                  |
| <b>Intent/Purpose:</b>      | <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>                  |
| <b>Business Rules:</b>      | <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> |
| <b>Validation Rules:</b>    | <p>Valid input is: date in MMDDYYYY format.</p> <p><b>DO NOT ALLOW ANY OTHER INPUTS</b></p>   |
| <b>Critical:</b>            | No  |
| <b>Transactions:</b>        | C, S, O<br>U optional   |
| <b>WIC Types:</b>           | P, N, B, I, C   |

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, “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

**Cross Edits:**

**Critical:** Yes

**Transactions:** C, S, O  
U optional

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

Data Element: 129 – Date Appointment Requested

**Data Element Number:** 129

**Data Element Type:** Date

**Data Element Length:** 8

**ETAD Position:** 596 – 603

**Definition:** Date Appointment Requested is used only for a person who has requested an appointment in order to be certified.

**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**

**Cross Edits:** Data Element 3 (Termination Date) must be greater than Data Element 5 (Date Form Completed)

**Critical:** No

**For Transactions:** C, S  
U optional

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

Data Element: 130 – Breastfed Infant’s ID

**Definition:** Breastfed Infant’s ID is used as a means of pairing a Breastfeeding Woman and to her corresponding Infant. The linkage of mom and her infant will be used to verify agreement of their feeding methods.

Breastfeeding dyads are accurate when the woman’s feeding method exactly matches the feeding type of her corresponding infant..

**Data Element Type:** Numeric

**Data Element Length:** 11

**ETAD Position:** 604 – 614

**Scope of Work:** Add new Data Element 130 – Breastfed Infant’s ID

**Intent/Purpose:** To record the corresponding WIC ID number of the breastfeeding woman’s infant.

**Business Rules:** All clients must be in a valid breastfeeding certification period.

For Type B Mothers, Data Element Breastfed Infant’s ID (#130) must have a corresponding Infant ID number.

It must be a valid ID on file.

The Infant ID number entered must be a valid Georgia ID.

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

**DO NOT ALLOW ANY OTHER INPUTS**

**Critical:** Yes

**For Transactions:** C, O, S, A, X,  
U optional

**For WIC Types:** B



Data Element: 131 – Video Conference Box

**Definition** Video Certification is defined as the method in which a participant is certified and becomes eligible for the WIC program via the Georgia WIC Telehealth Network services.

**Data Element Type:** Alpha

**Data Element Length:** 1

**ETAD Position:** 615

**Description of Work:** Add a field in that will indicate a certification, mid-certification, half-certification or mid-Assessment has been completed via videoconference.

**Business Rules:** If **Certification Completed by Videoconference Box** is checked, then send “Y”  
If **Certification Completed by Videoconference Box** is not checked or blank, then send “N”

**Validation Rules:** Valid input is: Y or N

**Certification Form:** Print “Certification Completed by Videoconference” near the CPA signature line when the valid input is “Y”.

**DO NOT ALLOW ANY OTHER INPUTS**

**Critical:** Yes

**Transactions:** C, H, A, M, S  
U optional

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

### Calculating Valid Certification Periods

The goal of calculating valid certification periods includes but is not limited to the following:

4. To ensure that only categorically eligible participants receive WIC vouchers and services.
5. To eliminate all unmatched redemptions.
6. 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 (5<sup>th</sup>) 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 week in which he/she turns five years old, if the last day of categorical eligibility is before the end of the month.

**See Tables 41 – 44 for eligibility and voucher printing rules to address unmatched redemptions for each WIC type follows:**

TABLE 41: 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.”<br/><b>7CFR246.7</b></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.”<br/><b>Procedures Manual, CT</b></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.”<br/><b>USDA PCXXXX</b></p> <p>Verify certification.</p> <p>Out of state transfer certifications are included.<br/>See Data Element 38 (Date of Certification)</p> | <p>End of pregnancy:<br/>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:<br/>“Categorical termination date MMDDYYYY”.</p> <p style="text-align: right;"><b>Procedures Manual, FD</b></p> |



TABLE 42: VALID CERTIFICATION PERIODS FOR POSTPARTUM NON-BREAST FEEDING WOMEN

| Authority   | First day   | Last Day   |   |  |
|---|---|--|---|--|
| WIC Type  | Eligibility Begins  | Eligibility Ends   | Clinic Action Required  | VPOD Validation Rule(s)  |
| <p>“Breastfeeding women shall be certified [for up to 12 months] and ending with the breastfed infant’s first Birthday [or when breastfeeding ceases.]”<br/><b>7CFR246.7</b></p> <p>“...for up to 12 months from the date of initial certification as a post partum breastfeeding woman. Eligibility as a breastfeeding woman ends when the certification period is over, when the breastfed infant turns one or when breast feeding is discontinued, whichever comes first.”<br/><b>Procedures Manual CT</b></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.”<br/><b>USDA PCXXXX</b></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, whichever comes first. Breast feeders may be certified for up to 12 months at a time beginning with the ADD.</p> <p>When breast-feeding ends, change to a non-breastfeeding woman, if less than 6 months ADD. Terminate during week that breast-feeding was reported to end. Breastfeeding women are categorically ineligible, when breast-feeding stops after 6 months.</p> | <p>Note: Do not auto-term if client misses the mid-assessment.</p> <p>Recertify prenatal woman to a post partum breast-feeding woman at ADD plus up to 12 months or until infant reaches the first birthday, while breastfeeding continues.</p> <p>If breastfeeding continues after ADD plus 12 months, the woman will be terminated.</p> <p>Vouchers may be issued up to three months at a time. (Data Element 59) Voucher Interval Code. <b>See following for exceptions.</b></p> <p>Vouchers are issued one month at a time, if mid-Assessment is due and has not been completed.</p> <p><b>For Breastfeeding Women at less than 6 months postpartum:</b></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 on WIC but must be changed to a WIC type N. She will be issued a food package in the W21 – W33 range.</p> <p>If a woman has been certified as WIC Type B but wants to change the</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. 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><b>Procedures Manual, FD</b></p> |

| Authority | First day | Last Day |  |
|-----------|-----------|----------|--|
|           |           |          | <p>infant’s status to Mostly Breastfed (MBF) 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 – W13 range. She will be eligible to remain on the WIC Program beyond 6 months postpartum and will continue to receive WIC foods. She must receive a mid-Assessment.</p> <p>If a woman has been certified as WIC Type B but wants to change the infant’s status to Some Breastfed (SBF) 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 – W33 range. She will be eligible to remain on the WIC Program beyond 6 months postpartum but will not receive any WIC foods beyond 6 months. She must receive a mid-Assessment at 6 months ADD 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 style="text-align: center;"><b>For Breastfeeding Women at greater than 6 months postpartum:</b></p> |

| Authority | First day | Last Day |  |  |
|-----------|-----------|----------|--|--|
|           |           |          | <p>If a woman has been certified as WIC Type B but wants to change the infant's status to Some Breastfed (SFF) after 6 months postpartum she must receive a mid-Assessment if one has not been completed and can remain a WIC Type B and be 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 WIC Type B but wants to change the infant's status to Mostly Breastfed (MBF) after 6 months postpartum she must receive a mid-Assessment if one has not been completed as a Type B with status of "Mostly Breastfeeding". She will be issued a food package in the W01 – W13 range. She will be eligible to remain on the WIC Program up to 12 months postpartum or until she discontinues all breastfeeding.</p> <p><b>For women breastfeeding multiple children (twins, triplets, etc) at less than 6 months postpartum:</b></p> <p>If a woman has been certified as WIC Type B and is breast feeding multiple children but wants to</p> |  |

| Authority | First day | Last Day |  |  |
|-----------|-----------|----------|--|--|
|           |           |          | <p>change the infants' status to Some Breastfed (SBF) 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 – W33 range. She will be eligible to remain on the WIC Program beyond 6 months postpartum but will not receive any WIC foods. She must receive a mid-Assessment 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 Mostly Breastfed (MBF) 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 – W53 range (breastfeeding multiples). She will be eligible to remain on the WIC Program beyond 6 months postpartum. She must receive a mid-assessment and will continue to receive WIC foods.</p> |  |



Voucher Printing Rules

Example 1: If a post partum non-breastfeeding woman is certified on 03/01/2013, she is eligible until 09/01/2013. The “first day to use” printed on her vouchers is her voucher pick up date, 03/01/2013. The “last day to use” date on her March vouchers is 04/01/2013. Her last voucher pick up date cannot be after her termination date 09/01/2013. The last set of vouchers must only be **through** the week that includes the termination date.

Example 2: A prenatal woman was certified on 9/06/2012; thus she was eligible for benefits for six weeks post partum. Her actual delivery date was 03/21/2013. In March, when she delivered, she was changed from a prenatal woman to a post partum non-breastfeeding woman. Her termination date became 09/21/2013. She is no longer eligible to receive vouchers after 09/21/2013. The last set of vouchers must only be **through** the week that includes the termination date.

TABLE 43: VALID CERTIFICATION PERIODS FOR INFANTS

| Authority  | First day  | Last Day  |   |   |
|--|--|---|---|---|
| WIC Type   | Eligibility Begins   | Eligibility Ends  | Clinic Action Required  | VPOD Validation Rule(s)   |
| <p>“Infants shall be certified at intervals of approximately six 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.”<br/><b>7CFR246.7</b></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.”<br/><b>Procedures Manual, CT</b></p> | <p>“Date of Certification The first WIC certification ever recorded for infants and children reported in MMDDYYYY format.”<br/><b>USDA PC2006</b></p> <p>Verify certification.</p> <p>Out of state transfer certifications are included.</p> | <p>Certification date + up to the infant’s first birthday, if certified before age six 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 style="text-align: center;"><u><b>If certified before age six months:</b></u></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 affect 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><b>If certified after age six months:</b></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>At six months of age infant’s initial food package should be upgraded to include juice and cereal unless otherwise directed by a CPA.</p> <p>Food package adjustments are not dependent upon mid-assessments.</p> <p>See Table 20 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:<br/>“Categorical termination date MMDDYYYY”.</p> <p><b>Procedures Manual, FD</b></p> |

**Table 44: 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 week in which a child reaches the fifth birthday.”</p> <p>“... for six months from the date of each certification a Half Certification must be completed until they reach their fifth birthday.”</p> <p><b>Procedures Manual, CT</b></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.”</p> <p><b>USDA PC2006</b></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 week 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>Perform half certification 6 months after each certification.</p> <p>Vouchers may be issued for up to three months at a time if half certification has been completed.</p> <p>Vouchers are issued one month at a time, if half certification is due and has not been completed.</p> <p>Terminate on the last day of the week in which the child turns five years old.</p> <p>DO NOT terminate a client for failure to receive half certification.</p> <p><b>Procedures Manual, CT</b></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 week in which the child reaches his/her fifth birthday. Clinic systems must be programmed to print this message on voucher receipts at least three months before the upcoming Half Certification due date and before the categorical termination date:</p> <p>“Half Certification due 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><b>Procedures Manual, FD</b></p> |

## REVISION HISTORY

| <b>Data Element/<br/>Table #</b> | <b>Change Made</b>  | <b>Date</b> |
|----------------------------------|---|-------------|
| Table 1                          | Updated table   | 06/13/13    |
| Table 3                          | Removed transaction type X-S  | 06/13/13    |
| Table 4                          | “X” as mandatory entry for WIC ID   | 06/13/13    |
| 2                                | Updated table numbers   | 06/13/13    |
| 3                                | “T or R” removed from language  | 06/13/13    |
| 4                                | Word “not” added back in  | 06/13/13    |
| 5                                | Reverted back to previous language<br>Listed transaction types                            | 06/13/13    |
|                                  |   | 06/13/13    |
| 6                                | Changed back to Alpha/Numeric<br>Addition to validation rules<br>Listed transaction types | 06/13/13    |
| D/U Code                         | Standard “yes” for critical<br>Updated table number reference<br>Listed transaction types | 06/13/13    |
| 7                                | Listed transaction types  | 06/13/13    |
| 9 -17                            | Standard “yes” for critical<br>Listed transaction types                                   | 06/13/13    |
| 18                               | Listed transaction types  | 06/13/13    |
| Table 11                         | Reverted back to original table   | 06/13/13    |
| 23                               | Listed transaction types  | 06/13/13    |
| 24                               | Listed transaction types  | 06/13/13    |
| 25                               | Revised transaction types<br>Standard “yes” for critical                                  | 06/13/13    |
| 26                               | Revised transaction types   | 06/13/13    |
| 27                               | Revised transaction types   | 06/13/13    |
| 28/29                            | Updated language<br>Revised transaction types   | 06/13/13    |
| Table 12                         | Updated table   | 06/13/13    |
| Table 13                         | Updated table   | 06/13/13    |
| 30                               | Updated language  | 06/13/13    |
| Table 16                         | Updated table   | 06/13/13    |
| 31                               | Revised transaction types   | 06/13/13    |
| 33                               | Added language  | 06/13/13    |
| Table 19                         | Updated table   | 06/13/13    |
| 35                               | Revised language  | 06/13/13    |
| 36                               | Revised language  | 06/13/13    |
| Table 21                         | Updated table   | 06/13/13    |
| 41                               | Added language  | 16/13/13    |
| 42                               | Added U and X back in to transaction type   | 06/13/13    |
| 51                               | Revised language  | 06/13/13    |

|          |  |          |
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| 52       | Revised language   | 06/13/13 |
| 53       | Revised language<br>Revised transactions                               | 06/13/13 |
| 54       | Revised language   | 06/13/13 |
| 55       | Revised language   | 06/13/13 |
| 60       | Listed transactions  | 06/13/13 |
| 61       | Listed transactions  | 06/13/13 |
| 65       | Revised language   | 06/13/13 |
| 66       | Revised language   | 06/13/13 |
| 75       | Revised language   | 16/13/13 |
| 78       | Updated table number reference   | 06/13/13 |
| 79       | Revised transactions<br>Updated table number reference                 | 06/13/13 |
| 86       | Corrected DE name<br>Updated Transaction types                         | 06/13/13 |
| 94       | Updated table number reference   | 06/13/13 |
| 95-99    | Revised transactions<br>Added clarification language on system history | 06/13/13 |
| 100      | Revised language   | 06/13/13 |
| 101      | Discontinued   | 06/13/13 |
| 103      | Revised language   | 06/13/13 |
| 105      | Updated table number reference   | 06/13/13 |
| 110      | Removed definitions 1-5  | 06/13/13 |
| 111      | Updated table number reference   | 06/13/13 |
| 126      | Updated table number reference   | 06/13/13 |
| 129      | Inserted data element numbers in cross edits                           | 06/13/13 |
| 130      | Removed X-S in transactions  | 06/13/13 |
| 131      | Added critical line  | 06/13/13 |
| Table 1  | DE 119 – see business rules for critical WIC types                     | 07/25/13 |
| Table 4  | DE 13 – mandatory for Transaction X<br>DE 95-99 B for Transaction A    | 07/25/13 |
| 2        | Corrected validation rules for CPS (numeric only)                      | 07/25/13 |
| 3        | Added language to business rules                                       | 07/25/13 |
| 4        | Added language to business rules; Critical “No”                        | 07/25/13 |
| 5        | Added language to business rules                                       | 07/25/13 |
| 13       | Added language to business rules; revised transactions                 | 07/25/13 |
| 24       | Added language to business rules                                       | 07/25/13 |
| 28/29    | Revised business rules, validation rules and transaction types         | 07/25/13 |
| Table 19 | Clarifying language added  | 07/25/13 |
| 34       | Added language to business rules                                       | 07/25/13 |
| 37       | Added language to business rules                                       | 07/25/13 |
| 41       | Removed language “For infants and children...”                         | 07/25/13 |
| 51       | Revised business and validation rules                                  | 07/25/13 |
| 52       | Revised business and validation rules                                  | 07/25/13 |
| 53       | Revised business rules   | 07/25/13 |
| 65/66    | Clarified WIC types  | 07/25/13 |
| 71       | Added language to business rules                                       | 07/25/13 |
| 73       | Revised validation rules   | 07/25/13 |
| 75       | Revised business rules and transaction types                           | 07/25/13 |

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| 78/79    | Correction to table notes  | 07/25/13 |
| 95       | Revised critical and transaction types   | 07/25/13 |
| 96       | Revised critical and transaction types   | 07/25/13 |
| 97       | Corrected edits, revised critical and transaction types                        | 07/25/13 |
| 98       | Corrected edits, revised critical and transaction types                        | 07/25/13 |
| 99       | Corrected edits, revised critical and transaction types                        | 07/25/13 |
| 107      | Added "P" to WIC types   | 07/25/13 |
| 111      | Added language to business rules   | 07/25/13 |
| 119      | Added language to cross edits; revised critical field                          | 07/25/13 |
| 120      | Revised language in business rules   | 07/25/13 |
| 124      | Added "P" to WIC types   | 07/25/13 |
| 126      | Revised validation rules<br>Added "P" to WIC types                             | 07/25/13 |
| Table 1  | Corrected ETAD Position for DE 130   | 08/09/13 |
| Table 11 | Corrected codes 1 - 5  | 08/09/13 |
| 4        | Revised business rule "The hospital certifying..."                             | 08/09/13 |
| 13       | Revised business rules (removed language)<br>Added transaction types.          | 08/09/13 |
| 14       | Period (.) added as valid entry  | 08/09/13 |
| 24       | Revised business rules   | 08/09/13 |
| 28/29    | Added "empty" to validation rules  | 08/09/13 |
| 53       | Revised Table 23 and 24  | 08/09/13 |
| 72       | Revised business rules   | 08/09/13 |
| 73       | Added statement to business rules and revised validation rules                 | 08/09/13 |
| 97       | Revised Edits (split into 2 statements)  | 08/09/13 |
| 103      | Revised business rules   | 08/09/13 |
| 119      | Revised business rules   | 08/09/13 |
| Table 8  | Revised  | 10/21/13 |
| Table 9  | Revised  | 10/21/13 |
| 16       | Added "R only"   | 10/21/13 |
| 32       | Added statement to business rules  | 10/21/13 |
| 34       | Revised business rules and validation rules<br>Added T-R                       | 10/21/13 |
| 35       | Added T-R  | 10/21/13 |
| 36       | Added T-R  | 10/21/13 |
| 37       | Revised business rules   | 10/21/13 |
| 38       | Corrected definition<br>Removed business rules 2-4                             | 10/21/13 |
| 40       | Revised business rules   | 10/21/13 |
| 53       | Added business rules   | 10/21/13 |
| 55       | Added "S" and "A" to transaction types, language removed,<br>Revised WIC types | 10/21/13 |
| 65       | Added cross edit   | 10/21/13 |
| 75       | Added business rule<br>Revised transaction types                               | 10/21/13 |
| 96       | Added business rule  | 10/21/13 |
| 100      | WIC type "I" removed   | 10/21/13 |
| 103      | Revised business rule  | 10/21/13 |
| 110      | Revised business rules   | 10/21/13 |

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| 119   | Added cross edit  | 10/21/13 |
| 5     | Revised business rule: changed “one year” to “11 months”  | 11/15/13 |
| 12    | Transaction types: Added X, removed T   | 11/15/13 |
| 13    | Transaction types: Added X and T  | 11/15/13 |
| 14    | Transaction types: Added X and T-R, removed T   | 11/15/13 |
| 15    | Transaction types: Added X and T-R, removed T   | 11/15/13 |
| 16    | Transaction types: Added X and T-R, removed T   | 11/15/13 |
| 17    | Transaction types: Added X and T-R, removed T   | 11/15/13 |
| 18    | Transaction types: Added X, removed T   | 11/15/13 |
| 20    | Transaction types: Added X  | 11/15/13 |
| 21    | Transaction types: Added X  | 11/15/13 |
| 22    | Transaction types: Added X, M, H, T, O, S   | 11/15/13 |
| 23    | Transaction types: Added X, removed T   | 11/15/13 |
| 24    | Transaction types: Added X, removed T; revised business rule language for (b) and (c)                   | 11/15/13 |
| 28/29 | Revised business rule #2<br>Added business rules #10 and 11   | 11/15/13 |
| 34    | Replaced “should” with “must” in note section of business rules; Revised 1 <sup>st</sup> business rule. | 11/15/13 |
| 36    | Transaction types: Added U  | 11/15/13 |
| 38    | Transaction types: Added A, H, M, U, T, W, W-N  | 11/15/13 |
| 37    | Transaction types: Added M, H, A  | 11/15/13 |
| 41    | WIC Types: Added B<br>Transaction types: Added A, H, M, X, W, W-N                                       | 11/15/13 |
| 42    | Transaction types: Added A, Removed X from “If postpartum...”   | 11/15/13 |
| 50    | Transaction types: Removed X  | 11/15/13 |
| 51    | Transaction types: Removed X; Added to business rules “If WIC Type is B, BF Now must be “Y”             | 11/15/13 |
| 52    | Transaction types: Removed X  | 11/15/13 |
| 54    | Transaction types: Removed X  | 11/15/13 |
| 57    | Transaction types: Removed X  | 11/15/13 |
| 58    | Transaction types: Added X  | 11/15/13 |
| 59    | Transaction types: Added X  | 11/15/13 |
| 60    | Transaction types: Removed X and T  | 11/15/13 |
| 61    | Transaction types: Removed X and T  | 11/15/13 |
| 64    | Cross edit replaced with new language   | 11/15/13 |
| 65    | Transaction types: Removed X, Added cross edit  | 11/15/13 |
| 66    | Transaction types: Removed X, Added cross edit  | 11/15/13 |
| 75    | Added business rules  | 11/15/13 |
| 77    | Transaction types: Removed X  | 11/15/13 |
| 78    | Transaction types: Removed X  | 11/15/13 |
| 79    | Transaction types: Removed X  | 11/15/13 |
| 94    | Transaction types: Removed X<br>Added birth certificate to Table 31                                     | 11/15/13 |
| 95    | Transaction types: Removed X, Added T-R<br>Added new business rule                                      | 11/15/13 |
| 96    | Transaction types: Removed X, Added T-R   | 11/15/13 |
| 97    | Revised third edit: “L or H” changed to “L”   | 11/15/13 |

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| 98      | Transaction types: Removed X, Added T-R  | 11/15/13 |
| 99      | Removed X from business rule #6<br>Transaction types: Removed X, Added T-R   | 11/15/13 |
| 100     | Transaction types: Removed X, Added S  | 11/15/13 |
| 103     | Transaction types: Removed X   | 11/15/13 |
| 104     | Transaction types: Removed X   | 11/15/13 |
| 105     | Transaction types: Removed X   | 11/15/13 |
| 106     | Transaction types: Removed X   | 11/15/13 |
| 107     | Transaction types: Removed X   | 11/15/13 |
| 108     | Transaction types: Removed X   | 11/15/13 |
| 110     | Transaction types: Removed X   | 11/15/13 |
| 111     | Transaction types: Removed X; Revised business rule (in green)   | 11/15/13 |
| 113     | Transaction types: Removed X   | 11/15/13 |
| 114     | Transaction types: Removed X   | 11/15/13 |
| 119     | Transaction types: Removed X and T-R   | 11/15/13 |
| 120     | Transaction types: Removed X   | 11/15/13 |
| 123     | Transaction types: Removed X   | 11/15/13 |
| 124     | Transaction types: Removed X   | 11/15/13 |
| 126     | Transaction types: Removed X   | 11/15/13 |
| 127     | Transaction types: Removed X   | 11/15/13 |
| 128     | Transaction types: Removed X and M   | 11/15/13 |
| 129     | Transaction types: Removed O-S   | 11/15/13 |
| 130     | Revised definition, intent, and business rules<br>Transaction types: Added A, X and U  | 11/15/13 |
| Table 1 | See additions highlighted in pink  | 11/15/13 |
| Table 4 | See additions highlighted in pink  | 11/15/13 |
| Table 4 | Removed transaction type T from DE 14-18, 24   | 11/15/13 |
| Table 4 | Removed transaction type X from DE 33, 51-54, 77-78, 94-99, 103-108, 112-114, 119  | 11/15/13 |
| Table 4 | Removed transaction type H from DE 120   | 11/15/13 |
| Table 8 | See additions highlighted in pink  | 11/15/13 |
| Table 8 | Removed DE 1-11  | 11/15/13 |
| Table 8 | Added DE 95-99   | 11/15/13 |
| Table 9 | See additions highlighted in pink  | 11/15/13 |
| Table 9 | Corrected DE 2 and 3   | 11/15/13 |
| 35      | Revised business rules   | 11/22/13 |
| 41      | Transaction types: Added X, W, W-N   | 11/22/13 |
| 79      | Transaction types: Removed O   | 11/22/13 |
| Table 4 | Removed O from DE 79   | 11/22/13 |
| 130     | Revised definition, intent, and business rules   | 11/22/13 |
| Table 4 | For Transaction type O:<br>DE 25-30 highlighted yellow to indicate as optional<br>DE 49 & 50 required for N and B only<br>DE 64 required for I and C only<br>DE 65-66 highlighted yellow to indicate as optional<br>DE 72 – 72 removed<br>DE 75 highlighted yellow to indicate as optional<br>DE 95-99 removed | 12/06/13 |



|         |  |          |
|---------|--|----------|
|         | DE 104-109 removed   |          |
| Table 8 | Added DE 2, 71, and 94<br>Removed 95-99  | 12/06/13 |
| 2       | Transaction types: Added T-R   | 12/06/13 |
| 25-30   | Note added: Transaction O is optional  | 12/06/13 |
| 64      | Transaction types: Added O is optional.  | 12/06/13 |
| 65-66   | “O is optional   | 12/06/13 |
| 71      | Transaction types: Added T-R   | 12/06/13 |
| 72-73   | Transaction types: Removed O   | 12/06/13 |
| 75      | Note added: Transaction O is optional  | 12/06/13 |
| 94      | Transaction types: Added T-R   | 12/06/13 |
| 95-99   | Transaction types: Removed T-R and O   | 12/06/13 |
| 104-109 | Transaction types: Removed O   | 12/06/13 |
| Table 4 | DE 56 Added “P” to transaction O<br>DE 37 A, H, M highlighted yellow for optional                      | 12/13/13 |
| Table 8 | Added DE 24<br>Removed DE 36   | 12/13/13 |
| 24      | Transaction types: T-R added   | 12/13/13 |
| 36      | Transaction types: Removed T-R<br>U “allowed but not required”   | 12/13/13 |
| 37      | A, H, M transactions optional  | 12/13/13 |
| 28/29   | Revised business rule #3   | 12/13/13 |
| 100     | New business rules #2 and #3 for FES only  | 12/13/13 |
| Table 4 | DE 2 Removed X<br>DE 3 Removed X<br>DE 42 Added X<br>DE 57 Added X<br>DE 113 Added X<br>DE 114 Added X | 12/23/13 |
| 2       | Transaction types: Removed X   | 12/23/13 |
| 3       | Transaction types: Removed X   | 12/23/13 |
| 4       | Note added in business rules   | 12/23/13 |
| Table 9 | Removed DE 2 and 3<br>Added DE’s 42, 57, 113 and 114   | 12/23/13 |
| 9       | Revised last business rule   | 12/23/13 |
| 38      | Added valid certification periods  | 12/23/13 |
| 40      | Added “F” to “If Element 34 (Medicaid Code) is Y..”  | 12/23/13 |
| 42      | Transaction types: Added X   | 12/23/13 |
| 55      | Added business rule  | 12/23/13 |
| 56      | Added two business rules   | 12/23/13 |
| 57      | Transaction types: Added X   | 12/23/13 |
| 79      | Made U allowed but not required  | 12/23/13 |
| 94      | Revised business rule #7   | 12/23/13 |
| 100     | Business rules #2 &3 changed from 5 months to 6 months   | 12/23/13 |
| 129     | Removed statements #2-5 from definition  | 12/23/13 |
| 130     | Added business rule  | 12/23/13 |
| 30      | Revised business rule C  | 1/10/14  |
| 41      | Removed first validation rule<br>Added “N” to WIC Types  | 1/10/14  |

|              |  |         |
|--------------|--|---------|
| 123          | Revised validation rule  | 1/10/14 |
| Tables 40-43 | Added Calculating Valid certification period tables  | 1/10/14 |
| Table 1      | Revised DE 81, 95-99   | 9/1/15  |
| DE 17        | Revised definition and intent; inserted new Table 11   |         |
| DE 27        | Revised validation rules   | 9/1/15  |
| DE 28/29     | #10 revised<br>#11 removed   | 9/1/15  |
| DE 30        | Revised #5<br>Added # 7  | 9/1/15  |
|              | Revised language related to 87 and 90<br>New language for 93 and 41  | 9/1/15  |
| DE 42        | Language removed in first paragraph of business rules  | 9/1/15  |
| DE 43        | Revised business rules<br>Revised validation rules   | 9/1/15  |
| DE 49        | Revised business rule  | 9/1/15  |
| DE 55        | Revised business and validation rules  | 9/1/15  |
| DE 75        | Revised business rules<br>Added transaction type M   | 9/1/15  |
| DE 80        | Revised definition<br>Revised business rule #4   | 9/1/15  |
| DE 81        | Revised DE name<br>Revised business rule #5  | 9/1/15  |
| DE 82        | Discontinued   | 9/1/15  |
| DE 83        | Discontinued   | 9/1/15  |
| DE 84        | Discontinued   | 9/1/15  |
| DE 85        | Discontinued   | 9/1/15  |
| DE 86        | Discontinued   | 9/1/15  |
| DE 87        | Revised DE name<br>Added transaction type A<br>Added WIC types N and B   | 9/1/15  |
| DE 88        | Discontinued   | 9/1/15  |
| DE 89        | Discontinued   | 9/1/15  |
| DE 90        | Revised DE name<br>Added transaction type M, H, A<br>Revised WIC types to ALL  | 9/1/15  |
| DE 91        | Discontinued   | 9/1/15  |
| DE 92        | Discontinued   | 9/1/15  |
| DE 93        | Revised business rule #3<br>Added transaction type A<br>Added WIC type P   | 9/1/15  |
| DE 95        | Revised DE name<br>Revised business rule #3, 4 and 5<br>Revised Cross edits<br>Added critical for C, S, W-C<br>Added transaction types C, S, W-C | 9/1/15  |
| DE 96        | Revised DE name<br>Revised definition<br>Added validation rule P<br>Revised business rule #1, 3 and 4  | 9/1/15  |

|               |   |          |
|---------------|---|----------|
|               | Added critical for C, S, W-C<br>Added transaction types C, S, W-C   |          |
| DE 97         | Revised validation rules #1, 3, 4<br>Revised edits<br>Added critical for C and S<br>Added transaction types C and S                           | 9/1/15   |
| DE 98         | Revised DE name<br>Revised business rules #4, 5,6, 8, 9<br>Revised edits<br>Added critical for C, S, W-C<br>Added transaction types C, S, W-C | 9/1/15   |
| Table 33A     | Revised topics 126,222  | 9/1/15   |
| Table 33B     | New table   | 9/1/15   |
| DE 99         | Revised DE name<br>Revised edits<br>Added critical for C, S, W-C<br>Added transaction types C, S, W-C   | 9/1/15   |
| DE 112        | Discontinued  | 9/1/15   |
| DE 17         | Revised definition and intent/purpose   | 12/22/15 |
| Table 11      | New table   | 12/22/15 |
| DE 24         | Revised business rules  | 12/22/15 |
| DE 57         | Revised business rules  | 12/22/15 |
| Table 22      | Updated table   | 12/22/15 |
| DE 28/29      | Revised business rules  | 12/22/15 |
| DE 96         | Revised validation rules<br>Revised business rules  | 12/22/15 |
| DE 97         | Revised edits   | 12/22/15 |
| DE 113        | Revised WIC Types   | 12/22/15 |
| Table 32      | VR added to the table   | 2/17/16  |
| Table 17      | Code 361, Depression, add WIC Type C, both age groups, at priority 3<br>Code 381, Changed Dental Problems to "Oral Health                     | 6/10/16  |
| Table 22      | 2016 Income guidelines updated  | 8/19/16  |
| DE 28/29      | Updated business rules  | 8/19/16  |
| Table 13 - 16 | Updated tables  | 8/19/16  |
| DE 30         | Updated business rules and cross edits  | 8/19/16  |
| Table 17      | Updated table   | 8/19/16  |
| DE 59         | Removed cross edit  | 8/19/16  |
| DE 75         | Updated business rules  | 8/19/16  |