# 2014 GEORGIA WIC PROCEDURES MANUAL & STATE PLAN



GEORGIA DEPARTMENT OF PUBLIC HEALTH



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#### I. PURPOSE/MISSION

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

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

#### II. SCOPE

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

#### III. REFERENCES

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

#### IV. PRIOR APPROVAL

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

#### V. POLICY/ACTION MEMOS

The Georgia WIC Program **policy/action** memos, distributed throughout the year, reflect current policies in the Georgia WIC Program. **Policy/action** memos <u>must not be</u> rewritten by district and/or local staff. **Policy/action** memos are posted on the Georgia WIC Program website <u>www.WIC.ga.gov</u> under District Resources Page. These memos must be saved on the employee desktop/laptop. These policies must be kept at the district and clinic levels wherever there is a Georgia WIC Program Procedures Manual.

**Policy/action** memos must be accessible to all staff that work with the Georgia WIC Program. During monthly/quarterly meetings held with the Georgia WIC Program and non-WIC staff, **policy/action** memos and changes must be discussed to keep staff abreast of current procedures. **Policy/action** memos must be made available to the Georgia WIC Program staff during on-site monitoring visits. During the fourth quarter of each year, the Georgia WIC Program Procedures Manual will be completely revised and reprinted, and all **policy/action** memos from the previous year will be incorporated.

#### VI. SECTIONS

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

#### A. Introduction (IN)

Section includes:

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

#### B. Certification (CT)

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

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

# C. Rights and Obligations (RO)

Section includes:

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

#### D. Administrative (AD)

Section includes:

Section One - Financial Management

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

Section Two - Statewide Cost Allocation Plan

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

#### Section Three -Program Administration

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

# E. Vendor (VN)

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

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

# F. Food Package (FP)

Section includes:

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

#### G. Nutrition Education (NE)

Section includes:

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

#### H. Special Population (SP)

- 1. Introduction
- 2. Individuals Residing in Non-Traditional Housing or Institutions
- 3. Other Special Populations

#### 4. Referral and Outreach to Special Populations

#### I. Outreach (OR)

Section includes:

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

#### J. Food Delivery (FD)

Section includes:

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

#### K. Compliance Analysis (CA)

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

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

## L. Monitoring (MO)

Section Includes:

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

# M. Breastfeeding (BF)

Section includes:

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

#### N. Emergency Plan (EP)

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

- 14. Tips for Operating a Manual System
- O. Georgia WIC Program Glossary
- P. Statewide Standard List (Abbreviations, Acronyms and Symbols)

#### VII. ADMINISTRATION

# A. Food and Nutrition Services (FNS)/USDA

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

# B. State Agency

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

#### VIII. ADDRESSES

#### A. Local Agencies

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

DISTRICT/ADDRESS	COUNTIES SERVED	# OF WIC CLINIC SITES
C. Wade Sellers, M.D., M.P.H. District Health Director Afiya Paige Program Manager Cicely Thomas, M.Ed., RD, LD, CLC Nutrition Services Director Northwest Georgia Regional Hospital 1309 Redmond Road, Bldg. 614 Rome, GA 30165 (706) 802-5560/FAX (706) 295-6644	Dade, Walker, Catoosa, Polk, Chattooga, Gordon, Floyd, Bartow, Paulding, Haralson	11
District 1, Unit 2 (Dalton)  Harold W. Pitts, M.D. District Health Director Louise Hamrick, MSN, MBA, RNCS Program Manager Karen Rutledge, RD, LD, CLC Nutrition Services Director 100 W. Walnut Avenue - Suite 92 Dalton, GA 30720 (706) 272-2991/FAX (706) 272-2223	Whitfield, Murray, Gilmer, Fannin, Pickens, Cherokee	8

DISTRICT/ADDRESS	COUNTIES SERVED	# OF WIC CLINIC SITES
District 2 (Gainesville)  David Westfall, M.D., CPE District Health Director Edith Parsons, PhD, M.Ed Program Manger Charlene Thompson, LD Nutrition Services Director 1280 Athens Street Gainesville, GA 30507 (770) 535-5743/ FAX (770) 535-5958	Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Towns, Stephens, Union, White	14
District 3, Unit 1 (Cobb)  John Kennedy, MD, MBA Interim District Health Director Lisa Crossman, M.S. Program Manager Barbara Stahnke, MS, RD,LD Nutrition Services Director 1650 County Services Pkwy. Marietta, GA 30008 (770) 514-2453/FAX (770) 514-2419	Cobb, Douglas	3
Patrice Harris, MD, MA District Health Director Pat Cwiklinski, RD,LD,CLC Nutrition Services Director Fulton County Health Department and Wellness 2805 Metropolitan Pkwy, S.W. Atlanta, GA 30315 (404) 612-5737/FAX (404) 893-1899	Fulton	7
District 3, Unit 3 (Clayton)  Alpha Bryan, M.D. District Health Director  Susan Webster Interim Nutrition Services Director Clayton County Health Department 1117 Battle Creek Road Jonesboro, GA 30236 (678) 610-7574/ FAX (404) 603-4872	Clayton	2

DISTRICT/ADDRESS	COUNTIES SERVED	# OF WIC CLINIC SITES
District 3, Unit 4 (Gwinnett)  Lloyd M. Hofer, M.D., M.P.H. District Health Director Connie Russell Program Director Diane Shelton, RD, LD,CLC Nutrition Services Director P.O. Box 897 2570 Riverside Parkway Lawrenceville, GA 30046 (678) 442-6885 / FAX (770) 963-6322	Gwinnett, Rockdale, Newton	6
District 3, Unit 5 (DeKalb)  Sandra Elizabeth Ford, MD, MBA District Health Director Katrina Green, MBA Program Manager Gregory French, RD,LD,CPT Nutrition Services Director 395 Glendale Road Scottdale, Georgia 30079 (404) 297-7204 / FAX (404) 508-6089	DeKalb	5
District 4 (LaGrange)  Olugbenga Obasanjo, MD, PhD District Health Director Blanche DeLoach Moreman, RD, LD Nutrition Services Director 122 Gordon Commercial Drive Section B Bldg – Suite A LaGrange, Georgia 30240 (706) 298-6099/FAX (706) 845-4309	Fayette, Heard, Henry, Butts, Carroll, Coweta, Lamar, Pike, Meriwether, Troup, Spalding, Upson	14

DISTRICT/ADDRESS	COUNTIES SERVED	# OF WIC CLINIC SITES	
District 5, Unit 1 (Dublin)  Lawton Davis, M.D. District Health Director Bruce Evans, M.S. Program Manager Brent Gibbs, R.D., L.D. Nutrition Services Director South Central Health District 2121-B Bellevue Road Dublin, GA 31021 (478) 275-6545/ FAX (478) 275-6575	Bleckley, Dodge, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wilcox, Wheeler, Johnson	12	
District 5, Unit 2 (Macon)  David N. Harvey, M.D. District Health Director  Karen Ebey-Tessendorf Program Manager Nancy Jeffery, MPH, RD, LD Nutrition Services Director 201 Second St. Suite 1100 Macon, Georgia 31201 (478) 751-3365/ FAX (478) 751-3376	Hancock, Houston, Jasper, Baldwin, Bibb, Crawford, Jones, Monroe, Peach, Putnam, Twiggs, Washington, Wilkinson	16	
District 6 (Augusta)  Ketty M. Gonzales, M.D. District Health Director John Nolan Program Manager Dorothy Hart, RD,LD Nutrition Services Director East Central Health District Office 1916 North Leg Road Augusta, GA 30909 (706) 667-4287/ FAX (706) 667-4667	Burke, Columbia, Emanuel, Glascock, Jefferson, Wilkes, Warren, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro	17	

DISTRICT/ADDRESS	COUNTIES SERVED	# OF WIC CLINIC SITES
District 7 (Columbus)  Beverly Townsend, MD, MBA, FAAFP District Health Director J. Edward Saidla Program Manager Brenda Forman, M.Ed, RD, LD, Nutrition Services Director West Central Health District Office 2100 Comer Avenue P.O. Box 2299 Columbus, GA 31902 (706) 321-6281/FAX (706) 321-6295	Harris, Talbot, Dooly, Quitman, Taylor, Marion, Macon, Crisp, Sumter, Clay, Schley, Webster, Randolph, Stewart, Muscogee, Chattahoochee	17
District 8, Unit 1 (Valdosta)  William Grow, MD,FACP District Health Director Elsie Napier Program Manager Holly Rountree, RD,LD Nutrition Services Director Lowndes County Health Department 312 North Patterson Street Valdosta, GA 31603 (229) 333-7829/ FAX (229) 333-7822	Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Tift, Turner, Lanier, Lowndes	12
District 8, Unit 2 (Albany)  Jacqueline Grant, M.D. District Health Director Brenda Greene, RN,BSN,MPA Program Manager Teresa Graham MPA, RD, LD, CLC Nutrition Services Director 1306 S. Slappey Blvd., Suite G Albany, GA 31701-2022 (229) 430-4111/FAX (229) 430-3866	Baker, Lee, Calhoun, Miller, Colquitt, Mitchell, Decatur, Seminole, Dougherty, Terrell, Early, Thomas, Grady, Worth	15

DISTRICT/ADDRESS	COUNTIES SERVED	# OF WIC CLINIC SITES
District 9, Unit 1 (Coastal)  Diane Z. Weems, MD District Health Director Saroyi Morris Program Manager Pat Mobley, RD, LD, CLC, CDE Interim Nutrition Services Director 150 Scanton Connector Brunswick, GA 31525 (912) 262-3003/ (912) 262-3332	Bryan Camden Chatham Effingham Glynn Liberty Long McIntosh	15
District 9, Unit 2 (Waycross)  Rosemarie Parks, M.D., M.P.H District Health Director Derek Jones Program Manager(Acting) Heather Peebles, RD, LD District Nutrition Services Director Southeast Health District 1115-B Church Street Waycross,GA 31501 (912) 285-6110/ FAX (912) 287-6521	Appling, Atkinson, Bacon, Jeff Davis, Brantley, Ware, Bulloch, Candler, Clinch, Charlton, Evans, Coffee, Wayne, Pierce, Toombs, Tattnall	17
Claude A. Burnett, M.D. District Health Director Louis Kudon, PhD. Program Manager Vicky Moody, M.P.H., L.D. Nutrition Services Director 189 Paradise Blvd Athens, GA 30607 (706) 583-2859 / FAX (706) 543-2034 Ann Sears, M.Ed Nutrition Services Director 345 N. Harris Street Athens, GA 30601 (706) 583-2860 / FAX (706) 543-2034	Barrow, Clarke, Elbert, Green, Jackson, Madison, Morgan, Oconee, Walton, Oglethorpe	10

DISTRICT/ADDRESS	COUNTIES SERVED	# OF WIC CLINIC SITES
Grady Health System	ALL	2
Rondell Jaggers, Pharm.D. Interim Executive Director of Pharmacy & Clinical Nutrition Bernadine Joubert Director of Nutrition Services Kathy Taylor MS, RD, LD, CNSD Interim Nutrition Services Director Grady Health System 80 Jesse Hill Jr. Drive, SE Atlanta, GA 30303 (404) 616-3647/ FAX (404) 616-2422		

# B. State Agency

#### State agency agrees:

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

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

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

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

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#### I. GENERAL

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

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

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

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

#### II. ELIGIBILITY REQUIREMENTS

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

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

#### A. Category

To meet this eligibility requirement, an applicant must be:

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

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

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

# B. Physical Presence

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

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

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

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

#### C. Residency

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

certifications if the following applies:

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

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

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

Acceptable proof of residency includes:

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

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

Homeless Individuals and Migrants - Homeless and migrant applicants may

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

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

**Military Personnel** may vote and pay taxes in one state, but have one or more temporary duty stations in another state. Their temporary duty station or where the WIC participant lives is their residence for WIC purposes.

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

#### D. Income

Income in WIC means all "gross cash income before deduction". Current income refer to all income received by the household during the month (30 days) prior to the date the application for WIC benefit is made. If the income assessment is being done prospectively (i.e. the sole support of that family has just been laid off but has been authorized to receive unemployment benefits for the next six months), "current" refers to income that will be available to the family in the next 30 days.

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

#### E. Nutritional Risk

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

#### F. Requirements to Copy Identification, Residency and Income Proofs

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

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

#### Copies of proofs to be placed in the records are:

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

#### **Exceptions of Proofs:**

- There are two exceptions for not having to copy proof for the medical record. The two exceptions are listed below:
  - Medical records in a Hospital do not have to be copied.
  - 2. Medical records in clinics do not have to be copied. Additionally, medical records may only be used as proof if the applicant does not have any other proof. Excessive use of medical records as proof will be monitored on self reviews and State audits. Medical records may not be used as a standard proof for daily operations.

#### Location of proofs:

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

#### **Copying Proofs:**

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

**Note**: New proofs must be obtained at each initial and subsequent certification. Proof of identification must be obtained for transfers and thirty (30)-day adjustments. No proofs should be over two months old, such as, electric bills, et c. All proof must be date-stamped up to the date proof was obtained.

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

#### III. INITIAL APPLICATION

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

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

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

Each District/clinic may develop its own system for documenting above-

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

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

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

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

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

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

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

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

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

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

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

#### 1. With Medical Record

Documentation of the contact(s) must be noted in the client's record. Documentation must specify if the participant was contacted by phone or mailed an appointment. The staff must sign or initial their attempt.

2. No Medical Record

If the client does not have a record, documentation is still required. It is up to the local agency to keep this documentation manually on the Request for WIC Services Log (see Attachment CT-41) or in the computer. The State will review these files. The documentation will consist of:

- a. The name of the client.
- b. Initial contact date.
- c. Appointment date.
- d. New Initial contact date.
- e. Date of second appointment.
- f. Documentation of whether second appointment was made by phone.
- g. The initials of the staff member who made the appointment.

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

#### IV. PROCESSING STANDARDS

#### A. Timeframes

Processing standard timeframes begin when the applicant requests WIC benefits face-to-face or by telephone, e.g., initial contact date. Processing standards <u>must</u> be met when an applicant requests services face-to-face or by telephone. If the local agency has issues meeting processing standards, the local agency should request an extension. Pregnant and breastfeeding women, infants, and members of migrant farm worker families must be notified of their eligibility or ineligibility

within ten (10) calendar days of their initial contact date for the Georgia WIC Program benefits. All other applicants will be notified of their eligibility or ineligibility within twenty (20) calendar days of their initial contact date. If a line forms at any clinic site for WIC services, and any applicants/participants cannot be seen that day, provide each person who was not served with an appointment prior to their leaving the clinic.

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

#### B. Walk-in Clinics

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

#### C. Request for Extension

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

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

# D. Covert (Surprise) Telephone Calls

In an effort to monitor processing standards, District staff must make covert telephone calls to their local agencies quarterly. The results of those calls must be sent to the State WIC office quarterly, also.

#### E. Patient Flow Analysis

If a clinic fails to meet processing standards for a period of over three (3) months, the state recommends that District staff should conduct a Patient Flow Analysis (PFA) to determine the cause of not meeting those standards. If a PFA is conducted, a copy of that report must be sent to the State WIC Office.

#### V. PARTICIPANT IDENTIFICATION

#### General

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

#### **Acceptable Documentation:**

- 1. Birth Certificate/Confirmation of Birth Letter
- 2. State ID
- 3. Driver's License
- 4. Military ID
- 5. Work or School ID
- 6. Social Security Card
- 7. WIC ID (for Voucher Issuance Only)
- 8. Hospital ID Bracelets (mother & baby)
- 9. EVOC/VOC Card (with additional ID)
- 10. Immunization Record (if a client is using health department services and the records already exists in the clinic)
- 11. Passport or Passport Card
- 12. Health/Medical Record (already exists in the clinic or the record is transferred)
- 13. Other (with explanation/description)

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

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

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

#### VI. Georgia WIC Program IDENTIFICATION (ID) CARD

#### General

During the certification appointment, a WIC identification (ID) card (see the Food Delivery Section) must be completed and issued to any person who is enrolled in the Georgia WIC Program. A WIC ID card must never be issued to a proxy. In instances where more than one (1) family member has been certified, each name should be listed on one WIC ID card rather than issuing each family member a separate card. The ID card may be

used for four (4) certification periods. Clinic staff must be certain that the person is properly certified for the Georgia WIC Program before completing and issuing an ID card. English and Spanish WIC ID cards are mailed bi-annually to each district based on participant caseload/ID card distribution calculation.

The Georgia WIC Program ID card or another form of identification must be presented by the participant/parent/guardian/caregiver/spouse/alternate parent and documented each time vouchers are picked up at the clinic. A proxy must present a valid identification with the WIC ID card when picking up vouchers. If a participant/parent/guardian/caregiver/spouse or alternate parent does not possess or has lost his/her ID card, other identification is acceptable as verification and a new WIC ID card issued. Valid examples are: Social Security card, birth certificate, driver's license, etc.

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

- Manual Vouchers Document on the Manual Voucher copy under the date.
- 2. Voucher Printed on Demand (VPOD) Document on the receipt under User's ID.

# A. Required Data

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

#### **FRONT:**

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

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

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

#### **BACK:**

- 1. Appointment information
- 2. Voucher pickup code

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

# B. Participant Instructions

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

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

#### VII. PROXIES

#### General

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

and health services to the participant.

- 7. Documentation of proxies must be recorded on the following:
  - Georgia WIC Program ID Card
  - Certification Form
  - Computer
- 8. Explain the purpose of the next schedule appointment (i.e. Nutrition education certification)

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

#### A. Reasons for Proxies

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

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

#### B. Authorization

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

# C. Voucher Pick Up, Issuance, and Use

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

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

# D. Restrictions

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

3. Vendors – Vendors must not be used as a proxy.

# E. Participant Instructions

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

The proxy must have or be able to provide the following information in order to certify a child:

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

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

# F. Guardianship

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

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

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

In some instances, the spouse of the parent/guardian applying for WIC benefits for a child may not be the child's parent, e.g., a step-parent. The parent/guardian applying for services may, at the time of certification, specify that person as a spouse. That person's name will be documented in the child's record and the spouse will sign the WIC ID card on the second

(parent/guardian/caregiver/spouse/alternate parent) signature line. In this case, the spouse is not a proxy and no additional identification is necessary for voucher pick-up. When the parent/guardian/spouse/caregiver/alternate parent is applying for WIC benefits on behalf of the child (re-certification), WIC staff must verify that he/she is the designated alternate person named in the client record.

# Caseworker as a Guardian

Another type of guardianship is a caseworker who is certified by the State's

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

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

## **Grandparents as Guardians**

There are many situations where the grandparents serve as temporary or even become permanent guardians for children on the Georgia WIC Program. If the grandparent has the proper documentation with regards to certification, (ID, residency, income proofs) he/she may have the right to act on behalf of the WIC participant. These situations may arise due to an

applicant/participant/guardian/caregiver/spouse/ alternate parent not being able to come for WIC services for a short period of time. In these cases, the grandparent may serve as the guardian.

#### **Joint Custody**

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

# **Other Legal Custody**

The Georgia WIC Program could never list all of the possible guardianship situations or persons who may have temporary and permanent custody of a child. As long as the proper documentation is presented, (ID, Residency and Income proofs) the participant may be placed on the program.

In the event that none of the above has all of the documentation, treat them as if they were regular WIC participants. Copy and file the documentation in the participant's chart and place the child(ren) on the Georgia WIC Program.

#### VIII. INCOME ELIGIBILITY

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

The Healthy Meals for Healthy Americans Act of 1994, P.L. 103-448, provides regulations for conducting the Georgia WIC Program income assessment/determination for pregnant women. According to the act, a pregnant woman who does not meet income eligibility requirements for the Georgia WIC Program on the basis of her current family size shall be reassessed for eligibility based on a family size increased by one or the number of expected infant(s). In keeping with current policy, confirmation of multiple

gestations must be received verbally or via a written diagnosis from a physician or acting health professional under standing orders of a physician and documented in the participant's health record. The change in policy applies to income determination of a pregnant woman and her children. For example, if a pregnant woman is counted as two on her first visit to the office, and the pregnant woman comes back to the clinic to place her child(ren) on the Georgia WIC Program, the pregnant woman and fetus will continue to be counted as two people in the family. The use/implementation of this policy must not conflict with cultural, personal or religious beliefs of the individuals.

#### A. Procedures

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

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

#### **Procedures for Completing the Income Calculation Form:**

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

- 1. Write/type in the WIC ID Number if applicable (the ID number is an eleven-digit number).
- 2. Write/type name of the WIC applicant.
- 3. Write/type the address of the WIC applicant.
- 4. Complete the Income Calculation by filling in the following:
  - a) Date
  - b) Relationship and name of the person whose income is being

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

# B. Adjunctive (Automatic) Eligibility

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

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

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

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

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

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

### **Acceptable Proof of Eligibility**

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

1. **Medicaid:** The participant enrolled in Medicaid will be issued a

Medicaid identification card. This card will contain the participant's name, identification number, date of issue and the primary care provider. Current eligibility may be verified by using the Medicaid web portal. Active status on the printout will indicate current Medicaid eligibility. If the participant's address appears on the printout, it may be used to verify residency.

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

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

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

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

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

#### C. Computing Income

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

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

Look for the "total income" line item on the income tax return. Use the dollar amount on this line and divide by twelve (12). This is found on the following forms: Form 1040EZ: Line 4, Form 1040A: Line 15 and Form 1040: Line 22.

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

3. Definition of Family/Economic Unit

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

- a. <u>Children Residing with Alternate Parent</u> A child is counted in the family size of the parent, guardian or alternate parent with whom the child lives, with the exception of the foster child (see paragraph "b" below). For example, an abandoned child being cared for by a grandparent would be counted in the family size/household of the grandparent.
- b. Foster Child If the child is a foster child living with a family but remains the legal responsibility of a welfare agency or other agency, the child is considered a family of one (1). The payments made by the welfare agency or any other source for the care of that child are considered to be the income of that foster child. In most situations, all foster care children are income eligible.
- c. Adopted Child If a child lives with a family who has accepted legal responsibility, the child is counted in the family size of the family with whom he/she resides.
- d. <u>Joint Custody</u> A child who resides in more than one home as a result of a joint custody situation shall be considered part of the household of the guardian who is applying on behalf of the child.
- e. <u>Pregnant Women</u> A pregnant woman who does not meet income eligibility requirements for the Georgia WIC Program on the basis of her current family size shall be reassessed for eligibility based on a family size increased by one or the number of expected infant(s).

f. Absent Spouse (excluding military families) - A household where the spouse is away and maintains a separate residence due to job related assignments shall be considered a separate economic unit without the inclusion of the spouse. Only income received by the household would be used to determine eligibility.

# g. Students

- (1) College students who maintain a separate residence at school but who are supported by parents/guardians must be counted in the household of the parent/guardian. Students who maintain a separate residence and are self-supported must be counted as a separate household. Any regular cash supplements received from parents or guardians must be included in the student's total income.
- (2) If a student receives financial assistance from any program funded under Title IV (e.g., the Pell Grant, Supplemental Educational Opportunity Grant, Byrd Scholarship, Student Incentive Grant, National Direct Student Loan, PLUS, (College Work Study, etc.) the following guidelines must be followed:
  - (a) The portion of federally-funded student aid that is used by the student for books, materials, tuition, feeds, supplies and transportation will not be counted as income.
  - (b) Any portion of the aid that is used for room and board or dependent care costs will be counted as income.
- h. Aliens/Foreign Students It is legal for an alien/foreign student and his or her family to receive WIC benefits. Neither WIC-authorizing legislation nor the Federal WIC regulations require citizenship or make aliens categorically ineligible for the Georgia WIC Program. State and local agencies do not have the authority to exclude aliens solely on the basis of their alien status.

#### i. Military Families

- Military personnel serving overseas or assigned to a military base are considered to be members of the family and their income should be included when determining family income.
- (2) If children are in the temporary care of others while their parent is assigned elsewhere or if the child (ren) and one parent temporarily move in with friends or relatives, choose one of the following options:
  - (a) Count absent parents and exclude current caregivers.
  - (b) Count children as a separate economic unit. The children are considered as having their own source of income (e.g., child allotments). When using this method, Districts must decide whether the income is adequate to sustain the children. If the children's income allotments are not adequate, then option 1 or 3 should be used.
  - (c) Count children as members of the caregiver's household. Determine family size based on the family with whom the

child(ren) is/are living. Include the children in the family size.

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

Therefore, when an applicant is in the military:

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

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

\$2,490 Monthly amount

\$350 LQA

\$2,140 per month for four (4) people

#### The LES contains:

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

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

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

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

- (1) Write in the name(s) of the WIC applicant(s) along with the address that is given.
- (2) Sign your name at the bottom portion of this form along with date given to the WIC participant.
- (3) Complete or fill in the date that the form must be delivered back to the clinic.
- (4) Once the form is received, write in the date received and have the person who received it sign the letter.
- (5) Form should be completed when the applicant/participant does not have proof of residency in their name.

#### Migrants

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

certification period and must be placed in the applicants' health record.

#### m. No Proof Form

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

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

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

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

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

# n. Temporary Thirty (30)-Day Certification

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

1. Procedures for Thirty (30)-Day Certification
When an applicant/participant arrives in the WIC clinic without

proof of residency, income and/or identification:

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

# 2. <u>Procedures when applicant/participant brings back</u> required proof:

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

The "up: \_\_\_\_\_" is found in the following sections of the Certification Form:

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

Utilize the "up\_\_\_\_" field as follows:

- (a) Update your computer system and submit an updated TAD.
- (b) When one or more of the fields are updated, the staff must initial and date the back of the form (hard copy only).
- (c) When income is updated, the amount and source must be updated.
- (d) If the applicant/participant is found to be over income, provide a termination letter or Thirty (30)-Day Certification/Termination form, (see Attachment CT-34), stating that he/she is being terminated from the Georgia WIC Program due to over income.
- (e) The applicant/participant must return with the information. A proxy may not provide the necessary documentation to complete the thirty (30)-day certification process.

# 3. <u>Procedures when applicant/participant fails to bring back</u> proof:

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

certification. Under no circumstances should a second, subsequent 30-day certification period be used if an applicant fails to provide the required documentation of income before the temporary certification period expires.

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

# (a) Reversing Terminations If the applicant returns after the thirty (30)-day grace period, a reversal can be made for any participant in a valid certification period. The updated information must be entered in the term reversal Electronic Turn Around Document (ETAD).

#### (b) Procedure for Participant Transfers

- When a participant transfers to another District, the receiving clinic must call the original clinic to determine the client's thirty (30)-day status. The original clinic must notify the new clinic about the client's thirty (30)-day status.
- 2. Vouchers must never be issued if the participant has not brought back the necessary information.
- Procedures when applicant/participant is overincome:
  - (a) Document on the Thirty (30)-Day form that participant is terminated from the Georgia WIC Program
  - (b) Staff must sign and date the Thirty (30)-Day form in the thirty (30)-day file and medical record
  - (c) Give the participant a termination notice or the Thirty (30)-Day form from the thirty (30)-day file
  - (d) Make thirty (30)-day adjustment on the Certification Form
  - (e) Copies of the income proof used must be made, date stamped and placed in medical record
  - (f) Participant is terminated in the computer system

#### Hospital Certification

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

If the hospital record has recorded a Medicaid number, document on the Certification Form that the hospital health

record was the source viewed for income.

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

#### q. Zero Income Applicants

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

#### r. Income Inclusions

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

#### s. Income Exclusions

- The value of in-kind housing and other in-kind benefits.
   An in-kind benefit is anything of value, which is not provided in the form of cash.
- Income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition. These include, but are not limited to:
  - (1) National School Lunch Act and the School Breakfast Program
  - (2) Food and Nutrition Act of 2008

- (3) Job Training Partnership Act
- (4) Home Energy Assistance Act of 1980
- (5) National Older Americans Volunteer Program
- (6) Domestic Volunteer Service Act of 1973 (VISTA, Foster Grandparents, Retired Senior Volunteers Program, Senior Companions Program)
- (7) Child Nutrition Act of 1966
- (8) Small Business Act
- (9) Uniform Relocation Assistance and Real Property Acquisitions Policies Act of 1970
- (10) Military Housing BAH
- (11) Title IV Student Financial Assistance
- Bank loans, other payments or benefits provided under certain Federal programs or acts to be excluded may be found in the Federal WIC Regulations at 7 C.F.R. Part 246.
- d. Child care benefits provided under grant programs to states shall not be treated as income in Federal programs such as WIC. Childcare benefits provided under section 402 (g)(1)(E) of the Social Security Act, At-Risk Child Care Programs, and Child Care and the Development Block Grant Programs in Georgia are excluded from the WIC income eligibility process.
- e. Non-payment of child care benefits is not considered income. Benefits received in the form of cash or any other instrument that can be converted into cash may be considered income in the WIC income eligibility process. For WIC purposes, current Georgia WIC Program policy regarding any cash available to a family is applied.
- t. <u>Unemployment</u> Applicants from families with adult members who are unemployed shall be eligible based on income during the period of unemployment if the loss of income causes the current rate of income to be less than the income guidelines. Persons who are on leave that they requested themselves, e.g., maternity leave or a teacher not being paid during the summer are not considered unemployed. In these instances, it may be more appropriate to use annual income to determine eligibility. If a woman is on extended maternity leave [greater than six (6) months], it may be more appropriate to use current income to determine eligibility.
- u. Self-Employment Both farm and non-farm, self-employed persons are assessed for WIC income eligibility using net income rather than gross income. In families where adult members are self-employed, they may not know their net income. To calculate net income, use the most current Internal Revenue Service (IRS) tax return as a basis for calculating net income for both farm and non-farm self-employed income.

v. Net income for self-employment - is figured by subtracting operating expenses from gross receipts. Gross receipts include the total value of goods sold or service rendered by the business. Operating expenses include, but are not limited to: the cost of goods purchased; rent; heat; utilities; depreciation; wages and salaries paid; and business taxes (not personal Federal, State, or local income taxes). The value of saleable service and merchandise used by the family of self-employed persons is not to be included as an operating expense.

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

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

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

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

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

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

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

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

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

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

#### z. Incarcerated Parent/Guardian

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

#### D. Documented Proof of Income

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

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

- Pay stubs for all people in your household who work or who receive an income from any source. Some pay stubs will not have a name but will have a Social Security Number. Ask for the Social Security card.
- 2. A statement from employers for **all** employed persons in your household. Attach non-letterhead statements from employers to the No

- Proof Form and file in the health record.
- 3. Current tax return (W-2 or 1040) from previous year up until April 15<sup>th</sup> of the current year (e.g., 2009 W-2 can be accepted up until April 15, 2011).
- 4. On-going financial records (for self-employed only).
- 5. Unemployment notice.
- 6. Other (see List of Income Inclusions).

All proof of income should not be more than thirty(30)-days old with the exception of the most recent tax return.

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

# E. Applicants with Zero (0) Income

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

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

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

#### F. Verification of Income

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

- 1. The person taking the income suspects that the income is incorrect.
- 2. A complaint is received alleging that a participant is not income eligible. An anonymous complaint must be handled in the same manner as any other complaint.
- 3. A conflict of information is found between the Georgia WIC Program income data and income data provided from other programs. When income is verified, the income at the time of certification, rather than the current income, must be verified.

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

38).

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

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

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

#### IX. NUTRITIONAL RISK DETERMINATION

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

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

#### A. Required Data

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

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

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

#### B. Referral Data

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

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

All private provider referral forms must contain, <u>at a minimum</u>, the following information:

- I. Demographic Data
  - a. Applicant's first and last name
  - b. Applicant's date of birth
- II. Medical Referral Data, as appropriate\*
  - a. Length/Height
  - b. Weight
  - c. Hematocrit/Hemoglobin
  - d. Date(s) measurements were taken
  - \* If missing, the clinic can perform measurements themselves.
- III. Referral Agency Information
  - a. Original signature and title of health care provider
  - b. Date the referral was completed
  - c. Agency address

d. Agency telephone and fax numbers

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

#### C. Medical Data

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

- 1. The Medical Data Date documented on the WIC Assessment/Certification Form must be the same as the date that the anthropometric data were taken. Anthropometric data required for certification (length/height and weight) may precede the date of certification by up to sixty (60) days. Medical data that are greater than sixty (60) days old cannot be used to assess WIC eligibility. The sixty (60) day limit applies to the anthropometric data (length/height and weight) even if eligibility is based on other criteria.
- 2. The Hematological Data Date documented on the WIC Assessment/Certification Form must be the same as the date the hematological data were taken. Hematological data required for certification (hemoglobin/ hematocrit) may precede the date of certification by up to ninety (90) days. Hematological data that are greater than ninety (90) days old cannot be used to assess WIC eligibility. The ninety (90) day limit applies to the required hematological data even if the applicant's/participant's eligibility is based on other criteria.

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

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

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

Blood work should not be performed on infants younger than nine (9) months of age, unless there is a medical reason. In most cases, infants will have their first blood work performed around twelve (12) months of age.

All children are required to have blood work at each certification. If the hemoglobin is low at certification, repeat at half-certification. Children less than two years must have blood work at half-certification. For children 2 and over, blood work does not have to be performed at the half-certification if normal at certification.

Use the one of following procedures to follow-up for abnormal blood work:

- For infants and children receiving their health care through the health department, follow the protocol for treatment of low hemoglobin.
- b. For infants and children receiving health care from a private provider, refer the participants with low hemoglobin values to their providers. At the next certification (subsequent or half) visit repeat the hemoglobin test or enter a referral value from the private provider.

Blood work within the normal range is valid for children for twelve (12) months beginning at twenty-four (24) months of age.

Postpartum, breastfeeding women who have breastfed for six (6) months are not required to have blood work performed at their mid-Assessment visit unless there is a medical reason.

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

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

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

#### X. NUTRITION RISK CRITERIA

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

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

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

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

#### XI. NUTRITION RISK PRIORITY SYSTEM

#### A. General – Priorities I -VI

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

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

Infants up to six (6) months of age whose mothers were WIC participants during their pregnancy. Infants up to six (6) months of age whose mothers were not WIC participants during pregnancy but had a documented nutritional need.

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

  Postpartum teenagers who are not breastfeeding and whose delivery date was prior to their being 18 years and 10 months of age.
- 5. <u>Priority IV</u>: Pregnant women, breastfeeding women, and infants with a nutritional need because of inappropriate nutrition practices, other dietary risk, or homeless/migrancy status.
- 6. **Priority V**: Children with a nutritional need because of inappropriate nutrition practices, other dietary risk, or homeless/migrancy status
- 7. <u>Priority VI</u>: Postpartum, non-breastfeeding women with a nutritional need because of inappropriate nutrition practices, other dietary risk, or homeless/migrancy status.

#### B. Special Considerations

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

## C. Specific

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

# 1. Pregnant Women

Priority I: 101, 111, 131, 132,133, 201, 211, 301, 302, 303, 304, 311,

312, 321, 331, 332, 333, 334, 335, 336,337, 338, 339, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 371, 372, 373, 381,

502,904

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

# 2. <u>Breastfeeding Women</u>

Priority I: 101, 111, 133, 201, 211, 303, 304, 311, 312, 321, 331, 332,

333, 335, 337, 339, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361,

362, 363, 371, 372, 373, 381, 502, 601, 602, 904

Priority II: 502, 601

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

#### 3. Postpartum, Non-Breastfeeding Women

Priority III: 331, 502

Priority VI: 101, 111, 133, 201, 211, 303, 304, 311, 312, 321, 331, 332,

333, 335, 337, 339, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 371, 372, 373, 381, 400, 401, 502, 801, 802, 901,

902, 903

4. Infants

Priority I: 103, 115, 121, 134, 135, 141, 142, 151, 152, 153, 201, 211,

341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 359, 360, 362, 381, 382, 502, 603, 702,

703, 904

Priority II: 502, 701, 702

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

#### Children

Priority III: 103, 113, 114, 115, 121, 134, 135, 141, 142, 151, 201, 211,

341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 359, 360, 361, 362, 381, 382, 502,904

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

# D. Assignment

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

# XII. CHANGES WITHIN A VALID CERTIFICATION PERIOD

A. Women Who Cease Breastfeeding

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

- If the woman is <u>more</u> than six (6) months postpartum, she is categorically ineligible and must be removed from the Georgia WIC Program immediately (see CT-XVI, Ineligibility Procedures). The termination must be documented in the participant's health record.
- 2. If the woman is less than six (6) months postpartum, reassessment of nutrition risk is required. The woman must qualify for WIC based on the risk criteria for a postpartum, non-breastfeeding woman to continue receiving benefits. The woman's status, priority, and food package must be updated. If no nutrition risks are evident, Risk Code 401 (Other Dietary Risk / Failure To Meet Dietary Guidelines) can be used for the woman to continue to receive WIC benefits as a postpartum, non-breastfeeding woman until six (6) months from the delivery date. All information must be documented in the participant's health record and entered into the automated system.
- B. Upgrading a Priority

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

#### XIII. CERTIFICATION PERIODS

Certification periods are:

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

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

**Note:** The certification period for the breastfeeding woman is one (1) year; however, she must receive a mid-assessment between 5-7 months of her delivery date as a breastfeeding postpartum woman if she is still breastfeeding an infant less than one (1) year of age.

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

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

<u>Infants:</u> certified at age greater than six (6) months: for one (1) year from date of certification.

<u>Children</u>: for one (1) year from the date of each certification may continue eligibility until they reach their fifth birthday, if assessed at nutritional risk.

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

In cases where there is difficulty in scheduling appointments for breastfeeding women, infants, and children, the certification period may be shortened or extended by a period not to exceed thirty (30) days. The specific difficulty must be documented in the participant's health record if a clinic chooses to exercise this option. Vouchers can be issued for the one month extension. Please use this as the exception and not the rule. Document in the participant's health record the reason for the extension and issue only one month of vouchers.

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

#### INFANTS MID-CERTIFICATION

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

- 1. The initial certification of the infant less than six (6) months of age will follow the standard procedures. The infant shall be assigned the highest priority for which he/she is eligible.
- 2. The mid-certification nutrition assessment must consist of:
  - a. Measuring length and weight.
  - b. Plotting weight for length, length for age, and weight for age.
  - c. Measuring hemoglobin or hematocrit (only if mid-certification nutrition assessment is performed between nine to eleven [9-11] months of age).
  - d. Recording, summarizing, and evaluating inappropriate nutrition practices.
  - e. Assessing nutrition risk criteria.
  - f. Assigning the highest priority for which the infant is eligible, reviewing food package needs, and assigning an appropriate food package.

- 3. The mid-certification nutrition assessment information will be documented in the second column of the Infant WIC Assessment/Certification Form if using the paper form.
- 4. If additional risks are identified at any time during the one (1) year certification period, the infant's priority should be upgraded.
- 5. All infants certified at fewer than five (5) months of age must be scheduled for a mid-certification nutrition assessment. WIC benefits may not be withheld from a participant for failing the mid-certification nutrition assessment appointment(s). Missed appointments should be documented in the participant's health record. If the infant misses the mid-certification appointment, a secondary nutrition education contact should still be conducted with the person who is picking up the infant's youchers.

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

#### BREAST-FEEDING WOMEN MID-ASSESSMENT

Breast-feeding women shall be certified for a period one (1) year or until breast-feeding discontinues. If breastfeeding is discontinued prior to six month after delivery the woman can continue WIC participation as a non-breastfeeding woman until six months post-partum. A nutrition assessment (mid-Assessment) by the CPA should be completed between five (5) and seven (7) months of the initial certification. To ensure accessibility to quality health care services, the following procedures must be completed:

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

appointment, a secondary nutrition education contact should still be conducted during voucher issuance.

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

#### CHILDREN HALF-CERTIFICATION ASSESSMENT

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

- 1. The initial certification of the child will follow the standard procedures. The child shall be assigned the highest priority for which he/she is eligible.
- 2. The half-certification nutrition assessment must consist of:
  - a. Measuring length and weight.
  - b. Plotting weight for length/BMI, length for age, and weight for age.
  - c. Measuring hemoglobin or hematocrit if low at most recent certification and for all children less two years old at time of assessment.
  - d. Recording, summarizing, and evaluating inappropriate nutrition practices.
  - e. Assessing nutrition risk criteria.
  - f. Assigning the highest priority for which the child is eligible, reviewing food package needs, and assigning an appropriate food package.
- The half-certification nutrition assessment information will be documented in the second column of the Children WIC Assessment/Certification Form if using the paper form.
- 4. If additional risks are identified at any time during the one (1) year certification period, the child's priority should be upgraded.
- 5. All children must be scheduled for a half-certification nutrition assessment. WIC benefits may not be withheld from a participant for failing the half-certification nutrition assessment appointment(s). Missed appointments should be documented in the participant's health record. If the child misses the half-certification appointment, a secondary nutrition education contact should still be conducted with the person who is picking up the child's vouchers.

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

## XV. WIC ASSESSMENT/CERTIFICATION FORM

#### A. General

1. State WIC Assessment/Certification Form

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

2. Local Agency WIC Assessment/Certification Form

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

#### B. Completion

The following are instructions for completion:
All items on the WIC Assessment/Certification Form must be completed as follows:

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

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

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

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

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

## a. Breastfed Now

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

## b. Breastfed Ever

- (1) On Infant's Form, check "Yes" if **this** infant was ever breastfed (even if currently not breastfeeding).
- (2) On Children's Form, check "Yes" if **this** child was ever breastfed (even if currently not breastfeeding).
- (3) If the answer is "No", two times for an infant or one time for a child, this question does not need to be asked again.
- c. Record the Number of Weeks Infant/Child Breastfed If using a paper Certification Form and the infant/child is currently or ever breastfed, record the number of weeks up to a maximum of ninety-nine (99) weeks (two [2] years of age). (see Attachment BF-9 in the Breastfeeding Section for the key for entering weeks breastfed.) If using direct entry of information into the computer system, the computer will automatically calculate weeks breastfed.
- d. <u>Date of Most Recent Breastfeeding Response</u> Record the date on which you asked the participant/guardian/alternate parent about breastfeeding.

#### Women's Form:

- a. Postpartum Breastfeeding Assessment/Certification Form (Breastfeeding an Infant Less than one (1) Year of Age):
  - (1) If using a paper Certification Form, enter the weeks breastfed in the "Weeks" column. (see Attachment BF-9 in the Breastfeeding Section for the key for entering weeks breastfed). If using direct entry of information into the computer system, the computer will automatically calculate weeks breastfed.
  - (2) Update the information at time of termination and submit to Covansys.
- b. Postpartum Non-Breastfeeding Assessment/Certification Form (Less than 6 Months Postpartum):
  - (1) If the woman is not currently breastfeeding but has breastfed, check "Yes" to Breastfed Ever.
  - (2) If using a paper Certification Form, and if the response to Breastfed Ever is "Yes", enter the weeks breastfed in the "Weeks" column. (see the key for entering weeks breastfed in Attachment BF-9, Breastfeeding Section.) If using direct entry of information into the computer system, the computer will automatically calculate weeks breastfed.
  - (3) If using a paper Certification Form, and if the response to Breastfed Ever is "No", enter "0" in the "Weeks" Column. If using direct entry of information into the computer system, the

computer will automatically calculate weeks breastfed.

- Initial Contact Date The initial contact date must be filled in at each certification, even if it has not changed. The initial contact date must be accurately documented to ensure that processing standards are being met. (see Initial Application CT-III. for the definition of "initial contact date".)
  - Initial Contact Type Select type of Initial Contact
    - W Walk-in
    - T Telephone
    - O Other (explain in notes)
- 4 <u>Foster Care</u> Enter Yes or No if the applicant is in Foster Care.
- 5. <u>Medical Data Date</u> See the Nutritional Risk Determination CT-IX for the definition of required medical data. Enter the date anthropometric measurements were taken for certification purposes.
- 6. <u>Length/Height</u> Enter the length/height to the nearest eighth of an inch (for infants and children only).
- 7. Weight Enter the weight in pounds and ounces (for infants and children only).
- 8. Hematological Data Date Enter the date the hematological measurement was taken for certification purposes. Hematological data date must be within ≤ 90 days prior to certification for infants 9-12 months of age, children and women. Hematological data date must also be after the delivery or pregnancy termination for postpartum and breastfeeding women.
- 9. <u>Hematocrit/Hemoglobin</u> Enter the hematocrit and/or the hemoglobin value(s) in the appropriate field. Values must be rounded to one decimal place.
- 10. <u>Nutrition Risk Criteria</u> Complete each line in this section using the following procedure:
  - a. Check "Yes" when the nutrition risk criterion is present.
  - b. Check "No" when the risk criterion is not present.
  - c. Write "N/A" when the risk criterion does not apply or was not assessed.
  - Record additional documentation for risk criteria marked with an asterisk (\*).
    - This section of the form must be completed by a CPA during each certification appointment and at the infant's midcertification nutrition assessment, child's half-certification and the breastfeeding woman's mid-assessment.
- 11. <u>High Risk</u> Check "Yes" when at least one nutrition risk meets the High Risk Criteria (see Attachment NE-1 and NE-2, Nutrition Education

Section).

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

Check "No" when one or more of any of the criteria from the above list are not met (see Ineligibility Procedures CT-XVI).

- 13. <u>Priority</u> Enter correct priority (I VI). Refer to the Nutritional Risk Priority System CT-XI for risk factor codes and priorities.
- 14. <u>Food Package</u> Enter the appropriate food package code (**see Section FP, Food Packages Section**).
- 15. <u>Services</u> Enter referrals and/or enrollments to other health services and programs using codes listed on the WIC Assessment/Certification form. See Nutrition Education Section for more information regarding required referrals. Enrollment in or Referral to TANF, SNAP and Medicaid **MUST** be documented at least one time while a participant is receiving WIC. However, it is a best practice to assess enrollment at every certification. Simply asking if an applicant receives these other health services does not constitute making a referral; the applicant must be provided with information about the other services or programs, such as information about how or where to apply in their area.
  - a. "Enrolled In" is used when a person is already utilizing other health services and programs.
  - b. "Referred To" is used when a person has been given information regarding other health services and programs.
- 16. Today's Date Enter the date the assessment is completed.
- 17. <u>Signature/Title</u> Enter signature (first name and last name) and title (Nutr., R.D., L.D., L.P.N., R.N., M.D., etc.). An appropriate signature consists of first name, last name and title. The local WIC CPA signature confirms the nutritional risk.
- 18. Income Assessment
  - a. Date Fill in the date the income screening was completed
  - b. Number in Family Fill in according to Income Eligibility CT-VIII.
  - c. Gross Income/Month

- Medicaid Recipients (See "Acceptable Proof of Eligibility-Adjunctive Eligibility" at (CT-VIII.B.1) Mark "yes" (Y) if Medicaid participation has been confirmed. Medicaid recipients must self declare income.
- PeachCare Recipients (See "Acceptable Proof of Eligibility-Adjunctive Eligibility" at (CT-VIII.B.4.) All PeachCare clients must be assessed for WIC income eligibility.
- 3. <u>SNAP Recipients</u> (See "Acceptable Proof of Eligibility Adjunctive Eligibility" at CT-VIII.B.2) Mark "yes" (Y) if SNAP participation has been confirmed.
- 4. <u>Temporary Assistance for Needy Families (TANF)</u> (See "Acceptable Proof of Eligibility-Adjunctive Eligibility" at (CT-VIII.B.3.) A "notice of case action" issued to TANF participants, with dates of eligibility for any TANF benefit, is acceptable proof of current enrollment in TANF. Mark "yes" (Y) if the participant has documented proof that they receive TANF.
- 5. <u>Participants not receiving SNAP, Medicaid, or TANF</u> Complete according to "Computing Income" at CT-VIII.C.
- 6. Income Eligibility Check "Yes" or "No" to indicate applicant's income status. Transfer the total from the Income Calculation Form to the section of the Certification Form. Indicate the total number in the family. The Income Calculation Form must be used to determine income eligibility if the applicant has more than one source of income and does not qualify for Medicaid, SNAP or TANF. Record current annual or monthly income.

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

- Income Source Record, document and review for proof of income.
- d. <u>Staff Initial</u> The staff person who confirms income, residency and ID maybe different from the person who signs the Certification Form. Therefore, the staff that collected this information must enter his/her initials.
- e. <u>Staff Signature(s)/Printed Name</u> The local WIC official signature, print name and date confirms that income, residency and family size are correct as stated by the applicant/participant. The signature, print name and date also verifies/witnesses the participant's signature. An appropriate signature consists of first and last name and title of person verifying income and witnessing the participant's signature.
- f. Applicant/Participant Signature/Printed Name The

participant/parent/spouse/guardian/caregiver/ alternate parent or proxy must be asked to read, sign, print name and date the following statement **each** time they are certified (if unable to read, must have it read to them):

#### WIC CERTIFICATION STATEMENT

#### **RIGHTS AND OBLIGATIONS**

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

#### **NOTICE OF DISCLOSURE**

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

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

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

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

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

Please initial below to indicate your preference:

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

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

# **Physical Presence**

Physical Presence is mandatory for each applicant/participant at each WIC certification. (Refer to Section II.B. of Certification Section for additional information and documentation procedures.) If the response is "NO" to the Physical presence question, then **N**, **D**, **R or W** must be selected:

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

exempt an infant or child from the physical presence requirements if all 3 of the following criteria are met:

- a. If the infant/child was present for his/her initial WIC certification, and
- **b**. If the infant/child was present at a WIC certification within the last year and determined eligible, and
- **c.** If the infant/child is under the care of working parent(s)/guardian(s) whose working status presents a barrier to bringing the infant/child into the WIC clinic.

#### 20. Immunization Status

#### Infant and Children Form:

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

- (1) Record Screened/Requested Yes ( ) Requested ( )
- (2) Adequate for Age/Referred? Yes ( ) Doctor ( ) Health Dept ( )
- 21. Data Needed for Pregnancy Surveillance

#### Infant's Form:

- (1) Mother's WIC ID# Enter the full name and/or WIC ID number of the mother, if the mother is currently a WIC participant.
- (2) <u>Last Weight Before Delivery</u> Enter the last weight of the mother, taken prior to delivery. Round the weight to the nearest whole pound, e.g., 1651/6 = 165.

#### Women's Form:

- (1) <u>Marital Status</u> Enter numerical code indicating current marital status, e.g., 0=married, 1=not married, 9=unknown.
- (2) <u>Years of Education Completed</u> Enter a two-digit number to indicate years of education completed, e.g., 01=1st grade, 02=2nd grade, 14=2 years of college, 99=unknown.
- (3) Month of Gestation at Time of First Prenatal Exam Enter a one-digit code to indicate the month of gestation at the first prenatal exam, e.g., 0=No Prenatal Care, 1=1st Month, 8=8<sup>th</sup> or 9<sup>th</sup> month, 9=unknown.
- (4) <u>Delivery</u> Enter the last weight taken prior to delivery, rounded to the nearest whole pound, e.g. 165.6 = 166.
- (5) <u>Parity</u> A two-position field indicating the number of times a woman has been pregnant for 20 or more weeks gestation, regardless of whether the infant was alive or dead

- (stillbirth, miscarriage, induced or spontaneous abortion) at birth, e.g., 00=None, 01-29=Number of previous births.
- (6) <u>Date Last Pregnancy Ended</u> A six-position field indicating the date when the previous pregnancy of at least 20 weeks or more ended, whether by normal delivery, stillbirth, induced or spontaneous abortion (miscarriage) excluding current pregnancy, e.g., 000000= No Previous Pregnancies, Month/Year=01-12 and All four digits.
- (7) Diabetes During Pregnancy Postpartum Visit A one-position field indicating the presence of diabetes during this current pregnancy, as diagnosed by a physician and self-reported by the postpartum woman or as reported or documented by a physician or someone working under a physician's orders, e.g., 1=No, never had diabetes of any type. 2= Yes, told by a doctor I had diabetes before the most recent pregnancy, when not pregnant (diabetes mellitus). 3=Yes, told by a doctor I had diabetes before the most recent pregnancy, but only when pregnant (gestational diabetes in both past and most recent pregnancies). 4=Yes, told by a doctor I had diabetes for the first time during the most recent pregnancy (gestational diabetes in the current pregnancy only).
- (8) Hypertension During Pregnancy Postpartum Visit A one-position field indicating the presence of hypertension during pregnancy as diagnosed by a physician or someone working under a physician's orders and self-reported by a woman, e.g., 1=No, never had high blood pressure before the most recent pregnancy, when not pregnant (chronic hypertension). 2= Yes, told by a doctor I had high blood pressure before the most recent pregnancy, when not pregnant (chronic hypertension). 3= Yes, told by a doctor I had high blood pressure before the most recent pregnancy, but only when pregnant (pregnancy-induced hypertension in both past and most recent pregnancies). 4= Yes, told by a doctor I had high blood pressure for the first time during the most recent pregnancy (pregnancy-induced hypertension in the current pregnancy only).
- (9) Multi/Prenatal Vitamin Consumption Prior to Pregnancy A one-position field indicating an average of how many times per week a woman took a multi/prenatal vitamin in the month before pregnancy, e.g., 0=Less than once per week, 1-7= Times per week, 8= Eight or more times a week, 9=unknown.
- (10) <u>Multi/Prenatal Vitamin Consumption During Pregnancy</u> A one-position field indicating if a pregnant woman has taken multi/prenatal vitamins and/or minerals in the past month, e.g.,1=Yes, 2=No and 9=Unknown.

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

wine, or liquor the woman consumed during the last three (3) months of her current or most recent pregnancy. This is reported at the postpartum visit only, e.g., 00=Did not drink, 01=1 drink per week or less, 02-20=Number of drinks per week, 21=21 or more drinks per week, 98=Drank, but quantity unknown, 99=Unknown or refused.

- 22. Comments (Proxy 1/Proxy 2) This section may be used to maintain a record of proxy names authorized by participants or parents/alternate parent/spouse at certification. Review names prior to voucher issuance.
- 23. Questions added to the Certification forms (P,N,B,I and C):

#### **Breastfeeding**

The "Food Package" row has been expanded to include space to record the infant's food package code. If the infant has not yet been certified or if the mother has delivered multiple infants (e.g., twins, triplets, etc.), the CPA should enter "AAA" in this box on the Certification Form or in the computer system. The purpose of this field is for the computer to perform a cross-check between the mother's and infant's food package codes to ensure the mother is receiving an allowed food package.

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

#### Non-Breastfeeding, Breastfeeding, Infant and Children

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

## Children

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

#### Infant

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

# Infant and Children

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

#### Prenatal, Non-Breastfeeding, Breastfeeding, and Children

- 1. Fruit Intake (D, S or N). The CPA is to indicate whether the applicant / participant consumes fruit daily, some days of the week, or never.
- 2. Vegetable Intake (D, S or N). The CPA is to indicate whether the applicant or participant consumes vegetables daily, some days of the week, or never.

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

# <u>Prenatal, Non-Breastfeeding, Breastfeeding, Infant and Children</u> Family Number

## XVI. INELIGIBILITY PROCEDURES (NOTIFICATION REQUIREMENTS)

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

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

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

#### A. Written Notification

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

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

- 2. <u>Expiration of Certification Period</u> Each participant will be notified at least fifteen (15) days before the expiration of their certification eligibility period that it is about to expire. Homeless participants will be notified at least thirty (30) days before the expiration of their certification period.
- 3. <u>Disqualification</u> A participant who is about to be disqualified from the Georgia WIC Program participation at any time during the certification period must be notified, in writing, at least fifteen (15) days before benefits end. Reasons for this action and of the right to a fair hearing must be provided. In the event the state agency mandates that the local agency must suspend or terminate benefits to participants due to a shortage of funds, the NTIWL Form must be issued to the participant. A copy of this form must be filed in the individual's health record.
- 4. <u>Termination Notification -</u> Notification does not need to be provided to persons terminated for failing to pick up vouchers for two (2) consecutive months and failing to return for subsequent certification provided the participant has been given or read the Rights and Obligations.
- 5. <u>Interim Income Change (Reassessment of Income Eligibility)</u> Individuals will be disqualified at any time during the certification period when family income exceeds eligibility requirements. A fifteen (15) day notice must be issued.
- B. Completion of Notice of Termination/Ineligibility/Waiting List Form
  - 1. Fill in applicant's name and the date at the top of the form including the date of birth, phone number, and address.
  - 2. Mark the box with the correct option and check the reason for termination.
  - 3. Complete the information at the bottom of the form regarding the name and address of the Georgia WIC Program. The Fair Hearing Section must be completed when using this form. If a stamp is used for this purpose, all copies must be stamped. The form must be signed by the parent/guardian/caregiver/spouse/alternate parent and the WIC representative. Appropriate documentation and termination procedures must be followed. A written notice of termination must be given for each member of the family on the Georgia WIC Program.

## C. Ineligibility File

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

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

## 2. Ineligible Applicants with Health Records:

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

#### XVII. TRANSFER OF CERTIFICATION

WIC certification is transferable during a valid certification period. Paper and electronic Verification of Certification (VOC) cards are the official documents for validating WIC certification nationwide (see Attachment CT-16 and 17). VOC cards (paper and electronic) are negotiable instruments used to validate WIC certification. These cards allow WIC participants to transfer certification from one clinic, city or state to another. Local agencies must maintain accurate records of issuance, security and receipt from participants.

#### A. Clinic Staff

#### Clinic staff must:

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

documents. The Thirty (30)-Day Form can be used for missing proof information.

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

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

Out-of-state participants with a valid VOC card must be placed on the Georgia WIC Program even if they do not meet the Georgia WIC Program eligibility criteria. Local agencies must be aware that some states use the combination WIC ID/VOC card and must read all VOC cards carefully. **Under no circumstances should a WIC participant transferring into a clinic with a valid VOC card be denied WIC benefits or reassessed for eligibility.** Transfer with valid VOC cards or other valid signed certification evidence (e.g., certification record, valid proof of identification and residency) must be enrolled immediately. The Thirty (30)-Day Form can be used for missing proof information. If information is missing, contact the clinic and ask the staff to fax or e-mail the required information as soon as possible. **Proxies cannot present VOC or transfer information for the participant.** 

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

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

#### C. In-State Transfer

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

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

which extension transfer request should be routed.

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

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

## Intra-State (within the state of Georgia):

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

#### **Out-of-State Transfer:**

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

#### Transferring a WIC record for a non-WIC purpose:

(Parent of the Child or Private Doctors)

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

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

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

#### Transferring a Foster Child:

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

**Note:** Any time a clinic refuses to send information without a completed Release of Information form, the requesting clinic must advise the Policy Unit at the

Georgia WIC Program of the name of the employee, clinic, and date the information was requested. However, the participant must not suffer; in this situation, please send a Release of Information form to the receiving clinic to serve the participant.

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

#### E. Two Methods for Transfer

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

#### 1. The Electronic VOC Card System (EVOC)

## a. The Electronic VOC card system automatically:

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

## b. The Electronic VOC card system procedure requires:

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

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

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

# d. Printing Electronic VOC Cards

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

INK.

#### e. Termination Notices

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

## f. Migrant Transfer

When a migrant visits your clinic, automatically issue an EVOC card. Instream migrant farmworkers (and their families) with expired verification of certification (VOC) card must be considered income-eligible, provided that their income is redetermined once every twelve (12) months.

# g. Required Data on the EVOC and Paper VOC cards

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

- 1. Clinic #
- Participant/Parent/Guardian/Spouse/Caregiver Alternate Parent
- 3. Telephone
- 4. Address
- 5. ID#
- 6. Date of Birth
- 7. Participant's Name
- 8. Telephone
- 9. Participant Address
- 10. Certification Date
- 11. Height
- 12. Date Certification Expires
- 13. Medical Data Date
- 14. HGB or
- 15. HCT
- 16. Weight
- 17. Food Package
- 18. Priority
- 19. EDC Date
- 20. Migrant (must be checked "yes/no")
- 21. Nutritional Risk Code (use national risk codes)
- 22. Intended City/State moving to
- 23. Date of Latest Income Eligibility
- 24. Last Date Vouchers Issued
- 25. The Thirty(30)-Day return date and the missing proof information, if applicable, (hand write on paper card)

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

#### h. Physical Inventory

No physical inventory is required for the EVOC system.

#### 2. The Manual VOC Inventory System

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

- a. Security of VOC cards
- b. Quarterly or monthly physical inventory
- c. Issuance
- d. Counting of cards quarterly or monthly
- e. Signature of person who conducted the inventory and the initials of the person verifying the inventory

#### F. Ordering VOC Cards

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

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

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

#### G. Inventories

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

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

The above documentation must be completed the same day the VOC cards are received by a responsible WIC staff person. VOC cards must be used in

the order in which they were received: first in, first out. All VOC cards must be used in sequential order until depleted.

#### **EVOC Card Inventory**

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

#### **VOC Card Inventory (Paper)**

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

The following must be recorded on the inventory log:

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

#### H. Issuance

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

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

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

- Date.
- 2. VOC card number series issued (beginning/ending number columns).
- 3. Number of cards issued.
- 4. Name of receiving clinic.
- 5. Name of clinic representative at the receiving clinic.

- 6. Total number of cards on hand.
- 7. Signature of staff person conducting the physical inventory.
- 8. Signature of the staff person issuing the card.

## I. Security

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

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

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

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

Retain a copy in the clinic and forward a copy to **Georgia WIC Program, Policy Unit, Suite 10-476, 2 Peachtree Street, NE, Atlanta, Georgia 30303**. Document the destroyed VOC cards on the VOC card Inventory Log with the following:

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

#### J. Lost/Stolen/Destroyed EVOC or VOC Cards

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

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

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

When five (5) or more VOC cards are lost, stolen or misplaced, the <u>Notification Summary of Missing Vouchers/VOC Card form</u> must be completed (see CA Section). Once this report is received, an investigation will be conducted by the

Office of Fraud and Abuse in the Department of Public Health.

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

#### XVIII. WIC OVERSEAS PROGRAM

#### A. General

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

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

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

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

### B. Impact on USDA's WIC Programs

Legislation limits eligibility in the WIC Overseas Program to:

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

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

# C. New EVOC or VOC Card Requirements

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

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

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

E. Acceptance of WIC Overseas Program EVOC or VOC Cards

Local agencies must accept a valid WIC Overseas Program VOC card presented at a WIC clinic by WIC Overseas Program participants returning to the U.S. from an overseas assignment. Follow the current procedures outlined in the CT-XVII.B. TRANSFER OF CERTIFICATION SECTION (Out of State Transfer). If questions arise about the VOC card presented, a current list of WIC Overseas Program contacts is attached (see Attachment CT-36). The list of current contacts will be revised on the website mentioned. Local agencies are also reminded that individuals presenting a valid VOC card must provide proof of residency and identification (with limited exceptions) in accordance with WIC regulations and policies.

### XIX. CORRECTING OFFICIAL WIC DOCUMENTS

#### A. Correcting Mistakes

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

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

# B. Adding Information

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

- 1. Write new information
- 2. Initial
- 3. Date

#### XX. LATE ENTRY CORRECTION OF HEALTH RECORDS

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

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

#### XXI. DOCUMENTATION PROCEDURES

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

#### XXII. WAITING LIST

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

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

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

#### A. Procedures for Maintaining a Waiting List

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

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

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

# B. Procedures for Removal from the Waiting List

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

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

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

3. Applicants will be contacted by phone or letter.

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

#### XXIII. DISTRICT WIC RESOURCE PAGE

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

#### XXIV. IMMUNIZATION COVERAGE ASSESSMENT

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

WIC is under Federal mandate to screen every child for immunization status at each certification. The immunization status must be recorded in the medical record and/or the computer. The following information must be recorded: Is there a documented immunization record; the response is (Y) for yes an immunization record is viewed or (R) for the record requested (record was not available). If the prior response was (Y), then the next response should be (Y) the child is adequate for age or (D) referred to doctor or (H) referred to health department. Clients who fail to bring immunization records to clinic for two (2) consecutive certification visits must be referred to the District Immunization Coordinator or designee for tracking and follow-up. Local agencies will be routinely monitored to assure immunization records are assessed and that referrals are being made according to local agency policy. See the Monitoring Section for the tool on which the local agency will be reviewed.

#### XXV. COMPLAINT PROCEDURES

A. Procedures for Processing a Complaint or Incident

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

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

How to use the complaint web application:

1. Visit <a href="http://wic.ga.gov/complaints/">http://wic.ga.gov/complaints/</a>

- 2. Register yourself using your official (work) e-mail address under clinic user.
- 3. Create a password password is case sensitive.
  - a. Minimum six (6) characters
  - b. Alpha-numeric
- 4. Once an account is created inform policy unit staff to link your district/clinic under your user name. If the state office receives a complaint for your district/clinic, an email will be sent to you. You can view the complaint by logging into the web application. You can see the complaint detail by clicking "Detail". You can respond to the complaint by "respond to complaint".
- 5. When a complaint is received by local agency/District/clinic; The Incident/Complaint Form should be used to assure that all required information is captured (see Attachment CT-39).

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

The top right hand portion of the form is designed to capture the type of complaint. If a participant files a complaint, check participant and complete the <a href="Person Filing Complaint">Person Filing Complaint</a> and <a href="Participant Information">Participant Information</a> section. Proceed with the complaint. If a vendor calls with a complaint, check vendor and complete the Vendor Information section on the form and document the complaint.

When recording the incident/complaint, get as much information about the situation as possible. In the absence of electronic signatures type the name of the person taking the incident/complaint. It is necessary for the local agency to document the resolution of the incident/complaint and indicate if the complaint can be closed at the local level. Record the name and title of the person resolving the complaint and resolution date. This form will be kept on file for three (3) years plus current year.

B. How to File a Complaint (Flyer)

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

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

## XXVI. SPECIAL CERTIFICATION CONDITIONS (HOME VISITS)

#### A. General

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

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

#### B. Certification for Home Visits

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

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

#### C. Procedures

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

- 1. Staff will communicate with client by phone; obtain as much information over the phone as possible (establish time and date of visit).
- 2. Clinic staff must take a laptop or paper Certification Form to the client's home. Clinic staff must request ID, residency and income and documents using established codes. When using a paper Certification Form, place the signed copy of the form in the patient's file. The certifying information must be entered into the computer. However the, unsigned computer printout must not be included in the patient record.

- 3. Vouchers must be created prior to leaving the WIC clinic. The client must sign the voucher receipt or voucher register. If blank manual vouchers are used, a copy must be turned into the clinic. The signed receipt or register or voucher copy must be filed and maintained according to standard operating procedures.
- 4. Clinic staff may use the mother's Medicaid number as proof for the first sixty (60) days to place an infant on the Georgia WIC Program. Medicaid card verification must be done or a thirty (30)-day certification may be used. If the thirty (30)-day certification is used, the established procedures must be followed.
- 5. An Ineligibility Notice must be issued if the client is determined to be ineligible at that time.
- 6. If, after completing the certification process, Voter Registration has been offered according to the requirements of the National Voter Registration Act of 1993, Rights and Obligations and How to File a Complaint flyer have been given, and the applicant/participant is eligible, then vouchers and a WIC ID card must be issued.
- 7. WIC clinic staff must return the Certification Form, signed copies of Blank Manual Vouchers and other paperwork to clinic for filing.
- 8. WIC clinic staff must enter the information into the computer and mail copies of the Blank Manual Vouchers (if used) to CSC Covansys.
- 9. Nutrition assessment/education Based on the data collected from the WIC Assessment and Certification Forms (e.g., client's available anthropometric, biochemical, nutritional information and health history), a nutrition assessment shall be done and nutrition counseling provided. The client-centered counseling shall include information on the applicant's nutritional risks identified, food package prescribed, information about the Georgia WIC Program and any referrals for services needed. The nutrition education and related forms shall be documented and filed in the participant's chart upon return to the clinic.

#### XXVII. SPECIAL CERTIFICATION CONDITIONS

#### A. General

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

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

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

# B. Separation of Duty

When only one (1) person completes any certification process alone, a copy of the completed Certification Form, voucher receipt(s) and any other documentation must be submitted to the Nutrition Services Director or their designee within three (3) days of certification to comply with separation of duties. A form has been created to document the absence of Separation of Duties (see Attachment CT-43). The Separation of Duties form must be:

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

## C. Certification Procedure (with use of medical records)

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

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

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

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

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

#### duties.

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

- WIC staff is given a list (daily) of patients that are on the OB ward. This list contains information that will determine the status of each patient (e.g., name, age, lab data, etc., that facilitates the certification process).
- This list may also contain the identification (ID), residency, Medicaid documentation, weight, heights and hemoglobin.
- Identification, residency and income information (if adjunctive eligibility documentation is not found) is brought to the hospital or the Thirty (30)-Day procedure should be used).
- The WIC employee verifies the list prior to making rounds on the OB wards. This will determine if the patient needs to be seen. Additionally, information must be asked of the applicant to determine eligibility (e.g., income, etc.).
- WIC staff maintains a daily running list of patients enrolled on the Georgia WIC Program to ensure that duplication does not occur.
- A Certification form is completed. Voter Registration is offered, according
  to the requirements of the National Voter Registration Act of 1993, Rights
  and Obligations and How to File a Complaint flyer are given and one (1) to
  three (3) months of vouchers are issued.
- The participant is transferred to the clinic of their choice. This includes all county clinics and one contracted agency.
- Vouchers are taken on the ward stored in a locked container until issued.
- The participant is given a follow-up appointment with the name and phone number of the clinic to contact.

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

#### E. 90-Day Blood Work Policy

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

# F. Voter Registration Policy

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

#### G. Transfers/Caseload Count

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

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

#### H. Identification (ID) Number Assignment

WIC participant ID numbers are assigned based on District policy.

# I. Thirty (30) -Day Policy

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

#### J. Agreement between the District and Hospital

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

#### K. Prior Approval

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

#### L. File Maintenance in the Hospital

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

#### M. Voucher Security

All vouchers must be kept secure and follow the procedures outlined in the

Georgia WIC Program Procedures Manual.

## N. Certification Process in the Hospital

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

#### O. Required Components of a Hospital Certification

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

# Women - Breastfeeding and Non Breastfeeding Post Partum

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

#### **Infants**

Use birth length from the hospital for infants (in Medical Record or on the crib card).

# 8. Weight for Postpartum Women and Infants

## Women-Breastfeeding and Non-Breastfeeding Post Partum

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

#### Infants

Weight for Infants – Use birth weight from the hospital (in Medical Record or the crib card).

9. **Hematological Data** – Document post-partum hematological data when available or use the ninety (90)-day hematological policy.

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

## Ninety (90)-day Hematological Policy

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

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

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

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

Infants

- Evaluation of Inappropriate Nutrition Practices and completion of Growth Chart are both optional (hospitals only)
- b. Risk Factor Assessment Required
- Primary Nutrition Education and Referrals Primary nutrition education and appropriate referrals must be documented for all hospital certifications.
- 12. **Signatures and Title of the Competent Professional Authority**Making the determination and signature and title of person making income determination. Signature of the applicant/participant/caregiver or parent Date Applicant is seen.
- 13. The Statement advising participants of their Rights and Obligations while on the Georgia WIC Program This information is already on the Certification Form.
- 14. If information is shared with other Programs, Disclosure Statement is required on the Certification form.

- 15. **Notification of the participant's Rights and Obligations** Must be given on site to the participant (handout).
- 16. **Explanation on how the Local Food Delivery System Works** Must be given on site to the participant (handout).
- 17. Advise in writing of the Ineligibility/Suspension or Disqualification

   Not necessary unless ineligible during the initial certification.
- 18. **Voter Registration -** Must be offered during the certification process according to the requirements of the National Voter Registration Act of 1993.
- 19. **How to File a Complaint Flyer** Must be given on site to the participant (handout).
- P. Two Types of Hospital Clinics

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

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

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

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

#### XXVIII.CLIENT STAFF RATIO

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

#### XXIX. PNSS DATA COLLECTION

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

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

#### XXX. WIC INTERVIEW SCRIPT

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

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

#### GEORGIA WIC PROGRAM ASSESSMENT/CERTIFICATION FORM PRENATAL WOMAN

CLINIC FAMILY NUMBER				WCID	NUMBER			
NAME LAST	FI	RST			MIDDLE INI	TIAL	BIRTH	DATE
ADDRESS			CITY				ZIP C	COE
TELEPHONE	HISPAN	ICALATINO	T	RACE (check all that a	nnties)		MIG	RANT
( )	☐ YES	□ NO	_ i	2 3	4 5		☐ ves	□ NO
COUNTY OF RESIDENCY PROOF OF RESIDENCY		PROOF OF I.D.	•		FOSTER CARE		ENTER E	DC DATE
UP:		UP:			☐ ves ☐	NO		
INITIAL CONTACT DATE: DATE OF FIRST VISIT REQUESTING WIC SERV	rices						Date:	Туре:
(Must change date if cetifications are not consequilive) MEDICAL DATA DATE						_		
(Enter date height and weight measurements were taken)			Departments	foight Dr	own at RM			
Height Weight in.			Ibs. Pregravid W	ibs.	egravid BMI			
Hematological Data Date:							HCT	
Hematocrit/Hemoglobin (Value must be ≤ 90 days)								ж
Select appropriate risk criteria per State guidelines (See Risk	Criteria Handboo	ok for definitions	5)				YES	NO
Low Hgb/Hct					[HR]	201		
Underweight (pregravid BMI < 18.5)  Overweight (pregravid BMI > 25.0)					[HR]	101		
Low Maternal Weight Gain					[HR]	131		
* Gestational Weight Loss During Pregnancy					[HR?]	132		
High Maternal Weight Gain						133		
<ul> <li>Elevated Blood Lead Level (Blood Lead Level ≥ 10 µg/dl)</li> </ul>					[HR]	211		
* Hyperemesis Gravidarum					[HR]	301		
* Gestational Diabtes					[HR]	302		
<ul> <li>History of Gestational Diabetes</li> </ul>						303		
* History of Preeclampsia						304		
* History of Preterm Delivery (Enter delivery date(s) and weeks	gestation:	)				311		
* History of Low Birth Weight Infant(s) (Enter birth weight(s) and	d birth date(s):	)				312		
<ul> <li>History of Fetal/Neonatal Death (Enter date(s) and weeks ges</li> </ul>	tation:	)			[HR?]	321		
Pregnancy at a Young Age (Age of EDC)						331		
<ul> <li>Closely Spaced Pregnancies (Enter termination date of last presented on the control of the control</li></ul>	egnancy:	)				332		
<ul> <li>High Parity and Young Age (Enter delivery dates of previous p</li> </ul>	oregnancies:	)				333		
* Lack of, or inadequate Prenatal Care [Prenatal care beginning	after 1st Trimeste	r (0-13 wks.)]				334		
^ Multi-Fetal Gestation					[HR]	335		
* Fetal Growth Restriction						336		
<ul> <li>History of Birth of a Large for Gestational Age Infant (Enter bir</li> </ul>	th weight(s):	)				337		
Pregnant Woman Currently Breastfeeding						338		
<ul> <li>History of Birth with Nutrition Related Congenital or Birth Defe</li> </ul>	ct(s):	)				339		
* Nutrition Related Medical Conditions (List code(s):		ÿ			[HR?]			
<ul> <li>Smoking (Any smoking of cigarettes, pipes or cigars)</li> </ul>								
(Enter number of cigarettes or cigars smoked or number of times	pipe smoked (#/da	ry.	)			371		
<ul> <li>Alcohol and Illegal Drug Use</li> </ul>						372		
* Dental Problems						381		
<ul> <li>Inappropriate Nutrition Practices</li> </ul>						400		
Other Dietary Risk (Failure to Meet Dietary Guidelines)						401		
Transfer of Certification						502		
Homelessness						801		
Migrancy						802		
* Recipient of Abuse						901		
<ul> <li>Woman with Limited Ability to make Feeding Decisions and/or</li> </ul>	Prepare Food					902		
Foster Care						903		
* Environmental Tobacco Smoke Exposure						904		
HIGH RISK (Yes or No)								
ELIGIBLE FOR WIC  PRIORITY: 1= {201, 101, 111, 131, 132, 133, 211, 301, 302, 303, 347, 348, 349, 351, 352, 353, 354, 355, 358, 357, 358, 357, 358, 358, 358, 358, 358, 358, 358, 358	3, 304, 311, 312. 32	21, 331, 332, 333	, 334, 335, 336, 3	37, 338, 339, 341, 342	, 343, 344, 345, 34	6,		
347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 35 FOOD PACKAGE: (Specify Tailoring Instructions)	8, 359, 360, 361, 3	362, 371, 372, 37	3, 381, 502, 904)	4= (400, 401, 502, 80	01, 802, 901, 902, 9	03)		
SERVICES: CH (A), Health Check (B), CMS (C), Women's Health	B (D) DOM(E) O	DC/E\ Immun 10	) Load Companii	N Dantal Health (I) C	FD ( I) Private MD (	ic)	gers we asse	
SNAP (L.), Medicaid (M.), TANF (N.), Mental Health (	D), Head Start (P),	NA/None (Q), Re	fused (R), Commi	unity Health Center (S	), Children 1 <sup>st</sup> (T),	D).	Enrolled In:	
Other-Specify (U), Dietitian (V), Breastfeeding (W), E	Breastfeeding Peer	Counselor (X)				_	Referred Ta:	
TODAY'S DATE								
SIGNATURE AND TITLE OF HEALTH PROFESSIONAL								

\*Additional Documentation Required

# INCOME DETERMINATION (income must be documented)

DATE	PHYSICAL PRESENCE	MEDICAID CURRENT Y/N/U	MEDICAID I.D. NUMBER VERIFY	COPY AND FILE	SNAP Y/N/U	NO. IN FAMILY	GROSS INCOME (CURRENT/ANNUAL)				
	Y() N()*	Y() U() N()		Y() U() N()	Y()U() N()		C ( ) A ( )				
	*N() R()	UP ()		UP ()	UP ()		UP ()				
	D() W()										
* See Proce	Othe	r(Write in type)									
<b>(</b>	ST Document in Health			ı	JP:		(**************************************				
No Proof (	lo Proof ( ) How is food, shelter, clothing and Medical Care obtained?										
	Staff Initials										
Is the Client	t Income Eligible? YE	S( ) NO( ) U	P	Check H	ere if Only One Ind	ome Reported					
NOTE: The	Income Calculation For	m must be completed an	d filed in the Client's Medical Record if n	nore than one income wa	s calculated.		UP:				
							Staff Initials				
			DATA NEEDED FOR PREGNAN	CY SURVEILLANCE							
Marital S	Status (O=Married	1=Not Married 9=Ur	nknown)								
Years of											
Month of											
Parity (0	00= None 01-29 = N	lumber of previous bir	ths)								
Date las	t pregnancy ended	(000000 = No Previou	s Pregnancy 01-12 (all four digits)	= Month/Year)							
Multi / Pi	renatal Vitamin Cons	umption During Pregn	ancy (1=Yes, 2=No, 9 = Unknown)								
Multi / Pi	renatal Vitamin Cons	umption Prior to Pregi	nancy (0=less than once a week, 1-	8=number per week, \$	9-Unknown)						
Cigarette	es/Day - 3 mos prior	to Pregnancy 00=no,	01-96=#cigs/day, 97=97 or more, 9	8=quantity unknown,	99=refused)						
Cigarette	es/Day - Prenatal Vis	sit (00=no, 01-96=#cig	s/day, 97=97 or more, 98=unknowr	ı, 99=refused)							
Househo	old Smoking – Prenat	tal Visit (1=Yes, some	one smokes, 2=No, no one smokes	, 9=unknown)							
Drinks/w	eek – 3 mos prior (00	0=No, 01=1 drink, 02-	20=drinks, 21=21 or more, 98=quar	ntity unknown, 99=refu	sed)						
Fruit Inta	ıke.	<b>D</b> =Daily	S=Some Days	<b>N</b> =Never							
Vegetab	le Intake.	<b>D</b> =Daily	S=Some Days	<b>N</b> =Never							
Dairy Int	ake.	<b>D</b> =Daily	S=Some Days	<b>N</b> =Never							
Daily Act	tivity.	<b>V</b> =Very	Active S=Active Some of the Tir	me <b>N</b> -Not Active							
Screen t	ime.	Hours :	= 00 through 24								
Comment	Comments :( Date/Sign/Title);										
Proxy 1			Pro	xy 2							

#### WIC CERTIFICATION STATEMENT

#### RIGHTS AND OBLIGATIONS

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

#### NOTICE OF DISCLOSURE

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

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

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

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

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

Revised 6/12

#### GEORGIA WIC PROGRAM ASSESSMENT/CERTIFICATION FORM POSTPARTUM BREASTFEEDING WOMAN

CLINIC FAMILY NUMBER		]		WICIDINU	MBER		
NAME LAST	FIRST				MIDDLE INITIAL	BIRT	THDATE
ADDRESS	CITY				ZIP CODE	MIC YES	GRANT No
TELEPHONE ( )	HISPANIC/LATINO yes	NO		(check all that appli	es) 4	ENTER	EDC DATE
COUNTY OF RESIDENCY PROOF OF RESIDENCY	PROOF OF LD.			FOS	STER CARE	FOST	ER CARE
UP.	UP:					☐ YES	
INITIAL CONTACT DATE: DATE OF FIRST VISIT REQUESTING	WIC SERVICES			Date:	Type:	Date: Ty	pec
(Must change date if certifications are not consecutive)  WOMEN'S FEEDING METHOD:				-		<del></del>	
E= Exclusively Breastfeeding M= Mostly Breastfeeding S= Sc BREASTFEEDING AN INFANT LESS THAN 1 YEAR C	and Supplied to the state of th		(Circle One)	E	M S	E	M S
(Enter Delivery Date: ) (Birthweight: lbs		02= 14-20 days, 03= 21-	27 days, etc.)		Wks		Wks
Pregravid Weight: Ibs. Pre	egravid BMI:		BMI (Current)				
MEDICAL DATA DATE (Enter date height and weight measi	urement taken)						
		Current H	eight/Weight	ht.	wt.	ht.	wt.
		Hematologi	al Data Date:				
Hematocrit/Hemoglobin (Value must be ≤ 90 days)				HCT	нсв	нст	нсв
Select appropriate risk criteria per State guidelines	(See Risk Criteria Handbook for defi	HOUSE THE ROOM LETS		YES	NO	YES	NO
Low Hgb/Hct		H)	R] 201				
Underweight (< 6 mo. postpartum, based on pregravid or	current wt., ≥ 6 mo. postpartum, based on curr	ent wt. < 185) [HF	R] 101				
Overweight (< 6 mo. postpartum, based on pregravid wt.,	$\geq$ 6 mo. postpartum, based on current wt. $\geq$ 29	0) [HF	R?] 111				
High Maternal Weight Gain (most recent pregnancy	)	[HF	133				
* Elevated Blood Lead Level (Blood Lead Level ≥ 1	0 μg/dl)	[HF	211				
* History of Gestational Diabetes			303				
* History of Preeclampsia			304				
* Delivery of Preterm Infant(s) (most recent pregnance	y) (enter weeks gestation:	)	311				
* Delivery of Low Birth Weight Infant(s) (most recent pre	gnancy) (Enter birth weight(s) and birth date(s)	. )	312				
* Fetal/Neonatal Death (most recent pregnancy) (Enter date	e(s) of death and weeks gestation:	)	321				
Pregnancy at a Young Age (most recent pregnand	cy)	[HF	??] 331				
* Closely Spaced Pregnancies (most recent pregnancy) (E	Enter termination dates of last (2) pregnancies:	)	332				
* High Parity and Young Age (Enter delivery date(s) of	of previous pregnancies:	)	333				
* Multi-Fetal Gestation (most recent pregnancy)		[HF	8] 335				
* History of Large for Gestational Age Infant (Birthweig	$ht(s) \ge 9$ lbs. enter birth weight(s).	)	337				
* Birth with Nutrition Related Congenital or Birth Defe	ct(s) (most recent pregnancy) (specify defect(	s): )	339				
* Nutrition Related Medical Conditions (List code)	(s):	) [H	??]				
<ul> <li>Smoking (Any smoking of cigarettes, pipes or cigars (Enter number of cigarettes or cigars smoked or nun</li> </ul>		)	371				
* Alcohol and Drug Illegal Use			372				
* Dental Problems			381				
* Inappropriate Nutrition Practices			400				
Other Dietary Risk (Failure to Meet Dietary Guidelin	es)		401				
Transfer of Certification			502				
* Breastfeeding Mother of an Infant(s) at Nutritional R		)	601				
* Breastfeeding Complications or Potential Compl	lications	H)	R] 602				
Homelessness			801				
Migrancy			802				
* Recipient of Abuse			901				
<ul> <li>Woman with Limited Ability to make Feeding Decision</li> </ul>	ons and/or Prepare Food		902				
Foster Care			903				
Environmental Tobacco Smoke Exposure			904				
HIGH RISK (Yes or No)							
ELIGIBLE FOR WIC							
PRIORITY: 1= (201, 101, 111,133, 211, 303, 304, 311, 312, 32 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 3 601, 801, 802, 901, 902, 903)	21, 331, 332, 333, 335, 337, 339, 341, 342, 343 362, 371, 372, 373, 381, 502, 601, 602, 904)	), 344, 345, 346, 347, 34 <b>2=</b> (502, 601) <b>4=</b> (400,	8, 349, 351, 401, 502,				
FOOD PACKAGE: (If unable to complete infant certification at this		WOMAN'S FOO	D PACKAGE:				
enter code AAA for infant food package and describe reason below	N(.)	INFANT'S FOC	D PACKAGE:				
SERVICES: CH (A), Health Check (B), CMS (C), Women's Health Private MD (K), SNAP (L), Medicaid (M), TANF (N), Mental Health	th (D), PCM (E), PRS (F), Immun (G), Lead Scr (O), Head Start (P), NA/None (Q). Refused (R	reen (H), Dental Health ), Community Health Cr	(I), STD (J), enter (S).	Enrolled In:		Enrolled In:	
Children 1st (T), Other-Specify (U), Dietitian (V), Breastfeeding (W	), Breastfeeding Peer Counselor (X)			Referred To:		Referred To:	
TODAY'S DATE							
SIGNATURE AND TITLE OF HEALTH PR	ROFESSIONAL						

<sup>\*</sup>Additional Documentation Required

## INCOME DETERMINATION (income must be documented)

DATE	PHYSICAL PRESENCE	MEDICAID CURRENT Y/N/U	MEDICAID I.D.		COPY AND FILE	SNAP Y/N/U	NO. IN FAMILY	GROSS INCOME (CURRENT/ANNUA L)
	Y( ) N( )*	Y() U()			Y() U() N()	Y()U() N()		C () A () UP ()
	*N() R() D() W()	UP ()			UP ()	UP ()		
	lures Manual (CT - Phys T Document in Health F	sical Presence) for a list o Record)	of applicable reasons:			ode		(Write in type)
No Proof (	) How is food, she	elter, clothing and Medica	al Care obtained?			JP:	_	
	TOTAL TAKEN SECTION TO SECTION TO	( ) NO( ) UP		_	Check Here if Only C	30001 N. 40.404 DOLO, N. 14-14-15, AUG 18.		Staff Initials
NOTE: The Ir	ncome Calculation Form	n must be completed and	filed in the Client's Medi	cal Record if more	than one income was	s calculated.	U	Staff Initials
			DATA NEEDED FOR	PREGNANCY	SURVEILLANCE			
		I=Not Married 9=Unk						
		(e.g. 1 <sup>st</sup> grade = 01, 2 rst prenatal exam (0=			Oth ma O=Unknow	m \		
		ound to the nearest p		. IIIO., 0=0 OI	9 IIIO., 9-OIIKIIOW	11)	_	
		imber of previous birth						
Date last p	oregnancy ended (0	000000 = No Previous	Pregnancy 01-12 (a	ll four digits) =	Month/Year)			
		=No, 2= Yes, most re						
		sit (1=No, 2= Yes, mos						
		mption Prior to Pregna o Pregnancy 00=no, 0						
		o Pregnancy 00=no, 0 /isit (00=no, 01-96=#c				99=retusea)	_	
Oiguicites		(00-110, 01-30 <b>-#</b> 0	.go.day, 57-57 01110	. o, oo-alikilowi	, 55-161636u)			
Cigarettes	/Day – Last 3 mos o	f Pregnancy 00=no, 0	1-96=#cigs/day, 97=9	7 or more, 98=	quantity unknown, 9	9=refused)		
		tum Visit (1=Yes, som						
		=No, 01=1 drink, 02-20						
		tpartum (00=No, 01=1	drink, 02-20=drinks,			wn, 99=refused)		
	stfeeding began st time of breastfeedi	ing and/or numping			D/YYYY) D/YYYY)		_	
Fruit Intak		ing and/or pumping	D=Daily	S=Some Da		/er		
Vegetable			D=Daily	S=Some Da			_	
Dairy Intal			D=Daily	S=Some Da				
Daily Activ			V=Very Active		me of the Time	N-Not Active		
Screen tin	-		Hours = 00 throu	101 /0 3000W/0 R040				
Commonto	/Doto/Sign/Title):							

Proxy2 \_\_\_\_

Proxy 1

#### WIC CERTIFICATION STATEMENT

#### RIGHTS AND OBLIGATIONS

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

#### NOTICE OF DISCLOSURE

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

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

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

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

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

Revised 6/12

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

CLINIC	FAMILY NUMBER	ПП				WICH	D NUMBER			
NAME LAST		FIF	RST				MIDI	DLE INITIAL	BIRTH	IDATE
ADDRESS				CITY					ZIP C	ODE
	TELEPHONE	HISPANI	C/LATINO		PACE	(check all that	applies)		MIGF	PANT
( )		☐ YES	□ NO		1 2	3		5	☐ YES	NO NO
COUNTY OF RESIDENCY	PROOF OF RESIDENCY		PROOF OF I.D.				FOSTER	CARE	ENTER E	DC DATE
	UP:		UP:				YES	No		
INITIAL CONTACT DATE: DA	TE OF FIRST VISIT REQUESTING WIC SERVICE	CES	OF.			Date:			Туре	
(Must change date if certifications are n	not consecutive)									
NON-BREASTFEEDING, LESS (Enter Delivery Date:	S THAN 6 MONTHS POSTPARTUM ) (Birthweight: lbs. o	oza)	EVER BREASTFED?	□ vec	□NO				Weeks Breastfed:	
MEDICAL DATA DATE	) (convoga.	M.0.5	E TER BROWN ED!							
(Enter date height and weight measurer							- id Phil			
Height	Weight in.		Ib	is.	gravid Weight	lbs.	avid BMI			
Hematological Data Date:									нст	
Hematocrit/Hemoglobin (Value										,
	criteria per State guidelines (See Risk (	Criteria Handboo	k for definitions)						YES	NO
Low Hgb/Hct							[HR]	201		
	vid or current BMI < 18.5)						[HR]	101		
Overweight (pregravi							[HR?]	111		
	Gain (most recent pregnancy)						n (P.)	133		
	Level (Blood Lead Level ≥ 10 µg/dl)						[HR]	211		
* History of Gestationa	7							303		
History of Preeclampsi     Delivery of Preterm Inf	WD	unalia anatotiani	,					304		
Delivery of Preterm Infant(s) (most recent pregnancy) (Enter weeks gestation: ) 311  Delivery of Low Birth Weight Infant(s) (most recent pregnancy) (Enter birth weight(s) and delivery date(s): ) 312										
	(most recent pregnancy) (Enter date(s)		August Au	iate(s)			1	312		
	g Age (most recent pregnancy)	or death and weer	ts gestation.				/ [HR?]	331		
	ancies (most recent pregnancy) (Enter t	termination dates	of last (2) pregnanc	iec.			Tineil	332		
	Age (Enter delivery dates of previous pri		or root (2) program				)	333		
	(most recent pregnancy)	ognario os.					[HR]	335		
	estational Age Infant (Birth weight ≥ 9lbs.	) (Enter birth wei	ght(s):	)			1,	337		
	ated Congenital or Birth Defect(s) (most						)	339		
12	dical Conditions (List code(s):		)	,			[HR?]			
* Smoking (Any smoking	g of cigarettes, pipes or cigars)							371		
* Alcohol and Illegal Dru	ig Use							372		
* Dental Problems								381		
* Inappropriate Nutrition	Practices							400		
Other Dietary Risk (Fai	ilure to Meet Dietary Guidelines)							401		
Transfer of Certification	n							502		
Homelessness								801		
Migrancy								802		
* Recipient of Abuse								901		
* Woman with Limited Al	bility to make Feeding Decisions and/or F	Prepare Food						902		
Foster Care								903		
UTTO A CONTROL OF THE	acco Smoke Exposure							904		
HIGH RISK (Yes or No)										
ELIGIBLE FOR WIC	A 126 Mary 10 Mary 1988 Sales Marie Carrier Court	CHARLES TO CONTRACT OF THE PARTY OF THE PART		020 000	1968 1948 AND	EUS IN M	02 200 mm = 1	D1 2500		
351, 352, 353	) <b>6=</b> (201, 101, 111, 133, 211, 303, 304, 3, 354, 355, 356, 357, 358, 359, 360, 361	, 311, 312, 321, 33 1, 362, 371, 372, 3	31, 332, 333, 335, 3 73, 381, 400, 401,	336, 337, 502, 801	339, 341, 342 , 802, 901, 90	2, 343, 344, 34 2, 903, 904)	45, 346, 347, 34	8, 349,		
FOOD PACKAGE: (Spec	ify Tailoring Instructions)									
SNAP (L), Mo	Ith Check (B), CMS (C), Women's Health edicaid (M), TANF (N), Mental Health (O)	), Head Start (P), I	NA/None (Q), Refu	Lead Scr sed (R), (	een (H), Denta Community He	al Health (I), Sealth Center (S	STD (J), Private S), Children 1 <sup>st</sup> (	MD (K), T),	Enrolled In:	
TODAY'S DATE	y (U), Dietitian (V), Breastfeeding (W), Br	eastreeding Péér	Counselof (X)						Referred To:	
total y its registers	OF HEALTH DOOFFOOIONIN								<del></del>	
SIGNATURE AND TITLE	OF HEALTH PROFESSIONAL								I	

\*Additional Documentation Required

	INCOME DETERMINATION (income must be documented)									
DATE	PHYSICAL PRESENCE	MEDICAID CURRENT Y/N/U	MEDICAID I.D. NUMBER VERIFY	TANF Y/N/U COPY AND FILE	SNAP Y/N/U	NO. IN FAMILY	GROSS INCOME (CURRENT/ANNUAL)			
	Y() N()*	Y() U() N() UP(		Y() U() N()	Y() U() N() UP()		C ( ) A ( ) UP ()			
	*N() R() D() W()	)		()	OP ()					
* See Pro (M	Oti	(Write in type)								
No Proof ( ) How is food, shelter, clothing and Medical Care obtained?										
Is the Clie	nt Income Eligible?	res( ) NO( )	UP		Check Here if C	only One Inco	Staff Initials me Reported ( )			
	_		and filed in the Client's Medical Reco			,	UP:			
NOTE. III	e income Calculation P	om must be completed a	and lifed in the Chefit's Medical Rect	ord if more than one income w	as calculated.		Staff Initials			
			DATA NEEDED FOR PREG	BNANCY SURVEILLANCE	<b>=</b>					
Marital S	And the section had been been been been been been been bee	1=Not Married 9=Ur	Manager Control of the							
	-		2yrs. College = 14, Unknown =							
Month of										
Last weight prior to delivery (Round to the nearest pound)										
Parity (0	00= None 01-29 = N	lumber of previous bir	ths)							
Date las	pregnancy ended	(000000 = No Previou	s Pregnancy 01-12 (all four di	gits) = Month/Year)						
Diabetes	- Postpartum visit	(1=No, 2= Yes, most r	ecent, 3=Yes, past and most re	cent, 4=Yes, first time)						
Hyperter	nsion – Postpartum v	risit (1=No, 2= Yes, mo	ost recent, 3=Yes, past and mos	st recent, 4=Yes, first time	)					
Multi / Pi	renatal Vitamin Cons	umption Prior to Preg	nancy (0=less than once a week	k, 1-8=number per week, 9	9-Unknown)					
Cigarette	es/Day - 3 mos prior	to Pregnancy 00=no,	01-96=#cigs/day, 97=97 or mor	re, 98=quantity unknown,	99=refused)					
Cigarette	es/Day – Postpartum	Visit (00=no, 01-96=#	cigs/day, 97=97 or more, 98=u	nknown, 99=refused)						
Cigarette	es/Day – Last 3 mos	of Pregnancy 00=no,	01-96=#cigs/day, 97=97 or mor	e, 98=quantity unknown, 9	99=refused)					
Househo	Household Smoking – Postpartum Visit (1=Yes, someone smokes, 2=No, no one smokes, 9=unknown)									
Drinks/week – 3 mos prior (00=No, 01=1 drink, 02-20=drinks, 21=21 or more, 98=quantity unknown, 99=refused)										
Drinks/w	eek – Last 3 mos Po	stpartum (00=No, 01=	1 drink, 02-20=drinks, 21=21 o	r more, 98=quantity unkno	own, 99=refused)					
Date bre	astfeeding began			(M)	M/DD/YYYY)					
Date of I										
Fruit Inta	ike.	<b>D</b> =Dail	y S=Some Days	N=Never						
Vegetab	les Intake.	<b>D</b> =Dail	y S=Some Days	<b>N</b> =Never						
Dairy Int	ake.	<b>D</b> =Dail	y S=Some Days	<b>N</b> =Never						
Daily Ac	tivity.	V=Ver	y Active S=Active Some of t	he Time N-Not Active						
Screen t	ime.	Hours	= 00 through 24							
Commer	nts :( Date/Sign/Title)	:								
Proxy 1				Proxy2						

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Name of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent (please print)	Date	Name of WIC Official (please print)	Date				
Signature of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent	UP: Date	Signature of WIC Official	Date				
Please initial below to indicate your preference:							
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Revised 6/12

#### GEORGIA WIC PROGRAM ASSESSMENT/CERTIFICATION FORM INFANT

CLINIC FAMILY NUMBER	$\Box$			WIC ID	NUMBE	R I		
NAME LAST FIRST						MIDDLE INITIAL	DIRTH	DATE
ADDRESS CITY						ZIP CODE	MIGR	ANT No
TELEPHONE GENDI	FEMALE	HISP.	ANIC/LAT			RACE	(check all that applies)	s
PROOF OF RESIDENCY	P ARENT/GUARDI/		IDENTIFI	NO NO			DF IDENTIFICATION	Π,
COUNTY OF RESIDENCY		EN PROUE OF	IDENTIFE	CATION			FIDEN IIFICATION	
L L UP:	UP:					UP:		
PARENT/GUARDIAN/CAREGIVER/SPOUSE/ALTERNATE PARENT NAME	FOSTER CARE:	YE	S	□ NO		FOSTER CARE	YES	□ NO
MOTHER'S WIC ID#		LAST WEI	GHT BEF	ORE DELIVER	Y:	Ibs.	EDC DATE:	
INITIAL CONTACT DATE OF FIRST VISIT REQUESTING WIC SERVICES				Date:		Туре	Date:	Type:
INFANT FEEDING METHOD: (Circle One)  E= Exclusively Breastfeeding M= Mostly Breastfeeding S= Some Breastfee	eding F= Fully Fom	nula Fed		E	М	S F	E M	S F
Check Each Question Yes or No or Write N/A (per state g	uidelines)			YES		NO	YES	NO
BREAST FED NOW BREASTFED EVER			_					
RECORD THE NUMBER OF WEEKS INFANT BREASTFED								
(00= 0-6 days, 01= 7-13 days, 02= 14-20 days, 03= 21-27 days, etc.)  DATE OF MOST RECENT BREASTFEEDING RESPONSE					wks			
MEDICAL DATA DATE (Enter date length/weight measurements were taken)								
Length: Weight (Enter Birth weight lbs ozs )			_			in		in
Weight (Enter Birth weight lbs ozs )  Hematological Data Date:				II.	os.	OZS.	lbs.	OZS.
Hematocrit/Hemoglobin (Value must be ≤ 90 days)							нст	HGB
Select appropriate risk criteria per State guidelines (See Risk Criteria Handbook fo	or definitions)			YES		NO	YES	NO
Low Hgb/Hct (Hgb ≤10.9 6-11 month)		[HR]	201					
Underweight or At Risk of Underweight (≤ 5 <sup>th</sup> percentile weight/length)		[HR?]	103					
High Weight for Length (≥ 98 <sup>th</sup> percentile weight for length)			115					
Short Stature or At Risk of Short Stature  * Fallure to Thrive		[HR?]	121					
Inadequate Growth		[HR]	134					
* Low Birth Weight (Birth weight ≤ 5 1/2 lbs. or ≤ 2500 gms)		[HR]	141					
* Prematurity (Enter weeks gestation: )		į, mag	142					
Small for gestational Age			151					
Low Head Circumference (< 2 <sup>nd</sup> percentile)			152					
<ul> <li>Large for Gestational Age [Birth weight ≥ 9 lbs. (4000 gms)]</li> </ul>			153					
* Elevated Blood Lead Level (Blood Lead Level ≥ 10 μg/dl)		[HR]	211					
* Nutrition Related Medical Conditions (List code(s):  * Dental Problems	)	[HR?]	381					
* Fetal Alcohol Syndrome		[HR]	382					
* Inappropriate Nutrition Practices		60.00	400					
Dietary Risk Associated with Complementary Feeding Practices (Infant > 4 months)			428					
Transfer of Certification			502					
* Breastfeeding Complications or Potential Complications	ble during	[HR]	603					
Infants (up to 6 months old) of a WIC Mother or a woman who would have been eligit pregnancy	ble during		701					
* Breastfeeding Infant of a Woman at Nutritional Risk	- 1		702					
(Enter mother's risk factors:  * Infants born to Mother with Mental Retardation, or	)							
Alcohol or Drug Abuse During Most Recent Pregnancy			703					
Homelessness			801					
Migrancy  A Recipient of Ahuse			802					
Recipient of Abuse     Primary Caregiver with Limited Ability to make Feeding Decisions and/or Prepare Fo	od		901 902					
Foster Care			903					
* Environmental Tobacco Smoke Exposure			904					
HIGH RISK (Yes or No)								
ELIGIBLE FOR WIC								
PRIORITY: 1= (201, 103, 115, 121, 134, 135, 141, 142, 151, 152, 153, 211, 341, 342, 3 350, 351, 352, 353, 354, 355, 356, 357, 359, 360, 362, 381, 382, 502, 6	343, 344, 345, 346	347, 348, 34	49,					
2= (502, 701, 702) 4= (400, 428,502, 702, 801, 802, 901, 902, 903)							(NEVER DOWNGRAD)	INFANTS PRIORITY)

Second Screened/Requested? Yes ( ) Dodor ( ) Health Dept. ( )	Γ	FOOD PACKAGE: (Specify Tai	iloring Instructions)							
**Additional Decomendation Regulary at BOUNDATE PROTECTION OF PROPERSIONAL  **Additional Decomendation Regulary at Boundation For Birth of Agency Companies of Source of Income Code		SERVICES: CH (A), Health Check (M), TANF (N), Mental Health (O), He	(B), CMS (C), Immun (G), Lead So ad Start (P), NANone (Q), Refused	reen (H), Dental Health (I), STD (J), Private MD (K), (R), Community Health Center (S), Children 1st (T).	, SNAP (L), Medicald , Other-Specify (U),	Enrolled I	n:	Enrolled	nc	
SOURCIDE AUG TITLE OF MEALTH PROFESSIONAL	-		stfeeding Peer Counselor (X)			Referred	To:	Referred	To:	
NCOME DETERMINATION (income must be documented)    NCOME DETERMINATION (income must be documented)		Andrew B. March State Co.	EALTH PROFESSIONAL			-				
INCOME DETERMINATION (income must be documented)    DATE		. 2001 10 100 100 100	8							
INCOME DETERMINATION (income must be documented)    DATE										
INCOME DETERMINATION (income must be documented)    DATE										٦
DATE PHYSICAL PRESENCE CURRENT VINU MEDICAID I.D. NUMBER COPY AND FILE SNAP YIN/U PAMILY (CORENT/ANUAL)  Y( ) Y( ) U( ) U	Do y	ou have a medical home	? L Yes	□ No M.D. Name						_
DATE   PHYSICAL   MEDICAID LD. NUMBER VERIFY   COPY AND FILE   SNAP Y/N/U   N ( )   GROSS INCOME FAMILY   CURRENT/ANNUAL)			INCOM	ME DETERMINATION (inc	come must b	e doci	umented)			_
DATE   PHYSICAL   MEDICAID LD. NUMBER VERIFY   COPY AND FILE   SNAP Y/N/U   N ( )   GROSS INCOME FAMILY   CURRENT/ANNUAL)										_
*See Proceedures Manual (CTPhysical Presence) for a list of applicable reasons:  *See Proceedures Manual (CTPhysical Presence) for a list of applicable reasons:  *Source of Income Code	DAT				200 2000 100	00000	SNAP Y/N/U			
*See Procedures Manual (CT - Physical Presence) for a list of applicable reasons:  *See Procedures Manual (CT - Physical Presence) for a list of applicable reasons:  *No Proof ( ) How is food, shelter, dothing and Medical Care obtained?    No Proof ( ) How is food, shelter, dothing and Medical Care obtained?						( )			A ()	1
MUST Document in Health Record   White in type   White in type   UP:			UP ()		UP (		UP ()		, , , , , , , , , , , , , , , , , , , ,	
MUST Document in Health Record   Write in type   Write in type   UP:	¹ See	Procedures Manual (CT - 6	Physical Presence) for a li	et of applicable reasons	Source	of Income	Code	OH	ner	4
No Proof ( ) How is food, shelter, clothing and Medical Care obtained?	066			st of applicable reasons.	Source	or income			(Write in type)	
Staff Initials   Staf							UP:			
Is the Client Income Eligible? YES ( ) NO ( ) UP Check Here if Only One Income Reported ( )  NOTE: The Income Calculation Form must be completed and filed in the Client's Medical Record if more than one income was calculated.  Peachcare Y=Yes N=No	No Pi	oof ( ) How is food	, shelter, clothing and Me	dical Care obtained?						
Is the Client Income Eligible? YES ( ) NO ( ) UP Check Here if Only One Income Reported ( )  NOTE: The Income Calculation Form must be completed and filed in the Client's Medical Record if more than one income was calculated.  Peachcare Y=Yes N=No	_								Staff Initials	
NOTE: The Income Calculation Form must be completed and filed in the Client's Medical Record if more than one income was calculated.  Peachcare  Y=Yes N=No Date breastfeeding began (MM/DD/YYYY) Date of last time of breastfeeding and/or pumping (MM/DD/YYYY)  IMMUNIZATION STATUS Record Screened/Requested? Yes() Requested()  Adequate for Age/Referred: Yes() Doctor() Health Dept.()  Adequate for Age/Referred: Yes() Doctor() Health Dept.()  Comments:(Date/Sign/Title):	ls the	Client Income Eligible?	VES ( ) NO ( )	LIP		Chack	Here if Only One Inc	ome Reporte		
Peachcare  Y=Yes N=No  Date breastfeeding began  (MM/DD/YYYY)  Date of last time of breastfeeding and/or pumping  (MM/DD/YYYY)  IMMUNIZATION STATUS  Record Screened/Requested? Yes () Requested ()  Adequate for Age/Referred: Yes () Doctor () Health Dept. ()  Adequate for Age/Referred: Yes () Doctor () Health Dept. ()  Comments:(Date/Sign/Title):	13 010	Shelit income Engine	.20( )( )	· · ·	_	Oncer	ricie ii oilly one iii	ome reporte		
Date of last time of breastfeeding and/or pumping (MM/DD/YYYY)  IMMUNIZATION STATUS  Record Screened/Requested? Yes ( ) Requested ( )  Adequate for Age/Referred: Yes ( ) Doctor ( ) Health Dept. ( )  Comments:(Date/Sign/Title):	NOTE	: The Income Calculation F	Form must be completed a	and filed in the Client's Medical Recor	rd if more than one	income w	vas calculated.			
Date of last time of breastfeeding and/or pumping (MM/DD/YYYY)    IMMUNIZATION STATUS   IMMUNIZATION STATUS   Record Screened/Requested? Yes () Requested ()   Adequate for Age/Referred: Yes () Doctor () Health Dept. ()   Adequate for Age/Referred: Yes () Doctor () Health Dept. ()   Comments:(Date/Sign/Title):										
Date of last time of breastfeeding and/or pumping (MM/DD/YYYY)    IMMUNIZATION STATUS     IMMUNIZATION STATUS   Record Screened/Requested? Yes() Requested()   Adequate for Age/Referred: Yes() Doctor() Health Dept.()   Adequate for Age/Referred: Yes() Doctor() Health Dept.()   Comments:(Date/Sign/Title):	Peac	hcare		Y	'=Yes	N:	=No			ì
IMMUNIZATION STATUS   IMMUNIZATION STATUS   Record Screened/Requested? Yes() Requested()   Record Screened/Requested? Yes() Requested()   Adequate for Age/Referred: Yes() Doctor() Health Dept.()   Adequate for Age/Referred: Yes() Doctor() Health Dept.()   Comments:(Date/Sign/Title):	22 22						1 2003			-
IMMUNIZATION STATUS  Record Screened/Requested? Yes() Requested()  Adequate for Age/Referred: Yes() Doctor() Health Dept.()  Adequate for Age/Referred: Yes() Doctor() Health Dept.()  Comments:(Date/Sign/Title):	Date	breastfeeding began		(I	MM/DD/YYYY)					
Record Screened/Requested? Yes ( ) Requested ( )  Adequate for Age/Referred: Yes ( ) Doctor ( ) Health Dept. ( )  Comments:(Date/Sign/Title):	Date	of last time of breastfee	ding and/or pumping	(	MM/DD/YYYY)					7
Record Screened/Requested? Yes ( ) Requested ( )  Adequate for Age/Referred: Yes ( ) Doctor ( ) Health Dept. ( )  Comments:(Date/Sign/Title):										
Record Screened/Requested? Yes ( ) Requested ( )  Adequate for Age/Referred: Yes ( ) Doctor ( ) Health Dept. ( )  Comments:(Date/Sign/Title):				TO .						
Adequate for Age/Referred: Yes ( ) Doctor ( ) Health Dept. ( )  Comments:(Date/Sign/Title):		_		_						
Comments:(Date/Sign/Title):	Record Screened/Requested? Yes() Requested() Record Screened/Requested? Yes() Requested()									
	Adequate for Age/Referred: Yes ( ) Doctor ( ) Health Dept. ( )  Adequate for Age/Referred: Yes ( ) Doctor ( ) Health Dept. ( )									
Proxy 1 Proxy 2	Com	ments:(Date/Sign/Title):								
Proxy 1 Proxy 2										
	Prox	/1			Proxy 2					

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

Name of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent (please print)	Date	Name of WIC Official (please print)	Date				
caregreen atomator atom (process print)	UP:						
Signature of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent	Date	Signature of WIC Official	Date				
Please initial below to indicate your preference:							
In applying for WIC services, I AUTHORIZE DISCLOSURE of my WIC applicant or participant information for the purposes referenced above. I understand that my refusal to allow such disclosure does not affect my application for or participation in WIC or my eligibility for WIC services.							
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Revised 3/1

#### GEORGIA WIC PROGRAM ASSESSMENT/CERTIFICATION FORM CHILD

FAMILY	NUMBER				WIC ID NUMBE	R			
NAME LAST		FIRST					MIDDLE INITIAL	BIRTH	DATE
ADDRESS		CITY				ZIP (	CODE	MIGE	RANT No
т.	ELEPHONE	GEND		HISPANIC				(check all that applies)	
COUNTY OF RESIDENCY	PROOF OF RESIDENCY	MALE	PARENT/GUAR	VES PROOF OF IDE	ITIFICATION	СН		IDENTIFICATION	5
	UP:		UP.			UP	:		
EDC DATE:	FOSTER CARE I	NEORMATION	FOSTER CARE	YES	□ NO	EC	STER CARE	YES	□ NO
	R/SPOUSE/ALTERNATE PARENT NAME:		1 OSTER OARE			1,5	SIER OARE.		
	ST VISIT REQUESTING WIC SERVICES (MI	st change date if certifica	ations are not conse	cutive)	Date:	Тур	æ	Date:	Туре:
	heck Each Question Yes or No or W	200411014000000000000000000000000000000			YES		NO	YES	NO
BREAST FED NOW							NO	123	110
BREASTFED EVER									
	F WEEKS CHILD BREASTFED					and the			
	= 14-20 days, <b>03=</b> 21-27 days, etc.) BREASTFEEDING RESPONSE					wks		wks	
	ter date length/weight measurements were tak	en)							
Length/Height:		umbent (R) or Stan	ding (S)	Circle One	1	in.	R S	in.	R S
Weight (Enter Birth weigh		)		011010	lbs.	iii.	0ZS	lbs:	OZS
Hematocrit/Hemoglobin (Va		-	nel Data Data:		HCT			HCT	
	, ,		cal Data Date:		VEO		HGB	VEO	HG
	teria per State guidelines (See Risk	Criteria Handbook f	or definitions)	Irozei	YES		NO	YES	NO
	0.9 12-23 months; <11.0 2-5 year)		200 A2000 TI	[HR] 2i	700				
Underweight or At Risk	of Underweight (<5th percentile 12-23	months; ≤ 10 <sup>th</sup> perce	entile 2-5 years)	[HR?] 11	03				
Obese (2-5 years)				[HR] 1	13				
Overweight (2-5 years)				1	14				
High Weight for Length (	C < 24 months)			1	15				
Short Stature or Al Risk	of Short Stature			[HR?] 1:	21				
* Failure to Thrive				[HR] 1:	34				
Inadequate Growth				[HR] 1:	35				
<ul> <li>Low Birth Weight (Children)</li> </ul>	ren < 24 months of age)			14					
	24 months of age) (Enter weeks gestati	on: )			12				
Small for Gestational Age		VII. 7			51				
Low Head Circumference	V 100 100 100 100 100 100 100 100 100 10				52	_			
1 2810 2 2018130 000 100F	20 3 N 2 P 20			Auguston Co		_			-
AND AND IN ROLL 1992 N. HAND AND	evel (Blood Lead Level ≥ 10 µg/dl)			[HR] 2	11:				
**************************************	cal Conditions (List code(s):			) [HR]					
<ul> <li>Dental Problems</li> </ul>				31	31				
* Fetal Alcohol Syndrom	e			[HR] 31	32				
<ul> <li>Inappropriate Nutrition P</li> </ul>	ractices			41	00				
Other Dietary Risk (< 24	4 months)			41	11				
Dietary Risk Associated	with Complementary Feeding Practices	(< 24 months)		4	28				
Transfer of Certification				51	02				
Homelessness				8	01				
Migrancy				81	12				
* Recipient of Abuse				91	31				
* Primary Caregiver with L	imited Ability to make Feeding Decisio	ns and/or Prepare Fo	od	91	12				
Foster Care				91					<del>                                     </del>
* Environmental Tobacco :	Smake Evaceure				075				
A 2010 CONTROL OF THE PARTY OF	Oniono Exposure			91	24	_			
HIGH RISK (Yes or No)						-			
349, 351, 35	13, 114, 115, 121, 134, 135, 141, 142 52, 353, 354, 355, 356, 357, 359, 360, 28, 502, 801, 802, 901, 902, 903)			45,346,347,348,					1
FOOD PACKAGE: (Specify	The Annual Control of the Control of								
SERVICES: CH (A), Health Ch (M), TANE (N), Mental Health (O)	neck (B), CMS (C), Immun (G), Lead Screen ( , Head Start (P), NA/None (Q), Refused (R), C	H), Dental Health (I), STD ommunity Health Center	(J), Private MD (K) (S), Children 1st (T)	, SNAP (L), Medicaid , Other-Specify (U).	Enrolled in			Enrolled In:	
Dietitian (V), Breastfeeding (W), B	reastfeeding Peer Counselor (X)		,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Referred To:			Referred To:	
TODAY'S DATE	(Altridy cross arran y pro tago tag pro construction								
SIGNATURE AND TITLE OF	F HEALTH PROFESSIONAL				1				

<sup>\*</sup>Additional Documentation Required

DATE	PHYSICAL PRESENCE	MEDICAID CURRENT Y/N/U	MEDICAID I.D. NUM VERIFY		SNAP Y/N/U	NO. IN FAMILY	GROSS INCOM
	Y() N()*	Y( ) U( ) N( )		Y() U()	Y( ) U( ) N( )		C ( ) A ( ) UP (
,	*N() R() D() W()	UP ()		UP ()	UP ()		OF (
	es Manual (CT - Phys Document in Health R	ical Presence) for a list of	applicable reasons:	Source of Income Co	de	Other_	(Write in type)
			Care abbains d2	U	P:	_	(Time in type)
Proof( )	How is food, she	elter, clothing and Medical	Care obtained?				
the Client Inco	ome Eligible? YES	( ) NO( ) UP		Check He	re if Only One Incom	e Reported (	Staff Initials
OTE: The Inco	ome Calculation Form	must be completed and f	iled in the Client's Medical Re	cord if more than one income was	calculated.	U	Staff Initial
Peachcare				<b>Y=</b> Ye			
	stfeeding began.	di d <i>(</i> i			DD/YYYY)		
Fruit Intake		ding and/or pumping <b>D=</b> Da	ily <b>S</b> =Some Days	N=Never	DD/YYYY)		
Vegetable		D=Da		N=Never			
Dairy Intak		D=Da		N=Never			
Daily Activ		V=Ve		ome of the Time N-No	Active		
Screen Tin			s = 00 through 24				
	<u>IMI</u>	MUNIZATION STATUS	<u> </u>	1	MMUNIZATION S	TATUS	
	Record Screened	/Requested? Yes ( )	Requested ( )	Record Screen	ed/Requested? Y	es() Requ	ested ( )
Adeq	uate for Age/Refer	red: Yes ( ) Doctor (	) Health Dept. ( )	Adequate for Age/Re	ferred: Yes ( ) [	Doctor ( )	Health Dept. ( )

#### WIC CERTIFICATION STATEMENT

#### RIGHTS AND OBLIGATIONS

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

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

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

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

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

Name of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent (please print)	Date	Name of WIC Official (please print)	Date			
Caregiver/Spouse/Alternate Parent (please print)	UP:					
Signature of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent	Date	Signature of WIC Official	Date			
Please initial below to indicate your preference:						
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Revised 6/12

## DATA AND DOCUMENTATION REQUIRED FOR WIC ASSESSMENT/CERTIFICATION

#### **PRENATAL WOMEN**

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

# GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment CT-6 (cont'd) NUTRITION RISK CRITERIA PREGNANT WOMEN

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

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

CODE		PREGNANT WOMEN	
<ul> <li>During first (0-13 weeks) trimester, any weight loss below pregravid weight; based on pregravid weight and current weight.</li> <li>OR</li> <li>During second and third trimesters (14-40 weeks gestation), ≥2 lbs weight loss. Based on two weight measures recorded at 14 weeks gestation or later.</li> <li>Document: Two weight measures as specified above</li> <li>High Risk: Weight loss of ≥2 lbs in the second and third trimesters</li> <li>HIGH MATERNAL WEIGHT GAIN         <ul> <li>High maternal weight gain at any point in pregnancy, such that a pregnant women's weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category.</li> </ul> </li> <li>ELEVATED BLOOD LEAD LEVELS         <ul> <li>Blood lead level of ≥10 µg/deciliter within the past 12 months.</li> </ul> </li> <li>Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.</li> <li>High Risk: Blood lead level of ≥10 µg/deciliter within the past 12 months.</li> </ul> <li>HYPEREMESIS GRAVIDARUM         <ul> <li>HYPEREMESIS GRAVIDARUM</li> <li>Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic.</li> <li>Presence of hyperemesis gravidarum diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</li> <li>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record</li> </ul> </li>	CODE		PRIORITY
based on pregravid weight and current weight.  OR  • During second and third trimesters (14-40 weeks gestation), ≥2 lbs weight loss. Based on two weight measures recorded at 14 weeks gestation or later.  Document: Two weight measures as specified above  High Risk: Weight loss of ≥2 lbs in the second and third trimesters  133 HIGH MATERNAL WEIGHT GAIN  High maternal weight gain at any point in pregnancy, such that a pregnant women's weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category.  211 ELEVATED BLOOD LEAD LEVELS  Blood lead level of ≥10 μg/deciliter within the past 12 months.  Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.  High Risk: Blood lead level of ≥10 μg/deciliter within the past 12 months.  1 HYPEREMESIS GRAVIDARUM  Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic.  Presence of hyperemesis gravidarum diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.  Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record	132	GESTATIONAL WEIGHT LOSS DURING PREGNANCY	ı
loss. Based on two weight measures recorded at 14 weeks gestation or later.  Document: Two weight measures as specified above  High Risk: Weight loss of ≥2 lbs in the second and third trimesters  133 HIGH MATERNAL WEIGHT GAIN  High maternal weight gain at any point in pregnancy, such that a pregnant women's weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category.  211 ELEVATED BLOOD LEAD LEVELS  Blood lead level of ≥10 μg/deciliter within the past 12 months.  Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.  High Risk: Blood lead level of ≥10 μg/deciliter within the past 12 months.  I HYPEREMESIS GRAVIDARUM  Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic.  Presence of hyperemesis gravidarum diagnosed by a physician as self-reported by applicant/participant/caregiiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.  Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record		based on pregravid weight and current weight.	
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women's weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category.  211 ELEVATED BLOOD LEAD LEVELS  Blood lead level of ≥10 µg/deciliter within the past 12 months.  Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.  High Risk: Blood lead level of ≥10 µg/deciliter within the past 12 months.  1 HYPEREMESIS GRAVIDARUM  Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic.  Presence of hyperemesis gravidarum diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.  Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record	133	HIGH MATERNAL WEIGHT GAIN	ı
Blood lead level of ≥10 μg/deciliter within the past 12 months.  Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.  High Risk: Blood lead level of ≥10 μg/deciliter within the past 12 months.  I HYPEREMESIS GRAVIDARUM  Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic.  Presence of hyperemesis gravidarum diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.  Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record		women's weight plots at any point above the top line of the appropriate weight	
Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.         High Risk: Blood lead level of ≥10 μg/deciliter within the past 12 months.         301       HYPEREMESIS GRAVIDARUM       I         Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic.       Presence of hyperemesis gravidarum diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.         Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record	211	ELEVATED BLOOD LEAD LEVELS	ı
record. Must be within the past 12 months.  High Risk: Blood lead level of ≥10 μg/deciliter within the past 12 months.  I HYPEREMESIS GRAVIDARUM  Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic.  Presence of hyperemesis gravidarum diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.  Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record		Blood lead level of $\geq$ 10 $\mu$ g/deciliter within the past 12 months.	
301 HYPEREMESIS GRAVIDARUM  Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic.  Presence of hyperemesis gravidarum diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.  Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record			
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by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.  Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record			
condition in the participant's health record		by applicant/participant/caregiver; or as reported or documented by a physician,	
High Risk: Diagnosed hyperemesis gravidarum		High Risk: Diagnosed hyperemesis gravidarum	

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

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

	PREGNANT WOMEN	
CODE		PRIORITY
333	HIGH PARITY AND YOUNG AGE	I
	The following two (2) conditions must <b>both</b> apply:	
	<ol> <li>The woman is under age 20 at date of conception, AND</li> <li>She has had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome.</li> </ol>	
	<b>Document:</b> EDC date; number of pertinent pregnancies (of at least 20 weeks gestation) and weeks gestation for each, in the participant's health record	
334	LACK OF, OR INADEQUATE PRENATAL CARE	I
	Prenatal care beginning after the 1 <sup>st</sup> trimester (0-13 weeks)	
	<b>Document:</b> Weeks gestation, in participant's health record, when prenatal care began. A pregnancy test is not prenatal care.	
335	MULTI-FETAL GESTATION	I
	More than one (>1) fetus in a current pregnancy.	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Multi-fetal gestation	
336	FETAL GROWTH RESTRICTION	I
	Fetal Growth Restriction (FGR) (replaces the term Intrauterine Growth Retardation (IUGR)), may be diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight <10th percentile for gestational age.	
	Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	
	Fetal Growth Restriction (FGR) must be diagnosed by a physician or a health professional acting under standing orders of a physician.	
	Document: Diagnosis in participant's health record	
	High Risk: Fetal Growth Restriction	

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

	PREGNANT WOMEN	
CODE		PRIORITY
NUTRIT	ION RELATED MEDICAL CONDITIONS	1
341	NUTRIENT DEFICIENCY DISEASES	
	Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro or micronutrients. Diseases include, but not limited to: protein energy malnutrition, hypocalcemia, cheilosis, scurvy, osteomalacia, menkes disease, rickets, Vitamin K deficiency, xerothalmia, beriberi, and pellagra. (See Appendix D)	
	The presence of nutrient deficiency diseases diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed nutrient deficiency disease	
342	GASTRO-INTESTINAL DISORDERS:	1
	Diseases or conditions that interfere with the intake, digestion, and or absorption of nutrients. The diseases and/or conditions include, but are not limited to:  • Gastroesophageal reflux disease (GERD)  • Peptic ulcer  • Post-bariatric surgery	
	<ul> <li>Short bowel syndrome</li> <li>Inflammatory bowel disease, including ulcerative colitis or Crohn's disease</li> <li>Liver disease</li> <li>Pancreatitis</li> <li>Biliary tract disease</li> </ul>	
	The presence of gastro-intestinal disorders as diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed gastro-intestinal disorder	

PREGNANT WOMEN	
	PRIORITY
DIABETES MELLITUS	I
Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.	
Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	
<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
High Risk: Diagnosed diabetes mellitus	
THYROID DISORDERS	I
<ul> <li>Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:</li> <li>Hyperthyroidism: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter).</li> <li>Hypothyroidism: Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency.</li> </ul>	
<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
High Risk: Diagnosed thyroid disorder	
HYPERTENSION	I
Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.	
<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
High Risk: Diagnosed hypertension	
	Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.  Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.  Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.  High Risk: Diagnosed diabetes mellitus  THYROID DISORDERS  Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:  Hyperthyroidism: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter).  Hypothyroidism: Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency.  Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.  High Risk: Diagnosed thyroid disorder  HYPERTENSION  Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.  Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.

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

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

	PREGNANT WOMEN	
CODE		PRIORITY
352	INFECTIOUS DISEASES	1
	A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: tuberculosis, pneumonia, meningitis, parasitic infection, hepatitis, bronchiolitis (3 episodes in last 6 months), HIV/AIDS.	
	The infectious disease <b>MUST</b> be present within the past 6 months and diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.	
	<b>Document:</b> Diagnosis, appropriate dates of each occurrence, and name of physician treating condition in the participant's health record. When using HIV/AIDS positive status as a Nutritionally Related Medical Condition, write "See Medical Record" for documentation purpose.	
	High Risk: Diagnosed infectious disease, as described above	
353	FOOD ALLERGIES	1
	An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction.	
	Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	
	<b>Document:</b> Diagnosis and the name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed food allergy.	

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

	PREGNANT WOMEN	
CODE		PRIORITY
357	DRUG/NUTRIENT INTERACTIONS	1
	Use of prescription or over the counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.	
	<b>Document:</b> Drug/medication being used and respective nutrient interaction in the participant's health record.	
	<b>High Risk:</b> Use of drug or medication shown to interfere with nutrient intake or utilization, to extent that nutritional status is compromised.	
358	EATING DISORDERS	I
	Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to: <ul> <li>Self-induced vomiting</li> <li>Purgative abuse</li> <li>Alternating periods of starvation</li> <li>Use of drugs such as appetite suppressants, thyroid preparations or diuretics</li> <li>Self-induced marked weight loss</li> </ul> <li>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</li> <li>Document: Symptoms or diagnosis and the name of the physician that is treating this condition in the participant's health record.</li>	
	High Risk: Diagnosed eating disorder	

	PREGNANT WOMEN	
CODE		PRIORITY
359	RECENT MAJOR SURGERY, TRAUMA OR BURNS	1
	Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence within the past 2 months may be self reported. Any occurrence more than 2 months previous <b>MUST</b> have the continued need for nutritional support diagnosed by a physician or health care provider working under the orders of a physician.	
	<b>Document:</b> If occurred within the past 2 months, document surgery, trauma and/or burns in the participant's health record. If occurred more than 2 months ago, document description of how the surgery, trauma and/or burns currently affects nutritional status and include date.	
	<b>High Risk:</b> Major surgery, trauma or burns that has a continued need for nutritional support.	
360	OTHER MEDICAL CONDITIONS	ı
	Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, <b>MUST</b> be severe enough to affect nutritional status. Including, but not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, moderate, Persistent Asthma (moderate or severe) requiring daily medication.	
	Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	
	<b>Document:</b> Specific medical condition; a description of how the disease, condition or treatment affects nutritional status and the name of the physician that is treating this condition in the participant's health record.	
	<b>High Risk:</b> Diagnosed medical condition severe enough to compromise nutritional status	
361	DEPRESSION	I
	Presence of depression diagnosed by a physician or psychologist as self reported by applicant/participant/caregiver; or as reported or documented by a physician, psychologist or health care provider working under the orders of a physician.	
	<b>Document:</b> Diagnosis and name of physician that is treating this condition in the participant's health record	

	PREGNANT WOMEN	
CODE		PRIORITY
362	DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH THE ABILITY TO EAT	ı
	Developmental, sensory or motor delays include but are not limited to: minimal brain function, feeding problems due to developmental delays, birth injury, head trauma, brain damage, other disabilities.	
	<b>Document:</b> Specific condition/ description of delays and how these interfere with the ability to eat and the name of the physician that is treating this condition.	
	High Risk: Developmental, sensory or motor delay interfering with ability to eat.	
371	MATERNAL SMOKING	ı
	Any smoking of cigarettes, pipes or cigars.	
	<b>Document:</b> Number of cigarettes or cigars smoked, or number of times pipe smoked, on WIC Assessment/Certification Form. See Appendix E-1 for documentation codes.	
372	ALCOHOL AND ILLEGAL DRUG USE	1
	Any alcohol use:	
	A serving of standard sized drink (1 ½ ounce of alcohol) is:  1 can of beer (12 fluid oz)  5 oz wine  1 ½ fluid oz liquor	
	Binge drinking is defined as $\geq$ 5 drinks on the same occasion on at least one day in the past 30 days	
	Heavy drinking is defined as $\geq$ 5 drinks on the same occasion on five or more days in the past 30 days	
	<b>Document:</b> Enter the number of servings of alcohol per week on the WIC Assessment/Certification Form. See Appendix E-1 for documentation codes.	
	Any illegal drug use:	
	<b>Document:</b> Type of drug(s) being used. See Appendix E-2 for commonly used illegal drug names.	

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

CODE	PREGNANT WOMEN	PRIORITY
801	HOMELESSNESS  Homelessness as defined in the Special Populations Section of the Georgia WIC Program Procedure Manual.	IV
802	MIGRANCY Migrancy as defined in the Special Populations Section of the Georgia WIC Program Procedures Manual.	IV
901	RECIPIENT OF ABUSE  Battering (abuse) within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.  Battering refers to violent assaults on women.	IV
902	PRENATAL WOMAN WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD  Woman who is assessed to have limited ability to make appropriate feeding decisions and/or prepare food. Examples may include:  • mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist)  • physical disability which restricts or limits food preparation abilities  • current use of or history of abusing alcohol or other drugs  Document: The women's specific limited abilities in the participant's health record.	IV
903	Foster Care  Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.	IV
904	ENVIRONMENTAL TOBACCO SMOKE EXPOSURE  Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.	I

## DATA AND DOCUMENTATION REQUIRED FOR WIC ASSESSMENT/CERTIFICATION

#### **BREASTFEEDING WOMEN**

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

## NUTRITION RISK CRITERIA BREASTFEEDING WOMEN

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

certif	ication (See Appe		FEEDING WOMEN	
CODE		BREASI	FEEDING WOMEN	PRIORITY
201	LOW HEMOGLO	OBIN/HEMATOCR	IT	ı
	Non-Smokers:	Hemoglobin: Hematocrit:	11.9 gm or lower ( <u>&gt;</u> 15 years of age) 11.7 gm or lower (< 15 years of age) 35.8% or lower	
	Smokers:	Hemoglobin: Hematocrit:	12.2 gm or lower (≥ 15 years of age) 12.0 gm or lower (< 15 years of age) 36.8% or lower	
	High Risk: Hem	noglobin <b>OR</b> hema	tocrit at treatment level (Appendix B-1)	
101	UNDERWEIGHT	Γ		I
			s equal to a Body Mass Index (BMI) of dix C-1.	
	≥ 6 months Po	stpartum:		
	Current weight is Table, Appendix		Mass Index (BMI) of <18.5. Refer to BMI	
	High Risk: Curr	rent BMI <18.5		
111	OVERWEIGHT			ı
	<6 months Pos Pre-pregnancy v BMI Table, Appe	veight is equal to a	a Body Mass Index (BMI) of ≥25. Refer to	
	≥ 6 months Po	stpartum:		
	Current weight is Table, Appendix		Mass Index (BMI) of ≥25. Refer to BMI	
	High Risk: Curr	ent BMI >29.9		

		BREASTFEE	DING WOMEN		
CODE					PRIORITY
133	HIGH MATERNA	AL WEIGHT GAIN			1
		nost recent pregnancy o oper limit of the recomm follows:			
	Prepregnancy Weight Group	Definition (BMI)	Cut-off Value (Singleton)	Cut-off Value (Multi-Fetal)	
1	Underweight Normal Weight Overweight Obese *There are no profetuses. (Append	< 18.5 18.5 to 24.9 25.0 to 29.9 ≥ 30.0 ovisional guidelines for u	>40 lbs >35 lbs >25 lbs >20 lbs underweight woman	* >54 lbs >50 lbs >42 lbs with multiple	
044	Document: Pre-	gravid weight and last w	reight before delivery	/	
211	Blood lead level	ood LEAD LEVELS of ≥10 μg/deciliter within e of blood test and blood	·		ı
		within the past 12 mont d lead level of ≥10 μg/d		st 12 months.	
303	HISTORY OF GE	ESTATIONAL DIABETE	S		ı
	History of diagno	sed gestational diabetes	s mellitus (GDM)		
	applicant/particip	dition diagnosed by a ph ant/caregiver; or as repo g under physician's orde	orted or documented	by physician, or	
	<b>Document:</b> Diagin the participant	nosis and name of the page is seen and name of the page is seen and the page is a seen and the page is a seen a	physician that is trea	ting this condition	

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

	BREASTFEEDING WOMEN	
CODE		PRIORITY
331	PREGNANCY AT A YOUNG AGE	I
	For most recent pregnancy, Conception at less than or equal to 17 years of age. <b>Applies to most recent pregnancy only.</b>	
	Document: Age at conception on the WIC Assessment/Certification Form	
	High Risk: Conception at less than or equal to 17 years of age	
332	CLOSELY SPACED PREGNANCIES  Delivery date for most recent pregnancy occurred less than 25 months after the termination of the previous pregnancy.  Document: Termination dates of last two pregnancies in the participant's health record.	I
333	HIGH PARITY AND YOUNG AGE	I
	The following two (2) conditions must both apply:	
	1. The woman is under age 20 at date of conception AND	
	<ol><li>She has had 3 or more pregnancies of at least 20 weeks duration (regardless of birth outcome), previous to the most recent pregnancy.</li></ol>	
	<b>Document:</b> Delivery date; number of pertinent previous pregnancies (of at least 20 weeks gestation) and weeks gestation for each, in the participant's health record.	
335	MULTI FETAL GESTATION	I
	More than one (>1) fetus in the most recent pregnancy	
	High Risk: Multi-fetal gestation	
337	HISTORY OF A LARGE FOR GESTATIONAL AGE INFANT Most recent pregnancy, or history of giving birth to an infant with a birth weight of 9 pounds or more.	I
	<b>Document:</b> Birth weight(s) and date(s) of deliveries in the participant's health record.	

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

	BREASTFEEDING WOMEN	
CODE		PRIORITY
342	GASTRO-INTESTINAL DISORDERS	I
	Diseases or conditions that interfere with the intake, digestion, and or absorption of nutrients. The diseases and/or conditions include, but are not limited to:  Gastroesophageal reflux disease (GERD)  Peptic ulcer  Post-bariatric surgery  Short bowel syndrome  Inflammatory bowel disease, including ulcerative colitis or Crohn's disease  Liver disease  Pancreatitis  Biliary tract disease  The presence of gastro-intestinal disorders as diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.  Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.  High Risk: Diagnosed gastro-intestinal disorder	
343	DIABETES MELLITUS	I
	Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.	
	Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed diabetes mellitus	

	BREASTFEEDING WOMEN	
CODE		PRIORITY
344	THYROID DISORDERS	1
	Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:	
	<ul> <li>Hyperthyroidism: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter).</li> <li>Hypothyroidism: Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency.</li> <li>Postpartum Thyroiditis: Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous.</li> </ul>	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed thyroid disorder	
345	HYPERTENSION	I
	Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed hypertension	
346	RENAL DISEASE	ı
	Any renal disease including pyelonephritis and persistent proteinuria, but <b>EXCLUDING</b> urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in participant's health record.	
	High Risk: Diagnosed renal disease	

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

	BREASTFEEDING WOMEN	
CODE		PRIORITY
349	GENETIC AND CONGENITAL DISORDERS	1
	Hereditary or congenital condition at birth that causes physical or metabolic abnormality, or both. May include, but not limited to: cleft lip, cleft palate, thalassemia, sickle cell anemia, down's syndrome.	
	Presence of genetic and congenital disorders diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in participant's health record.	
	High Risk: Diagnosed genetic/congenital disorder	
351	INBORN ERRORS OF METABOLISM	1
	Gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: phenylketonuria (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinuria, homocystinuria, tyrosinemia, histidinemia, urea cycle disorder, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldase deficiency, propionic acidemia, hypermethioninemia.	
	Presence of inborn errors of metabolism diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in participant's health record.	
	High Risk: Diagnosed inborn error of metabolism	

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

BREASTFEEDING WOMEN			
CODE		PRIORITY	
354	CELIAC DISEASE	ı	
	Also known as Celiac Sprue, Gluten Enteropathy, or Non-tropical Sprue.		
	Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.		
	Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.		
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in participant's health record.		
	High Risk: Diagnosed Celiac Disease		
355	LACTOSE INTOLERANCE	1	
	Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.		
	Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.		
	<b>Document:</b> Diagnosis and the name of the physician that is treating this condition in the participant's health record; <b>OR</b> list of symptoms described by the applicant/participant/caregiver (i.e., nausea, cramps, abdominal bloating, and/or diarrhea).		

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

	BREASTFEEDING WOMEN	
CODE		PRIORITY
358	EATING DISORDERS	ı
	Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to: <ul> <li>Self-induced vomiting</li> <li>Purgative abuse</li> <li>Alternating periods of starvation</li> <li>Use of drugs such as appetite suppressants, thyroid preparations or diuretics</li> <li>Self-induced marked weight loss</li> </ul>	
	Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	
	<b>Document:</b> Symptoms or diagnosis and the name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed eating disorder	
359	RECENT MAJOR SURGERY, TRAUMA OR BURNS	I
	Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence within the past 2 months may be self reported. Any occurrence more than 2 months previous <b>MUST</b> have the continued need for nutritional support diagnosed by a physician or health professional acting under the standing orders of a physician.	
	<b>Document:</b> If occurred within the past 2 months, document surgery, trauma and/or burns in the participant's health record. If occurred more than 2 months ago, document description of how the surgery, trauma and/or burns currently affects nutritional status and include date.	
	<b>High Risk:</b> Major surgery, trauma or burns that has a continued need for nutritional support.	

	BREASTFEEDING WOMEN			
CODE		PRIORITY		
360	OTHER MEDICAL CONDITIONS	ı		
	Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, <b>MUST</b> be severe enough to affect nutritional status. Including, but not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, moderate, Persistent Asthma (moderate or severe) requiring daily medication.			
	Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.			
	<b>Document:</b> Specific medical condition; a description of how the disease, condition or treatment affects nutritional status and the name of the physician that is treating this condition in the participant's health record.			
	<b>High Risk:</b> Diagnosed medical condition severe enough to compromise nutritional status			
361	DEPRESSION	1		
	Presence of depression diagnosed by a physician or psychologist as self reported by applicant/participant/caregiver; or as reported or documented by a physician, psychologist or health care provider working under the orders of a physician.			
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in participant's health record.			

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

CODE	BREASTFEEDING WOMEN	PRIORITY
372	ALCOHOL AND ILLEGAL DRUG USE	I
3/2	<ul> <li>Alcohol use: <ul> <li>Routine current use of ≥ 2 drinks per day OR</li> <li>Binge drinking is defined as ≥5 drinks on the same occasion on at least one day in the past 30 days, OR</li> <li>Heavy drinking is defined as ≥5 drinks on the same occasion on five or more days in the past 30 days</li> </ul> </li> <li>A serving of standard sized drink (1 ½ ounce of alcohol) is: <ul> <li>1 can of beer (12 fluid oz)</li> <li>5 oz wine</li> <li>1 ½ fluid oz liquor</li> </ul> </li> <li>Document: Alcohol Use; identify type (Routine - Enter oz./wk:, Binge drinker, Heavy drinker) on WIC Assessment/Certification Form.</li> <li>See Appendix E-1 for documentation codes.</li> </ul> <li>Any Illegal drug use: <ul> <li>Document: Type of drug(s) being used. See Appendix E-2 for commonly</li> </ul> </li>	
381	used illegal drug names.  DENTAL PROBLEMS	ı
	Diagnosis of dental problems by a physician or health care provider working under the orders of a physician or adequate documentation by the competent professional authority. Including but not limited to: tooth decay, periodontal disease, and tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quality or quantity.	-
	<b>Document:</b> In the participant's health record, a description of how the dental problem interferes with mastication and/or has other nutritionally related health problems.	

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

	BREASTFEEDING WOMEN	
CODE		PRIORITY
602	BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS	1
	A breastfeeding woman with any of the following complications or potential complications for breastfeeding.	
	<ul><li>a. severe breast engorgement</li><li>b. recurrent plugged ducts</li><li>c. mastitis</li></ul>	
	<ul><li>d. flat or inverted nipples</li><li>e. cracked, bleeding or severely sore nipples</li></ul>	
	<ul> <li>f. age ≥ 40 years</li> <li>g. failure of milk to come in by 4 days postpartum</li> <li>h. tandem nursing (nursing two siblings who are not twins)</li> </ul>	
	<b>Document:</b> Complications or potential complications in the participant's health record.	
	<b>High Risk:</b> Refer to or provide the mother with appropriate breastfeeding counseling.	
801	HOMELESSNESS	IV
	Homelessness as defined in the Special Populations Section of the Georgia WIC Program Procedures Manual.	
802	MIGRANCY	IV
	Migrancy as defined in the Special Population Section of the Georgia WIC Program Procedures Manual.	
901	RECIPIENT OF ABUSE	157
	Battering within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.	IV
	Battering refers to violent assaults on women.	

	BREASTFEEDING WOMEN				
CODE		PRIORITY			
902	BREASTFEEDING WOMAN WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD  Woman who is assessed to have limited ability to make appropriate feeding				
	<ul> <li>decisions and/or prepare food. Examples may include:</li> <li>mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist)</li> </ul>				
	<ul> <li>physical disability which restricts or limits food preparation abilities</li> <li>current use of or history of abusing alcohol or other drugs</li> </ul>				
	<b>Document:</b> The women's specific limited abilities in the participant's health record.				
903	Foster Care	IV			
	Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.				
904	ENVIRONMENTAL TOBACCO SMOKE EXPOSURE	I			
	Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.				

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

#### POSTPARTUM NON-BREASTFEEDING WOMEN

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

# NUTRITION RISK CRITERIA POSTPARTUM, NON- BREASTFEEDING WOMEN

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

POSTPARTUM NON-BREASTFEEDING WOMEN					
CODE		T GOTT AUTTON		PRIORITY	
201	LOW HEMOGLOBIN/HEMATOCRIT				
	Non- Smokers:	Hemoglobin:	11.9 gm or lower (≥ 15 years of age) 11.7 gm or lower (< 15 years of age)		
	SHOKEIS.	Hematocrit:	35.8% or lower		
	Smokers:	Hemoglobin:	12.2 gm or lower (≥ 15 years of age) 12.0 gm or lower (< 15 years of age)		
		Hematocrit:	36.8% or lower		
	High Risk: Hemoglobin OR hematocrit at treatment level (Appendix B-1)				
101	UNDERWE	IGHT		VI	
	Pre-pregnancy <b>or current</b> weight is equal to a Body Mass Index (BMI) of <18.5. Refer to BMI Table, Appendix C-1.				
	High Risk: Pre-pregnancy or current BMI <18.5				
111	OVERWEIGHT				
	Pre-pregnancy weight is equal to a Body Mass Index (BMI) of $\geq$ 25. Refer to BMI Table, Appendix C-1.				
	High Risk: Pre-pregnancy BMI >29.9				

POSTPARTUM NON-BREASTFEEDING WOMEN					
CODE					PRIORITY
133 H	IIGH MATERNAL	. WEIGHT GAIN			VI
		ding (most recent pregna upper limit of the recomr s follows:			
	oregnancy ght Group	Definition (BMI)	Cut-off Value (Singleton)	Cut-off Value (Multi-Fetal)	
Norr O	Underweight < 18.5				
211	211 ELEVATED BLOOD LEAD LEVELS  Blood lead level of ≥10 μg/deciliter within the past 12 months.  Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.  High Risk: Blood lead level of ≥10 μg/deciliter within the past 12 months.				
303 HISTORY OF GESTATIONAL DIABETES  History of diagnosed gestational diabetes mellitus (GDM)  Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders for any pregnancy.  Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.				VI	

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

	POSTPARTUM NON-BREASTFEEDING WOMEN	
CODE		PRIORITY
331	PREGNANCY AT A YOUNG AGE	III
	For most recent pregnancy. Conception at less than or equal to 17 years of age. <b>Applies to most recent pregnancy only.</b>	
	Document: Age at conception on the WIC Assessment/Certification Form	
	High Risk: Conception at less than or equal to 17 years of age	
332	CLOSELY SPACED PREGNANCIES  Delivery date for most recent pregnancy occurred less than 25 months after the termination of the previous pregnancy.	VI
	<b>Document:</b> Termination dates of last two pregnancies in the participant's health record.	
333	HIGH PARITY AND YOUNG AGE	VI
	The following two (2) conditions must both apply:	
	1. The woman is under age 20 at date of conception AND	
	<ol><li>She has had 3 or more pregnancies of at least 20 weeks duration (regardless of birth outcome), previous to the most recent pregnancy.</li></ol>	
	<b>Document:</b> Delivery date; number of pertinent previous pregnancies (of at least 20 weeks gestation) and weeks gestation for each, in the participant's health record	
335	MULTI FETAL GESTATION	VI
	More than one (>1) fetus in the most recent pregnancy	
	High Risk: Multi-fetal gestation	

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

CODE	POSTPARTUM NON-BREASTFEEDING WOMEN	PRIORITY
342	GASTRO-INTESTINAL DISORDERS	VI
	Diseases or conditions that interfere with the intake, digestion, and or absorption of nutrients. The diseases and/or conditions include, but are not limited to:  • Gastroesophageal reflux disease (GERD)  • Peptic ulcer  • Post-bariatric surgery  • Short bowel syndrome  • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease  • Liver disease  • Pancreatitis  • Biliary tract disease  The presence of gastro-intestinal disorders as diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.  Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.  High Risk: Diagnosed gastro-intestinal disorder	
343	DIABETES MELLITUS	VI
	Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.	
	Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed diabetes mellitus	

	POSTPARTUM NON-BREASTFEEDING WOMEN	
CODE		PRIORITY
344	THYROID DISORDERS	VI
	Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:	
	<ul> <li>Hyperthyroidism: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter).</li> <li>Hypothyroidism: Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency.</li> <li>Postpartum Thyroiditis: Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous.</li> </ul>	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed thyroid disorder	
345	HYPERTENSION	VI
	Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed hypertension	

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

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

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

2005	POSTPARTUM NON-BREASTFEEDING WOMEN	DDIODITY.
CODE		PRIORITY
354	CELIAC DISEASE	VI
	Also known as Celiac Sprue, Gluten Enteropathy, or Non-tropical Sprue.	
	Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.	
	Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	
	<b>Document:</b> Diagnosis and the name of the physician that is treating this condition.	
	High Risk: Diagnosed Celiac Disease	
355	LACTOSE INTOLERANCE	VI
	Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.	
	Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	
	<b>Document:</b> Diagnosis and the name of the physician that is treating this condition in the participant's health record; <b>OR</b> list of symptoms described by the applicant/participant/caregiver (i.e., nausea, cramps, abdominal bloating, and/or diarrhea).	

CODE	POSTPARTUM NON-BREASTFEEDING WOMEN	BRIODITY
CODE		PRIORITY
356	HYPOGLYCEMIA	VI
	Presence of hypoglycemia diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.	
	<b>Document:</b> Diagnosis and the name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed hypoglycemia	
357	DRUG/NUTRIENT INTERACTIONS	VI
	Use of prescription or over the counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.	
	<b>Document:</b> Drug/medication being used and respective nutrient interaction in the participant's health record.	
	<b>High Risk:</b> Use of drug or medication shown to interfere with nutrient intake or utilization, to extent that nutritional status is compromised.	
358	EATING DISORDERS	
	Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:  Self-induced vomiting  Purgative abuse	VI
	<ul> <li>Alternating periods of starvation</li> <li>Use of drugs such as appetite suppressants, thyroid preparations or diuretics</li> <li>Self-induced marked weight loss</li> </ul>	
	Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	
	<b>Document:</b> Symptoms or diagnosis and the name of the physician that is treating this condition in the participant's health record. <b>High Risk:</b> Diagnosed eating disorder	

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

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

	POSTPARTUM NON-BREASTFEEDING WOMEN	
CODE		PRIORITY
372	ALCOHOL AND ILLEGAL DRUG USE	VI
	<ul> <li>Alcohol use:</li> <li>Routine current use of ≥ 2 drinks per day OR</li> <li>Binge drinking is defined as ≥5 drinks on the same occasion on at least one day in the past 30 days, OR</li> <li>Heavy drinking is defined as ≥5 drinks on the same occasion on five or more days in the past 30 days</li> </ul>	
	A serving of standard sized drink (1 ½ ounce of alcohol) is: - 1 can of beer (12 fluid oz) - 5 oz wine - 1 ½ fluid oz liquor	
	<b>Document:</b> Alcohol Use; identify type (Routine - Enter oz./wk:, Binge drinker, Heavy drinker) on WIC Assessment/Certification Form. See Appendix E-1 for documentation codes.	
	Any Illegal drug use:	
	<b>Document:</b> Type of drug(s) being used. See Appendix E-2 for commonly used illegal drug names.	
381	DENTAL PROBLEMS	VI
	Diagnosis of dental problems by a physician or health care provider working under the orders of a physician or adequate documentation by the competent professional authority. Including but not limited to: tooth decay, periodontal disease, and tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quality or quantity.	
	<b>Document:</b> In the participant's health record, a description of how the dental problem interferes with mastication and/or has other nutritionally related health problems.	

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

	POSTPARTUM NON-BREASTFEEDING WOMEN	
CODE		PRIORITY
802	MIGRANCY	VI
	Migrancy as defined in the Special Populations Section of the Georgia WIC Program Procedures Manual.	
901	RECIPIENT OF ABUSE	VI
	Battering within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.	
	Battering refers to violent assaults on women.	
902	POSTPARTUM, NON-BREASTFEEDING WOMAN WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD	IV
	Woman who is assessed to have limited ability to make appropriate feeding decisions and/or prepare food. Examples may include:	
	<ul> <li>mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist)</li> <li>physical disability which restricts or limits food preparation abilities</li> <li>current use of or history of abusing alcohol or other drugs</li> </ul>	
	<b>Document:</b> The women's specific limited abilities in the participant's health record.	
903	Foster Care	IV
	Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.	
904	ENVIRONMENTAL TOBACCO SMOKE EXPOSURE	VI
	Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.	

# DATA AND DOCUMENTATION REQUIRED FOR WIC ASSESSMENT/CERTIFICATION

### **INFANTS**

		Documentation	
Data	nfant Certified in Hospita Prior to Initial Discharge	Infant )-6 Months	Infant 5-12 Months
Length	Birth Data or other measurement	Required	Required
Weight	Birth Data or other measurement	Required	Required
Hematocrit or Hemoglobin	N/A	Optional	Required (9-12 months)
Weight for Age Plotted	Optional	Required	Required
Length for Age Plotted	Optional	Required	Required
Weight for Length Plotted	Optional	Required	Required
Evaluation of Inappropriate Nutrition Practices	Optional	Required	Required
Risk Factor Assessment	Required	Required	Required

### NUTRITION RISK CRITERIA INFANTS

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

certification (See Appendix A-2) INFANTS			
CODE		PRIORITY	
201	LOW HEMOGLOBIN/HEMATOCRIT	1	
	Hemoglobin: 10.9 gm or lower (6-11 month old) Hematocrit: 32.8% or lower (6-11 month old)		
	<b>High Risk:</b> Hemoglobin <b>OR</b> Hematocrit at treatment level (Appendix B-2)		
103	UNDERWEIGHT or AT RISK OF UNDERWEIGHT	1	
	Less than or equal to the 5th percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts.*		
	<b>High Risk:</b> Less than or equal to the 2 <sup>nd</sup> percentile-weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts.*		
	*Based on 2006 World Health Organization international growth standards. For the Birth to < 24 months "underweight" definition, CDC labels the 2.3 <sub>rd</sub> percentile as the 2 <sub>nd</sub> percentile on the Birth to 24 months gender specific growth charts.		
115	High Weight-for Length		
	Greater than or equal to the 98th percentile weight-for-length as plotted on the Centers for Disease Control and Prevention (CDC), Birth to 24 months gender specific growth charts.	I	
	*Based on the 2006 World Health Organization (WHO) international growth standards. CDC labels the 97.7th percentile as the 98th percentile on the Birth to 24 months gender specific growth charts.		

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

	INFANTS		
CODE		PRIORITY	
135	INADEQUATE GROWTH	ı	
	An inadequate rate of weight gain as defined below:		
	Infants being certified during period from birth to 1 month of age:		
	<ul> <li>Not back to birth weight by 2 weeks of age</li> <li>A gain of less than 19 ounces by 1 month of age</li> </ul>		
	Infants being certified during period from 1 to $5\frac{1}{2}$ months of age:		
	■ This method (explained in Appendix C-3) is optional, if an infant 1 to 5½ months of age qualifies for WIC based on any other risk criterion. If there is no other reason to qualify the infant, use this method to determine eligibility.		
	Infants 6 months to 12 months of age:		
	Age in Months  at Certification  Weight Gain  per 6-month interval*		
	■ $5\frac{1}{2}$ mos - 6 mos ■ $> 6$ mos - 9 mos ■ $≤ 7$ lbs ■ $≤ 5$ lbs ■ $≤ 9$ mos - 12 mos ■ $≤ 3$ lbs		
	*Note: Use this chart only for infants who are $\geq 5$ months 2 weeks of age. Use only for an interval of 6 months +/- 2 weeks.		
	High Risk: Inadequate growth		
141	LOW BIRTH WEIGHT		
	Birth weight ≤ 5 lbs 8 oz (≤ 2500 g)		
	Document: Birth weight in participant's health record		
	<b>High Risk:</b> Birth weight ≤ 5 lbs 8 oz (≤ 2500 g)		

CODE	INFANTS	PRIORITY
142	PREMATURITY	ī
	Infant born at ≤ 37 weeks gestation	
	Document: Weeks gestation in participant's health record	
151	Small for Gestational Age	
	Infants diagnosed as small for gestational age.	
	Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	•
152	Low Head Circumference	1
	Less than 2nd percentile head circumference-for-age as plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts (if < 38 weeks gestation use adjusted age)	
	* Based on 2006 World Health Organization international growth standards. CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.	
153	LARGE FOR GESTATIONAL AGE	I
	Birth weight $\geq 9$ lbs or presence of large for gestational age diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or health care professional working under standing orders of a physician.	
	Document: Weight(s) of infant in participant's health record.	

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

	INFANTS	
CODE		PRIORITY
342	GASTRO-INTESTINAL DISORDERS	1
	Diseases or conditions that interfere with the intake, digestion, and or absorption of nutrients. The diseases and/or conditions include, but are not limited to:  Gastroesophageal reflux disease (GERD)  Peptic ulcer  Post-bariatric surgery  Short bowel syndrome  Inflammatory bowel disease, including ulcerative colitis or Crohn's disease  Liver disease  Pancreatitis  Biliary tract disease  The presence of gastro-intestinal disorders as diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.  Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed gastro-intestinal disorder	
343	DIABETES MELLITUS  Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.	I
	Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.  Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.  High Risk: Diagnosed diabetes mellitus	
	riigii Nisk. Diagiilosed diabetes meilitus	

	INFANTS	
CODE		PRIORITY
344	THYROID DISORDERS	I
	Thyroid dysfunctions that occur in fetal development and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:	
	<ul> <li>Congenital Hyperthyroidism: Excessive thyroid hormone levels at birth, either transient (due to maternal Grave's disease) or persistent (due to genetic mutation).</li> </ul>	
	<ul> <li>Congenital Hypothyroidism: Infants born with an under active thyroid gland and presumed to have had hypothyroidism in- utero.</li> </ul>	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed thyroid disorder	
345	HYPERTENSION	1
	Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed hypertension	
346	RENAL DISEASE	I
	Any renal disease including pyelonephritis and persistent proteinuria, but <b>EXCLUDING</b> urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.	
	<b>Document:</b> Diagnosis and the name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed renal disease	

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

	INFANTS		
CODE		PRIORITY	
349	GENETIC AND CONGENITAL DISORDERS	1	
	Hereditary or congenital condition at birth that causes physical or metabolic abnormality, or both. May include, but not limited to: cleft lip, cleft palate, thalassemia, sickle cell anemia, down's syndrome.		
	Presence of genetic and congenital disorders diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.		
	<b>Document:</b> Diagnosis and the name of the physician that is treating this condition in the participant's health record.		
	High Risk: Diagnosed genetic and congenital disorder		
351	INBORN ERRORS OF METABOLISM	1	
	Gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: phenylketonuria (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinuria, homocystinuria, tyrosinemia, histidinemia, urea cycle disorder, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldase deficiency, propionic acidemia, hypermethioninemia.		
	Presence of inborn errors of metabolism diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or		
	health professional acting under standing orders of a physician.		
	<b>Document:</b> Diagnosis and the name of the physician that is treating this condition in the participant's health record.		
	High Risk: Diagnosed inborn error of metabolism		

INFANTS		PRIORITY
CODE		PRIORITY
352	INFECTIOUS DISEASES	1
	A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: tuberculosis, pneumonia, meningitis, parasitic infection, hepatitis, bronchiolitis (3 episodes in last 6 months), HIV/AIDS.	
	The infectious disease <b>MUST</b> be present within the past 6 months and diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.	
	<b>Document:</b> Diagnosis, appropriate dates of each occurrence, and name of physician treating condition in the participant's health record. When using HIV/AIDS positive status as a Nutritionally Related Medical Condition, write "See Medical Record" for documentation purpose.	
	High Risk: Diagnosed infectious disease, as described above.	
353	FOOD ALLERGIES	I
	An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction.	
	Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	
	<b>Document:</b> Diagnosis and the name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed food allergy	

INFANTS		PRIORITY
354	CELIAC DISEASE	1
	Also known as Celiac Sprue, Gluten Enteropathy, or Non-tropical Sprue.	
	Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.	
	Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	
	<b>Document:</b> Diagnosis and the name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed Celiac Disease	
355	LACTOSE INTOLERANCE	I
	Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	
	<b>Document:</b> Diagnosis and the name of the physician that is treating this condition in the participant's health record; <b>OR</b> list of symptoms described by the applicant/participant/caregiver (i.e., nausea, cramps, abdominal bloating, and/or diarrhea).	

	INFANTS		
CODE		PRIORITY	
356	HYPOGLYCEMIA	I	
	Presence of hypoglycemia diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.		
	<b>Document:</b> Diagnosis and the name of the physician that is treating this condition in the participant's health record.		
	High Risk: Diagnosed hypoglycemia		
357	DRUG/NUTRIENT INTERACTIONS	1	
	Use of prescription or over the counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.		
	<b>Document:</b> Drug/medication being used and respective nutrient interaction in the participant's health record.		
	<b>High Risk:</b> Use of drug or medication shown to interfere with nutrient intake or utilization, to extent that nutritional status is compromised.		
359	RECENT MAJOR SURGERY, TRAUMA, BURNS	I	
	Major surgery, trauma or burns severe enough to compromise nutritional status. Any occurrence within the past 2 months may be self reported, by caregiver. Any occurrence more than 2 months previous <b>MUST</b> have the continued need for nutritional support diagnosed by a physician or health professional acting under standing orders of a physician.		
	<b>Document:</b> If occurred within the past 2 months, document surgery, trauma and/or burns in the participant's health record. If occurred more than 2 months ago, document description of how the surgery, trauma and/or burns currently affect nutritional status and include date.		
	<b>High Risk:</b> Major surgery, trauma or burns that has a continued need for nutritional support.		

INFANTS		
CODE		PRIORITY
360	OTHER MEDICAL CONDITIONS	1
	Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, <b>MUST</b> be severe enough to affect nutritional status. Including, but not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, moderate, Persistent Asthma (moderate or severe) requiring daily medication.	
	Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	
	<b>Document:</b> Specific medical condition; a description of how the disease, condition or treatment affects nutritional status and the name of the physician that is treating this condition in the participant's health record.	
	<b>High Risk:</b> Diagnosed medical condition severe enough to compromise nutritional status.	
362	DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH ABILITY TO EAT	I
	Developmental, sensory or motor delays include but are not limited to: minimal brain function, feeding problems due to developmental delays, birth injury, head trauma, brain damage, other disabilities.	
	Presence of developmental, sensory or motor delay diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.	
	<b>Document:</b> Specific condition/ description of delays and how these interfere with the ability to eat and the name of the physician that is treating this condition.	
	<b>High Risk:</b> Developmental, sensory or motor delay interfering with ability to eat.	

	INFANTS		
CODE		PRIORITY	
381	DENTAL PROBLEMS	I	
	Diagnosis of dental problems by a physician or health care provider working under the orders of a physician or adequate documentation by the competent professional authority. Including but not limited to:		
	<ul> <li>Presence of nursing bottle caries</li> <li>Smooth surface decay of the maxillary anterior and the primary molars</li> </ul>		
	<b>Document:</b> Description of how the dental problem interferes with mastication and/or has other nutritionally related health problems in the participant's health record.		
382	FETAL ALCOHOL SYNDROME	1	
	Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities and abnormalities of the central nervous system, including mental retardation.		
	Presence of FAS diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.		
	<b>Document:</b> Diagnosis and name of physician treating the condition in the participant's health record.		
	High Risk: Diagnosed fetal alcohol syndrome		
400	INAPPROPRIATE NUTRITION PRACTICES	IV	
	Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. (Appendix G)		
	<b>Document:</b> Inappropriate Nutrition Practice(s) in the participant's health record.		

INFANTS		
CODE		PRIORITY
428	Dietary Risk Associated with Complementary Feeding Practices (Infants 4 to 12 months)	IV
	An infant ≥ 4 months of age who has begun to or is expected to begin to do any of the following practices is considered to be <u>at risk</u> of inappropriate complementary feeding:	
	<ol> <li>consume complementary foods and beverages, or</li> <li>eat independently, or</li> <li>be weaned from breast milk or infant formula, or</li> <li>transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>.</li> </ol>	
(This ris	k factor may be assigned <u>only</u> when an infant $\geq$ 4 months of age does not qualify for risk 400 or for any other risk factor.)	
502	TRANSFER OF CERTIFICATION	I, II, IV
	Person with a current valid Verification of Certification (VOC) card from another state or local agency. The VOC card is valid until the certification period expires, and shall be accepted as proof of eligibility for program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.	
	This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving State agency.	

CODE		PRIORITY
603	BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS	1
	Any of the following are considered complications or potential complications of breastfeeding:	
	<ul> <li>Breastfed infant with jaundice</li> <li>Breastfed infant with weak or ineffective suck</li> <li>Breastfed infant with difficulty latching onto mother's breast</li> <li>Breastfed infant with inadequate stooling for age (as determined by a physician or other health care provider)</li> <li>Breastfed infant who wets diaper less than 6 times per day</li> </ul>	
	<b>Document:</b> Complications or potential complications in the participant's health record.	
	<b>High Risk:</b> Refer to or provide the infant's mother with appropriate breastfeeding counseling.	
701	INFANT UP TO 6 MONTHS OLD OF WIC MOTHER, <b>OR</b> OF A WOMAN WHO WOULD HAVE BEEN ELIGIBLE DURING PREGNANCY	II
	<ul> <li>An infant under 6 months of age whose mother was a WIC Program participant during pregnancy, OR</li> <li>An infant whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutrition conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions.</li> </ul>	
702	BREASTFEEDING INFANT OF A WOMAN AT NUTRITIONAL RISK	I, II, IV
	A breastfed infant whose breastfeeding mother has been determined to be at nutritional risk.	
	<b>Document:</b> Mother's risks on infant's WIC Assessment/Certification Form	

	INFANTS	
CODE		PRIORITY
703	INFANT BORN TO MOTHER WITH MENTAL RETARDATION, OR ALCOHOL OR DRUG ABUSE DURING MOST RECENT PREGNANCY	I
	<ul> <li>Infant born of a woman diagnosed with mental retardation by a physician or psychologist as self-reported by caregiver; or as reported by a physician, psychologist, or someone working under physician's orders; OR</li> <li>Documentation or self-report of any use of alcohol or illegal drugs during most recent pregnancy.</li> </ul>	
801	HOMELESSNESS	
	Homelessness as defined in the Special Population Section of the Georgia WIC Procedures Manual.	IV
802	MIGRANCY	IV
	Migrancy as defined in the Special Population Section of the Georgia WIC Procedures Manual.	
901	RECIPIENT OF ABUSE	
	Child abuse/neglect within past 6 months as self-reported by the caregiver, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.	IV
	Child abuse/neglect refers to any recent act, or failure to act, resulting in:	
	<ul> <li>Imminent risk or serious harm</li> <li>Serious physical or emotional harm</li> <li>Sexual abuse or exploitation of an infant or child by a parent or caretaker.</li> </ul>	
	Georgia State law requires that medical and child service organization personnel, having reasonable cause to suspect child abuse, report these suspicions to the authority designated by the health district/organization.	

INFANTS		
CODE	PRIORITY	
902 PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD	IV	
Infant whose primary caregiver is assessed to have limited ability to make appropriate feeding decisions and/or prepare food. Examples may include:		
<ul> <li>mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist)</li> </ul>		
<ul> <li>physical disability which restricts or limits food preparation abilities</li> </ul>		
<ul> <li>current use of or history of abusing alcohol or other drugs</li> </ul>		
<b>Document:</b> The caregivers limited abilities in the participant's health record.		
903 Foster Care	IV	
Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.		
904 ENVIRONMENTAL TOBACCO SMOKE EXPOSURE	1	
Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.		

# DATA AND DOCUMENTATION REQUIRED FOR WIC ASSESSMENT/CERTIFICATION

#### **CHILDREN**

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

#### NUTRITION RISK CRITERIA CHILDREN

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

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

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

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

	CHILDREN	
CODE		PRIORITY
135	INADEQUATE GROWTH	III
	A low rate of weight gain over a six-month period as defined by the following chart:	
	Age in Months Weight Gain in at Certification previous 6-month interval*	
	■ 12 months       ■ ≤ 3 pounds         ■ >12 - 60 months       ■ ≤ 1 pound	
	*Note: Use only for an interval of 6 months +/- 2 weeks.	
	High Risk: Inadequate growth	
141	LOW BIRTH WEIGHT (children < 24 months of age)	III
	Birth weight $\leq$ 5 lbs 8 oz ( $\leq$ 2500 g)	
	Document: Birth weight of participant in health record.	
142	PREMATURITY (Children < 24 months of age)	
	Born at 37 weeks gestation or less	III
	Document: Weeks gestation in participant's health record.	
151	Small for Gestational Age (Children 12-24 Months of Age)	
	Children less than 24 months of age diagnosed as small for gestational age.	III
	Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	

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

	CHILDREN	
CODE		PRIORITY
342	GASTRO-INTESTINAL DISORDERS	III
	Diseases or conditions that interfere with the intake, digestion, and or absorption of nutrients. The diseases and/or conditions include, but are not limited to:	
	<ul> <li>Gastroesophageal reflux disease (GERD)</li> <li>Peptic ulcer</li> </ul>	
	<ul> <li>Post-bariatric surgery</li> <li>Short bowel syndrome</li> <li>Inflammatory bowel disease, including ulcerative colitis or Crohn's</li> </ul>	
	disease  Liver disease  Pancreatitis  Biliary tract disease	
	The presence of gastro-intestinal disorders as diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed gastro-intestinal disorder	
343	DIABETES MELLITUS	III
	Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.	
	Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed diabetes mellitus	

	CHILDREN	
CODE		PRIORITY
344	THYROID DISORDERS	III
	Thyroid dysfunctions that occur in fetal development and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:	
	<ul> <li>Hypothyroidism: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter).</li> </ul>	
	<ul> <li>Hyperthyroidism: Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency.</li> </ul>	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed thyroid disorder	
345	HYPERTENSION	<b>=</b>
	Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.	<b></b>
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition in the participant's health record.	
	High Risk: Diagnosed hypertension	
346	RENAL DISEASE	<b>=</b>
	Any renal disease including pyelonephritis and persistent proteinuria, but <b>EXCLUDING</b> urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.	
	<b>Document:</b> Diagnosis and name of the physician that is treating this condition participant's health record. <b>High Risk:</b> Diagnosed renal disease	

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

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

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

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

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

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

CHILDREN					
CODE		PRIORITY			
362	DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH ABILITY TO EAT	III			
	Developmental, sensory or motor delays include but are not limited to: minimal brain function, feeding problems due to developmental delays, birth injury, head trauma, brain damage, other disabilities.				
	Presence of developmental, sensory or motor delay diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.				
	<b>Document:</b> Specific condition/description of the delay and how it interferes with the ability to eat, and the name of the physician that is treating this condition in the participant's health record.				
	<b>High Risk:</b> Developmental, sensory or motor delay interfering with ability to eat.				
381	DENTAL PROBLEMS	III			
	Diagnosis of dental problems by a physician or health professional working under standing orders of a physician or adequate documentation by the competent professional authority. Including but not limited to:				
	<ul> <li>Presence of nursing bottle caries</li> <li>Smooth surface decay of the maxillary anterior and the primary molars</li> </ul>				
	<b>Document:</b> In the participant's health record, a description of how the dental problem interferes with mastication and/or has other nutritionally related health problems.				

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

	CHILDREN	
CODE		PRIORITY
428	DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES (Children 12-24 Months of Age)	V
	A child who has begun to or is expected to begin to do any of the following practices is considered to be <u>at risk</u> of inappropriate complementary feeding:	
	<ol> <li>consume complementary foods and beverages, or</li> <li>eat independently, or</li> <li>be weaned from breast milk or infant formula, or</li> <li>transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>.</li> </ol>	
	(This risk factor may be assigned $\underline{only}$ when a child does not qualify for risk 400 or for any other risk factor.)	
502	TRANSFER OF CERTIFICATION	
	Person with a current valid Verification of Certification (VOC) card from another state or local agency. The VOC card is valid until the certification period expires, and shall be accepted as proof of eligibility for program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants	III, V
	This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving State agency.	
801	HOMELESSNESS	
	Homelessness as defined in the Special Population Section of the Georgia WIC Procedures Manual.	V
802	MIGRANCY	V
	Migrancy as defined in the Special Population Section of the Georgia WIC Procedures Manual.	

	CHILDREN				
CODE		PRIORITY			
901	RECIPIENT OF ABUSE				
	Child abuse/neglect within past 6 months as self-reported by the caregiver, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.	V			
	Child abuse/neglect refers to any recent act, or failure to act, resulting in:				
	<ul> <li>Imminent risk or serious harm</li> <li>Serious physical or emotional harm</li> <li>Sexual abuse or exploitation of an infant or child by a parent or caretaker.</li> </ul>				
	Georgia State law requires that medical and child service organization personnel, having reasonable cause to suspect child abuse, report these suspicions to the authority designated by the health district/organization.				
902	PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD	V			
	Child whose primary caregiver is assessed to have limited ability to make appropriate feeding decisions and/or prepare food. Examples may include:				
	<ul> <li>mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist)</li> <li>physical disability which restricts or limits food preparation abilities</li> </ul>				
	<ul> <li>current use of or history of abusing alcohol or other drugs</li> </ul>				
	<b>Document:</b> The caregiver's limited abilities in the participant's health record.				

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

# GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment CT-6 (cont'd) TABLE OF APPENDICES

#### APPENDICES REFERENCED IN RISK CRITERIA SECTION

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#### **WIC MATERNAL HIGH RISK CRITERIA**

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

High Risk Criteria	Risk Code	Appendix
Hemoglobin or hematocrit at treatment level	201	B-1
Underweight Prenatal Women: Body Mass Index <18.5 Postpartum Women: Body Mass Index <18.5	101	C-1 Body Mass Index Tables
Overweight Prenatal Women: Body Mass Index >29.9 Postpartum Women: Current Body Mass Index >29.9	111	C-1 Body Mass Index Tables
Low maternal weight gain	131	C-2
Gestational weight loss during pregnancy greater than or equal to 2 pounds in the second and third trimester.	132	
Blood lead level > 10 μg/dl within the past 12 months.	211	
Hyperemesis Gravidarum	301	
Gestational diabetes	302	
EDC or delivery prior to 17 <sup>th</sup> birthday	331	
Multi-fetal gestation	335	
Fetal Growth Restriction	336	
Nutrition-related medical conditions; presence of any disease or condition affecting nutritional status that requires a therapeutic diet as ordered by a physician or health professional acting under standing orders of a physician	341-349; 351-360; 362	
Diagnosed pre-diabetes	363	
Breastfeeding complications; referral to appropriate BF counselor must be made	602	
Any condition deemed by the competent professional authority to place the woman at high risk for compromised nutritional status; adequate documentation required		

#### **Appendix A-2**

#### WIC HIGH RISK CRITERIA FOR INFANTS AND CHILDREN

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

High Risk Criteria	Risk Code	Appendix
Hemoglobin or hematocrit at treatment level	201	B-2
Underweight or At Risk of Underweight (Infants and Children) Infants <12 Months of Age: Weight for length < 2 <sup>nd</sup> percentile weight- for-length as plotted on the CDC Birth to 24 months gender specific growth charts Children <24 Months of Age: Weight for length < 2 <sup>nd</sup> percentile weight- for-length as plotted on the CDC Birth to 24 months gender specific growth charts Children 2-5 Years of Age: BMI for age <5 <sup>th</sup> percentile	103	
OBESE (Children 2-5 Years of Age) Body Mass Index for age >95 <sup>th</sup> %	113	
Short stature (length/height for age <5 <sup>th</sup> %)	121	
Failure to thrive	134	
Inadequate growth	135	
Low birthweight infant (infant weighing 2500 grams [5½ pounds] or less at birth). May only be used for infants as high risk criteria.	141	
Blood lead level > 10μg/dl within the past 12 months.	211	
Nutrition-related medical conditions; presence of any disease or condition affecting nutritional status that requires a therapeutic diet or special prescribed formula as ordered by a physician or health professional acting under standing orders of a physician	341-357; 359; 360; 362; 382	
Breastfeeding complications; infants only; referral to appropriate BF counselor must be made	603	
Any condition deemed by the competent professional authority to place the infant/child at high risk for compromised nutritional status; adequate documentation required		

**Appendix B-1** 

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

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

#### For Prenatal Women:

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

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

#### PHYSICIAN REFERRAL:

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

#### For Non-Pregnant/Lactating Women:

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

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

#### PHYSICIAN REFERRAL:

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

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

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

#### **Appendix B-2**

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

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

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

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

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

**Appendix C-1** 

# Body Mass Index (BMI) Table for Determining Weight Classification for (Women) <sup>1</sup>

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

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

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

# **Definition of Weight Gain (Women)**

# **Total Weight Gain Range (lbs)**

**Singleton Pregnancy** 

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

**Multi-Fetal Weight Gain** 

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

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

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

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

## Example:

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

1. Calculate infant's age:

2. Calculate minimum acceptable weight gain:

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

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

# **Appendix D**

# PHYSICAL SIGNS SUGGESTIVE OF NUTRIENT DEFICIENCIES

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

# Appendix D (cont.)

## PHYSICAL SIGNS SUGGESTIVE OF NUTRIENT DEFICIENCIES

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

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

2. Georgia Dietetic Association Diet Manual, 1992.

**Appendix E-1** 

#### **ALCOHOL AND CIGARETTES**

#### Alcohol Equivalents:

One serving of alcohol = 12 ounces of beer (light or regular);

12 ounces of wine cooler;

5 ounces of wine (light or regular);

1 1/2 ounces of liquor.

## Key for Entering Ounces of Alcohol/Week:

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

Key: 00 ounces/week = no alcohol intake

01 ounces/week = greater than 0 and up to 1 1/2 ounce/week

02-98 ounces week = amount of intake

99 ounces/week = greater than 98 ounces/week

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

**Heavy drinking:** drinks 5 or more ( $\geq$ 5) drinks on the same occasion on five or more days in the previous 30 days.

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

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

Key: 01-98/day = average number of cigarettes/cigars/pipes smoked per day

99/day = greater than 98 cigarettes/cigars/pipes smoked per day

01-06/week = average number of cigarettes/cigars/pipes smoked per week

01-03/month = average number of cigarettes/cigars/pipes smoked per month

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

# Appendix E-2

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

Controlled Substances	Common Names
Cannabis:	
<ul> <li>Marijuana</li> </ul>	<ul> <li>Acapulco Gold, Grass, Pot, Reefer, Sinsemilla, Thai Sticks</li> </ul>
<ul> <li>Tetrahydrocannabinol</li> </ul>	■ Marinol, THC
<ul> <li>Hashish, Hashish Oil</li> </ul>	■ Hash, Hash Oil
Hallucinogens:	
LSD (lysergic acid diethylamide)	Acid, Microdot
Mescaline, Peyote	Buttons, Cactus, Mescal
<ul> <li>Amphetamine Variants</li> </ul>	<ul> <li>2,5-DMA, DOB, DOM, Ecstasy, MDA, MDMA, STP</li> </ul>
Phencyclidine and Analogs	<ul> <li>Angel Dust, Hog, Loveboat, PCE, PCP, PCPy, TCP</li> </ul>
Narcotics:	
■ Heroin	■ Diacetylmorphine, Horse, Smack
Stimulants:	
■ Cocaine	Coke, Crack, Flake, Snow, Rock

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

## Appendix F

### RECOMMENDED FOOD INTAKE PATTERNS

Food Group	Birth to 5/6 Months	5/6 Months to 12 months	1 Year	2-3 Years	4-6 Years	Pregnant Teen/ Pregnant Adult	Breastfeeding Teen/ Breastfeeding Adult	Teen Postpartum/ Adult Postpartum
Milk, Yogurt & Cheese	Breast milk, every 2-3 hrs or Iron fortified formula, 2.5 oz/lb (18-35 ozs)	Breast milk, every 2-4 hrs or Iron fortified formula, 2.5 oz/lb (24-35 ozs)	2 cups <sup>1</sup>	2 cups	2.5 cups	3 cups	3 cups	3 cups
Meat, Poultry, Dry Beans, Eggs, Nuts Group	None	Add after 6 months and before 9 months	2 ounces	2 ounces	3-4 ounces	6- 6 ½ ounces	6½ ounces	5- 5 ½ ounces
Fruit Group	None	Add after 6 months and before 9 months	1 cup <sup>2</sup>	1 cup <sup>2</sup>	1- 1 ½ cups	2 cups	2-2 ½ cups	1 ½ -2 cups
Vegetable Group	None	Add after 6 months and before 9 months	1 cup	1 cup	1 ½ cups	3 cups	3-3 ½ cups	2 ½ cups
Grain Group	None	Add iron Fortified cereal at 6 months	3 oz equivalents	3 oz equivalents	4- 5 oz equivalents	7-8 oz equivalents	7-8 ½ oz equivalents	6 oz equivalents
Discretionary Calorie Allowance <sup>3</sup>	None	None	165	165	171	290- 362	362- 410	195-267

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

#### Milk, Yogurt & Cheese Group:

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

- 1 cup equivalent from this group =
- 1 cup milk/yogurt
- 1½ ounces natural cheese (i.e. cheddar, Colby, longhorn)
- 2 ounces processed cheese (i.e. American, Swiss)
- 2 cups cottage cheese

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

- 1 ounce equivalent from this group=
- 1 ounce lean meat, poultry or fish
- 1 egg
- 1/2 ounce nuts or seeds
- 1/4 cup cooked dry beans or tofu
- 1 tablespoon peanut butter

#### Fruit Group:

- 1 cup equivalent from this group=
- 1 medium fruit
- 1 cup freshly cut canned or frozen fruit
- ½ cup dried fruit
- 1 cup 100% fruit juice

#### **Vegetable Group:**

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

#### **Grain Group:**

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

- 1 slice of Bread ,1/2 Hamburger Bun,
- 1 small muffin
- ½ cup cooked cereal, rice or pasta
- 1 cup ready to eat cereal flakes

All information provided courtesy of MyPyramid.gov

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

<sup>&</sup>lt;sup>2</sup> AAP recommends no more than 6 ounces of juice per day for children

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

# Appendix G

# Inappropriate Nutrition Practices for Women

Examples of Inappropriate Nutrition Practices (Including but not limited to)		
Examples of Dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences:  • Single or multiple vitamins  • Mineral supplements; and  • Herbal or botanical supplements/remedies/teas.  • Strict vegan diet;		
<ul> <li>Low-carbohydrate, high-protein diet;</li> <li>Macrobiotic diet; and</li> <li>Any other diet restricting calories and/or essential nutrients.</li> </ul>		
Non-food items:  • Ashes; • Baking soda; • Burnt matches; • Carpet fibers; • Chalk; • Cigarettes;  • Clay; • Dust; • Large quantities of ice • Paint chips; • Soil; and • Starch (laundry and cornstarch)		
<ul> <li>Consumption of less than 27 mg of supplemental iron per day by pregnant woman.</li> <li>Consumption of less than 150 µg of supplemental iodine per day by pregnant and breastfeeding woman.</li> <li>Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant women</li> </ul>		
D		
<ul> <li>Potentially harmful foods:</li> <li>Raw fish or shellfish, including oysters, clams, mussels, and scallops;</li> <li>Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole;</li> <li>Raw or undercooked meat or poultry;</li> <li>Hot dogs, luncheon meat (cold cuts), fermented and fry sausage and other deli-style meat or poultry unless reheated until steaming hot;</li> <li>Refrigerated pâté or meat spreads;</li> <li>Unpasteurized milk or foods containing unpasteurized milk;</li> <li>Soft cheese such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as "made with pasteurized milk";</li> <li>Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog;</li> <li>Raw sprouts (alfalfa, clover, and radish); or</li> </ul>		

Appendix G (cont.)

# Inappropriate Nutrition Practices for Children

Inappropriate Nutrition Practices for Children	Examples of Inappropriate Nutrition Practices (Including but not limited to)
Routinely feeding inappropriate beverages as the primary milk source.	<ul> <li>Examples of inappropriate beverages as primary milk source:</li> <li>Non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk; and</li> <li>Imitation or substitutes milks (such as inadequately or unfortified rice- or soy-based beverages, non-dairy creamer), or other "homemade concoctions."</li> </ul>
Routinely feeding a child any sugar- containing fluids.	Examples of sugar-containing fluids:  • Soda/soft drinks; • Corn syrup solutions; and • Gelatin water; • Sweetened tea.
Routinely using nursing bottle, cups, or pacifiers improperly.	<ul> <li>Using a bottle to feed:</li></ul>
Routinely using feeding practices that disregard the developmental needs or stages of the child.	<ul> <li>Inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child's request for appropriate foods).</li> <li>Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking.</li> <li>Not supporting a child's need for growing independence with self-feeding (e.g.; solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils).</li> <li>Feeding a child with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily purees or liquid food when the child is read and capable of eating</li> </ul>

Inappropriate Nutrition Practices for Children	Examples of Inappropriate Nutrition Practices (Including but not limited to)
	mashed, chopped, or appropriate finger food).
Potentially unsafe food consumption.  Feeding foods to a child that could be contaminated with harmful microorganisms.	<ul> <li>Examples of potentially harmful foods for a child:</li> <li>Unpasteurized fruit or vegetable juices.</li> <li>Unpasteurized dairy products or soft cheese such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as "made with pasteurized milk</li> <li>Raw or undercooked meat, fish, poultry, or eggs</li> <li>Raw sprouts (alfalfa, clover, and radish)</li> <li>Hot dogs, luncheon meat (cold cuts), fermented and fry sausage and other deli-style meat or poultry unless reheated until steaming hot;</li> </ul>
Routinely feeding a diet very low in calories and/or essential nutrients.	<ul> <li>Examples:</li> <li>Vegan Diet;</li> <li>Macrobiotic diet; and</li> <li>Other diets very low in calories and/or essential nutrients.</li> </ul>
Feeding dietary supplements with potentially harmful consequences	Examples of dietary supplements which when feed in excess of recommended dosages, may be toxic or have harmful consequences:  • Single or multiple vitamins  • Mineral supplements; and  • Herbal or botanical supplements/remedies/teas
Routinely not providing dietary supplements as recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.	<ul> <li>Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</li> <li>Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water contains less than 0.3 ppm fluoride.</li> <li>Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula.</li> </ul>
Routine ingestion of non-food items (pica)	<ul> <li>Ashes;</li> <li>Carpet fibers;</li> <li>Cigarettes or cigarette butts;</li> <li>Clay;</li> <li>Dust;</li> <li>Foam Rubber</li> <li>Paint chips;</li> </ul>

Inappropriate Nutrition Practices for Children	Examples of Inappropriate Nutrition Practices (Including but not limited to)
	<ul><li>Soil; and</li><li>Starch (laundry and cornstarch)</li></ul>

# Appendix G (cont.)

# Inappropriate Nutrition Practices for Infants

Inappropriate Nutrition Practices for Infants	Examples of Inappropriate Nutrition Practices (Including but not limited to)
Breast-milk or Formula Substitute  Routinely using a substitute(s) for breast milk or FDA approved iron-fortified formula as the primary source during the first year of life.	<ul> <li>Examples of substitutes:</li> <li>Low iron formula without iron supplementation;</li> <li>Cow's milk, goat milk, or sheep milk (whole, reduced-fat low-fat, skim) canned evaporated sweetened condensed milk; and</li> <li>Imitation or substitutes milks (such as inadequately or unfortified rice-or soy-based beverages, non-dairy creamer), or other "homemade concoctions."</li> </ul>
Inappropriate use of bottles or Sugar-Containing Fluids.  Routinely using nursing bottles or cups improperly	<ul> <li>Using a bottle to feed fruit juice</li> <li>Adding any food (cereal or other solid foods) to the infant's bottle.</li> <li>Feeding any sugar-containing fluids such as, soda/soft drinks; gelatin water; corn syrup solutions; and sweetened tea.</li> <li>Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime.</li> <li>Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier.</li> <li>Propping the bottle when feeding.</li> <li>Allowing a child to carry around and drink, throughout the day, from covered or training cups.</li> </ul>
Inappropriate Introduction of Solid Foods  Routinely offering complementary foods* or other substances that are inappropriate in type or timing.	<ul> <li>Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier; or</li> <li>Introduction of any food other than breast milk or iron-fortified infant formula before 4 months of age.</li> <li>*Complementary foods are any foods or beverages other than breast milk or infant formula.</li> </ul>
Feeding Practices not Developmentally Appropriate  Routinely using feeding practices that disregard the developmental needs or stages of the child.	<ul> <li>Inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring a hungry infant's hunger cues).</li> <li>Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking.</li> <li>Not supporting an infant's need for growing independence with self-feeding (e.g.; solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils).</li> <li>Feeding an infant with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily purees or liquid food when the child is read and capable of eating mashed, chopped, or appropriate finger food).</li> </ul>

Inappropriate Nutrition Practices for Infants	Examples of Inappropriate Nutrition Practices (Including but not limited to)
Potentially unsafe food consumption	Examples of potentially harmful foods for a child:
	Unpasteurized fruit or vegetable juices.
Feeding foods to a child that could be contaminated with harmful microorganisms or toxins.	Unpasteurized dairy products or soft cheese such as feta, Brie,     Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as "made with pasteurized milk
	<ul> <li>Honey (added to liquids or solid food, used in cooking, as part of processed foods, on pacifier, etc.);</li> </ul>
	Raw or undercooked meat, fish, poultry, or eggs
	Raw vegetable sprouts (alfalfa, clover, bean and radish)
	Hot dogs, luncheon meat (cold cuts), fermented and fry sausage and other deli-style meat or poultry unless reheated until steaming hot;
Inappropriate Formula Preparation.	Failure to follow manufacturer's dilution instructions (to include stretching formula for household economic reasons).
Routinely feeding inappropriately diluted formula	Failure to follow specific instructions accompanying a prescription.
Restrictive Nursing.	Examples of inappropriate frequency of nursing:
Routinely limiting the frequency of nursing	Scheduled feedings instead of demand feedings;
of the exclusively breastfeed infant when	• Less than 8 feedings in a 24 hours if less than 2 months of age; and
breast milk is the sole source of nutrients.	• Less than 6 feedings in 24 hours if between 2 and 6 months of age.
Restrictive Diet	Examples: • Vegan Diet;
	Macrobiotic diet; and
Routinely feeding a diet very low in calories and/or essential nutrients	Other diets very low in calories and/or essential nutrients
Lack of proper Sanitation.	Examples of inappropriate sanitation:
Routinely using inappropriate sanitation in	Limited or no access to a:
preparation, handling, and storage of	Safe water supply (documented by appropriate officials)
expressed breast milk or formula.	Heat source for sterilization, and/or; Refrigerator or freezer storage.
•	Failure to properly prepare, handle, and store bottles or storage containers of expressed breast milk or formula.
Potentially Harmful Dietary	Examples of Dietary supplements which when feed in excess of
Supplements.	recommended dosages, may be toxic or have harmful consequences:
	Single or multiple vitamins
Feeding dietary supplements with potentially	Mineral supplements; and
harmful consequences	Herbal or botanical supplements/remedies/teas
Lack of Essential Dietary Supplements.	Infants who are 6 months of age or older who are ingesting less than
D. C. L. C.	0.25 mg of fluoride daily when the water supply contains less than
Routinely not providing dietary supplements as recognized as essential by national public	0.3 ppm fluoride.
health policy when an Infant's diet alone	• Infants who are exclusively breastfed, or are ingesting less than 1 liter
cannot meet nutrient requirements.	(or 1 quart) per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU of vitamin D.
	<ul> <li>Non-breastfed infants who are ingesting less than 1 liter (or 1 quart)</li> </ul>
	per day of vitamin D-fortified formula, and are not taking a
	supplement of 400 IU of vitamin D.

# Appendix H

# PRODUCTS CONTAINING CAFFEINE

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

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

## Appendix H (cont.)

### PRODUCTS CONTAINING CAFFEINE

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

#### Sources:

<sup>&</sup>lt;sup>1</sup>American Pharmaceutical Association and The National Professional Society of Pharmacists. (8th Ed.). (1986). *Handbook of Nonprescription Drugs*.

<sup>&</sup>lt;sup>2</sup>American Dietetic Association (ADA). (1992). *Manual of Clinical Dietetics* (4th ed.). Chicago, IL: Chicago Dietetic Association.

<sup>&</sup>lt;sup>3</sup>Georgia Dietetic Association (GDA). (1992). *Georgia Dietetic Association Diet Manual* (4th ed.). Duluth, GA

<sup>&</sup>lt;sup>4</sup>Medical Economics Data Production Company. (15th Ed.). (1994). *Physician's Desk Reference for Nonprescription Drugs*, Montvale, N.J.

<sup>&</sup>lt;sup>5</sup>U.S. Pharmacopeial Convention, Inc. (13th Ed.). (1993). *Drug Information for the Health Care Professional USP DI*.

Appendix I

# INSTRUCTIONS FOR USE OF THE PRENATAL WEIGHT GAIN GRID

- 1. Record applicant/participant's name.
- 2. Use Body Mass Index table (Appendix C-1) to determine if the applicant is Normal Weight, Underweight, Overweight, or Obese using pregravid weight. Select for use the prenatal weight gain grid that corresponds to the prenatal woman's pregravid weight status. If she is pregnant with twins, use the "Twins" grid regardless of her weight status.
- 3. Enter height in inches without shoes.
- 4. Use Weight History chart.
- 5. Enter pregravid weight as indicated. Enter date and weight at each visit.
- 6. Plot today's weight using the following steps:
  - a. Record the pregravid weight at the initial point of the selected weight curve, which is located on the left side of the grid at zero (0) point. From the chart or gestation calculator, determine the completed weeks of gestation.
  - b. Using the gain (or loss) in weight from the pregravid weight baseline and the completed gestational weeks (this visit) place an **X** on the point at which these two (2) lines meet.
  - c. If the patient does not know her pregravid weight, or if the weight she gives seems disproportionate to her current weight, place an **X** on the dotted line for the calculated completed gestational week. Let this be a beginning point to plot future weights. Indicate that this weight is an estimate by writing "estimate" vertically on the grid next to the **X**. Use the "Normal" weight curve unless it is very obvious that the prenatal woman was overweight or underweight prior to gestation. Document this observation in the health record.
  - d. At the second and each subsequent visit, the weight gain for completed weeks of gestation should be plotted on the grid.

#### MEASURING LENGTH

Age:

Birth to 24 months

## **Material/Equipment:**

An accurate lengthboard for measuring infants is dedicated to length measurement. It has a firm, flat horizontal surface with a measuring tape in 1 mm (0.1 cm) or 1/8 inch increments, an immovable headpiece at a right angle to the tape, and a smoothly moveable footpiece, perpendicular to the tape.

Two (2) people required

#### Procedure:

- 1. Check to be sure that moveable foot piece slides easily and the headboard is at the zero (0) mark.
- Remove headwear, shoes and bulky clothing. Instruct caretaker to apply gentle
  traction to ensure that the child's head is firmly against the headboard so that the
  eyes are pointing directly upward.
- 3. With the child positioned so that the shoulders, back and buttocks are flat along the center of the board, the measurer should hold the child's knees together, gently pushing them down against the board with one (1) hand to fully extend the child. With the other hand the measurer should slide the footboard to the child's feet until both heels touch the foot piece. Toes should be pointing directly upward.
- 4. Recheck head placement. Immediately remove the child's feet from contact with the footboard with one (1) hand, while holding the footboard securely in place with the other hand.
- 5. Measure length in inches to the nearest 1/8-inch. Repeat the measurement by sliding footboard away and starting again until two (2) readings agree within 1/4 inch.
- 6. Record the second reading promptly.

# MEASURING WEIGHT ("INFANT" SCALE)

### Age:

Infants and very young children up to 35 pounds

## **Materials/Equipment:**

Scales with beam balance and non-detachable weights or electronic, with a maximum weight of 40 lbs and weigh in ½ ounce increments.

Scales must be calibrated yearly.

#### Procedure:

- 1. Check scales at zero (0) position. With weights in zero (0) position, indicator should point at zero (0). If not, use the adjustment screws to move adjustable zeroing weight until the beam is in zero (0) balance.
- 2. Remove shoes and clothes. Remove diaper if wet.
- 3. Place infant/child in center of scale (may be done sitting or lying down).
- 4. Move the weight on the <u>main</u> beam away from the zero (0) position (left to right) until the indicator shows excess weight, then move the weight back (right to left) towards the zero (0) position until too little weight has been obtained.
- 5. Move the weight on the fractional beam away from the zero (0) position (left to right) until the indicator is centered and stationary. (Record weight)
- 6. Repeat the measurements by moving the fractional beam until two (2) readings agree within ½ -ounce.
- 7. Record the second reading promptly.

#### **MEASURING HEIGHT**

Age:

Children two (2) years of age and older

Adults

NOTE: Once measurements are started with child standing, all subsequent

measurements must be done standing.

## **Material/Equipment:**

An accurate stadiometer for stature measurements is designed for and dedicated to stature measurement. It can be wall mounted or portable. An appropriate stadiometer requires a vertical board with an attached metric rule and a horizontal headpiece (right angle headboard) that can be brought into contact with the most superior part of the head. The stadiometer should be able to read to 0.1 cm or 1/8 in.

#### Procedure:

- 1. Remove all bulky clothing, head and footwear.
- 2. Position the child/adult against the measuring device, instructing the child/adult to stand straight and tall.
- 3. Make sure the child/adult stands flat footed with feet slightly apart and knees extended; then check for three (3) contact points: (a) shoulders, (b) buttocks, and (c) the back of the heels.
- 4. Lower the moveable headboard until it firmly touches the crown of the head. The child/adult should be looking straight ahead, not upward or down at the floor.
- 5. Read the stature to the nearest 1/8-inch.
- 6. Repeat the adjustment of the headboard and re-measure until two (2) readings agree within 1/4 inch.
- 7. Record the second reading promptly.

# MEASURING WEIGHT (STANDING)

## Age:

Adults, and children 2 years of age or older

## **Materials/Equipment:**

Standard electronic scale or platform beam scale with non-detachable weights that weighs in at least 1/4 pound or 100 gram increments.

Scales must be calibrated yearly

#### **Procedure:**

- 1. Check scales at zero (0) position. With weights in zero (0) position indicator should point at zero (0). If not, use adjustment screws to move the adjustable zeroing weight until the beam is in zero (0) balance.
- 2. Should be wearing minimal indoor clothing. Remove shoes, heavy clothing, belts, and heavy jewelry. Be sure pockets are empty.
- 3. Have child/adult stand in the center of the platform, arms hanging naturally. The child/adult must be free standing.
- 4. Move the weight on the main beam away from zero (0) until the indicator shows that excess weight has been added, then move the weight back towards the zero (0) position (right to left) until just barely too much weight has been removed.
- 5. Move the weight on the fractional beam away from the zero (0) position (left to right) until the indicator is centered.
- 6. Make sure the child/adult is still not holding on, then record to the nearest 1/4 lb.
- 7. Have the child/adult step off scale and return weight to zero (0). Repeat until two (2) readings agree within 1/4 pound.
- 8. Record the second reading promptly.

Sources: Georgia Child and Adolescent Health Program Manual. DHR, Division of Public Health; 1987. A Guide to Pediatric Weighing and Measuring, DHHS; 1981.

## Appendix K

#### INSTRUCTIONS FOR USE OF THE GROWTH CHARTS

- 1. Select the appropriate chart for sex and age of the individual. When length measurements are taken with the individual lying down use the "Birth to 24 Months of Age" chart.
- 2. Record name and/or identifying number of the chart. Document birth date.
- 3. The child's age on the date on which measurements are taken must be determined before you start plotting the measurements. To figure out a child's age, follow this example:

	Year	Month	Day
Date of Measurement	2002	4	21
Date of Birth	<u>-1997</u>	<u>-8</u>	<u>-10</u>
Child's Age	4 y	8	11
	or 4 yrs 8 mos		

As this example shows, you may have to borrow thirty (30) days from the month column and/or 12 months from the year column when subtracting the child's birth date from the date on which the measurements are taken.

4. Plot growth measurements by using the Interpolation Method.

#### **Plotting Interpolation Method:**

- a. **Birth 24 Month Growth Chart -** Calculate exact age (to nearest week) and plot measurement into the space at the point nearest to the age.
- b. **2 18 Years Growth Chart** Calculate exact age (to nearest month) and plot measurement into space at the point nearest to the age.
- 5. To plot the length or height for age and weight for age charts:
  - a. Follow a vertical line at the appropriate age.
  - b. Using a straight-edge, line up as closely as possible to the measured length or height and weight and mark the point where the two (2) lines intersect.
  - c. Write the date above the point.

Appendix K (cont.)

- 6. To plot the length or height/weight chart:
  - a. Follow a vertical line at the point of the correct length or height.
  - b. Using a straight-edge, line up as closely as possible to the weight and mark the point where the two (2) lines intersect.
  - c. Write the date on the point.
- 7. To plot Body Mass Index (BMI) for age:
  - a. Follow a vertical line as near as possible to the appropriate age.
  - b. Using a straight-edge, line up as closely as possibly the measured BMI and mark the point where the two (2) lines intersect.
- 8. To plot an infant's head circumference:
  - a. Follow a vertical line as near as possible to the appropriate age.
  - b. Using a straight-edge, line up as closely as possible the measured head circumference and mark the point where the two (2) lines intersect.
- 9. Calculating Gestation-Adjusted Age:
  - a. Document the infant's gestational age in weeks. (Mother/caregiver can self report, or referral information from the medical provider may be used.)
  - b. Subtract the child's gestational age in weeks from 40 weeks (gestational age of term infant) to determine the adjustment for prematurity in weeks.
  - Subtract the adjustment for prematurity in weeks from the child's chronological postnatal age in weeks to determine the child's gestationadjusted age.
  - d. For WIC nutrition risk determination, adjustment for gestational age should be calculated for all premature infants for the first 2 years of life.

Appendix K (cont.)

## Example:

Randy was born prematurely on March 19, 2001. His gestational age at birth was determined to be 30 weeks based on ultrasonographic examination. At the time of the June 11, 2001 clinic visit, his chronological postnatal age is 12 weeks. What is his gestation-adjusted age?

30 = gestational age in weeks

40 - 30 = 10 weeks adjustment for prematurity

12 - 10 = 2 weeks gestation-adjusted age

Measurements would be plotted on a growth chart as a 2-week-old infant.

10. Plotting for Prematurity:

For all premature infants and children <24 months plot adjusted and actual age.

- a. Infant Plot- (weight/age, Length/age, length/weight)
- b. Child Plot- (weight/age, height/age, BMI)
- 11. The formula for calculating BMI for age is:

#### [weight (lb.) ÷ height (in.) ÷ height (in.) x 703]

This can be calculated on a hand-held calculator or by computer systems in the district. Once calculated, BMI must be rounded to one decimal point. A reference for converting fractions to decimals and guidance for rounding to one decimal point follows.

### **Reference for Converting Fractions to Decimals:**

$$1/8 = .125$$
 $2/8 \text{ or } \frac{1}{4} = .25$ 
 $3/8 = .375$ 
 $4/8 \text{ or } \frac{1}{2} = .5$ 
 $5/8 = .625$ 
 $6/8 \text{ or } \frac{3}{4} = .75$ 
 $7/8 = .875$ 

Appendix K (cont.)

## **Guidance for Rounding to One Decimal Point:**

When calculating Body Mass Index (BMI) round the final answer to one decimal point. To do this you will round up to the next number if the second number past the decimal point is five or greater and you will round down if the second number past the decimal point is four or less.

### Example:

If the final BMI calculation equals 17.158829, the BMI would be 17.2

If the final BMI calculation equals 17.14829, the BMI would be 17.1

Appendix L

#### **USE AND INTERPRETATION OF THE GROWTH CHARTS**

#### **PLOTTING**

- 1. Standing height and weight must be plotted on the **2-18 Years** growth charts.
- 2. Recumbent length and weight must be plotted on the **0-24 Months** growth charts.
- 3. When a measurement cannot be plotted, a notation to this effect must be noted in the health record or on the growth chart. This measurement may not be used as a risk criterion. See the following example:

Standing height is measured on a 26-month old child. The child is 34 7/8 inches tall. Two options may be taken:

- a. Re-measure the child on the recumbent board, and plot length on the 0-36 months growth chart; OR
- b. Make a notation in the health record that the height of the child cannot be plotted on the 2-18 years growth chart.

#### INTERPRETATION

1. **Pattern of growth** can only be interpreted when two sets of measurements are plotted on the same growth grid. If one set of measurements are plotted on the 0-24 months growth charts and the next set of measurements on the 2-18 years growth charts, these measurements cannot be used to interpret the **pattern of growth** of the child.

# Appendix M

# **FOOD SOURCES OF VITAMIN A**

Food Source	Serving Size	Vitamin A (mcg Retinol)*
Apricots canned dried raw	3 halves 10 halves 3 medium	140 250 280
Bok Choy	1 cup	110
Broccoli cooked raw	1 cup 1 cup	110 680
Carrots cooked raw	1cup 1 medium	1920 2030
Cantaloupe, cubed	1 cup	520
Endive, raw	1cup	50
Greens, fresh, cooked beet collards kale turnip spinach	1cup 1cup 1cup 1cup 1cup	370 350 480 400 740
Liver, beef	3 ounces	10,600
Mango, raw	1 medium	810
Papaya, raw	1 medium	620
Parsley, chopped	1cup	160
Peaches canned, juice pack raw dried	1 cup 1 medium 10 halves	100 50 280
Persimmon, raw	1 medium	360
Pumpkin, canned	1cup	2690
Sweet Potato, baked	1 medium	2490
Watercress, raw	1cup	80
Winter Squash, baked	1cup	240

<sup>\*</sup>Micrograms of retinol equivalent: rounded to the nearest 10

# Appendix N

# **FOOD SOURCES OF VITAMIN C**

Food Source	Serving Size	Vitamin C (mg)*
Broccoli, chopped cooked raw	1/2 cup 1/2 cup	60 40
Cantaloupe, raw	1 cup, pieces	70
Green Pepper	1/2 medium	40
Grapefruit juice**, from concentrate raw	1/2 cup 1/2 medium	40 50
Mango, raw	1 medium	60
Orange juice**, from concentrate raw (navel)	1/2 cup 1 medium	50 80
Strawberries, raw	1 cup	90
Tomato, raw	1 medium	20

<sup>\*</sup>Milligrams Vitamin C: rounded to nearest 10
\*\*Items distributed through the Georgia WIC Program.

## **Appendix O**

#### **Selected Food Sources of Folate and Folic Acid**

Food Source / Serving Size	Micrograms (μg)	% <b>DV^</b>
*Breakfast cereals fortified with 100% of the DV, 3/4 cup	400	100
Beef liver, cooked, braised, 3 ounces	185	45
Cowpeas (blackeyes), immature, cooked, boiled, ½ cup	105	25
*Breakfast cereals, fortified with 25% of the DV, 3/4 cup	100	25
Spinach, frozen, cooked, boiled, ½ cup	100	25
Great Northern beans, boiled, ½ cup	90	20
Asparagus, boiled, 4 spears	85	20
*Rice, white, long-grain, parboiled, enriched, cooked, ½ cup	65	15
Vegetarian baked beans, canned, 1 cup	60	15
Spinach, raw, 1 cup	60	15
Green peas, frozen, boiled, ½ cup	50	15
Broccoli, chopped, frozen, cooked, ½ cup	50	15
*Egg noodles, cooked, enriched, ½ cup	50	15
Broccoli, raw, 2 spears (each 5 inches long)	45	10
Avocado, raw, all varieties, sliced, ½ cup sliced	45	10
Peanuts, all types, dry roasted, 1 ounce	40	10
Lettuce, Romaine, shredded, ½ cup	40	10
Wheat germ, crude, 2 Tablespoons	40	10
Tomato Juice, canned, 6 ounces	35	10
Orange juice, chilled, includes concentrate, 3/4 cup	35	10
Turnip greens, frozen, cooked, boiled, ½ cup	30	8
Orange, all commercial varieties, fresh, 1 small	30	8
*Bread, white, 1 slice	25	6
*Bread, whole wheat, 1 slice	25	6
Egg, whole, raw, fresh, 1 large	25	6
Cantaloupe, raw, ¼ medium	25	6
Papaya, raw, ½ cup cubes	25	6
Banana, raw, 1 medium	20	6

<sup>\*</sup> Items marked with an asterisk (\*) are fortified with folic acid as part of the Folate Fortification Program.

Sources: U.S. Department of Agriculture, Agricultural Research Service. 2003. USDA National Nutrient Database for Standard Reference, Release 16. Nutrient Data Laboratory Home Page, http://www.nal.usda.gov/fnic/cgi-bin/nut\_search.pl

<sup>^</sup> DV = Daily Value. DVs are reference numbers developed by the Food and Drug Administration (FDA) to help consumers determine if a food contains a lot or a little of a specific nutrient. The DV for folate is 400 micrograms (µg). Most food labels do not list a food's magnesium content. The percent DV (%DV) listed on the table indicates the percentage of the DV provided in one serving. A food providing 5% of the DV or less is a low source while a food that provides 10-19% of the DV is a good source. A food that provides 20% or more of the DV is high in that nutrient. It is important to remember that foods that provide lower percentages of the DV also contribute to a healthful diet. For foods not listed in this table, please refer to the U.S. Department of Agriculture's Nutrient Database Web site: <a href="http://www.nal.usda.gov/fnic/cgi-bin/nut\_search.pl">http://www.nal.usda.gov/fnic/cgi-bin/nut\_search.pl</a>.

# Appendix P

# **FOOD SOURCES OF IRON**

Food Source	Serving Size	Iron (mg)
Iron Fortified Breakfast Cereal*	¾ cup	8-18
Canned Clams	1/3 cup	11
Cooked Oysters	3 oz	7
Blackstrap Molasses	1 Tbsp.	5
Liver	2 ounces	5
Baked Beans	1 cup	5
Spinach	1 cup	4
Red Meat	3 ounces	3
Prunes	10 large	3
Raisins	1/2 cup	3
Pork	3 ounces	3
Turkey	3 ounces	3
Baked Potato with skin	1	3
Ham	3 ounces	2
Legumes, cooked*	1/2 cup	2
Raw Shrimp	3 ounces	2
Baked Winter Squash	1 cup	2
Berries	1 cup	1.5 – 2
Turnip or Collard Greens	1 cup	1.5
Liverwurst	1 slice	1
Chicken	3 ounces	1
Fish	3 ounces	1
Prune Juice	1/3 cup	1

<sup>\*</sup>Items distributed through the Georgia WIC Program.

# **Appendix Q**

### **FOOD SOURCES OF CALCIUM**

	250 mg	150-249 mg	75-149 mg
MILK GROUP	Milks - 1 cup Whole - 291 mg 1% lowfat - 300 mg 2% lowfat 297 mg Skim - 302 mg Buttermilk - 285 mg Chocolate 284 mg Malted - 348 mg Swiss Cheeses 272 mg Ricotta, part skim, ½ c - 337 mg Milkshakes - 1 cup Chocolate 397 mg Vanilla 457 mg Yogurt, lowfat - 1 cup Plain 415 mg Flavored 380 mg Fruit 345 mg	Cheeses - 1 oz. American, processed, 174 mg Blue 150 mg Brick 191 mg Caraway 204 mg Cheddar 204 mg Colby 194 mg Edam 207 mg Monterey 212 mg Mozzarella, part skim 183 mg Muenster 203 mg Cheese food American, processed, 163 mg Swiss, processed 205 mg	Cottage Cheese, 2% Lowfat, ½ c, 75 mg Frozen desserts – ½ c Ice cream 88 mg Ice milk, hardened, 88 mg Ice Milk, soft serve, 137 mg Pudding, 133 mg
MEAT/PROTEIN GROUP	Sardines, with bones, 3 oz, 372 mg Tofu, firm processed with calcium- sulfate, 4 oz, 250-765 mg	Salmon, with bones 167 mg 3 oz Sesame seeds 2 TB, 176 mg.	Beans, dried, cooked, 90 mg 1 c Oysters, 7-9, 113 mg Shrimp, canned, 3 oz, 100 mg Tofu, soft, ½ c, 145 mg Tahini (sesame butter) 2 TB, 128 mg. Soybeans, 8 oz, 64 mg Soy beverage, 8 oz, 64 mg Almonds, 1 oz, 75 mg
VEGETABLE GROUP	Cooked, 1 cup Collards, 357 mg Rhubarb, 348 mg Spinach, 278 mg Bok Choy, 252 mg	Cooked, 1 cup Kale, 200 mg Mustard greens, 200 mg Turnip greens, 249 mg	Cooked, 1 cup Okra, 176 mg Broccoli, 90 mg
FRUIT			Figs, dried or fresh 5 med, 135 mg. Papaya, raw – 1 med, 72 mg. Sapote, raw – 1 med, 88 mg. Tamarind, raw - 1 c, 89 mg.
GRAIN GROUP		Waffle, 7" diameter, 179 mg	Cornbread, 2" square , 94 mg Pancakes, 2-4" diameter, 116 mg
"OTHERS" Category fats, sweets, alcohol	Molasses, Blackstrap, 2 Tbsp., 274 mg		
COMBINATION FOODS: Foods made with ingredients from more than one food group	Cheese pizza, 3 of 14" pie, 332 mg	Macaroni and cheese, ½ c c, 181 mg Soups made with milk - 1 c Cream of mushroom , 191 mg Cream of tomato, 168 mg Taco, beef, 174 mg	Chili con carne with beans, 1 c, 82 mg Custard, baked, ½ c, 148 mg Spaghetti, meatballs, tomato sauce, and cheese, 1 c, 124 mg

Sources: (1) Pennington, JAT. Bowes & Church's Food Values of Portions Commonly Used. 16th edition. Philadelphia, PA: J.B. Lippincott Co.; 1994. (2) Georgia Dietetic Association Diet Manual. Georgia Dietetic Association, Inc. Fourth edition, 1992. (3) National Osteoporosis Foundation 1991.

## Appendix R

# HERBS: THEIR USE AND POTENTIAL RISKS

Herbs	Use	Risks
Chamomile	Relaxant	May cause allergic reaction (up to anaphylactic shock in allergic individuals).
Ginseng	Health food remedy	Painful, swollen breasts
Mandrake	Sold falsely as Ginseng	Contains scopolamine
Pennyroyal oil	Abortifacient	Toxicity, teratogenesis, increased risk of medical abortion, hepatotoxin, coma death
Sassafras	Tonic for a variety of unsubstantiated uses	Possible carcinogenesis
Tonka beans, melilot, sweet woodruff (tea)	Seasonal tonic	Hemorrhage
Devil's claw root	Abortifacient	Sodium and water retention, hypokalemia, hypertension, cardiac failure/arrest
Ginger root tea	Morning sickness remedy	Unknown - very large doses may cause depression of CNS, and cardiac arrhythmias.

There is insufficient information on many herbs that women may want to use during pregnancy and lactation. Herbs have been used as remedies for years and in many cases some may be beneficial. The problems that might arise may be dose related, which could affect the fetus and growing infant. A Asafe≅ level or Adangerous≅ level is generally not known for use in pregnancy and lactation; avoidance of most herbs is usually the best practice. In addition to the herbs listed above, the following herbs are recommended NOT to be used during pregnancy and lactation:

Angelica Elecampane
Black Cohosh Gotu kola
Blessed Thistle Juniper Berries
Calendula Motherwart
Dong Quai Myrrh

Sources: Dimperio, Diane: Florida Department of Health and Rehabilitative Services, Florida's Guide to Maternal Nutrition, 1986.

Tenney, Louise: Today's Herbal Health, 3rd Edition, Woodland Books, Utah, 1992.

Tyler, Varro E.: The Honest Herbal, 3rd Edition, Pharmaceutical Products Press, New York, 1993.

Appendix S

### **KEY FOR ENTERING WEEKS BREASTFED**

The number of weeks breastfed must be manually entered when completing paper WIC Assessment/Certification Forms and paper Turnaround Documents for:

- Breastfeeding women: initial and six month certification visits
- Postpartum, non-breastfeeding women: certification visit
- Infants: initial certification and mid-certification nutrition assessments
- Children: initial certification and subsequent certification, until the answer is "No"

Length of time breastfed **must be entered in weeks (two-digit).** When the answer to the question "How long have you breastfed this infant?" OR "How long has this infant breastfed?" is given in days or months, use the following key to determine appropriate codes.

## I. Codes to Enter When Breastfeeding is Given in Days

Convert Days to Weeks

Fewer than 7 days = 00 weeks 7 - 13 days = 01 week 14 - 20 days = 02 weeks 21 - 27 days = 03 weeks 28 - 34 days = 04 weeks 35 - 41 days = 05 weeks 42 - 48 days = 06 weeks

Source: Georgia WIC Branch ETAD Change Number 08-12b, 2008.

## II. Codes to Enter When Breastfeeding is Given in Months

1 month	=	04 weeks	12 Months	=	52 weeks
2 months	=	08 weeks	13 Months	=	56 weeks
3 months	=	13 weeks	14 Months	=	61 weeks
4 Months	=	17 weeks	15 Months	=	65 weeks
5 Months	=	22 weeks	16 Months	=	69 weeks
6 Months	=	26 weeks	17 Months	=	74 weeks
7 Months	=	30 weeks	18 Months	=	78 weeks
8 Months	=	35 weeks	19 Months	=	82 weeks
9 Months	=	39 weeks	20 Months	=	87 weeks
10 Months	=	43 weeks	21 Months	=	91 weeks
11 Months	=	48 weeks	22 Months	=	96 weeks
			22.5 Months +	=	98 weeks or more

Source: Enhanced Pregnancy Nutrition Surveillance System User's Manual. Division of Nutrition, Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Public Health Service. February 2000.

Appendix T

# Infant Formula Preparation

#### **GENERAL INFORMATION**

- 1. Before starting, wash hands with soap and water. Rinse well.
- 2. Wash bottles and nipples using brushes made for bottles and nipples. Wash caps, rings and preparation utensils such as spoons, pitchers, etc. Use hot soapy water. Rinse well.
- 3. Squeeze clean water through the nipple holes to be sure they are open.
- 4. Put the bottles, nipples, caps and rings and other utensils in a pot and cover with water. Heat on the stove, bring to a boil; boil for 5 minutes. Remove from heat and let cool.

OR

Put all items in a properly functioning dishwasher and run it at the normal temperature (not the low or economy temperature setting).

- 5. The most important time to boil bottles, nipples and formula preparation items for the infant is through 3 months of age. Also, the most important time to boil the water used in formula preparation is through 3 months of age. If there is any doubt about the safety of the water supply or the cleanliness of the home, then continue to sterilize the equipment and to boil the water used in formula preparation.
- 6. Boil water for 2 minutes before using to prepare formula. Prolonged boiling of water (greater than 5-6 minutes) is not recommended because some trace contaminates in the water such as lead, nitrates, or even trace minerals may concentrate in the boiled water as the liquid water is reduced.
- 7. Do not feed an infant a bottle left out of the refrigerator for more than 1 hour.
- 8. For infants who prefer a warmed bottle, hold the bottle under warm running tap water. Shake well and test the temperature before giving to the infant. **Do not use** microwave oven to prepare or to warm formula. Formula heated in the microwave may result in serious burns to the infant.
- 9. When using formula:
  - Check the formula's expiration date prior to use. Do not use if the date has passed.
  - Avoid using cans of infant formula that have dents, leaks, bulges or puffed ends or rust spots.

Appendix T (cont.)

# Infant Formula Preparation

## 9. (Cont'd)

- Store cans of infant formula in a cool place, indoors. Do not store in vehicles, garages or outdoors.
- For more information, see the following references:
  - Infant formula cans commercial brands.
  - ◆ United States Department of Agriculture, Food and Nutrition Service. Infant Nutrition and Feeding, a Reference Handbook for Nutritional Health Counselors in the WIC and CSF Programs. FNS-288, September 1993. USDA, FNS, Alexandria, Virginia 22302-1594. (U.S. Gov. Printing Office: 1994-0-360-395 QL.3).

#### PREPARATION FROM CONCENTRATED LIQUID FORMULA

- 1. Boil for 5 minutes all bottles, nipples, rings and utensils to be used; let cool.
- 2. Heat water for formula on stove to a rolling boil for 2 minutes; let cool.
- 3. Wash top of the can with soap and water; rinse well. Wash the can opener.
- 4. Shake can well before opening.
- 5. Open can and pour formula into a clean bottle using ounce markings to measure amount of formula. Add an equal amount of the cooled boiled water. Example: For 4 ounces of concentrated formula poured into the bottle, add 4 ounces of water. Shake or stir again.
- 6. To store: cover container or bottles and refrigerate. *Use within 48 hours*. If more than one bottle is prepared, put the nipples in upside down on each bottle. Cover the nipple with a cap and screw on the ring.
- 7. After feeding, throw away any formula left in bottle or cup, as this can contain germs.

**Note:** Do not use microwave oven to prepare or to warm formula. Formula heated in the microwave may result in burns.

#### PREPARATION OF READY-TO-FEED FORMULA

- 1. Boil for 5 minutes all bottles, nipples, rings and utensils to be used; let cool.
- 2. Wash top of the can with soap and water; rinse well. Wash the can opener.
- 3. Shake can very well. Open with a clean punch-type can opener.
- 4. Pour the amount of ready-to-feed formula for one feeding into a clean bottle.

**Note:** Do not add water or any other liquid to this formula.

5. Attach nipple and cap. Shake well again and feed infant.

Appendix T (cont.)

# Infant Formula Preparation

6. If more than one bottle is prepared, put the nipples in upside down on each bottle. Cover the nipple with a cap and screw on the ring. Refrigerate. If formula is left in opened can, cover and refrigerate. **Use within 48 hours**. Shake can again before pouring; or shake bottles before serving.

**Note:** Do not use microwave oven to prepare or to warm formula. Formula heated in the microwave may result in burns.

## **Preparation from Powdered Formula**

- 1. Boil for 5 minutes all bottles, nipples, rings and utensils to be used; let cool.
- 2. Heat water for formula on stove to a rolling boil for 2 minutes; let cool to a warm temperature.
- 3. Remove plastic lid from can; wipe it off if dusty. Wash top of can with soap and water; rinse well and dry it. Wash can opener. Do not let water get into the can.
- 4. Pour the warm water into the bottle(s). Use only the scoop that comes with the formula can (8.7 gm). The scoop should be totally dry before scooping out the powdered formula. Add 1 level scoop of the powdered formula for each 2 oz of warm water in the bottle(s). Example: If 8 ounces of water is poured in the bottle, then 4 level scoops of formula should be added.
- 5. Put nipples and rings on bottle and **shake well**. If feeding immediately, check temperature and then feed. After feeding, throw away formula left in bottle or cup, as this can contain germs.
- 6. Store filled bottles in refrigerator and *use within 24 hours*. Put a clean nipple upside down on each bottle. Cover the nipple with a cap and screw on the ring.
- 7. Do not store can containing the dry powdered formula in the refrigerator. Keep it covered and store in a cool, dry place; avoid temperature extremes. Use can within one month after opening.

**Note:** Do not use microwave oven to prepare or to warm formula. Formula heated in the microwave may result in burns.

#### **CONVERSION TABLES AND EQUIVALENTS**

### I. TABLE OF EQUIVALENTS

3 teaspoon (tsp.) = 1 Tablespoon (Tbsp.)
2 Tbsp. = 1 ounce (oz)
8 oz. = 1 cup (c.)
16 Tbsp. = 1 c.
2 c. = 1 pint (pt.)
2 pts. = 1 quart (qt.)
4 c. = 1 qt.

4 gts. \_ 1 gallon (gal.) = 128 oz.

#### II. METRIC SYSTEM

#### A. APPROXIMATE WEIGHTS/MEASURES

20 drops = 1 milliliter (ml.) 1 ml. = 1 gram (g.)

1 ml. = 1 cubic centimeter (cc) 1 tsp. = 5 ml. = 5 cc = 5 g. 1 Tbsp. = 15 ml. = 15 cc = 15 g. 1 oz., fluid = 29.57 ml. = 30 cc

1 cup, fluid = 240 ml.

1 oz., weight **=** 28.35 g. (approx 30)

1 c., weight = 240 g. 1 pound (lb.) = 453.6 g. 2.2 lbs. 1 kilogra

2.2 lbs. = 1 kilogram (kg.) = 1 liter (L.)

1.1 qts. = 1000 ml = 1 liter

#### B. WEIGHTS

1 milligram = 1000 micrograms (mcg)

1 gram (g) = 1000 mg. 1 kilogram = 1000 g.

#### C. CONVERSIONS

To convert ounces to grams multiply by 30. To convert grams to ounces divide by 30. To convert pounds to kilograms divide by 2.2.

To convert kilograms to pounds multiply by 2.2. To convert inches to centimeters multiply by 2.54.

References: Georgia Dietetic Association, Inc., Diet Manual, 4th edition, 1992.

## **Appendix U-2**

## APPROXIMATE METRIC AND IMPERIAL EQUIVALENTS

Useful approximate metric and imperial equivalents

1 cm = 0.39 in 1 in = 2.54 cm 1 meter = 1.1 yd. 1 ft = 30.48 cm

To convert centimeters to inches

Divide the length in centimeters by 2.54.

Example: The average newborn infant measures 50.89 cm:

50.89 cm: 2.54 cm/in = 20 in

To convert inches to centimeters

Multiply the length in inches by 2.54

Example: The average newborn infant measures 20 in:

20 in x 2.54 cm/in = 50.8 cm

**Infant Nutrition Questionnaire – English (page 1)** 

			Infa	nt's Name:	
			Date	e of Birth:	Age
			Nar	ne of Parent/Guardian	
Georgia WIC Program			o under 12 months) stionnaire (English		
□ diarrhea	r baby has had in the I □ constipation □ vomiting		□ spitting up □ difficult □ food allergy or pn	Sangaran 1974	problems none
	t your baby takes:	□ herbal	teas / herbal products		
	/ minerals	the state of the s	emedies		1 none
	t your baby uses to eat		s □ regular cup □	spoon or fork	□ other
Do you have	a working stove, refrig	erator and sink?	□ Vec □ No		
. Do you have a	a working stove, reing	crator, arta sirik:	LI TES LINO		
In one day (24	4 hours) how many do	es your baby usuall	y have? wet di	apers per day	dirty diapers per day
Check all that	t you are feeding your	baby and answer th	e following guestion	s:	
□Breastmilk	How many times do you brea				
	How long do you plan to brea				
	Are you having any problems		<ul> <li>A control of the property of the</li></ul>	•	
	Do you ever pump your brea	stmilk?	If yes, how many times	oer day?	
☐ Infant Formula	Name of formula?		<u></u>		
	What Type?  aconcentrat	the contract of the contract o			
	How do you make formula?		of formula to oz or wa		
	How many bottles does your				nottle?
	What type of water do you us		The state of the s		and the second s
	Do you boil the water that is				
	How are the baby bottles cle				
Check "Ves "	or "No" to each quest	ion helow:			
Officer 103	Does your baby fall asleep w		□ No		
	Does your baby drink from a				
	Do you put cereal, other food				
	Is your baby fed breastmilk of			n 24 hours?	No
	Is your baby fed breastmilk of	or formula that has been in	a bottle 1 hour after the sta	t of a feeding? 🔲 Yes	s □ No
	Is your baby fed breastmilk of	or formula that has been in	a bottle from an earlier feed	ling? ☐ Yes	s □ No
Check all the	foods or beverages yo	ou give your baby:			
■ Breast milk	□ Gatorade <sup>®</sup>	■ Mixed dinners	■ Luncheon meats	☐ Corn syrup	■ nuts, seeds
☐ Cow's milk☐ Soy milk	□ Kool-Aid <sup>®</sup> □ Soda	☐ Meats ☐ Fruits	□ hot dogs / sausage □ Fish	☐ Honey ☐ Egg yolk (yellow)	peanut butter popcorn
	■ Tea	□ Vegetables	□ Shellfish	□ Egg white	□ hard candies
■ Goat's milk	☐ Fruit drinks	☐ Desserts ☐ Cereal	☐ French fries ☐ Table food	☐ Cheese ☐ Yogurt	□ marshmallows □ added salt, gravy
■ Water					_ added out, gravy
□ Water □ 100% Fruit J □ Other		ic hunana			
□ Water □ 100% Fruit J □ Other	know when your baby				
□ Water □ 100% Fruit J □ Other					
□ Water □ 100% Fruit J □ Other □ How do you I	know when your baby know when your baby	is full?			
Water 100% Fruit J Cther How do you I How do you I	know when your baby know when your baby any questions or conc	is full?			
□ Water □ 100% Fruit J □ Other □ How do you I	know when your baby know when your baby	is full?			
Water 100% Fruit J Cher How do you l How do you l O you have a	know when your baby know when your baby any questions or conc	is full?	py's health, diet, feed	ing, growth or dev	
Water 100% Fruit J Cther How do you I How do you I O you have a	know when your baby know when your baby any questions or conc If yes, please describe	is full?	py's health, diet, feed	ing, growth or dev	
Water 100% Fruit J Cther How do you I How do you I O you have a	know when your baby know when your baby any questions or conc If yes, please describe	is full?	py's health, diet, feed	ing, growth or dev	
Water 100% Fruit J Cher How do you l How do you l O you have a	know when your baby know when your baby any questions or conc If yes, please describe	is full?	py's health, diet, feed	ing, growth or dev	

Infant Nutrition Questionnaire - English (page 2)

		Nutrition Ed	ucation Flov	w Sheet (Inf	ant)		
			Primary Education	Secondary Nutrition	Secondary Nutrition	Inappropriate Nutrition Practices for Infants	
	<b>✓</b> Topi	cs Discussed	, , , , , , , , , , , , , , , , , , , ,	Date: *Sign./Title:	Date: *Sign./Title:	WIC Risk 400: Inappropriate Nutrition Practices. If yes, document how.	
	Reinforce G	ood Points in Diet					
	Nutritional V	alue of WIC Foods				Breastmilk or Formula Substitute. (6,8)	
	Assessment	of Latch & Positioning					
ding	Frequency/[	Ouration/Encouragement				☐ Inappropriate use of bottles or	
Breastfeeding	Supply & De	emand / Supplementing				Sugar-Containing Fluids. (7,8)	
east	Growth Spu	rts					
ă	Problems / B	Barriers (Specify)				☐ Inappropriate Introduction of Solid	
æ	Iron Fortified	d Formula				Foods.®	
Formula	Formula Pre	paration					
ē		of Bottle Feeding				☐ Feeding Practices not	
	Spitting Up					Developmentally Appropriate. (3,8)	
		Until 5-6 Months					
		olids (Type & Amounts)				☐ Potentially unsafe food	
e o		Infant Cereal				consumption. (6,7,8)	
ıţ		Daily When Starting Solids					
ž		Introduction (Baby Foods)				☐ Inappropriate Formula	
General Nutrition	Prevention of					Preparation. (6)	
		Self Feeding Skills					
		lories & Sweet Drinks				Restrictive Nursing. (6)	
		/ Weaning to Cup /				Restrictive Nursing.	
б	Modeling Po	ositive Behaviors				☐ Restrictive Diet. (6,8)	
arentin Skills	Stress Free	Feeding					
Parenting Skills	Picky Eating	1				☐ Lack of proper Sanitation. (4,6,7)	
	Goal Setting	1					
	Immunizatio	ns				Potentially Harmful Dietary	
	*Alcohol. To Harmful Su	obacco, Drugs & other bstances				Supplements. (2)	
	Other: (Spe	cify)				Lack of Essential Dietary Supplements. (2)	
		er Dietary Risk) Risk o other risk is identified.	of Inappropriate Co	mplementary Feedi	ng Practices	Note: the number(s) after each statement correspond to the related nutrition questionnaire.	
						*Required Documentation	
			Prima	ary Nutrition	Contact		
				<b>,</b>			
Con	nments:						
*Pla	n / Goals:						
					*Sign./Title/Date:		

^	n Questionnaire – Spanish (page 1)
$\wedge$	Nombre del niño(a):
	Fecha de nacimiento: edad
1	Nombre del padre/tutor:
	Bebés (Nacimiento - 12 meses)
	Cuestionario de Nutrición (Español)
Georgia WIC Progra	
	<del></del> -
1 Seleccione to	odo lo que su bebé ha tenido en el mes pasado:
	□ estreñimiento □ vómitos □ náusea □ reflujo □ vómito leve □ dificultad para tragar □ problemas dentales
☐ dieta espec	cial problema médico o de salud alergia o problema alimenticio ninguno(a)
2. ¿Su bebé tom	na?
☐ medicina	
□ vitaminas	s / minerales ninguno(a)
	odo lo que su bebé usa para comer o beber:
□ Pecho □	llos dedos 🗖 una taza/vaso 🗖 cuchara o tenedor 🗖 biberón 🗖 vasito para bebé 🗖 otro
4. ¿Su estufa, re	efrigerador, y fregadero, están en buenas condiciones? 🗖 Sí 🗖 No
5. ¿En 24 horas	s, cuantos pañales mojados y/o sucios tiene su bebé? Pañales húmedos pañales sucios
	odo lo que le esté dando de comer a su bebé, y responda las siguientes preguntas:
□ Leche mate	
	¿Por cuánto tiempo planea dar pecho (leche materna)?
	¿Está teniendo problemas dando pecho, o tiene preguntas acerca de dar pecho? Sí No
	¿Se saca la leche con una bomba / maquina? ☐ Sí ☐ No Si es así, ¿cuántas veces por día?
□ Fórmula inf	fantíl Nombre de la fórmula
	¿De qué tipo? ☐ Líquido o concentrado ☐ en polvo ☐ lista para servir
	¿Cómo prepara la leche? Concentrado o Líquido: onzas de la fórmula para onzas de agua
	Polvo: cucharadas de leche paraonzas de agua
	¿Cuántos biberones toma su bebé en un día (24 horas)? ¿Cuántas onzas hay en cada biberon?
	¿Qué tipo de agua usa para mezclar la fórmula? 🔲 de ciudad 🔲 de pozo
	□ agua en botella □ agua "para bebé " en botella
	¿Hierve el agua que usa para la fórmula/leche? □ Sí □ No Si la hierve, ¿por cuánto tiempo? mir
	¿Cómo limpia los biberones?
7 Seleccione "	Sí" o "No" para cada pregunta:
. Selectione s	Solve bebé duerme con una botella o biberón? ☐ Sí ☐ No
	¿Su bebé toma de un biberón que tiene que estar sostenido? □ Sí □ No
	¿Agrega cereal, otras comidas, o jugo en el biberón de su bebé? □ Sí □ No
	¿Su bebé toma leche materna o fórmula que ha estado en el refrigerador por más de 24 horas? ☐ Sí ☐ N
	¿Su bebé toma leche materna o fórmula que ha estado en el biberón mas de 1 hora?
	¿Su bebé toma leche materna o fórmula que sobró de un biberón anterior?
	odos los alimentos o bebidas que le ofrece a su bebé:
l leche materna l leche de vaca	□ Gatorade® □ comidas mezcladas □ carnes frías □ miel de maíz □ nueces, semillas □ Kool-Aid® □ carnes □ perros calientes / □ miel □ mantequilla de cacaho
l leche de cabra	□ soda /gaseosa □ frutas salchichas □ yema de huevo (amarilla) □ palomitas de maiz
	□ té □ verduras □ pescado □ clara de huevo □ dulces duros □ bebidas de fruta □ postres □ mariscos □ queso □ malyavisco, nube o
agua .	□ bebidas de fruta       □ postres       □ mariscos       □ queso       □ malvavisco, nube o         □ jugo 100% de fruta       □ cereal       □ papas fritas       □ yogurt       esponjita (marshmallo
1 otro	□ comida de adultos □ sal y salsà agregadas
otro	and the state of t
	a cuando su nona tiana nambra?
¿Cómo sabe	e cuando su bebé tiene hambre?
¿Cómo sabe	e si su bebé está lleno?
¿Cómo sabe ¿Cómo sabe	e si su bebé está lleno? Intas o preocupaciones acerca de la salud, dieta, alimentación, crecimiento o desarrollo de su bebé?
¿Cómo sabe	e si su bebé está lleno? Intas o preocupaciones acerca de la salud, dieta, alimentación, crecimiento o desarrollo de su bebé?
¿Cómo sabe ¿Cómo sabe 9. ¿Tiene pregu	e si su bebé está lleno? Intas o preocupaciones acerca de la salud, dieta, alimentación, crecimiento o desarrollo de su bebé?
¿Cómo sabe ¿Cómo sabe 9. ¿Tiene pregu	e si su bebé está lleno? Intas o preocupaciones acerca de la salud, dieta, alimentación, crecimiento o desarrollo de su bebé? □ № Si contestó que sí, ¿cuales?
¿Cómo sabe ¿Cómo sabe 9. ¿Tiene pregu	e si su bebé está lleno? Intas o preocupaciones acerca de la salud, dieta, alimentación, crecimiento o desarrollo de su bebé? □ № Si contestó que sí, ¿cuales?
¿Cómo sabe ¿Cómo sabe 9. ¿Tiene pregu	e si su bebé está lleno? Intas o preocupaciones acerca de la salud, dieta, alimentación, crecimiento o desarrollo de su bebé? □ № Si contestó que sí, ¿cuales?
¿Cómo sabe ¿Cómo sabe 9. ¿Tiene pregu	e si su bebé está lleno? Intas o preocupaciones acerca de la salud, dieta, alimentación, crecimiento o desarrollo de su bebé? □ № Si contestó que sí, ¿cuales?

					ID#_ Date	t's Name: Age	
_	0	No. 1 co			Nam	e of Parent/Guardian:	
For	Staff use C			01 111			
		Nutrition Ed	ucation Flo	<i>พ</i> Sheet (Inf	ant)		
_			1			Inappropriate Nutrition Practices	
			Primary Education	Secondary Nutrition	Secondary Nutrition	for Infants	
	<b>√</b> Topi	cs Discussed		Date: *Sign./Title:	Date: *Sign./Title:	WIC Risk 400: Inappropriate Nutrition Practices. If yes, document how.	
	Reinforce G	ood Points in Diet					
		'alue of WIC Foods				Breastmilk or Formula Substitute. (6,8)	
	Assessment	t of Latch & Positioning				Substitute.	
ing		Ouration/Encouragement					
Breastfeeding		emand / Supplementing				☐ Inappropriate use of bottles or Sugar-Containing Fluids. (7,8)	
astf	Growth Spu						
Bre		Barriers (Specify)					
	Iron Fortified					Inappropriate Introduction of Solid Foods. (8)	
ıula						10003.	
Formula	Formula Pre	**************************************					
	0. 100 0.00	of Bottle Feeding				Feeding Practices not Developmentally Appropriate. (3,8)	
	Spitting Up					Developmentary Appropriate.	
		Until 5-6 Months					
=		olids (Type & Amounts)				Potentially unsafe food consumption. (6,7,8)	
General Nutrition		d Infant Cereal				consumption.	
Ä		Daily When Starting Solids					
eral	-	Introduction (Baby Foods)				Inappropriate Formula	
Sen	Prevention of					Preparation. (6)	
ő	Encouraging	Self Feeding Skills					
		lories & Sweet Drinks				Restrictive Nursing. (6)	
	Baby Bottle	/ Weaning to Cup / Caries					
_	Modeling Po	sitive Behaviors				☐ Restrictive Diet. (6,8)	
Parenting Skills	Stress Free	Feeding					
are Ski	Picky Eating	)				☐ Lack of proper Sanitation. (4,6,7)	
<u>.</u>	Goal Setting	1				Back of proper Santadon.	
	Immunizatio	ns				Potentially Harmful Dietary	
	*Alcohol. T	obacco, Drugs & other				Supplements. (2)	
	Harmful Su	bstances					
	Other: (Spec	cify)				Lack of Essential Dietary Supplements. (2)	
		er Dietary Risk) Risk other risk is identified.		mplementary Feedi	ng Practices	Note: the number(s) after each statement correspond to the related nutrition questionnaire.	
			D.:i	NI4!4!	044	*Required Documentation	
		1	Prima	ary Nutrition	Contact		
Con	nments:						
*Pla	n / Goals:						

Child Nutrition Questionnaire - English (page 1)

Gargia W.C. Program		Child Nu	trition Qu	Child's Name: Age
Check all that your check	nild uses to end outle sipp or fork other other or have there is no No	eat or drink:  y cup	er fingers nount of ney to	8. Does your child eat fast food meals more than 2 times a week?  \[ \text{Yes} \] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Meat, poultry, fish, beans or eggs	Daily	□ Some days	□ Never	□ food allergy or problem: □ none
Milk, yogurt, or cheese	■ Daily	☐ Some days	□ Never	12. What is your child's usual daily activity?
Fruits	□ Daily	☐ Some days	□ Never	□ Very active (plays actively 2 or more hours per day)
Vegetables	□ Daily	☐ Some days	□ Never	☐ Active some of the time (plays actively about 1 to 2 hours per day) ☐ not active
Grains- cereal, bread, rice pasta, tortillas	Daily	□ Some days	□ Never	13. How many hours a day does your child watch TV, play at the computer, or play video games?
Cookies, cakes, pies, candy	■ Daily	☐ Some days	□ Never	hours per day.
Fried foods, french fries, sausage, hot dogs, bacor	Daily	☐ Some days	□ Never	14. Does your child eat meals provided by a child care center or at school? ☐ Yes ☐ No
Check all that your check	oy milk vater ruit drink 00% fruit juice	soda Gatorade tea		15. Do you have any questions or concerns about your child's health, diet, feeding, or growth?  Yes No  If yes, please describe
Gum drops	aild eats: leeds leeds leeds leeds leeds leeds leeds lined fruit leeds l	□ crayons	rch soda	16. Please offer any suggestions on what WIC can do to better serve you and your family.

**Child Nutrition Questionnaire – English (page 2)** 

	Number		w Sheet (Cl		Inappropriate Nutrition Practice	
	✓ Topics Discussed	Primary Education	Date: *Sign./Title:	Date: *Sign./Title:	for Children  WIC Risk 400: Inappropriate Nutrition Practices. If yes, document how.	
_	Reinforce Good Points in Diet				Yes No	
	Nutritional Value of WIC Foods				Routinely feeding inappropriate beverages as the primary milk	
	Meat / Meat Substitutes				source. (6)	
	Dairy / Milk / Milk Substitutes				Routinely feeding a child any sugar	
	Fruits / Vegetables				containing fluids. 6	
<u>e</u>	Bread / Cereal					
Ħ	Good Quality Snacks				Routinely using nursing bottles, cur	
ž	↑ Calcium Sources				or pacifiers improperly. (2)	
General Nutrition	Foods to Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)					
g	Medicine / Vitamins / Minerals				Routinely using feeding practices the	
	↓ Empty Calories & Sweet Drinks				disregard the developmental needs of stages of the child. (2,7)	
	Dental Care / Weaning to Cup / Baby Bottle Caries					
	Weight Management				Potentially unsafe food	
sica	Exercise Benefits / Frequency				consumption. (7)	
Physical Activity	Physical Activity / Play as a Family					
	Alternatives to TV / Video Time				Routinely feeding a diet very low in calories and/or essential nutrients. (3,	
D D	Modeling Positive Behaviors					
Parenting Skills	Stress Free Feeding					
Parent Skill	Picky Eating				Feeding dietary supplements with potentially harmful consequences. (1)	
	Goal Setting					
	*Alcohol. Tobacco, Drugs & other Harmful Substances				Routinely not providing dietary supplements recognized as essential	
	Other: (Specify)				by national public health policy who a child's diet alone cannot meet nutrient requirements. (1,5,6)	
					Routine ingestion of nonfood items	
On	ly use risk 401 – (Other  > 12-23 months- Risk of Inappro	priate Complementary		s identified.	(pica). (T)  Note: the number(s) after each statement correspond to the related nutrition questionnai	
	≥ 2 years of age- Failure to me	et Dietary Guidelines			*Required Documentation	
_		Prim	ary Nutrition	Contact		
Con	ments:					
*Pla	n/					
Goa						

Child Nutrition Questionnaire - Spanish (page 1)

$\wedge$				Nombre del niño(a):
				Nombre del niño(a): Fecha de nacimiento: edad Nombre del padre/tutor:
				Nombre dei padre/tutor.
		Cuestion	ario de Nutric	ión Para Niño(a) (Español)
Georgia WIC Progra	em \			9. ¿Cómo sabe cuándo su niño(a) tiene hambre?
Selectione toda				
<ul><li>■ Medicina</li><li>■ Vitaminas/Minera</li></ul>	les			¿Cómo sabe cuándo está lleno(a) su niño(a)?
☐ té de hierbas/ pro				
■ Remedios casero				
□ ninguno				10. Va su niño(a) a:
2. Seleccione todo	lo que su niñ	o(a) usa par	a comer o	¿Chequeos regulares de salud? ☐ Sí ☐ No ¿Chequeos dentales regulares? ☐ Sí ☐ No
	ıs dedos □ una za para bebe □		uchara o tenedor	11. Seleccione cualquier problema que haya tenido su niño(a) el mes pasado:
. ¿Su niño(a) se s	alta comidae	o tiene una	cantidad	☐ diarrea ☐ estreñimiento ☐ vómitos ☐ náuseas
limitada de alim				☐ dificultad para masticar o tragar ☐ incapaz de comer solo
				problemas dentales
¿Su estufa, refri		gadero, está	n en buenas	☐ dieta especial: ☐ problema médico o de salud:
condiciones?	□Sí □No			□ problema medico o de salud: □ alergia o problema alimenticio:
Seleccione con	cual frecuenc	ia come su r	niño lo	□ ninguno(a)
siguiente:				2 milgano(a)
Carne, pollo,	1240 B S		12_0339	12. ¿Cual es la actividad diaria de su niño(a)?
pescado, frijoles, o huevos	☐ A diario	☐ A veces	□ Nunca	☐ Mucha actividad (juega activamente 2 o más horas por día)
CACCA CO. CO. CO.				☐ Algo de actividad (juega activamente 1 - 2 horas diarias)
Leche, yogurt, o queso	■ A diario	☐ A veces	□ Nunca	☐ Sin actividad
Frutas	□ A diario	☐ A veces	□ Nunca	13. ¿Cuantas horas al día pasa su niño(a) viendo
Vegetales	■ A diario	☐ A veces	□ Nunca	televisión, jugando con computadora o videos?
Pan integral, cereal, arroz, pasta, tortillas	■ A diario	□ A veces	□ Nunca	horas por día.
Galletas, tortas, pastel, dulce	☐ A diario	□ A veces	□ Nunca	14. ¿Come su niño(a) alimentos provistos por un centro de atención infantil, o en la escuela?  □ Si □ No
Comida frita, papas fritas, salsa, perros calientes, tocino	☐ A diario	□ A veces	□ Nunca	15. ¿Tiene usted algunas preguntas o
		- (-) (		preocupaciones acerca de la salud, dieta, alimentación o el crecimiento de su niño(a)? □ St □ No
<ul> <li>Selectione todo</li> <li>leche materna</li> <li>leche entera</li> </ul>			□ té	Si es así, por favor explique
leche entera	bebidas	de frutas	☐ Gatorade®☐ suplementos	c. so doi; por later expirado
leche baja en grasa leche de soya leche libre de grasa	□ soda o	gaseosa	nutricionales	
□ leche libre de grasa	□ agua		□ otros	
Seleccione tod	lo lo que su ni	ño(a) come:	S S S	
dulces duros	□ semillas	□tierra		16. Por favor, ofrezca cualquier sugerencia sobre qué
caramelos suaves	pasas	barro		puede hacer WIC para servirle mejor a usted y a
□ chicle	☐ fruta seca	□tiza		su familia.
□ papas fritas □ palomitas de maíz	uvas enteras			
□ galletas saladas	□ maicena	ntes <b>L</b> aimin	dón para char	
nueces		□ lápic	es de colores	
ucucharadas de	carne cruda		bonato de sodio	
mantequilla de maní	□ pescado cru □ huevos crud		dades grandes	
mani	- Huevos ciuu	ue III	0.0	PARE
3. ¿Su niño(a) co	me comidas ra	ápidas más o	de dos veces	DETÉNGASE AQUÍ

				Ch	ild's Name:	
				ID: Da	# Age	
_	0. " 0.1				ame of Parent/Guardian:	
For	Staff use Only	described Ele	Ol 1 (O	I- 'I -I\		
	Nutrition E	ducation Fig	ow Sheet (C	niia)		
		Primary Education	Secondary Nutrition	Secondary Nutrition	Inappropriate Nutrition Practices for Children	
	✓ Topics Discussed		Date: *Sign./Title:	Date: *Sign./Title:	WIC Risk 400: Inappropriate Nutrition Practices. If yes, document how.	
	Reinforce Good Points in Diet				D Particular for Harming	
	Nutritional Value of WIC Foods				Routinely feeding inappropriate beverages as the primary milk	
	Meat / Meat Substitutes				beverages as the primary milk source. (6)	
	Dairy / Milk / Milk Substitutes				☐ Routinely feeding a child any sugar	
	Fruits / Vegetables				containing fluids. (6)	
uo	Bread / Cereal					
Nutrition	Good Quality Snacks				☐ Routinely using nursing bottles, cup	
ž	↑ Calcium Sources				or pacifiers improperly. (2)	
General	Foods to Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)				D Postindonia Collins and	
Ŭ	Medicine / Vitamins / Minerals				Routinely using feeding practices t disregard the developmental needs	
	↓ Empty Calories & Sweet Drinks				stages of the child. (2,7)	
	Dental Care / Weaning to Cup / Baby Bottle Caries					
= <	Weight Management				Potentially unsafe food consumption. (7)	
Physical Activity	Exercise Benefits / Frequency					
Phy	Physical Activity / Play as a Family					
	Alternatives to TV / Video Time				Routinely feeding a diet very low in calories and/or essential nutrients. (3,5)	
g.	Modeling Positive Behaviors					
Parenting Skills	Stress Free Feeding				Feeding dietary supplements with	
Par	Picky Eating				Feeding dietary supplements with potentially harmful consequences. (1)	
	Goal Setting					
	Immunizations				Routinely not providing dietary	
	*Alcohol. Tobacco, Drugs & other Harmful Substances				supplements recognized as essential	
	Other: (Specify)				by national public health policy whe	
	Cartan (openity)				a child's diet alone cannot meet nutrient requirements. (1,5,6)	
					- · · · · · · · · · · · · · · · · · · ·	
					Routine ingestion of nonfood items	
					Routine ingestion of nonfood items (pica). (7)	
On	lly use risk 401 – (Other  > 12-23 months- Risk of Inappro  ≥ 2 years of age- Failure to me	priate Complementary		s identified.	Note: the number(s) after each statement correspond to the related nutrition questionnain	
					*Required Documentation	
		Prin	nary Nutrition	Contact		
Com	nments:					
*Pla	n /					
Goa						
				*Sign./Title/Date:		

Woman Nutrition Questionnaire – English (page 1)

			Name: _ Date of E	Birth:	Age
	Adult & Ad	olescent			regnant
Georgia WIC Program	Nutrition Question		)		eastfeeding on Breastfeedin
Do you go for regular health cl	heck-ups? □Yes □No	regular dental	check-ups? □Y	es 🗖 No	
Check all that you have had in diarrhea constipation consequents	l vomiting nausea d	and the second s	Periodicina construction of the second		
Check all you take:  medicine vitamins / minerals		□ herbal teas / herbal pr	roducts		
Have you tried to control your		- In	or using laxatives?		
What is your usual daily activit	y? (check one)	me of the time (walk, do	-	not active (no regular p	hysical activity
Do you skip meals or have a li					
Do you have a working stove,					
		<b>1</b> 163 <b>1</b> 110			
Do you eat these or other non- dirt, clay, chalk, ashes, large amo		cornstarch, or baking	soda? □Yes □	No	
Do You Smoke? ☐ Yes ☐ N	lo				
Check how often you eat thes	e foods:				
	is, or eggs	<b>D</b> Daily	■ Some days	□ Never	
Milk, yogurt, or cheese.		🗖 Daily	☐ Some days	□ Never	
Fruits		🗖 Daily	■ Some days	□ Never	
Vegetables		🗖 Daily	■ Some days	□ Never	
Grains- bread, cereal, ri	ce, pasta, tortillas	🗖 Daily	■ Some days	□ Never	
Cookies, cakes, pies, ca	andy	🗖 Daily	■ Some days	□ Never	
Fried foods, French fries	s, sausage, hot dogs, ba	con 🗖 Daily	■ Some days	□ Never	
Check all that you drink:					
fat free milk	□ goat milk	□ 100% fruit juice	□ coffee	□ beer, wine, liquo	
■ 1% lowfat milk ■ 2% reduced fat milk	☐ soy milk ☐ rice milk	☐ Gatorade <sup>®</sup> ☐ Kool-Aid <sup>®</sup>	□ soda □ tea	□ nutrition suppler □ water	ments
□ whole milk	☐ flavored milk drink	☐ fruit drinks	nenergy drink	Other	
2. Do you eat fish more than 2 ti	mes a week?	□Yes □No			
3. Do you eat fast food meals m	ore than 2 times a week?	Yes No			
4. Do you eat uncooked meat, u	ncooked fish, or uncooke	ed eggs? □ Yes	s 🗆 No		
5.Do you have any questions or If yes, please describe	concerns about your hea	alth or diet? □ Yes	No No		
6. Please offer any suggestions	on what WIC can do to b	etter serve you and	d your family		
159 559					

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## Woman Nutrition Questionnaire – English (page 2)

_		Nutrition Ed					appropriate Nutrition Practices	
	✓ Topics Discussed		Primary Education	Secondary Nutrition  Date:	Secondary Nutrition  Date:		for Women	
	<b>✓</b> Topi	cs Discussed		*Sign./Title:	*Sign./Title:		C Risk 400: Inappropriate Nutrition Practices If yes, document how.	
Nutritional		ood Points in Diet						
	Nutritional V	alue of WIC Foods					Potentially Harmful Dietary Supplements. (3)	
6	Assessment	of Latch & Positioning						
튭	Frequency/E	ouration/Encouragement					Restrictive Diet. (2, 4,6,10)	
Breastfeeding	Supply & De	mand / Supplementing						
3rea	Infant Growt	h Spurts					Routine ingestion of nonfood items	
	Problems / E	Barriers (Specify)				-	(pica). <sup>(8)</sup>	
	Iron Fortified	Formula						
_	Formula Pre	paration					Inadequate vitamin / mineral	
Postpartum		of Bottle Feeding					supplementation recognized as	
stba	Weight Man						essential.(3)	
ĕ		nefits / Frequency					<del></del>	
		ivity / Play as a Family					Pregnant Women	
		to TV / Video Time					200	
	Meat / Meat						Potentially unsafe food consumption. (12,14)	
	_	Milk Substitutes						
Ξ	Fruits / Vege							
Ĕ	Bread / Cere						e: the number(s) after each statement espond to the related nutrition	
General Nutrition	Good Quality					ques	tionnaire.	
era		event Anemia					*Exit Counseling	
g	(Fe, Vit. C, F	Pro., Folic Acid)					Late Courseiing	
	Adequate FI	uid Intake				>	Folic Acid importance	
	-	ories & Sweet Drinks				>	Risk of alcohol, tobacco, & drugs	
		nstipation, Heartburn						
		unseling				^	Continued breastfeeding as the preferred infant feeding method	
	Other: (Spec	cify)					Up to date Immunizations	
						_	op to date mindingations	
0	nly use ri	sk 401 – (Other [	Dietary Risk) if	no other risk i	s identified.			
	Failure	to meet Dietary Guidelin	es					
*=	equired	Documentation						
	equireu	Documentation	Prima	ary Nutrition	Contact			
Co	mments:							
*PI	an / Goals:							
					*Sign./Title/Date:			

**Woman Nutrition Questionnaire – Spanish (page 1)** 

	Galletas, tortas, pastel, dule Comidas fritas, papas fritas				□ Nunca □ Nunca
	Pan integral, cereal, arroz,				□ Nunca
	Vegetales			rio 🗖 A veces	□ Nunca
	Frutas				□ Nunca
	Leche, yogurt, o queso				□ Nunca
	Carne, pollo, pescado, frijol			rio 🗖 A veces	■ Nunca
10.	Seleccione que tan seguido o	come usted estos	alimentos:		
3.	¿Fuma? 🗆 Sí 🗆 No				
	tierra, barro, tiza, ceniza, grande	s cantidades de hiel	o, almidón de lavandería, m	iaicena, o bicarbonato d	e sodio? Sí No
	¿Come alguno de estos o otro				
7	¿Su estufa, refrigerador, y fre	gadero están en l	ouenas condiciones?	lSí □ No	
	Se salta comidas o tiene una		v same		
		*********	de elimentes surfaktivit	o din ava2 = a	
	<ul> <li>□ muy activas (correr, labores pesa</li> <li>□ no activas (sin actividad física reg</li> </ul>		jardín) 🗖 algo activas (camii	nar, hacer trabajos livianos	
	¿Cómo son sus actividades d			nar hacartrabaica liviona d	
		a o consta	- 25 E	, o u sando laxantes?	LOI LINU
1 3	Ha intentado controlar su pe				
	□ medicina □ vitaminas / minerales			tos herbales	□ ninguno(a)
3. ;	Seleccione todo lo que usted	haya tomado:			
	☐ dieta especial	problema médic	o o de salud I	🗖 alergia o problema alime	nticio 🗖 ninguno(a)
٠. :	☐ diarrea ☐ estreñimiento ☐			agar 🗖 problemas denta	les
	Seleccione cualquier problem		77 75 50 500	<u></u>	
1. ,	¿Visita su médico regularmen	te? 🗆 Sí 🗖 No	¿Visita su dentista re	equiarmente?	□No
					□ Da pecho □ No da pecho
4	Georgia WIC Program				WIC Embarazada
		Para Ad	dultos y Adolescentes	s (español)	WIC Democrated
			Cuestionario de Nutri	17-19-74-5	
					c.:Edad

CT-239

1110	an Nuti	rition Questic	onnaire – S	panish (pa	ge 2)		
						e:	
						of Birth: Age	
or	Staff use C	nly			Date	- Ngc	
		Nutrition Ed	ucation Flo	N Sheet (Ad	ult & Adolescen	A)	
		Nutrition Lu	ucation i lo	W Sheet (Ad	uit & Adolescen		
			Primary Education	Secondary Nutrition	Secondary Nutrition	Inappropriate Nutrition Practices for Women	
	<b>√</b> Торі	cs Discussed		Date: *Sign./Title:	Date: *Sign./Title:	WIC Risk 400: Inappropriate Nutrition Practices If yes, document how.  ☐ Yes ☐ No	
	Reinforce G	ood Points in Diet				☐ Potentially Harmful Dietary	
	Nutritional V	alue of WIC Foods				Supplements. (3)	
Đ.	Assessment	of Latch & Positioning					
Breastfeeding		ouration/Encouragement				Restrictive Diet. (2, 4,6,10)	
astfe	1.0	mand / Supplementing					
Bre	Infant Growt					☐ Routine ingestion of nonfood items	
		Barriers (Specify)				(pica). <sup>(8)</sup>	
	Iron Fortified						
Ε	Formula Pre	paration of Bottle Feeding				☐ Inadequate vitamin / mineral	
Postpartum	Weight Man					supplementation recognized as essential. (3)	
ostp		nefits / Frequency				essential.	
ď		ivity / Play as a Family					
		to TV / Video Time				Pregnant Women	
	Meat / Meat	20.00.00.00.00.00.00.00.00.00.00.00.00.0				☐ Potentially unsafe food	
	Dairy / Milk /	Milk Substitutes				consumption. (12,14)	
	Fruits / Vege	tables					
tion	Bread / Cere	eal				Note: the number(s) after each statement	
ij	Good Quality	y Snacks				correspond to the related nutrition questionnaire.	
General Nutrition	↑ Calcium S						
ene		event Anemia Pro., Folic Acid)				*Exit Counseling	
G	Adequate FI					Folic Acid importance	
	↓ Empty Cal	ories & Sweet Drinks				St. School (afficient dispersion)	
	Nausea, Cor	nstipation, Heartburn				Risk of alcohol, tobacco, & drugs	
	*Exit Co	unseling				Continued breastfeeding as the preferred infant feeding method	
	Other: (Spec	cify)					
						> Up to date Immunizations	
_	> Failure	sk 401 – (Other I to meet Dietary Guidelin Documentation	-	no other risk i	is identified.		
	- quinou		Prima	ary Nutrition	Contact		
Cor	mments:						
*PI	an / Goals:						

### **EQUIPMENT MAINTENANCE**

A yearly calibration of scales is required for proper usage. To arrange for your
equipment to be calibrated, please contact a scale company licensed by the
Georgia Department of Agriculture for service or each local agency/clinic may
calibrate its scales by using the Procedures for Testing Scales developed by the
Georgia Department of Agriculture.

Georgia Department of Agriculture Fuel and Measures Division Agriculture Building, Room 321 Capitol Square Atlanta, Georgia 30334 (404) 656-3605

Please contact the Office of Nutrition for a list of Licensed Scale Calibration Companies.

2. A yearly calibration of centrifuges and other hematological equipment used to determine anemia status of WIC applicants/participants is recommended. There is no State agency that is responsible for this procedure. Calibration of hematological equipment should follow manufacturer recommendations. Each local agency/clinic should establish a calibration procedure.

Georgia's WIC has elected to use special codes to be entered into the hematological data field, when hemoglobin is not determined. Please use the following codes, based on the computer systems in your district.

Mitchell & McCormick (M&M): 88.8

Athens System: 88:8DeKalb System: 88:8

❖ Aegis: 88:8

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

Blood work should not be performed on infants younger than 9 months or age, unless there is a medical reason.

In most cases, infants will have blood work performed around 12 months or age (infant status blood work) and then 6 months later (child status blood work). If the child's blood work is normal, blood work does not have to be performed for a year. If the blood work is abnormal, it must be re-checked at each subsequent certification until it becomes normal.

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

It is recommended that hematological equipment be checked for accuracy (balanced/calibrated) according to a regular schedule, based on usage. Follow the manufacturer's instructions for regular calibration of the equipment for machines that do not perform routine/daily self-calibration tests.

Participai	nt Trans	sfer Log (Op	otional)
District _	_ Unit	_ Clinic	_

Participant Name	Date Record Requested	Date Record Received	Agency Contact Information	Received Yes/No



## **Prenatal Weight Gain Grid**

# **Multifetal Pregnancy**

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

(weight in pounds)				
Height (in inches no shoes)	A Normal Weight BMI 18.5 - 24.9	☐ B Underweight BMI < 18.5	C Overweight BMI 25.0 - 29.9	D Obese BMI ≥ 30.0
58	89 – 118	< 89	119 – 142	> 142
59	92 - 123	< 92	124 - 147	> 147
60	95 – 127	< 95	128 - 152	> 152
61	98 - 131	< 98	132 - 157	> 157
62	101 - 135	< 101	136 - 163	> 163
63	105 - 140	< 105	141 - 168	> 168
64	108 - 144	< 108	145 – 173	> 173
65	111 - 149	< 111	150 - 179	> 179
66	115 - 154	< 115	155 - 185	> 185
67	118 - 158	< 118	159 - 190	> 190
68	122 - 163	< 122	164 - 196	> 196
69	125 - 168	< 125	169 - 202	> 202
70	129 - 173	< 129	174 - 208	> 208
71	133 - 178	< 133	179 – 214	> 214
72	137 - 183	< 137	184 - 220	> 220

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

3	Normal Weight or Underweight
Name:	

ID#:	Date of Birth:	

### Weight Gain Recommendations

A - Normal Weight: 37 to 54 lb total 1st trimester: 7.5 to 8.6 lb gain

2<sup>nd</sup> & 3<sup>rd</sup> trimesters: 1.1 to 1.7 lb/week

B - Underweight: No weight grid is available. Use Normal Weight grid below and any

A

medical provider recommendations. Check one: A

Date	Weight	# Wks. Preg.	Total Wt. Gain

EDD:

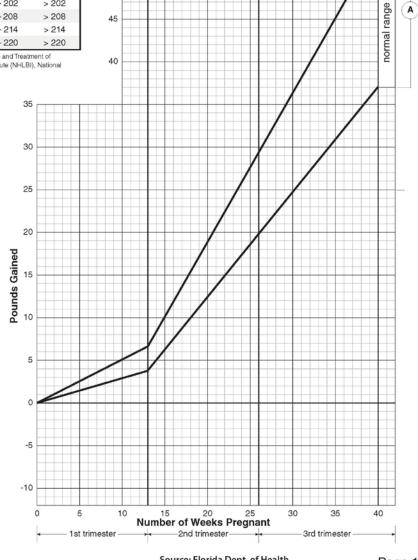
Height (no shoes):\_

Prepregnancy Weight:

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:



See top of page 2 for instructions.



Source: Florida Dept. of Health

Page 1

### Instructions for Use

## **Prenatal Weight Gain Grid**

Name:

## Multifetal Pregnancy Overweight

Determine the woman's prepregnancy weight for height status using the table on the top of page 1 or 3. Check box A, B, C, or D, and then select the corresponding weight gain range on page 1, 2, or 3. Record the name, ID#, birthdate, EDD (Expected Delivery Date), height, and prepregnancy weight. If prepregnancy weight is unknown, it must be estimated. See box under prepregnancy weight space for instructions.

#### Each time a current weight measurement is available:

- a. On the chart to the left of the grid, enter the date, current weight, number of weeks pregnant, and total weight gain.
- b. On the grid, place an "X" where the number of weeks pregnant intersects the number of pounds gained or lost for the current visit.

Revised EDD: If the EDD is revised, make a note beside the EDD space on the form. At that time, begin to plot new weight measurements at the corrected number of weeks pregnant.

Multifetal Pregnancies: Institute of Medicine (IOM) provisional guidelines for twin pregnancies: normal weight women should gain 37-54 pounds; overweight women, 31-50 pounds; and obese women, 25-42 pounds(1). There was insufficient information for the IOM to develop provisional guidelines for underweight women. A consistent rate of weight gain is advisable. A gain of 1.5 pounds per week during the 2<sup>nd</sup> & 3<sup>rd</sup> trimesters has been associated with a reduced risk of preterm and low-birth weight delivery in twin pregnancy(2). For triplet pregnancies, the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds/week throughout the pregnancy(2) Education by the WIC nutritionist should address a steady rate of weight gain that is higher than for singleton pregnancies.

Note: Individual needs and medical provider recommendations should be taken into consideration when determining the desirable prenatal weight gain.

	Weight Gain Recommendations
	C - Overweight: 31 to 50 lb total  1st trimester: 3.7 to 5.7 lb gain  2nd & 3rd trimesters: 1.0 to 1.6 lb/week
55	Check if applicable: 🖵 C
50	<u> </u>

Date	Weight	# Wks. Preg.	Total Wt. Gain

EDD:

Prepregnancy Weight:

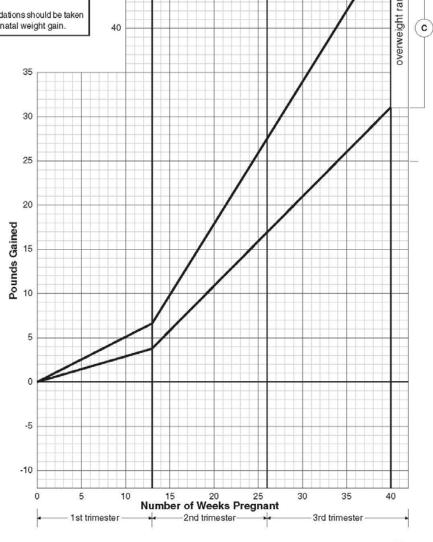
Height (no shoes):

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:



#### References:

- (1) Institute of Medicine. Weight gain during pregnancy: reexamining the guidelines. (Prepublication Copy). National Academy Press, Washington, D.C., 2009. www.nap.edu. Accessed June 2009.
- (2) Institute of Medicine. WIC nutrition risk criteria: a scientific assessment. National Academy Press, Washington, D.C.; 1996.



Page 2

C



## **Prenatal Weight Gain Grid**

## Singleton Pregnancy Normal Weight or Obese

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

(weight in pounds)				
Height (in inches no shoes)	☐ A Normal Weight BMI 18.5 - 24.9	☐ B Underweight BMI < 18.5	C Overweight BMI 25.0 - 29.9	☐ D Obese BMI ≥ 30.0
58	89 – 118	< 89	119 – 142	> 142
59	92 - 123	< 92	124 - 147	> 147
60	95 - 127	< 95	128 - 152	> 152
61	98 - 131	< 98	132 - 157	> 157
62	101 - 135	< 101	136 - 163	> 163
63	105 - 140	< 105	141 - 168	> 168
64	108 - 144	< 108	145 – 173	> 173
65	111 - 149	< 111	150 - 179	> 179
66	115 - 154	< 115	155 – 185	> 185
67	118 - 158	< 118	159 - 190	> 190
68	122 - 163	< 122	164 - 196	> 196
69	125 - 168	< 125	169 - 202	> 202
70	129 - 173	< 129	174 - 208	> 208
71	133 - 178	< 133	179 – 214	> 214
72	137 - 183	< 137	184 - 220	> 220

(1) Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute (NHLBI), National Name:

ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_

## Weight Gain Recommendations

A - Normal Weight 25 to 35 lb total weight gain 1st trimester: 2.2 to 6.6 lb gain 2<sup>nd</sup> & 3<sup>rd</sup> trimesters: about 1 lb/week D - Obese 11 to 20 lb total weight gain 1st trimester: 1.1 to 4.4 lb gain 2<sup>nd</sup> & 3<sup>rd</sup> trimesters: about 0.5 lb/week

	Check one:	□A	□ D
50			
45			
40			

Date	Weight	# Wks. Preg.	Total Wt. Gain

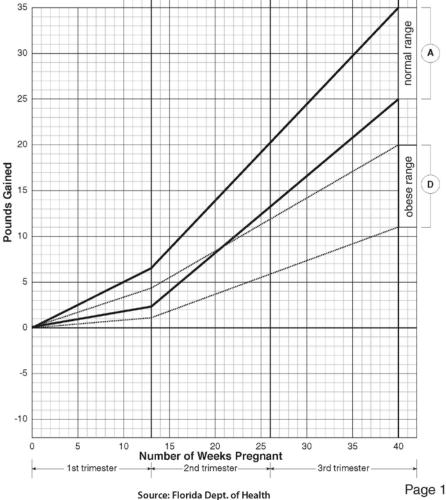
Institutes of Health (NIH), NIH Publication No. 98-4083.

Height (no shoes):\_ Prepregnancy Weight:

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:

Expected Current Weight = Prepregnancy Weight Gain Weight

See top of page 2 for instructions.



#### Singleton Pregnancy Prenatal Weight Gain Grid Instructions for Use **Underweight or Overweight** Determine the woman's prepregnancy weight for height status using the table on the top of side 1. Check box A. Name: B, C, or D, and then select the corresponding weight gain range on page 1 or 2. Record the name, ID#, birthdate, EDD ID#: Date of Birth: (Expected Delivery Date), height, and prepregnancy weight. If prepregnancy weight is unknown, it must be estimated. See Weight Gain Recommendations box under prepregnancy weight space for instructions. Each time a current weight measurement is available: C - Overweight B - Underweight a. On the chart to the left of the grid, enter the date, current 28 to 40 lb total weight gain 15 to 25 lb total weight gain weight, number of weeks pregnant, and total weight 1st trimester: 2.2 to 6.6 lb gain 2nd & 3rd trimesters: about 1 lb/week 1st trimester: 2.2 to 6.6 lb gain 2nd & 3nd trimesters: about 0.6 lb/week b. On the grid, place an "X" where the number of weeks pregnant intersects the number of pounds gained or lost Check one: □ B Q C for the current visit. 50 Revised EDD: If the EDD is revised, make a note beside the EDD space on the form. At that time, begin to plot new weight measurements at the corrected number of weeks pregnant. Multifetal Pregnancy: Use Prenatal Weight Gain Grid for Multfetal Pregnancy. Note: Individual needs and medical provider recommendations should be taken into consideration when determining the 40 desirable prenatal weight gain. underweight range #Wks 35 Date Weight Preg. Wt. Gain B 30 25 range overweight 20 C Pounds Gained EDD: Height (no shoes): Prepregnancy Weight: If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation: Expected Estimated Current Weight = Prepregnancy Weight Gain Weight -10 References: Institute of Medicine. Weight gain during pregnancy: reexamining the guidelines. (Prepublication Copy). 0 40 Number of Weeks Pregnant National Academy Press, Washington, D.C., 2009. www.nap.edu. Accessed June 2009. 3rd trimester -1st trimester 2nd trimester-(2) Institute of Medicine. WIC nutrition risk criteria: a scientific assessment. National Academy Press, Washington, D.C.; 1996. Source: Florida Dept. of Health Page 2

### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment CT-12

# SIGNED STATEMENT OF INCOME, RESIDENCY AND IDENTIFICATION PROXY LETTER

I (Parent/guardian)	, cannot come in to apply
for WIC services for my child (ren)	
I have given permission to (name of proxy)	to
apply for WIC for my child (ren). The number of people in	n my family is
("Family" means related or non-related individuals living to	ogether), and the monthly
household income is	
The requested documentation listed below is attached.	

## Parent/guardian signature

Date

The proxy must provide the following documentation for recertification appointments:

- 1. Proxy Form
- 2. The Participant's WIC ID card
- 3. Participant's ID (Birth Certificate, Immunization record, e.g.)
- Parent/Guardian or Participant's current Medicaid, SNAP (formally Food Stamps) Letter or TANF Letter
- 5. If there is no proof of Medicaid, please provide proof of income (Pay Stubs, Alimony, Social Security, Child Support, Current Year Income Tax, e.g.)
- **6.** Proof of Residency
- 7. Proxy Identification (Current)
- 8. Knowledge of child(ren) health and diet
- 9. Knowledge of proxy responsibilities

In accordance with Federal Law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer. Revised 3/12

## GEORGIA WIC PROGRAM INCOME ELIGIBLE GUIDELINES (Effective from July 1, 2013 to June 30, 2014)

## Reduced Price Meals – 185% of Federal Poverty Guidelines 48 Contiguous States

Household Size	Annual	Monthly	Twice-monthly	Bi-weekly	Weekly
1	\$21,257	\$1,772	\$886	\$818	\$409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65,879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
9	80,753	6,730	3,365	3,107	1,554
10	88,190	7,350	3,675	3,394	1,698
11	95,627	7,970	3,985	3,681	1,842
12	103,064	8,590	4,295	3,968	1,986
13	110,501	9,210	4,605	4,255	2,130
14	117,938	9,830	4,915	4,542	2,274
15	125,375	10,450	5,225	4,829	2,418
16	132,812	11,070	5,535	5,116	2,562
Each Add'l Family					
Member, add	+\$7,437	+\$620	+\$310	+\$287	+\$144

Revised 4/10/13

### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment CT-14

# GEORGIA WIC PROGRAM NOTICE OF TERMINATION / INELIGIBILITY / WAITING LIST



	DATE:					
NAME:	DATE OF BIRTH:					
ADDRESS:						
CITY/ZIP CODE:	PHONE NUMBER:					
TERMINATION/INELIGIBILITY SECTION:						
☐ You are not eligible for the Georgia WIC Program because you:						
☐ You are being terminated from Georgia WIC because you:						
have an income that is too high for the Georgia WIC Program.  do not live in the area served by the Georgia WIC Program.  are not pregnant, postpartum, or breastfeeding woman; child under five (5) years.  do not have a medical/nutritional health problem.  did not return to the clinic for your recertification appointment on						
SUSPENSION SECTION:						
☐ You are being suspended from the Georgia WIC Program for three (3) r Program rule(s)	months because you broke the following Georgia WIC					
WAITING LIST SECTION:						
☐ You are being placed on a waiting list. Funds are not available to serve in priority	priority(ies) You are					
<ul> <li>You may still receive nutritional education and other services pr</li> </ul>	·					
If you need information or would like to discuss this decision, plants	ease contact Georgia WIC at the address below:					
FAIR HEARING SECTION:  You have a right to a fair hearing if you do not agree with the reason for placement. A request for a fair hearing must be made within 60 days of be addressed to:						
Georgia WIC Program						
ADDRESS						
CITY/ZIP CODE	PHONE NUMBER					
SIGNATURE/PARENT/CAREGIVER/GUARDIAN W	/IC RESPRENTATIVE SIGNATURE/TITLE					

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### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment CT-15

## EL PROGRAMA WIC DE GEORGIA NOTICIA DE DECONTINUACIÓN / INELIGIBILIDAD /LISTA DE ESPERA



LATIEALTHYSIOSHEALTHOLATION	Fecha:							
NOMBRE:	FECHA DE NACIMIENTO:							
DIRECCION:								
CIUDAD / CODIGO POSTAL	NUMERO DE TELÉFONO:							
SECCIÓN DE DESCONTINUACION / DESCUALIFICACION:								
☐ Usted no es seleccionada para el programa WIC porque:								
☐ Usted ha sido descualificada del programa WIC porque:								
Tiene un ingresso muy alto para el Programa WIC  No vive en el area servida por el Programa WIC  No es una mujer embarazada, acaba de dar a luz, esta dando pecho a su bebe; o tiene un niño (a) menor de (5) áños de edad.  No tiene problemas de salud o nutrición  No regreso a la clinica para su cita de qualificación el (fecha).  No recogió sus cupones para comida por 2 meses. Usted será descualificada el (fecha).								
Otro los fondos no son disponible para servir a mujeres	s desupés del parto no amamantando.							
SECCIÓN DE SUSPENCION:								
☐ Usted ha sido suspendida del Programa WIC por tres (3) meses regla(s)	s porque rompio la(s) siguiente(s)							
SECCIÓN DE LISTA DE ESPERA:								
<ul> <li>Usted ha sido puesta en la lista de espera. No hay fondos disp         <ul> <li>Usted esta en la proirdad</li> <li>Usted puedo recibir education nutritiva y otros servicios prode Salud.</li> </ul> </li> <li>Si necesita más información o quisiera discutir esta decision programa WIC a la dirección abajo:</li> </ul>	rovistos por el Departamento							
SECCIÓN DE JUICIO IMPARCIAL:								
Usted tiene derecho a un juicio imparcial si no esta de acuerdo puesto en al Noticia de Decontinuación / Ineligibilidad / Lista de imparcial tiene que hacerce por escrito antes de 60 días a parti petición debe ser dirigida a:	Espera. La petición para un juicio							
PROGRAMA WIC								
DIRECCION								
CIUDAD / CODIGO POSTAL # DE TE	ELEFONO							
Firma del Participante / Padre o Madre Firma	del Representante							

De acuerdo con la ley federal y las politicas del Departamento de Agricultura de los EE.UU. (USDA, sigla en ingles), se le prohibe a esta institucion que discrimine por razon de raza, color, orgien, sexo, edad, o discapacidad. Para presentar una queja sobre discriminacion, escriba a USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame gratis al (866) 632-9992 (voz). Personas con discapacidad auditiva o delhabla pueden contractar con USDA por medio del Servicio Federal de Relevo (Federal Relay Service) al (800) 845-6136 (espanol) o (800) 877-8339 (ingles). "USDA es un proveedor y empleador que ofrece oportunidad igual para todos. Revised 3/12

#### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL **Attachment CT-16**

GEORGIA WIC PROGRAM VERIFICATION OF CERTIFICATION (VOC) CARD	PARTICIPANT CERTIFICATION INFORMATION				
Nº 001600	PARTICIPANT NAME				
Participant / Parent /	TAITION AND TAINE				
Guardian Signature	WIC LD. NUMBER				
Signature of WIC Official	WIC I.D. HOMBER				
organical of the official	DATE OF BIRTH				
County / Clinic Telephone Number					
	CERTIFICATION DATE				
Clinic Address					
This card must be accepted by all state and local agencies as a WIC Program Verification of Certification until expiration date.	LAST DATE VOUCHERS WERE ISSUED				
PARTICIPANTS RIGHTS	DATE OFFICIALISM EVANDES				
"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color,	DATE CERTIFICATION EXPIRES				
national origin, sex, age or disability.	MEDICAL DATA DATE				
To file a complaint of discrimination, write USDA, Director, Office of Civil Rights,	MEDICAL DATA DATE				
1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-6382 or (800) 795-3272 (TTY). USDA is an equal opportunity provider	HCT HGB				
and employer.*					
DERECHOS DE LOS PARTICIPANTES	HEIGHT WEIGHT				
De acuerdo con la ley Federal de EEUU y la política del Departamento de Agricultura, esta institución esta prohibida a discriminar por raza, color,	HEIGHT WEIGHT				
origen nacional, sexo, edad o incapacidad.	FOOD PACKAGE PRIORITY				
Para hacer una queja de discriminación, escriba a USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-94100 Ilame al					
(202) 720-6382 0 (800) 795-3272 (TTY). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades."	EDC DATE				

(FRONT)

## NT NAME UMBER BIRTH TION DATE VOUCHERS WERE ISSUED TIFICATION EXPIRES DATA DATE HGB WEIGHT KAGE PRIORITY EDC DATE (BACK)



NUTRITIONAL RISK CODE:

DATE OF LATEST INCOME ELIGIBILITY DETERMINATION:

MOVING TO CITY:

## Georgia WIC Program Verification of Certification (VOC) Card



Valid only with BLACK WIC stamp. Do not duplicate PARTICIPANT/PARENT/ GUARDIAN SIGNATURE: . SIGNATURE OF WIC OFFICIAL: CLINIC ADDRESS .\* CLINIC TELEPHONE# This card must be accepted by all state and local agencies as WIC Program Verification of Certification until expiration date PARTICIPANT RIGHTS "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-6382 or (800) 795-3272 (TTY). USDA is an equal opportunity provider and employer." DERECHOS DE PARTICIPANTES "De acuerdo con la ley Federal de EEUU y la política del Departamento de Agricultura, esta institución esta prohibida a discriminar por raza, color, origen nacional, sexo, edad o incapacidad. Para hacer una queja de discriminación, escriba a USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame al (202) 720-6382 o (800) 795-3272 (TTY). "El USDA es un proveedor y empleador que ofrece igualdad de oportunidades." PARTICIPANT CERTIFICATION INFORMATION PARTICIPANT NAME: , DATE OF BIRTH: WIC ID NUMBER: CERTIFICATION DATE: DATE CERTIFICATION EXPIRES: LAST DATE VOUCHERS WERE ISSUED: MEDICAL DATA DATE: HGB: HCT: WEIGHT: lbs and oz HEIGHT: in and 8ths PRIORITY: EDC DATE: FOOD PACKAGE:

MOVING TO STATE: GA

## GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment CT-18

## Georgia WIC Program

## A List of VOC Cards By Clinic

Clinic	Participant/ Parent/ Guardian	Issued By/Date	Paticipant Address/ Phone Number	VOC_ID	Participant Name	WIC_ID	Mi- grant	Moving To City/State	DOB	Cert Date	Cert Date Expires	Height in/8ths	Weight lbs/oz	FPC	Prio- rity	EDC Date	Risk Code	Income Eligi- bility
891	WILCOX, LYNN	3/16/2005 STAFF	6998 KILAY CT. FT. STEWART , GA 31315 (912) 369-5066	091-891-1	WILCOX , NOAH	890935287 -7-1	No	JESUP	1/21/2 002	8/10/2 004	2/10/20 05	35 in and 2 8ths	27 lbs and 10 oz	604	3			8/10/2 004
	WILCOX, MOTHER	3/16/2005 STAFF	6998 KILAY CT. FT. STEWART , GA 31315 (912) 369-5066	091-891-2	WILCOX , TANNER	890935287 -7-2	No	JESUP	12/29/ 2000	8/10/2 004	2/10/20 05	40 in and 6 8ths	38 lbs and 13 oz	606	3			8/10/2 004
	MCFARLA NE , FILICITY	3/24/2005 STAFF	7153 A GIMLET STREET FORT STEWART , GA 31314	091-891-3	MCFARLANE FILICITY	091903193 -0-2	No	JESUP	1/11/1 977	7/29/2 004	1/29/20 05	61 in and 2 8ths	125 lbs and 6 oz	406	1	8/13/2 004	311, 371, 422,	7/29/2 004
VO	IDED V	OIDED	(912) 369-2601	VOIDED	VOIDED	VOID	ED	GA									601	

## **CLINIC VOC CARD INVENTORY LOG**

GEORGIA WIC PROGRAM VOC CARD INVENTORY LOG

ו פוט					CLINIC						
Date	Beginning No.	Ending No.	No. Received	Card No. Issued	Participants Name (Print)	WIC ID Number	Signature of Parent, Guardian or Caregiver	City State*	Total No. of Cards on Hand	Staff Signature	Staff Initials

**Note:** A Physical Inventory of VOC cards must be performed by the local agency and clinics quarterly. One staff member must conduct the inventory (sign the Log) and a second member must verify the accuracy of the inventory (initial the Log).

01.18110

<sup>\*</sup> If a migrant is issued a VOC card and is not moving, please place "Not Moving" in the column marked City/State.

# LOCAL AGENCY VOC CARD INVENTORY LOG GEORGIA WIC PROGRAM

	OLONO II NOON III
	VOC CARD INVENTORY LOG
DISTRICT	

Date	Beginning No.	Ending No.	No. Received	No. Issued	Clinic Name (Print)	Name of Clinic Representative	Total No. of Cards on Hand	Staff Signature	Staff Initials

NOTE: A physical Inventory of VOC cards must be performed by the local

Note: A Physical Inventory of VOC cards must be performed by the local agency and clinics quarterly. One staff member must conduct the inventory (sign the Log) and a second member must verify the accuracy of the inventory (initial the Log). Revised 3/12

## **GEORGIA WIC PROGRAM**

## **VOC CARD AGREEMENT**

District, Unit would like to have directly from the Georgia WIC Program.	ve a clinic representative order VOC Cards
In order to accommodate this request, please Certification Section of the Georgia WIC Programmer.	e complete the <b>VOC CARD FORM</b> , located in the gram Procedure Manual.
Signed Nutrition Services Director	Date

IN SIGNING THIS FORM, I REALIZE THAT IF THE CLINIC REPRESENTATIVE CHANGES, I MUST CONTACT THE GEORGIA WIC PROGRAM TO INFORM THEM OF THE CHANGE.

## **GEORGIA WIC PROGRAM**

## **VOC CARD FORM**

District, Unit		
In an effort to begin sending VOC following form must be on record	cards directly to the clinic from th at the Georgia WIC Program.	e Georgia WIC Program, the
Please list the information relation relation.	equested below:	
CLINIC NAME/#	# OF VOC CARDS ISSUED (Three Month Period)	STAFF PERSON (Clinic Representative)

How many cards do you currently have on hand at the District Office?

2.

# WOMEN INFANT AND CHILDREN (WIC) ORDERING FORM

SEND TO	D:									
		(NAME O	F OFFICE)	)						
	(STREET ADDRESS)									
	(CITY)	(STAT	E)		(ZIP	CODE)				
COUNTY	<b>/</b> :									
	(NAME)				(NUMBER)					
DATE:										
			STATI	JS BC	Х					
ВО	BACKORDER – DO NO	OT REORDER	1	٧		EVIOUSLY SHIPPED				
<u>C</u>	QUANTITY CUT	07475		M		E PRINTED BY DISTRICT				
N	NOT STORED AT THE	SIAIE		D	DISCON	IINUED				
Na	ame of Form	Form #	Quan	tity		Description				
COMME	NTS SECTION:									
ORDERE										
TELEPH	ONE:									
SIGNATU	JRE OF STATE REPRES	SENTATIVE:				DATE:				

# GEORGIA WIC PROGRAM STATE/DISTRICT/CLINIC TRANSMITTAL FORM

The State/District Clinic Transmittal Form is a three (3) part form used to transmit VOC Cards from the Georgia WIC Program to the Clinic. This Form must be signed by clinic staff within five (5) days of Receipt then returned to sender. The Georgia WIC Program will forward orders of VOC Cards within five (5) days of receipt.

State Use Only	
District Name/ #:	
Clinic Name/#:Staff Name/Title Making Request:Date of Request:Signature of Requesting State	_ # of Card(s) Sent:
Staff:	
Serial # of Card(s) Mailed:	
Clinic Use Only	
Date VOC Card(s) Received:	
# of Card(s) Received:	
Serial # of Card(s) Received:	to:
Signature of Staff Requesting/Receiving VOC Card	d(s):
Signature	
Date Copy Sent to State/District Office:	 Date

# MEDICAID INFORMATION

Right from the Start Medicaid (RSM)

## What is Right from the Start Medicaid?

RSM provides Medicaid coverage for pregnant women and children under the age of 19. Income limits are higher than those of Temporary Assistance to Needy Families (TANF) and Medically needy programs. Working families may be eligible even if both parents live in the home or if other insurance coverage is in place.

## How do I Apply?

Persons should contact their county Department of Family and Children Services (DFCS) or their county health department. Outreach workers will also take applications at other community locations and will make home visits if necessary. RSM staff members are available during non-traditional hours (before 8 a.m. and after 5 p.m., including weekends) so that work, school, and childcare are not a problem.

For more information on application sites, please contact your local health department or the Right from the Start Medicaid Project office: (404) 657-4085.

DHR
Georgia
Department of
Human Resources

# THERE IS NO CHARGE

FOR WIC SERVICES



## **GEORGIA WIC PROGRAM**

# PROMOTING HEALTHLY NUTRITION FOR WOMEN, INFANTS AND CHILDREN SINCE 1974

1-800-228-9173

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To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Revised 3/12

# Georgia WIC Program VERIFICATION OF RESIDENCY AND/OR INCOME

Household Section:	
I,, Print Name	, have the person(s) listed below living with me.
Name of WIC Applicant(s):	Address:
Including the applicant(s) listed above, I have means related or non-related individuals living	of people in my family. ("Family" together.)
I give the above listed applicant(s) permission to bring my family's documentation of income (example: pay stub) and residency to the Georgia WIC Program. This information is attached.	
Signature Address:	Date
City:State:	Zip Code:
Telephone No.:	
Clinic Section:	
This form must be returned on	to
WIC Official	Date
WIC Official	Date Received

## WE RESERVE THE RIGHT TO VERIFY THIS INFORMATION, IF NECESSARY.

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Revised 3/12

# GEORGIA WIC PROGRAM NO PROOF FORM

The Georgia WIC Program requires each applicant to show documentation of identification, residence (address), and income to be eligible for the Georgia WIC Program. This form is to be completed by those who cannot get documentation, such as paycheck stub. Please read the following statement before completing this form.

I understand that by completing, signing, and dating this form, I am certifying that the information I am providing below is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the food benefits improperly received.

1. Completion of this form is for: (circle the appropriate proof (s))	Income Address Identification
2. Who do you work for?	How much did you make last month?
	\$
List working family members:	How much did they make last month?
	\$
	\$
(Family means related or non-relate	ed individuals living together)
3. Reason for No Documentation:	
	VIC:
(Signature of Applicant)	(Date)
(Signature of Clinic Staff)	(Date)

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\*ALL OF YOUR HEALTHCARE NEED

## FAMILY PLUS MEDICAID CARD

\*The family of health plans that fits.

BENEFIT DESCRIPTION		CO-PAY	FamilyPlus*
COPAYS	RX USE ONLY		
OV \$0 SP \$0 ER \$0	BIN # 600426   PCN #6F   1 (800) 433-4893	MEMBER # 403967045P	EFF DATE 02/01/98
UC \$0		GROUP# M00101	BIRTH SEX
RX \$0 AFD		MEDICAID OF GA (404) 525-0600	06/03/94 F
*CALL YOUR PCP TO COC	ORDINATE *ATL	ANTA CHILDREN'S H	EALTH NETWORK

# GEORGIA WIC PROGRAM DISCLOSURE STATEMENT

All Health Department Staff who performs WIC services must complete this form.

County			
Name (Please print)		, Title	
Are you a WIC Participant?	Yes	No	
Do any of the following relatives of	or household men	nbers participate in G	eorgia's WIC?
Children, grandchildren, sisters, b cousins, in-laws or any person when the course of			s, parents, spous
Yes	No		
Name of your relative or hou	usehold member	Relationship*	Date of Cert.
	_		
			<del> </del>
(If more space is needed, list on I	back)		
I certify that the above information	,		
Signature/Titl	<u>е</u>		Date

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#### GEORGIA WIC PROGRAM

#### INCOME CALCULATION FORM

(This form must be completed if applicant does not qualify for Adjunctive eligibility)
WIC ID NUMBER: \_\_\_\_\_

NAME	First	Last		Middle Initial	Date of Birth
IVAIVIL _		City		Zip Code	
ADDRES	S			, 	
	Documentation of Inco	me must be comp	leted for an app	olicant who does not qualify for a	adjunctive eligibility.
		Use This	s Section to Ca	lculate Income	
First Certif	fication	_		Date	
	Relationship and Name	Income Source		What Is Each Family Member's	
			¢	(circle of Weekly/Bi-Weekly/	
_			\$	Weekly/Bi-Weekly/	
_				Weekly/Bi-Weekly/	
_				Weekly/Bi-Weekly/	
_			\$	Weekly/Bi-Weekly	
			. 9		. 171
		-		eived by the family (i.e., unemploym Weekly/Bi-Weekly	
_			<u>\$</u>	Weekly/Bi-Weekly/ Weekly/Bi-Weekly/	
_			Φ	weekly/bl-weekly/	Monuny/ rearry
\$	Total Applic	ant's Income (Wee	klv/Bi-Weeklv/N	Ionthly/Yearly) No. 1	In Family
		(		y,y,	
IS	THE CLIENT INCOME ELIG	IBLE? YES □	NO 🗆	(Transfer total to the Certificati	on Form)
					·
		Use Thi	s Section to Ca	<u>lculate Income</u>	
irst Certif	fication			Date	
		Income			
	Relationship and Name	Source		What Is Each Family M	
				•	rcle one)
_			<u>\$</u>	Weekly/Bi-Weekly/	
_			\$	Weekly/Bi-Weekly/	
_			\$	Weekly/Bi-Weekly	Monthly/Yearly
_			\$	Weekly/Bi-Weekly	Monthly/Yearly
_			<u>\$</u>	Weekly/Bi-Weekly/	Monthly/Yearly
	Other Income – Is there other	regular income or	contributions rec	eived by the family (i.e., unemploym	ent_child_support)?
	is more official			Weekly/Bi-Weekly	Monthly/Yearly
_			\$	Weekly/Bi-Weekly	
\$	Total Applic	ant's Income (Wee	kly/Bi-Weeklv/M	Ionthly/Yearly) No. 1	In Family
<u> </u>			J	J J.	<i>J</i>
IS	THE CLIENT INCOME ELIG	IBLE? YES □	NO 🗆	(Transfer total to the Certificati	on Form)

I have been advised of my rights and obligations under the Program. I certify that the information I will provide, or have provided is correct, to the best of my knowledge. The income I have given is my total gross income (all cash income before deductions). This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. I understand that the WIC Program may give my certification information to other health or public assistance agencies to see if my family is eligible for their services. I understand that these agencies may contact me, but they may not give my information to anyone else without asking my permission.

PARENT/GUARDIAN/CAREGIVER SIGNATURE	DATE	SIGNATURE OF WIC OFFICIAL (Who assessed income)

Please place this form in the Client's Medical Record behind the Certification Form.

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#### **IDENTIFICATION, RESIDENCY & INCOME PROOF LIST**

#### Help WIC help you!

"Proof of ID, residency and income is needed for each applicant/participant/quardian/caregiver and infant/child". Please call your local WIC department for any questions you may have.

Whenever your child, infant or you need be certified for WIC, you must present proof of each of the following categories:

#### **Proof of Identifications**

(One form of proof required)

Child: Infant: Women: Birth Certificate Birth Certificate Birth Certificate Confirmation of birth letter Immunization Record Driver's License Health Records Hospital ID bracelet (mom & Immunization Record baby) Social Security Card Military ID

Immunization Record Military ID Health Records

EVOC/VOC Card (with Military ID Hospital ID bracelet (mom &

Health Records Additional ID) baby) Social Security Card Passport Card/Passport

Social Security Card Discharge of hospital papers State ID/School ID

EVOC/VOC Card (with EVOC/VOC Card (with Additional

Additional ID)

Passport Card/Passport WIC ID (Voucher Pick Up Only)

Work ID

Passport Card/Passport

**Proof of Residency (Address)** (One form of proof required)

Cable TV Bill Telephone Bill Gas Bill Rent/Mortgage Receipt Electric Bill Water Bill Health Record Medicaid (address must be visible during swipe or internet access)

#### (P.O. Box address is not acceptable)

#### **Proof of Income**

(Bring proof of Income for each household member)

Alimony Rental Income (Net) Government Retirement Pav Stub Dividends or Interest on Bonds **Unemployment Compensation** Annuities Self Employment (Net Income) Letter from your Employer Pensions Estate Income **Unemployment Notice** 

Basic Allowance from Social Security Medicaid

Financial Records Military Retirement **Private Pensions** Supplemental Social Security Veteran's Payment Child Support Payments Public Assistance/Welfare Supplement Nutrition **Monetary Compensation** 

Payments (TANF) Assistance Program (SNAP) **Net Royalties** 

Contribution from people Trust

Current Tax Return

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### LISTA DE IDENTIFICACIÓN, RESIDENCIA Y COMPROBANTE DE INGRESOS Ayude a que WIC le ayude!

"Comprobantes de identidad, residencia e ingresos son necesarios para cada solicitante, participante, representante legal, proveerdor de cuidados y para niños y bebés". Favor de llamara a su oficina local de WIC en caso de tener alguna pregunta.

Cada vez que su niño(a), infante o usted necesite certificarse para WIC, usted debe presentar comprobantes de cada una de las siguientes categorías:

#### Comprobantes de Identificación

(Se requiere un tipo de comprobante)

Infante: Certificado de nacimiento Carta de confirmación de nacimiento Bracelete de identificación del hospital (madre y bebé) Historial de inmunizaciones

Identificación militar Historial de salud

Tarjeta de Seguro Social

Documentos de dada de alta del hospital Tarjetas EVOC/VOC (con identificación adicional) Tarjeta de pasaporte/pasaporte

Niño(a): Mujeres:

Certificado de nacimiento Certificado de nacimiento Historial de inmunizaciones

Historial de salud

Tarjeta de Seguro Social Identificación militar Tarjetas EVOC/VOC (con identificación adicional) Tarjeta de

pasaporte/pasaporte

Licencia de conducir

Historial de inmunizaciones

Identificación militar Historial de salud Bracelete de identificación del hospital (madre y bebé) Tarjeta de Seguro Social

Identificación estatal. identificación escolar Tarjetas EVOC/VOC (con identificación adicional) Identificación de WIC (sólo para recoger el talón)

Identificación laboral

Tarjeta de pasaporte/pasaporte

Recibo de alquiler / pago de

#### Comprobantes de Residencia (Dirección)

(Se requiere un tipo de comprobante)

Recibo de televisión por

cable

Recibo de electricidad

Recibo de gas

Recibo de agua

Recibo de teléfono

hipoteca

Historial de salud

Medicaid (la dirección debe ser visible en la corrida o acceso por internet)

#### (No se aceptan direcciones a cajas postales o P.O. Box) Comprobantes de Ingresos

(Traiga comprobantes de ingresos para cada miembro del hogar)

Pensión alimentaria entre

Ingresos por renta (neto)

Retiro gubernamental

cónyuges

Talones de pago

Dividendos o intereses por

Compensación por

bonos

desempleo

#### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment CT-33 (cont'd)

Anualidades Empleo Independiente Carta del empleador

(Ingreso Neto)

Pensiones Ingreso estatal Notificación de desempleo

Contribución básica Seguro Social Medicaid

proveniente de pensiones

privadas

Pagos de manutención Historial financiero Retiro militar

infantil

Asistencia pública/bienestar Seguro Social Pago de Veterano

suplementario

Pagos (TANF) Documentación Compensación monetaria

Suplemento Nutrición Asistencia Programa

(SNAP)

Contribuciones Fideicomiso Regalías netas

provenientes de personas Declaración actual de

impuestos

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# GEORGIA WIC PROGRAM Thirty (30) Day Certification/Termination Form

This Thirty (30) Day Certification Form allows you to be on the Georgia WIC Program for thirty (30) days only. The certification period will be extended if the required documentation is brought back to the clinic within 30 days and eligibility is confirmed.

	DATE
NAME:	DATE OF BIRTH:
ADDRESS:	
CITY/ZIPCODE:	PHONE NUMBER
nformation by	ninated from the Georgia WIC Program if you fail to bring in the following date)
Proof of:	me orMedicaid, TANF or Supplemental Nutrition Assistance Program
Identification Residency	- ClientIdentification - Parent/Guardian
Residency	e Date
Residency  WIC Representative	
Residency WIC Representative FAILURE TO BRING THE ABOVE DATE You are being	e Date  G THIS DOCUMENTATION TO THE HEALTH DEPARTMENT ON OR BEFORE
Residency  WIC Representative  FAILURE TO BRING  THE ABOVE DATE  You are being over income.	e Date  G THIS DOCUMENTATION TO THE HEALTH DEPARTMENT ON OR BEFORE WILL RESULT IN TERMINATION FROM THE GEORGIA WIC PROGRAM
Residency  WIC Representative  FAILURE TO BRING  THE ABOVE DATE  You are being over income.  WIC Representative  FAIR HEARING SECTION YOU have the right request for a face	Date  G THIS DOCUMENTATION TO THE HEALTH DEPARTMENT ON OR BEFORE WILL RESULT IN TERMINATION FROM THE GEORGIA WIC PROGRAM  g terminated from the Georgia WIC Program because you have been found to be  Date  Date
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In accordance with Federal Law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer. Revised 3/12

## GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment CT-35

# **Department of Defense WIC Overseas Program**

Session Date: Participant's Name:							
Participant Profile Report/Verification of Certification Card (VOC)							
Address 1:	Address 2:	Participant Type:					
Gender: DOB:	<b>Education:</b>	Category:					
Marital:	Unit Phone #:	Home Phone:					
Participant ID:	Language:	Race/Ethnic:					
Spouse/Parent Guardian Name:		Home Phone:					
Address 1:	Address 2:	Unit Phone:					
Annual Income:	Primary Source:	Econ. Unit:					
Sponsor Name:		Home Phone #:					
Sponsor Address 1:	Sponsor Address 2:	Unit Phone #:					
Relationship:	UIC:	DEROS:					
Authorized Proxy:							
Encounter Type:	WIC Site ID:	Begin Cert Date: End Cert Date:					
Height: Weight: BMI:	Hematocrit:	Date of Measurement:					
Nutrition Risks:	Priority:	EDD:					
Nutrition Education:	Date Provided:	Health Care Source:					
Food Prescription ID:							
FI One: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	FI Two: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	FI Three: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx					
Food Instrument Issued for Dates:							
Participant Rights and Obligations: I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. I understand I have a right to appeal any decision which I am aggrieved. This certification form is being submitted in connection with the receipt of Federal funds. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and federal law. I hereby certify that I am not currently enrolled in any other WICO or WIC Program. I understand that to do so would be deliberate misuse of program benefits and could result in the loss of these benefits.							
Participant or Parent/Guardian Signature:	Date:	Competent Professional Authority:					
Print Name:							

#### **WIC OVERSEAS PROGRAM CONTACTS**

(as of April 2001)

<u>Lakenheath, England</u> -- Nancy Czarzasty

nancy.czarzasty@lakenheath.af.mil

• Yokosuka, Japan -- Yokosuka Naval Hospital, Honshu, Japan --

Gina Gagui

gaguig@nhyoko.med.navy.mil

Baumholder, Germany -- LTC Barbara Fretwell

barbara.fretwell@cmtymzil.104asg.army.mil

-- Kadena Air Force Base - Theresa Reiter

theresa.reiter@kadena.af.mil

-- Camp Foster --- Emily Bartz

okibartz@konnect.net

-- Camp Courtney --- Theresa Reiter

wicoc@mcbbutler.usmc.mil

-- Camp Kinser --- Emily Bartz

okibartz@konnect.net

Guantanamo Bay, Cuba -- Dana T. Martin

dtmartin@gtmo.med.navy.mil

For further questions regarding a WIC Overseas Program contact and/or email address, please visit DoD/Tricare's Web Site at <a href="http://www.tricare.osd.mil">http://www.tricare.osd.mil</a> for updated information or contact:

Choctaw Management/Services Enterprise 2161 NW Military Drive, Suite 308 San Antonio, Texas 78213

Phone: 1-877-267-3728 (toll-free number)

Fax: 210-341-3455

Email: jbrewer@cmse.net

#### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Att

**Attachment CT-37** 

# PROOF OF RESIDENCY FORM FOR APPLICANTS WITH P.O. BOX ADDRESS

The WIC applicant must complete this form when giving a post office box address:

Participant Signature Date  Participant Signature Date		
_		
Participant Signature		Date
Participant Signature	_	Date
Participant Signature	<u> </u>	Date

This form must be filed in the applicant/participant's health record.

In accordance with Federal Law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

#### **INCOME VERIFICATION LETTER**

Date
Dear Mr/Ms:
It has been brought to the attention of the Georgia WIC Program that the income reported in the clinic may not be accurate. In order to qualify for the Georgia WIC Program, you must meet the income guidelines of the Georgia WIC Program.
Please bring in proof of family income on your next clinic appointment on at a.m./p.m. At that time, you may bring either a copy of your most recent pay stub, a letter from your employer verifying your current wages, a copy of your most recent federal tax return, or a verification letter from the local welfare office. Failure to do so will result in termination from the Georgia WIC Program, ar investigation may require you to pay the State Agency in cash the value of the benefits improperly issued to you or your family member(s).
Sincerely,
Title
c:
In accordance with Federal Law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.
To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

CT-275

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# GEORGIA WIC PROGRAM INCIDENT/COMPLAINT FORM

District/Unit/Clinic:				County:						
Date of Incident:				Date Reported:						
Follow-Up Date:										
Type of Complaint:										
Sub Catorgory 1:			Sub Catorgory 2:							
Participant  Vendor  Local Agency/State WIC Office  Anonymous	Proxy Civil Rights e Staff			☐ Stolen Vouchers ☐ Transfer ☐ Other	Shelf Prices Clinic Closing Participant		Customer Service Appointment		Fraud(Buy/Sell/Dua Formula	al) 🗌
Person Filing Complaint		Participant informat	<u>ion</u>	Vendor Information			Local Agency/Sta	te WI	C Office Staff	
Name: Phone:		Name: Guardian: Phone:		Vendor/Vendor #: Employee Name: Title: Phone:			Staff Name : Phone: Staff Name : Phone:			
Incident/Complaint:										
Local Agency Resolution:						Yes	the complaint be cl No nature:	osed	at the Local Agenc	y?
State Office of Nutrition and	WIC Resolut	ion/Comments:				Nutr Yes	the complaint be cl ition and WIC? No ature:	osed	at the State Office of	of
Follow-up Report:										
Office of Nutrition and WIC, Date:	Customer Se	ervice Coordinator:								

Revised 4/11/12

## **GEORGIA WIC PROGRAM**

## How to File a Complaint



If you feel you have been treated unfairly, please let us know by using the information listed below. The Georgia WIC Program will assist you as well as notify the proper authorities if necessary.

#### **ANY COMPLAINT**

You may call Georgia WIC Program about any complaints at the toll free phone number: **1-800-228-9173** and/or write about your complaint to the address below:

Georgia WIC Program Policy Unit 2 Peachtree Street, Suite 10-293 Atlanta, GA 30303

#### DISCRIMINATION AND/OR CIVIL RIGHTS

If you feel that you have been discriminated against or that your civil rights have been violated, you may contact the Georgia WIC Program by calling the toll free number **1-800-228-9173**, and/or write about your complaint to the address below:

Georgia WIC Program Policy Unit 2 Peachtree Street, Suite 10-293 Atlanta, GA 30303

And/or you may contact the Federal Office of Adjudication directly by calling the phone number below:

1-866-632-9992

and/or you may write the Office of Adjudication at the address below:

Office of Adjudication 1400 Independence Avenue, SW Washington, DC 20250-9140

In accordance with Federal Law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer. Revised 3/12

# GEORGIA WIC PROGRAM REQUEST FOR WIC SERVICES LOG PHONE CALLS/WALK-INS

Name	Address/Telephone Number	P/B/PP Infant/ Child	Date Service Requested	Date of Appointment	Prenatal Re- Appointments	Date Appointment Rescheduled

## GEORGIA WIC PROGRAM Interview Script

Georgia WIC Program is a nutrition program for Women, Infants and Children who have nutritional needs and are income eligible. Eligible program enrollees receive:

- Nutrition assessment
- Nutrition education
- Healthy foods (milk, eggs, cheese, juice, cereal, peanut butter, dried beans or peas, carrots, tuna and infant formula)
- Support for breastfeeding moms
- Referral to other health and social services

You may qualify for WIC if you:

- are pregnant, just had a baby, is breastfeeding a baby, or have small children under age 5;
- · have a moderately low family income, even if you work; and
- have a documented nutrition-related medical need:
- and live in the State of Georgia.

  The following information is being asked for statistical nurposes and the answers will have no effect.

	e receipt of WIC services			011001
		Yes	No	
basis,	grant Farmworker is an individual who, who has been employed within the laces of such, a temporary abode.			
(Yes =	ou Hispanic/Latino? = A person of Cuban, Mexican, Puerto R , regardless of race.)	Yes Rican, South or Central A	.merica or other Spanish cultur	e or
What is	is your RACE? You may	y choose more than on	e race or all that apply.	
1	<b>White</b> – A person having origins in an Africa.	y of the original people o	of Europe, the Middle East of	North
2	Black or African American – A perso	on having origins in any	of the Black racial groups of A	frica.
3	<b>Asian</b> – A person having origins in ar Malaysia, Pakistan, the Philippine Isl			a,
4	American Indian/Alaska Native – A and South America (including Centra attachment.			
5	Native Hawaiian or Other Pacific Is of Hawaii, Guam, Samoa, or other Pa		ng origins in any of the original	people

In accordance with Federal Law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

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USDA is an equal opportunity provider and employer.

# **Separation of Duty Form/District Office**

Type of Certification (Home, Hospital, etc.)	Date of Certification	Was Any Information Missing? (Cert., Voucher Receipt, Nutrition Information)	Name of Person who performed Certification	Nutrition Services Director or Designee's Name	Approved or Disapproved	Completion Date

(This form must be kept on file for 3 years plus current year)

## MILITARY INCOME INCLUSIONS AND EXCLUSIONS

BAH	BASIC HOUSING	DO NOT COUNT
BAS	SEPARATE RATIONS	TO BE COUNTED
BASE	BASE PAY	TO BE COUNTED
CAREER SEA PAY	CAREER SEA PAY	TO BE COUNTED
CLOTHING	CLOTHING ALLOWANCE	TO BE COUNTED (DIVIDE BY
		12)
COLA	COST OF LIVING ALLOWANCE	DO NOT COUNT
FLPP	FOREIGN LANGUAGE PROFICIENCY PAY	TO BE COUNTED
FLY	FLY PAY	TO BE COUNTED
FSSA	FAMILY SUBSISTANCE SUPPLEMENTAL	TO BE COUNTED
	ALLOWANCE	
FSP	FAMILY SEPARATION PAY	TO BE COUNTED
HDP	HAZARDOUS DUTY PAY	TO BE COUNTED
HFP	HAZARDOUS FIRE PAY	TO BE COUNTED
JUMP	JUMP PAY	TO BE COUNTED
SDP	SPECIAL DUTY PAY	TO BE COUNTED
SEB	SERVICE MEMBER ENLISTMENT BONUS	TO BE COUNTED (DIVIDE BY 12)
SEP	SEPARATION PAY	TO BE COUNTED
SPEC	SPECIAL FORCES	TO BE COUNTED
SRB	STANDARD REENLISTMENT BONUS	TO BE COUNTED (DIVIDE BY
		12)
TDY	TEMPORARY DUTY	TO BE COUNTED
REBATE	REBATE	DO NOT COUNT
TLA	TEMPORARY LODGING ALLOWANCE	DO NOT COUNT
FSH	FAMILY SEPARATE HOUSING	DO NOT COUNT
OLA	OVERSEAS LIVING ALLOWANCE	DO NOT COUNT
SAVE	FOREIGN DUTY PAY	TO BE COUNTED
CMAI	CIV CLOTHING MAINT ALLOWANCE	TO BE COUNTED (DIVIDE BY 12)
UEA	ONE TIME CLOTHING ALLOWANCE FOR WI	TO BE COUNTED (DIVIDE BY 12)

#### **Dear WIC Proxy**:

The Georgia WIC Program appreciates your help, respects your time and effort in assisting the Georgia WIC Program participants. As a proxy, it is vital that you follow the rules below:

- 1. A proxy is a person who acts on behalf of the participant. Authorized proxies may pick-up and/or redeem vouchers and may bring a child in for subsequent certifications in restricted situation.
- 2. A proxy is a person who is named by the WIC participant and given the participants WIC ID card when redeeming WIC Approved food item at the grocery store.
- 3. A proxy is a responsible person who the participant/parent/guardian/spouse/ caregiver/alternate parent depends on.
- 4. If a proxy picks up vouchers or brings a child in for subsequent certification, the proxy may sometimes have to remain for nutrition education classes and be able to provide health information for the participant(s).
- 5. A proxy must be at least sixteen (16) years old unless prior approval is obtained from the WIC staff.
- 6. A proxy must not pick up vouchers for more than two (2) families in the state of Georgia.

Documentation of proxy is recorded on the Georgia WIC Program ID card. The name of the proxy is placed in the WIC participants file. The local agency will notify the WIC participant if the proxy is not listed within the WIC participants file.

Please contact the WIC participant if you can no longer serve as a proxy. The WIC participant must notify the WIC clinic of this change. If you have any questions pertaining to your new role, please ask the person who asked you to serve as a proxy.

Thank you in advance for what you will do to help the Georgia WIC Program.

Sincerely,

Georgia WIC Program Staff

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To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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#### I. RIGHTS AND OBLIGATIONS OF WIC APPLICANTS/PARTICIPANTS

WIC applicants/participants have certain rights including, but not limited to the following: protection against discrimination, the right to a fair hearing when benefits are denied, and the right to receive information in a language other than English. Translations of material in a language other than English are based on the size and the concentration of a population. All participants must have Dual Participation explained to them at the initial certification. WIC applicants/participants are obligated to provide true information and follow program requirements.

At each certification, the participant or parent/caregiver/guardian/spouse or alternate parent must sign the certification statement on the WIC Assessment Certification Form. Prior to signing, the applicant must read (or have read to them) the certification statement on the WIC Assessment Certification Form. See the statement below:

#### **RIGHTS AND OBLIGATIONS**

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

#### **NOTICE OF DISCLOSURE**

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

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

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

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

Name of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent (please print)	Date	Name of WIC Official (please print)	Date
caregive, opeace, atomate raisin (pieace pinn)	UP:		
Signature of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent	Date	Signature of WIC Official	Date
Please initial below to indicate your pre	ference:		
In applying for WIC services, I A participant information for the purposes refusuch disclosure does not affect my applica services.	erenced ab	,	allow
In applying for WIC services, I I applicant or participant information for the prefusal to allow such disclosure does not a eligibility for WIC services.	purposes re		ıy

# During the certification process, the participant must receive an explanation of the following:

- 1. Reason for Certification
- 2. Program Benefits
- 3. Reasons for Ineligibility
- 4. Items that can and cannot be purchased
- 5. How to file a complaint
- 6. Nutrition Education Requirements
- 7. Illegality and consequences of Dual Participation

In addition to the Rights and Obligations stated on the I.D. Folder (see Attachment RO-1 and RO-1A), the applicant/participant <u>must not be</u> charged for any WIC service, e.g., copying of WIC records, laboratory tests.

Each participant in the Georgia WIC Program has the right to be treated with courtesy while in either the Health Department WIC clinic or an authorized WIC vendor's store. A WIC participant must never be singled out in a grocery store by the use of Intercom systems or Coding systems that would draw attention to the fact that they are WIC participants. The use of Intercom systems or Coding systems in this manner violates WIC's non-discrimination policy.

Participants/applicants will be informed that the Policy Unit and/or the Vendor Management Unit will investigate reports of discrimination made to the Georgia WIC Program.

#### II. NONDISCRIMINATION CLAUSE

The Georgia WIC Program is required to send out Public Notification to inform participants, applicants and the potentially eligible population of their rights and responsibilities, protection against discrimination, and the procedures for filing a complaint. Therefore, any materials that provide information about Georgia WIC benefits and eligibility, regardless of the intent, design, or source, must contain the nondiscrimination statement. These materials include brochures, posters, visuals, and any other literature produced by vendors or other interested parties. Examples of materials that are required to have the nondiscrimination clause include, but are not limited to:

- Notices of warning or adverse action to applicants/participants, local agencies, vendors, and employees or employment applicants. This includes items such as notices of ineligibility or disqualification, fair hearing procedures, and cards or letters for missed appointments.
- All outreach and referral materials.
- 3. Participant Identification (ID) Folder or Food lists for participants and vendors that describe the Georgia WIC Program participation requirements and benefits.
- 4. Letters of invitation to participate in the Public Comment process that are sent to vendors, Health Department staff, Advocates, organizations, other interested parties, and Media announcements of Public hearings.
- 5. Newsletters that convey WIC benefits and participation requirements.

The current nondiscrimination statement is:

#### **English**

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To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

#### **Spanish**

De acuerdo con la ley federal y las politicas del Departamento de Agricultura de los EE.UU. (USDA, sigla en ingles), se le prohibe a esta institucion que discrimine por razon de raza, color, origen, sexo, edad, o discapacidad.

Para presentar una queja sobre discriminacion, escriba a USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame gratis al (866) 632-9992 (voz). Personas con discapacidad auditiva o del habla pueden contractar con USDA por medio del Servicio Federal de Relevo (Federal

Relay Service) al (800) 845-6136 (espanol) o (800) 877-8339 (ingles)." USDA es un proveedor y empleador que ofrece oportunidad igual para todos.

#### III. PUBLIC NOTIFICATION

When the Nutrition Services Directors give interviews to local media, the non-discrimination statement should be included in verbal statements and on written documents. Any public or media discussions of WIC by local agency staff should be documented for review by the State agency monitoring staff. The Office of Communication prepares a news release annually to publicize the availability of WIC benefits. The news release is distributed to newspapers statewide.

The Georgia WIC Program regulations and guidelines must be made available to the public on request. These documents include WIC components of the relevant Code of Federal Regulations at 7 C.F.R. Part 246, Rules of the Department of Public Health at Chapter 111-9, Georgia WIC State Plan, and the Georgia WIC Program Procedures Manual. The Georgia WIC Program Income Guidelines are part of the Procedures Manual and must be given to the public upon request.

There are three elements of Public Notifications:

#### 1. Program Availability

Inform applicants, participants, and potentially eligible persons of their rights and responsibilities and the steps necessary for WIC participation.

#### 2. Complaint Information

Advise applicants and participants at the service delivery point of their rights to file a complaint, how to file a complaint, and the complaint procedures. Upon receipt of a complaint, WIC clinic staff must complete and submit a Complaint Form (see Attachment CT-39 to the Georgia WIC Program office within 24 (twenty-four) hours of the complaint. All complaints must be processed and closed within 90 (ninety) days upon receipt. All discrimination complaints must go to USDA within 24 (twenty-four) hours of receiving the complaint(s).

#### 3. Nondiscrimination Statement

All information materials and sources, including web sites, used by FNS, State agencies, local agencies, or other sub-recipients to inform the public about FNS programs must contain a nondiscrimination statement. The statement is not required to be included on every page of the Georgia WIC Program web site. At a minimum the nondiscrimination statement or a link to it must be included on the home page of the website.

#### IV. CIVIL RIGHTS

#### A. "And Justice for All" Poster

The "And Justice for All" poster must be displayed in a visible and/ or accessible location in each WIC clinic. The poster should have the Non-discrimination statement in both English and Spanish and can be ordered from the WIC Program.

#### B. Training

Civil Rights training must be provided annually or as requested for all local agency staff that have contact with WIC applicants/participants. This training must be provided to State agency and District staff annually. New staff must have Civil Rights training prior to working in WIC clinics. A list of participants and an agenda for each training session must be documented and kept on file for three (3) years plus the current year.

**Note:** When conducting any training/meeting, it is required that District/WIC Clinic and State agency staff ask if anyone needs any special accommodations.

WIC staff must be trained in the specific area matter required, but not limited to:

- 1. Collection and use of data;
- 2. Effective public notification systems;
- 3. Complaint procedures;
- 4. Compliance review techniques;
- 5. Resolution of noncompliance;
- 6. Requirements for reasonable accommodation of persons with disabilities:
- 7. Requirements for language assistance;
- 8. Conflict resolution;
- 9. Customer service; and
- 10. Investigator's training.

#### C. Self Identification of Race, Ethnicity, Migrant and Homeless Status

Each applicant/participant must be coded in the WIC computer system to identify race, ethnic group, migrant and homeless status. In order to do this, local agency staff must:

- 1. Give each applicant the opportunity to select one or more racial designations by using the Interview Script (see Attachment CT- 42).
- 2. Request that the applicant make a self-identification. When self-identification is made, the interviewer should make it clear to the applicant that the information is for statistical use only and that no other use will be made of the information without their consent. If the applicant refuses to self identify, WIC staff will make its own identification for the applicant.
- 3. Accept race information provided by applicants without disputing their description regarding their race.

#### D. Collection of Racial/Ethnic Data

In collecting the Racial/Ethnic Data, the ethnicity data must be collected first. Ask the client if he/she is of Spanish origin. The terms Hispanic or Latino may also be

used. The applicant must then be given the option to select one or more racial designations (See the Certification Section, WIC Assessment form for racial and ethnic categories).

Collecting and reporting racial and ethnic participation data are requirements of Title VI of the Civil Rights Act of 1964. The "Ethnic Participation Summary Report" provides information on client participation by ethnic status and priority. The report records data by local clinic and summarizes the data by district/unit and state. This report should be reviewed and maintained in district/unit files. Data must be maintained for four (4) years under safeguards, which will only allow access to authorized personnel. The Georgia WIC Program does not allow any coding system on the outside of medical records, Tickler cards, appointment or any other WIC documents which can openly distinguish applicants/participants by race, color, national origin, sex, age, and/or disability.

The Georgia WIC Program is obligated to safeguard confidential WIC information including identifying WIC applicant/participant information. In many local agencies, charts have the participant's name and birth date on the outside label. In this instance, please remove the birth date or situate your files in a manner, which ensures that confidential WIC participant information will not be exposed to the general public. This may be accomplished (as done in many hospitals) by turning the files to face away from the public's view. (For reference, see the Summary of the HIPAA Privacy rules. Plus review "What Information is Protected", pages 3-4 and "End Notes", page 19, number 15. Also see, Federal WIC regulations concerning confidentiality of WIC participant information at 7 C.F.R. 246.26(d)).

#### E. Discrimination Complaints

All written or verbal discrimination complaints must be filed as soon as the alleged discriminatory action is known. No applicant/participant should be discouraged from filing a complaint directly to USDA, Office of Adjudication, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)."

If the District office or a WIC clinic receives a discrimination complaint or an applicant/ participant feels discrimination has occurred, forward a copy of the complaint to the Georgia WIC Program, Policy Unit, Two Peachtree Street, Suite 10-293, Atlanta GA 30303. USDA is an equal opportunity provider and employer.

#### 1. Written Complaints

Persons seeking to file discrimination complaints may file their complaint with USDA, the State agency or the local agency. A copy must be sent to the Georgia WIC Program and will send the complaint to USDA to process. Do not try to process any discrimination complaint. Please send the complaints directly to

Georgia WIC Program. Complaints should include the name of the agency and/or the individual(s) whom the complaint addresses and a description of the alleged violation. Anonymous complaints will be handled in the same manner as any other complaints.

#### 2. Verbal Complaints

In the event a complainant makes verbal allegations and cannot place such allegations in writing, the person to whom the allegations are made will write up the elements of the complaint for the complainant. The documentation must include the following:

- a. Name, address, and telephone number of the complainant.
- b. The specific location and name of the local agency and person(s) delivering WIC services.
- c. The nature of the incident or action that led to the complaint.
- d. The basis on which the complainant feels discrimination exists (e.g. race, color, national origin, sex, age, or disability).
- e. The names, titles, and addresses of persons who may have witnessed the discriminatory action.
- f. The date(s) during which the alleged discriminatory action occurred.
- g. Signature of the person recording the complaint.

#### F. Handling Complaints at the Service Delivery Point

Advise applicants and participants at the service delivery point of their right to file a complaint, how to file a complaint and the complaint procedures. Display the "How to File a Complaint" flyer at the service delivery point. Clinic staff must also offer the flyer to all applicants/participants at certification, re-certification and midcertification.

#### V. FAIR HEARING PROCEDURES – WIC APPLICANTS/PARTICIPANTS

WIC Federal regulations require the State agency to establish hearing procedures that will guarantee the right to appeal a decision or action to deny participation and/or suspend or terminate participation from the program. The applicant/participant must be informed in writing of his/her right to a fair hearing and of the method by which a hearing may be requested.

In the event of denial of benefits followed by a request for a fair hearing, the following should be discussed with the participant:

- 1. Limited WIC funding
- 2. The priority system
- Waiting list
- 4. Reasons for the denial of benefits or termination from WIC

At the time of fair hearing request, the District Nutrition Services Director will need to conduct a preliminary conference with the applicant/participant. This conference may resolve the issues, particularly if the individual misunderstood WIC policy or was not aware that certain procedures are required by Federal regulations. The State agency will also conduct a preliminary conference with the applicant/participant prior to the actual hearing. The applicant/participant should receive information on fair hearing procedures and their rights and responsibilities concerning the hearing process. Included will be a description of the role of the Administrative Law Judge, the time frame for issuance of fair hearing decisions, and any other pertinent information.

In the event a WIC participant timely requests a fair hearing within fifteen days of the termination date, WIC benefits will continue until the Administrative Law Judge reaches a decision or the certification period expires, whichever occurs first.

The following are the Georgia WIC Program Fair Hearing Procedures:

#### A. Hearing Official

The Office of State Administrative Hearings (OSAH) is responsible for conducting a fair hearing when requested by a WIC applicant/participant. OSAH, as the impartial administrative tribunal for the State of Georgia, is vested with full authority to conduct the fair hearing. OSAH is responsible for conducting hearings in accordance with the Georgia Administrative Procedures Act and the Rules of the Office of State Administrative Hearings, and 7 C.F.R., Part 246.

The Administrative Law Judge shall:

- 1. Administer oaths and affirmations
- 2. Ensure that all relevant issues are considered
- 3. Request, receive and make part of the hearing record all evidence determined necessary to decide the issue(s) being raised
- 4. Regulate the conduct and course of the hearing consistent with due process to ensure an orderly hearing
- Order, where relevant and necessary, an independent medical assessment or professional evaluation from a source mutually satisfactory to the appellant and the State agency and
- 6. Render a fair hearing decision which will resolve the dispute.

#### B. Request(s) for Hearing

A request for hearing is defined as any clear expression by the applicant/participant or that individual's parent/guardian/caregiver or other representative, that an opportunity to present his/her case to a higher authority is desired. The State and local agency shall not limit or interfere with the freedom of a WIC applicant/participant to request a hearing.

The applicant/participant must request the hearing within sixty (60) days from the date the local agency issues the notice of adverse action to deny, suspend, or terminate benefits. Fair hearing requests shall be submitted to Georgia WIC, 10th Floor, 10-293 Policy Unit, Two Peachtree Street, Atlanta, Georgia 30303.

A fair hearing request shall be effective upon timely receipt of a verbal or written request. A verbal request received within the sixty (60) days shall be considered timely. The forty-five (45) day period allowed for rendering a hearing decision shall begin on the day of receipt of the fair hearing request.

Upon request, the local agency shall assist an applicant/participant in submitting a request for fair hearing. The local agency shall provide contact information for legal services that may be available to represent an appellant (an applicant/participant who requests a fair hearing to contest an adverse action).

#### C. Georgia WIC Program Record Summary Form

The local agency shall prepare a Georgia WIC Program Record Summary Form (Attachment RO-2) and OSAH Form 1 (Attachment RO-3). Within three (3) business days from the receipt of the fair hearing request, the completed forms, notice of adverse actions, and written hearing request shall be submitted to Georgia' WIC, 10th Floor, 10-293 Policy Unit, Two Peachtree Street, Atlanta, Georgia 30303. A copy of the form shall be sent to the Georgia WIC Program. If the hearing request is filed initially with the State WIC agency, a copy will be immediately forwarded to the local agency.

The local agency has the responsibility of maintaining contact with the appellant once the hearing is requested and must report promptly to the State WIC agency any change in appellant's circumstances, including changes in mailing address. As soon as the local agency receives notification that a hearing has been scheduled, the local agency Nutrition Services Directors shall immediately review the record to:

- 1. Re-examine the action of the local agency and the circumstances of the appellants to determine if an adjustment can be made.
- 2. Review appellant's eligibility on all points other than the point at issue.

All hearing requests, whether timely or not, must be submitted to the Georgia WIC Program. The local agency will secure any additional evidence necessary for the hearing.

#### D. Document and Record Disclosure Prior to the Hearing

All documents and records to be used in the hearing will be available for examination by the appellant and/designated representative prior to the fair hearing. Such examination shall be made at the local agency. "Designated representative" means an attorney or friend, or personal counselor, of the appellant. Upon request, the local agency shall make available without charge, the specific materials necessary for an appellant or designated representative to determine whether a hearing should be requested or to prepare for a hearing. The appellant and/or designated representative will be given an opportunity to copy any materials in the file, which are relevant to the fair hearing. Documents and records that do not support the adverse action for which the fair hearing was requested shall be removed from the file prior to such copying and will not be

used at the hearing. When local agency reproduction equipment and supplies are available, the WIC staff will operate the equipment. When reproduction equipment is not available, the appellant or designated representative may make longhand notes.

#### E. Adjusting Local Agency Decisions Regarding Eligibility

The local agency has the responsibility of taking proper action in adjusting its decisions against WIC applicants/participants regarding their eligibility. If an applicant/participant is dissatisfied with a local agency decision, the local agency shall review the individual's status with him/her. If the applicant/participant who is appealing the local agency decision so desires, the local agency shall assist with the filing of the fair hearing request. If, after the appeal for fair hearing is filed, the appellant and local agency reach a mutually satisfactory resolution prior to the fair hearing, the appellant may withdraw the request for hearing.

The local agency may amend or reverse its decision regarding WIC applicant/participant eligibility at any time prior to the actual hearing, regardless of whether an appellant withdraws the request for fair hearing. In the event of withdrawal, amendment or reversal, the local agency shall notify the State WIC agency immediately by attaching a copy of the withdrawal, amendment or reversal with a summary supporting the adjustment action taken by the local agency. If time does not permit notification to the State WIC agency, verbal notification to it should be immediately followed with written notification.

#### F. Continuation of Benefits

Participants who appeal the termination of benefits within fifteen (15) days from date of notification of adverse action shall continue to receive WIC benefits until the Administrative Law Judge reaches a decision or the certification period expires, whichever occurs first. Benefits will be terminated for participants who make a timely appeal after the fifteenth day from the date of notification.

Applicants who are denied benefits at initial certification or at subsequent certifications may appeal the denial, but shall <u>not</u> receive benefits while awaiting the hearing.

The local agency shall promptly inform the individual, in writing, if participation status changes, pending the hearing decision. The Georgia WIC Program will discontinue all program benefits to categorically ineligible applicants/participants while awaiting appeal decision.

#### G. Denial or Dismissal of a Request for a Hearing

A request for a fair hearing shall not be denied or dismissed unless:

- 1. The request for hearing is not timely received within the sixty (60) day time limit.
- 2. The request is withdrawn in writing by the appellant or a representative.

- 3. The appellant or representative fails, without good cause, to appear at the scheduled hearing.
- 4. The appellant has been denied WIC participation by a previous hearing and cannot provide evidence that circumstances relevant to WIC eligibility have changed in such a way as to justify a hearing. (See Attachment RO-2 for timeframes.)

#### H. Notification of the Hearing

The hearing shall be conducted within twenty-one (21) days from the date the State receives the hearing request. A time and place shall be arranged in order for the hearing to be accessible to the participant/designated representative. At least ten (10) days prior to the hearing, the Office of State and Administrative Hearings shall provide written notice to all parties involved to permit adequate preparation of the case. The notice of hearing shall contain the following:

- 1. A statement of the time, place, and nature of the hearing.
- 2. A statement of the legal authority and jurisdiction under which the hearing is to be held.
- 3. A reference to the statutes and regulations involved.
- 4. A short statement of the complaint. If the agency or other party is unable to state the complaint in detail, the notice may be limited to a statement of the issues involved.
- 5. A statement that the State will dismiss the hearing request if the individual or his/her representative fails to appear at the hearing without good cause.
- 6. A statement that the participant/designated representative may examine the case files prior to the hearing.
- 7. Advisement that appellant may be assisted or represented by an attorney or other persons.

The Administrative Law Judge may change the time and place of the hearing upon his own motion or upon motion either or both parties. The Administrative Law Judge may adjourn, postpone, or reopen the hearing upon receipt of additional information, at any time prior to mailing the hearing decision. Should the Administrative Law Judge exercise the option of rescheduling the hearing, the appellant shall be given at least ten (10) days advance notice of such action.

#### I. Conduct of the Hearing and the Appellant's Rights

If, at the hearing, it becomes evident that the issue involved is different from the one on which the hearing was requested, the Administrative Law Judge shall exercise discretion and may conduct the hearing on the newly emerged issue. In such instances, the hearing may be continued so all concerned may prepare additional evidence.

The claimant/designated representative shall be provided with an opportunity to:

- 1. Bring "and call" witnesses to provide testimony.
- 2. Advance arguments without undue interference.
- 3. Question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses.
- 4. Submit evidence to establish all pertinent facts and circumstances in the case.

The local agency shall have the same opportunities listed above.

#### J. The Hearing Record

The Administrative Law Judge shall keep the official hearing record that includes:

- 1. The OSAH Form 1 and related attachments as the mandatory formal request for fair hearing.
- 2. All pleadings, motions, documents and papers filed by the parties.
- 3. All intermediate rulings made and issued by the Administrative Law Judge.
- 4. The sworn testimony of all witnesses, with a recording of all oral testimony or an official report containing the substance of what transpired at the hearing.
- 5. All exhibit evidence offered and all exhibit evidence admitted into evidence that was considered by the Administrative Law Judge.
- 6. The decision issued by the Administrative Law Judge.
- 7. Written transcript, if made, of any oral testimony.

Requests for a copy of any recording of oral testimony must be made to the Administrative Law Judge pursuant to the Rules of the Office of State Administrative Hearings. The State or local WIC agency shall retain the hearing record in accordance with the relevant Federal WIC Regulations (7 C.F.R. Section 246.25) and make the hearing record available for copying and inspection to the appellant or representative at any reasonable time.

#### K. The Hearing Decision

Decisions of the Administrative Law Judge shall be based on the application of relevant law, rules, regulations and policy as related to the facts of the case as established in the hearing record. An initial decision by the Administrative Law Judge shall be binding on the local agency and shall summarize the facts of the case, specify the reasons for the decision, and identify the supporting evidence and the relevant regulations or policy. The decision shall be come part of the hearing record.

#### L. Notification of the Hearing Decision

Within forty-five (45) days of the receipt of the request for fair hearing, the

appellant and/or his/her representative shall be notified in writing of the Administrative Law Judge's initial decision. In addition, the initial decision will inform the appellant of any right to appeal known to the Administrative Law Judge.

#### M. Post-Hearing Appeal Rights of the Appellant

When an initial decision is adverse to the appellant, he/she has the right to appeal to a DPH Appeals Reviewer for a final agency decision. The DPH Appeals Reviewer shall allow the appellant thirty (30) days to request review of the Administrative Law Judge's initial decision. The DPH Appeals Reviewer shall have all the powers and delegated authority of the DPH Commissioner to make a final decision. The Appeals Reviewer shall review the entire record and may take additional testimony or remand the case to the Administrative Law Judge for such purpose. The final decision shall affirm, reverse or modify the initial decision to assure full compliance with State and Federal law, rules, regulations and policy.

The appellant and his/her representative shall be notified, in writing, of the final decision of the DPH Appeals Reviewer who shall advise the appellant and his/her representative of any right to judicial review should the appellant be dissatisfied with the final decision of the DPH Appeals Reviewer.

#### N. State Rules of Procedure

The State agency shall provide and distribute upon request, to any interested party, that portion of the Georgia WIC Program Procedures Manual that outlines the Fair Hearing Procedures.

#### O. Participant Complaint

The WIC participant may file a complaint (written or oral) regarding staff or clinic treatment (unrelated to discrimination or ineligibility/disqualification). Documentation of this complaint will be documented on the electronic Complaint Form (see Attachment CT-39).

#### VI. FAIR HEARING PROCEDURES - MIGRANTS

Because migrant farm workers and their families may leave a program area after a very short time, it is important that fair hearing procedures for migrants be expedited by contacting them immediately for the hearing process. When a local agency receives a fair hearing request from a migrant, they should attempt to find out how long the migrant will be in the service area and should convey this information to the State WIC agency.

#### VII. AVAILABILITY OF HEARING RECORDS

The State and local agencies shall make all hearing records and decisions available for public inspection and copying; however, the names and addresses of the participants and other members of the public must be kept confidential.

#### VIII. NATIONAL VOTER REGISTRATION ACT

The National Voter Registration Act of 1993 (also known as "NVRA" and the "Motor Voter Act") requires states to provide voter registration through designated governmental agencies that provide public assistance, including SNAP, WIC, TANF, SCHIP and Medicaid. To meet the requirements of the NVRA as a designated agency, the Georgia WIC Program must: distribute voter registration application forms; provide a preference/declination form that contains information on the voter registration process; provide the same level of assistance to all WIC applicants/participants in completing the voter registration application form; accept completed voter registration application forms from the applicant/participant; and transmit each completed application form to the Georgia Office of Secretary of State (SOS) within the prescribed time frame.

The Georgia WIC Program **must** offer applicants/participants the opportunity to register to vote at the time of **all application**, **renewal**, **recertification** and **change** of **address transactions**. If the Georgia WIC Program were to offer any of the above transactions to be completed by mail or telephone or through the internet, opportunity to register to vote must still be offered.

A preference/declination form must be provided to each WIC applicant/participant, which is separate from the State of Georgia voter registration form. The preference/declination form must include the following information: 1) the question, "If you are not registered to vote where you live now, would you like to apply to register to vote here today?"; 2) "Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency"; 3) boxes to be checked indicating whether the individual would like to register to vote or declines with a statement in close proximity to the boxes in prominent type that reads, "IF YOU DO NOT CHECK EITHER YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME."; 4) the statement, "If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private."; and 5) the statement, "If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State at 1104 West Tower, 2 Martin Luther King Jr. Drive, S.E. Atlanta, Georgia 30334 or by calling 404-656-2871." The blank should be completed with the name, address and phone number of the appropriate official at the SOS to whom such a complaint should be addressed.

The State of Georgia voter registration application may be used by the Georgia WIC Program to register a WIC applicant/participant to vote in Georgia, and it includes a separate preference/declination form (FORM DS-07, "Declaration Statement"), which conforms to the requirements of the NVRA regarding the preference/declination form. The State of Georgia voter registration application can be ordered by contacting the SOS at 404/656-2871 or at <a href="http://www.sos.ga.gov/electroniconnection">http://www.sos.ga.gov/electroniconnection</a>. No information relating to a declination to register to vote may be used for any purpose other than voter registration. The Georgia WIC Program shall retain the State of Georgia Declaration Statement as the required preference/declination form for twenty-four (24) months.

The Georgia WIC Program must offer each WIC applicant/participant the same degree of assistance in completing a voter registration application and the same degree of assistance offered in completing WIC forms. WIC staff who offer such assistance are

prohibited from: 1) seeking to influence an individual's political preference or party registration; 2) displaying any political preference or party allegiance; 3) taking any action or making any statement to an individual to discourage interest in registering to vote; or 4) taking any action or making any statement that may lead the individual to believe that a decision to register or not to register has any bearing on the availability of or eligibility for WIC services.

The State agency and/or local agency must accept completed voter registration applications and transmit them to the SOS weekly. Completed voter registration applications received within fifteen (15) days before the last day to register to vote in an election must be transmitted to the SOS daily. (The State of Georgia requires an individual to be registered thirty days before any election in which voting is to occur.)

Following these procedures ensures that the Georgia WIC Program is complying with Federal law and USDA guidelines. Please note that, according to USDA guidelines, a WIC applicant/participant need not be a United States citizen. However, the WIC applicant/participant must be a United States citizen to register to vote. The SOS prepares a quarterly WIC Voter Registration Report to determine local agency compliance. Failure to comply with the NVRA requirements could result in monetary penalties against an out-of-compliance local agency and the State of Georgia. Failure to comply could also result in enforcement action by the United States Department of Justice.

#### IX. PRE-APPROVAL / PRE-AWARD REVIEW

A new WIC clinic site must not open until a Pre-Approval/Pre-Award Review is conducted by the State agency. For procedures on opening a new WIC clinic site, see the Administrative Section of the WIC Procedures Manual at "Establishing New Clinics/Clinic Changes".

# Georgia Department of Public Health Georgia WIC Program Rights and Obligations

#### **RIGHTS AND OBLIGATIONS**

- 1. The rules for signing up and taking part in the Georgia WIC Program are the same for everyone, regardless of race, color, national origin, sex, age, or disability.
- 2. You may appeal any decision made by the WIC clinic about your eligibility for WIC or disqualification from WIC by asking for a fair hearing.
- 3. The WIC clinic will give you information about food that is healthy for you. Health service referrals are also available to you. The clinic would like you to use these services.
- 4. Information on your WIC form will be used to review WIC services and tell us how many people are on WIC.
- 5. The food you get from WIC is only for WIC participant(s).
- 6. You may be taken off WIC if:
  - You do not tell the truth about eligibility criteria
  - You get vouchers from more than one (1) WIC clinic at the same time
  - You do not keep your certification appointments. (Rescheduling WIC appointments may take from 7 to 20 days depending on the clinic schedule)
  - You do not get your vouchers for two (2) months in a row
  - You sell or trade your WIC vouchers or WIC food for money or any product, good, or service not authorized by the Georgia WIC Program
  - You use your vouchers to buy food that is not on the authorized WIC food list
  - You exchange your WIC food items after purchase for any item(s) not listed on the voucher
  - You use abusive language with WIC clinic staff, store clerks, or managers
  - You are physically violent with WIC clinic staff, other WIC clients, or store personnel
  - You threaten clinic staff, state staff, store manager or cashiers and or/security in the clinic. Your threat will lead to possible termination or you losing the privileged of coming to the clinic. If you lose that privilege, a proxy will act on your behalf for your child
  - You solicit other participants to violate program rules, including the selling of their vouchers
  - You commit any crime in the WIC clinic or on the grounds of the clinic
  - Your designated proxy engages in any of the listed items in #6 above
- 7. If you do not keep your appointments, the number of vouchers issued to you or your child(ren) will be reduced.
- 8. A proxy cannot provide services for more than two families.
- 9. Lost and destroyed/stolen vouchers will not be replaced.

#### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment RO-1 (cont'd)

10. The WIC program does not participate in home delivery of WIC foods. If you or your proxy participates in such activities, you will be terminated from the program.

#### **VOUCHER INFORMATION**

- Failure to keep appointments will reduce the number of vouchers you receive.
- The fruit and vegetable/cash value voucher can not be prorated. It must always be issued and must be issued in full value (e.g., \$6, \$7, \$8 and \$10).
- Food packages will be prorated based on the total number of vouchers in the package.

In accordance with Federal Law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Revised 7/12

# Departamento de Salud Pública Programa WIC de Georgia **Derechos Y Obligaciones**

#### **DERECHOS Y OBLIGACIONES**

- Las reglas para inscribirse y participar en el programa WIC de Georgia son las mismas para todos, sin distinción de raza, color de piel, nacionalidad de origen, sexo, edad o discapacidad.
- Usted puede apelar cualquier decisión tomada por la clínica de WIC acerca de su elegibilidad para el programa WIC o descalificación de WIC pidiendo una audiencia imparcial.
- 3. La clínica de WIC le dará información acerca de los alimentos que son saludables para usted. También hay a su disposición referencias de servicios de salud. La clínica desea que usted use dichos servicios.
- 4. La información en el formulario de WIC será utilizada para revisar los servicios de WIC y decirnos cuántas personas están en el programa WIC.
- 5. Los alimentos que recibe de WIC son solamente para quienes participan en WIC.
- 6. Usted puede ser suspendido del programa WIC si:
  - No dice la verdad acerca de los criterios de elegibilidad
  - Recibe cupones de más de una (1) clínica de WIC al mismo tiempo
  - No acude a las citas de certificación. (Cambiar las citas de WIC puede tardar de 7 a 20 días, dependiendo del horario de la clínica)
  - No obtiene sus cupones por dos (2) meses consecutivos
  - Vende o intercambia sus cupones de WIC o alimentos de WIC por dinero o algún producto, bien o servicio no autorizado por el programa WIC de Georgia
  - Utiliza sus cupones para comprar alimentos que no está en la lista de alimentos autorizados por WIC
  - Intercambia sus alimentos de WIC después de comprarlos por algún(os) artículo(s) que no figura(n) en el cupón
  - Utiliza un lenguaje abusivo con el personal de la clínica de WIC, los dependientes de las tiendas o los gerentes
  - Emplea violencia física contra el personal de la clínica de WIC, otros clientes de WIC o el personal de las tiendas
  - Amenaza al personal de la clínica, personal estatal, gerente de la tienda, cajeros o
    personal de seguridad en la clínica. Su amenaza dará lugar a una posible
    cancelación o a perder el privilegio de venir a la clínica. Si usted pierde ese
    privilegio, un representante actuará por usted en nombre de su niño(a)
  - Solicita a otros participantes que violen las reglas del programa, incluyendo la venta de sus cupones
  - Comete cualquier delito en una clínica local de WIC o en propiedad de la clínica
  - Su <u>apoderado(a)</u> designado(a) se involucra en cualquiera de los puntos mencionados arriba en el no
  - 7. Si no mantiene sus citas, se reducirá el número de cupones que se emitan para usted o su(s) niño(s).
  - 8. Un apoderado no puede prestar servicios para más de dos familias
  - 9. Los cupones extraviados, destruidos o robados non serán reemplazados

#### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment RO-1A (cont'd)

 El programa de WIC no participa en entrega a domicilio de los alimentos. Si <u>usted</u> o <u>su apoderado(a)</u> participa en dichas actividades, usted será expulsado(a) del programa.

#### INFORMACIÓN DEL CUPÓN

- No acudir a las citas reducirá la cantidad de cupones que usted reciba.
- El valor en efectivo del cupón de frutas y vegetales no se puede prorratear. Siempre se debe emitir y emitirse por su valor completo (p. ej., \$6, \$7, \$8 and \$10).
- Los paquetes de alimentos se pueden prorratear según la cantidad total de cupones que haya en el paquete.

De acuerdo con la ley federal y las politicas del Departamento de Agricultura de los EE.UU. (USDA, sigla en ingles), se le prohibe a esta institucion que discrimine por razon de raza, color, orgien, sexo, edad, o discapacidad.

Para presentar una queja sobre discriminacion, escriba a USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame gratis al (866) 632-9992 (voz). Personas con discapacidad auditiva o del habla pueden contractar con USDA por medio del Servicio Federal de Relevo (Federal Relay Service) al (800) 845-6136 (espanol) o (800) 877-8339 (ingles).

USDA es un proveedor y empleador que ofrece oportunidad igual para todos.

Revisado 7/12

# Georgia Department of Public Health Georgia WIC Program APPELLANT'S GEORGIA WIC PROGRAM RECORD SUMMARY

# **SECTION I - IDENTIFICATION** District/Unit \_\_\_\_\_ WIC ID # \_\_\_\_\_ Applicant/Participant: \_\_\_\_\_\_ Appellant (if different from above): Address: Street Number and Name State Zip Code City Phone Number: Representative: Applicant/Participant's Race/Sex: (Circle item #) Ethnicity: Sex: (1) Hispanic or Latino (1) Male (2) Non Hispanic or Latino (2) Female Race: (1) American Indian or Alaskan Native (2) Asian (3) Black or African-American (4) Native Hawaiian or Other Pacific Islander (5) White County: Date of Request: Date of Appointment: \_\_\_\_\_ Date of Notification: \_\_\_\_ FOR STATE OFFICE USE ONLY:

Time limits Hearing shall be held within three (3) weeks from the date the State or local agency receives the request for hearing 7 C.F.R Section 246.9(j). The fair hearing decision shall issue within 45 (forty-five) days (7 C.F.R. Section 246.9 (k)(3)) of the date the request for hearing was received by the State or local agency.

Request number: \_\_\_\_\_ Date request filed: \_\_\_\_

# **SECTION II - TYPE OF AGENCY ACTION OR INACTION**

A.	Ag	ency Action (Circle item number)	
	Particip	pation denied/terminated because WIC applicant/participant:	
	1.	Is not income eligible.	Doto
	2.	Does not live in local WIC service area.	Date
	3.	Has reached expiration of regulatory eligibility.	Date
	4.	Is not pregnant, postpartum, breastfeeding woman or an infant/child under five (5) years old.	Date
	5.	Does not meet nutritional risk criteria.	<del></del>
	6.	Failed certification appointment on:	Date
	7.	Did not pick up vouchers for two (2) consecutive months.	Date ————— Date
	8.	Violated WIC rules and was suspended for three (3) months for:	
	9.	Is in Priority and WIC has funds to serve only Priority(ies)	Date
	10.	Other	Date
В.	Ager	ncy Inaction (Circle item number):	Date
	1.	Failure of local agency to meet processing standards: (specify)	
	2.	Other:(specify)	

# SECTION III - NARRATIVE SUMMARY OF AGENCY'S ACTION OR INACTION AND PRINCIPAL ISSUES INVOLVED IN THE REQUEST FOR FAIR HEARING

۹.	Basis for local agency's action or inacti	ion (specify brie	fly):			
3.	WIC regulations applied by local agency:					
С.	Participant's income eligibility informati	on:				
	Signature/Title of WIC Personnel	Signature of	Nutrition Servic	es Director		
	Name	_				
	Address	City	State	Zip Code		
	Telephone Number					

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# OSAH FORM 1

This form is available online at <a href="http://www.osah.ga.gov/">http://www.osah.ga.gov/</a> or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY DPH	CASE TYPE	DOCKET NUM	IBER			COUNTY	JUDGE
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Non-Agency Party County of Residence:					Date Request for Hearing Aç Filed with Agency:		Agency Case Number:	
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		OHECK HE						
			Check Only	<u>(</u> One in	This Box:			
□ BCW (Babies Can't Wait) □ CT (Cardiac Technician License) □ EMS (Emergency Medical Service) □ EMT (Emergency Medical Technician License)			☐ MFR (☐ NT (No ☐ PI (Pa ☐ SSM (	FSEP (Food Service Establishment Permit, If Issued by DCH)  MFR (Medical First Response Service License)  NT (Neonatal Transport Service License)  PI (Paramedic Instructor License)  SSM (Sewage Management)  WICV (WIC Vendor)				
CONTACT F	PERSON I	N AGENCY						
NAME					TEL NO	FAX	NO	
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ATTORNEY NAME (IF AP	PLICABLE)				TEL NO	FAX	NO	
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2012\_RO\_3 Attachment\_OSAH FORM 1(26).doc (web-version)

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#### **SECTION ONE - FINANCIAL MANAGEMENT**

#### I. STATE OPERATIONS

#### A. GENERAL

The Division of Finance of DPH maintains the financial records in a manner that reflects separate accountability for each activity administered by DPH, utilizing disbursement classifications as required by the state auditor and the various federal agencies. The financial system uses a combination of both data processing and manual entries. The process of writing checks, preparing check registers and other mass detail work, is performed by data processing systems. The records kept in the county Health Departments are subsidiary or supplemental. County departments submit monthly reports to the Division of Finance according to prescribed uniform reporting procedures. These reports cover the financial operations that will be reimbursed by the Department of Public Health. Supporting data for other county department administrative expenditures are not submitted directly to the Division of Finance; they are retained in the county department finance offices. County Health Departments' contract with Certified Public Account (CPA) firms to audit their records.

The State of Georgia Department of Audits performs both financial and program audits. State law mandates that the State Auditors perform a financial audit of the books and accounts of the Department of Public Health each fiscal year. The state auditors perform programmatic audits of specific programs as deemed necessary.

#### B. COST ALLOCATION PLAN

The Department of Public Health is in the process of securing the Department of Health and Human Services approval for the Cost Allocation Plan.

#### C. FOOD FUNDS MANAGEMENT / NUTRITION SERVICES ADMINISTRATION

The Division of Finance functions as cash manager for the Department of Public Health. Federal funds are drawn from the Office of Treasury and Fiscal Services based upon the reimbursement of actual expenditures. A control disbursement account is used for WIC food redemption. Federal funds are requested and drawn through the electronic funds (Automated Standard Application for Payments system – ASAP) transfer process and transferred into WIC Federal Funds Holding Account. All transfers of federal funds are drawn in accordance with regulations of the United States Department of the Treasury, Cash Management Improvement Act (CMIA), agreements with the Treasury and other cash management policies and procedures as designated by the United States Department of Agriculture (USDA). Monthly cash draws are reconciled and balanced with actual expenditures. Each grant award is recorded, balanced, and reported quarterly as designated. Actual expenditures are tracked through the Budget Cost Comparison Report. LOCs for each fiscal year are reconciled separately to cash and expenditure accounts.

When rebate funds are received from the formula contractor, those funds are used first to pay food expenditures. Federal food funds are not utilized until the rebate deposit is depleted. The cashier records the payment against the receivable by customer number and by invoice number. The cash manager takes the amount of the rebate into consideration before making any future draws on the Letter of Credit.

The Department accounts for transactions on a modified accrual accounting basis to record WIC expenditures and federal revenues. PeopleSoft Accounting System controls and records expenditures to assure expenses are within budget limits. To insure budgets are not exceeded, People Soft performs budget checks at the appropriate levels. If expenditures would exceed budget, PeopleSoft rejects the posting of expenditures at those levels. Before such expenditures can be posted a budget revision will be required at the appropriate level. Staff also analyzes budgets monthly and makes necessary revisions as anticipated. PeopleSoft Accounting System ensures that withdrawals from the LOC are not in excess of immediate cash needs and are in compliance with the Cash Management Improvement ACT (CMIA). As rebates are received in the state office, the actual food expenditures presented by the WIC Banking system are paid against rebate balances first. The PeopleSoft Accounting System provides for accurate, current and complete disclosure of the financial status of the program, including a procedure which enables prompt and accurate payment of allowable costs. The Uniform Accounting System (UAS) is an independent budget and disbursement system in which the Department allocates and tracks local agency WIC administrative funding. Local agencies are allocated their administrative funding through allotment which they budget in UAS. These budgets are used as control budgets upon which local agencies may expend. Each month, local agencies report their expenditures against those budgets and request reimbursement for those expenditures through the Monthly Income and Expenditure Reports (MIERS) component of UAS. Upon close out of each month's MIERS, the Department's general ledger system (People Soft) is updated by UAS and the monthly local agency expenditures are recorded. By completing this update monthly and reimbursing the locals for their reported expenditures, costs are updated monthly in the general ledger system (i.e. PeopleSoft).

#### D. LOCAL LEVEL REQUIREMENTS

The local level requirements are as follows:

1. The Master Agreement for the Department of Public Health requires that local agencies maintain their Financial Management Systems in accordance with 45 CFR Parts 74.60 and 74.61 (Subpart H) and Official Code of Georgia Annotated (OCGA), Section 31-3-8. A copy of the Master Agreement for Public Health may be obtained from the Financial Management Section of the Georgia WIC Program.

The DPH Administrative Policy and Procedures Manual and the DPH Grants to Counties Manual give specific instructions on the operation of a financial management system at the local level.

- Each month local agencies must submit a Monthly Income and Expenditure Report (MIER) to the Public Health Grant-In-Aid office. The Georgia WIC Program staff and/or Financial Management staff monitor these reports against approved budgets. During program reviews, equipment and computer inventories are reviewed to ensure program compliance.
- 3. The Public Health Master Agreement requires an annual audit of all local agencies. The DPH Office of Audits is responsible for overseeing this requirement. Non-compliance results in the immediate suspension of payments to the delinquent agency. The financial management staff of each local agency, in keeping with state agency requirements, is charged with oversight and accountability for WIC Program budgets and expenditures according to DPH and USDA Food and Nutrition Services (FNS) guidelines and instructions.
- 4. The allocation of Nutrition Service and Administration (NSA) Grant funds is based on methodology developed by the Georgia WIC Program and the WIC Allocation Advisory Committee, with final approval from the Commissioner of the Department of Public Health. Funds available for allocation to local agencies are determined by subtracting the cost of operations of the WIC Program, the Office of Nutrition and WIC and the centralized costs for management of the food grant, from the total NSA grant received from USDA. The balance is allocated to local agencies based on participation.
- 5. The WIC Allocation Advisory Committee is charged with assisting the Program and the Department of Public Health with developing an acceptable methodology for allocating federal grant funds to local agencies. The Georgia WIC Program approved funding formula has been well accepted by local agencies due to its accuracy and fairness. Additionally, the Georgia WIC Allocation Advisory Committee makes recommendations to the WIC Program concerning caseload management strategies. A district heath director chairs the committee.
- 6. Operational and administrative funds are distributed to local agencies by contractual agreements. WIC funding to Georgia eighteen lead counties is part of the DPH Public Health Master Agreement. Funding to non-profit organizations is made through a standard DPH contract. Currently, Georgia WIC only contracts with one non-profit organization.
- 7. Budgets for local agencies are changed by means of contractual amendments.

#### E. Procurement and Property Management

1. The Georgia WIC Program adheres to DPH's Procurement Services Policy PR-11001 (see Attachment AD-20). This policy governs the purchases of goods and services by the Georgia WIC Program.

- 2. According to the Master Agreement, Boards of Health must conduct all purchases of supplies, equipment and services in accordance with the Board's purchasing policy. The Board must have a purchasing policy in place that does not conflict with any Federal, State or local law.
- 3. Both the Georgia WIC Program and the Boards of Health must meet the following property management requirements:
  - Maintain property records that meet the minimum requirements set forth in the DPH Asset Management Policy AM-01001 (see Attachment AD-21).
  - Upon termination, the Board should account for all equipment purchased with WIC funds and dispose of such properties in accordance with WIC regulations

#### F. CASELOAD MANAGEMENT/FOOD COST

Food Cost may come from three sources. A description of each source is listed below:

- CSC Covansys (the State's Data Processing and Banking Contractor)
   compiles a monthly Reconciliation Report (EWRR860G) report using a series of
   four reports:
  - Monthly Report of Food Expenditures
  - Bank Exception
  - Unmatched Redemption
  - Bank Listing

This data is based on the issue month of the voucher.

The Division of Finance, DPH, enters the information from the Reconciliation Report (EWRR860G) into the state's financial system (People Soft).

- 2. The Vendor Section authorizes administrative payments to Vendors for returned vouchers (see Attachment AD-25). Vouchers may be returned for the following reasons:
  - Post and Stale date
  - · Signature of participant missing
  - Exceeded maximum amount allowed
  - Altered vouchers
  - Missing Vendor stamp

Post and Stale dated and altered vouchers are <u>not</u> approved for payment. Once these vouchers have been individually researched and <u>payment has been</u> <u>authorized</u>, the information is entered into People Soft. The Division of Finance will then release payment.

3. Orders for Special Formula are placed by clinics through the State Nutrition Services Unit.

These orders are reviewed for approval prior to the purchase of formula. Once approved, the formula is ordered and the information placed into People Soft for Division of Finance to process.

- 4. Once the Division of Finance has received all of the information, the final cost of redeemed month is entered into the FNA-798 Report.
- 5. Monthly Food expenditures as reported on the 798 report are recorded by issue month.
- 6. Projected participation is determined by the local agency assigned caseload in accordance to the state funding formula. The monthly projections are distributed using a three year trend analysis of closeout caseload.
- 7. Closeout Participation means the sum of:
  - a.) The number of persons who received supplemental foods instruments during the reporting period.
  - b.) The number of infants who did not receive supplemental foods or food instruments but whose breastfeeding mother received supplemental foods or food instruments during the report period; and
  - c.) The number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the report period.
- 8. Rebate is posted by month received and is expended prior to the draw down of federal dollars.
- 9. Gross Obligation and Outlays are the unliquidated obligation and ongoing monthly operation cost.

#### G. Accounts Payable

- 1. All invoices paid by Georgia WIC at the state level are approved by the Deputy Director for Administration and WIC Director through either approval of a basic expense form, purchase request or contract authorization request. The Deputy Director is responsible for ensuring all purchases when initiated or paid by the guidelines set forth in OMB Circular A-87 (see Attachment AD-24) and in this administrative procedures manual.
- 2. All payments are made in accordance with DPH's Invoice Payment Policy FN-06038 (see Attachment AD-23).

# H. Distribution of Employee Costs – Time Reporting

1. Distribution of Employee Costs occurs via two methods: periodic time and effort reporting and DPH's indirect cost rate.

- 2. Employees whose full time effort is for the benefit of the Georgia WIC program have their time captured through semi-annual certifications of pay. Certifications are distributed each six months on a calendar year basis to such employees. Such employees are required to certify the portion of their time spent performing duties associated with Georgia WIC. Their supervisors are required to approve these certifications. Non personal services costs associated with these employees are direct charged to WIC accounts
- 3. Employees whose effort is cost allocable between more than one fund sources are compiled by the Division of Finance and cost allocated through DPH's Indirect Cost Rate Agreement (see Attachment AD-22). Allocable non personal services costs associated with these employees are cost allocated also per the Agreement.

# I. FNS – 798 Reporting

- DPH Division of Finance is responsible for compiling and submitting the FNS-798 on a monthly basis. Georgia WIC reviews and approves the report before submission.
- 2. District level administrative costs are collected through the Uniform Accounting System (UAS) subsystem of DPH's general ledger system, Peoplesoft. The Division of Finance runs monthly general ledger reports and extracts all administrative cost data from the general ledger and inputs this information on the appropriate lines in the 798 report. Breast feeding expenditures are compiled from the appropriate programs contained within the UAS subsystem annually. Nutrition expenditures are compiled from the nutrition expenditure category contained within PARS annually. Georgia WIC does not use in-kind expenditures to meet either the breast feeding or nutrition education requirements.
- 3. State level administrative costs are collected through DPH's general ledger system, Peoplesoft via the payroll, accounts payable and purchasing subsystems. The Division of Finance runs monthly general ledger reports and extracts all administrative cost data from the general ledger and inputs this information on the appropriate lines in the 798 report. Breast feeding expenditures are compiled from the appropriate budgets contained within Peoplesoft annually. Nutrition expenditures are compiled from the appropriate budgets contained within Peoplesoft annually. Georgia WIC does not use in-kind expenditures to meet either the breast feeding or nutrition education requirements.
- 4. Rebates are collected from the Peoplesoft general ledger system. This amount is posted in Peoplesoft and recognized the month it is received. Rebate invoices to the infant formula contractor are developed from reports generated by Georgia WIC's banking and data contractor based on monthly product redemptions. Rebate rates are reconciled to the appropriate contract rates. Rebates collected from the rebate contractor are reconciled to rebates invoiced.
- 5. Program income is reflected on the report the month it is credited to the accounts Peoplesoft.

6. Food costs are collected from the Peoplesoft general ledger system. Food costs are posted as explained in subsection F. Caseload Management/Food Costs above.

#### **II. LOCAL AGENCY OPERATIONS**

Prior to July 1 of each year, all local agencies operating the Georgia WIC Program, excluding contracted local agencies, must sign a copy of DPH Master Agreement which included Annex I and submit to the Budget Office (See Attachment AD-1). District staff receiving WIC funds must:

- Provide services in accordance with the Child Nutrition Act of 1966, as amended by P. L. 108, for the delivery of services for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). This provider agreement is made pursuant to the Department of Public Health (DPH) <u>Administration Policy and Procedures Manual, Part II A.I.</u> the United Stated Department of Agriculture/Food and Nutrition Services (USDA/FNS) regulations at <u>7 C.F.R. Part 246</u>, the Georgia WIC Program Procedures Manual, the Georgia Nutrition and State Plan, the Georgia WIC Program Guidance for Local Agency Planning, and all administered memos. (The aforementioned documents are hereinafter incorporated into the Master Agreement.)
- Collect and submit accurate client data for WIC participants for the purpose of monitoring program performance. Comply with all Federal and state requirements in the collection of program data and make modifications as appropriate or requested within a specified time.
- 3. Employ appropriate staff to adequately perform WIC responsibilities in accordance with WIC staffing and processing standards, certification requirements, program integrity, and voucher accountability and security.
- 4. Participate in development of the Georgia WIC Program State Plan that is annually submitted to USDA. Submit a local agency program plan to the Georgia WIC Program by March 31<sup>st</sup>, unless another date has been designated as the due date for that year for inclusion in the annual State Plan.
- 5. When local agencies provide WIC Farmer's Market Nutrition Program services, they must provide WIC Farmer's Market Nutrition Program services according to the Federal regulations at 7 C.F.R. Part 248 and the Georgia WIC Program Farmer's Market Handbook.

#### **Reporting Requirements:**

1. Submit report by March 31 and October 31, unless another date has been designated as the due date for that year for the previous Federal fiscal year (October thru September).

#### III. FINANCIAL PROCEDURES

A. District Health Agencies

#### Adhere to:

Georgia WIC Program Procedures Manual
USDA FNS Instruction 808-1
OMB Circular A-87 and A-102
DPH Master Agreement and program specific annexes (WIC – Annex 2)
Title 7 Code of Federal Regulations Part 246 (7 C.F.R. Part 246)

# B. Non-profit Agencies

Adhere to the tenets of the negotiated contract and prescribed policies and procedures established by the Georgia WIC Program and Department of Public Health, and by the Federal WIC regulations at 7 C.F.R. Part 246.

#### C. Unliquidated Obligations

USDA requires that Unliquidated Obligations be reported. District Health Agencies are to report these on their Monthly Income and Expense Reports (MIER).

# D. Year-End Funds Obligations

In order to utilize year-end Nutrition Services Administration (NSA) funds, all purchase orders must be completed, properly dated and forwarded to the vendor prior to September 30<sup>th</sup>.

#### E. External Entities Audit Standards and Sanctions

#### **Authority/Purpose:**

The Georgia Department of Public Health (DPH) has established stands and sanctions for external entities audits under DPH policy number AU-02001 dated July 1, 2011. The authority for this policy is OMB Circular A-133, 7 CFR 277.17 and the Official Code of Georgia Annotated (OCGA): Title 50 Chapter 20, Sections1-8. The purpose of the policy is to ensure that those non-federal entities which receive funds from the Department of Public Health (DPH) conform to the standards and requirements imposed by federal and state law and by DPH's Contracts. Sanctions are imposed on those entities that do not comply with the standards and/or audit requirements.

#### Policy:

Entities that contract with the Department must meet certain financial reporting requirements. These requirements are defined in: the Single Audit Act Amendment of 1996; OMB Circular A-133; Contract Provisions; DPH Policy; and Title 50, Chapter 20, Sections 1 through 8 of the Official Code of Georgia Annotated. The requirements vary according to the dollar amount expended by the entity during its accounting year. These are listed under paragraph 2.3 in the attached policy and delineated in the following paragraphs.

#### **Entities Expending \$500,000 or More in Federal Funds**

All entities expending \$500,000 or more in federal funds during their fiscal year comply with: the provisions of the Single Audit Act Amendments of 1996 and

their implementing regulation - OMB Circular A-133. Non-profit organizations must comply with the provisions of the O.C.G.A. Annotated, Section 50-20-1 through 50-20-8, as amended, 1998 Legislative Session. Audits of nonprofit organizations must also include a "Schedule of State Awards Expended." These entities obtain a single entity-wide audit of their financial records performed by an independent auditor. The audit covers all financial activities for the fiscal year and is conducted in accordance with Generally Accepted Government Auditing Standards issued by the Comptroller General of the United States.

Audits for public entities include, for those contracts that were completed during the audit period, a "Statement of Revenues and Expenditures Compared to Budget," presented by program name or contract name and number. Audits of public entities also include a "Schedule of State Awards Expended."

The entity files two copies of the independent auditor's report with the Director, Office of Audits, Inspector General, within 180 days after the end of the organization's fiscal year. Nonprofit organizations must submit one copy of the report to the State Department of Audits and Accounts within the same time period. If an extension of the time period is desired, the State Department of Audits (for private nonprofit entities) or the DPH Office of Audits (for public entities) may waive the requirement for completion if a request is made that shows good cause. The waiver is for an additional period of not more than 90 days, and no such waiver is granted for more than two successive years to the same entity. A plan of corrective action for all deficiencies disclosed in the audit report must be submitted with the audit report.

#### Entities expending \$100,000 or more in state funds

All entities expending \$100,000 or more in state funds during their fiscal year comply with contract provisions and DPH policy. Nonprofit organizations also comply with the provisions of the O.C.G.A. Annotated, Section 50-20-1 through 50-20-8, as amended, 1998 Legislative Session. Audits of nonprofit organizations also must include a "Schedule of State Awards Expended."

These entities obtain an <u>entity-wide audit</u> of their financial records performed by an independent auditor. The audit is conducted in accordance with Generally Accepted Auditing Standards issued by the American Institute of Certified Public Accountants and the financial statements are prepared in accordance with generally accepted accounting principles. Audits for public entities include, for those contracts that were completed during the audit period, a "Statement of Revenues and Expenditures Compared to Budget," presented by program name or contract name and number. This statement is presented by contract name and number for the entire contract period. Audits of public entities also must include a "Schedule of State Awards Expended."

The entity files two copies of the independent auditor's report with the Director, Office of Audits, Inspector General, within 180 days after the end of the organization's fiscal year. Nonprofit organizations must submit one copy of the report to the State Department of Audits and Accounts within the same time period. If an extension of the time period is desired, the State Department of

Audits (for private nonprofit entities) or the DPH Office of Audits (for public entities) may waive the requirement for completion if a request is made that shows good cause. The waiver is for an additional period of not more than 90 days, and no such waiver is granted for more than two successive years to the same entity. A plan of corrective action for all deficiencies disclosed in the audit report must be submitted with the audit report.

#### Entities expending between \$25,000 and \$100,000 in state funds

All entities expending at least \$25,000 but less than \$100,000 in state funds during their fiscal year comply with contract provisions and DPH policy by submitting audited or unaudited financial statements. Nonprofit organizations are also required to comply with the provisions of the O.C.G.A. Annotated, Section 50-20-1- through 50-20-8, as amended, 1998 Legislative Session. Audits or financial statements of nonprofit organizations must also include a "Schedule of State Awards Expended."

Financial statements that have been audited include the auditor's report on the financial statements. Audits for public entities include, for those contracts that were completed during the audit period, a "Statement of Revenues and Expenditures Compared to Budget," presented by program name or contract name and number. This statement is presented by contract name and number for the entire contract period. Audits or financial statements of public entities must also include a "Schedule of State Awards Expended."

Financial statements that have not been audited must include a statement from the president or other responsible official of the organization which states that:

- -The financial statements are presented in accordance with generally accepted accounting principles and, if not, the basis used for their presentation;
- -The financial statements are prepared on a basis consistent with that of the preceding year, and if not, the respects in which they differ from the preceding year;
- -The financial statements of public entities include for those contracts that were completed during the audit period, a "Statement of Revenues and Expenditures Compared to Budget," presented by program name or contract name and number. This statement is presented by contract name and number for the entire contract period. The financial statements of public entities must also include a "Schedule of State Awards Expended."

The entity files two copies of the audit or financial statements with the Director, Office of Audits, Inspector General, within 180 days after the end of the organization's fiscal year. Additionally, private nonprofit organizations submit one copy of the report to the State Department of Audits and Accounts within the same time period. If an extension of the time period is desired, the State Department of Audits (for private nonprofit entities) or the DPH Office of Audits (for public entities) may waive the requirement for completion if a request is made that shows good cause. The waiver is for an additional period of not more than 90 days, and no such waiver is granted for more than two successive years

to the same entity. A plan of corrective action for all deficiencies disclosed in the audit report must be submitted with the audit report.

#### Role of the DPH Office of Audits

- -Requests the required audit or financial statements, management reports, memoranda and internal documents from those entities that have failed to provide them;
- -Reviews the audit reports for financial settlement amounts, questioned costs, and findings and recommendations;
- -Communicates the dollar amounts of financial settlements to the DPH Division of Finance for settlement;
- -Requests corrective action plans to preclude recurrence of findings from those entities that have failed to provide them;
- -Forwards one copy of the audit report or financial statements to the programmatic Division(s) or Office(s); and
- -Notifies the appropriate DPH programmatic Division(s) or Offices(s) of those entities which have not complied with the filing requirements of this policy as well as the DPH Division of Finance that will impose the appropriate sanctions.

#### **Role of the Programmatic Division**

- -Insures that appropriate programmatic corrective actions are implemented when required by an audit report;
- -Reviews audits for compliance with programmatic performance goals;
- -Enforces corrective action on repeat findings; and
- -Approves or disapproves budget and spending variances.

Details of all these requirements including Definitions of terms and acronyms can be found in DPH Policy AU-02001.

#### IV. FUNDING REQUIREMENT

#### THE LOCAL AGENCY MUST:

- Implement management controls to track and ensure accountability of program funds, assets and property, in accordance with WIC regulations. A penalty of up to \$25,000 may be charged for the misuse or illegal use of program funds, assets or property. This applies to individuals that embezzle, willfully misapply, steal or obtain by fraud, assets or property, whether received directly or indirectly from USDA.
- 2. Have a cost allocation plan that has prior approval from DPH, Division of Finance and the Georgia WIC Program.
- 3. Ensure that the local agency staff complies with guidelines and procedures for

requesting and expending funds awarded to the local agency for special projects. As an addendum to this annex, the Georgia WIC Program shall outline project specific requirements in the "Local Agency Special Projects Terms and Conditions". Grant funds awarded for special projects shall not be used to supplant existing programs. All equipment purchases made with special projects funds are the property of the Georgia WIC Program and shall be transferred back to the state at the termination of the project.

- 4. Maintain complete and accurate documentation of allocated funds received and expended by employing General Accepted Accounting Principles (GAAP) and making these records available for audit upon request of the Georgia WIC Program or the Federal Agency.
- 5. In case of an audit exception, the local agency may be required to repay the Department from the local agency's non-participating funds.
- 6. Federal regulations require the Georgia WIC Program to spend 97% (ninety-seven percent) of its food grant dollars. Failure to meet this mandate may result in the imposition of a penalty. To be consistent with the federal mandate, each local agency will be expected to serve a minimum number of WIC participants as determined by the federal caseload mandate.
- 7. Complete all monthly Bank Exceptions Reports and Cumulative Unmatched Redemption (CUR) Reports received from the State EIC Branch or the Data Processing Contractor and return within the specified time. Local agencies will monitor clinics for compliance. Failure to correct the errors on the CUR Report when moved to Part Two of the report will require a monetary payback to the Georgia WIC Program when the total amount of the redeemed vouchers exceeds \$1,000.00 (one thousand dollars) monthly.
- 8. Place all employees who are paid entirely by WIC funds into the 301 cost pool.
- Ensure that no WIC funds are expended toward a computer system unless the computer system has prior written approval by the State WIC Program and USDA.
- The local agency that participates in Using Loving Support to Manage Peer Counseling agrees to the development, operation and evaluation of supervisory clinic staff and Peer Counselors (PC) as prescribed in guidance developed by Best Start Social Marketing. All peer counseling grant funds will be available as grant-in-aid under Program #329. A Peer Counselor must be a current or former WIC participant and must have breastfed for at least six (6) months. Preferred candidates should have six (6) months of personal breastfeeding experience. The actual number of peer counselors employed may be determined by the Health Director, as long as the individual Peer Counselor hours do not exceed thirty (30) hours a week. A Peer Counselor must be paid a minimum of eleven dollars (\$11.00) per hour.

A Peer Counselor must be reimbursed for all approved work related expenses as stated in the Department of Public Health Travel Regulations. Georgia WIC recommends each local contractor have an equal number of alternate Peer Counselors as hired Peer Counselors. The purpose of alternate Peer Counselors is to have trained replacements immediately available, in the event of a Peer Counselor position vacancy. The grant award will include additional funds of ten dollars (\$10.00) per hour for the training of the alternate Peer Counselors and

when they perform any peer counseling duties. Local contractors may elect to hire additional Peer Counselors or increase the number of hours a Peer Counselor works instead of having alternates. Funds from this grant must not be used to supplant existing WIC financial resources.

- 11. Comply with the Georgia DPH Administrative Policy and Procedures and DPH Grants-to Counties Policies for administration of funds.
- Acquire approval from the State (and USDA) for the purchase of equipment with a base unit cost of \$25,000 or more such as a vehicle or telephone system.
- 13. Acquire approval from the State (and USDA) for the purchase of IT equipment procurement totaling \$100,000 and more (regardless of cost per individual units or components)
- 14. Acquire approval from the State for all purchases over \$5,000 or more (including purchase from WIC local agency sub contractors). State WIC approval must be obtained before procurement expensed can be invoiced.
- 15. Approval to purchase supplies under \$5,000 does not require approval from the State. However, capital expenditures (major equipment or furniture will require approval (if over \$5,000).

#### THE STATE AGENCY MUST:

1. Monitor and track District level expenditures and review those expenditures to insure they are allocable and allowable costs to the grants.

State administration staff will conduct aggregate analysis on a monthly basis to identify irregularities in expenditures by category. This analysis consists of reviewing expenditures by local agency budget and local agency cost category reports. This analysis also includes a determination whether these expenditures are compliant with Subsection II – Basic Cost Principles/WIC Allowable Costs and Subsection IV – Guidelines for Local Agency Cost Allocation Methodology of this manual. These subsections provide the general requirements costs (expenditures) must meet to be an allowable and allocable charge to the WIC grant. These subsections also provide guidance on cost allocation to which Districts must adhere. If an irregularity is identified, the Deputy Director for Administration will request explanation of the irregularity from the Board of Health or request the DPH Audits Section to review the expenditures.

The DPH Audits Section will review sample MIER reimbursement requests. During its district audits, DPH Audits Section samples MIER reimbursement requests to insure documentation reconciles with the request submitted. It also reviews whether the cost associated with the reimbursement are: a) reasonable and necessary and b) allocable to WIC.

State administration staff also reviews specific expenditures with District staff as to their eligibility. This review is conducted in compliance with 2 CFR 225.

2. Ensure Districts do not exceed their budgets.

State administration staff and Division of Finance Staff reconcile district budgets to each district's allocation. Upon distribution of the Budget Allotment Summary Sheets and execution of the Master Agreements, the lead counties for each

district are required to load budgets matching their allotments in the Uniform Accounting System (UAS). UAS is DPH's subsystem for local agency accounting and reporting to the state of Georgia's general ledger accounting system which DPH is required to use. Once the budget is properly loaded in UAS, the UAS budget prevents districts from exceeding their allocation.

#### 3. Conduct District management reviews.

DPH Audits Section performs agreed upon procedures review of District Boards of Health. These are completed for half of the Public Health Districts (nine) each year on a rotating basis. The Audits Section performs the following procedures: a) review of previous audits, b) review of general accounting practices, c) review of expenditures, d) determination of whether the District has conducted its self review and the results of that review, e) review of certification controls, f) review of benefit issuance controls, g) review of WIC voucher security, h) review of asset management, i) review of food instrument accounting, and j), review of Peer Counseling program.

#### V. EQUIPMENT INVENTORY

Maintenance of a complete and accurate inventory of all equipment leased or purchased with WIC funds is an ongoing district responsibility. Updates to the Georgia WIC Program Inventory Database are required whenever new non-ADP equipment over \$1,000 (one thousand dollars) or any computer related equipment or new ADP equipment for any dollar amount has been acquired. Equipment that is transferred, surplused, destroyed or reported stolen or missing also requires an immediate update to the database.

Updating the database falls into one of the two categories: acquisition and status change. It is understood that districts will provide the state office with appropriate and immediate notification of their equipment acquisitions and status changes as follows:

- A. Acquisition: Use the county asset form (See Attachment AD- 28) to log all purchased items over \$1,000.00 and computer related equipment. This form should be sent to the WIC property and equipment specialist twice a year (December and May) along with supporting documents. Acquisition of a new item requires the districts to complete a new record in the database online.
- B. Status Change : Use Transfer Form (See Attachment AD-2)

Change in the status of an item requires the districts to complete the Property Transfer Form (See Attachment AD-2) with appropriate fields marked to reflect that change. Forward the completed form to the Georgia WIC Program electronically or by regular mail. Changes to the master file are then made by WIC Personnel online. Instructions for each status change are listed below:

# 1. Surplus Equipment

Surplus Equipment according to DPH Real and Personal Property Management Manual Regulations.

#### 2. Equipment without Value

Equipment that is no longer valuable and/or usable and is scheduled for destruction must be noted on **Attachment AD-2**. Also attach a Destruction of Surplus Property Affidavit (See Attachment AD-29), which must be signed by the appropriate state authority and returned to the district prior to their taking any action.

#### 3. Missing Equipment and Stolen Equipment

Districts are to complete the Missing or Stolen Property Report (See Attachment AD-30) which gives a brief explanation of the circumstances leading to equipment disappearance. Attach a Police report to this attachment. If the equipment is recovered, complete the Property Transfer Form (see Attachment AD-2); attach an explanation for the equipment reappearance. Forward all forms to the Georgia WIC Program.

Disposed electronic items must be done using a separate Property Transfer Form. Computers, laptops or any item with a hard drive would need to have a computer Tech wipe clean the hard drive and fill out the Information Assets Eradication and Software Removal form (See Attachment AD-31). (This should be done before items are approved and picked up).

# 4. Property Removal Form

Property Removal Form (See Attachment AD-32) is to be used when equipment is taken out of the building.

#### VI. RETROACTIVE BENEFITS AND REIMBURSEMENTS

#### A. Revenue

Any revenue generated as a result of administering the Georgia WIC Program is considered as governmental and/or program income and must be used to further program objectives in accordance with Federal WIC regulations at 7 C.F.R. Part 3016.

#### B. Misuse of Funds

Any vendor, local agency or state agency and/or individual(s) that embezzle willfully misapply, steal or obtain by fraud any funds, assets or property provided (whether received directly or indirectly from USDA) valued at \$100.00 (one hundred dollars) or more will have to pay a penalty of \$25,000 (twenty–five thousand dollars). SFP Regional letter, #250-04, March 8, 2004.

#### VII. LOCAL AGENCY COLLECTIONS

Local agency collections are funds recovered through the collection of local agency claims. The state agency is responsible for monitoring local agency operations including financial management systems (7 C.F.R. Section 246.19(b)). If any food or NSA funding provided to a local agency is misused, diverted from program purposes, or lost as a result of thefts, embezzlements, or unexplained causes, the state agency should assess a claim against the local agency, as well as require the local agency to submit a corrective action plan.

#### SECTION TWO - STATEWIDE COST ALLOCATION PLAN

#### I. INTRODUCTION TO WIC STATEWIDE COST ALLOCATION PLAN

#### **PURPOSE**

The statewide cost allocation plan describes methods for assigning costs to a state or local agency's WIC grant or sub-grant. State and local agencies shall use this guide in assigning costs to WIC, except where other documents, such as an Advance Planning Document (APD), statewide cost allocation plan, indirect cost rate agreement, etc., prescribe other methods.

#### **AUTHORITY**

The WIC authorizing statute at 42 U.S.C. 17(h)(1)(A) provides that FNS shall allocate Federal WIC funds to States each fiscal year "for costs incurred by State and local agencies for nutrition services and administration for such year." The Federal cost principles stated in OMB Circular A-87 (Cost Principles for State, Local, and Indian Tribal Governments), OMB Circular A-122 (Cost Principles for Nonprofit Organizations), and 31 CFR Part 74, Appendix E (Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts With Hospitals) provide general rules for use by the respective types of organizations to which they apply in charging costs to Federal programs for reimbursement by Federal awarding agencies. Program-specific allowable cost rules are found at 7 CFR 246.14 and in written guidance issued by Food and Nutrition Services. This plan implements these authoritative documents with respect to the Georgia WIC Program.

#### **BACKGROUND**

The Congress created the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to serve as an adjunct to good health care for low-income women, infants, and children. Its primary mission is to provide nutritious supplemental foods and nutrition education for such persons during critical times of growth and development.

As important as nutrition is to overall health and well-being, the Congress also recognized that nutritional services without other primary health care and related social services are simply half-measures. Therefore, WIC is also tasked with operating as a front-line health screening and risk assessment program and serving as a linkage or gateway to health care and social services. WIC accomplishes this by performing an aggressive information and referral function.

Many costs incurred by state or local agencies are directly attributable to WIC; these are known as **direct costs**. However, the delivery of WIC benefits has great potential to overlap the health service parameters of a number of other state and federal public health and public assistance programs. Examples of such programs include those funded under Title V of the Maternal and Child Health Block Grant, Community and Migrant Health Centers, Medicaid (especially its Early and Periodic Screening, Diagnostic and Treatment (EPSDT) component), Immunization, Head Start, and the WIC Farmers' Market Nutrition Program. The same costs that benefit WIC often benefit these and other programs as well. Such shared costs must be assigned to programs through a process of allocation.

This is particularly true in cases where state and local agencies have integrated the delivery of program services in order to make them available to clients in a "one-stop shopping" mode.

While this operating method minimizes duplication of effort between programs, it results in different programs sharing many costs. The trend toward the integration of health service delivery magnifies the need for cost allocation systems sophisticated enough to assign WIC its fair share of costs, but not so complex as to create administrative burdens that discourage "one-stop shopping".

#### PUBLIC HEALTH GRANT-IN-AID PROGRAM

Georgia county public health departments are the service-delivery arm of the Department of Public Health. While they are independent legal entities, through the means of a contract, they work with the Division to provide public health services to the citizens of the state.

WIC funds are allocated to the lead county health department as part of the Department's Grant-in-Aid Program and, as such, are recorded into the department's (Uniform Accounting System) UAS computer system. UAS then interfaces with the department's financial records. This allows for the reimbursement to the lead county health department for expenditures and for the preparation of financial reports.

#### **COST DISTRIBUTION**

Programs that are part of public health's Grant-in-Aid to counties (GIA) may have some of their costs direct charged. All of the costs that are direct should be directly charged to a program. The remainder should be allocated.

Costs are collected monthly by the UAS and updated to PeopleSoft. When the update to PeopleSoft occurs, the direct charged programs are posted to their funding sources.

#### **COMPOSITION OF COST**

Direct Costs are those that can be identified specifically with a particular cost objective. All WIC expenditures are direct cost including all employees 100% paid by WIC and non WIC paid employees who occasionally perform WIC services.

#### II. BASIC COST PRINCIPLES/WIC ALLOWABLE COSTS

#### **GENERAL REQUIREMENTS**

The basic guidelines for identifying costs which may be charged to a Federal grant are found in OMB Circular A-87 for state agencies and governmental local agencies, and in A-122 for non-governmental, nonprofit local agencies. These circulars are implemented by departmental regulations at 7 C.F.R. Parts 3016 and 3019. To be deemed an allowable charge to a Federal grant under these guidelines, a cost must:

- A. Be reasonable and necessary to administration of WIC services.
- B. Be treated consistently. This means that costs incurred for the same purpose in like circumstances must be consistently charged to a Federal grant as either direct costs or indirect costs.

- C. Be consistent with and allowable under federal, state and local laws, regulations and policies.
- D. Be determined in accordance with generally accepted accounting principles (except where the applicable Federal cost principles expressly provide otherwise) and adequately documented.
- E. Be net of applicable credits.
- F. Be charged to the correct accounting period.
- G. Not be charged to more than one Federal grant or used to meet a matching or cost sharing requirement for more than one Federal grant, either in the current or a prior accounting period.
- H. Be allocable. A cost is allocable to the Federal grant only to the extent that it benefits the grant's objective.
- I. Costs must be allocated equitably in terms of the benefit derived. To accomplish this requirement, the relative benefit must be approximated through the use of a reasonable method.

A cost is considered **reasonable** if, in nature and amount, it does not exceed what a prudent person would spend for a like item or activity to achieve the program's objectives. Costs incurred to carry out essential WIC functions, and which cannot be avoided without adversely impacting WIC operations, will be considered **necessary**. Costs determined to be reasonable and necessary to meet WIC objectives are allowable charges to the Federal WIC grant, provided these costs meet the other requirements for allow ability. Since the WIC grant is limited in amount, the priority of the expenditure in relation to other demands on available resources must also be considered.

Activities considered necessary to achieve WIC objectives are discussed in this chapter. They may be performed solely for the benefit of meeting WIC objectives, or to meet objectives of both WIC and non-WIC programs. Further, these activities may be performed by WIC-only or multiple-program employees. The costs of the activities are allocable to WIC grant to the extent that the activities are performed to benefit WIC.

#### **COMPONENTS OF FEDERAL WIC GRANT**

WIC's authorizing statute, the Child Nutrition Act of 1966, as amended, provides that a state agency's Federal WIC grant will consist of two components: one for the cost of supplemental food benefits and one for the costs of nutrition services and administration (NSA). Costs necessary to fulfill Program objectives e.g., costs to provide WIC participants with supplemental foods, nutrition education, breastfeeding promotion and support and referral to related health services, are allowable charges to the applicable component of the WIC grant.

#### **NUTRITION SERVICE ADMINISTRATION (NSA) COSTS - GENERAL**

A state or local agency **must** perform the following functions in order to meet WIC objectives: nutrition education, breastfeeding promotion and support, participant certification and caseload management, food delivery, screenings for and referrals to other social and medical service providers and general programs management. Therefore, the costs associated with these

functions are allowable charges to the NSA component of the Federal WIC grant, provided these costs meet the other requirements for allowability.

#### **FOOD COST**

The WIC food delivery system is managed by the Georgia WIC Program.

#### NSA COSTS FOR CLINIC ACTIVITIES

The following activities performed in WIC clinics are considered necessary to meet WIC objectives. Therefore, provided all other requirements for allowability are satisfied, the direct and indirect costs associated with performing these activities are allowable charges to the WIC NSA grant.

# A. <u>Participant Certification/Case Management</u>

- 1. Data Collection and Risk Assessment for Eligibility Determination
  - obtain application data and assess for eligibility name, income, residency, etc.
  - ii) anthropometric screening (heights, weights) and blood work (hematocrit or hemoglobin)
  - iii) obtain and/or score nutritional practices
  - iv) screening for other medical conditions which affect the participant's nutritional status and needs such as substance abuse, food allergies, diabetes, etc. (no laboratory analysis)

#### 2. Case Management

- i) Nutrition care plan development
- ii) Maintenance of participant manual or automated charts/records
- iii) Appointment scheduling, reminders, and reviewing certification/recertification information needed with applicant/participant
- iv) Participation in public health needs assessment/surveillance activities related broadly to maternal and child health as long as WIC has access to information gathered

#### B. Nutrition Education

- Preparing, scheduling, providing group or individual nutrition education
- ii) Preparing nutrition education materials
- iii) Providing High risk nutrition counseling

#### C. Breastfeeding Promotion and Support

- 1. Preparing, scheduling, and providing group or individual breastfeeding promotion and support.
- 2. Preparing breastfeeding promotion and support materials.

# D. <u>Food Delivery</u>

- Development and assignment of WIC food packages.
- 2. Issuing food instruments and accounting for food instrument issuances.

#### E. Health Care Referrals

The costs of some screening (excluding laboratory tests), referrals for other medical/social services such as immunizations, prenatal care, well child care and/or family planning, and follow-up on participants referred for such services, may be charged to the WIC grant. However, the cost of the services performed by the other health care/social service provider to which the participant has been referred shall not be charged to the WIC grant.

A hematological test for anemia such as a hemoglobin, hematocrit, or free erythrocyte protoporphyrin test is the only laboratory test required to determine a person's eligibility for WIC. As such, the cost of a hematological test for anemia is the only laboratory cost that may be charged to the WIC grant. Laboratory tests to screen for other health conditions including, but not limited to, pregnancy, lead and diabetes are not allowable charges to the WIC grant. When WIC operates in a clinic which requires complete blood samples for more complex blood tests, WIC will only pay an agreed upon amount that approximates the cost that WIC would have incurred if it had conducted its own blood tests (hemoglobin, hematocrit or free erythrocyte protoporphyrin tests) for WIC eligibility.

#### **NSA COSTS FOR PROGRAM MANAGEMENT ACTIVITIES**

The following program management activities are considered necessary to meet the Georgia WIC Program objectives; and therefore, the costs associated with conducting these activities are allowable charges to the WIC Nutrition Service Administration grant component.

- A. Maintaining accounting records
- B. Audits
- C. Budgeting
- D. Food instrument reconciliation, monitoring and payment
- E. Vendor Monitoring
- F. Outreach
- G. Visual Collaboration
- H. Individual Nutrition Education
- I. Group Nutrition Education
- J. Individual Breastfeeding Education
- K. Group Breastfeeding Education
- L. Individual Nutrition Education Certification
- M. Individual Nutrition Education Re-Certification
- N. Half-Certification (Children)
- O. Mid-Assessment/Breastfeeding

- P. Administration
- Q. District Services
- R. Trainings/Meetings
- S. Tele health
- T. Tele Medicine
- U. Paid Time Off
- V. Mid-Certification (Infant)

#### **UNALLOWABLE COSTS**

Under no circumstances may the Federal WIC grant be charged in full or in part for the costs of services which are demonstrably outside the scope of WIC's authorizing statute. For example, the WIC grant may be charged to screen WIC participants for immunizations and refer and follow-up on WIC participant immunizations, but WIC may not be charged for the cost to administer the shot, the vaccine or vaccine-related equipment. Further, costs which are specifically disallowed by applicable Federal cost principles may not be charged to the WIC grant.

#### **DISTRIBUTION OF FUNDS TO STATES**

#### Below are the official Regulations for Distribution of Funds to the States:

(7 C.F.R. Section 246.16)

- "b) Distribution and application of grant funds to State agencies. Notwithstanding any other provision of law, funds made available to the State agencies for the Program in any fiscal year will be managed and distributed as follows:
- (1) The State agency shall ensure that all Program funds are used only for Program purposes. As a prerequisite to the receipt of funds, the State agency shall have executed an agreement with the Department and shall have received approval of its State Plan.
- (2) Notwithstanding any other provision of law, all funds not made available to the Secretary in accordance with paragraph (a)(6) of this section shall be distributed to State agencies on the basis of funding formulas which allocate funds to all State agencies for food costs and NSA costs incurred during the fiscal year for which the funds had been made available to the Department. Final State agency grant levels as determined by the funding formula and State agency breastfeeding promotion and support expenditure targets will be issued in a timely manner.
- (i) Back spend authority. The State agency may back spend into the prior fiscal year up to an amount equal to one percent of its current year food grant and one percent of its current year NSA grant. Food funds spent back may be used only for food costs incurred during the prior fiscal year. NSA funds spent back may be used for either food or NSA costs incurred during the prior fiscal year. With prior FNS approval, the State agency may also back spend food funds up to an amount equal to three percent of its current year food grant in a fiscal year for food costs incurred in the prior fiscal year. FNS will approve such a request only if FNS determines there has been a significant reduction in infant formula cost containment savings that affected the State agency's ability to maintain its participation level.
- (ii) Spend forward authority. (A) The State agency may spend forward NSA funds up to an amount equal to three (3) percent of its total grant (NSA plus food grants) in any fiscal year.

These NSA funds spent forward may be used only for NSA costs incurred in the next fiscal year. Any food funds that the State agency converts to NSA funds pursuant to paragraph (f) of this section (based on projected or actual participation increases during a fiscal year) may not be spent forward into the next fiscal year. With prior FNS approval, the State agency may spend forward additional NSA funds up to an amount equal to one-half of one percent of its total grant. These funds are to be used in the next fiscal year for the development of a management information system, including an electronic benefit transfer system.

- (B) Funds spent forward will not affect the amount of funds allocated to the State agency for any fiscal year. Funds spent forward must be the first funds expended by the State agency for costs incurred in the next fiscal year.
- (iii) Reporting requirements. In addition to obtaining prior FNS approval for certain spend forward/back spending options, the State agency must report to FNS the amount of all funds it already has or intends to back spend and spend forward. The spending options must be reported at closeout.
- (c) Allocation formula. State agencies shall receive grant allocations according to the formulas described in this paragraph. To accomplish the distribution of funds under the allocation formulas, State agencies shall furnish the Department with any necessary financial and Program data.
- (1) Use of participation data in the formula. Wherever the formula set forth in paragraphs (c)(2) and (c)(3) of this section require the use of participation data, the Department shall use participation data reported by State agencies according to §246.25(b).
- (2) The funds available for allocation to State agencies for NSA for each fiscal year must be sufficient to guarantee a national average per participant NSA grant, adjusted for inflation. The amount of the national average per participant grant for NSA for any fiscal year will be an amount equal to the national average per participant grant for NSA issued for the preceding fiscal year, adjusted for inflation. The inflation adjustment will be equal to the percentage change between two values. The first is the value of the index for State and local government purchases, as published by the Bureau of Economic Analysis of the Department of Commerce, for the 12-month period ending June 30 of the second preceding fiscal year. The second is the best estimate that is available at the start of the fiscal year of the value of such index for the 12-month period ending June 30 of the previous fiscal year. Funds for NSA costs will be allocated according to the following procedure:
- (i) Fair share target funding level determination. For each State agency, FNS will establish, using all available NSA funds, an NSA fair share target funding level which is based on each State agency's average monthly participation level for the fiscal year for which grants are being calculated, as projected by FNS. Each State agency receives an adjustment to account for the higher per participant costs associated with small participation levels and differential salary levels relative to a national average salary level. The formula shall be adjusted to account for these cost factors in the following manner: 90 percent of available funds shall provide compensation based on rates which are proportionately higher for the first 15,000 or fewer participants, as projected by FNS, and 10 percent of available funds shall provide compensation based on differential salary levels, as determined by FNS.
- (ii) Base funding level. To the extent funds are available and subject to the provisions of paragraph (c)(2)(iv) of this section, each State agency shall receive an amount equal to 100 percent of the final formula-calculated NSA grant of the preceding fiscal year, prior to any operational adjustment funding allocations made under paragraph (c)(2)(iv) of this section. If

funds are not available to provide all State agencies with their base funding level, all State agencies shall have their base funding level reduced by a pro-rata share as required by the shortfall of available funds.

- (iii) Fair share allocation. Any funds remaining available for allocation for NSA after the base funding level required by paragraph (c)(2)(ii) of this section has been completed and subject to the provisions of paragraph (c)(2)(iv) of this section shall be allocated to bring each State agency closer to its NSA fair share target funding level. FNS shall make fair share allocation funds available to each State agency based on the difference between the NSA fair share target funding level and the base funding level, which are determined in accordance with paragraphs (c)(2)(i) and (c)(2)(ii) of this section, respectively. Each State agency's difference shall be divided by the sum of the differences for all State agencies, to determine the percent share of the available fair share allocation funds each State agency shall receive.
- (iv) Operational adjustment funds. Each State agency's final NSA grant shall be reduced by up to 10 percent, and these funds shall be aggregated for all State agencies within each FNS region to form an operational adjustment fund. The Regions shall allocate these funds to State agencies according to national guidelines and shall consider the varying needs of State agencies within the region.
- (v) Operational level. The sum of each State agency's stability, residual and operational adjustment funds shall constitute the State agency's operational level. This operational level shall remain unchanged for such year even if the number of Federally-supported participants in the program at such State agency is lower than the Federally-projected participation level. However, if the provisions of paragraph (e)(2)(ii) of this section are applicable, a State agency will have its operational level for NSA reduced in the immediately succeeding fiscal year.
- (3) Allocation of food benefit funds. In any fiscal year, any amounts remaining from amounts appropriated for such fiscal year and amounts appropriated from the preceding fiscal year after making allocations under paragraph (a)(6) of this section and allocations for nutrition services and administration (NSA) as required by paragraph (c)(2) of this section shall be made available for food costs. Allocations to State agencies for food costs will be determined according to the following procedure:
- (i) Fair share target funding level determination. (A) For each State agency, FNS will establish a fair share target funding level which shall be an amount of funds proportionate to the State agency's share of the national aggregate population of persons who are income eligible to participate in the Program based on the 185 percent of poverty criterion. The Department will determine each State agency's population of persons categorically eligible for WIC which are at or below 185% of poverty, through the best available, nationally uniform, indicators as determined by the Department. If the Commodity Supplemental Food Program (CSFP) also operates in the area served by the WIC State agency, the number of participants in such area participating in the CSFP but otherwise eligible to participate in the WIC Program, as determined by FNS, shall be deducted from the WIC State agency's population of income eligible persons. If the State agency chooses to exercise the option in §246.7(c)(2) to limit program participation to U.S. citizens, nationals, and qualified aliens, FNS will reduce the State agency's population of income eligible persons to reflect the number of aliens the State agency declares no longer eligible.
- (B) The Department may adjust the respective amounts of food funds that would be allocated to a State agency which is outside the 48 contiguous states and the District of Columbia when the State agency can document that economic conditions result in higher food costs for the State agency. Prior to any such adjustment, the State agency must demonstrate that it has

successfully implemented voluntary cost containment measures, such as improved vendor management practices, participation in multi-state agency infant formula rebate contracts or other cost containment efforts. The Department may use the Thrifty Food Plan amounts used in SNAP, or other available data, to formulate adjustment factors for such State agencies.

- (ii) *Prior year grant level allocation.* To the extent funds are available, each State agency shall receive a prior year grant allocation equal to its final authorized grant level as of September 30 of the prior fiscal year. If funds are not available to provide all State agencies with their full prior year grant level allocation, all State agencies shall have their full prior year grant level allocation reduced by a pro-rata share as required by the shortfall of available funds.
- (iii) Inflation/fair share allocation. (A) If funds remain available after the allocation of funds under paragraph (c)(3)(ii) of this section, the funds shall be allocated as provided in this paragraph (c)(3)(iii). First, FNS will calculate a target inflation allowance by applying the anticipated rate of food cost inflation, as determined by the Department, to the prior year grant funding level. Second, FNS will allocate 80 percent of the available funds to all State agencies in proportionate shares to meet the target inflation allowance. Third, FNS will allocate 20 percent of the available funds to each State agency which has a prior year grant level allocation, as determined in paragraph (c)(3)(ii) of this section and adjusted for inflation as determined in this paragraph (c)(3)(iii), which is still less than its fair share target funding level. The amount of funds allocated to each State agency shall be based on the difference between its prior year grant level allocation plus target inflation funds and the fair share funding target level. Each State agency's difference shall be divided by the sum of the differences for all such State agencies, to determine the percentage share of the 20 percent of available funds each State agency shall receive. In the event a State agency declines any of its allocation under either this paragraph (c)(3)(iii) or paragraph (c)(3)(ii) of this section, the declined funds shall be reallocated in the percentages and manner described in this paragraph (c)(3)(iii). Once all State agencies receive allocations equal to their full target inflation allowance, any remaining funds shall be allocated or reallocated, in the manner described in this paragraph (c)(3)(iii), to those State agencies still under their fair share target funding level.
- (B) In the event funds still remain after completing the distribution in paragraph (c)(3)(iii)(A) of this section, these funds shall be allocated to all State agencies including those with a stability allocation at, or greater than, their fair share allocation. Each State agency which can document the need for additional funds shall receive additional funds based on the difference between its prior year grant level and its fair share allocation. State agencies closest to their fair share allocation shall receive first consideration.
- (d) Distribution of funds to local agencies. The State agency shall provide to local agencies all funds made available by the Department, except those funds necessary for allowable State agency NSA costs and food costs paid directly by the State agency. The State agency shall distribute the funds based on claims submitted at least quarterly by the local agency. Where the State agency advances funds to local agencies, the State agency shall ensure that each local agency has funds to cover immediate disbursement needs, and the State agency shall offset the advances made against incoming claims as they are submitted to ensure that funding levels reflect the actual expenditures reported by the local agency. Upon receipt of Program funds from the Department, the State agency shall take the following actions:
- (1) Distribute funds to cover expected food cost expenditures and/or distribute caseload targets to each local agency which are used to project food cost expenditures.

- (2) Allocate funds to cover expected local agency NSA costs in a manner which takes into consideration each local agency's needs. For the allocation of NSA funds, the State agency shall develop an NSA funding procedure, in cooperation with representative local agencies, which takes into account the varying needs of the local agencies. The State agency shall consider the views of local agencies, but the final decision as to the funding procedure remains with the State agency. The State agency shall take into account factors it deems appropriate to further proper, efficient and effective administration of the program, such as local agency staffing needs, density of population, number of persons served, and availability of administrative support from other sources.
- (3) The State agency may provide in advance to any local agency any amount of funds for NSA deemed necessary for the successful commencement or significant expansion of program operations during a reasonable period following approval of a new local agency, a new cost containment measure, or a significant change in an existing cost containment measure.
- (e) Recovery and reallocation of funds. (1) Funds may be recovered from a State agency at any time the Department determines, based on State agency reports of expenditures and operations, that the State agency is not expending funds at a rate commensurate with the amount of funds distributed or provided for expenditures under the Program. Recovery of funds may be either voluntary or involuntary in nature. Such funds shall be reallocated by the Department through application of appropriate formulas set forth in paragraph (c) of this section.
- (2) Performance standards. The following standards shall govern expenditure performance.
- (i) The amount allocated to any State agency for food benefits in the current fiscal year shall be reduced if such State agency's food expenditures for the preceding fiscal year do not equal or exceed 97 percent of the amount allocated to the State agency for such costs. Such reduction shall equal the difference between the State agency's preceding year food expenditures and the performance expenditure standard amount. For purposes of determining the amount of such reduction, the amount allocated to the State agency for food benefits for the preceding fiscal year shall not include food funds expended for food costs incurred under the spendback provision in paragraph (b)(3)(i) of this section or conversion authority in paragraph (g) of this section. Temporary waivers of the performance standard may be granted at the discretion of the Department.
- (ii) Reduction of NSA grant. FNS will reduce the State agency's NSA grant for the next fiscal year if the State agency's current fiscal year per participant NSA expenditure is more than 10 percent higher than it's per participant NSA grant. To avoid a reduction to its NSA grant level, the State agency may submit a "good cause" justification explaining why it exceeded the applicable limit on excess NSA expenditures. This justification must be submitted at the same time as the close-out report for the applicable fiscal year. Good cause may include dramatic and unforeseen increases in food costs, which would prevent a State agency from meeting its projected participation level.

## DISTRIBUTION OF FUNDS TO LOCAL AGENCIES

7 C.F.R. Part 246 requires each state that receives Food and Nutrition Services Administration (NSA) Funds must be assigned an initial caseload target.

The Georgia WIC Program Local Agency Funding Front-end Methodology is patterned after the Federal funding formula. The formula is designed to provide greater initial funding, but includes a reward for those local agencies that exceed the initial assigned caseload.

The methodology discussed below as Option A allows those local agencies that are experiencing growth to receive a larger share of NSA funds on the front-end. Agencies failing to meet caseload are assigned Option B for funding.

## Funding Options:

- A. Local agencies that meet or exceed caseload targets using the current Federal fiscal year four-month closeout, one month (30) day and one month (issued) will be assigned a new target using the highest one-month participation.
- B. Local agencies that do not meet caseload targets using the current Federal fiscal year four-month closeout, one month-30 day and one month (issue) will be assigned a six-month average caseload target.

Each Federal fiscal year WIC management establishes the amount of NSA funds to be made available to the local agency. The local agency funding formula is established by using two (2) formulas:

Each Federal fiscal year, WIC management establishes the amount of NSA funds to be made available to the local agency. The local agency funding formula is established by using two (2) formulas:

- 1. Initial funding dollars ÷ statewide caseload ÷ 12 months = Rate.
- 2. Caseload x Rate x 12 months = Local Agency Allocation.

Occasionally, additional NSA funds become available for local agency allocations. The additional funds are allocated using the funding formula, but with no increase in assigned caseload.

## PARTICIPATION COST ADJUSTMENT

- A. Participant Cost Adjustment will be accessed to Local Agencies that are not averaging their assigned caseload for the current federal fiscal year. The adjustment will be based upon the first four (4) months closeout, the issue month and the Thirty-Day report (October through March). The monetary adjustment will be based upon six (6) months average participation times the original funding rate.
  - 1. Current federal fiscal year initial funding rate x current 6 month average participation x 12 months = Participant Cost Adjustment.
- B. Participate Cost Adjustment will be allocated in the next federal fiscal year to the Local Agencies that exceed their prior year assigned caseload. This allocation will be made based upon the availability of NSA funds and State Management discretion. The Participant Cost Adjustment funding formula is as follows:
  - 1. Prior federal fiscal year initial funding rate x participant(s) that exceeds caseload x 12 months = Participant Cost Adjustment.

### **LOCAL BUDGETS**

During March through June of each fiscal year, WIC Management determines district allocations by Georgia WIC Local Agency Front-end Methodology as described above. Upon completion of the allocation, WIC Management will disseminate these allocations to the NSDs to use for district planning.

During June through July of each fiscal year, WIC Management will forward the allocations to the DPH Division of Finance to distribute to the District Board of Health Offices through its annual Budget Allotment Summary sheets.

Changes in funding levels due to changes in federal allocations are allocated based on the WIC Local Agency Funding Methodology and budget amendments are made through the Budget Allotment Summary sheets.

Changes due to individual local agency needs are allocated based on special project requests. Districts requiring additional funding for projects such as clinic renovations are required to submit proposals including cost estimates and architectural plans. Once approved by Georgia WIC, Georgia WIC will submit to USDA for approval. Once USDA approves such projects, funds for that project are distributed through Budget Allotment Summary sheets.

### PERFORMANCE STANDARD

WIC Management may establish performance standards that may increase participation over and above the assigned caseload formula.

### **DEVELOPMENT OF ALLOCATIONS STANDARDS FOR DISTRICTS**

When necessary, the WIC Director will convene a committee to develop allocation standards. This committee will consist of District Health Directors, District Health Administrators, District Nutrition Services Directors (NSDs) and the appropriate state level staff. The WIC Director will charge this committee with making recommendations for allocation standards and formula adjustments when appropriate.

### **COST- RELATED COMPLIANCE REQUIREMENTS**

WIC's authorizing statute and program regulations at 7 CFR, section 246.14(c) require a State to incur a stated level of cost for each of two functions, nutrition education, breastfeeding promotion and support.

During each fiscal year, each state agency shall expend, for nutrition education activities and breastfeeding promotion and support activities, an aggregate amount that is not less than the sum of one-sixth of the amount expended by the state agency for costs of NSA and an amount equal to its proportionate share of the national minimum expenditure for breastfeeding promotion and support activities. The amount to be spent on nutrition education shall be computed by taking one-sixth of the total fiscal year NSA expenditures. The amount to be spent by a state agency on breastfeeding promotion and support activities shall be an amount that is equal to at least its proportionate share of the national minimum breastfeeding promotion expenditure as specified in paragraph (c)(1) of this section. The national minimum expenditure

for breastfeeding promotion and support activities shall be equal to \$21 multiplied by the number of pregnant and breastfeeding women in the Program, based on the average of the last three months for which the Department has final data. On October 1, 1996 and each October 1 thereafter, the \$21 will be adjusted annually using the same inflation percentage used to determine the national administrative grant per person. If the state agency's total reported nutrition education and breastfeeding promotion and support expenditures are less than the required amount of expenditures, FNS will issue a claim for the difference. The state agency may request prior written permission from FNS to spend less than the required portions of its NSA grant for either nutrition education or for breastfeeding promotion and support activities. FNS will grant such permission if the state agency has sufficiently documented that other resources, including in-kind resources, will be used to conduct these activities at a level commensurate with the requirements of this paragraph (c)(1). However, food costs used to purchase or rent breast pumps may not be used for this purpose. Nutrition education costs are limited to activities which are distinct and separate efforts to help participants understand the importance of nutrition to health. The cost of dietary assessments for the purpose of certification, the cost of prescribing and issuing supplemental foods, the cost of screening for drug and other harmful substance use and making referrals to drug and other harmful substance abuse services, and the cost of other health-related screening shall not be applied to the expenditure requirement for nutrition education and breastfeeding promotion and support activities. The Department shall advise state agencies regarding methods for minimizing documentation of the nutrition education and breastfeeding promotion and support expenditure requirement. Costs to be applied to the one-sixth minimum amount required to be spent on nutrition education and the target share of funds required to be spent on breastfeeding promotion and support include, but need not be limited to:

- (i) Salary and other costs for time spent on nutrition education and breastfeeding promotion and support consultations whether with an individual or group;
- (ii) The cost of procuring and producing nutrition education and breastfeeding promotion and support materials including handouts, flip charts, filmstrips, projectors, food models or other teaching aids, and the cost of mailing nutrition education or breastfeeding promotion and support materials to participants;
- (iii) The cost of training nutrition or breastfeeding promotion and support educators, including costs related to conducting training sessions and purchasing and producing training materials;
- (iv) The cost of conducting evaluations of nutrition education or breastfeeding promotion and support activities, including evaluations conducted by contractors;
- (v) Salary and other costs incurred in developing the nutrition education and breastfeeding promotion and support portion of the State Plan and local agency nutrition education and breastfeeding promotion and support plans; and
- (vi) The cost of monitoring nutrition education and breastfeeding promotion and support activities.
- (2) The cost of Program certification, nutrition assessment and procedures and equipment used to determine nutritional risk, including the following:
- (i) Laboratory fees incurred for up to two hematological tests for anemia per individual per certification period. The first test shall be to determine anemia status. The second test may be performed only in follow up to a finding of anemia when deemed necessary for health monitoring as determined by the WIC state agency;

- (ii) Expendable medical supplies;
- (iii) Medical equipment used for taking anthropometric measurements, such as scales, measuring boards, and skin fold calipers; and for blood analysis to detect anemia, such as spectrophotometers, hematofluorometers and centrifuges; and
- (iv) Salary and other costs for time spent on nutrition assessment and certification.
- (3) The cost of outreach services.
- (4) The cost of administering the food delivery system, including the cost of transporting food.
- (5) The cost of translators for materials and interpreters.
- (6) The cost of fair hearings, including the cost of an independent medical assessment of the appellant, if necessary.
- (7) The cost of transporting participants to clinics when prior approval for using Program funds to provide transportation has been granted by the state agency and documentation that such service is considered essential to assure Program access has been filed at the state agency. Direct reimbursement to participants for transportation cost is not an allowable cost.
- (8) The cost of monitoring and reviewing Program operations.
- (9) The cost, exclusive of laboratory tests, of screening for drug and other harmful substance use and making referrals for counseling and treatment services.
- (10) The cost of breastfeeding aids which directly support the initiation and continuation of breastfeeding."

Each health district is responsible for expending 22% (twenty-two percent) of its total expenditures towards Nutrition Education and 9% (nine percent) of its total expenditures toward Breastfeeding Education and Promotion. Failure to expend the required amount will result in the following Federal fiscal year allocation being reduced by the difference.

### III. METHOD FOR CHARGING THE COST OF WAGES AND SALARIES

#### **AUTHORITY**

A state or local agency must record data on WIC employees and non WIC paid employees that perform WIC services. Time and effort of employees engaged in WIC cost objectives must provide documentation supporting the distribution of time and effort. The recording of employees compensated time to WIC must be supported by a Personnel Activity Record System (PARS). This documentation should reflect a real time recording of the actual activity performed (2 CFR 225 Appendix B, paragraph 11.h (1) - (2); 2 CFR 230 Appendix B, paragraph 7.m (1); 45 CFR Part 92, Appendix E, paragraph 1X, B, 7, C).

## PERSONNEL ACTIVITY REPORT SYSTEM (PARS)

Personnel Activity Report System (PARS) is a time keeping system that allows you to post time for WIC services. This document will illustrate a step by step method of recording time spent for Programs and Activities.

### **RULES FOR PARS**

 All 100% WIC paid employees must record a full day work by Program and Activity using PARS

- All non WIC paid employees that perform any WIC services must record a full day of work by Program and Activity using PARS.
- Non WIC paid employees that do not perform any WIC services are not required to use PARS
- WIC dollars will not be allocated to paid non WIC staff for paid time off (breaks, sick, vacation, etc.) unless the non WIC paid employees record all Programs and Activities for a full work day on a daily basis using PARS
- If a non WIC paid employee records a full days work by Program and Activity, WIC's fair share may be allocated using PARS for charges distributed across all Programs for paid time off
- WIC cannot be charged for employees that are paid via Local Agency's State Approved Cost Allocation Plan (Indirect cost)
- WIC cannot be charged for employees that are paid via County's Approved Central Services Cost Allocation Plan
- All history to be maintained for each employee regardless of employee's status changes from WIC District to Non-WIC Direct and back.

### **SPECIAL REPORTS**

The district will be able to create ad hoc district specific reports using the limited data elements used for the Georgia State Reports (line lists can be obtained via CSV files). Reports cannot be created if the data elements are not currently captured.

## PERSONNEL ACTIVITY REPORT SYSTEMS (PARS) ACCESS

Locate the PARs icon then double click to open the application Enter your Employee ID- numeric field that must be at least 6 characters in length. Enter Password- Passwords must be at least 4 characters in length. Input can be alpha or numeric or a combination.



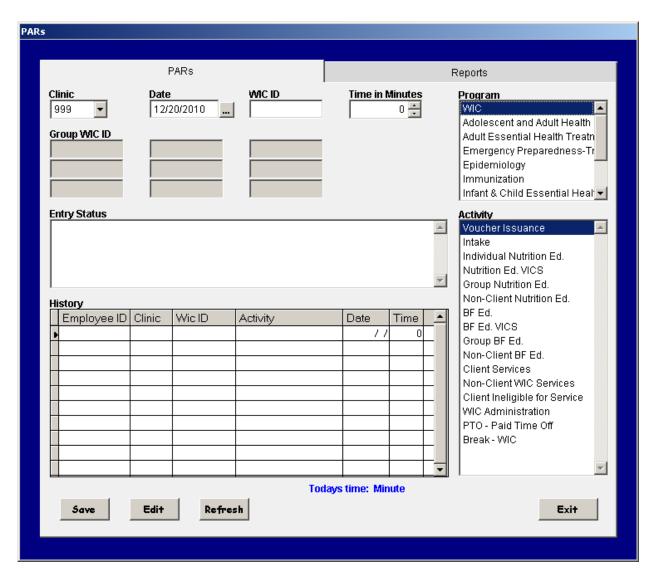
If you have forgotten your password, click on the "Forget Your Password?" located at the bottom of the PARs Login window. The below window will appear. You will need to contact the Help Desk at **(800)796-1850** for a reset. Please provide the Help Desk with your Employee ID and Full Name.



Once the application has been launched the following screen displays. PARs displays with tabs for easy access. The PARs tab is for time entry and the Reports tab displays the reports available to you based on the permissions assigned to your login. Every user will have a reports tab that will include at least one report that allows you to monitor your daily time entry.

## **PROGRAM / ACTIVITIES**

There are multiple Programs and Activities to choose from. Selecting a Program on the right will display the Activities associated with that program below. Break have been added for time entry to all Programs. Paid Time Off is currently only associated with the WIC Program. You will notice the WIC Program is the default upon entry into PARs.



- Clinic Choose the Clinic where services are being provided from the drop down.
- Date The Date defaults to today's date, but can be modified if posting time for a
  previous date up to 14 calendar days. If a date is entered older than 14 calendar days
  the following message will display. You will need to correct the date field before
  proceeding.



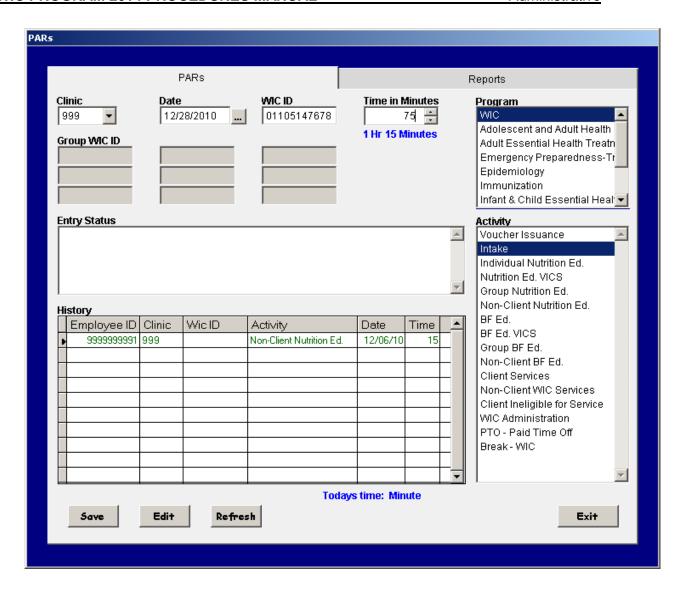
Note: If the date field is modified, that date will remain on all entries until a new date is added.

Next to the date field is an ellipses by clicking on this button a calendar will display.

You can click on a specific day in the calendar which will populate the Date on the time entry screen.



• WIC ID – Enter a valid WIC ID for the WIC client in which services have been provided.



 Time – You can select the amount of time spent providing the service by clicking the up/down arrows to the right of the field. The time may also be manually entered in minutes.

**NOTE:** If 1 hour 15 minutes was spent on an activity the time must be entered as 75 minutes. The screen clip gives you an example of how the Time entry should appear. The time will be entered in minutes, notice below the Time Entry field that the hour and minute displays for you to verify that the time entered is correct.

- Activity Choose from the list the type of service being provided. There are now sixteen
  options to choose from under the WIC Program:
  - a) Voucher Issuance
  - b) Intake
  - c) Individual Nutrition Ed.
  - d) Nutrition Ed. VICS

- e) Group Nutrition Ed.
- f) Non-Client Nutrition Ed.
- g) BF Ed.
- h) BF Ed. VICS
- i) Group BF Ed.
- j) Non-Client BF Ed. No WIC ID Required
- k) Client Services
- I) Non-Client WIC Services No WIC ID Required
- m) Client Ineligible for Service No WIC ID Required
- n) WIC Administration No WIC ID Required
- o) PTO Paid Time Off No WIC ID Required
- p) Break No WIC ID Required

### WIC client based services that must include the WIC ID number are:

#### Client Services

➤ Height and weight measurements done by non CPA staff, hemoglobin done by non CPA staff, interpreter services that are not specifically nutrition education or breastfeeding, certification procedures that are not specifically nutrition education or breastfeeding. Phone calls that can be tied to a WIC ID number and is easily accessible.

### 2. Individual Nutrition Education

- Nutrition education provided by CPA's at certification, recertification, voucher pickup, infant mid assessment, or secondary contact (Low or high risk follow up).
- ➤ Low risk secondary education provided by a Nutrition Assistant (NA).
- Language interpretation for nutrition education.

## 3. Group Nutrition Education.

- Group setting nutrition education provided by CPA or NA.
- Language interpretation for group nutrition education.
- Group nutrition education documentation will require multiple WIC ID numbers. You will enter each WIC ID number and the total number of minutes for the class. The system will calculate time per participant based on the total time and total number of participants.

### 4. Nutrition Education VICS

- Individual nutrition education provided to clients by CPA'S via VICS at certification, recertification, voucher pick up, infant mid assessment or secondary contact
- Low risk secondary education provided by CPA or NA via VICS
- Language interpretation for nutrition education provided via VICS

## 5. Individual Breast Feeding Education.

- Nutrition education related to breastfeeding provided by CPA's at certification, recertification, infant mid assessment, or secondary contact (low or high risk follow up).
- ➤ Low risk secondary education provided by a Nutrition Assistant (NA).
- Language interpretation for individual breastfeeding education.

## 6. Group Breastfeeding Education

- Group setting breastfeeding nutrition education provided by CPA or NA
- Language interpretation for group breastfeeding education.
- ➤ Group breastfeeding education documentation will require multiple WIC ID numbers. You will enter each WIC ID number and the total number of minutes for the class. The system will calculate time per participant based on the total time and total number of participants.

## 7. Breastfeeding Education VICS

- Individual breastfeeding education provided to clients by CPAS via VICS at certification, recertification, voucher pick up, infant mid assessment or secondary contact
- Low risk secondary breastfeeding education provide by CPA or NA via VICS
- Language interpretation for breastfeeding education provided via VICS

### 8. Voucher Issuance

- Vouchers issued to clients at certification, recertification, infant mid assessment, or secondary contact (Low or high risk follow up).
- Language interpretation for voucher issuance

### 9. Intake

- At certification and recertification when income, ID, residency and demographics are collected and financial eligibility is determined.
- Language interpretation at intake process.

### 10. Nutrition Education VICS

Nutrition education as during certification and recertification, or delivery of secondary and high risk nutrition education when used via VICS- (Video Conferencing)

## 11. Breastfeeding Education VICS

Breastfeeding education as during certification and recertification, or delivery of secondary and high risk nutrition education when used via VICS- (Video Conferencing)

### • WIC client based services that are not tied to a WIC ID number are:

## 1. Non client WIC services

WIC services that are provided to benefit WIC or potential WIC clients

Examples include phone calls, appointments without ID number, reports, chart audits, batching, equipment maintenance, creating client schedules, inventories, ordering medical supplies, making copies, , staff meeting, and language interpretation for any of the above.

## 2. Client ineligible for service

> Time spent on intake and client cannot be assigned WIC ID # due to ineligibility.

### 3. Non client Nutrition Education

Time spent on non client nutrition education such as nutrition education displays, bulletin boards, class prep, and nutrition education material creation, and annual nutrition education plan, procurement of nutrition education supplies, continuing nutrition education for staff, language interpretation for any of the above.

## 4. Non client Breastfeeding Education

Time spent on non client breastfeeding education such as breastfeeding coordinator activities, preparing breastfeeding classes, breastfeeding displays, bulletin boards, breastfeeding education material creation, procurement of breastfeeding supplies, breastfeeding continuing education for staff, language interpretation for any of the above.

### 5. WIC Administration

Any paid personnel time spent to the benefit of the WIC program that cannot be tied to another activity or cost objective. Example, personnel management (performance management plan), preparing/reviewing reports such as participation, processing standards, etc.

### 6. WIC PTO (Paid Time Off)

- Staff paid from the 301 cost pool budget would put their annual and sick leave in this category
- Staff paid from the 001 county budgets can only count a proportion of their time to this category based on the percentage of time they work on WIC services if they do continuous time reporting, i.e. record every minute of every day they work. Example, they must record their full day on the days they work in the WIC program and the days they don't do any work in the WIC program.

### 7. Break - WIC

➤ Staff paid from 301 cost pool budget would put any paid break time in this category. Note, lunch is non paid time and should not be entered into the Break – WIC category.

Staff paid from the 001 county budgets can only enter a proportion of their time in this category based on the percentage of time that they perform WIC services if they do continuous time reporting, i.e. record every minute of every day they work. Example, they must record their full day on the days they work in the WIC program and the days they don't do any work in the WIC program.

Once the information has been input, click the Save button. The information will immediately be sent to CSC via WebServices. You will need to ensure the computer has internet access. If a Client has had multiple services provided, you can choose each one individually and enter a line for each service provided and amount of time spent

NOTE: The ID number will remain for additional activities until a new ID is entered. PTO (Paid Time Off) is a new activity. This is the only activity within PARs that allows you to post date time to the system. Your entries can be entered for up to 17 days in advance. PARs will display the following message if you exceed the date range. The error message also displays the date that cannot be exceeded for your convenience. This date is calculated 17 days out from today's date.



The following is a list of Programs and Activities, available in PARs for time entry. **WIC** 

- Voucher Issuance
- Intake
- Individual Nutrition Ed.
- Nutrition Ed. VICS
- Group Nutrition Ed.
- Non-Client Nutrition Ed. No WIC ID Required
- BF Ed.
- BF Ed. VICS
- Group BF Ed.
- Non-Client BF Ed. No WIC ID Required
- Client Services
- Non-Client WIC Services No WIC ID Required

- Client Ineligible for Service No WIC ID Required
- WIC Administration No WIC ID Required
- PTO Paid Time Off
- Break-WIC

### **Adolescent and Adult Health Promotion**

- Adolescent Health and Youth Development
- Cancer Screening and Prevention
- Family Planning
- Health Promotion
- Tobacco Use Prevention
- Break-Adolescent and Adult Health Promotion

### **Adult Essential Health Treatment Services**

- Cancer State Aid
- Hypertension Management
- Refugee Health Services
- Break Adult Essential Health Treatment Services

## **Emergency Preparedness-Trauma System**

- Emergency Medical Services
- Preparedness Coordination for Emergencies
- Trauma System
- Injury Prevention
- Break Emergency Preparedness- Trauma System

## **Epidemiology**

- Epidemiology
- Laboratory Services-Health Info & Assessment
- Break Epidemiology

#### **Immunization**

- Immunization
- Break Immunization

### Infant & Child Essential Health Treatment Services

- Babies Born Healthy
- Babies Can't Wait
- Children's Medical Services

- Genetics/Sickle Cell
- Infant & Child Oral Health
- Prenatal/Maternal Health
- Regional Tertiary Care Centers
- Break Infant & Child Essential Health Treatment

### **Infant & Child Health Promotions**

- Comprehensive Child Health
- ICHP Lab Services
- Nutrition-Woman, Infants and Children
- Break Infant & Child Health Promotions

### Infectious Disease Control

- HIV/Aids
- Laboratory-Infectious Disease
- Sexually Transmitted Disease Treatment and Control
- Tuberculosis Treatment and Control
- Break Infectious Disease Control

### **Inspections and Environmental Hazard Control**

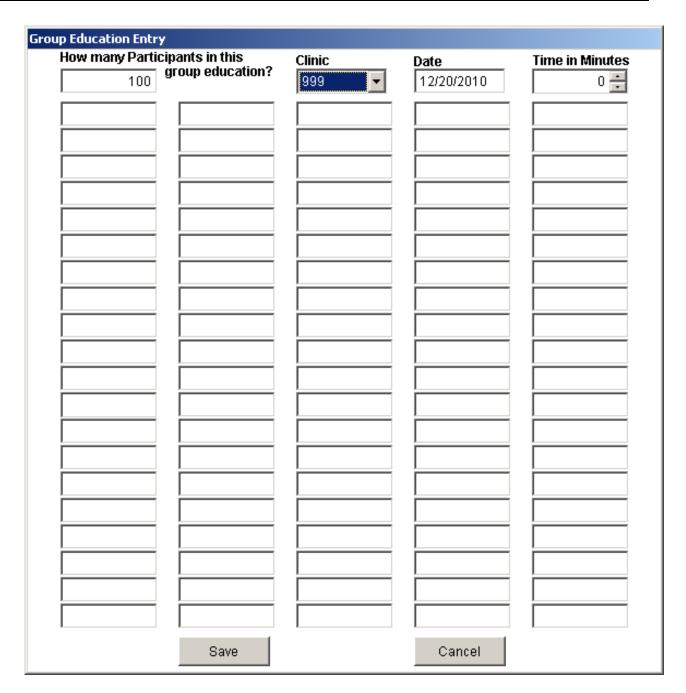
- Environmental Health
- Laboratory Environmental Health
- Break Inspections and Environmental Hazard

## **County Services**

- County Services
- Break County Services

## **GROUP ACTIVITY**

When entering any type of group education classes in the activity box, a pop up screen will appear, that allows you to enter the number of clients participating in the class, up to 100. The screen defaults to 10 available spaces for ID numbers. Enter the number of clients attending the class in the specified box. This will expand the number of ID boxes available for entry. See the example below.



Enter the ID#'s in the spaces provided then enter the time in minutes for the length of the class. Upon Save you will be taken back to the main PARs screen, the information will display in the Grid.

The ID#'s displayed in the Grid are the beginning ID # of each set of 10. To edit a specific group make the selection in the Grid then select Edit to make the appropriate changes. The time entered will automatically break down accordingly, based on the number of participants attending and the length of the class for the group.

By monitoring the Grid, it identifies whether CSC received your entry successfully or if there was a problem with the record. The Grid will display entries in, Green, Blue or Red.

**Green** – Successful record has been sent to CSC.

**Blue** – If a record displays in Blue in the Grid once Save has been pressed, this means that the record has not yet been sent to CSC. You should check and verify if you are able to access the internet, if not, the record will be sent once connection is restored. If you find you are able to access the internet successfully, but the record is still not sending, please contact the CSC help desk at (800)796-1850 for assistance.

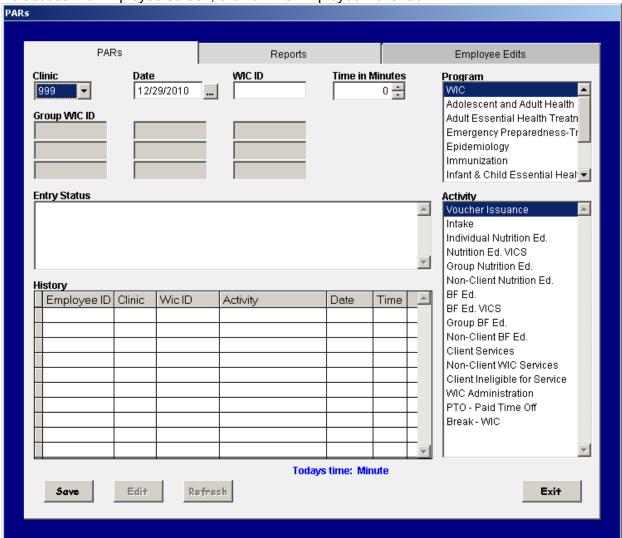
Red - If a record is displayed in red verify the information input is correct. The Entry Status box, displays the information that needs verification. If this is one of the Group Activities, and an invalid ID(s) display in the Entry Status field, you will need to select the appropriate entry from the Grid and click the edit button to display the Group WIC ID's assigned to the activity. If the participant was terminated and is coming back onto the program, or if they are a new participant the ID# will not yet be on file. If you determine that all information is correct leave the record as is, then once the ID# is in the CSC database the record will update when Save is selected. NOTE: If the record returns as Green nothing will appear in the Entry Status Box. To Edit, select the record in the Grid by clicking in the gray box to the left of the ID#, this will place an arrow next to the record, then press Edit. This places the information at the top of the time entry window where corrections can be made. Editing cannot be done within the Grid. Once the corrections have been made, press Save to update the information. If you determine you have selected the incorrect record in the Grid or the record does not need editing, you may click the Undo button. This will take you back to the point before Edit was pressed.

### PARS EMPLOYEE EDITS

PARs, has an Administrative function that allows you as an Administrator to Add/Edit Employee information. CSC still maintains the Administrator setup for PARs, but once setup, the Administrator can maintain employee information within their district.

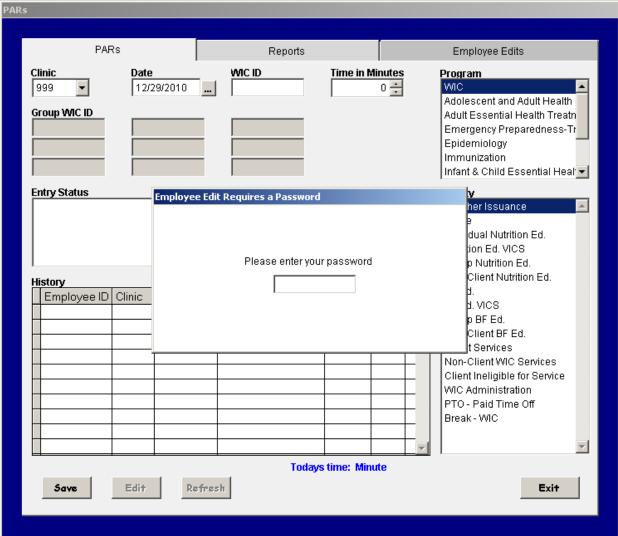
This document will step you through the procedures of adding, editing or deactivating an employee.

To access the Employee screen, click on the Employee Edits tab.



**Note:** This tab is only available if an Employee has been granted Administrative access to PARs.

Since this is an Administrative function you will be required to re-enter your password to gain access. Below is an example of the password screen.

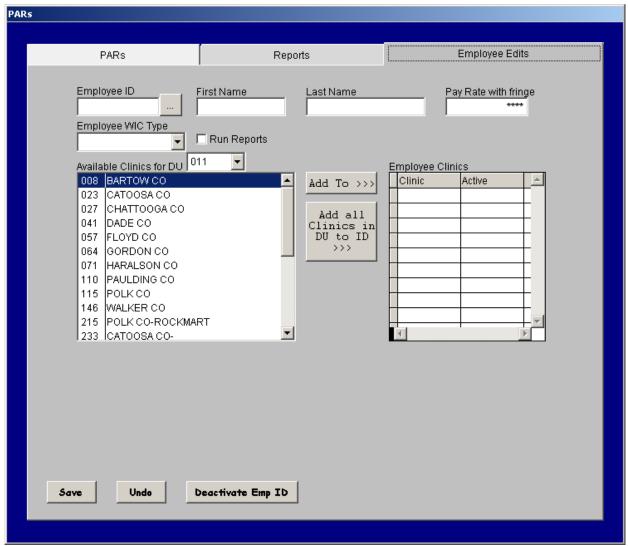


Once you have entered your password, press <Enter>. If you have entered an invalid password you will receive the following message.



Click Ok. This will take you back to the PARs screen, click Employee Edits tab again to be prompted to enter the password. Then press the <Enter> on your keyboard.

Once you have entered the correct password, you will then be taken into the Employee screen.



Enter the Employee number, if this is a new Employee, you will need to enter the First Name, Last Name and the Pay Rate with Fringe. This will be the employee's hourly rate of pay. You will need to key the decimal between the dollars and cents.

NOTE: The rate of pay will display with asterisks until you place the cursor within this field.

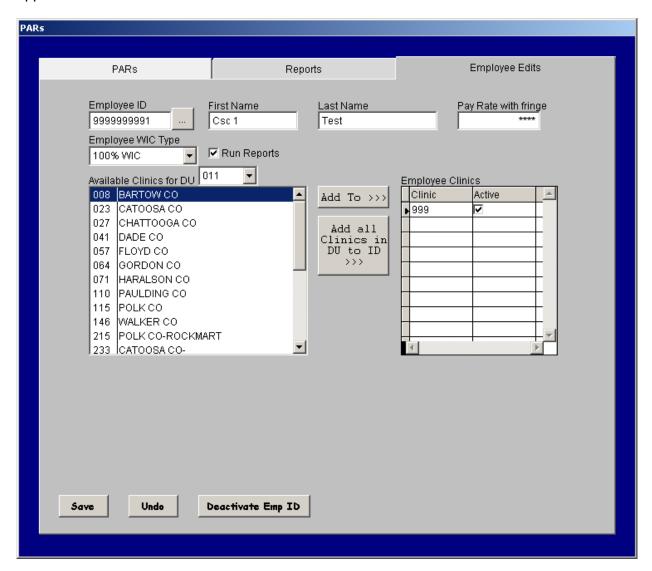
Choose the Employee WIC Type from the drop down. The options available are 100% WIC or Non-WIC.

Place a check mark in the box next to reports if the employee should be granted permissions to run <u>All</u> PARs reports. **Do not place a check mark in this box for the employee to access their personal Daily activity report. All employees have permissions to access their personal time entry report.** 

Select the clinic on the left side of the window, the employee is to be assigned to, then click the Add To button to add that clinic to the grid on the right side of the window. If they are to be assigned to more than one clinic select the next clinic, then the Add to button again for each clinic. If the employee needs to be assigned to all clinics within the district then choose the "Add all Clinics in DU to ID".

**NOTE:** The clinic selection is limited to the Clinics within your district unit.

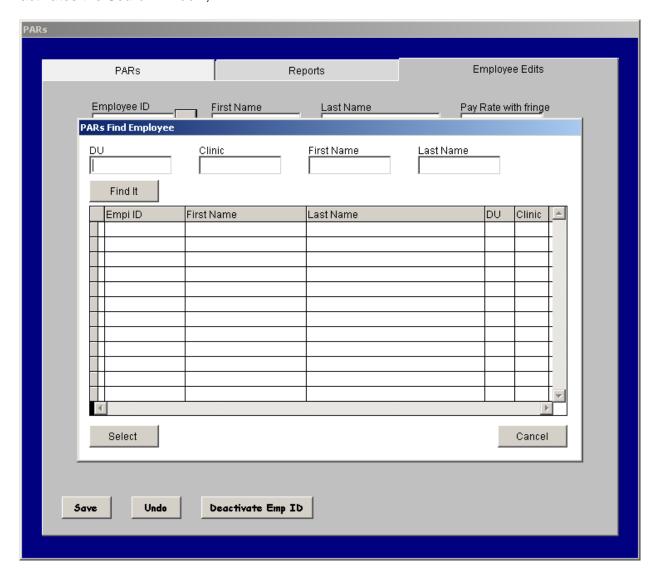
Once the clinic(s) is selected and added to the Grid a check mark will be placed in the Active box located next to the clinic in the Grid. See the screen clip below to see how the window will appear.



If you have selected an incorrect clinic from the list, you can click in the column labeled Active to remove the check mark, next to that clinic.

Click Save this will add the employee information to the employee database, stored at CSC.

To search for an employee click on the ellipses next to the employee ID. \_\_\_\_\_\_ This activates the Search window.



A search can be defined by District/Unit, Clinic First Name or Last name, then click Find It. If available the employees information will display in the Grid. To select the employee click in the Gray box to the left of the employee ID this will place an arrow next to the employee, click Select.

The Undo button will allow you to remove information that was keyed, <u>if Save has not yet been</u> selected, it will not remove an employee.

Deactivate Emp ID: Enter the employee ID and select the Deactivate Emp ID Button, this removes the check mark from Emp\_active status field within the grid. This will remove the check marks from **all** clinics they have been assigned to. If they only need to be deactivated

from certain clinics, in this case, you would only need to click on the check box to remove the check mark from that specific clinic assignment so they will not be able to add time for that clinic. Once you have completed this step, click Save.

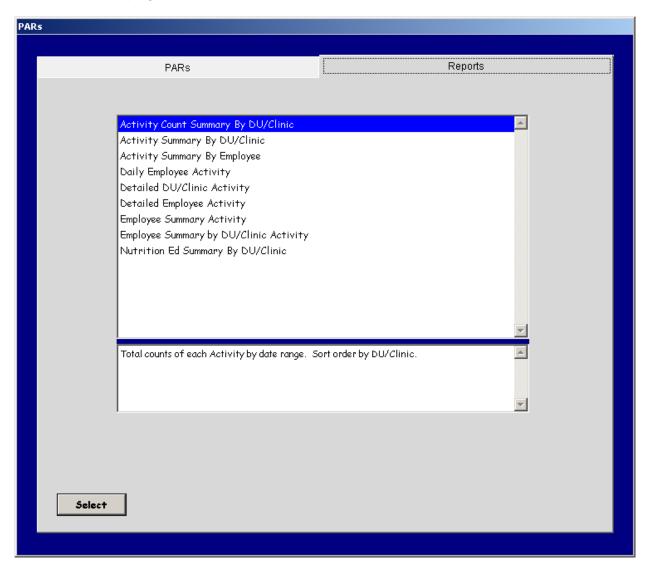
To Edit an Employees record, such as changing their rate of pay or correcting the spelling of a name. Access employee edit as above, then enter the Employee ID, this will populate the fields with the employee's information. To Edit the Rate of Pay click in that field and change the pay rate. **NOTE:** The rate of pay will display with asterisks until you place the cursor within this field. Click Save.

### **PARS REPORTS**

PARs reports are accessible through the PARs time keeping system. The ability to run PARs reports is available to employees who have been given rights by their PARs Administrator within the District.

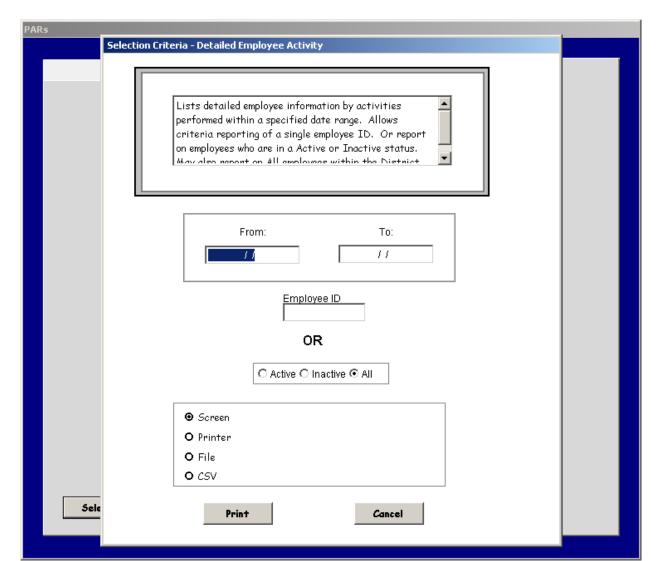
**Note**: The PARs Report tab is available to all users so that they may monitor their daily time entry input.

From the PARs time keeping screen click on the Reports tab.



This document is an overview of the catalog of reports available in PARs.

• You may select a report by double clicking on a report name or by clicking on a report name then choosing the select button in the lower left portion of the screen.



Below is a view of the Selection criteria window.

Each selection criteria screen contains a description of the report. The criterion shown depends on the report selected. Each selection criteria window contains the following radio button options.

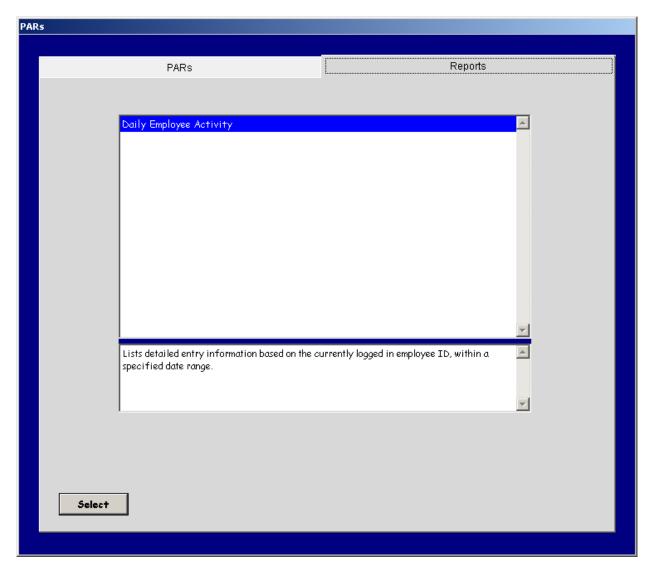
- Screen This allows you to display the report on screen instead of printing.
- Printer Sends the selected report to the default printer.
- File Allows printing to a designated file on your local computer or a network drive.
- CSV By selecting to print to CSV creates a CSV folder in the C:\Program Files\PARs folder. The CSV report is saved in an Excel Spreadsheet format.

### Reports Available in PARs

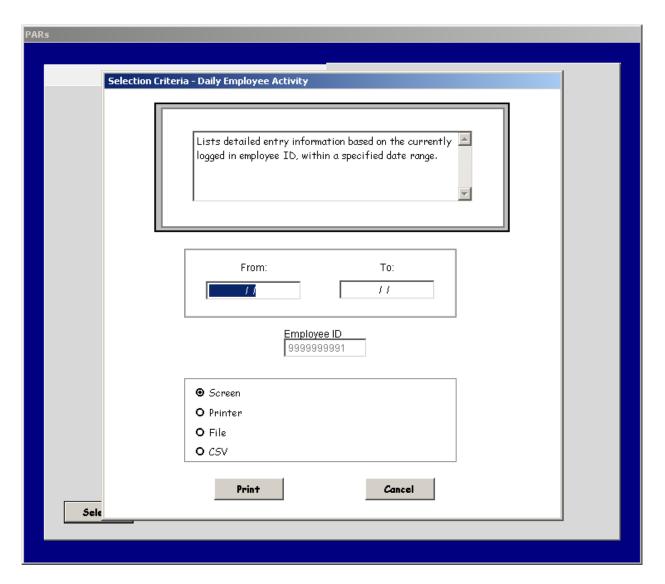
- Activity Count Summary By District/Unit/Clinic Provides total counts of each activity by specified date range.
- Activity Summary By District/Unit/Clinic Provides activity counts by specified date range. By selecting specific criteria this allows printing for single or multiple clinics. To achieve gathering of all clinics information within a district only input a date range in the Selection Criteria screen.
- Activity Summary By Employee Provides activity information for employees by date range. Selection Criteria allows to report on and individual employee number, or by selecting the radio button options of Active employees only, Inactive employees only, or to print for All Active and Inactive employees.
- Daily Employee Activity Lists detailed entry information based on the currently logged in employee ID, within a specified date range.
- Detailed District/Unit/Clinic Activity Lists employee activities information by District for all clinics or Individual Clinic, by specified date range.
- Detailed Employee Activity Lists detailed employee information by activities
  performed within a specified date range. Allows criteria reporting of a single
  employee ID, or by selecting the radio button options of Active employees only,
  Inactive employees only, or to print for All Active and Inactive employees.
- Employee Summary Activity Summary total of employee activities for specified date range. Sort by single employee ID, or by selecting the radio button options of Active employees only, Inactive employees only, or to print for All Active and Inactive employees.
- Employee Summary by District/Unit/Clinic Activity Summary total of employee
  activities for a specified date range. Sort by Clinic or multiple clinic selections. To
  report for all clinics within a District, only input a date range in the Selection Criteria
  screen.
- Nutrition Ed Summary by District/Unit/Clinic Summary count of Nutrition Education activity by selected date range. Sort order by District/Unit/Clinic.
- Individual Employee Activity Report

## Reports

To access Reports, click on the Reports tab.



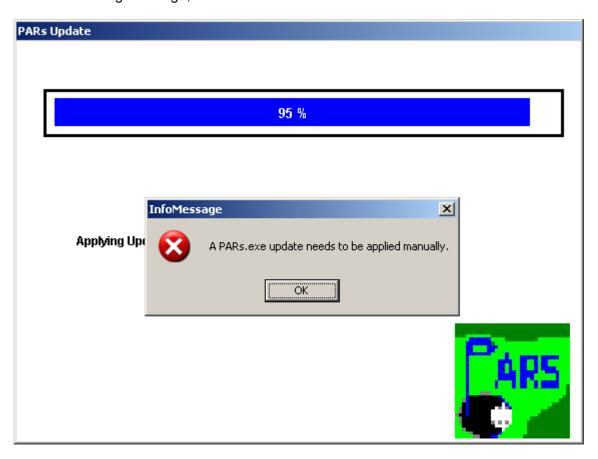
If you do not have permissions to run reports, only one report will display in the list. To access this report you may either double click or click the select button. The following selection criteria will display.



Specify a date range for the report. Make a selection to how you would like to view the report by clicking on one of the radio buttons next to Screen, Printer, File or CSV.

## **Manually Apply Updates**

PARs allows electronic updates, which means you are no longer required to download updates manually from GWISnet. On occasion CSC may need to make a change to the PARs.EXE, which will take some user interaction to apply, but the update will be sent to your computer through the self update. If CSC has sent an update that needs to be applied manually, you will see the following message,



Click OK to clear the message, PARs will then load. Exit the application and go to the C:\Program Files\PARs\Updates folder. Highlight the PARs.exe then right click and Cut, then go up a folder to the C:\Program files\PARs and select Paste. You will then be asked to overwrite the existing file, click Yes. You are now ready to access PARs.

# **DEFINITIONS OF COST CATEGORIES**

Duty	PAR Category
Add/ Update Immunizations	client svc
Add/ Update Record in Central Registry	Intake
Add/ Update WIC client in WIC screen 1 (clerical intake or update 30 day)	Intake
Answering phone (checking on clients appointment times, hours of operation, giving directions to clinic, etc)	client svc if know ID#, non client svc if no ID #
Answering questions (or calls) about how to use WIC vouchers or WIC approved foods	client svc if know ID#, non client svc if no ID #
Auditing charts	non client svc, non client NE or BF if done for nutrition QA review
Batching TADs and voucher files	non client svc
Calibrating equipment (scales, height/length boards, Hemocue machines, etc)	non client svc
Checking GWIS for dual participation	client svc
Checking Medicaid/ Updating Medicaid screen	Intake
Classes (preparing) for NE or BF	Non client NE or BF
Classes (teaching) for NE/BF	NE or BF
Client referrals	client svc, NE if done by CPA as part of cert/re-cert
Collecting anthropometrical data (weight & length/height)	client svc, NE if done by CPA
Collecting lab values (Hgb)	client svc, NE if done by CPA
Computer work for clients transferring in	client svc
Creating class (objectives, curriculum, handouts, etc)	NE or BF
Creating client schedules	non client svc
Data input for certification	client svc
Document Secondary Nutrition Education	individual Nutr Ed
Document Update Immunizations	client svc
Document/ Update Record in Central Registry	Intake
Fixing critical errors	client svc
Follow up on breastfeeding progress	individual bf ed
Follow up phone call on issued breastpumps	individual bf ed
GWISnet request forms	non client svc
Health Fairs	Non client svc, Non client NE or non client BF
Home visits to breastfeeding mothers	Individual bf ed (PARS not entered by Peer Counselor)
Hospital visits for breastfeeding mothers	individual bf ed (PARS not entered by Peer Counselor)

Interpretation Services	Individual NE or BF if interpreting for CPA or NA. Client svc for intake, etc.
Inventorying breast pumps	Non client BF
Inventorying manual vouchers	non client svc
Inventorying VPOD	non client svc
Issuing breastpump	individual bf ed
Mailing out supplies/ inventory/ materials/ equipment to the clinics	WIC admin
Maintaining relationship with community partnership	NE or BF
Make/ Change Appointment	client svc if know ID#, non client svc if no ID#
Making copies of materials (i.e. "How to file a complaint form")	non client svc
Ordering & Inventorying formula in stock	non client svc
Ordering Breastpumps	Non client BF
Ordering nutrition education or breastfeeding materials and supplies	NE or BF
Ordering medical or office supplies	Non client svc
Outreach	non client svc
Paperwork/ phone calls to give transfer information	client svc
Paperwork/ phone calls to request transfer information	Intake
Phone calls to doctors	client svc
Preparing requisition for purchases of nutrition education and breastfeeding supplies	NE or BF
Preparing requisition for purchases of medical and office supplies	non client svc
Printing VOC and EVOC reports	client svc
Printing/ voiding vouchers	voucher issuance
Providing clinic with alphabetic master file list (printing and mailing)	non client svc
Reporting computer problems with SWO & M&M	non client svc
Retroactive Reconciliation Report	non client svc
Reviewing clients rights, obligations, and how to file a complaint	client svc
Self-reviews (full audit)	non client svc or non client NE/BF
Sending out memos (action, information, policy)	WIC admin
Staff leave reports, meetings, PMF's, trainings, time reports	WIC admin
Staff Meetings (preparing)	WIC Admin
Staff Meetings (attending) with or without NE content	Non Client WIC or Non-client NE/ BF
Teaching classes	Group nutr ed or group bf ed
Training (attending or preparing) specific to NE or BF	Non client NE or BF

Training (attending) <b>not</b> specific to NE/BF	Non-Client WIC
Training (Preparing) <b>not</b> specific to NE/BF	WIC Admin
Training requests specific to NE/BF	Non client NE or BF
Unmatched redemption report (CUR part 1 and 2)	non client svc
Update TAD (i.e. food package change)	non client svc
Update WIC screen 2-4 for certification	client svc
Vendor training, visits	non client svc
Verifying over-income clients	client ineligible for svc
Voter registration	Intake
Voucher issuance	voucher issuance
WIC equipment inventory	WIC admin
Working on WIC budget	WIC admin
Working the Bank Exception Report	non client svc
Working the batch acknowledgement report	non client svc

### FREQUENTLY ASKED QUESTIONS

- How do we log our time if you make an appointment for a client who doesn't have a WIC ID # yet? Answer- It would be logged under non-client WIC services.
- Is a voucher pick-up listed under non client WIC services? Answer- No, it would be coded under voucher issuance.
- How about when reports are done or someone doing a white envelope. These things can take time. Is it necessary to report these activities? For example, I am doing a white envelope and I review each paper TAD to see if any information needs to be entered. Answer- First, assuming you fall under the category for county paid WIC staff, it is very important to account for any WIC time. This example would be coded under non-client WIC services.
- When we add a new baby or a recertification on someone who has not been on in a while, the number comes up red. Because they won't show up at Covansys for several days, my question is: Do we need to go back when that batch shows rec'd and edit that line or will it send auto? Answer- No, you do not need to do anything else. The system will eventually link this ID number to a WIC active participant.
- When we do our terminations, do we put each individual ID# in PARs? Answer- No, you would not need to put each individual ID number into PARs. This would need to be coded under non-client WIC services.
- I don't see anything that allows me to make changes after I have entered time into this system? Answer- Yes, you can make edits after the information has been entered:
   Click the entry to be edited in the history grid.
   Click the edit button.
   Make changes as needed on the top row (not on the history grid).
   Click the save button.
- When I see a client, I enter them in and then when the nutritionist gets through, and I print vouchers and see them again do I do another entry? Or does the one entry cover all? Answer- You can enter the data either way. You could track your total time with the client and enter it after all services have been completed or you can enter at the time you are doing each service. However it is important to break the services out. For instance one client will require multiple entries by multiple staff. For instance- An NA staff may perform 15 minutes of individual nutrition education, 15 minutes of intake, 3 minutes of voucher issuance. CPA staff may perform 5 minutes of client service, 10 minutes of individual nutrition education, and 5 minutes of breastfeeding education. The bottom line is the client number and the total time needs to be documented.
- Can a successful transmission be edited? Example an active ID is put in but it is the wrong ID? Answer- Yes, click the record in question in the history grid, click the edit button, change the field(s) as needed at the top, then click save.
- Can info be deleted? Example: an invalid ID is entered. This will not let the transmission go through but it won't let us delete the incorrect ID? Answer- No, but as above, the line can be edited. If not needed, instead of adding a new record, select it, click edit and just type over it with good information. If effect, turn it into a good record.

What about entering ID for new babies and people who have been termed when they are certified? A TAD would not have been created yet so the ID number we give them won't be valid and our time won't transmit? Answer- The system will keep trying to validate any record that is red. Once the information makes it from your front end system, and we have access to it from the PARs backend system, the fields will turn green if valid. It might take a couple of days, up to 5 days, but it will eventually validate. If the entry turns red or green it has been transmitted to us, it stays blue if it has not been transmitted, but you will get a message on the screen informing you why it is still blue.

### IV. GUIDELINES FOR LOCAL AGENCY COST ALLOCATION METHODOLOGY

## **OVERVIEW**

The fundamental principle for assigning non-salary costs to cost objectives is the same as for salary costs: a state or local agency assigns a cost item incurred solely for a single cost objective to that cost objective; a cost incurred for multiple cost objectives must be distributed to such cost objectives such that each bears a portion of the cost commensurate with the benefit received from it. When allocating shared non-salary costs to several different programs or other cost objectives, it is important to group pools of costs to be allocated and select bases for allocating such costs in a manner which will produce equitable and reasonable charges to each cost objective.

Most government units provide certain services, such as motor pools, computer centers, purchasing, accounting, etc., to operating agencies on a centralized basis. Since federally-supported awards are performed within the individual operating agencies, there needs to be a process whereby these central service costs can be identified and assigned to benefitted activities on a reasonable and consistent basis. The central service cost allocation plan provides that process. All cost and other data used to distribute the costs included in the plan should be supported by formal accounting and other records that will support the propriety of the costs assigned to Federal awards.

Guidelines and illustrations of central service cost allocation plans are provided in a brochure published by the Department of Health and Human Services entitled "A Guide for State and Local Government Agencies (ASMB - C10): Cost Principles and Procedures for Establishing Cost Allocation Plans and Indirect Cost Rates for Grants and Contracts for the Federal Government." A copy of this brochure may be obtained from the Superintendent of Documents, U.S. Government Printing Office.

# A. Definitions

- "Billed central services" means central services that are billed to benefitted agencies and/or programs on an individual fee-for-service or similar basis. Typical examples of billed central services include computer services, transportation services, insurance, and fringe benefits.
- 2. "Allocated central services" means central services that benefit operating agencies but are not billed to the agencies on a fee-for-service or similar basis. These costs are allocated to benefitted agencies on some reasonable basis. Examples of such services might include general accounting, personnel administration, purchasing, etc.

3. "Agency or operating agency" means an organizational unit or subdivision within a governmental unit that is responsible for the performance or administration of awards or activities of the governmental unit

# B. Scope of the Central Service Cost Allocation Plans

The central service cost allocation plan will include all central services costs that will be claimed (either as a billed or an allocated cost) under Federal awards and will be documented as described in OMB Circular A-87, Section E. Costs of central services omitted from the plan will not be reimbursed.

### LEAD COUNTY COST ALLOCATION PLAN

All lead counties claiming central service costs must develop a plan in accordance with the requirements described in OMB Circular A-87 and maintain the plan and related supporting documentation for audit. Since lead counties receive funds as a subrecipient, the State will be responsible for negotiating indirect cost rates and/or monitoring the sub-recipient's plan. The health district must submit a Central Cost Allocation to the Department for approval.

### **CENTRAL COST ALLOCATION PLAN FOR COUNTIES**

The lead county may allow the counties within its district to charge a central cost allocation to their WIC funding. A central cost allocation are those costs that are common to all programs, such as gas, electric, water, maintenance, security expenses and other approved cost. All programs must be charged based on an equitable methodology, such as occupied space or number of employees. For a county to charge a central cost allocation, the county must submit a Central Cost Allocation Plan for review and approval to the lead county. The lead county must provide at least annually a review, approval, monitoring and oversight of the Plan. A copy of the county approved Plan must be maintained on sight at the lead county office and available upon the request of auditors. A copy of the Plan must be provided to the State WIC office.

# **BASES FOR DISTRIBUTING SHARED SERVICES**

The following table lists suggested bases for distributing shared costs. The suggested bases are not mandatory for use. Any base which produces an equitable distribution of cost may be used. These bases may be used to distribute and directly charge non-salary costs not covered in an indirect cost agreement approved by the cognizant agency or to negotiate an indirect cost agreement with the cognizant agency.

TYPE OF SERVICE	SUGGESTED BASES FOR ALLOCATION
Accounting	Number of transactions processed.
Budgeting	Direct hours of identifiable services of
	employees of central budget.
Buildings lease management	Number of leases.
Data processing	System usage.
Disbursing service	Number of checks or warrants issued.
Employees retirement system administration	Number of employees contributing.
Insurance management service	Direct hours.
Legal services	Direct hours.
Mail and messenger service	Number of documents handled or employees served.
Motor pool costs including automotive management	Miles driven and/or days used.
Office machines and equipment maintenance	Direct hours.
Office space use and related costs (heat, light, janitor services, etc.)	Square foot of space occupied.
Organization and management services	Direct hours.
Payroll services	Number of employees.
Personnel administration	Number of employees.
Printing and reproduction	Direct hours, job basis, pages printed, etc.
Procurement service	Number of transactions processed.
Local telephone	Number of telephone instruments.
Health services	Number of employees.
Fidelity bonding program	Employees subject to bond or penalty amounts.

## **INEQUITABLE METHODS OF COST ALLOCATION**

If a cost allocation method produces an inequitable distribution of costs, this may result in questioned or disallowed costs during a subsequent audit. The incidence of inequitable allocation of non-salary costs to WIC occurs much less frequently than the incidence of inequitable allocation of salary costs to WIC. However, the following are just a few examples that have been documented in recent audit reports:

A. Facility expenses (building use, janitorial services, utilities, etc.) had been allocated on the basis of the number of employees rather than the square footage occupied. This resulted in a disproportionate share of the total cost allocated to WIC. A tour of the facility revealed that the per-employee space was not consistent among programs. Typically, other programs that were co-located

- with WIC had much more space per employee than did WIC. Therefore, square footage occupied generally provides a more reasonable and equitable distribution of this cost.
- B. Allocating professional liability insurance coverage to WIC based on the number of patient visits without regard to the risk involved in each visit produced inequitable charges to WIC. When contacted, the insurance company stated that WIC had been included in the insurance coverage at no additional charge due to its low risk. An equitable method for allocating malpractice insurance to WIC would consider the amount of the professional's time spent on WIC operations and the relatively low risk of the certification process.
- C. Supplies as a pool of costs allocated to WIC included supplies not used by nor allowable for WIC, such as popcorn and toothbrushes for a health fair and flowers for an employee on sick leave. When allocating a pool of costs, the pool should consist of only allowable costs.

### **EXPENSING EQUIPMENT PURCHASES**

The preferred method of recovering the cost of a capital asset, such as equipment, is to claim depreciation expense or use allowance under OMB Circular A-87, Attachment B, paragraph 15 or OMB Circular A-122, Attachment B, paragraph 11, as applicable. However, a state or local agency may seek prior approval to charge the entire acquisition cost of the equipment to the Federal grant or subgrant for the fiscal year in which the purchase is made, (meaning to "expense" it). If more than a negligible portion of the "expensed" equipment's use is expected to benefit programs other than WIC, then WIC cannot bear the entire acquisition cost. Rather, the state or local agency must allocate the acquisition cost among programs on the basis of their anticipated respective benefit from the equipment's use.

### **SECTION THREE - PROGRAM ADMINISTRATION**

### I. RETENTION OF RECORDS

### A. Definition of Records

Federal regulations state: "Records shall include, but not be limited to, information pertaining to financial operations, food delivery systems, food instrument issuance and inventory, certification, nutrition education, civil rights and fair hearing procedures". (7 C.F.R. Section 246.25(a)(1)).

State policy memos from the previous year may be destroyed once the new Procedures Manual has been received, unless otherwise instructed. For example, FFY '06 Policy Memos may be destroyed once the FFY '07 Procedures Manual has been received.

## B. Records and Reports - Accessibility of Records

Food Nutrition Services (FNS) may require the state or local agencies to supply medical data and other information collected for WIC in a form that does not identify particular individuals, yet enable the state agencies to evaluate the effect of food intervention upon low-income individuals determined to be at nutritional risk.

## C. Retention Schedule

- 1. The following documents must be retained for five (5) years plus current Federal fiscal year:
  - (1) WIC Assessment/Certification Forms
  - (2) Nutrition Questionnaires and All Secondary Nutrition Education Contacts
  - (3) Growth Charts/Weight Gain Grids
  - (4) VOC Card Inventories
  - (5) Medical Records
  - (6) WIC Termination/Ineligibility/Waiting List Forms
  - (7) Vendor Monitoring Reports
  - (8) Computer Generated Voucher Registers/Voucher Printing On Demand (VPOD) Receipts
  - (9) Manual Voucher Inventory Records
  - (10) Budgets and Expenditure Reports
  - (11) Contracts
  - (12) Indirect Cost Plan
  - (13) Shared Costs Documentation
  - (14) Fair hearing and Civil Rights complaints and all related documentation
  - (15) Federal, State, District, County Audit reports
  - (16) Copies of manual vouchers
  - (17) Vouchers Activity Report
  - (18) Dual participation Reports\*

- (19) Cumulative Unmatched Redemptions Part 1\* (not matched to issuance record
- (20) Cumulative Unmatched Redemptions Part 2\* (not matched to a valid certification record)
- (21) Batch Control Report
- (22) Batch Control Form and Module
- (23) Critical Error Report
- (24) Canceled Food Instruments
- (25) Lost/Stolen/Destroyed/Voided Voucher Report
- (26) Separation of Duty Form/ District office
- (27) Request for WIC Services Log
- (28) Personnel Documentation
- (29) District Self Reviews
- (30) Waiting List
- (31) Formula Tracking Log
- 2. The following documents must be kept for two (2) years:
  - (1) Voter Registration Documentation
  - (2) Master List
- 3. The following documents must be retained for one (1) year plus the current year:
  - (1) Voucher Packing List/VPOD Confirmation Notice
- 4. Retention of TAD's is not required once the information is verified and correct and listed in the computer system.

\*The original copy of these reports with their manual reconciliation must be sent to the Georgia WIC Program *prior* to being destroyed. The Georgia WIC Program will maintain these reports for four (4) years.

D. Prior Approval/Duplication of WIC Records

Local agencies must request prior approval for the reformatting or modification of WIC office forms, e.g., pamphlets, flyers. Please forward revised, reformatted or modified forms to the Georgia WIC Program Nutrition Services Unit for prior approval before distribution.

If the local agency duplicates an official WIC form, the local agency is responsible for ensuring that the form contains the exact information as its original. If the form is changes in any way, approval must be requested by the State WIC Office

The following documents are available through the Georgia WIC Program Information System (GWIS). GWIS documents are accessible via the web for a period of three (3) years plus the current Federal fiscal year:

- a. Monthly Reconciliation Enrollment Cycle
  - 1. Alphabetic Master File Listing

- 2. Critical Error Report
- 3. Enrollee Income by Household Size
- 4. Grady Hospital Enrollee Distribution
- 5. Medicaid-Enrollee Income by Household Size
- 6. Medicaid-Percentage of Poverty Income by Type and Age Categories
- Medicaid-Priority Counts by Percentage by Poverty Income Level
- 8. Numeric Master File Listing
- Percentage of Poverty Level Income Level by Type and Age Categories
- 10. Priority Counts by Percentage of Poverty Income Level
- 11. Trimester Analysis Report
- 12. Unduplicated Participation Report, State Fiscal Year
- 13. Unduplicated Participation Report, Federal Fiscal Year
- 14. Waiting List Report
- 15. WIC Status (Type) by Reason Certified

## b. Monthly Reconciliation

- 1. Bank Exception Report
- 2. Bank Listing
- 3. Closeout Reconciliation Report
- 4. Cumulative Unmatched Redemptions Over 30 Days-Based on CUR-Part 1
- Cumulative Unmatched Redemption Over 30 Days-Based on CUR-Part 2
- 6. District Unit/County Compliance Summary
- 7. Dual Participation Report-Part 1
- 8. Ethnic Enrollment and Participation by Priority (Issue 30 Day) and Closeout
- 9. Ethnic Participation Summary
- 10. Financial and Program Status
- 11. Food Cost Allocation (Projection)
- 12. Food Package Create Report
- 13. Food Package Expenditures Report
- Infant Formula Rebate Report Concentrated, Powder, Ready To Feed
- 15. Infant Rebate County Summary
- 16. Infant Rebate District Unit Summary
- 17. Migrant Participation Summary
- 18. Migrant Enrollment and Participation by Priority (Issue 30 Day) and Closeout
- 19. Monthly Report of Food Expenditures Summary (Issue 30 Day) and Closeout
- 20. Monthly Report of Food Expenditures by Vouchers Code (Issue 30-Day Closeout)
- 21. Participant Totals
- 22. Participation Summary by District/Unit
- 23. Previously Unmatched Redemptions, Which Were Matched
- 24. Unmatched Redemption's Report

## 25. EVOC Card Information

- c. Monthly Reconciliation Vendor Cycle
  - Cumulative Vendor Totals
  - 2. Detailed Flagged Voucher Listing
  - 3. Flagged Voucher by Vendor per Peer Average
  - 4. Maximum Amount Input Update
  - 5. Statistics File for Vouchers
  - 6. Vendor Exception Report
  - 7. Vendor Listing
  - 8. Vendor Update Listing
  - 9. Vendor Voucher Deviation Report
  - 10. Voucher Redemption Fluctuation Report
  - 11. Voucher Variation Report
  - 12. Voucher by Day Cashed
  - 13. Vouchers Cashed by Clinics
  - 14. Financial Records

## II. WIC ACRONYM AND LOGO

# A. Authority

The acronym "WIC" was registered with the U.S. Patent and Trademark Office on January 1, 1991. The WIC logo, a stylized representation of a woman holding an infant in her arms and a child by the hand, was registered on April 16, 1991. Regulations authorizing the use of the WIC acronym and logo are provided in 42 U.S.C. Section 1786, 15 U.S.C. Section 1051 *et seq.*, and 7 C.F.R. Part 246.

It is an on-going policy to discourage the industrial use of the WIC acronym and logo on products to avoid certain difficulties that may be encountered.

## B. Official Use

The WIC logo and acronym shall be used for official use only. FNS reserved the right to approve and use of the logo and acronym. The Georgia WIC Program may use the logo or acronym on the items below:

Brochures Leaflets
Bulletins Letters
Business Cards (for employees) Manuals
Cups Newspapers
Directories Posters

Food Instruments Radio and T.V. Announcements

Forms (i.e., Cert. forms)

Guides

Immunizations Initiatives

Reports

Studies

T-Shirts

# C. Special Use

Profit and Non-Profit Organizations: The WIC logo and acronym cannot be used by for profit organizations. These organizations are not permitted to display the

acronym or logo in total or in part, including close facsimiles, on any product or materials. Non-profit organizations may be permitted to use the acronym and/or the logo for non-commercial educational purposes when such use is essential to public service and will contribute to public information and education concerning the Georgia WIC Program. Non-profit organizations are those organizations that are exempt from taxation under Federal law, including charitable and educational organizations. Nonprofit organizations within the jurisdiction of the state of Georgia shall submit a request for use of the WIC acronym or logo to the Georgia WIC Program in writing. The written request must include a copy/sample of the way in which the acronym or logo will be used. The Georgia WIC Program must respond in writing as to whether such use is authorized.

## D. WIC Food Vendors

At the discretion of the Georgia WIC Program, a vendor may be authorized to use the acronym and/or logo for the following purposes:

- a. To identify the retailer as an authorized WIC food vendor.
- b. To identify authorized WIC foods by attaching channel strips or shelf-talkers stating "WIC-approved" or "WIC-eligible" to grocery store shelves.

FNS reserves the right to approve any uses of the WIC acronym or logo. Any uses that are considered inappropriate shall be discontinued. Request for use of the WIC acronym or logo must be made in writing along with a copy/sample of the way it will be used. A written response will be issued as to whether such use is authorized.

### E. Unauthorized Use

Any person who uses the WIC acronym or the WIC logo in an unauthorized manner, including close facsimiles thereof, in total or in part, may be subject to injunction and the payment of damages. Any person who is aware of such violations should provide the information to FNS.

### III. LOBBYING RESTRICTIONS

The state /local agencies must not use Federal funds for the lobbying of specific Federal awards. Recipients of any Federal grants, contracts, loans, or cooperative agreements are required to disclose expenditures made with their own funds for such purpose.

### IV. CONFIDENTIALITY

The state and local agencies must restrict disclosure of confidential identifying WIC applicant/participant information.

## A. Confidential Information

Confidential WIC applicant and participant information is any information about an applicant or participant, whether it is obtained from the individual, another source, or generated as a result of WIC application, certification, participation,

that individually identifies an applicant or participant and/or family member(s). Applicant or participant information is confidential, regardless of the original source and exclusive of previously applicable confidentiality provided in accordance with other federal, state or local law.

B. Restrictions on Disclosure of Confidential Information

The state agency must restrict the use and disclosure of confidential applicant/participant information to persons directly connected with the administration or enforcement of WIC whom the state agency determines has a need to know the information for WIC purposes.

These persons may include, but are not limited to:

- Official requests from personnel from local agencies and other WIC state or local agencies
- Persons under contract with the state agency to perform research regarding WIC
- 3. Persons investigating or prosecuting WIC violations under federal, state or local law
- C. Exceptions to Restrictions on Disclosure of Confidential Information
  - 1. State and local agency staff that is required by State law to report known or suspected child abuse or neglect may disclose confidential WIC applicant/participant information without their consent to the extent necessary to comply with such law.
  - 2. A state or local agency *may* disclose confidential WIC applicant/participant information if the affected WIC applicant/participant signs a release form authorizing the disclosure and specifying the parties to which the information may be disclosed (see Attachment AD-3). The state or local agency must permit the affected applicant/participant to refuse to sign the release form and must notify them that signing the release form is not a condition of eligibility and refusing to sign will not affect their participation in WIC. Release forms authorizing disclosure to private physicians or other health care providers may be included as part of the WIC application or certification process. All other requests release forms must occur after the application and certification process is completed.
  - 3. Release forms include an Authorization for Release of Information form 5459R (see Attachment AD-19) that has been signed by a DFCS case manager when a court has granted legal custody of a WIC applicant/participant to the Georgia Department of Human Services.
    - a. The form must specify the parties to which information may be released.
    - b. The court order must be attached.

- c. The WIC Legal Services Officer has reviewed and approved the form and court order.
- d. Release the information if approved.
- 4. A state or local agency *must* provide applicants/participants with access to all information they have provided to WIC. If the applicant/participant is an infant or child, access may be provided to the parent or guardian of the infant or child, assuming that any issues regarding custody have been settled. The state or local agency need not provide access to any other information in the WIC file or records, for example, documentation of income provided by third parties and staff assessments of the participant's condition or behavior unless required by federal, state or local law or policy, or unless the information supports a fair hearing appeal.
- 5. Representatives from the USDA and the Comptroller General of the United States may inspect, audit, and copy all records that include information pertaining to certification, nutrition education, civil rights and fair hearing procedures, as well as food delivery systems and food instrument issuance and redemption. Reports or other documents resulting from such inspection, audit and copying that are publicly released may not include confidential identifying WIC applicant/participant information.

Note: Information about the use of drugs and alcohol by a WIC applicant/participant must not be shared.

# V. Data Sharing

### A. Federal Regulation

Identifying information of WIC applicants and participants is confidential. 7 C.F.R. Section 246.26(d). However, Georgia's WIC Program and its local agencies, as defined by relevant Federal WIC regulations, may disclose confidential WIC information to public organizations for use in the administration of their programs that serve persons eligible for WIC benefits, provided the required steps are followed. 7 C.F.R. Section 246.26(d)(2)(ii).

It is recognized that certain public organizations housed in the Georgia Department of Public Health, Community Health, and Human Services share a common mission: to promote, protect and improve the health and safety of all people in Georgia.

The steps required for use and disclosure of confidential WIC applicant/participant information for non-WIC purposes are:

1. The State Health Officer must designate in writing the permitted non-WIC uses of the confidential WIC applicant/participant information and the names of the organizations to whom such information may be disclosed;

- 2. Notice must be provided to the WIC applicant/participant at the time of application or through subsequent notice that the State Health Officer may authorize the use and disclosure of information about their participation in WIC for non-WIC purposes only in the administration of those programs that serve persons eligible for WIC;
- 3. Include in the State agency's State plan a list of the designated organizations with which it has executed or intends to execute a written agreement for use and disclosure of WIC applicant/participant information for non-WIC purposes; and
- 4. Execution of the written agreement that must specify the receiving organization may use the confidential WIC applicant/participant information only to establish eligibility, conduct outreach; enhance health, education or well being; streamline administrative procedures; and/or assess and evaluate responsiveness of the State's health system. The written agreement must also contain the receiving organization's assurance that it will not use the information for any other purpose or disclose it to a third party. 7 C.F.R. Section 246.26(h).

## B. State Designation

The State Health Officer has designated the following organizations as those it plans to execute a written agreement with in order to share data at the state level:

- 1. Department of Public Health
  - a. Health Promotion Division
    - 1. Maternal and Child Health: Newborn Hearing Screening, Newborn Metabolic Screening, Children's 1<sup>st</sup>, Babies Can't Wait, Children's Medical Services, Oral Health, Family Planning, Epidemiology, PRAMS, Injury Prevention, and MCH Director's Office
    - 2. Health Promotion and Disease Prevention: Tobacco, Obesity, Adolescent Health
  - b. Health Protection Division
    - 1. Emergency Preparedness
    - 2. Infectious Diseases and Immunization: Immunization, Perinatal Hepatitis B Prevention
    - 3. Epidemiology: Office of Health Information for Planning
    - 4. Environmental Health: Lead
- 2. Department of Community Health

- a. Medicaid Division
  - 1. Medicaid
  - 2. Peachcare for Kids
- b. State Health Benefit Plan Division
- 3. Department of Human Services
  - a. Family & Children Services Division

# C. Sample Agreement

The current Intra-Agency Memorandum of Agreement to share data between the Office of Nutrition and WIC and the MCH Program for the following purposes is included as a reference, Attachment AD-4.

- 1. Assessing and evaluating the responsiveness of Georgia's health system to participants' health care needs and health care outcomes; and
- 2. Enhancing the health, education, or well-being of WIC participants.

# VI (a). E-MAIL AND FAXING CONFIDENTIAL INFORMATION

Districts that transmit confidential information by e-mail or facsimile transmission should incorporate the confidentiality provision statement into the fax cover sheet information. If the information contained on the fax or in the e-mail is considered Private Health Information (PHI), then the (HIPAA) regulations governing the release of such information applies. The following represents an example of such a statement:

### CONFIDENTIALITY NOTE

The information contained in this fax/e-mail message is intended only for the personal and confidential use of the designated recipients named above. This message may involve attorney-client communication and, as such is, privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and any review; dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Our number is (404) 657-2900, and the fax number is (404) 657-2910.

THANK YOU.

# VI (b). WIC VOLUNTEERS AND CONFIDENTIALITY

In order to prevent a breach of confidentiality, The Georgia WIC Program must exercise discretion in screening and selecting capable volunteers who will handle confidential information. It is therefore the responsibility of the state and local agencies to ensure that volunteers who are given access to WIC applicant/participant information are well trained and knowledgeable about the restrictions in disclosure of WIC information.

The following action steps must be taken in order to protect confidential identifying WIC applicant/participant information:

- A. Once volunteers are selected, specific confidentiality requirements governing the Georgia WIC Program must be covered in their orientation or training.
- B. Follow-up training must be conducted periodically to remind volunteers, as well as paid staff, of the importance of maintaining the confidential nature of identifying WIC applicant/participant information.
- C. The state or local agencies may have volunteers sign an agreement acknowledging restrictions on the disclosure of confidential identifying WIC applicant/participant information. By signing such a form, the volunteer would agree to keep this information confidential or forfeit the volunteer assignment. Such an agreement would reinforce the importance of maintaining confidential information.
- D. If a volunteer does not appear to be a good candidate for keeping information confidential, assign the volunteer to other activities related to administration of WIC services.

# VII. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

By law, all identifying WIC applicant/participant information must remain confidential except where disclosure is authorized by law (see 45 C.F.R. Parts 160 and 164). This is a HIPAA requirement.

The privacy practices of WIC are in compliance with the HIPAA laws. State-to-State transfers are allowable. A request for release of information is advised.

## VIII. RETROACTIVE BENEFITS AND REIMBURSEMENTS

Federal WIC regulations do not provide for retroactive benefits and reimbursement. The WIC food packages are designed to be consumed within a specified time period when participants are experiencing critical growth and development.

### IX. MANDATORY NO SMOKING POLICY

Public Law 103-111 prohibits the allocation of administrative funds to any clinic providing WIC services if that clinic allows smoking within the space used to perform program functions. In order to avoid administrative penalties, local health department or WIC clinics must display a "No Smoking" sign. These signs must be visible somewhere in the clinic.

The prohibition against smoking applies only during the hours of actual WIC operations. In the event the clinics for voucher issuance are being held at a satellite clinic, i.e., church, public housing, clinic site, community health center, or clinics that are open only once or twice per week, then the no smoking policy would only be in effect during WIC operation hours. If the health department is a no-smoking facility, and such signs are displayed throughout the health department, then there is no need to display a WIC-specific "No Smoking" sign.

## X. SUBPOENAS

## A. Subpoenas

A subpoena is an order directed to an individual or entity to compel the court appearance of a witness to give testimony or to compel the production of documents and other exhibits as evidence.

- B. Procedures for Responding to a Subpoena
  - 1. Upon receiving the subpoena the local agency must immediately notify its state agency.
  - 2. State or local agencies must determine, based on the content of the subpoena and the requested information, whether to comply with the subpoena and release the information as requested or to attempt to quash the subpoena. In making the determination, state or local agencies must consult with legal counsel determine whether the information is confidential and prohibited from disclosure under the Federal WIC regulations (7 C.F.R. Section 246.26(i)(1)).
  - Determinations to disclose confidential WIC information requested by a subpoena or to attempt to quash a subpoena must be based on the relevant Federal WIC regulations and state laws, and FNS Instruction 800-1. The determination to disclose confidential WIC information without attempting to quash the subpoena should be made only infrequently.
  - 4. Receipt of a subpoena shall be reported to the Georgia WIC Program and the WIC Legal Services Officer. Because subpoenas must be complied with by a date, certain information must be specified in the subpoena and must be reported to the Georgia WIC Program and the WIC Legal Services Officer immediately.

- 5. If confidential WIC information is disclosed pursuant to a subpoena, inform the court or receiving party that the information is confidential and seek to limit disclosure by:
  - a. Providing only the specific information requested in the subpoena and no other information; and
  - b. Limiting to the greatest extent possible the public access to the confidential information disclosed.

## **XI. SEARCH WARRANTS**

### A. Search Warrants

Search warrants can be used by law enforcement to seek disclosure of confidential WIC applicant/participant information. State and local agencies <u>must</u> comply with search warrants to avoid possible incarceration.

- B. Procedures for Responding to a Search Warrant
  - Upon receiving a search warrant, the state agency and WIC Legal Services Officer must be notified immediately. Legal counsel for the local agency should also be notified.
  - 2. Individuals serving the search warrant should be notified that the information being sought is confidential. The state or local agency should seek to limit disclosure by:
    - a. Providing only the specific information requested in the search warrant and no other information; and
    - b. Limiting to the greatest extent possible the public access to the confidential information disclosed.

### XII. WIC PARTICIPATION

The definition of a WIC participant and enrollee is listed below:

**Participant:** A participant is a pregnant woman, breastfeeding woman, postpartum woman, infant or child who is receiving nutrition education and supplemental foods or food instruments under WIC, and the exclusively breastfeed infant of a participating exclusively breastfeeding woman. A participant is a client who has been issued at least one voucher during the reporting month. The exclusively breastfeed infant is issued a voucher message but no formula is issued. Likewise, the some breastfeeding woman is issued a voucher message but no supplemental foods beyond six (6) months postpartum.

**Enrollee:** A WIC client who is active, during a valid certification period, but did not receive vouchers during the reporting month.

# XIII. ESTABLISHING NEW CLINICS/CLINIC CHANGES and ANNUAL UPDATE CLINIC LISTING

A. Establishing New Clinics/Clinic Changes

All new WIC clinics must have completed a Pre–Approval - Pre-Award Compliance Review before the new clinic can open.

Prior to establishing and opening a new WIC clinic, the district staff must complete and send to the Policy Unit the following information:

**Note:** Please note that a new clinic applicant is the entity applying for WIC funding to serve WIC participants.

- Demographics of the population to be served in order to evaluate WIC applicant/participant access racial makeup of the area you will be serving and who will be attending the clinic. A public health website that may be used to collect this information is: <a href="http://oasis.state.ga.us/">http://oasis.state.ga.us/</a>.
- Data collected regarding WIC employment, including use of bilingual public contact employees serving LEP (Limited English Proficiency) beneficiaries of the programs – Racial ethnic data of the employees that will be working at the new clinic.
- 3. Evaluation of the location of existing or proposed facilities connected with WIC and whether access would be difficult or impossible because of locale Is there anyone who would be denied services due to the clinic's location and racial makeup of the clinic.
- 4. Review of the composition of the planning or advisory board for the new WIC clinic racial makeup of the new facility.
- 5. Analysis of civil rights impact, if relocation of the clinic is involved provide an analysis of the new location. This only applies when the WIC clinic is relocating.
- 6. A written assurance by any new WIC clinic applicant that it will compile and maintain records required by the Food Nutrition Service (FNS) guidelines or other directives.
- 7. The manner in which WIC services are or will be provided by the new clinic applicant and related data necessary for determining whether any persons are or will be denied WIC services on the basis of prohibited discrimination.
- 8. A statement from the new WIC clinic applicant as prompt notification to Food Nutrition Service (FNS) of any lawsuit or complaint filed against the applicant that alleges discrimination on the basis of race, color, or national origin. The new WIC clinic applicant's statement must also provide a brief description of any pending application to other Federal agencies for assistance, and of Federal assistance being provided at time of application or requested report.
- 9. A statement or description of previous civil rights reviews conducted on behalf of the new WIC clinic applicant during the two years prior to applying, as well as any information about the agency or organization performing the review and any periodic statements by the new WIC clinic applicant regarding such reviews.

Once the analysis is completed and approved by the state, the Program Review Team will complete the New Clinic Evaluation Report (see Attachments AD-9 and AD-18).

Additionally, the Program Review Team will:

- Visit the potential new WIC clinic
- Observe and determine compliance according to the WIC regulations using Attachment AD-9
- Mail a report indicating one or more of the following:
  - a. Approval by completing the New Site Permission Request Form (see Attachment AD-7)
  - b. Approval with a list of changes needed prior to the establishment of the new clinic
  - c. Disapproval of the establishment of the new clinic

After the new clinic is approved, district staff can complete the Request to Establish New Clinics/Clinic Change form (see Attachment AD-5). The Georgia WIC Program Systems staff will verify collection, processing, and submission of the information and forward this form to the data processing contractor (CSC) within five (5) days. The data processing contractor assigns a number for the new clinic. If the district selects its own number, the data processing contractor must verify and approve the number before it may be considered a valid number. The data processing contractor mails the new clinic the supplies necessary to start processing operations, e.g., TADs, vouchers.

Once your district receives an approved clinic number, you may begin to enroll WIC participants. The Georgia WIC Program will provide technical assistance, consultation and training to the local agency in the start up procedures of a new clinic, if needed.

A WIC clinic is a facility where WIC business is conducted. Each clinic that operates in the state must have its own number.

This requirement applies to, but not limited to the following:

- All hospitals locations
- DFCS locations
- Health Departments
- 330 Community Health Organizations
- Health Centers
- Migrant Clinics

Failure to comply to list all of the clinic sites and locations in your district may result in a financial penalty for the district. These penalties may include refunding monies for vouchers issued from the date the clinic sites opened. A financial penalty letter will be sent to your district if the Program Review Team finds clinic sites either a) operating and not on the WIC Clinic Listing or b) not having a unique clinic number.

## **B.** Annual Update of the Clinic Listing

The clinic listing should be reviewed and updated at least annually by March 31 so that the clinic locations, contact numbers, addresses, clinic type and types of services are accurate. Instructions for updating the clinic listing are included as **Attachment AD-17**.

## XIV. CLINIC CLOSINGS

In the event a clinic will be closed temporarily due to an emergency, please notify the Policy Unit at the Georgia WIC Program as early as possible. This will enable the state /local agency staff to better serve WIC applicants/participants and clinic staff.

Closing of clinics causes participants/applicants hardship when they are not notified in writing or in advance.

If your district plans to close a WIC clinic permanently, please complete the Clinic Change form and mail it to the Policy Unit (see Attachment AD-5).

# XV. REPORTING SYSTEMS PROBLEMS

Local WIC agencies must immediately report any CSC Covansys and/or front-end systems discrepancies to the Systems Information Unit of the Georgia WIC Program. Systems discrepancies may include, but are not limited to, the following: duplicate vouchers, duplicate voucher numbers, inaccurate voucher numbers, vouchers without a number, or any action which causes an unmatched redemption or causes the clinic system to become unusable. Fax the completed Computer Systems Issues and Problem Report Form (see Attachment AD-6) to the Georgia WIC Program. In addition, the clinic must notify the District Nutrition Services Director and Management Information System's staff at the district office.

### XVI. REQUEST FOR FINANCIAL AND/OR STATISTICAL DATA

Request for financial and/or statistical data or reports must be made in writing by completing the Data Request Form (see Attachment AD-8). Fax the Data Request Forms to the Georgia WIC Program, (404) 657-2910, attention Systems Information Unit.

## XVII. IDENTIFICATION CARDS AND FOOD LIST ORDERS

The WIC ID Cards, Food List and Referral Form will be mailed to your district office from the contracted printer at the beginning of each quarter (January, April, July and October). If the amount received needs to be adjusted based on an increase or decrease in caseload, please contact the Georgia WIC Program.

### XVIII. CLINIC/STAFF RATIO

Clinic staff ratio is listed below for administrative, clinical and nutrition education purposes:

- A. One (1) CPA per every 1,000 participants served.
- B. One (1) Administrative staff per every 800 clients served.
- C. One (1) RD/LD per every 5,000 clients served.

## XIX. LOCAL AGENCY STAFF

The Nutrition Services Director's position is an administrative position. Attached is a copy of the current job description, which describes the responsibilities (see Attachment

## AD-10).

# 1. Nutrition Service Director

Each of the WIC districts or contract agency (Grady) must be staffed with a District Nutrition Services Director who must be at minimum a (1) full-time equivalent (FTE) public health nutritionist, (2) a Licensed Dietitian (LD) in the state of Georgia and (3) be employed in either the class of Nutrition Services Director, Nutrition Program Manager, or Nutrition Manager. Preferred qualifications are a Registered Dietitian and a Masters Degree in dietetics, human nutrition, food and nutrition, nutrition education, food systems management or a closely related field from an Academy of Nutrition and Dietetics accredited program or a closely related field. Duties include: planning, organizing, implementing, and evaluating the nutrition service component of WIC. This encompasses leadership in the development and approval of nutrition education materials, development of the nutrition education plan, and implementation of nutrition risk criteria and food package delivery.

# a. Staffing Standards

Each WIC local agency must be staffed with a minimum of one (1) full-time equivalent (FTE) Competent Professional Authority (CPA) for every one thousand (1,000) participants, and one (1) full-time equivalent (FTE) Registered and Licensed Dietitian (RD, LD) or Licensed Dietitian (LD) for every five thousand (5,000) participants. District staff time providing direct services can be counted towards these requirements; for example District staff can perform both participant services and district responsibilities.

# b. Job Classifications and Compensation

Nutrition positions should be appropriately classified according to the policies, procedures, and guidelines of the Department of Public Health and the Human Resources Administration Division of the Department of Administrative Services. The Nutrition class specifications should be used for nutritionists providing direct client nutrition services, and these nutritionists should receive supervision from a higher level public health nutritionist.

The class specifications, qualifications and compensation levels are to be according to the Department of Public Health and the Human Resources Administration Division of the Department of Administrative Services policies, procedures, and guidelines.

The Breastfeeding Coordinator position may be a qualified nutritionist, nurse, health educator, Certified Lactation Counselor (CLC), or International Board Certified Lactation Consultant (IBCLC). A job description for Health Educator Senior/Lactation Consultant, which may be used to assure an individual is qualified to fill this position can be found in **Attachment AD-26.** A Georgia

Gain job classification sample job description entitled **District Breastfeeding Coordinator** can be found in **Attachment AD-27** 

# Breastfeeding Coordinator

- a. Each local agency must designate a staff person to coordinate breastfeeding promotion, education and support activities.
- b. It is recommended that this position be designated as a full-time position in order to facilitate coordinating services throughout the local agency and across program lines and to adequately meet Federal requirements.
- c. It is recommended that the breastfeeding coordinator work across program lines to provide breastfeeding services, thus increasing opportunities for all current and potential WIC participants to be reached. This will also serve to integrate services, and assure that all clinic staff receive appropriate training and deliver consistent information on breastfeeding.

## XX. COMPLIANCE REVIEWS

- A. There are three (3) types of compliance reviews:
  - Pre-Approval or Pre-Award
  - Post-Award or Routine
  - Special

### B. Definitions

**Pre-Approval or Pre-Award Review** is a review that must be conducted prior to the approval of a clinic opening. No Federal funds can be awarded to a state or local agency until a pre-award compliance review has been conducted and the applicant is determined to be in compliance with civil right rules. This review may be a desk or on-site review. The results of the review must be in writing.

Prior to creating a new clinic site, the following must be reviewed for compliance:

- Demographics of the population to evaluate program access
- Data collection regarding covered employment, including use of bilingual public-contact employees serving LEP beneficiaries of the programs
- Location of existing or proposed facilities connected with WIC and whether access would be unnecessarily denied because of locale
- Makeup of planning or advisory board
- Civil Rights Impact analysis conducted if relocation is involved

**Post Award or Routine Review** is a regular review or self-review in which civil rights compliance is checked.

When conducting a post review or routine review, look for the number of discrimination complaints filed, information from grass roots and advocacy groups, individuals, state officials and unresolved findings from previous civil rights reviews.

Special Review is a review conducted due to reported alleged noncompliance. Prior to this review, check patterns of complaints of discrimination through reviewing documentation at the state and district level.

## XXI. MEDICAL NUTRITION THERAPY

Below are the policies regarding medical nutrition therapy and Medicaid.

 100% paid WIC employees (full time or part-time) may not provide medical nutrition therapy which is a Medicaid reimbursed service. Any nurse, dietitian or other nutrition staff paid by WIC or any Federal program may not bill Medicaid for medical nutrition therapy provided within or outside of the WIC clinics. This includes WIC certifications conducted as part of a home visit by non-WIC staff.

Example of inappropriate billing procedures:

- a. Non-WIC paid nurse making home visits, completing a WIC certification, and billing the Georgia WIC Program
- b. Any WIC paid staff in the 301 Cost Pool must not participate in Medicaid reimbursement

# XXII. REGISTERED AND/OR LICENSED DIETITIAN CREDENTIALING POLICY FOR THE DEPARTMENT OF PUBLIC HEALTH

It is the policy of the Department of Public Health, that those registered and or licensed professionals providing medical nutrition therapy in public health practice meet all standards and guidelines outlined in the credentialing expectations document. All licensed professionals participating in reimbursable services must be credentialed by June 1, 2006. The District Nutrition Service Directors are responsible for monitoring the credentials and competence of county professionally licensed dietitians in their districts.

## I. Professional Licensure

- a. Each professional dietitian shall, at all times, maintain current licenses received by the Georgia Board of Examiners of Licensed Dietitians.
- b. Verification of licensure may be obtained via the internet (<u>www.sos.state.ga.us</u>).

# II. Professional Registration

- a. Each professional with the designation of Registered Dietitian shall, at all times, maintain current registration by the Commission on Dietetic Registration of the American Dietetic Association.
- b. Verification of registration may be via internet (www.cdrnet.org).

## III. Initial Practice

- a. Academic preparation
  - Licensed Dietitian copy of current license issued by the Georgia Board of Examiners of Licensed Dietitians.
  - ii. Registered/Licensed Dietitian copy of current registration card from the Commission on Dietetic Registration of the American Dietetic Association and copy of current license issued by the Georgia Board of Examiners of Licensed Dietitians.
  - iii. Provisionally Licensed Dietitian copy of verification statement from an American Dietetic Association accredited dietetic internship program and copy of provisional license. The Provisional License only lasts for ONE year. If the Dietitian does not pass the RD exam within that time the Provisional License expires, which means they can not function as a Licensed Dietitian in the State of Georgia until they pass the Registration exam. Once the exam is passed, the Dietitian can submit the proper paperwork to the ADA and the Secretary of State to become a RD and LD.
- b. Authority and Scope of Practice
  - i. ADA Code of Ethics prior to the practice of medical
  - ii. Nutrition therapy- all credentialed professionals will read and agree to abide by the Code of Ethics set forth by the American Dietetic Association.
  - iii. DPH Policy all credentialed professionals will read and agree to abide by DPH policy regarding other employment.

### XXIII. CONFLICT OF INTEREST

The Georgia WIC Program does not support conflicts of interest at the state, district or local level. Based on DPH policy, all employees must report outside employment to their immediate supervisor. A determination will be made whether this employment opportunity is a conflict. A definitive time frame for employment will be agreed upon between the employee and his/her immediate supervisor. This will be documented in the employee's personnel file.

The state and local agency must prohibit the following certification practices or provide alternative policies and procedures when such prohibition is not possible:

- (1) Certifying oneself
- (2) Certifying relatives or close friends or
- (3) An employee determining eligibility for all certification criteria and issuing food instruments for some participants. (See Food Delivery Section III. F and Certification Section III. E. for the current procedures).

## XXIV. RENOVATIONS

Any capital improvements exceeding \$4,999 must have prior approval from the Georgia WIC Program and USDA. (Capital improvements are any improvements that can be depreciated, such as buildings, renovations, etc.).

### XXV. INTER/INTRA AGENCY AGREEMENT

The Inter/Intra Agency Agreement is an agreement that must be used by all multi-county health district with each of their counties. Your district may add additional terms but must not delete or change any of the existing terms (see Attachment AD-12).

### XXVI PATIENT FLOW ANALYSIS

A Patient Flow Analysis (PFA) is optional and is a tool to analyze the following:

- 1. The range of time for certification of clients from sign in to first face-to-face visit where services provided.
- 2. The range of time for certification of clients from sign in to exit.
- 3. The range of time for clients scheduled for issuance of vouchers.
- 4. Clinic bottlenecks.
- 5. Whether clients are seen in the order of appointments.
- 6. Whether participants are scheduled at a rate appropriate for services received and staff availability.
- 7. Whether staff has down times for any staff?
- 8. Whether appropriate staff is present for first morning appointments.
- 9. Number of appointments and no-shows.

## (See Attachment AD-11 for the PFA options)

## Procedures for the Patient Flow Analysis consist of the following two options:

### **OPTION I**

Option I contains four (4) forms which include:

- 1) Patient Flow Analysis (PFA) Sign-In Sheet
- 2) Patient Flow Analysis (PFA) Form
- 3) Employee Time Log
- 4) Questions to Answer from the Modified PFA Form

### FORM I - PATIENT FLOW ANALYSIS SIGN-IN SHEET

The Patient Flow Analysis Sign-In Sheet is designed to have all WIC applicants/participants sign in at the time of arrival. Each applicant/participant must sign in and document the arrival time.

## FORM II - CLINIC FLOW ANALYSIS FORM

The Clinic Flow Analysis form documents the following:

- 1. **Room #** (if applicable) Room number is completed in the event a clinic is divided alphabetically and each staff person is keeping his/her own Sign In form.
- Clinic Name of the clinic where the analysis is being conducted.
- 3. **Patient #** Number that is assigned on the Patient Flow Analysis Sign-In Form.
- 4. **Name** Name of the applicant/participant.
- 5. **Date Seen** Actual date the Patient Flow Analysis is taking place.
- 6. **WIC Type** P \_\_ N \_\_ B \_\_ I \_\_ C

  Check mark which identifies whether the applicant/participant is a pregnant (P), postpartum (N) or breastfeeding women (B), an infant (I) or a child (C).
- 7. **Reason for Visit** Reason the applicant/ participant made a visit to the WIC clinic.

## Reason for Visit Codes - Definitions

**Initial Certification** 

Recertification (Subsequent)

Incomplete Certification, i.e., client left without completing certification process Reinstate

Transfer

Education (with or without vouchers)

Special Formula or Formula Change

Vouchers only (no nutrition education)

Other (please specify)

- 8. **Appointment Time** Appointment time of the applicant/participant.
- 9. **Time Started** Actual time that the clinic staff begins to work with the WIC participant.
- 10. **Time Finished** Actual time that staff finishes working with the applicant/participant.
- 11. **Staff Initials** Staff that serves the WIC applicant/participant.

**Note:** a. A record of the staff person's initials must be placed with the actual Patient Flow Analysis documentation for audit purposes.

- b. Each applicant/participant must have his/her own Patient Flow Analysis Form. Each family member must have his/her own form.
- 12. **Patient Arrived** Actual time that participant signed in at the clinic.
- 13. **Time Patient Left** Time the applicant completes all WIC services and is leaving the clinic.
- 14. **Total Time in Clinic** Amount of time from arrival to departure for applicant/participant to receive WIC services.
- 15. **Food Package Change (FPC)/Formula Type (optional)** FPC or formula type, if applicable, for district use.
- 16. **Special Services Provided/Comments -** Special services or circumstances which may cause additional time to be taken with the applicant/participant.

# FORM III - Employee Time Log

The Employee Time Log documents the following:

- 1. Name and Title of Employee Employee who is providing services must document their name and official title.
- 2. Work Hours Employee must document their schedule work hours including the time spent servicing a client doing the clinical work, administrative work and clerical work. In addition, if an employee is working in the clinic and providing other services that does not require face to face work with the client, that time must be documented. For example, an employee working at the file room or making/receiving work related phone calls or doing administrative work.
- **Miscellaneous** Any other duties the employee performed during the day of Patient Flow Analysis.
- **4. Lunch/ Break** Employee must document the time taken for lunch or break during the day of Patient Flow Analysis.

## FORM IV - QUESTIONS TO ANSWER FROM THE MODIFIED PFA

Questions from the modified PFA are listed on this form to indicate the type of information you can expect to receive from the PFA.

## **OPTION II**

Option II contains seven (7) forms which include:

- Patient Flow Analysis (PFA) Sign In Form
- Personnel Identification Codes
- Reason for Visit Code Form
- 4) Patient Category Form
- 5) Patient Register Form
- 6) Employee Time Log
- 7) Questions to Answer from the Modified PFA Form

## (See Attachment AD-11 for PFA options)

## FORM I - PATIENT FLOW ANALYSIS (PFA) SIGN-IN SHEET

The Patient Flow Analysis (PFA) Sign In Sheet is designed to have all WIC applicants / participants sign in at the time of arrival. Each applicant/participant must sign in and document their arrival time.

## FORM II - PERSONNEL IDENTIFICATION CODE FORM

The Personnel Identification Code is used to identify clinic staff/title involved, i.e., R.N., in the PFA. A letter from the alphabet must be assigned to each employee before the PFA begins. This form must be completed at the beginning of the Patient Flow Analysis so that each clinic staff is aware of what code is assigned to them to use for the PFA.

### FORM III - REASON FOR VISIT CODES

The Reason for Visit Code is used to identify the type of services being rendered to the WIC applicant/participant.

## FORM IV - PATIENT CATEGORY FORM

The client category identifies the codes you must use to identify the type of clients who are being served during the PFA.

### FORM V - PATIENT REGISTER FORM

The Patient Register Form is to be placed on the record of each participant as they sign in, unless the participant is in the clinic for voucher pick up only and the record is not routinely pulled. The Patient Register Form documents the following:

- 1. Patient Number (it should match the number on the sign in sheet).
- Reason for visit (see Reason for Visit Codes).
- 3. Patient Category (see Form IV, Patient Category Form).
- 4. Time of Arrival (should be the same as what is recorded on the sign in sheet).

- 5. Time of clinic appointment (should be the same as what is recorded on the sign in sheet).
- Patient Service Time:
  - a. Contact number (must match the number on the Participant Sign-in Form).
  - b. Personnel ID code form (must list the staff persons involved in the PF Analysis Form II).
  - c. Start Time (time identified on the sign in sheet Form I).
  - d. End Time (time services are completed).
  - e. Service provided (see the reason for visit code Form III).

### FORM VI - EMPLOYEE TIME LOG

The Employee Time Log form documents the following:

- 1. **Name and Title of Employee** Employee who is providing services must document their name and official title.
- Work Hours Employee must document their scheduled work hours, including the time spent servicing a client or doing the clinical work, administrative work and clerical work. In addition, if an employee is working in the clinic and providing other services that do not require face- to-face work with the client, that time must be documented. For example, an employee working at the file room or making/receiving work related phone calls or doing administrative work.
- 3. **Miscellaneous** Any other duties the employee performed during the day of Patient Flow Analysis.
- 4. **Lunch/ Break** Employee must document the time taken for lunch or break during the day of Patient Flow Analysis.

# FORM VII - QUESTIONS TO ANSWER FROM THE MODIFIED PFA

Questions from the modified PFA are listed on this form to indicate the type of information you can expect to receive from the PFA.

### XXVII. STATE PLAN

The State Plan consists of Goals and Objective for the State.

# XXVIII. LOCAL AGENCIES: APPLICATION, DISQUALIFICATION AND ADMINISTRATIVE REVIEW

# A. LOCAL AGENCY APPLICATION PROCESS

Local agencies are public or private health or human services agencies as defined at 7 C.F.R. Section 246.2. A local agency applicant must demonstrate its ability to provide

WIC services according to state policies (see Attachment AD-14) and in compliance with Federal WIC regulations.

The Georgia WIC Program operates in all 159 counties within the state via local public health departments and one (1) Atlanta-based contracted agency (Grady Health System). Since FFY 04, the Georgia WIC Program has expanded WIC services into non-public health agencies/providers, such as migrant health centers, health maintenance organizations, community health centers, schools and/or private provider offices.

Applications for expansion of WIC services in an area or special population already being served or for initiation of WIC services in a new area or special population shall be considered based on need as measured by participant priority (see 7 C.F.R. Section 246.7) and the Affirmative Action Plan (see 7 C.F.R. Section 246.4 (a)(5)). The state agency shall establish standards for selection of new local agencies based on considerations set forth at 7 C.F.R. Section 246.5 (d).

Upon request from a local agency interested in operating the Georgia WIC Program, the state agency will supply, within fifteen (15) days of inquiry, a pre-application information package containing of the following documents:

- 1. A cover letter explaining, at minimum, the overall application process, time frames involved, criteria for selecting agencies and information concerning the appeal process in the event that the application is denied.
- 2. A copy of Federal WIC regulations (7 C.F.R. Part 246).
- A list of basic requirements to be included in the local agency's application to operate the Georgia WIC Program including staffing and equipment requirements, as well as clinical and nutritional regulatory mandates.
- 4. A listing of state and local agency resources.
- 5. A copy of the Memorandum of Understanding between the state agency and the local agency (the Memorandum of Understanding is included in the Administration Section of the WIC Procedures Manual).
- 6. A copy of the most current State Plan, Procedures Manual and Georgia WIC Program Information Packet.
- 7. Examples of nutrition education materials and participant training tapes.

Selection criteria for local agencies will be consistent with the requirements of 7 C.F.R. Section 246.5. Applications will also be reviewed for assurance that, at minimum:

- 1. The local agency has corrected all past substantiated civil rights problems and/or non-compliance situations.
- 2. The Civil Rights Assurance is included in the state /local agency Georgia WIC Program Agreement.

- 3. Civil Rights complaints are being handled in accordance with procedures outlined in the Rights and Obligations Section of the WIC Procedures Manual.
- 4. Clinic sites, certification offices, vendors and other food distribution sites do not deny access to any person because of his/her race, color, national origin, language, sex, age, or disability.
- 5. Appropriate staff, volunteers and/or other translation resources is available in areas where a significant proportion of non-English or limited English-Speaking persons reside.
- 6. A description of the racial/ethnic makeup of the service area is included in the application.
- 7. The local agency has the ability to provide appropriate WIC services to applicants and participants in accordance with USDA and the Georgia WIC Program regulations and policies.
- 8. The local agency's space availability is adequate to provide WIC services.
- 9. The local agency demonstrates the ability to manage financial obligations in accordance with USDA and state regulations and policies.
- 10. The local agency will demonstrate the ability to ensure the security of WIC vouchers at all times.
- 11. The local agency agrees to have all agency staff attend any required meetings and training programs.
- 12. The local agency agrees to comply with all USDA and the Georgia WIC Program reporting and documentation requirements.
- 13. The local agency demonstrates the ability to comply with all the Georgia WIC Program Automated Data Processing requirements.
- 14. The local agency agrees to make all documents and records available for review and audits
- 15. A facility serving homeless participants agrees to ensure that the homeless facility:
  - a. Does not accrue financial or in-kind benefits from a resident's participation in WIC.
  - b. Does not subsume foods provided by the Georgia WIC Program into a communal food service; WIC foods must only be available to the WIC participant.
  - c. Does not allow the homeless facility to place constraints on the ability of the WIC participant to partake of the supplemental foods and nutritional

education available through WIC.

- 16. The local agency agrees to contact the facility that serves the homeless periodically to ensure continued compliance with these conditions.
- 17. The local agency requires the facility that serves the homeless to notify the state or local agency if it ceases to meet any of these conditions.

## **B. LOCAL AGENCY - DISQUALIFICATION PROCESS**

- 1. The state agency may disqualify a local agency for the following:
  - Non-compliance with Federal WIC regulations
  - State WIC funds are insufficient to support the continued operation of all its existing local agencies at the current participation level
  - A determination by the state agency following a review of local agency credentials in accordance with 7 C.F.R. Section 246.5(f) that another local agency can provide WIC services more effectively and efficiently
- 2. When disqualifying a local agency, the state agency must ensure the action is not in conflict with any existing written agreements between the state and local agency, and provide the affected local agency with written notice of not fewer than 60 (sixty) days in advance of the pending disqualification (see Attachment AD-15).
- 3. The written notice must include an explanation of the reasons for disqualification, the date of disqualification, and, except in cases of the expiration of a local agency's agreement, the local agency's right to administrative review as set forth in 7 C.F.R. Section 246.18.

# C. LOCAL AGENCY - ADMINISTRATIVE REVIEW

1. The state agency shall give 60 (sixty) days advance notice of an adverse action against a local agency and must provide full administrative review to local agencies.

# Actions Subject to Administrative Review

The state agency must provide administrative review for the following:

- Denial of local agency's application
- Disqualification of a local agency
- Any other adverse action that affects a local agency's participation

## Actions Not Subject to Administrative Review

The state agency may not provide administrative review for the following:

- Expiration of the local agency's agreement
- Denial of a local agency's application if the state agency's local agency selection is subject to the procurement procedures of the Department of Public Health

## 2. Effective Date of Adverse Action Against Local Agency

Any denial of a local agency application shall be effective immediately. Adverse actions subject to administrative review shall be effective on the date the local agency receives the review decision. All other adverse actions are effective 60 (sixty) days after the date of adverse action.

# 3. Administrative Review Requests

The local agency must submit a written request for administrative review to the state agency within 15 (fifteen) days from the date of its receipt of notification of the adverse action the local agency is appealing. The state agency shall immediately refer the local agency's request for administrative review to the Office of State Administrative Hearings (OSAH). The referral should be made within one business day and in a way that allows the state agency to track receipt of the referral by OSAH, e.g., UPS, etc.

The Administrative Law Judge (ALJ) from OSAH who is assigned to the administrative review shall provide adequate notice of the administrative review to the parties. The Georgia WIC Program, which, pursuant to Federal WIC regulations, may set the number of days required for notice of the review, has established that notice should be given 15 (fifteen) days in advance. The ALJ must issue a written review decision within 60 (sixty) days of receipt of the local agency's request for administrative review. A local agency may reschedule a review one (1) time. The state agency should indicate this information on the OSAH Form One as the mandatory referral form.

The ALJ is an impartial decision maker whose determination is based solely on evidence presented at the hearing review as to whether the state agency correctly applied federal and state statutes, regulations, policies and procedures governing WIC when taking the adverse action against the local agency. The DPH appeals reviewer shall review the ALJ's decision on behalf of the state agency to ensure it conforms to approved policies and procedures. If the review decision upholds the adverse action against the local agency, the state agency must inform the local agency that it may be able to pursue judicial review of the decision. The adverse action is effective upon the local agency's receipt of the review decision.

At the administrative review before the ALJ, the local agency shall have the opportunity to cross examine adverse witnesses and be represented by counsel at its expense. Prior to the review, the local agency may examine the evidence upon which the state agency's adverse action is based. The local agency is responsible for continued compliance with the terms of any written agreement with the state agency pending receipt of the ALJ's written review decision.

### XXIX. SPECIAL PROJECT PROGRAM

### A. INTRODUCTION

New ideas and concepts that stimulate growth, collaborative partnerships and program effectiveness are the foundational principles that guide the Georgia WIC Special Project Program (GWSPP). In fiscal year 1999, the Georgia WIC Program initiated special funding for new interventions developed by local WIC agencies. The GWSPP offers financial support to local agencies desiring to explore non-traditional means of providing WIC benefits to eligible participants. Resources are available to the local agencies in the form of Local Agency Special Project (LASP) grants. When funds are available, the Georgia WIC Program sets aside Nutrition Service Administration funds to distribute as LASP grant awards.

This section of the project outlines the purpose and processes for local agencies wishing to participate in GWSPP. In instances where grant processes are linked to routine procedures, the related procedures are referenced and must be followed.

# B. OVERVIEW OF LOCAL AGENCY SPECIAL PROJECT (LASP) GRANTS

# **Project Purpose and Priority**

LASP grants provide financial support to local agencies endeavoring to implement new program enhancements. The primary intent of the LASP grant is to support the efforts of local agencies to plan, design and implement innovative initiatives that will improve access to WIC benefits, and ultimately increase statewide participation.

Priority is given to projects proposing new concepts that can be replicated, are sustainable after the initial funding, can be implemented and completed within twelve months, and demonstrates collaborative partnerships. The focus areas for new program enhancements include:

- 1. Non-traditional service delivery sites and collaborative partnerships.
- 2. Special outreach to hard to reach clients.
- 3. Breastfeeding initiation and duration.
- 4. Linguistically and culturally appropriated nutrition education.
- 5. Efficiency measures for staff and participants.

# **Project Period**

The LASP grant is a twelve-month non-renewable award. Applicants are encouraged to consider the grant period when deciding the complexity and scope of the project. Project proposals selected for funding must illustrate the potential to complete implementation within twelve months. LASP grant funds must be expended by September 30 of the Federal fiscal year in which grant is awarded. The Georgia WIC Program plans to award grants to selected local agencies by October 1.

#### C. PROPOSAL PROCESS

All interested local agencies must submit a LASP grant proposal. Grants are awarded to an individual local agency or to a consortium of local agencies. Local agencies are encouraged to consider collaborating with other WIC agencies on proposals. A local agency may submit only one proposal per fiscal year. If an agency submits a project

proposal as part of a consortium of agencies, it may not submit a separate individual application.

## **Request for Proposal**

The Georgia WIC Program conducts an annual solicitation for LASP grant proposals to give local agencies the opportunity to propose new Program initiatives for the upcoming fiscal year. The Request for Proposal (RFP) outlining funding requirements and deadlines is distributed to all WIC local agencies in April of each year.

The RFP package includes the following:

- 1. Application procedures
- 2. Proposal requirements
- 3. Project criteria
- 4. Proposal format
- Focus areas
- 6. Proposal Evaluation criteria and weights
- 7. Application checklist

Completed LASP grant proposals must be received by the Georgia WIC Program by August 1 of each year.

## **Proposal Review Process**

It is the intent of the Georgia WIC Program to select LASP grant proposals that offer new and innovative concepts that address one of the focus areas, and have the best chance to continue beyond the initial funding period. Each proposal is reviewed and ranked by a proposal review committee. The committee is comprised of representatives from the Georgia WIC Program, the Maternal and Child Health Program, WIC Nutrition Services Directors who did not submit an application, and a representative from a non-WIC public health program.

After reviewing and ranking proposals, the Georgia WIC Program representatives may interview agencies on site before making selection decisions to: 1. clarify questionable concerns identified in the application review process; and 2. to collect information that validates the agency's capacity to successfully implement the proposed project.

Selected LASP grant proposals have two funding possibilities: GWSPP funds or USDA infrastructure grant funds. The state submits USDA applications on behalf of local agencies. State staff will provide technical assistance to local agencies to enable full development of proposals to meet USDA requirements. Both funding possibilities are subject to the availability of USDA funds.

### D. GRANT MANAGEMENT

The Health Director of local agencies awarded LASP grants, must sign the terms and conditions of the DPH Master Agreement Addendum to Annex 2 with the Director of the Georgia WIC Program agreeing to implement the project and to use the funds as

described in the proposal. Special stipulations or instructions are stated in the Agreement. The LASP grant funds will transfer to local agencies as grant-in-aid funds that will not be transferred until the Agreement has been signed.

## Reports

General administration of these LASP grants includes quarterly reports of expenditures, performance progress, a final closeout summarizing LASP outcomes and financial reconciliation. Local agencies are required to submit quarterly financial status reports on a Standard Form 269A. The due dates for quarterly reports are as follows:

January 15
May 15
September 15
December 31 (Final report)

The final summary of project accomplishments and a final Standard Form 269A must be submitted to the Georgia WIC Program no later than ninety (90) days after the last day of the Federal fiscal year to close out the project. Additionally, grantees are required to submit copies of educational curricula, videos or other tangible products produced with LASP grant funds with the final report.

# Monitoring

The Georgia WIC Program will monitor grantees as specified in the Agreement. Upon creation of a WIC new service delivery site, the Policy Unit will conduct a monitoring visit. In addition, the Systems Information Unit must assign a unique clinic number. Once the grantee receives permission to proceed with operational plans, a monitoring visit will be conducted. Before the monitoring visit, the local agency is required to complete and submit an inventory of the Georgia WIC Program LASP grant purchases.

### XXX. REQUEST FORM FOR A NEW FACILITY

A request form for a new facility must be completed by the state when/if the district requests to move into a new facility (see Attachment AD-18).

### XXXI. PARTICIPANT CHARACTERISTICS MINIMUM AND SUPPLEMENTAL DATA SETS

The Participant and Program Characteristics report requires that each state electronically submit data on participants and the program biannually (every two years) to FNS or its contractor. The participant data set is separated into two categories, minimum and supplemental.

The participant data set contains data on all participants certified as eligible for benefits for one report month (usually April). Attachment AD-16 contains a list of the minimum and supplemental data sets and indicates which of these data the state will be submitting in FFY 2012.

# XXXII. LOCAL AGENCY FUNDING ALLOCATION FOR INFORMATION ON FUNDING ALLOCATION

The current Nutrition Services Administration (NSA) funding formula allows growth districts to receive their fair share of funding on the front-end. The combined caseload target is based on the current five (5) months participation closeout October-February and one month March (30 day) and the projected availability of federal food funds (see Attachment AD-13).

#### XXXIII. RECONCILIATION RATES FOR GEORGIA

The State of Georgia Reconciliation of voucher rates from FFY2009 – present is listed below:

FFY	Total Vouchers Produced	Un- matched Original (CUR 1 and 2)	Un- matched Final	Manually Recon- ciled	Total Unrecon- ciled	Total Reconciliation Rate	Total Unrecon- ciliation Rate
2009	12,414,216	50,975	13,780	7,104	<mark>6,676</mark>	99.9462%	0.0538%
<b>2010</b>	16,463,151	27,745	3,012	1,737	1,275	99.9923%	0.0077%
2011	12,285,222	33,760	6,937	<mark>6,724</mark>	<mark>213</mark>	99.9983%	0.0017%
2012	16,799,779	84,801	29,109	27,582	<mark>1,527</mark>	<mark>99.9909%</mark>	0.0091%
2013*	5,427,472	<mark>18,615</mark>	5,213	<mark>4,792</mark>	<mark>421</mark>	99.9922%	0.0078%

\*First four months of manual reconciliation (through January, 2013)

#### XXXIV. PUBLIC COMMENT SURVEY RESULTS

#### **2012 Public Comment Survey Results**

Georgia WIC received 15,947 surveys for FFY 2012 from WIC participants, advocates and vendors. Participant surveys (English and Spanish) were available in the WIC clinic sites throughout the state and the Public Health Website. A total of 15,703 surveys were completed.

Advocate surveys were mailed and placed on the Public Health Website with a total of 230 surveys being completed. Vendor surveys were also placed on the Public Health Website with 14 surveys being completed. The summary of the analysis is currently underway and is not completed to date.

#### 2013 Public Comment Survey Plans

The 2013 Public Comment survey for participants, vendors, and advocates will be available for completion online from August 5 – September 6, 2013. The public service announcement will be released prior to this date by the Office of Communications to increase awareness and responses to the survey.

Hard copies of the participant survey will be placed at all clinics in the District/local agency so that participants can complete them onsite.

Vendor surveys will be electronically e-mailed to at all vendors.

The Advocate surveys will also be electronically e-mailed all WIC advocates including physicians and nurses.

#### XXXV. INFORMATION SYSTEMS

#### **Information Systems**

Georgia WIC has four front end data collection systems (AEGIS, Mitchell and McCormick, Netsmart, and HealthNet2) and a contract with Computer Services Corporation (CSC) for all back end data processing, banking and reports. Georgia WIC is currently working to complete a Planning Advanced Planning Document (PAPD) that will research, assess and define alternatives for a new WIC clinical system.

The goal of Georgia WIC in conjunction with the DPH Information Technology staff is to coordinate the planning activities that will ultimately provide the state of Georgia with a modern clinical information system that is:

- Cost effective
- Flexible
- Client and case centric
- Standardized for financial management
- Compliant with Functional Requirements Document (FReD) Standards
- Adaptable to Electronic Benefits Transfer (EBT) implementation
- Able to integrate with current clinical systems

#### **Electronic Benefit Transfer (EBT)**

Current EBT plans call for implementation of a single state system by October 1, 2014 and complete conversion to EBT by April 1, 2018. Milestones and plans during these next several years are located in the State Plan.

#### Voucher Management and Reconciliation System (VMARS)

- During FFY 2014, the state of Georgia plans to implement VMARS state-wide
- The systems will validate all WIC client transactions and information in real time and notify the clinic user of any unresolved critical errors
- Upon completion of the validation process, the clinic user will transmit the command to print vouchers, the system will assign voucher serial numbers and send the command to the local printer
- The system will eliminate the need for daily batching, as well as Dual Participation, Bank Exceptions, Cumulative Unmatched Redemptions (CUR), Unmatched Redemption, Critical Errors, duplicate vouchers, and duplicate voucher numbers.

#### **Data Processing Request for Proposals (RFP)**

- Georgia WIC is in the final year of its contract with CSC
- An RFP is in the final stages of preparation.
- Contract will be in place no later than October 1, 2013
- This will be a "business as usual" contract to give the state time to prepare for upcoming changes, including EBT and VMARS.

#### XXXVI. Infant Formula Rebate Invoicing

#### **Infant Formula Rebate Contract**

Effective July 1, 2013, Georgia WIC has entered into contract with Nestle Infant Nutrition for infant formula cost containment in the form of rebates for formula redeemed by Georgia WIC vendors per 7 CFR 246.16a. The initial term of the contract is for three (3) calendar years from the execution date of the contract. Georgia WIC has two (2) one (1) year options to renew, which options shall be exercisable at the sole discretion of Georgia WIC.

#### **Infant Formula Rebate Invoicing Process**

To insure proper rebate invoicing, Georgia WIC has developed four (4) standard operating procedures (SOPs) to manage changes in rebate rate changes, product name changes, package size changes and rebate invoicing. These will be maintained as attachments to the Administrative Section of the procedures manual. **See Attachments AD-33** 

**ANNEX 2** 

#### FY 2014 PUBLIC HEALTH MASTER AGREEMENT ANNEX

Program Description and Reporting Requirements

PROGRAM NAME: Georgia WIC, WIC Farmer's Market Nutrition Program, WIC Breastfeeding

**PROGRAM CODE**: 07, 09, 643, 301

**FUNDING SOURCE:** United States Department of Agriculture

**PURPOSE:** The Georgia WIC program provides wholesome foods and Nutrition Education to pregnant, breastfeeding women and to infants and children. In addition, the program provides breastfeeding education to WIC participants

#### **FUNDING REQUIREMENTS**

#### Restrictions:

#### Funds may be used for:

 Providing services to improve the health of low-income women, infants and children up to age five years, who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating and referrals to health care. The intent of the Grant In-Aid is to support the efforts of local agencies to provide WIC services.

#### Funds may not be used for:

 Administrative costs unless the Department of Public Health Financial Services has approved a cost allocation plan.

#### Statement of allowable costs/expenses:

 Those costs that are reasonable and necessary in accordance with 7 C.F.R. Parts 246 and 3016.

#### **Deliverables**

#### **Primary**

- 1. Provide services in accordance with the Child Nutrition Act of 1966, as amended by P.L. 108, the delivery of services for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). This provider agreement is made pursuant to the Georgia Department of Public Health policies and procedures, and the referenced United States Department of Agriculture/Food and Nutrition Services (USDA/FNS) regulations, the Georgia WIC Program Procedures Manual, the Georgia WIC Program State Plan, and all administrative memos (i.e. informational, action, policy). The aforementioned documents are hereinafter incorporated into this Annex.
- 2. Collect client data for participants for the purpose of monitoring and performance. Comply with all Federal and State requirements in the collection of data and make modifications as appropriate or requested within a specified time.
- Employ appropriate staff to adequately perform responsibilities in accordance with staffing and processing standards, certification requirements, program integrity, and voucher accountability and security.
- Participate in the annual development of the Georgia WIC Program State Plan and Georgia WIC Program Procedures Manual.
- 5. Provide WIC Farmer's Market Nutrition Program services according to the Federal regulations at 7 C.F.R. Parts 248 and Georgia WIC Program Farmer Market Handbook if funded to do so.
- 6. Ensure that no individual is discriminated against on the basis of disability in the full and equal

enjoyment of services and facilities or accommodations of any place that provides such services as expressed in the Americans with Disabilities Act of 1990, as amended (ADA)(42 U.S.C. Section 12101 *et seq.*), including changes made by the ADA Amendments Act of 2008 (ADAAA)(42U.S.C.Section12182).

- 7. Notify the Office of Nutrition and WIC of termination of this agreement, any county interagency agreements, or closure of a clinic location at least ninety days in advance.
- 8. Shall hire and/or maintain a Nutrition Services Director and/or WIC Coordinator position using the State Personnel Administration's job specifications for job title, MG1: Nutrition, and job code #10027.

#### **Secondary**

1. Participate in state trainings and meetings.

#### **PERFORMANCE MEASURES:**

- 1. Increase average monthly participation as a part of the state WIC program goal to reach 292,617 statewide.
- 2. Ensure 60% of mothers initiate breastfeeding.
- 3. Ensure 40% of infants are breastfed for duration of equal to or greater than six months.
- 4. Ensure 80% of children two to five years old are within normal weight.
- 5. Ensure 90% of participants are provided nutrition education.
- 6. Ensure 90% of high risk participants receive high risk nutrition education.

**ALLOCATION METHOD:** Funds are distributed statewide to all district WIC offices. The district offices then allocate the funds to the local agencies.

#### **REFERENCES:**

Website: www.wic.ga.gov

District Resource Page

#### **REPORTING REQUIREMENTS:**

- 1. Submit electronically accurate and complete participant data to the WIC data processing contractor, Computer Science Corporation, on a daily basis or when clinic activity has occurred for the purpose of monitoring and performance.
- 2. Submit electronically an annual report identifying the status of the previous year's accomplishments and challenges, and a plan for the next year's activities to be included in Georgia WIC Program State Plan using the provided format by May 31, 2014.

Annual report is to be sent to the Programmatic Contact at the address listed below:

Georgia Department of Public Health

Georgia WIC Program

2 Peachtree Street, N.W., Suite 10.293

Atlanta, Georgia 30303-3142

Phone: (404) 657-8754

3. Submit electronically and by mail signed copies of annual budget and county interagency Agreements using provided format by June 28, 2014.

Annual budget and county interagency agreements are to be sent to the WIC Financial contact at the address listed below:

Georgia Department of Public Health Georgia WIC Program 2 Peachtree Street, N.W., Suite 10.432 Atlanta, Georgia 30303-3142 Phone: (404) 657-2900

#### PROGRAMMATIC CONTACT:

PROGRAMMATIC/STATISTICAL REPORTS ARE TO BE TRANSMITTED ELECTRONICALLY DIRECTLY TO:

Georgia Department of Public Health Georgia WIC Program Debra L. Keyes, MA, RD Director, Georgia WIC Program 2 Peachtree Street, N.W., Suite 11.415 Atlanta, Georgia 30303-3142 Phone: (404) 657-3140

**ANNEX 2** 

#### **FY 2014 PUBLIC HEALTH MASTER AGREEMENT ANNEX**

**Program Description and Reporting Requirements** 

**PROGRAM NAME**: Using Loving Support to Manage Peer Counseling Program

PROGRAM CODE: 329

**FUNDING SOURCE**: United States Department of Agriculture

**PURPOSE:** The purpose of the Peer Counseling program is to promote breastfeeding

#### **FUNDING REQUIREMENTS:**

#### Restrictions:

- 70 % of funds will be used to pay Peer Counselors' salaries, 15% will be for allowable employees related expenses and 15% for travel/training expenses
- Administrative costs may not be charged to WIC unless the Department of Public Health (DPH) Financial Services has approved a cost allocation plan
- Indirect costs cannot exceed what is approved in the cost allocation plan
- Allowable cost/expenses:
  - Travel reimbursement for workshops/conference fees, home and hospital visits as stated in the Georgia Department of Public Health Travel Reimbursement Policy
  - Allowable expenses may include: background checks, fingerprinting, supplies and materials for Peer Counselors, printing of documents for Peer Counselors only
  - Prior approval by the State WIC Breastfeeding Coordinator is required before purchasing equipment (computers, note books, etc.) All computers must be inventoried electronically on the Georgia WIC Program Inventory Log
  - Funds from this grant must solely be used to support the Using Loving Support to Manage Peer Counseling Program
  - All peer counseling grant funds must be expended by September 30 of each year

#### Deliverables:

#### **Primary**

- Submit a line item budget to the State WIC Breastfeeding Coordinator for approval
- All PCs must function in Georgia WIC under the direct supervision of a District
  Breastfeeding Coordinator, a Breastfeeding Peer Counselor Program Manager, a Peer
  Counselor Supervisor, or a Nutrition Manager with breastfeeding expertise
- Recruit and hire PCs who are women from the community and are current or former WIC participants with prior breastfeeding experience of at least six (6) months' duration
- Schedule PCs to work between ten (10) and twenty (20) hours per week or approximately 1040 hours. A Peer Counselor's weekly schedule may be adjusted to prevent lapse of funds as long as no single Peer Counselor's hours exceed thirty (30) per week

#### Secondary

- All Peer Counselors (PCs) and Peer Counselor Supervisors must attend peer counseling

trainings, workshops and continuing education programs as determined by the Georgia WIC Program

- PCs must be paid a minimum of eleven dollars (\$11) per hour
- Office space needs to be provided for the PCs to provide breastfeeding support to the WIC Clients
- PCs must have their own login to GroupWise
- PCs must provide services outside of normal clinic working hours

#### **PERFORMANCE MEASURES:**

- Ensure 60% of mothers initiate breastfeeding
- Ensure 40% of infants are breastfed for duration of equal or greater than six months

**ALLOCATION METHOD:** Funds are distributed based on the number of Peer Counselors assigned to a district.

#### REFERENCES:

Website: www.wic.ga.gov

District Resource Page

#### REPORTING REQUIREMENTS:

- Peer Counselor supervisors must submit electronically, a monthly Peer Counselor Caseload Report by the tenth (10) of each month to the State WIC Breastfeeding Coordinator. The form can be found in the Peer Counselor Program Guidelines, Attachment L
- Peer Counselor supervisor must provide proof of participation in continuing education at scheduled Nutrition and WIC program reviews to the State WIC Breastfeeding Coordinator. The form can be found in the Peer Counselor Program Guidelines, Attachment K

#### **PROGRAMMATIC CONTACTS:**

PROGRAMMATIC/STATISTICAL REPORTS ARE TO BE TRANSMITTED ELECTRONICALLY DIRECTLY TO:

#### SUBMIT ALL REPORTS TO:

Georgia Department of Public Health

Georgia WIC Program

ATTN: Tammy A Fuller, BS, CLC, State WIC Breastfeeding Coordinator

2 Peachtree Street, N.W., Suite 11-256

Atlanta, Georgia 30303-3142

Phone: (404) 657-4676

Email Address: tafuller@dhr.state.ga.us

#### SUBMIT COMPUTER INVENTORY TO:

Georgia Department of Public Health

**Systems and Information** 

2 Peachtree Street, N.W., Suite 10-493

Atlanta, Georgia 30303-3142

Phone: (404) 657-2900 bacross@dhr.state.ga.us

GA Department of Administrative Services Surplus Property Division 200 Piedmont Ave. Ste. 1802 W Atlanta, GA 30334 9010 P: 404-657-8544 F: 404-463-2912

Press F1 in any field for a field description.

#### **Property Transfer Form**



Date

Please send all requests to star@doas.ga.gov

									t Date:	_	
		Releasing Agency Inform	nation		Receivin	g Agency Inform	ation	Page	of		
From A	gency:				To Agency:	To Agency:					
Proper	ty Locat	ion:			Property Location:						
Address 1:			Address 1:		Action Rec	quested:	DOAS Use:				
Address 2:			Address 2:	Select	Select One:						
City:		State	e:	Zip:	City:	State:	Zip:				
Locatio	n Conta	ct:			Location Contact:	-	•			Transaction No.	
Phone:					Phone:			Other:			
Email:					Email:						
Line #	Qty	Item Desc	ription	1	Brand/Make	Model	Serial	/VIN/Asset ID	Condition	DOAS Use	
									Select:		
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their agen	cy to act as	s & Restrictions: Completed form its agent for surplus property acc Ill electronic components capable	quisition of stori	or disposal constitu ng data or software l	te approval for the action includi have been removed, rendered un	ng obligating nreadable or —	perty Released by			Date	
Property F from the o	rogram wi division. Su	only. Additionally, persons receivi Il not be resold, cannibalized, tran irplus Property Division reserves th the restriction period and proces	nsferred the right	or destroyed for a po to supervise the resa	eriod of (1) one year without writ ale of any such property by public	tten permission	•			Date	
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DOAS Staff

Rev. 11/10

#### GEORGIA DEPARTMENT OF PUBLIC HEALTH

NAME OF INDIVIDUAL/CONSUMER/PATIENT/APPLICANT								
DATE OF BIRTH								
Requesting Agency ID#	Releasing Agency ID #							
1								

#### **AUTHORIZATION TO RELEASE INFORMATION**

I hereby request and author	orize:	
		(Name of Person or Agency Requesting Information)
	-	(Address)
to obtain from:		(Name of Person or Agency Holding the Information)
		(Address)
the following type(s) of info	ormation from my re	cords (and any specific portion thereof):
for the purpose of:		
disclosed, and there confidential and not benefits, treatment of document to be a value that my authorization in inety (90) one (1) yea the period runderstand that un	fore request that all in the further released or payment is not con- alid authorization confination in effect for days unless I specify a ar necessary to complete aless otherwise limited	alle (HIPAA) does not protect the privacy of information if re- information obtained from this person or agency be held strictly by the recipient. I further understand that my eligibility for inditioned upon my provision of this authorization. I intend this forming to all requirements of the Privacy Rule and understand for: (PLEASE CHECK ONE) an earlier expiration date here:  all transactions on matters related to services provide to me. by by state or federal regulations, and except to the extent that by withdraw this authorization at any time.
(Date)		(Signature of Individual/Consumer/Patient/Applicant)
(Date)		(Signature of Parent or other legally Authorized Representative, where applicable)
(Signature of Witness	)	(Title or Relationship to Individual)
US	E THIS SPACE ON	LY IF AUTHORIZATION IS WITHDRAWN
(Date this authorization is revok	red by Individual)	(Signature of Individual or legally authorized Representative)

## STATE OF GEORGIA INTRA-AGENCY MEMORANDUM OF AGREEMENT BETWEEN

# THE GEORGIA DEPARTMENT OF PUBLIC HEALTH OFFICE OF NUTRITION AND WIC AND MATERNAL AND CHILD HEALTH PROGRAM

**WHEREAS**, this Agreement is made and entered into by and between the Georgia Department of Public Health, Maternal and Child Health Program, Office of Nutrition and WIC (hereinafter referred to as "WIC") and the Maternal and Child Health Program (hereinafter referred to as "MCH");

**WHEREAS**, this Agreement will allow for the use of WIC participant information by the following MCH programs:

- 1) Newborn Hearing Screening
- 2) Newborn Metabolic Screening
- 3) Children's 1st
- 4) Babies Can't Wait
- 5) Children's Medical Services
- 6) Oral Health
- 7) Family Planning
- 8) Epidemiology
- 9) Injury Prevention, and
- 10) MCH Director's Office.

This information will be used for the purposes of 1) assessing and evaluating the responsiveness of Georgia's health system to participants' health care needs and health care outcomes; and 2) enhancing the health, education, or well-being of WIC participants.

**NOW, THEREFORE**, in consideration of the mutual covenants herein set forth, it is agreed by and between the parties hereto as follows:

#### I. WIC agrees to:

- A. Provide an annual report by FFY, SFY, and CY in Excel format for all enrolled women, infants and children participants that contains the following information:
  - 1. Height
  - 2. Weight
  - 3. BMI

- 4. Hematocrit
- 5. Hemoglobin
- 6. Participant type (pregnant woman, breastfeeding woman, post partum woman, infant, or child)
- 7. Up to five risk factors
- 8. Services enrolled in
- 9. Services referred to
- 10. Breastfeeding method (none, partially or total)
- B. Provide the information specified in Section I (A) of this Agreement to the respective program staff annually from the WIC participant database computer system. The information will be included in the report titled "Enrolled WIC Participant Medical and Nutritional Data File" and electronically transferred. The first report will be sent March 31, 2012 for the year of 2011 and each year thereafter in November.

#### II. MCH Respective Program agrees to:

- A. Use identifying WIC participant information for the purpose of 1) assessing and evaluating the responsiveness of Georgia's health system to participants' health care needs and health care outcomes; and 2) enhancing the health, education, or well-being of WIC participants.
- B. Not contact WIC participants.
- C. Assure that it shall not disclose information provided by WIC under this Agreement to a third party and resist efforts made by others to obtain the information.
- D. Upon termination of the Agreement, to cease all use of identifying WIC participant information and to assure that it shall not disclose information provided by WIC under the Agreement to a third party and shall resist efforts made by others to obtain the information after termination of the Agreement.
- E. Establish at all times the appropriate administrative, technical, and physical safeguards to protect confidentiality of the identifying WIC participant information and to prevent unauthorized use of or access to the information.

#### III. Restrictions on Use

The parties to the Agreement shall treat all information that is obtained or viewed by them or through their staff as confidential information and shall not use any information so obtained in any manner, except for the purposes stated in this Agreement.

#### IV. Notices and Liaisons

The parties will coordinate and conduct communications through their respective Liaisons identified below. Any communication in writing, or any oral communication

confirmed in writing, from the respective liaisons will be deemed communications and notices from the party.

#### For WIC:

#### Debra Keyes, MA, RD

Georgia Department of Public Health 2 Peachtree Street, 11<sup>th</sup> Floor Atlanta, Georgia 30303 Phone #: (404) 657-2850

#### For **Public Health**:

Brenda Fitzgerald, MD Georgia Department of Public Health 2 Peachtree Street, 15<sup>th</sup> Floor Atlanta, Georgia 30303 Phone #: (404) 657-2703

#### V. Entire Agreement; Conflicting Provisions; Amendment

This Agreement contains the entire Agreement between the parties with regard to its subject matter and supersedes all other prior and contemporaneous statements, agreements, and understandings between the parties regarding its subject matter. Only a writing of equal dignity signed by the parties may amend this Agreement. Contractor will not begin to provide revised services until a contract amendment setting forth the revision has been executed.

#### VI. Period of Agreement:

This Agreement shall become effective March 1, 2012 and shall automatically renew annually unless otherwise terminated as provided for in this Agreement.

#### VII. Termination

This Agreement may be canceled or terminated by either of the parties by written notice of its intention to cancel or terminate this Agreement to the other party with at least thirty (30) days notice.

#### VIII. Parties Bound

This Agreement is binding upon all employees, agents and third-party vendors of WIC and the MCH Program and will bind the respective heirs, executors, administrators, legal representatives, successors and assigns of each party.

#### **SIGNATURES**

IN WITNESS WHEREOF, the undersigned duly authorized officers or agents of each party have
hereunto affixed their signatures on the day and year indicated below.

Debra Keyes, MA, RD Director, Georgia WIC Program	Date
Brenda Fitzgerald, MD Commissioner	Date

#### **GEORGIA WIC PROGRAM**

#### REQUEST TO ESTABLISH NEW CLINICS/CLINIC CHANGE PURPOSE OF REQUEST: EST. NEW CLINIC CLINIC CHANGE CLINIC NUMBER EFFECTIVE DATE OF CHANGE TYPE OF CHANGE\_\_\_\_ DATE SUBMITTED \_\_\_\_\_ DIST/UNIT COORDINATOR CONTRACT # (IF LOCATED OUTSIDE OF HEALTH DEPT.) CONTACT PERSON \_ NEW CLINIC NAME \_\_\_ MAILING ADDRESS (not a Post Office Box) \_\_\_\_\_ ATTENTION: \_\_\_\_ PHONE# \_\_\_ CLINIC DAYS AND HOURS OF OPERATION \_\_\_\_ PURPOSE OF PROPOSED CLINIC (circle) initial certification re-certification nutrition education voucher issuance SCHEDULE OF VOUCHER ISSUANCE (circle) monthly bi-monthly odd PLEASE INDICATE IF TADS & VOUCHERS ARE TO BE SHIPPED TO ANOTHER LOCATION OTHER THAN THIS CLINIC \_ VOUCHER ORDERS TAD ORDERS SPECIAL VOUCHERS BLANK TADS BLANK VOUCHERS \_\_\_ PREPRINTED TADS\_ PREPRINTED VOUCHER PACKAGES WOMEN (P&B) PACKAGES WOMEN (N) PACKAGES PACKAGES INFANTS CHILDREN PACKAGES PLEASE INDICATE A BEGINNING TAD NUMBER (EXAMPLE: CLINIC #123 WOULD BE 123000001 FOR THE BEGINNING TAD NUMBER) \_ CSC COVANSYS WILL ASSIGN A MAXIMUM NUMBER OF INDIVIDUAL VOUCHERS TO BE PRINTED. THIS NUMBER WILL EQUATE TO 100 PACKAGES FOR WOMEN, 100 PACKAGES FOR INFANTS AND 100 PACKAGES FOR CHILDREN. IF YOU WISH TO INCREASE THIS NUMBER, PLEASE INDICATE: YES\_\_\_\_ FOR GEORGIA WIC PROGRAM USE APPROVED\_\_\_\_ DISAPPROVED\_\_\_ FOR CSC COVANSYS USE NEW CLINIC # ASSIGNED EFFECTIVE DATE COMPLETED BY SYSTEM MAINTENANCE REPORT #

Revised 3/12

### GEORGIA WIC PROGRAM COMPUTER SYSTEM ISSUES and PROBLEMS REPORT

Date submitted:		Date probl	em discovered:					
Clinic number:		District/uni	t number:					
Name of person report	ing issue:	Position:						
Telephone number:		Email:						
Name of person exper	iencing issue:	Position:						
Telephone number:		Email:						
Directions: Type an X nex	t to selections and email to the	e Systems Inf	ormation Unit or fax to (404) 657-2910.					
Severity of problem (select one)			one and describe below)					
Extremely critical	Batching problem Provide Batch number		Voided voucher numbers (list)					
Critical	Incorrect information in sy	stem	Multiple copies of same voucher printed ( ) times					
Major	Equipment malfunction		Voucher number error					
Average	Printer problem		Same voucher number(s) given to different client(s)					
Minor	System down (failure)		Vouchers did not print					
Enhancement	System slow		Voucher format error					
Farmer's Market	Update system information	n needed	Vouchers printed to wrong destination					
	Computer virus (type)		Other					
Describe the issue an	l d proposed solution (inclu	ıde voucher	numbers if applicable):					
Did staff report this issu	e to anyone? Yes No							
If yes, provide name an	d telephone number:	_						
Status since report (circle): Resolved Unresolved Pending  Computer report potentially affected: (e.g. CUR)								
Reason for reporting t	to state WIC Office (circle)	: FYI only	Take Action					
Revised 3/12	evised 3/12							

#### NEW SITE PERMISSION FORM

10:	District Health Directors
FROM:	Georgia WIC Program Director
DATE:	XX XX, 20
RE:	Permission to Open a New WIC Site.
Georgia WIC	Program Review Team has completed the site(s) visit located at:
Based on this	visit the district site(s) listed above:
May Open:	
May Not One	o·

If you have any questions, please contact the Policy Unit at (404) 657-2900.

DATA REQUEST FORM					
Date of Request://	Date Data Needed://				
Name:					
D/U/CL:					
Phone:					
Type of Requested Data:  Description of Data Requested (A. (Please be specific)					
Type of Requested Data:  Description of Data Requested (A (Please be specific)	Attach additional sheets if necessary)				
Type of Requested Data:  Description of Data Requested (A (Please be specific)  Format: (Excel, Access, other-specify)	Attach additional sheets if necessary)				
Type of Requested Data:  Description of Data Requested (A (Please be specific)  Format: (Excel, Access, other-specify)  Media: (Paper, E-mail, CD ROM, other  For State Office Use Only: Date Received:	Attach additional sheets if necessary)  r specify)				
Type of Requested Data:  Description of Data Requested (A (Please be specific)  Format: (Excel, Access, other-specify)  Media: (Paper, E-mail, CD ROM, other  For State Office Use Only: Date Received: Assigned To: Date Complete:	Attach additional sheets if necessary)  r specify)  Reviewed By:				

#### NEW CLINIC EVALUATION REPORT\_

Health District:	
Clinic:	
Date:	

Satisfactory = S

Unsatisfactory = U

Recommendation = R

Not Applicable = NA

Satisfactory, Needs Improvement = SN

This New Clinic Evaluation Report will be used to ensure uniformed adherence to clinic set up specifications. A written summary of activities must be submitted and approved before the clinic in question can officially be opened.

NEW CLINIC SITE	S	U	R	NA	SN
PART I – PROGRAMMATIC					
A. Location of Records Are participant records kept on file?					
B. Documentation of Transfer Methods How are participants transferred?					
C. Security (ID Card, WIC Stamp, VOC Cards, VOC Card Log) Are security procedures being followed?					
D. Equipment in Place with Inventory Numbers Is WIC purchased equipment accurately identified?					
E. Policy/Action Memos  Does the new clinic have a copy of all policy memos on file?					
F. Procedures Manual Is a current Procedures Manual located in the clinic?					
G. Poster (No Smoking, Civil Rights, LEP, How to File a Complaint and No Charge) Are required posters displayed in the clinic?					
H. Certification Form Are current certification forms available?					

	eation Process es and procedures followed during the certification			
	ssing Standards aware of WIC processing standards timeframes?			
K. Adeau	iate Space for Intake			
-	ace provided adequate for patient confidentiality during			
•	e process?			
L. Copy I	•			
	machine available to copy required residency,			
	ion and income proofs?			
	Hours of Operation (after hours one day a week) the clinic's hours of operation?			
N. Agree	ment with the State Georgia WIC /District/Hospital			
	Coordinator/District Office/Georgia WIC have a signed			
	ne agreement on file?			
O. Civil	Pights			
	been trained in the area of Civil Rights?			
Note:	<u> </u>			
	Demographics of the population to be served in order to			
1.	evaluate program access – Racial makeup of the area			
	you will be serving and who will be attending the clinic.			
	A public health website that may be used to collect this			
	information is <a href="http://oasis.state.ga.us/">http://oasis.state.ga.us/</a> .			
2.	Data collected regarding covered employment including			
	use of bilingual public-contact employees serving LEP			
	(Limited English Speaking) beneficiaries of the			
	programs – Racial ethnic data of the employees that will			
_	be working at the new clinic.			
3.	Evaluation of the location of existing or proposed			
	facilities connected with the program and whether			
	access would be difficult or impossible because of locale – Is there anyone who would be denied services			
	due to the facility and racial makeup of the clinic.			
4.	Review of the composition of the planning or advisory			
	board – Racial makeup of the new facility.			
5.	Analysis of civil rights impact, if relocation of the clinic is			
	involved - Provide an analysis of the new location.			
	This only applies when the clinic is relocating.			
6.	A written assurance by any program applicant or			
	recipient that it will compile and maintain records			
	required by the (FNS) Food Nutrition Service guidelines			
-	or other directives.			
7.	The manner in which services are or will be provided by			
	the program in question, and related data necessary for determining whether any persons are or will be denied			
	determining whether any persons are or will be defiled			

such services on the basis of prohibited discrimination.			
8. A statement of notification from the program applicant or recipient to promptly notify (FNS) Food Nutrition			
Service of any lawsuit filed against the program			
applicant or recipient or sub recipient alleging			
discrimination on the basis of race, color, or national			
origin and that each recipient notify (FNS) Food Nutrition Service of any complaints filed against the			
recipient alleging such discrimination; and that each			
program applicant or recipient provide a brief			
description of any pending application to other Federal			
agencies for assistance, and of Federal assistance being provided at time of application or requested			
report.			
9. A statement or description of previous civil rights			
reviews regarding the program applicant two years prior to applying as well as any information about the agency			
or organization performing the review and any periodic			
statements by the recipient regarding such reviews.			
* Please note that a program applicant or recipient is the			
* Please note that a program applicant or recipient is the entity applying for program funding to serve WIC			
participants.			
P. Voter Registration			
Are WIC participants given the opportunity to vote and is documentation batched? Are declaration forms kept on file?			
Q. Prenatal Logs			
Is documentation available to review rescheduled missed			
appointments for prenatal applicants?			
R. Separation of Duties			
If one person conducts certification and issues vouchers, is the documentation sent to the District office to review for approval?			
S. Interview Script			
Is the applicant/participant given the opportunity to chose race,			
migrant and Hispanic/Latino status?			
T. Request for Services Log			
Is the Request for Services Log used in the clinic? If not, what method is used to document processing standards, e.g.,			
appointment book, computer.			
U. Access to VOC/EVOC Cards			
Are VOC cards located in the clinic? Is staff using the electronic			
EVOC card system?			
Part II – COMPLIANCE ANALYSIS			
A. Voucher Inventory  The VPOD and Manual inventory must be conducted for all vouchers issued to participants.			
	l		

B. Voucher Security Vouchers must be stored in a safe and secure location at all times.			
C. Printer Security Printers must not be accessible to participants or any unauthorized personnel.			
<b>D. Transported Vouchers</b> Vouchers in a hospital setting can be transported in a locked clipboard, lockbox or locked briefcase.			
E. Issuance Space Adequate space for issuing vouchers to participant with security of vouchers maintained.			
PART III – NUTRITION SECTION			
A. Anthropometrics			
Height Board Meeting Standards?			
Length Board Meeting Standards?			
3. Adult Scales Meeting Standards/Certified within Last Year?			
4. Infant Scales Meeting Standards/Certified within Last Year?			
B. Growth Charts			
1. Birth-36 months and 2-20 Years for Boys and Girls?			
2. Prenatal Weight Gain Grid?			
C. Certification			
Hemoglobin/Hematocrit Procedures for Evaluation?			
2. Dietary Assessment Sheets?			
3. Certification Forms?			
4. Computer Certification?			
D. Staff Interviews			
1. Nutritionist			
2. Clerk			
3. Nurse			
4. Nutrition Assistant			
E. Staff Training			
1. Nutritionist			
2. Clerk			
3. Nurse		 	
4. Nutrition Assistant			
F. Breastfeeding Promotion and Support (friendly environment)?			

G. Adequate Space to Work?		
H. Adequate Space for Counseling?		
I. Adequate Space for Voucher Issuance/Waiting Room?		
J. Patient Confidentiality?		
K. Clinic Flow?		
L. Resources		
<ol> <li>Nutrition Education Materials (provide list of materials available at clinic site)?</li> </ol>		
<ol><li>Nutrition Education Materials Ordering Catalog (describe process for ordering nutrition education materials)?</li></ol>		
3. Nutrition Guidelines for Practice?		
4. Risk Criteria Handbook?		
5. Calculator?		
PART IV – SYSTEMS INFORMATION		
A. Clinic Information		
1. Clinic Number		
2. Full VPOD		
3. WIC Computers		
4. Clinic Staff Authorized to Use WIC System		
5. Clinic Supervisors Listed		
Current Authorized Users Kept on a List		
7. Non-clinic Staff Authorized to Use WIC System Listed		
8. Terminated or Transferred Staff Still on the List		
B. Physical Security		
Computer, Printer and Voucher Stock in a Safe Area		
2. Computer is Locked in a Safe Area when Clinic is Closed		
C. Program Security		
System Backed Up Daily?		
Provisions for Storing Backup Files in Case of Fire or Other Disasters?		
Users No Longer Employed by WIC Deleted from the System?		
4. List of Users and their Passwords Kept in the Clinic (No		

Stat	e Staff Receiving Signature Date Received	by t	he Sta	ate		
For S	State Agency Use Only					
Nut	rition Services Director/Clinic Manager Date Completed	Date	Subn	nitted	I to the	e State
	Comments/Observed Strengths and Weaknesses:					
	Clinic Maintains a Supply of Blank Standard Vouchers for All WIC Types as well as Blank Manual (999 series) Vouchers for Use in Emergencies?  Acknowledgement Dates for ETAD and Voucher Batches					
	Clinic Maintains a Supply of Blank Manual Vouchers for Use in Emergencies?					
5.	Clinic Maintains a Supply of Both Blank and Pre-numbered Paper TADs for Use in Emergencies?					
	such list should be kept anywhere)?					

#### Nutrition Services Director Job Description

Under broad supervision of the District Health Director and/or the District Program Manager, plans, implements, monitors, and evaluates the nutrition services of a Public Health District and WIC services to include certification section, rights and obligations section, administrative section, vendor section, food package section, nutrition education section, special population section, outreach section, food delivery section, compliance section, monitoring section, breastfeeding section, computer system section and disaster plan section.

Job Responsibilities and Performance Standards:

- Advises and collaborates with the agency health official, senior policy makers, administrators and legislators who have a significant impact on the mission, programs and policies in the District Health Agency. (Performed by all incumbents)
  - 1. Participates in the development of health policies as a member of the health agency's management team.
  - 2. Reviews and comments on proposed legislation, regulations, and guidelines promulgated by federal, state and local legislative bodies and regulator agencies and evaluates potential impact on health agency performance and environment.
  - 3. Participates in development, implementation and compliance with nutrition standards of care and quality assurance throughout health agency.
  - 4. Collaborates with community agencies or groups and provide nutrition outreach and educational information as needed.
- **II.** Develops long and short term goals for the health agency and participates in the agency's strategic and operational planning. (Performed by all incumbents)
  - 1. Identifies programs and services to be implemented.
  - 2. Conducts agency and community assessments. Uses health and management information databases in decision making.
  - 3. Identifies available and needed nutrition resources for the target population. Plans future directions by coordinating and writing the State Administrative/Nutrition Education Plans.
  - 4. Approves the district's nutrition plan within established time frames.
- III. Prepares the agency's multi-million dollar nutrition services budget (i.e., WIC, Medicaid, other third party reimbursements and contract funds) and prepares grant proposals and contracts to obtain funds for expansion of nutrition services. (Performed by all incumbents)
  - 1. Budgets multiple source nutrition funding, (i.e., WIC, Medicaid, other third party reimbursements, grant and contract funds) in compliance with federal, state and local standards.
  - 2. Monitors expenditures to ensure conformity to budget category allowance. Identifies potential cost overruns.
  - 3. Administers grants and contracts for nutrition services according to applicable laws and guidelines.
- **IV.** Participates as an active member of the agency management team and recommends health program utilization and implementation strategies. (Performed by all incumbents)
  - 1. Accurately determines staffing, facility and equipment needs. Coordinates staff activities, assign work and set priorities and deadlines for staff.

- Provides appropriate input in the design and implementation of the agency management information system.
- 3. Thoroughly evaluates and monitors nutrition services outcomes for budget justification and for program compliance.
- 4. Conducts self-reviews annually using the "Georgia WIC Program Local Agency Monitoring Tool" to evaluate operations and to document findings for usage at the State level and Local level.
- 5. Participates as a member of the District Health Emergency Assistance and Resource Team (DHEART).
- ٧. Provides expert nutrition information on technical application of nutrition expertise to agency and community administrators, policy makers and advocacy groups. (Performed by all incumbents)
  - 1. Provides timely responses to inquiries regarding nutrition information by human service professionals, related community volunteer agencies and/or educators or academic.
  - 2. Provides nutrition policy analysis and interpretation to administrators, legislators and/or corporate/industry inquiries as needed.
  - 3. Collaborates as agency representative in community advocacy or volunteer agencies, providing nutrition and health educational information and agency support.
  - 4. Responsible for researching and providing training opportunities to nutrition competency for nutritionists, public health nurses and other health care workers.
  - 5. Responsible for overseeing breastfeeding trainings and to attend biannual coalition meetings.
- VI. Creates and maintains a high performance environment characterized by positive leadership and a strong team orientation. (Performed by all incumbents)
  - 1. Define goals and/or required results at beginning of performance period and gains acceptance of ideas by creating a shared vision.
  - 2. Communicates regularly with staff on progress toward defined goals and/or required results providing specific feedback and initiating corrective action when defined goals and/or required results are not met.
  - 3. Confers regularly with staff and supervision to review employee relation's climate, specific problem areas and actions necessary for improvement.
  - 4. Evaluates employees at scheduled intervals; obtains and considers all relevant information in evaluations and supports staff by giving praise and constructive criticism.
  - 5. Recognizes contributions and celebrate accomplishments.
  - 6. Motivates staff to improve quantity and quality of work performed and provides training and development opportunities as appropriate.
- VII. Manages human resource and employee relation's functions. (Performed by all incumbents)
  - 1. Interviews applicants or employees to fill vacancies or promotional positions according to applicable laws, rules and policies.
  - 2. Selects or promotes the appropriate number of individuals who possess the skills needed to perform required work.

- 3. Provides orientation to new employees. Identifies training needs and ensure that necessary job-related instruction is provided to all staff.
- 4. Discusses potential grievance-related concerns with employees in order to identify options or resolve issues prior to the formal filing of a grievance.
- 5. Advises employees of established grievance procedures.
- 6. Recommends or initiates disciplinary actions according to applicable rules and policies.
- **VIII.** Maintains responsibility for personal professional continuing education to enable application of current professional practice. (Performed by all incumbents)
  - 1. Participates in professional workshops, seminars, nutrition staff meetings and other in-services as scheduled. Summarizes relevant information received in the training sessions and shares with other staff either in verbal or written form.
  - 2. Remains knowledgeable and up-to-date in the field of nutrition through reading nutrition and medical journals and textbooks.
  - 3. Maintains CPR certification and proficiency by renewing certification bi-annually.

FORM I OPTION I

#### PATIENT FLOW ANALYSIS (PFA) SIGN IN

Clinic Date Start Time _	
--------------------------	--

Patient Number	Name	Arrival Time
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16	•	
17		
18	•	
19	•	
20		

(See instructions for PFA in the Administration section of the Procedures Manual)

**FORM II OPTION I** 

#### Patient Flow Analysis (PFA) Form

Room #:	(If Application	able)			
Clinic:					
Patient #:					
Name:					
Date Sent:					
Reason for Visit:					
WIC Type: P N B	3I	C			
Appointment Time:					
		Time	Time	Time	<b>Staff</b> Started
				Finished	Initials
Patient Arrived:					
Initiate Worker:					
Clerk:					
Lab Worker:					
Nurse:					
Nutritionist:					
Clerk:					
Time Patient Left:					
Total Time in Clinic:					
FPC/Formula Type: (Optional)	)				

Note: 1. A record of staff initials must be kept on file for audit purposes.

Each applicant/participant must have her/his own PFA Form. 2.

Special Services Provided/Comments:

#### **FORM III OPTION I**

#### Patient Flow Analysis: Employee Time Log

Name & Title of Employee	
Work Hours (Serving Participant in the Clinic	s):
Clinical:	
Administrative:	
Clerical:	
Nork Hours (Serving Participant outside of C	Clinic, ie phone/appt/Dr. office):
Clinical:	
Administrative:	
Clerical:	
Miscellaneous (any other duties perform):	
Lunch/ Break:	

FORM IV OPTION I

#### Questions to Answers for Option I

- 1. What was the length of time that a client waited from sign-in to first clinic staff contact?
- 2. What was the range of time for certification clients from sign-in to exit?
  - For clients scheduled for issuance?
- 3. Were there any clinic bottlenecks?
- 4. Are clients seen by order of appointment?
- 5. Are clients scheduled at a rate appropriate for services received and staff availability?
- 6. Are there down times for any staff?
- 7. Are the appropriate staff present for first morning appointments?
- 8. How many appointments were there? Number of no-shows?

**OPTION II** FORM I

#### PATIENT FLOW ANALYSIS (PFA) SIGN IN

Clinic	Date	Start Time

Patient Number	Name	Arrival Time	Appt. Time
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

(See instructions for PFA in the Certification section of the Procedures Manual)

**OPTION II FORM II** 

#### PERSONNEL IDENTIFICATION CODES

CODES	NAME	OFFICIAL FUNCTION
А		
В		
С		
D		
E		
F		
G		
Н		
I		
J		
K		
L		
М		
N		
0		
Р		
Q		
R		
S		
Т		
U		
V		
W		

#### FORM III **OPTION II**

#### **REASON FOR VISIT CODES**

Code	<u>Definition</u>
A.	Initial Certification
B.	Recertification (Subsequent)
C.	Incomplete Certification (i.e Client left without completing certification process)
D.	Reinstate
E.	Transfer
F.	Education (with or without vouchers)
G.	Special Formula or Formula Change
H.	Vouchers only (no nutritional education)
l.	Other (please specify)

FORM IV OPTION II

#### **PATIENT CATEGORY**

- A. Pregnant Woman
- B. Postpartum Woman
- C. Breastfeeding Woman
- D. Infant
- E. Child
- F. Family (use only when a combination of family members receives WIC services)
- G. Other (specify)

FORM V **OPTION II** 

#### **PATIENT REGISTER**

Food Package Change	Patient Num (from sign-in Reason for \	sheet)					
(from sign-in sheet) Time of Clinic: Appointment  Patient Service Time  Contact # Personnel Start Time End Time Service Provided *  1	Patient Category:						
Contact # Personnel Start Time End Time Service Provided *  1	(from sign-in Time of Clini	sheet)					
ID Code Provided *  1	Patient Serv	ice Time					
2	Contact #		Start Time	End Time			
3	1.						
4	2.						
5 6 7 8 8 1 anything out of the ordinary occurs while serving the participant please write in the Service Provided Column one of the items listed below that apply.  Computer Problems	3.						
*Note: Service Provided – If anything out of the ordinary occurs while serving the participant please write in the Service Provided Column one of the items listed below that apply.  Computer Problems	4.						
7 8	5.						
*Note: Service Provided – If anything out of the ordinary occurs while serving the participant please write in the Service Provided Column one of the items listed below that apply.  Computer Problems	6.						
*Note: Service Provided – If anything out of the ordinary occurs while serving the participant please write in the Service Provided Column one of the items listed below that apply.  Computer Problems	7.						
please write in the Service Provided Column one of the items listed below that apply.  Computer Problems	8.						
Food Package Change							
1	•						
Telephone Call   New WIC ID Card   Other	Multiple Fam	nily (No)	_ I	Need Re-cert		Immunization	
•	Telephone C	Call		New WIC ID Car	rd 🗆	Other	

**FORM VI OPTION II** 

## Patient Flow Analysis: Employee Time Log

Name	& Title of Employee		
Work I	Hours (Serving Participant in th	e Clinic):	
	Clinical:		
	Administrative:		
	Clerical:		
Work I	Hours (Serving Participant outs	ide of Clinic, ie phone/appt/Dr. off	ice):
	Administrative:		
	Clerical:		
	Miscellaneous (any other duties performed):		
	Lunch/ Break:		

FORM VII OPTION II

### Questions to Answer from the Modified PFA

- 1. What was the length of time that a client waited from sign-in to first clinic staff contact?
- 2. What was the range of time for certification clients from sign-in to exit?
  - For clients scheduled for issuance?
- 3. Were there any clinic bottlenecks?
- 4. Are clients seen by order of appointment?
- 5. Are clients scheduled at a rate appropriate for services received and staff availability?
- 6. Are there down times for any staff?
- 7. Are the appropriate staff present for first morning appointments?
- 8. How many appointments were there? Number of no-shows?

# **INTER/INTRA AGENCY AGREEMENT**

Use Option that fits District model

**OPTION I** 

### INTRA-AGENCY AGREEMENT FOR THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) SFY \_\_\_\_\_

### I. Introduction This contract (hereinafter, "the Contract") is between the \_\_\_\_\_ County Board of Health (hereinafter, "Lead County") and the County Board of Health (hereinafter, "Non-Lead County") in accordance with the Child Nutrition Act of 1966, as amended, for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in Georgia (hereinafter, "Georgia WIC Program").

#### II. **Purpose**

The Contract is made pursuant to regulations of the United States Department of Agriculture, Food and Nutrition Services (USDA/FNS) at 7 C.F.R. Section 246, the Georgia Department of Public Health (DPH) Policies and Procedures Manual, the Georgia WIC Program Procedures Manual, the Georgia WIC Program State Plan of operation, the Master Agreement and Annex J, the Georgia WIC Program Plan for Local Agency Planning, the WIC Financial Management and Statewide Cost Allocation Plan, and all relevant administrative memos. The aforementioned documents are hereinafter incorporated into the Contract.

Pursuant to the Contract, the Lead County agrees to distribute WIC Nutrition Services Administrative (NSA) funds to the Non-Lead County based upon an assigned caseload target. To receive these funds, the Non-Lead County must perform the following functions in order to meet the Georgia WIC Program objectives: nutrition education, breastfeeding promotion and support, participant certification, caseload management, food delivery, screenings for and referrals to other social and medical service providers, and general WIC management.

#### III. **General Agreement**

Both the Lead County and the Non-Lead County agree to:

- Adhere to the WIC Statewide Cost Allocation Plan.
- 2. Maintain complete and accurate records of WIC funds received and expended by employing Generally Accepted Accounting Principles (GAAP) and reconciling WIC expenditures to WIC revenue.
- 3. Make these records available for audit upon request of the Georgia WIC Program, the DPH Office of Audits, the DPH Office of Investigative Services and/or the USDA.

In case of an audit exception in performance, the Non-Lead County may be responsible for payment to the Georgia WIC Program from that County's non-participating funds.

### **IV. Lead County Agreement**

The Lead County agrees to:

1.	Provide \$	of NSA	funding f	or the reimburs	sement of non	-WIC paid	staff for
	salary and fringe	benefits only	with an	assigned casel	load target of	·	_ to the
	Non-Lead County.				-		

- 2. Disburse contracted NSA funds to the Non-Lead County in the first and second guarter of the State fiscal year, and amend the Contract using Attachment 1-A when and if additional NSA funds become available.
- 3. Reimburse non-WIC paid staff for all WIC approved per diem/travel.
- 4. Provide medical/supplies, office supplies, equipment and any items required to perform service delivery to WIC clients.
- 5. Provide manuals, forms and nutrition education materials required for WIC service delivery as specified in the Georgia WIC Program Procedures Manual and the Georgia WIC Program State Plan of operation.
- 6. Monitor, evaluate and provide technical assistance and training for the Non-Lead County agency staff regarding the delivery of WIC services on a routine basis and/or as requested.
- 7. Reimburse the Non-Lead County for approved Central Services Cost Allocation expenditures in County Health Departments using Attachment 1-B.

### V. Non-Lead County Agreement

The Non-Lead County agrees to:

- 1. Accept \$\_\_\_\_\_ of NSA funding with an assigned WIC caseload target of\_\_ from County Board of Health. The non-lead county further agrees to perform the following functions in order to meet WIC's objectives: nutrition education, breastfeeding promotion and support, participant certification, caseload management, food delivery, screenings for and referrals to other social and medical service providers, and general WIC management.
- 2. Expend twenty-two (22) percent of NSA funds expended toward nutrition education.
- 3. Expend nine (9) percent of NSA funds expended towards breastfeeding education and promotion.
- 4. Accept an allocation adjustment if total reported nutrition education and breastfeeding promotion and support expenditures are less than the required amount of expenditures.

The State WIC office will reduce the following federal fiscal years' allocation by the difference.

- 5. Record all WIC transactions for non-WIC paid employees using the Personnel Activity Report System (PARS), which will be the official record for tracking nutrition education and breastfeeding education and promotion.
- 6. Submit a projected line item budget to Lead County within thirty (30) days of the acceptance of the Contract and resubmit the Contract using Attachment 1-A when additional funds are allocated to the County.
- 7. Have appropriate staff adequately perform WIC responsibilities in accordance with WIC staffing and processing standards, certification requirements, WIC services integrity, and voucher accountability and security.
- 8. Collect client data for WIC participants for the purpose of monitoring WIC services performance and comply with all Federal and State requirements in the collection of WIC data and modify as appropriate or requested within a specified time.
- Comply with all the fiscal and operational requirements prescribed by the Georgia WIC Program pursuant to: 7 C.F.R. Part 3016, the debarment and suspension requirements of 7 C.F.R. Part 3017 (if applicable), the lobbying restrictions of 7 C.F.R. Part 3018, and FNS guidelines and instructions; provide on a timely basis to the Georgia WIC Program all required information regarding fiscal and WIC services information.
- 10. Prohibit smoking in the space used to perform WIC services during times of service delivery.
- 11. Comply with non-discrimination laws by not discriminating against persons on the grounds of race, color, national origin, age, sex or handicap, and compile data, maintain records, and submit reports as required to permit effective enforcement of nondiscrimination laws.
- 12. Maintain on file and have available for review and audit all certification criteria used to determine WIC eligibility.
- 13. Make available all appropriate health services to WIC participants, whether directly or through referral services; inform WIC applicants and participants about these services; and provide nutrition educational services to WIC participants in compliance with WIC Federal regulations and FNS guidelines and instructions.
- 14. Maintain complete, accurate, documented and current accounting of all WIC funds received and expended.
- 15. Provide the Lead County, Georgia WIC Program, and the DPH Office of Audits immediate and complete access to all WIC clinics and all records maintained by WIC clinics within the County.
- 16. Obtain prior approval from the Lead County for any Central Services Cost Allocation Plan, and adhere to the WIC Cost Allocation Guidelines using Attachment 1-B.

### VI. Notice

**LEAD COUNTY** 

All notices under this Contract shall be deemed duly given upon delivery, if delivery by hand, or three (3) calendar days after posting, if sent by registered or certified mail, return receipt requested, to a party listed at the addresses below or otherwise designated by notice pursuant to this paragraph:

Name: Title: Address:			
NON-L	EAD COUNT	Y	
Name:			 
Title: Address:			

### VII. Entire Agreement

The Contract constitutes the entire agreement between the Lead County and Non-Lead County with respect to the subject matter hereof and supersedes all prior negotiations, representations, or contracts. No written or oral agreements, representations, statements, negotiations, understandings, or discussions that are not set out, referenced, or specifically incorporated in this Contract shall in any way be binding on or of effect between the Lead County and Non-Lead County.

Any section, subsection, paragraph, term, condition, provision, or other part of the Contract that is judged, held, found or declared to be voidable, void, invalid, illegal or otherwise not fully enforceable shall not affect any other part of the Contract, and the remainder of the Contract shall continue to be of full force and effect as set out herein.

### VIII. Term and Termination

The Contract shall be effective for the \_\_\_\_ State Fiscal Year beginning on July 1st and ending on June 30<sup>th</sup> of the given State Fiscal Year.

The Contract is binding on the Lead County and Non-Lead County, and its successors, transferees, and assignees, so long as the County receives assistance or retains possession of any assistance from the Georgia WIC Program. Either party, upon sixty (60) days' written notice, may terminate the Contract.

### IX. Amendment

No amendment, waiver, termination or discharge of this Contract, or any of the terms or provisions hereof, shall be binding upon either the Lead County or the Non-Lead County unless confirmed in writing. Nothing may be modified or amended, except in writing executed by both the Lead County and the Non-Lead County.

### X. Confidentiality Requirements

DISTRICT HEALTH DIRECTOR

The Lead County and Non-Lead County shall not use any information obtained or viewed in performance of the Contract in any manner except as necessary for the proper discharge of their respective obligations under the Contract.

The Lead County and Non-Lead County shall adhere to the confidentiality provisions of the Federal WIC regulations found at 7 C.F.R. Section 246.26(d) concerning confidential WIC applicant and participant information.

### XI. Signatures

IN WITNESS WHEREOF, the undersigned duly authorized officers or agents of each party affix their signatures on the day and year so indicated.

DISTRICT FILALITY DIRECTOR	
Name	Date
LEAD COUNTY	
Name Title	Date
NON-LEAD COUNTY	
Name Title	Date

# Option 1-A

	PLANNED BUDGET FOR SFY		
	THE SPECIAL SUPPLEME	OUNTY BOARD OF HEALTH OR OR OUTRITION PROGRAM S AND CHILDREN (WIC)	
Α.	Personnel Services	<u>\$</u>	
В.	Central Cost Allocation Plan	\$	
тот	AL COSTS:	<u>\$</u>	
Prepared b	by:		
Contractor S	Signature		
Contractor 7	Гуреd Name and Title		
Date			

Option 1-B

Central Cost Allocation Plan (643) SFY		
COUNTY BOARD OF HEALTH FOR THE SPECIAL SUPPLEMENT NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)		
<b>Purpose:</b> The purpose of this Central Cost Allocation Plan is to arrive at an equitable distribution of WIC common expenses reimbursable from the County Board of Health ("Lead County") to the County Board of Health ("Non-Lead County") based on square footage of floor space.		
<b>Shared Cost:</b> This Central Cost Allocation Plan includes reimbursement for actual costs common to WIC.		
<b>Expenses:</b> Expenses will be based on a percentage of the actual cost and will include the following:		
Percentage of Common Space allotted to WIC (Identify Space):  Total square footage of building:		
Common Costs:  Utilities (% of actual cost based on utility bill)  Cleaning/maintenance/supplies/paper products (% of actual cost)  Annual Electric Record Room File Maintenance (%of actual cost)  Toilet paper/paper towels (% of actual cost)  A/C & Heating Repairs/Maintenance/Insurance (% of actual cost)  Garbage (% of actual cost)  Pest control (% of actual cost)  Scale Calibration (% of actual cost)  Telephone and Fax (per Phone bill)  Use of Copy Machine/Supplies (% of actual cost)  Medical Waste (% of actual cost)  Invoices must be submitted by the fifth day of the current month for expenses incurred during the previous month. Reimbursement is based on WIC funding and is not guaranteed if funding		
is not available.  Chair, Lead County Board of Health  Chair, Non-Lead County Board of Health		
District Health Director		

**OPTION II** 

### **INTRA-AGENCY AGREEMENT** FOR THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) SFY \_\_\_\_\_

IV.	Introduction
He as	This contract (hereinafter, "the Contract") is between theCounty and of Health (hereinafter, "Lead County") and theCounty Board of alth (hereinafter, "Non-Lead County") in accordance with the Child Nutrition Act of 1966, amended, for the Special Supplemental Nutrition Program for Women, Infants and ildren (WIC) in Georgia (hereinafter, "Georgia WIC Program").
٧.	Purpose
De Pro Ag Wi adr	The Contract is made pursuant to regulations of the United States Department of riculture, Food and Nutrition Services (USDA/FNS) at 7 C.F.R. Section 246, the Georgia partment of Public Health (DPH) Policies and Procedures Manual, the Georgia WIC ogram Procedures Manual, the Georgia WIC Program State Plan of operation, the Master reement and Annex J, the Georgia WIC Program Plan for Local Agency Planning, the C Financial Management and Statewide Cost Allocation Plan, and all relevant ministrative memos. The aforementioned documents are hereinafter incorporated into the ntract by reference.
III. I	Lead County Agreement
	The Lead County agrees to:
1.	Provide \$ of NSA funding for the payment of approved Central Services Costs upon prior approval of any Central Services Cost Allocation Plan with adherence to the Statewide Cost Allocation Plan.
2.	Maintain complete, accurate, documented and current accounting of all WIC funds received from USDA/FNS and provided to the Non-Lead County.
IV.	Non-Lead County Agreement
	The Non-Lead County agrees to:
1.	Accept \$ of NSA funding for the payment of approved Central Services Costs upon prior approval of any Central Services Cost Allocation Plan with adherence to the Statewide Cost Allocation Plan.
2.	Collect client data for WIC participants for the purpose of monitoring WIC services

data and modify as appropriate or requested within a specified time.

performance and comply with all Federal and State requirements in the collection of WIC

- 3. Comply with all the fiscal and operational requirements prescribed by the Georgia WIC Program pursuant to: 7 C.F.R. Part 3016, the debarment and suspension requirements of 7 C.F.R. Part 3017 (if applicable), the lobbying restrictions of 7 C.F.R. Part 3018, and FNS guidelines and instructions; provide on a timely basis to the Georgia WIC Program all required information regarding fiscal and WIC services information.
- 4. Prohibit smoking in the space used to perform WIC services during times of service delivery.
- 5. Comply with non-discrimination laws by not discriminating against persons on the grounds of race, color, national origin, age, sex or handicap, and compile data, maintain records, and submit reports as required to permit effective enforcement of nondiscrimination laws.
- 6. Maintain on file and have available for review and audit all certification criteria used to determine WIC eligibility.
- 7. Make available all appropriate health services to WIC participants, whether directly or through referral services, and inform WIC applicants and participants about these services.
- 8. Maintain complete, accurate, documented and current accounting of all WIC funds received and expended.
- 9. Provide the Lead County, Georgia WIC Program, and the DPH Office of Audits immediate and complete access to all WIC clinics within the County and their WIC records.

#### V. Notice

All notices under this Contract shall be deemed duly given upon delivery, if delivery by hand, or three (3) calendar days after posting, if sent by registered or certified mail, return receipt requested, to a party listed at the addresses below or otherwise designated by notice pursuant to this paragraph:

### LEAD COUNTY

Name: Title:	
Address:	
N	ON-LEAD COUNTY
Name:	
Title:	
Address:	

### **VI. Entire Agreement**

The Contract constitutes the entire agreement between the Lead County and Non-Lead County with respect to the subject matter hereof and supersedes all prior negotiations, representations, or contracts. No written or oral agreements, representations, statements, negotiations, understandings, or discussions that are not set out, referenced, or specifically incorporated in this Contract shall in any way be binding on or of effect between the Lead County and Non-Lead County.

Any section, subsection, paragraph, term, condition, provision, or other part of the Contract that is judged, held, found or declared to be voidable, void, invalid, illegal or otherwise not fully enforceable shall not affect any other part of the Contract, and the remainder of the Contract shall continue to be of full force and effect as set out herein.

### VII. Term and Termination

The Contract shall be effective for the State Fiscal Year beginning on July 1<sup>st</sup> and ending on June 30<sup>th</sup> of the given State Fiscal Year.

The Contract is binding on the Lead County and Non-Lead County, and its successors, transferees, and assignees, so long as the County receives assistance or retains possession of any assistance from the Georgia WIC Program. Either party, upon sixty (60) days' written notice, may terminate the Contract.

### VIII. Amendment

No amendment, waiver, termination or discharge of this Contract, or any of the terms or provisions hereof, shall be binding upon either the Lead County or the Non-Lead County unless confirmed in writing. Nothing may be modified or amended, except in writing executed by both the Lead County and the Non-Lead County.

### IX. Confidentiality Requirements

The Lead County and Non-Lead County shall not use any information obtained or viewed in performance of the Contract in any manner except as necessary for the proper discharge of their respective obligations under the Contract.

The Lead County and Non-Lead County shall adhere to the confidentiality provisions of the Federal WIC regulations found at 7 C.F.R. Section 246.26(d) concerning confidential WIC applicant and participant information.

### X. Signatures

IN WITNESS WHEREOF, the undersigned duly authorized officers or agents of each party affix their signatures on the day and year so indicated.

DISTRICT HEALTH DIRECTOR		
Name	Date	
LEAD COUNTY		
Name Title	Date	
NON-LEAD COUNTY		
Name Title	Date	

# Option II-A

	PLANNED BUDG	PLANNED BUDGET FOR SFY		
	F THE SPECIAL SUPPLEME	COUNTY BOARD OF HEALTH OR ENT NUTRITION PROGRAM S AND CHILDREN (WIC)		
A.	Personnel Services	<u>\$</u>		
В.	Central Cost Allocation Plan	<u>\$</u>		
тот	AL COSTS:	<b>\$</b>		
Prepared k	oy:			
Contractor S	Signature	-		
Contractor 7	Typed Name and Title	-		
Date		-		

## Option II-B

	Allocation Plan (643) FY
	_ COUNTY BOARD OF HEALTH FOR MENT NUTRITION PROGRAM NTS AND CHILDREN (WIC)
distribution of WIC common expenses reimb	Cost Allocation Plan is to arrive at an equitable ursable from the County Board of Health ("Non-Lead pace.
<b>Shared Cost:</b> This Central Cost Allocation F common to WIC.	Plan includes reimbursement for actual costs
<b>Expenses:</b> Expenses will be based on a perfollowing:	rcentage of the actual cost and will include the
Percentage of Common Space allotted to WI Total square footage of building:	• • • •
•	r products (% of actual cost) aintenance (%of actual cost) al cost) Insurance (% of actual cost)
Chair, Lead County Board of Health	Chair, Non-Lead County Board of Health
District Health Director	

### LOCAL AGENCY NSA FUNDING ALLOCATON

The current Nutrition Services Administration (NSA) funding formula allows growth Districts to receive their fair share of funding on the front-end. The combined caseload target is based on the current five (5) months participation closeout October-February and one month March (30 day) and the projected availability of federal food funds.

- 5. Caseload targets are assigned using two (2) factors.
  - a. Local agencies that meet or exceed caseload targets using the current federal fiscal year five-month closeout and one month (30 day) will be assigned a new target using the highest one-month participation.
  - b. Local agencies that do not meet caseload targets using the current federal fiscal year five-month closeout and one month (30 day) will be assigned a six-month average caseload target.

### PROGRAM PARTICIPATION

The definition of a participant is listed below:

**Participant:** Participants means pregnant women, breastfeeding women, postpartum women, infants and children who are receiving supplemental foods or food instruments under the program and the breastfed infants of participant breastfeeding women. A Participant is a client who has been issued at least one voucher during the reporting month. The exclusive breastfed infant is issued a voucher message but no formula is issued.

### PARTICIPANT COST ADJUSTMENT

Participant Cost Adjustment will be allocated in the next federal fiscal year to the Local Agencies that exceeded their prior year assigned caseload. This allocation will be made based upon the availability of NSA funds and State Management discretion. The Participant Cost Adjustment funding formula is as follows:

- a. Number of participant that exceeded caseload.
- b. Prior Federal Fiscal year funding rate per participant or participant times funding rate times 12 months, equals Participant Cost Adjustment.

# LOCAL AGENCY APPLICATION FOR



### **CONSIDERATION AS A PROVIDER**

OF

### SERVICES FOR THE

### SPECIAL SUPPLEMENTAL NUTRITIONAL PROGRAM

**FOR** 

WOMEN, INFANTS AND CHILDREN (WIC)

### Purpose

The purpose of this application is to provide information to the Georgia WIC Program regarding the applicant's desire, qualifications and capacity to deliver Georgia WIC Program services to eligible clients/patients. Upon review of the completed application, Georgia WIC Program staff will make an initial determination of the agencies suitability for participation in the program. Final determinations will be made pending decisions regarding coordination with existing service providers.

Initial approval will be based on the following factors:

- 1. The need for WIC services within the service area.
- 2. An estimate of the number of individuals to be served by the applicant.
- 3. The capacity of the agency to deliver quality services.
- 4. The availability of staff required meeting federal guidelines for WIC service providers.

## Page 2 LOCAL AGENCY APPLICATION



Identify whether the agency is nonprofit, federally funded, Physician Sponsor Plan (PSP), HMO, clinic plan, local health department, private practice, community health center, etc.

TYPE OF AGENCY
AGENCY NAME
Describe your service area including geographic area (counties), demographics of the population served, and percent of patients on Medicaid:
population convea, and percent of patients on medicala.
Number of pregnant women served:
Number of hours for obstetric (OB) services:
Number of hours for pediatric services:
Number of hours for general services:
AGENCY STAFFING
Number of physicians by specialty:
Do you have a registered dietitian (RD) on staff?
Number of hours per week an RD is available:
Number of registered dietitians on staff:

## GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment AD-14 (cont'd)

# Page 3 LOCAL AGENCY APPLICATION



Number of Nutritionists with a B.S. in nutrition and/or Dietetic Technician
Registered:
Number of registered nurses (RN) on staff:
Number of staff to weigh and measure and perform hemoglobin and hematocrits:
CLINIC/FACILITY CAPACITY
How many clinic locations do you operate?
List the name and location of each clinic to provide WIC services:
AGENCY NAME:
Describe the discussions with your county WIC agency regarding provision of WIC services by your agency.

Page 4	
LOCAL AGENCY APPLICATION	
PROPOSED WIC SERVICES AND ESTIMATE OF NEED FOR WIC SERVICE	<u>:S</u>
WIC Program eligibility is prescribed in the Code of the Federal Register (CFR) Part 246. To be eligible for participation in the Georgia WIC Program, clients/p must meet income and categorical eligibility requirements. Eligible clients inclu Women, Infants and Children to age five (5) years who are at or below 185% of federal poverty level and have a medical or nutritional risk. Residents and Mig meeting these requirements can be offered program benefits.	patients ude of the
How many WIC eligible clients reside in your service area?	
Number of WIC eligible clients served by your agency/clinic:	
Number of pregnant women currently being served:	
Number of WIC clients you will serve in the first year:	
Maximum number of persons you can/will serve after the first year:	
What is the date and source of the information provided above (census data; a count, etc.)?	ctual
SOURCE AGENCY:	

# Page 5 LOCAL AGENCY APPLICATION



### **CLINIC/FACILITY CAPACITY**

How much space do you plan to designate for WIC service delivery in each clinic location?
Can you perform required Laboratory procedures at each location?
Do you have equipment available to perform Anthropometric (weight, height/length and hematocrit/hemoglobin) Measurements?
What other health-related services do you provide at each clinic location?

Page 6

# LOCAL AGENCY APPLICATION



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Number of WIC clients you will serve in the first year.	
First year costs of serving eligible WIC clients.	
Monthly per client cost for year two and beyond.	
Signature of Chief Eventure Officer (CEO) or Contact Deven	Data
Signature of Chief Executive Officer (CEO) or Contact Person	Date

For additional information, contact Samuel Sims at (404) 657-2900.

Please return completed form with documents required to:

Department of Public Health

Georgia WIC Program

Two Peachtree Street, Suite 10- 495

Atlanta, GA 30303-3182

### Department of Public Health Georgia WIC Program Two Peachtree Street, NW Atlanta, Georgia 30303

## **Disqualification/Not Accepting an Application Form**

G	Georgia WIC Program is <b>disqualifying / not accepting</b> an application fro <b>(Circle One)</b>		
<del>.</del>		for the following reason(s):	
L	ocal Agency Name		
Georgia	WIC Program Director	 Date	

## Participant Characteristic (PC) Report Minimum and Supplemental Data Sets

## **Required Minimum Data Set**

Χ	State Agency ID	X	Nutritional Risk #10		Χ	Food Code #14
Χ	Local Agency ID	X	Hemoglobin		Χ	Food Package Type
Χ	Service Site ID	X	Hematocrit	4		
X	Case ID	X	Date of Blood Test	1 .		
Х	Date of Birth	X	Weight in Pounds, Nearest			
Х	Race/Ethnicity		Quarter Pound, or in Grams			
X	Certification Category	X	Height in Inches, Nearest			
X	Expected Date of Delivery		Eight of an Inch, or in Centimeters			
Х	Weeks Gestation	X	Date of Height and Weight			
X	Date of Certification		Measure			
Χ	Sex	X	Currently Breastfed			
Χ	Risk Priority Code	X	Ever Breastfed			
Χ	Participation in TANF	X	Length of Breasted			
Χ	Participation in SNAP	X	Date of Breastfeeding Data			
Χ	Participation in Medicaid		Collected	•		
Χ	Migrant Status	X	Food Code #1			
X	Number in Family/Economic Unit	X	Food Code #1			
Χ	Family/Economic Unit Income	X	Food Code #2			
X	Income Period	X	Food Code #3			
X	Income Ranges	X	Food Code #4			
Χ	Nutritional Risk #1	X	Food Code #5			
Χ	Nutritional Risk #2	X	Food Code #6			
Χ	Nutritional Risk #3	X	Food Code #7			
Х	Nutritional Risk #4	X	Food Code #8			
Χ	Nutritional Risk #5	X	Food Code #9			
Χ	Nutritional Risk #6	X	Food Code #10			
Χ	Nutritional Risk #7	X	Food Code #11			
Χ	Nutritional Risk #8	X	Food Code #12			
X	Nutritional Risk #9	X	Food Code #13			

### **Supplemental Data Set**

Χ	Date of First Certification				
Χ	Education Level				
Χ	Number in Household in WIC				
X	Date Previous Pregnancy Ended				
Χ	Total Number of Pregnancies				
Χ	Total Number of Live Births				
Х	Prepregnancy Weight in Pounds, Nearest Quarter Pound, or in Grams				
X	Participants Weight Gain in Pounds, Nearest Quarter Pound, or in Grams				
X	Baby's Birth Weight in Pounds, Ounces, or Grams				
X	Baby's Birth Length in Inches, Nearest Eight of an Inch, or Centimeters				
X	Participation in the Food Distribution on Indian Reservation Program				

### Instructions Georgia WIC Clinic Listing

The "Georgia WIC Clinic Listing" website is a place for WIC Districts to review and update their clinic information. It will also serve as a resource for clients and WIC staff to use when they need to locate clinics, clinic hours, and contact information.

### **General Information for the clinic listing website:**

 If clinic users have trouble using the website, they can contact Mary Sherman at 404-657-2871 for assistance.

#### 1. Create a New Account

- New users to the system, must first send their User Name (same as their Novell login), First Name, Last Name, District Unit, Email Address, and Phone Number via email to Mary Sherman: <a href="masherman@dhr.state.ga.us">masherman@dhr.state.ga.us</a>.
- To change a password, log into the system and click the **My Account** tab. After re-entering the password, click the Save button.

#### 2. Logging On

- Start up the web browser and type <a href="https://sendss.state.ga.us/sendss/!WICClinic.login">https://sendss.state.ga.us/sendss/!WICClinic.login</a> in the address box
- Press Enter or click the Go button. The Log In screen (Figure 1) will be displayed.
- Enter the individual *user name* and *password* which has been previously by the State WIC Office.
- If you forgot the password, click on the \*Forgot Password? link. The Forgot Password screen (Figure 2) will display, enter your user id or email address, and click on the. Submit button. You will receive your user id and password via email.

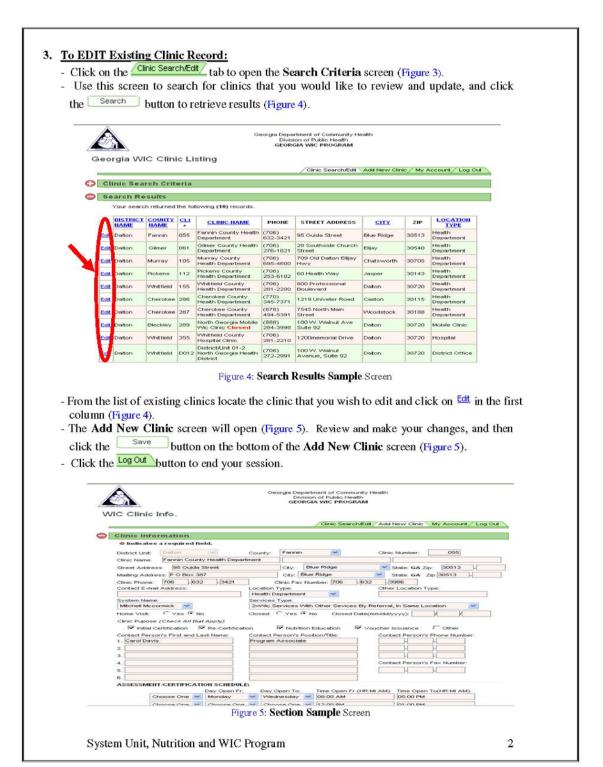


Click on the Login button to open the Search Criteria Screen (Figure 3).



Figure 3: Search Criteria Screen

System Unit, Nutrition and WIC Program



### REQUEST FORM FOR A NEW FACILITY

NOTE: When a District requests space in a new facility, the following form will be used to determine approval of the space by the State WIC Office.

COMMENT

SATIFACTORY

### UNSATISFACTORY 1. Building a. Hours of building operations b. Level of security c. Number of Entrances d. Building Management 2. Parking a. Staff b. Clients c. Availability of free client parking 3. Proximity a. Public Transportation 4. Space a. Training room b. Staff c. Interview and Evaluation d. Waiting Area(s) e. Breastfeeding room f. Conference rooms g. Meeting rooms h. Location within building i. Possibility to expand square footage initially under lease j. Any non-removable glass doors, walls and partitions k. Noise level of building and WIC space 5. Storage a. Closets b. Cupboards 6. Safety features: a. "Exit" Signs b. Water Sprinklers c. Fire Alarms d. Smoke Alarms e. Fire Extinguishers f. Power Surge Protectors 7. Air Conditioner and Heating 8. Lighting a. Electrical outlets b. Cable TV outlets c. Computer Cable outlets d. WIFI 9. Condition of Building

# REQUEST FORM FOR A NEW FACILITY COMMENT

### **SATIFACTORY**

10. Flooring a. Carpet b. Tile 11. Elevators a. Escalators b. Stalirs 12. ADA Complaint a. Building entrance b. WiC space c. Bathroom d. Counters 13. Plumbing a. Sinks b. Waste disposal 14. Drinking fountains 15. Janitorial Services 16. Amenities a. Nearby shops b. Pharmacies c. Food stores d. Food establishments 17. Mail a. Chute b. Mail c. FedEX d. UPS drops 18. Lease a. Duration b. Renewability c. Cost per square footage d. Reconfiguration cost per square foot 19. Landlord and Tenants a. Tenants with who WiC would have conflict of interest b. Landlord and ceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of WiC services c. Acceptance of WiC clients and nature of Wic services c. Acceptance of WiC clients and nature of Wic services c. Acceptance of WiC clients and nature of Wic services c. Acceptance of Wic clients and nature of Wic services c. Acceptance of Wic clients and nature of Wic services c. Acceptance of Wic clients and nature of Wic services c. Acceptance of Wic clients a	UNSATISFACTORY		
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c. Acceptance of WIC clients and services by other			
tenants			
	tenants		
20. Presence and/or proximity of other government agencies			
and services			
21. Comfort level to WIC clients			
a. Similarity of other building tenants and guests	a. Similarity of other building tenants and guests		

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Form 5459R Adoptions (Rev. 6-05)

Georgia Department of Human Resources	Name of Individual	
	Name of Individual	
	Name of Individual	
	IF AVAILABLE	
	ID Number Used by	ID Number Used by
	Requesting Agency	Releasing Agency
hereby request and authorize:		
	(Name of Agency Holding Ir	formation)
	(Address)	
o provide to: (Name	e of Agency Requesting Information)	(
19 (19 (19 (19 (19 (19 (19 (19 (19 (19 (	(Address)	
	(Address)	
The following types(s) of information from my record	ds (and specific portions there	of):
for the purpose of:		
I understand that the federal Privacy Rule ( disclosed, and therefore request that all info		
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# GEORGIA DEPARTMENT OF PUBLIC HEALTH POLICY # AM-01001 ASSET MANAGEMENT POLICY

	Kate Pfirman, Chief Financial Officer	7/23/2012 Date
Approval:	Janie Brodnax, Chief Operations Officer	7/23/2012 Date
	Dr. Brenda Fitzgerald, Commissioner	8/13/20 12 Date

#### 1.0 PURPOSE

This policy contains guidelines and procedures for Asset Management and Tracking for all state owned and federal assets of the Department of Public Health (DPH).

- 1.1 AUTHORITY The Georgia Department of Public Health (DPH) Asset Management Policy is published under the authority of DPH and in compliance with the following:
  - 1.1.1 Official Code of Georgia Annotated (OCGA), Sections:
    - 50-16-160 Inventory of State Property Central Inventory of Personal Property
    - 50-16-162 Inventory of State Property Rules and Regulations
    - 50-16-163 Power to examine books, records, papers, or personal property of state entities to ensure compliance (with Inventory of State Property)
    - 50-19-1 Transportation Services, Purchase and Use of Motor Vehicles
  - 1.1.2 State Accounting Office (SAO) Statewide Accounting Policy and & Procedure Capital Assets
  - 1.1.3 Code of Federal Regulations (CFR)
    - 45 CFR 92 U.S. Department of Health and Human Services Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments

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7 CFR 3016 – U.S. Department of Agriculture - Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments

34 CFR 80 - U.S. Department of Education - Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments

- 1.1.4 Georgia Department of Administrative Services (DOAS), Surplus Property
   Division Georgia Surplus Property Manual
- 1.1.5 DOAS Office of Fleet Management Georgia Fleet Management Manual in compliance with OCGA Chapter 50-19

#### 2.0 SCOPE

The information in this policy applies to all DPH organizational units which use or have assigned DPH state-owned or federal assets. When applicable, this policy is to be referenced in all DPH grant and contractual agreements to allow for the appropriate expenditure of State and/or Federal funds toward the purchase of assets.

#### 3.0 POLICY

The policy of the Department of Public Health is to track and account for all assets purchased with state or federal funds by the Department or an authorized entity of the Department.

#### 3.1 ACCOUNTABILITY

- 3.1.1 DEPARTMENT OF ADMINISTRATIVE SERVICES (DOAS) utilizes Georgia Technology Authority's computer managed PeopleSoft Asset Management System. DOAS is responsible for the overall statewide asset inventory tracking.
- 3.1.2 STATE ACCOUNTING OFFICE (SAO) maintains an on-line computer system to fulfill its responsibilities under the law for maintaining a central inventory of all assets owned by the State or any agency of the State.
- 3.1.3 DEPARTMENT OF PUBLIC HEALTH (DPH) is responsible for the accountability, use, maintenance and lawful disposition of all personal property titled to, assigned to, used by, or otherwise in the possession of DPH.

### 4.0 DEFINITIONS

4.1 ASSETS for all DPH Divisions, Sections, local facilities, grantees, and contractors is defined as all tangible personal property having a useful life expectancy of three years or more and an acquisition cost of \$1,000 or more and all vehicles and computers (regardless of cost). The life cycle information describing assets is required by state law to be entered into and maintained on the PeopleSoft Asset

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Management System. All equipment donated to DPH which can be defined as assets, must be listed on the DPH official asset listing. The words *property* and *equipment* are used interchangeably with the word *asset* in this policy. Contractors will only have DPH assets if the asset(s) were purchased outside of the contract and will be returned to DPH at the end of the contract period.

- 4.1.1 REAL PROPERTY is land and whatever is attached to the land in such a way that it cannot be easily moved, such as buildings
- 4.1.2 PERSONAL PROPERTY is the right or interest in things other than real estate
- 4.1.3 TANGIBLE PERSONAL PROPERTY has substance and is moveable, such as furniture, machinery, trailers and automobiles
- 4.1.4 INTANGIBLE PERSONAL PROPERTY is the right of interest, instead of the personal property itself. This would include such things as bonds, notes, and contracts
- 4.2 Form 5111 -- Detailed Equipment Listing Form (Form 5111)
- 4.3 PC Property Coordinator
- 4.4 DPH Georgia Department of Public Health
- 4.5 FSS DPH Facilities and Support Services Section
- 4.6 DOAS Georgia Department of Administrative Services
- 4.7 SAO State Accounting Office
- 4.8 GTA Georgia Technology Authority
- 4.9 AM FSS Asset Manager
- 4.10 OCGA Official Code of Georgia Annotated
- 4.11 Counties the Public Health office in the local county
- 4.12 GIA Grant-in-Aid
- 4.13 GETS Georgia Enterprise Technology Services

### 5.0 RESPONSIBILITIES

5.1 DPH DIVISION OF OPERATIONS FACILITIES AND SUPPORT SERVICES SECTION (FSS), ASSET MANAGEMENT UNIT (AMU) is designated as the DPH

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agent for establishing and maintaining the DPH assets and fleet inventory as well as fulfilling DPH's responsibilities under the law. The Asset Management Unit will maintain a complete listing (as further delineated in this policy) of assets valued at \$1,000 or more and all computers including but not limited to: CPUs, laptops, ipads, and tablets regardless of cost. The unit is responsible for adding these items to the PeopleSoft Asset Management System as received. FSS will conduct internal audits every other year to ensure compliance with state and federal regulations. FSS will maintain a schedule of internal audits and make available upon request.

- 5.2 DPH PROGRAMS are responsible for maintaining a list of all assets purchased (as further delineated in this policy) or assigned to them and to their agents/contractors.
- 5.3 DPH MANAGERS, SUPERVISORS and EMPLOYEES using state-issued assets are responsible for ensuring that all state property, regardless of cost, is used properly, maintained appropriately, and protected against damage or theft. In addition, Programs must also report any changes to assets to FSS AMU.
- 5.4 DPH DIVISIONS, SECTIONS and LOCAL FACILITIES are responsible for tracking items with a useful of three years or more that are not entered in the PeopleSoft Asset Management System (under \$1,000) on their local inventory listing in the format provided by FSS. This list is to be provided to the DPH FSS on a semiannual basis.
- 5.5 DPH DIVISION OF INFORMATION TECHNOLOGY (IT) is responsible for maintaining an updated listing of all purchased/leased computers and communication devices and their current user assignments. This listing will be provided to the FSS Asset Manager and the Program Director for verification on a quarterly basis.
- 5.6 DPH DIVISION OF FINANCE, FINANCIAL SERVICES SECTION is responsible for providing the FSS Asset Manager with a copy of the Fixed Asset Report on a monthly basis. The Financial Services Section is responsible for ensuring that all assets, including vehicles and computers, are properly recorded.
- 5.7 DPH DIVISION OF OPERATIONS, PROCUREMENT SERVICES SECTION is responsible for ensuring that all assets over \$1,000 and all computers mentioned in a contract are properly recorded.
- 5.8 PROPERTY COORDINATOR. The Divisions, Sections, and Local Facilities of DPH are responsible for all state and federal personal property assigned to them and to their agents/contractors. To accomplish this task, all Divisions and Sections of DPH are required to assign an employee to serve as the Property Coordinator (PC) for the Division or Section. The PC is accountable for the Division or Section's personal property and vehicle listings. The responsibilities of the PC include, but are not limited to:

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- 5.8.1 Ensuring adherence to the DPH Asset Management Policy. Including but not limited to the submission of paperwork on new assets and maintaining copies of all asset paperwork.
- 5.8.2 Maintaining a complete asset listing and records of all state and federally funded equipment assigned to their division, section(s), and their agents/contractors. This listing is to be submitted to FSS at least semiannually or when the asset changes locations, whichever is sooner.
- 5.8.3 Notifying the DPH Division of Operations Facilities and Support Services Section (FSS) Asset Manager of any organizational changes that may affect the accountability or lawful disposition of DPH's personal property and vehicles.
- 5.8.4 Reserving the right to obtain all State and Federal property when a contract terminates or an agent/contractor stops doing business for DPH (provided that the property belongs to DPH). This includes but is not limited to: obtaining, completing, and submitting all the required paperwork to the FSS Asset Manager to move or delete the equipment from the Asset Inventory.
- 5.8.5 Notifying the FSS Asset Manager immediately of any change of address for the Division, Section, or Agents/Contractors using DPH property.
- 5.8.6 Verifying each Division/Section address annually.
- 5.8.7 Conducting an internal inventory at least every other year of all assets, including vehicles located in their assigned division, section(s), and of their agents/contractors (provided that the property belongs to DPH). Ensure that the asset listing is accurate and submitted to the FSS Asset Manager in a timely manner.
- 5.8.8 Conducting and participating in spot audits directed by the FSS Asset Manager throughout the state of Georgia.
- 5.8.9 Assisting the FSS Asset Manager with the training of local Property Coordinators in managing property legally and accurately.

### 6.0 PROCEDURES

### 6.1 ACQUISITION

- 6.1.1 Property is generally acquired in one of three ways:
  - 6.1.1.1. Purchased using state or federal funds.
  - 6.1.1.2. Donations and title transfers.

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- Transfers from other DPH Division, Sections, or Local Facilities surplus.
- 6.1.2 Once purchased or acquired, property must be added to the PeopleSoft Asset Management System. Equipment-listing reports generated by PeopleSoft can then be used by State auditors, DPH auditors, the FSS Asset Manager, and Property Coordinators to conduct physical inventories for proper accountability. DOAS property transfer procedures are used to lawfully dispose of state-owned equipment.
- 6.1.3 Assets must be reported to the appropriate Property Coordinator in order to ensure that inventory listings are updated on the PeopleSoft Asset Management System. All acquisitions of equipment by either DPH State or District Offices must be reported to their Property Coordinator and recorded in PeopleSoft.
- 6.1.4 DIRECT PURCHASES Direct purchases are assets purchased through the DPH Purchase order process.
  - **6.1.4.1.** Staff should follow DPH's Procurement policy and procedures to initiate a purchase and notify their Property Coordinator that an asset has been ordered.
  - 6.1.4.2. By the 5<sup>th</sup> business day of the month, DPH Division of Finance, Financial Services Section will provide the FSS Asset Manager with the previous month's Fixed Asset Report which lists all purchased assets.
  - **6.1.4.3.** The FSS Asset Manager will reconcile the Fixed Asset Report with DPH Division of Finance, Financial Services Section on a monthly basis.
  - **6.1.4.4.** The FSS Asset Manager will complete Form 5111 from information provided in the PeopleSoft Asset Management System including the name of the Property Coordinator, the item's serial number, user and location.
    - 6.1.4.4.1. If the asset is purchased by the Local Public Health Offices using either state or federal GIA funds, the asset will be reflected on the County's financial records and a Form 5111 is not needed for County purchases because it will not be recorded in PeopleSoft. The asset will be maintained and insured by the County.
    - 6.1.4.4.2. A listing of all assets purchased by the Counties using federal GIA funds should be submitted to FSS semiannually or when the asset changes locations,

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whichever is sooner. The listing should include the asset's serial number, user and location of the asset.

- **6.1.4.4.3.** Trailers to be used for Emergency Preparedness will be maintained on PeopleSoft.
- 6.1.4.5. On a monthly basis, the FSS Asset Manager will distribute the completed Form 5111 for each piece of equipment purchased to the appropriate Property Coordinator.
- 6.1.4.6. A DPH decal will be assigned to each piece of equipment that is required to be kept on statewide inventory, and this label will be attached to the partially completed Form 5111. All assets purchased by DPH and entered into the Asset Management system by the FSS Asset Manager must have a DPH decal assigned in the system, and this decal must be affixed to the asset itself. See Attachment A for requirements on the placement of decals. The decal should be placed where it can be easily seen and accessible.
- 6.1.4.7. The Property Coordinator ensures that the completed Form 5111 and the attached decals are delivered to the sites where the equipment is located. Completed Form 5111 must be returned to the FSS Asset Manager to the following address:

Georgia Department of Public Health Division of Operations Facilities and Support Services Section Attn: Asset Manager 2 Peachtree Street, NW, 9<sup>th</sup> Floor Atlanta, Georgia 30303-3182

- 6.1.4.8. Property Coordinators will be responsible for completing the shaded portions of the of Form 5111, affixing the DPH decal to the correct piece of equipment, signing Form 5111 certifying this process has been completed, and returning the completed Form 5111 to the FSS Asset Manager.
- 6.1.4.9. This process must be completed within 20 business days of issuance of Form 5111 to the Property Coordinator. The FSS Asset Manager will keep a log and monitor this process. Directors will be notified of any outstanding assets (those without returned and completed Form 5111) after the 10 day grace period. Division/Section future purchasing capability may be suspended until all Form 5111 requirements are satisfied.

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- 6.1.4.10. The FSS Asset Manager will enter the serial number and location information into the PeopleSoft Asset Management System based on the information supplied on the returned Form 5111 and the process will be complete.
- 6.1.4.11. For equipment acquired through transfer or donation, it is the responsibility of the Property Coordinator to make sure that a Form 5111 is fully completed for each item acquired. These forms must be submitted to the FSS Asset Manager at the above address.
- **6.1.4.12.** Incomplete forms will be returned to the originating Property Coordinator.
- 6.1.4.13. Additional steps need to be taken if the asset is a vehicle, computer or communication device. These steps are addressed in the DPH Transportation Policy and DPH Information Technology Policy.
- 6.1.5 INDIRECT PURCHASES Indirect Purchases are assets purchased through DPH contracts and the purchase of computers through Georgia Enterprise Technology Services (GETS).
  - 6.1.5.1. If a DPH contract allows for the purchase of an asset, the contractor, thru the Business Owner, must provide the following information IT and FSS for tracking purposes only: the serial numbers, a brief description of the equipment, the location and who it is assigned to. Equipment that is purchased through a contract/grant belongs to the contractor/grantee should not be tagged or recorded as an asset on the PeopleSoft Asset Management System.
  - **6.1.5.2.** By the 5<sup>th</sup> business day of the month IT notifies the FSS Asset Manager of any purchase of computers to ensure that they are not added to the PeopleSoft Asset Management System.
  - **6.1.5.3.** If the property belongs to DPH, the contractors are required to comply with DPH's instructions on the return/retirement of any asset(s) upon the termination of the agreement.
  - **6.1.5.4.** If necessary, contractors are subject to random and periodic asset management audits.
- 6.1.6 BUILDINGS AND CAPITAL IMPROVEMENTS Buildings that are constructed by, purchased by, donated to, or transferred to DPH, must be entered into the PeopleSoft Asset Management System. Capital Improvements that are determined to increase the value or useful life by

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25% of the original life period or cost of an existing capital asset, or meets the capitalization threshold must be placed on the PeopleSoft Asset Management System. In the event of a building acquisition or capital improvement, FSS will be responsible for reporting the acquisition cost, or value, as well as the useful life and/or value enhancement to the FSS Asset Manager. Proper documentation, to include, but not be limited to, invoices, contracts, GSFIC bond obligations, etc., will be accepted by the FSS Asset Manager in lieu of a Form 5111 in order to properly enter the asset into the PeopleSoft Asset Management System.

- 6.1.7 PROPERTY OBTAINED FROM SURPLUS -- In order to obtain property from State Surplus, the procedures outlined in the DOAS Georgia Surplus Property Manual must be followed.
- 6.1.8 VEHICLES OBTAINED FROM SURPLUS This requires extra steps covered under the DOAS Georgia Fleet Manual.
- 6.1.9 FEDERAL SURPLUS PROPERTY PROGRAM There are specific conditions for surplus of federal property. The complete policy related to this may be found in the DOAS Georgia Surplus Property Manual.
- 6.2 PHYSICAL INVENTORY DPH will conduct a complete physical inventory at least every other year. The Statewide Property System's records are to be verified and updated at that time. Method to complete a physical inventory:
  - 6.2.1 The FSS Asset Manager sends the Property Coordinator an asset listing for their specific location and the date the response is due.
  - 6.2.2 The Property Coordinator will do the following:
    - 6.2.2.1. Verify the following information on the asset listing for each item on the list:
      - Name
      - Address
      - Location
      - Decal number
      - Serial number
      - Item description
    - 6.2.2.2. Mark through or "strike out" any items on the list that cannot be physically located at their location.
    - 6.2.2.3. If the new location of the item is known, the coordinator must complete a DOAS Property Transfer Form to indicate where the items are currently located.

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- 6.2.2.4. If the current location of missing items is not known, the Property Coordinator must complete a DOAS Stolen/Missing Property Incident Report and submit that to the FSS Asset Manager.
- 6.2.2.5. If there are items at their location that are NOT included on the asset listing, the coordinator will add the information for those assets on the form (use additional sheets if needed) AND complete and attach a Form 5111 Detailed Equipment Listing providing all pertinent information on these items.
- 6.2.2.6. The asset verification and all required properly completed forms should be returned to the FSS Asset Manager before the appropriate "Due Date."
- 6.2.2.7. If the *Due Date* cannot be met, the property coordinator must contact the FSS Asset Manager with the reason for the delay to obtain an extension.
- 6.2.3 The FSS Asset Manager will contact the Property Coordinator if there are any questions about the verifications or if additional information is required.
- 6.3 MISSING OR STOLEN PROPERTY All missing or stolen property must be reported immediately to the Property Coordinator, local law enforcement officials, the DPH Risk Manager, and the FSS Asset Manager via the following procedure:
  - 6.3.1 The Property Coordinator should immediately report the incident to the Police and obtain a copy of the Police Report.
  - 6.3.2 The Property Coordinator should immediately notify FSS Asset Manager by phone.
  - 6.3.3 The Property Coordinator must complete a DOAS Stolen/Missing Property Incident Report and a DOAS Property Transfer Form to report the property stolen. A copy of the Police report must be attached to these forms. The completed forms and attachments should be sent to FSS Asset Manager.
  - 6.3.4 The FSS Asset Manager will use the documentation to update the PeopleSoft Asset Management System. When the status information on the missing or stolen item is entered into the PeopleSoft Asset Management System, the scheduled date to delete should be entered in the comments section.

#### 6.4 DISPOSITION OF PROPERTY

6.4.1 DISPOSITION OF PERSONAL PROPERTY - property that is released to the DOAS Surplus Property Division, physically relocated within DPH, transferred to another agency, sold on-site, traded-in, or authorized for destruction.

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- 6.4.1.1. Staff submits request to their Property Coordinator.
- 6.4.1.2. Property Coordinator completes DOAS Property Transfer Form.
- 6.4.1.3. The Property Coordinator forwards the approved request that lists the items on PeopleSoft Asset Management System to the FSS Asset Manager for approval.
- 6.4.1.4. The FSS Asset Manager submits the approved request to DOAS for final approval.
- 6.4.2 DISPOSAL OF ELECTRONIC EQUIPMENT (computers, copiers, etc):
  - 6.4.2.1. Staff submits request to their Property Coordinator.
  - 6.4.2.2. Property Coordinator completes DOAS Property Transfer Form.
  - 6.4.2.3. After receiving internal approvals, Property Coordinator forwards the request that lists the items on PeopleSoft Asset Management System to the FSS Asset Manager for approval.
  - 6.4.2.4. After review and approval, the FSS Asset Manager submits the request to DOAS for final approval. After DOAS provides there approval, the FSS Asset Manager will contact the Property Coordinator with further instructions.
  - 6.4.2.5. DOAS sends a simultaneous notification to the FSS Asset Manager and the DOAS E-scrap vendor (a contractor authorized by DOAS to dispose of electronic equipment) via email that the items are ready for pick-up. An electronic copy of the DOAS Property Transfer Form is attached to the email providing the E-scrap Vendor with the list of equipment to be picked up and the contact information for the FSS Asset Manager.
  - 6.4.2.6. The E-scrap vendor will contact the FSS Asset Manager directly within 5 business days to arrange for pick-up. The FSS Asset Manager will coordinate the pick-up time with the Property Coordinator and the E-scrap vendor.
  - 6.4.2.7. The E-scrap vendor will pick up the electronic equipment within 15 business days and will provide a copy of DOAS Property Transfer Form. The Property Coordinator should verify that the appropriate equipment is picked up and the E-scrap vendor should sign off on the DOAS Property Transfer Form on the line located in the bottom right hand corner under the words Received by: verifying the pick-up.

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- 6.4.2.8. The E-scrap vendor will remove the equipment.
- 6.4.2.9. The Property Coordinator sends the signed DOAS Property Transfer Form to the FSS Asset Manager. The FSS Asset Manager removes the equipment from the PeopleSoft Asset Management System.
- 6.4.3 DISPOSAL OF OTHER EQUIPMENT (except motor vehicles)
  - 6.4.3.1. Staff submits request to their Property Coordinator.
  - 6.4.3.2. Property Coordinator completes DOAS Property Transfer Form. The property coordinator may be required to submit digital photographs of the items on the form to aid in possible redistribution of the equipment within DPH.
  - 6.4.3.3. After receiving internal approvals, the Property Coordinator reviews the forms and documentation and determines if the equipment can be re-distributed or re-assigned within DPH. If the can be re-distributed or re-assigned within DPH, the property coordinator needs to follow the Property Transfer procedures.
  - If the equipment is appropriate to be re-distributed or re-assigned 6.4.3.4. within DPH, the coordinator will notify other Divisions/Sections of the availability of the item(s) and include the pictures.
  - If the item(s) are wanted by another Division/Section, the 6.4.3.5. coordinator sends the DOAS Property Transfer Form to the requesting Division/Section property coordinator who makes the re-assignment and indicates the NEW physical location of the equipment on the DOAS Property Transfer Form and forwards the form back to the Property Coordinator.
  - Property Coordinator forwards the request that lists the items on 6.4.3.6. PeopleSoft Asset Management System to FSS Asset Manager for approval. After review and approval, FSS Asset Manager signs the form and removes or corrects the location of the equipment in the PeopleSoft Asset Management System.
  - If the equipment is NOT re-distributed or re-assigned within DPH, 6.4.3.7. the FSS Asset Manager forwards the DOAS Property Transfer Form to DOAS for approval to destroy or dispose of the equipment.
  - The FSS Asset Manager arranges for disposal of the equipment 6.4.3.8. within 14 days of approval and the DOAS Surplus Property Affidavit of Disposal Form from DOAS. This disposal is normally

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accomplished by arranging for the items to be hauled off to a local landfill (following all local rules and regulations).

NOTE: At this point, the equipment MUST be destroyed or disposed. It CANNOT be given, donated or transferred to any individual or organization.

- The Property Coordinator completes the DOAS Surplus Property 6.4.3.9. Affidavit of Disposal Form (which certifies that the equipment was destroyed or otherwise disposed) includes the disposal authorization number, signs it, obtains a witness signature and sends the signed form. All documents are scanned and emailed to the FSS Asset Manager for review. This process MUST be completed within 14 days of the issue date of the Affidavit or it will be voided by DOAS.
- 6.4.3.10. Upon receipt of the Affidavit, the FSS Asset Manager will remove the equipment from PeopleSoft Asset Management System.

#### 6.4.4 FEDERAL SURPLUS PROPERTY PROGRAM

- 6.4.4.1. OGGA 50-5-140 through 50-5-146 provides authority to DOAS to establish and operate a State Agency Surplus Property for the purpose of distributing surplus properties made available by the State and Federal government.
- There are specific conditions for the surplus of federal property. 6.4.4.2. Property Coordinators should contact DOAS Surplus Property Division for specifics. Policies related to this may be found at www.surplusproperty.doas.ga.gov
- Procedures in conformance with the provisions of Federal and State laws and regulations provide for the management of the Federal Surplus Property Program. These procedures can be found in the Georgia State Agency for Surplus Property Division's Manual State Plan of Operations available from the DOAS Surplus Property Office.
- Categories of eligibility are classified administratively into the 6.4.4.4. following groups:
  - 6.4.4.4.1. Group A Departments, Bureaus, Commissions, and other entities of State Government
  - 6.4.4.4.2. Group B County Governments and Authorities
  - 6.4.4.4.3. Group C Municipal Governments and Authorities

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- 6.4.4.4.4. Group D Board of Regents and Colleges of the University System
- 6.4.4.4.5. Group E Department of Technical and Adult Education
- 6.4.4.4.6. Group F Public School Systems
- 6.4.4.4.7. Group G Private, non-profit, and tax-exempt educational institutions, childcare centers, libraries, museums, etc.
- 6.4.4.4.8. Group H- Non-profit and tax exempt health institutions, hospitals, clinics, and health centers
- 6.4.4.4.9. Group I Federal assisted centers for the aging
- 6.4.4.4.10. Group J Public and non-profit tax exempt agencies that provide shelter for the homeless
- 6.4.4.5. Applicable Service and Handle Charges are accessed on all items of property donated to sustain the Surplus Property Program since there is no funding appropriation. Service and Handling charges are based upon the original acquisition cost of property to the Federal government, the condition of the property, costs of screening and shipping. On average, the charges amount to less than ten percent of the original acquisition cost.

#### 6.4.5 PROPERTY TRANSFERS

- 6.4.5.1. Transfer of property within DPH is the most frequent type of disposition used. Under no circumstance is inventoried equipment to be relocated or transferred from its assigned location without prior authorization. The FSS Asset Manager has the authority to redistribute surplus property, which is no longer needed in Divisions/Sections. This also includes transfers from one Division/Section to another to help fulfill equipment needs. The procedures for transferring, loaning or temporarily assigning assets within DPH is:
  - 6.4.5.1.1. The Property Coordinator completes a DOAS Property Transfer Form and forwards the completed form to the FSS Asset Manager for review and approval.
  - 6.4.5.1.2. If approved, the FSS Asset Manager signs and sends all copies back to the Property Coordinator to complete the physical transfer. NOTE: If the item is a

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computer or electronic piece of equipment with a hard drive, the hard drive must be cleaned prior to being transferred. Verification of the cleaning of the hard drives must be documented by completion of an Information Assets Data Eradication and Software Removal Form (Form AM01001B) and submitted to the FSS Asset Manager.

- 6.4.5.1.3. After receiving the transferred equipment and the accompanying DOAS Property Transfer Form, the receiving division/section signs the transfer document and returns it to the FSS Asset Manager.
- 6.4.5.1.4. The FSS Asset Manager makes the change of location in the PeopleSoft Asset Management System.

#### 6.4.6 RETURN OF STATE/FEDERAL PROPERTY

6.4.6.1. The Business Owner and Program Director reserve the right to require that Agents/Contractors/Grantees return all State/Federal property to the State and work with the Property Coordinator to complete all necessary paperwork required for such action.

#### 6.4.7 PROPERTY REMOVAL

- 6.4.7.1. If any asset needs to be removed from the building for use at home or off-site, a Property Removal Form (Form #AM-01001A) must be submitted to the employee's manager or director for approval.
- 6.4.7.2. If the asset is removed on a regular basis, then the requestor writes *Regular* in the Time Out section.
- 6.4.7.3. Once approved this form is submitted to FSS Asset Management Unit. FSS AMU maintains a file of all Equipment Removal forms.
- 6.4.7.4. If an employee removes any asset without completing the Property Removal Form (Form # AM-01001A), the employee is personally responsible for the equipment and can lose the privilege of removing equipment in the future.
- 6.4.7.5. All assets should be secured and protected from potential loss or damage. Repeated loss or damage to equipment due to neglect and/or not securing appropriately (i.e., leaving in an unlocked car, leaving equipment in sight, etc.) can result in the employee compensating DPH for the equipment and/or losing the privilege of removing equipment in the future.

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#### 7.0 **REVISION HISTORY**

REVISION#	REVISION DATE	REVISION COMMENTS
0	July 1, 2011	Initial Issue
1	July 5, 2012	Updated policy to reflect changes in how inventory is tracked

#### 8.0 RELATED FORMS

Form 5111 Detailed Equipment Listing DOAS Surplus Property Affidavit of Disposal http://doas.ga.gov/StateLocal/Surplus/Docs\_SurplusStateGov/Affidavit%20of%20Disposal%201110.doc DOAS Missing or Stolen Property Form
<a href="http://doas.ga.gov/StateLocal/Surplus/Docs\_SurplusStateGov/Stolen%20Property%20Report.docx\_Doas\_Property\_Transfer\_Form">http://doas.ga.gov/StateLocal/Surplus/Docs\_SurplusStateGov/Stolen%20Property%20Report.docx\_Doas\_Property\_Transfer\_Form</a> http://doas.ga.gov/StateLocal/Surplus/Docs SurplusStateGov/PropertyTransferForm.doc Form AM01001A Property Removal Form Form AM01001B Information Assets Data Eradication and Software Removal

Gee	orgia Department of	Public Health		DETAILI	Asset ID # Form Control Date		TING FO	RM 5111
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No. of Lot		Street Addre	ss and P.O. Box (if a	analisable) where or	vipment is located			
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Revised 8/30/2011

Jun. 3. 2013 1:22PM

No. 0447 P. 2



#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

Program Support Center Financial Management Service Division of Cost Allocation



DCA Western Field Office 90 7th Street, Suite 4-600 Sen Francisco, CA 94103 PHONE: (415) 437-7820 FAX: (415) 437-7823 E-MAIL: dcasf@psc.hhs.gov

Ms. Kathryn Pfirman Chief Financial Officer Georgia Department of Public Health 2 Peachtree Street – 15<sup>th</sup> Floor Atlanta, GA 30303

JUN 0 3 2013

Dear Ms. Pfirman:

A copy of an indirect cost Negotiation Agreement is attached. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government. Please have the Agreement signed by a duly authorized representative of your organization and return it to me BY FAX, retaining the copy for your files. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

In order to implement the FINAL indirect cost rate contained in the enclosed Agreement, an adjustment to the indirect costs claimed under your Federal awards may be required. For HHS project grants these adjustments must be made in accordance with the procedures for settlement of indirect costs on HHS project grants with final negotiated rates described in the appropriate "Guide" book for your institution. Adjustments under HHS contracts must be made in accordance with the provisions of the contracts. Adjustments under awards with other Federal agencies must be made in accordance with the policies of those agencies.

An indirect cost proposal together with required supporting information must be submitted to this office for each fiscal year in which your organization claims indirect costs under grants and contracts awarded by the Federal Government. Thus, a proposal for your fiscal year ending 06/30/13, will be due no later than 12/31/13.

Arif Karlm, Director Division of Cost Allocation

Attachment

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY FAX

Jun. 3. 2013 1:23PM

No. 0447 P. 3

# STATE AND LOCAL GOVERNMENTS RATE AGREEMENT

EIN: 90-0676388

· ORGANIZATION:

Georgia Department of Public Health 2 Peachtree Street - 15th Floor

Atlanta, GA 30303

DATE: 05/21/2013

FILING REF .: The preceding

agreement was dated

02/14/2012

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

RATE TYPES	: FIXED	FINAL	PROV. (PROVISIONAL)	PRED.	(PREDETERMINED)
	EFFECTIVE I	PERIOD			
CXPE	FROM	TO	RATE(%) LOCATION	1	APPLICABLE TO
FINAL	07/01/2011	06/30/2012		•	Personal In Charles In Committee In Committe
PROV.	07/01/2012	06/30/2013			All Programs
PROV.	07/01/2013	06/30/2014			All Programs
ROV.	07/01/2014	Until	TEIDOWIT		All Programs .
	.,,	Amended			Use same rates and conditions
					as those cited
					for fiscal year
					ending June 30, 2014.

#### \*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000 and flow-through funds.

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Jun. 3. 2013 1:23PM

No. 0447 P. 4

ORGANIZATION: Georgia Department of Public Health AGREEMENT DATE: 5/21/2013

# SECTION II: SPECIAL REMARKS

#### TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

### TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Fringe Benefits include: FICA, health insurance, and retirement.

Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

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Jun. 3. 2013 1:23PM

No. 0447 P. 5

June Talbert (214) 767-3261

	•
ORGANIZATION: Georgia Department	of Public Health
AGREEMENT DATE: 5/21/2013	
SECTION III; GENERAL	·
A. LINITATIONS,	
The rated in this Agreement are subject to any minimum continuous or other agreement only to the extent that funds (following conditions: (1) only ourse incurred by the organization of t	tion end and allowable under the governing cost principle; a sro not claimed as direct copes; (1) Similar types of costs (1) The information provided by the organization which were
B. ACCOUNTING CHANGES,	
This Agreement is based on the accounting system purported period. Changes to the method of accounting for coors which this Agreement require prior approval or the sucherisad repairs to the control of the supervision of the particular approval may result in cost disallowance.	
C. RIXED BATERI	
If a fixed rate is in this Agreement, it is based on an det actual costs for this period are decermined, an adjustment the difference between the costs used to establish the like	inate of the costs for the period covered by the rate. When the full be made to a rate of a future year(s) to compensate for
D. USE BY DIKER PEDERAL AGENCIES.	
The rates in this Agreement were approved in accordance with 87, and should be applied to greats, contracts and other ag in A above. The organization may provide copies of the Agre of the Agreement.	h the authoricy in Office of Nanagement and Sudget Circular A- reducants covered by this Circular, subject to any limitations amont to other Pederal Agencies to give them early motification
B. OTHER	
If any Federal costract, Grant or other agreement is rejected in this Agreement, the organization about (1) credit such a race(s) to the appropriate base to identify the proper amounts.	roing indirect costs by a swame other than the approved rate(s) costs to the affected progress, and (2) apply the approved at af indirect costs allowable to these progress.
BY THE ENTITUTION:	ON DELIALY OF THE PEOPRAL GOVERNMENT.
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	(DAT2) 7619
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Page 3 of 3

# GEORGIA DEPARTMENT OF PUBLIC HEALTH POLICY # FN-06038 INVOICE PAYMENT POLICY

MC 1000 to 100	Jan & -	3/8/12
Approval:	Kate Pfirman, Chief Financial Officer	Date
	me that	Mallyrola
	Dr. Brenda Fitzgerald, Commissioner	Date

#### INTRODUCTION

- 1.1. AUTHORITY The Georgia Department of Public Health (DPH) Invoice Payment policy is published under the authority of DPH and in compliance with the following:
  - 1.1.1. Official Code of Georgia Annotated (OCGA), Sections: 50-5B-3(3).
  - 1.1.2 Executive Order Governor Sonny Perdue's Executive Order dated December 21, 2010 stating that payment of invoices should be made consistent with the payment terms. Prompt pay discounts are noted as an effective tool for saving the state money.

#### 1.2. DEFINITION OF TERMS AND ACRONYMS

- 1.2.1. DPH -- Department of Public Health
- 1.2.2. BO Business Owner
- 1.2.3. FS DPH Division of Finance, Financial Services Section
- 1.2.4. AP DPH Division of Finance, Financial Services Section, Accounts Payable Office
- 1.2.5. Budget- DPH Division of Finance, Budgets Section
- 1.2.6. BEF Basic Expenditure Form

#### 2-**APPLICABILITY AND RESPONSIBILITIES**

APPLICABILITY - The information in this policy applies to invoices received in the Department of Public Health (DPH). Invoices are received directly from the vendor in either in the Financial Services Section (FS) Accounts Payable Office (AP) or in the DPH Sections. Invoices are from vendors who have usually provided goods and services to the DPH and are requesting payment. Each invoice should be approved

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by the Business Owner (BO). Approval assumes that the services or goods provided have been received by the program.

- 2.1.1. Invoices generated from a purchase order for goods and services must be reviewed and approved by the BO. The payment should be applied against the existing purchase order which will require Team Georgia Marketplace (TGM) access. A TGM receipt should be processed in PeopleSoft. The receipt number and invoice should be forwarded to AP for the payment to be processed within seven (7) days of receipt from vendor. If seven (7) days falls after the net terms, invoice should be submitted as soon as possible to ensure payment within terms. See Contracts Payment Policy for additional instructions.
- 2.1.2. Invoices generated from a miscellaneous purchase or a purchase unrelated to a purchase order payment must be reviewed and approved by the BO. The payment should be presented to Budgets for payment using a Basic Expenditure Form (BEF) within seven (7) days of receipt from vendor. If seven (7) days falls after the net terms, invoice should be submitted as soon as possible to ensure payment within terms.

#### 2.2. RESPONSIBILITIES

- 2.2.1. DPH is responsible for paying vendors accurately and timely.
- 2.2.2. FS is responsible for ensuring that vendor payments are processed accurately and timely.
- 2.2.3. Budget is responsible for ensuring that the funds are available and that the budget codes used for processing are correct.
- 2.2.4. BO is responsible for ensuring that invoices are correct; the goods and services have been appropriately received; and that the request for payment is correct and presented for payment within the net terms due.

#### 3- PROCESS / ACCOUNTABILITY

#### 3.1. PROCESS

3.1.1 The BO should submit invoices to FS for payment within seven (7) days of receipt from vendor. If 7 days falls after the net terms due, the invoice should be submitted as soon as possible to ensure payment with terms. All invoices should be date stamped in an area that is readable.

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- 3.1.2 The BO will verify the accuracy of invoices. Invoices requiring vendor correction must be documented and the corrected invoice should be date stamped and processed within four (4) days of receipt.
- 3.1.3 The BO will prepare the Basic Expense Form (BEF) using the appropriate PeopleSoft accounting codes. Initial the BEF in the top right hand corner which will indicate that the BEF has been reviewed. The appropriate Program Manager should date and approve the BEF and submit to Budgets for review and approval of codes and funding availability.
- 3.1.4 The BEF should be reviewed and approved by Budgets prior to being submitted to AP for payment. The BEF should go to Budgets within the four (4) days of receipt from the vendor. Budgets should date stamp the BEFs in an area that is readable. Budgets will verify the accuracy of the BEF, specifically the accounting codes. If the BEF requires corrections Budgets will document and discuss with the BO and corrected within one (1) day. The Budget Analyst will approve the BEF and place in the FS box.
- 3.1.5 AP will clear the inbox twice daily. AP will date stamp and log BEFs. The BEF, Invoice and supporting documents are reviewed for accuracy prior to payment voucher being entered in the financial system. AP will enter the invoice for payment into the Peoplesoft within 2 days with a seven (7) day payout from date of receipt in AP. In the event the payment terms cannot be met, AP will report problem to the Accounts Payable Manager for resolution.
- 3.1.6 The AP staff will enter the information to generate a voucher, and print a copy of the payment schedule panel to attach it to the BEF and invoice. The documents are submitted to the payment Output section where the information is verified for accuracy, remittance statements attached, and checks and EFT information is mailed out. The documents are retained on file for auditing purposes.
- 3.1.7 PeopleSoft queries should be used to reconcile invoices received from the vendor to actual payments made within two weeks of submission for payment. Any outstanding payments should be reconciled to ensure that the accounting records and the vendor records match.

#### 3.2 Request for Postage

3.2.1 A BEF, an explanation, and a request for a check payable to the US Postmaster should be submitted to FS for postage stamps. The requestor

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will be contacted to pick up the check to redeem for postage stamps from their local post office. The receipt from the Post Office should be submitted to FS within 7 days of picking up the check. The receipt will be filed with the BEF.

#### 3.3 Vendors

- 3.3.1 To request a vendor Identification number or make changes to an existing vendor, the following forms should be completed and submitted to Accounts Payable:
  - 3.3.1.1 IRS W-9 Form (taxpayer ID form) located on the Internal Revenue website at the following link: http://www.irs.gov/pub/irs-pdf/fw9.pdf
  - 3.3.1.2 Vendor Management Bank Account Form located on the State Accounting Office website at the following link:

    http://sao.georgia.gov/vgn/images/portal/cit 1210/34/8/1690646
    23Vendor%20Management%20Bank%20Account%20Form%2
    Qand%20Instructions.pdf
  - 3.3.1.3 Vendor Management Change Form (if necessary) located on the State Accounting Office website at the following link: http://sao.georgia.gov/vgn/images/portal/cit 1210/60/30/168932 608Vendor%20Management%20Change%20Form%20and%20 Instructionsv1.pdf

#### 4- ATTACHMENT

Basic Expenditure Form

# CERTIFICATION OF PAY

OMB Circular A-87, states "where employees are expected to work solely on a single Federal award... their salaries and wages will be supported by periodic certifications that the employees worked solely on that program for the period covered by the certification. These certifications will be prepared at least semi-annually and will be signed by the employee or supervisory official having first hand knowledge of the work performed by the employee."

certify that 100%	% of my time has been spent performing duties
	for the period of 111 12 - 6/30/12
Employee Signature	
Date	
Supervisor Signature	
Date	

## **RETURNED FOOD INSTRUMENTS**

# **STANDARD OPERATING PROCEDURE (SOP)**

Vendor appeals of Food Instruments (FI) returned to the vendor and unprocessed by WIC banking will be responded to by Vendor Management within 3 business days of receipt from the vendor.

If it is determined that the response to an appeal concerning the final payment status of a returned FI will exceed three (3) business days from its receipt, the vendor will be notified of the exception by the 3rd business day of the appeal receipt. The response from Vendor Management will include an explanation of the additional research and approximate time required to reach a decision concerning the appeal.

All vendor communication concerning appeals of returned FIs for payment will include a reminder that Georgia WIC <u>does not</u> pay for FIs that have the following status:

- Stale dated food instruments
- Post dated food instruments
- Food instruments with missing signatures
- Out of state food instruments
- Food instruments or vouchers that have been paid via Automated Clearing House (ACH).

#### Note:

- 1. No actual Food Instruments are received at SWO. Vendor is instructed to retain them and submit to WIC Banking/CSC.
- 2. All appeals of returned food instruments will be resolved within the maximum 60 day timeframe.
- Vendor Management does not veer away from the Banking Decision
   Document. The Vendor must correct the error identified and resubmit the
   FI. All FIs are paid via WIC Banking/CSC after the Vendor resubmits.
- 4. The position largely responsible for the steps outlined in the Returned Food Instruments SOP is the Senior Operations Analyst. Once the Georgia WIC reorganization is complete and the section is fully staffed, the responsibility will be cross-trained within the Vendor Relations and Administration unit. The Manager of Vendor Relations and Administration will assume supervisory responsibility for the effort overall.

## **Vendor Submission process:**

- All incoming appeals concerning returned Food Instruments should include a
  facsimile or scan of all Food Instruments in question along with an explanation of
  why each FI was returned to the Vendor and requires an intervention by Georgia
  WIC.
  - a. All facsimiles/scans of Returned Food Instruments submitted without an explanation will be returned unprocessed to the Vendor (a maximum of 2 business days from receipt of appeal).
- 2. Submissions of appeals of returned Food Instruments for the following reasons will be returned to the Vendor for redeposit (a maximum of 2 business days from receipt of appeal):
  - a. Invalid Vendor Stamp
  - b. Unreadable Vendor Stamp
  - c. Missing Vendor Stamp
  - d. Encoding Error (comes from Vendor's Banking Institution).

The vendor must correct the error identified and resubmit the FI.

- 3. If the returned FI explanation is based on a Fatal Error (See Banking Decision Document) that cannot be corrected for redeposit, further research is warranted.
  - A communication will be sent to the Vendor (within 3 business days of receipt of appeal) notifying them of the status of the FI requiring additional research.
- 4. Vendor Management staff will secure and verify supportive Vendor information in VIPS for the following areas in order to rule out any inconsistencies in processing as a part of the appeal process (1 hour of effort/included in 1<sup>st</sup> 3 business days):
  - a. Vendor Status
  - b. Vendor Peer Group
  - c. Redemption History.
- Vendor Management staff will consult directly with CSC to verify the rejection reason(s) for each FI submitted (within 2 business days maximum of receipt of appeal).
- 6. After all efforts have been exhausted to verify the authenticity of the FI, a Vendor submission packet will be constructed that includes all submitted and accrued documentation. The packet will include a recommendation of pay status (pay or not pay) to the Director of Vendor Management (1 2 business days maximum).

#### Vendor submission packet includes the following

- Official digital copy of rejected food instrument(s)
- Rejection reason(s)
- Copy of current pricing tables
- WIC Banking check information for the Vendor
- Issuance record information/what batched from the clinic to CSC
- Summary citing facts supporting the determination of payment
- Draft of letter with determination of payment for Vendor for signature.

# 7. Determination of Payment

a. Pay - If the Director of Vendor Management determines the Food Instruments are to be paid, the Vendor submission will be prepared and sent to WIC Banking/CSC for payment processing within 7 business days of receipt of the appeal request. Vendor Management will request a formal response from CSC (via email) confirming receipt of payment decision and confirmation of the date FI was paid.

The Vendor will receive communication identifying the scheduled payment of the FI in appeal (within 7 business days of receipt of request by CSC). A copy of all communication will be placed in the Vendor File.

b. **Do Not Pay** - If the Director of Vendor Management determines that the appeal of a returned Food Instrument will not be paid, the Vendor submission will be returned to the Vendor with an explanation as to why the Food Instrument(s) will not be paid (within 7 business days of receipt of appeal request from vendor). A copy of this communication will be sent to CSC (via email). A copy of all communication will be placed in the Vendor File.

# SAMPLE JOB DESCRIPTION SENIOR PUBLIC HEALTH EDUCATOR - LACTATION CONSULTANT

The examples of work given are illustrative of the duties assigned to positions of this class. No attempt is made to be exhaustive. The intent of the listed examples is to give a general indication of the levels of difficulty and responsibility common to all positions of this class.

The standards for training and experience express the minimum background necessary as evidence of an applicant's ability to qualify for positions of this class. Unless otherwise stated, the Applicant Services division may allow substitution of appropriate education or experience for the training and experience minimum listed.

# **DEFINITION**

Under direction, performs work of moderate difficulty in planning and implementing breastfeeding education activities related to public health programs; and performs related work as required.

### **EXAMPLES OF DUTIES**

- Coordinates breastfeeding promotion project. Writes, revises, and evaluates the district's breastfeeding services.
  - A. Establishes relationships with community health centers and/or hospital staff to provide breastfeeding services.
  - B. Provides in-service education material and/or needed equipment on breastfeeding for staff development.
  - C. Responsible for keeping daily communication sheets regarding telephone calls, correspondence, patients seen, meetings, and work related to breastfeeding funds.
- II. Promotes breastfeeding services as an integral part of perinatal care.
  - A. Encourages all prenatal women, on their initial visit, to breastfeed by providing an array of educational material and counseling.
  - B. Provides additional breastfeeding counseling to prospective breastfeeding women during the last trimester through breastfeeding classes and/or individual counseling.
  - C. Provides postpartum assessment of breastfeeding dyad, education, and assistance in resolving problems upon request. Provides adequate documentation of services and makes appropriate referrals for continuity of care.
  - D. Develops and implements continuing education and support networks through a variety of methods, such as support groups, peer counselors, etc.

### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment AD-26 (cont'd)

- E. Supervises and trains peer counselors.
- F. Has ability to communicate effectively in writing, including grant proposals.
- III. Evaluates effectiveness of breastfeeding program activities.
  - A. Produces reports to determine breastfeeding rate and duration.
  - B. Assists District Nutrition Services Director in writing the breastfeeding promotion plan and annual update of breastfeeding activities.
  - C. Shares reports at local district meetings and state wide breastfeeding conferences.
- IV. Attends in-service education programs and annual statewide breastfeeding conferences.
- V. Other miscellaneous duties, activities and responsibilities as program needs develop and change, and as assigned.

# MINIMUM QUALIFICATIONS: NECESSARY KNOWLEDGE, SKILLS, AND ABILITIES

Considerable ability to assess the effectiveness and needs of a lactation promotion and education program and to plan and implement appropriate changes and improvement; and to assess and counsel an individual.

Considerable skill in the organization and preparation of lactation literature and visual aids; in making oral presentations of instructional programs to the general public and to other health specialists.

Good knowledge of educational program development and implementation as related to the preparation of health education displays, lectures, written material, and classroom programs; of data collection and evaluation techniques appropriate to the assessment of the breastfeeding program.

Good working skills in communicating effectively with the professional staff, general public and para-professionals; in use of educational literature and visual aids; in making oral presentations of instructional programs; in making recommendations for equipment needs; and in ability to budget.

## TRAINING AND EXPERIENCE

Completion of a master's degree in public health, education, nursing, nutrition or a field directly related to public health activities. Certified as an International Board Certified Lactation Consultant or eligible for certification within two years. Has successfully completed the state certified lactation counselor (CLC) course or equivalent.

#### SAMPLE JOB DESCRIPTION

### JOB TITLE: DISTRICT BREASTFEEDING COORDINATOR

### **GENERAL SUMMARY:**

Under general supervision, plans, develops, implements and evaluates strategies for promoting and supporting breastfeeding among the high risk, low income population, especially prenatal/breastfeeding women and infants.

### **RESPONSIBILITIES AND STANDARDS**

### Responsibility Number 1 (All)

Develops long and short-term goals for breastfeeding promotion and supports activities for the district.

### **STANDARDS:**

- 1. Works closely with the supervisor to develop an appropriate district Breastfeeding Promotion and Support Plan.
- Coordinates breastfeeding services among all clinic sites to ensure efficiency of services provided.
- 3. Accurately interprets federal/state regulations to ensure adherence to these.
- Makes sound and defensible recommendations to the supervisor regarding the breastfeeding budget.
- Develops continuing education, support networks for mothers and networks for professionals in breastfeeding promotion and support.

#### Responsibility Number 2 (Some)

Implements breastfeeding promotion and support plans, to include staff development, community networks and services to clients.

### STANDARDS:

- Provides in-service education, materials and/or needed equipment for staff development in a timely manner.
- 2. Establishes a good working relationship with community health centers and/or hospital staff to assure continuity of breastfeeding services to clients.
- 3. Serves as the district's primary resource person regarding breastfeeding education and support by providing prompt responses to inquiries.
- 4. Provides direct services to clients through prenatal classes, individual instruction, referral for appropriate case, telephone consultations according to established laws and guidelines.
- 5. Coordinates pump loan program to ensure maximum usage of available pumps and instructs both staff and clients on use of breast pumps as needed.

6. Serves as primary resource person to health department staff regarding current recommendations and information in breastfeeding management.

# Responsibility Number 3 (All)

Works closely with the supervisor to evaluate the effectiveness of breastfeeding program activities.

### **STANDARDS:**

- 1. Monitors reports to accurately determine breastfeeding rates by county, district, and state.
- Writes the annual progress report on the breastfeeding promotion and support plan by providing appropriate input in a timely manner.
- 3. Maintains necessary reports and data for the purpose of documenting incidence and duration of breastfeeding, client-centered activities, activities conducted with other agencies, community groups and local hospitals, and training conducted.

# Responsibility Number 4 (All)

Creates and maintains a high performance environment characterized by positive leadership and a strong team orientation.

# STANDARDS:

- 1. Defines goals and/or required results at beginning of performance period and gains acceptance of ideas by creating a shared vision.
- Communicates regularly with staff on progress toward defined goals and/or required results, providing specific feedback and initiating corrective action when defined goals and/or results are met.
- 3. Confers regularly with staff to review employee relations climate, specific problem areas and actions necessary for improvement.
- Evaluates employees at scheduled intervals, obtains and considers all relevant information in evaluations and supports staff by giving praise and constructive criticism.
- 5. Recognizes contributions and celebrates accomplishments.
- 6. Motivates staff to improve quantity and quality of work performed and provides training and development opportunities as appropriate.

# Responsibility Number 5 (All)

Maintains responsibility for personal professional continuing education to enable application of current practice.

#### STANDARDS:

Participates in professional workshops, seminars, staff meetings and other in-

services as scheduled. Summarizes relevant information received in training sessions; shares with other staff either in verbal or written form.

- 2. Remains knowledgeable and up-to-date in the field of nutrition through reading nutrition and medical journals and textbooks.
- 3. Maintains CPR certification and proficiency by renewing certification bi-annually.

# MINIMUM QUALIFICATIONS:

Completion of an undergraduate degree in dietetics, nursing, community health nutrition, or health education at a four year college or university

AND

Two years of professional experience in the provision of nutrition or nursing services, one of which was in a community health setting.

Licensure/Certification: Registered Dietitian; Registered Professional Nurse; CHES

# **Preferred Qualifications:**

Current status as an International Board Certified Lactation Consultant or Certified Lactation Counselor

A minimum of one year of experience providing breastfeeding education, lactation counseling and assessments and peer counselor supervision in a hospital or community health setting.



# **COUNTY ASSETS**

#### Report Period:

District/County Program Serial # Asset Description of Equipment Location Ar	Amount Funding Source P	Purchase Date Who Holds Title	Date of Disposal	Sale Price If sold
		I .		

GA Department of Administrative Services Surplus Property Division 200 Piedmont Ave. Ste. 1802 West Atlanta, GA 30330-9010



# **Surplus Property Affidavit of Disposal**

Disposal Author	rization No. D	Disposal Authorization Date:	
Agency:			
Location Addre	ss:		
City:	GA	A, Zip:	
D	SC: -1 14		
Destruction At			
<u>L</u>	do hereby	certify that on that the property listed on	
Disposal Author	ization #		
(Check only one		otally unserviceable by destruction; or destruction/disposal by.	
	was removed to	or destruction/disposar by.	
	<u> </u>	Company	
		Company	
	-	Signature	
Signad this	day of Month Year in	County CA	
Signed this	day of Month, Year in	County, GA.	
Signature:	<u> </u>		
Print Name:		Title:	
Witness Affida	<u>ıvit</u>		
l,	do hereby	certify that on that I witnessed the destru-	ction
or removal the p	property listed above.		
Cianadabia	day of 6 Acres Varia	Country CA	
Signed this	day of Month, Year in	County, GA.	
Signature:			
Print Name:		Title:	
	DOAS Surplus Property Division w	rresponding Disposal Authorization. The completed affidavit must be within 14 days from date of authorization. Affidavits not returned with	
(For field descript	ion help, select the field then	press F1) Rev. 11/10	

### **Missing or Stolen Property Report**

- Since the final disposition of missing or stolen property is unknown, DOAS Surplus Property Division cannot issue disposal authorization for these assets. This form is to document the loss for the agency property records.
- Missing or stolen property must be maintained on the agency's property record for two (2) years from the date the loss is reported. If the property is found or recovered in this period, the same asset ID number can be utilized.
- A police report must be filed for any property that is suspected stolen.

#### Report Date:

Agency Information (who	erty is locate	d)	Property Information:					
Agency:			Item:					
Address			Make:					
City:	St.	Zip:		Model:				
Prop. Coord.:				Serial No.				
Phone No.:				Asset Tag No	0.			
e-Mail:				Other ID.:				
				Acq. Date: Acq. Cost: \$				
				Fund SCOA:				
Circumstances								
Date Reported:			Reported	l by:				
Property is assumed	missing	g orstol	en. Why?					
Where was the propert	y last se	en or used	?					
Who was the last to see	or use	it?						
What steps have been t	aken to	find/recov	er the pro	perty?				
If stolen, police report r	number:							
DOAS Risk Managemen	t notifie	d: Yes	☐ No If	yes, Claim Nu	umber:			
Other details or comme	ents:							
Property Custodian Signa	ture	Date Pr	operty Coordin	ator Signature	Date -	Agency Fiscal/Admin Signature	Date	
y custodian signa				B		Barray		

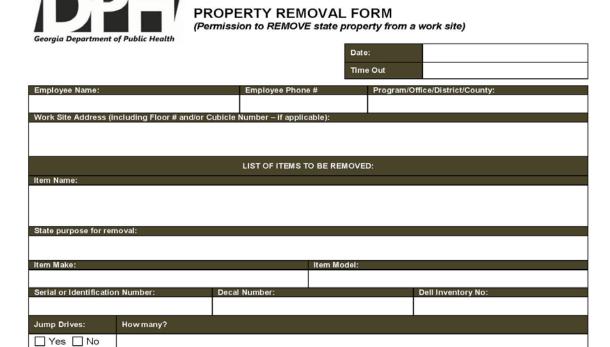
GA Department of Administrative Services Surplus Property Division, 200 Piedmont Ave. Ste. 1802W Atlanta, GA 30334-9010 Press F1 field descriptions. Fields text wrap. Rev: 11/10

#### CERTIFICATION FORM **GA DEPT OF PUBLIC HEALTH** INFORMATION ASSETS DATA ERADICATION AND SOFTWARE REMOVAL

I, \_\_\_\_\_\_\_Of \_\_\_\_\_\_OF \_\_\_\_\_\_OPROGRAM, OFFICE, DISTRICT, COUNTY)

do hereby certify that on	(DATE)	_ at	(LOCATION)	
all DPH policies and procedures computers, laptops, etc) listed be described in the Asset Manageme	regarding the erac	dication of d	ata and removal of software on	information assets (i.e. ion assets disposal, as
		AND STATE DEC	ALS OF THE EQUIPMENT BELOW)	State Decal #
Descrip	tion		Serial Number:	State Decal #
Signed this day of			20, in	, Georgia.
(ABOVE OIT TECHNICIAN OR DESIGNEE'S	SIGNATURE)			
Printed Name:				
Title:				
I certify that this process was carri	ed out under my su	upervision/di	rection.	
(DIRECTOR / ADMINISTRATOR'S SIG	NATURE)			
Printed Name:				
Title:				

Revised 6/27/2011



Signature

Approval Signature

Approval Signature

Date Returned:	
Time In:	

Date

Date

Employee Signature: Manager/Supervisor/Director Signature

Form# AM01001A (Effective 7/1/2011)

Employees Name (Print)

Manager/Supervisor/Director (Print)

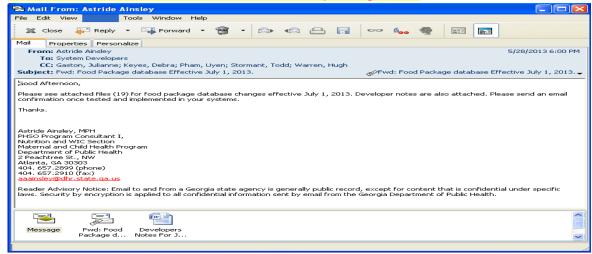
Security Officer Name (Print)

# Standard Operating Procedures for Infant Formula Rebate Changes (Product Name Changes)

**Purpose**: To ensure notification of the back-end contractor and four front end contractors when infant formulas change names

**Staff Involved**: Vendor Cost Containment Analyst (Uyen Pham), Revenue Accountant (Cassaundra Niblack), and Grant Accountant Supervisor (Jie Chang), Food Package Consultant (Julianne Gaston), Vendor Unit (Yvonne Rodgers), Systems Unit Manager (Astride Ainsley), Deputy Director of Finance (Hugh Warren), WIC Systems Developers (Front end WIC Systems), Back End Data Processor (Covansys)

- 1. Once the state agency staff receives notification from the Infant Formula Manufacturer, the Food Package Consultant (FPC) updates the vouchers to include wording for both the old and new product name. The new voucher messages are entered into the Food Package Data Base.
- 2. Vendor Cost Containment Analyst (VCCA) converts the updated food package information into formats required by the front end systems (i.e.: excel, comma delimited, or pipe delimited). FPC prepares a summary of changes for developers which are sent with the food package files.
- 3. The updated food package files are sent via email to all four front end system developers and the back end data contractor. On the effective date the new files overwrite the current food package files.

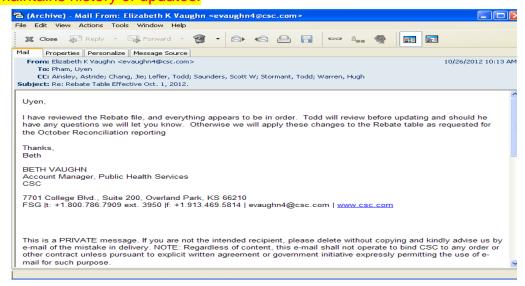


4. Nutrition staff prepares memos, hand-outs, trainings for WIC staff and participants, and the medical community about the product name change.

- 5. Vendor Staff notifies vendors of product name change and provides guidance as needed on anticipated transition time line.
- 6. The Systems Unit Manager (SUM) ensures all of the WIC front-end system developers and the back-end contractor send confirmation that they successfully tested and implemented the new food package files in their system. SUM documents and retains history for all system infant formula rebate changes
- 7. The VCCA creates a new Rebate Table as shown below to reflect the new product names and highlights the changes in the table before sending to our back-end contractor.

7.						
		Georgia WIC I	Program			
		nt Formula Re				
	Eff	ective Octocb	er 1, 2012			
		Contract			Rebate	
VC	Form	Y/N	Number of Cans	Category	Amount/Can	Status
Good Start Gentle Rebate						
G01	P	Y	1	1	\$11.5065	
G02	P	Y	2	1	\$11.5065	
G03	Р	Y	3	1	\$11.5065	
G04	Р	Y	4	1	\$11.5065	
G05	Р	Y	5	1	\$11.5065	
G06	Р	Y	6	1	\$11.5065	
G07	С	Y	1	1	\$3,7691	
G08	С	Y	2	1	\$3.7691	
G09	С	Y	3	1	\$3.7691	
G10	R	Y	10	1	\$1.6929	
G11	R	Y	1	1	\$1.6929	
G12	С	Y	13	1	\$3.7691	
G13	R	Y	14	1	\$1.6929	
G14	С	Y	16	1	\$3.7691	
G15	R	Y	10	8	\$0.5044	Inactive
G17	С	Y	18	1	\$3.7691	
G18	С	Y	19	1	\$3.7691	
G19	R	Y	12	1	\$1.6929	
G20	R	Y	2	1	\$1.6929	
G21	R	Υ	24	8	\$0.5044	Inactive
G30	С	Υ	12	1	\$3.7691	
G31	R	Υ	3	8	\$0.5044	Inactive
G32	R	Y	2	1	\$1.6929	Inactive
G33	R	Y	2	8	\$0.5044	Inactive
G34	R	Υ	7	1	\$1,6929	

8. Once the new Rebate Table is received the back end-data contractor sends the state agency an email confirmation. Systems Unit manager maintains history of updates.



9. During the second week of the month following the effective date of a new Rebate Table, the Grant Accountant Supervisor (GAS) and the VCCA review the Infant Formula Rebate Report (R098) to ensure all information is correct on the report. If not, the contractor is notified and generates a corrected report.

PROD. 0 AS OF 0 GERBER	4/12/13 3/31/13	FOR TH	GEORGIA WI INFANT FORMULA HE REDEEMED MONT		RT 2013	PAGE 1 R098 130151-04
		I	REDEEMED MONTH E	BILLING SUMM	IARY	
TYPE DE	SCRIPTIO	ON	FORM	BILLABLE UNITS	BILLING RATE	AMOUNT TO BE BILLED
1 GS	GENTLE		CONCENTRATE POWDER RTF	272.188	3.9091 12.3165 1.8229	253,036.04 3,352,403.50 1,688.01
2 GS 3 GS	GENTLE SOY	2	POWDER CONCENTRATE POWDER	90 14,540 39,409	16.7694 3.9010 12.7464	1,509.25 56,720.54 502,322.88
	SOY 2 SOOTHE		RTF POWDER POWDER	211 29 77,652	1.7309 16.5566 12.7554	365.22 480.14 990,482.32
MARCH	2013	REDEEMED	MONTH TOTAL	469,775		\$ 5,159,007.90
			END OF	REPORT		

10. Once the market is completely saturated with the new product Steps 1-3 and 6 above are repeated to remove the old product name from the vouchers.

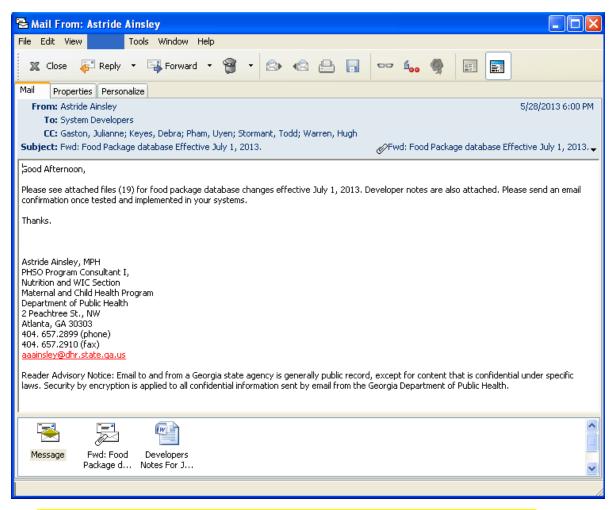
- 11. Record Retention Pursuant to 7 CFR 246.25(a)(2) and 7 CFR part 3016, Georgia WIC will retain Infant Formula Rebate (IFR) contract records for a minimum of three years following the date of submission of the final expenditure report for the period to which the report pertains. If any litigation, claim, negotiation, audit or other action involving the records has been started before the end of the three-year period, the records shall be kept until all issues are resolved, or until the end of the regular three year period, whichever is later.
  - a. All notices from the Infant Formula Manufacturer will be retained by the Infant Formula Rebate (IFR) Contract business owner (Deputy Director of Finance) in a paper file and by the Systems Unit Manager in a paper file.
  - The Food Package Data Base is retained electronically by the FPC and the Vendor Cost Containment Analyst. The VCCA will retain the converted updated food package formatting information electronically. The FPC will retain the summary of changes for the Developers.
  - c. The front end systems and back end data processor will retain the updated food package files electronically.
  - d. The FPC will retain electronically WIC staff and participant information.
  - e. The Vendor unit will retain all vendor notification correspondence.
  - The SUM will retain all front end system and back-end developer confirmations of successfully tested and implemented food package files manually.
  - g. The VCCA will retain the new Rebate Tables forwarded to the back-end contractor electronically.
  - h. The SUM will retain manually the back-end contractor's new Rebate Table confirmation.
  - i. The VCCA will retain the review of the Rebate table electronically.

# Standard Operating Procedures for Infant Formula Rebate Changes (Package Size changes)

**Purpose**: To ensure notification of the back-end contractor and all front end contractors when infant formulas change package sizes.

Staff Involved: Vendor Cost Containment Analyst (Uyen Pham), Revenue Accountant (Cassaundra Niblack), and Grant Accountant Supervisor (Jie Chang), Nutrition Unit Food Package Consultant (Julianne Gaston), Vendor Unit (Yvonne Rodgers), Systems Unit Manager (Astride Ainsley), Deputy Director of Finance (Hugh Warren), WIC Systems Developers (Front end WIC Systems), Back End Data Processor (Covansys)

- 1. Once the state agency staff receives notification from the Infant Formula Manufacturer, the Food Package Consultant (FPC) reviews the anticipated changes to identify if adjustments are needed to ensure Federal Food Package Issuance Guidelines are met. If required the FPC updates the vouchers to include wording for both the old and new can sizes. New vouchers may be necessary when the number of units of formula being issued per month differs from the old package size to the new package size. The new voucher messages are entered into the Food Package Data Base.
- 2. Vendor Cost Containment Analyst (VCCA) converts information entered into the updated food package database into formats required by the front end systems (i.e.: excel, comma delimited, or pipe delimited). FPC prepares a written summary of changes for front end systems developers which are sent with the food package files.
- 3. Nutrition staff prepares memos, hand-outs, trainings for WIC staff and participants, and the medical community about the package size change.
- 4. Vendor Unit Staff notifies vendors of package size change and provides guidance as needed on changes to inventory requirements as needed.
- 5. The updated food package files are sent via email to all front end system developers and the back end contractor developer. On the effective date the new files overwrite the current food package files.



6. The Systems Unit Manager (SUM) ensures all of the front-end WIC system developers and the back-end data contractor send confirmation that they successfully tested and implemented the new food package files in their system. SUM documents and retains history for all system infant formula rebate changes.

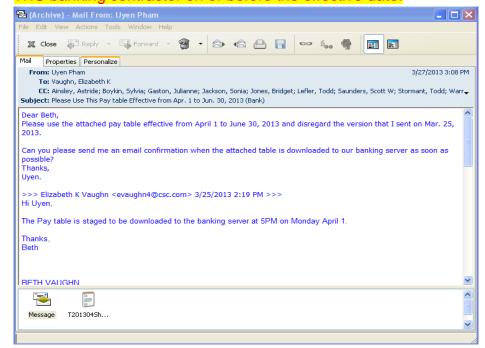
7. The VCCA creates a New Rebate Table as shown below to reflect the new voucher codes and highlights the changes in the table before sending to the back-end data contractor.

· ·		Georgia WIC I	Program	_		
		nt Formula Re				
		ective Octocb				
		Contract	1, 2012		Rebate	
VC	Form	Y/N	Number of Cans	Category	Amount/Can	Status
• • • • • • • • • • • • • • • • • • • •		Start Gentle	Number of Cans	Category	Rebate	Otatus
G01	P	Y	1	1	\$11.5065	
G02	P	Ÿ	2	i	\$11.5065	
G03	P	Ÿ	3	i	\$11.5065	
G04	P	Ÿ	4	<u>i</u>	\$11.5065	
G05	Р	Ÿ	5	1	\$11.5065	
G06	P	Ÿ	6	1	\$11.5065	
G07	C	Ÿ	1	1	\$3.7691	
G08	C	Y	2	1	\$3,7691	
G09	Ċ	Y	3	1	\$3,7691	
G10	R	Y	10	1	\$1.6929	
G11	R	Y	1	1	\$1.6929	
G12	С	Y	13	1	\$3.7691	
G13	R	Y	14	1	\$1.6929	
G14	С	Y	16	1	\$3.7691	
G15	R	Y	10	8	\$0.5044	Inactive
G17	С	Y	18	1	\$3.7691	
G18	С	Y	19	1	\$3.7691	
G19	R	Y	12	1	\$1.6929	
G20	R	Y	2	1	\$1.6929	
G21	R	Y	24	8	\$0.5044	Inactive
G30	С	Y	12	1	\$3.7691	
G31	R	Y	3	8	\$0.5044	Inactive
G32	R	Y	2	1	\$1.6929	Inactive
G33	R	Y	2	8	\$0.5044	Inactive
G34	R	Υ	7	1	\$1.6929	

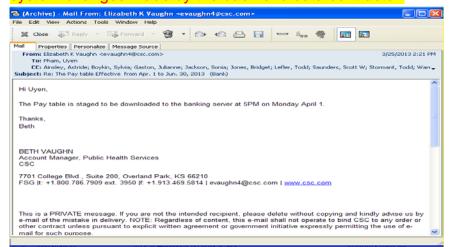
 Once the new Rebate Table is received the back-end data contractor sends the state agency an email confirmation. System Unit Manager maintains history of updates.



9. If new vouchers were added, the VCCA makes the updates to the Maximum Reimbursement Level (MARL) Table which is forwarded to the WIC banking contractor on or before the effective date.



10. The WIC Banking Contractor sends confirmation of receipt of MARLS Table. Systems Unit Manager documents and retains history for all system changes made by the back-end data contractor.



11. During the second week of the month following the effective date of a new Rebate Table, the Grant Accountant Supervisor (GAS) and the VCCA review the Infant Formula Rebate Report (R098) to ensure all information is correct on the report. If not, the back-end data contractor is notified and generates a corrected report.

PROD. 04/12/13 AS OF 03/31/13 GERBER	GEORGIA WI INFANT FORMULA FOR THE REDEEMED MONT REDEEMED MONTH B			PAGE 1 R098 130151-04
TYPE DESCRIPTION	FORM	BILLABLE UNITS	BILLING RATE	AMOUNT TO BE BILLED
1 GS GENTLE	CONCENTRATE POWDER DTE	64,730 272,188 926	3.9091 12.3165 1.8229	253,036.04 3,352,403.50 1,688.01
2 GS GENTLE 2 3 GS SOY	RTF POWDER CONCENTRATE POWDER RTF	14,540 39.409	16.7694 3.9010 12.7464	1,509.25 56,720.54 502.322.88
4 GS SOY 2 6 GS SOOTHE	POWDER	29		365.22 480.14 990,482.32
MARCH 2013 RE	DEEMED MONTH TOTAL END OF	469,775 REPORT		\$ 5,159,007.90

12. When the vouchers contain a different number of cans for old package size than for the new package size (i.e. 3- 12.1 oz cans or 2- 12.9 oz cans), then the above process (Steps1-9) will need to be repeated. In Phase One, the vouchers are updated to include both the old package size and the new package size. This must be done prior to any vouchers being issued for the month in which the new product is expected to begin

arriving in the stores. The Second Phase, changes the number of units being claimed for rebate starting with the month that the state and the manufacturer have predetermined to be the point at which the market will be 50% saturated with the new product size.

- 13. Once the market is completely saturated with the new product Steps 1, 2, 5 and 6 above are repeated to remove the old package size from the vouchers.
- 14. Record Retention Pursuant to 7 CFR 246.25(a)(2) and 7 CFR part 3016, Georgia WIC will retain Infant Formula Rebate (IFR) contract records for a minimum of three years following the date of submission of the final expenditure report for the period to which the report pertains. If any litigation, claim, negotiation, audit or other action involving the records has been started before the end of the three-year period, the records shall be kept until all issues are resolved, or until the end of the regular three year period, whichever is later.
  - a. All notices from the Infant Formula Manufacturer will be retained by the Infant Formula Rebate (IFR) Contract business owner (Deputy Director of Finance) in a paper file and by the Systems Unit Manager in a paper file.
  - b. The Food Package Data Base is retained electronically by the FPC and the Vendor Cost Containment Analyst. The VCCA will retain the converted updated food package formatting information electronically. The FPC will retain the summary of changes for the Developers.
  - c. The front end systems and back end data processor will retain the updated food package files electronically.
  - d. The FPC will retain electronically WIC staff and participant information.
  - e. The Vendor unit will retain all vendor notification correspondence.
  - f. The SUM will retain all front end system and back-end developer confirmations of successfully tested and implemented food package files manually.
  - g. The SUM will retain all front end system and back-end developer confirmations of successfully tested and implemented food package files manually.

- h. The VCCA will retain the new Rebate Tables forwarded to the back-end contractor electronically.
- The SUM will retain manually the back-end contractor's new Rebate Table confirmation.
- j. The VCCA will retain the new Maximum Reimbursement Level (MARL) Tables forwarded to the back-end contractor electronically.
- k. The SUM will retain manually the back-end contractor's new MARL Table confirmation.
- I. The VCCA will retain the review of the Rebate table electronically.

# Standard Operating Procedures for Infant Formula Rebate Changes (Rate Changes)

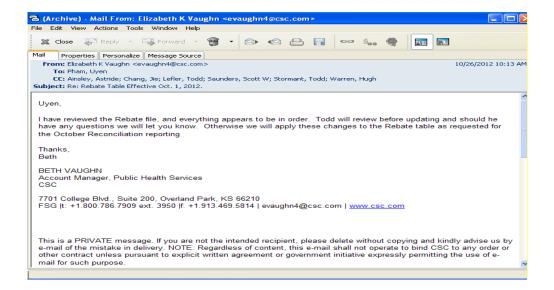
**Purpose**: To ensure notification of banking contractor when changes are made to infant formula rebate rates.

**Staff Involved**: Vendor Cost Containment Analyst (Uyen Pham), Revenue Accountant (Cassaundra Niblack), and Grant Accountant Supervisor (Jie Chang), Back-end Data Processor (Covansys), Deputy Director for Finance (Hugh Warren), Systems Unit Manager (Astride Ainsley)

 Once the state agency staff receives notification from the Infant Formula Manufacturer, the Vendor Cost Containment Analyst (VCCA) creates a new Rebate Table as shown below to reflect the new rebate rates and highlights the changes in the table before sending to our back-end contractor.

, , ,		_	-	_		
		Georgia WIC I	Program			
	Infa	nt Formula Re	ebate Table			
	Eff	ective Octocb	er 1, 2012			
		Contract			Rebate	
VC	Form	Y/N	Number of Cans	Category	Amount/Can	Status
	Good	Start Gentle			Rebate	
G01	Р	Y	1	1	\$11.5065	
G02	Р	Y	2	1	\$11.5065	
G03	Р	Y	3	1	\$11.5065	
G04	Р	Y	4	1	\$11.5065	
G05	Р	Y	5	1	\$11.5065	
G06	Р	Y	6	1	\$11.5065	
G07	С	Y	1	1	\$3.7691	
G08	С	Y	2	1	\$3.7691	
G09	С	Y	3	1	\$3.7691	
G10	R	Y	10	1	\$1.6929	
G11	R	Y	1	1	\$1.6929	
G12	С	Y	13	1	\$3.7691	
G13	R	Y	14	1	\$1.6929	
G14	С	Y	16	1	\$3.7691	
G15	R	Y	10	8	\$0.5044	Inactive
G17	С	Y	18	1	\$3.7691	
G18	С	Y	19	1	\$3.7691	
G19	R	Y	12	1	\$1.6929	
G20	R	Y	2	1	\$1.6929	
G21	R	Y	24	8	\$0.5044	Inactive
G30	С	Υ	12	1	\$3.7691	
G31	R	Y	3	8	\$0.5044	Inactive
G32	R	Y	2	1	\$1.6929	Inactive
G33	R	Y	2	8	\$0.5044	Inactive
G34	R	Y	7	1	\$1.6929	

 Back-end Data Processor confirms receipt of the new Rebate Table by sending the state agency an email confirmation to the VCCA and Systems Unit Manager (SUM). SUM maintains history of updates.



3. During the second week of the month following the effective date of a new Rebate Table, the Grant Accountant Supervisor (GAS) and the VCCA review the Infant Formula Rebate Report (R098) to ensure all information is correct on the report. If not, the contractor is notified and generates a corrected report.

PROD. 04/12/13 AS OF 03/31/13 GERBER	GEORGIA WI INFANT FORMULA FOR THE REDEEMED MONT REDEEMED MONTH B			PAGE 1 R098 130151-04
TYPE DESCRIPTION	FORM	BILLABLE UNITS	BILLING RATE	AMOUNT TO BE BILLED
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4 GS SOY 2 6 GS SOOTHE	RTF POWDER POWDER	29	1.7309 16.5566 12.7554	365.22 480.14 990,482.32
MARCH 2013 R	EDEEMED MONTH TOTAL END OF	469,775 PRPORT		\$ 5,159,007.90
	2112 01			

4. Record Retention - Pursuant to 7 CFR 246.25(a)(2) and 7 CFR part 3016, Georgia WIC will retain Infant Formula Rebate (IFR) contract records for a minimum of three years following the date of submission of the final expenditure report for the period to which the report pertains. If any litigation, claim, negotiation, audit or other action involving the records has been started before the end of the three-year period, the records shall be kept until all issues are resolved, or until the end of the regular three year period, whichever is later.

- a. All notices from the Infant Formula Manufacturer will be retained by the Infant Formula Rebate (IFR) Contract business owner (Deputy Director of Finance) in a paper file and by the Systems Unit Manager in a paper file.
- b. The VCCA will retain the new Rebate Rate tables electronically.
- c. The SUM will retain all front end system and back-end developer confirmations of successfully tested and implemented food package files manually.
- d. The VCCA will retain the review of the Rebate table electronically.

# Standard Operating Procedures for Preparation of Infant Formula Rebate Invoice

**Purpose**: To ensure Infant Formula Rebate Invoice is prepared correctly and processed in a timely manner.

**Staff Involved**: Vendor Cost Containment Analyst (Uyen Pham), Accounts Revenue Accountant (Cassaundra Niblack), and Grant Accountant Supervisor (Jie Chang), Deputy Director of Finance (Hugh Warren), Director of Grant Management (Kathleen Robison), Back End Data Processor (Covansys)

### Prepare Infant Formula Rebate Invoice

- Once the Infant Formula Rebate Report is received from the back end contractor for the prior month's rebates, the Grant Accountant Supervisor (GAS) verifies the correctness of the report against and verifies any changes to rebate rate, billable units, product name and unit size has been applied correctly.
- 2. The GAS transfers the billable unit data from Infant Formula Rebate Report to the Rebate Invoice Worksheet. The report is reconciled with the Infant Formula Rebate Report by total amount and total billable units. If discrepancy appears, it is analyzed to determine why. The GAS contacts the Vendor Cost Containment Analyst (VCCA) to determine if changes need to be made to the rebate tables. The Deputy Director over finance notifies the back end developer of the discrepancies and the need to generate an update Infant Formula Rebate Report to correct errors. The GAS prepares rebate invoice with the correct billable rates.
- 3. The invoice is turned into to the Director of Grant Management (DGM) for approval. After approval, the GAS sends the invoice and the invoice worksheet as a PDF file via email to the Formula Contract Manufacturer WIC Administrator for payment. The invoice is sent on the same day it was approved. Payment term is Net: 30 days.
- 4. The GAS delivers a copy of the signed Infant Formula Rebate Invoice to Accounts Revenue Accountant.

- 5. Accounts Revenue Accountant enters the rebate invoice into PeopleSoft and reviews monthly Accounts Revenue aging report to determine that full payment was received on time.
- 6. All related Infant Formula Rebate documents must be retained for a minimum of five (5) years plus current Federal fiscal year.
- 7. Record Retention Pursuant to 7 CFR 246.25(a)(2) and 7 CFR part 3016, Georgia WIC will retain Infant Formula Rebate (IFR) contract records for a minimum of three years following the date of submission of the final expenditure report for the period to which the report pertains. If any litigation, claim, negotiation, audit or other action involving the records has been started before the end of the three-year period, the records shall be kept until all issues are resolved, or until the end of the regular three year period, whichever is later.
  - a. The back-end contractor will retain electronic files of the Infant Formula Rebate Reports.
  - b. The Grant Accountant Supervisor (GAS) will retain his monthly rate reconciliation to these reports. Any requested corrections will be retained by the Deputy Director manually. The Deputy Director, GAS and back-end processor will retain the corrections issued manually and electronically as they choose.
  - c. The GAS will retained all approved, submitted invoices and invoice worksheets electronically and/or manually.
  - d. The Accounts Revenue Accountant will retain all source documentation electronically and/or manually used to enter the state general ledger system Peoplesoft.

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## I. NUMBER AND DISTRIBUTION OF AUTHORIZED VENDORS

Any legitimate retailer, pharmacy or military commissary within Georgia and no greater than ten (10) miles outside of the Georgia border may apply to become an authorized vendor.

# II. Application Acceptance Periods; Re-application Limitations after Application Denial

Applications for WIC vendor authorization will only be accepted during the following periods: Between March 1<sup>st</sup> to June 30<sup>th</sup> of each year and from October 1<sup>st</sup> to December 31<sup>st</sup> of each year. (See Attachment VM-2 Selection Criteria).

If an application for authorization is denied, the applicant will be barred from reapplication for a period of one year with the exception of the Denial Reasons listed below. Denial periods vary based on the reason that an application is denied. At the time that a notification of Denial is issued, applicants will be notified of their reapplication date. Irrespective of the reason for denial, once denied, an applicant who wishes to be reconsidered must allow their Denial Period to expire and re-submit a new application after that date has passed. Applications are not re-considered until new application materials have been submitted.

- 1. Accepting WIC vouchers prior to Authorization. The denial period is three (3) years.
- 2. <u>Business Integrity and Related Denials</u>. For Business Integrity or Integrity-related reasons, the denial period will be two (2) years.
- 3. All Other Reasons for Denial. The denial period is one (1) year.

## III. VENDOR SELECTION AND AUTHORIZATION

### A. Selection Criteria

All applicants must meet the established criteria to become an authorized Georgia WIC Program vendor and maintain WIC authorization. The vendor must comply with the selection criteria (e.g. SNAP authorization, business integrity, minimum inventory, store operating hours, etc.) throughout the agreement period including any changes to the criteria. Using the current vendor selection criteria, the Georgia WIC Program may reassess the vendor at any time during the agreement period. The Georgia WIC Program will terminate the Vendor Agreement if the vendor fails to meet the current vendor selection criteria at any time during the agreement period. (See Attachment VM-2, Selection Criteria for Vendor Authorization). When a potential vendor applicant requests an application, the vendor is directed to the Georgia WIC Program Vendor

Management website at <a href="http://wic.ga.gov/vendorinfo.asp">http://wic.ga.gov/vendorinfo.asp</a> to retrieve the application packet, which includes the selection criteria for vendor authorization.

### B. On-Site Visit and Authorization

On-site visits are conducted on each vendor applicant prior to initial authorization to verify the information that is received during the application process, including minimum variety and quantity of WIC-approved foods, as well as the current shelf price. Applicants are urged to contact Georgia WIC and change their scheduled pre-approval visit whenever they expect that they may not be prepared at the time of the Department's scheduled visit. All applicants are permitted to reschedule their visit twice upon request. If a vendor does not have the correct quantity of approved foods on hand at the time of the on-site pre-approval visit, the application will be denied for a period of one (1) year. Applicants who have not met the minimum inventory requirements after their pre-approval visit has been conducted may make a request in writing within five (5) business days for a second visit. All requests must detail the reason for the insufficient inventory on the first visit.

When a vendor meets all authorization criteria and has received interactive training, a vendor agreement is signed by the State agency official and mailed to the vendor or to the corporate vendor's authorized representative.

## IV. PEER GROUPS

Authorized vendors are classified into seven (7) different peer groups depending on square footage of the store, number of stores in a chain, and potential or actually above 50% status. (See Attachment VM-3, Georgia WIC Program Vendor Handbook-Vendor authorization).

Vendors found to be above 50% or potentially above 50% are reassigned to Peer Group G.

## V. VENDOR AGREEMENTS

The Georgia WIC Program enters into three (3) year agreements with food retailers, pharmacies and military commissaries. (See Attachment VM-4)

Food retailers with the same Federal Employer Identification Number (FEIN) and a corporate home office, or a single owner business entity that serves as a parent company, may sign one single agreement. This vendor is classified as a corporate vendor. Vendors wishing to participate as a corporate vendor must apply for all the stores in the chain seeking WIC authorization on a Corporate Attachment Form. This form becomes a legal addendum to the Corporate Vendor Agreement. (See Attachment VM-5, Corporate Attachment Form). If one store in the chain violates the Georgia WIC Program regulations and is disqualified, the remaining stores are not affected.

## VI. VENDOR TRAINING

Vendors are provided WIC authorization training sessions in an interactive format prior to authorization. The training sessions are conducted by the State agency with non-corporate vendors and by the corporate representative for vendors who are classified as corporate vendors. At the end of the three (3) year agreement period, authorization training is once again provided to vendors who are re-applying.

Annual training is provided once every year using a variety of formats, e.g. newsletters, interactive. Vendors who have received authorization and annual training must sign corresponding forms as documentation of their training. (See Attachment VM-3, Georgia WIC Program Vendor Handbook, Vendor Training; Attachment VM-6, Vendor Training Checklist and Attachment VM-7, Corporate Vendor Training Checklist).

## VII. HIGH RISK IDENTIFICATION SYSTEMS

#### A. VENDOR COMPLAINTS

The Georgia WIC Program provides a toll-free customer service hotline (1-866-814-5468) that WIC vendors and participants may call to report complaints/incidents or to make inquires. The participant may also contact their local WIC clinic to voice their complaint/incident. The local agency must complete a complaint/ incident form (see Attachment VM-9, Complaint Form) and begin the resolution process on all complaints from a WIC participant about a vendor. Once a complaint/incident is resolved at the local level, the form should be sent to the State WIC office for additional processing, e.g. covert or overt visit, warning letters and entry into the vendor's record.

Resolution, at the State agency, will be initiated within twenty-four (24) hours of receipt. The local agency will receive notification regarding how and when the complaint/incident was resolved.

A vendor may be investigated when a complaint/incident appears to be a sanctionable offense.

#### B. IDENTIFYING HIGH-RISK VENDORS

Programmatic reports, including but not limited to the Vendor Profile Report, are used to identify high-risk vendors. The indicators listed on the Profile are: A) Small amount of price variance; B) Large percent of food instruments redeemed at the same price; H) Vendor has large percent of total area redemption; M) Large percent of participants outside vendor area; E) Large percent of High Priced Food Instruments.

Complaints and incidents that are reported to the Georgia WIC Program about vendors also place them in a high risk category and may lead to a covert investigation of that vendor.

If more than 5% of all vendors are identified as high risk, they must be prioritized so that compliance investigations and/or inventory audits are conducted on those that pose the greatest risk to program compliance.

High risk vendors will be prioritized based on high risk scores and volume of WIC redemption. Those with the highest scores and the highest volume of WIC redemption will be investigated/audited first.

## C. NOTIFICATION OF VENDOR VIOLATIONS

During an investigation, if a violation is found that requires a pattern of violative incidences, the vendor must receive a notice informing them of the violation. Vendors who receive notices will be given an opportunity to correct the behavior causing the violation, including training of any personnel involved in WIC transactions. The notice may include sanctions for violations that occurred which do not require a pattern (see Categories I, II, III under "Sanctions"). The vendor will be notified if a subsequent violation occurs and will be sanctioned accordingly.

The Georgia WIC Program is required to notify the vendor of an initial violation, for violations requiring a pattern of incidences in order to impose a sanction, prior to documenting another violation, unless the Georgia WIC Program determines that notifying the vendor would compromise an investigation. The Georgia WIC Program will send the vendor a written notice of an initial violation during a covert compliance investigation for which a pattern of violative incidences must be established in order to impose a sanction, except when conditions 1 through 8 listed below exist.

- 1. Your vendor status is considered high-risk consistent with Section 246.12(j) (3) of the WIC federal regulations.
- 2. Violation(s) outlined in category VI, and category VII of the Georgia WIC Program Vendor Sanction System for which no pattern is required.
- The Georgia WIC Program became aware of violations taking place during the course of an on-going investigation, during which time other vendors were found to be in violation of Georgia WIC Program regulations, prompting further investigation.
- 4. The Georgia WIC Program received complaint(s) against the vendor.
- 5. The Georgia WIC Program investigator's identity may be in jeopardy.
- 6. Threatening conduct or security factors that may occur during the course of a covert/compliance investigation.
- 7. Covert sting operation by WIC, or in conjunction with other Local, State or Federal agencies.
- 8. More than one violation occurred during the initial compliance visit.
  - Vendors will receive notification of all results including violations **after** the investigation is considered closed by the Georgia WIC Program representatives.

When notices of violations are <u>not</u> sent to a vendor, **Attachment VM-11** will be placed in the vendor's file.

# VIII. PROHIBITION AGAINST CERTAIN VENDORS - CONSOLIDATED APPROPRIATIONS ACT 2005

A new for profit vendor will be authorized and placed into peer group G if that vendor is expected to derive more than 50 percent of its annual food sales revenue from WIC food instruments (see Attachment VM-12). Once vendors are authorized, an assessment of WIC redemption to food sales will be conducted within six (6) months of authorization. All current vendors are assessed via the annual assessment as well as during reauthorization. All vendors are required to submit food sales data upon request in order to monitor compliance with the above-50 percent criterion. If it is subsequently determined that a vendor does meet the above-50 percent criterion, they will be placed into peer group G.

# IX. <u>VENDOR COST CONTAINMENT</u>

Vendor Cost Containment is intended to assist State agencies in achieving compliance with section 17(h)(11) of the Child Nutrition Act of 1966, as amended by (42 U.S.C.§ 1786).

The new requirements underscore the State agency's responsibility to ensure that WIC pays all vendors competitive prices for supplemental foods. The Georgia WIC Program implemented a cost containment plan to identify and manage vendors who derive more than fifty (50) percent of their annual food revenue from WIC food instruments.

All vendors will be assessed at application, within six months after authorization, and annually thereafter to determine whether they derive more than fifty (50) percent of their SNAP eligible food sales from WIC redemptions. Georgia WIC will conduct an initial food sales assessment based on programmatic reports to determine whether a vendor is a Probable Above Fifty Percent Vendor (A-50). Upon notification of Probable A-50 Status, vendors may challenge the initial Findings by requesting a detailed Food Sales assessment to demonstrate that their eligible food sales are less than their WIC sales. Failure to follow the procedures to request a detailed Food Sales assessment or provide the documents or information required or cooperate with the assessment process will result in a Final determination that the vendor is an Above fifty-percent vendor. In addition, Georgia WIC may terminate any vendor who fails to provide documentation upon request.

Vendors who undergo a detailed food sales assessment will be notified in writing of the outcome of the assessment and also given the opportunity and instructions to Appeal the Final determination under the Administrative Review procedures in place within 15 calendar days.

## X. ROUTINE MONITORING

On-site, overt monitoring is performed on a minimum of five (5) percent of the total active vendors statewide on an annual basis using a standardized monitoring instrument (see Attachment VM-10, Vendor Review Form). Vendors statewide (except commissaries and pharmacies) are selected for routine monitoring visits based on: 1) complaints/incidents regarding a specific vendor; 2) a current list of vendors that have been on the program the longest and have not received a routine monitoring visit prior to FFY 2009 and no later than 2011; 3) a current list of vendors who are suspected of being potential above 50 percent vendors or fraudulent vendors; and in addition, 4) requests from investigators as a result of their findings during a covert visit; 5) if the Georgia WIC Program has reason to believe that the vendor is participating in fraudulent activity at anytime during the vendor agreement period; and 6) new vendors within 2 (two) months of authorization will be selected for routine monitoring visits. Vendors receive written notification of the results and copies are sent to the vendor's corporate office, when applicable. (See Attachment VM-3, Georgia WIC Program Vendor Handbook, Overt Monitoring).

# XI. <u>Inventory Audits</u>

Georgia WIC may conduct record or inventory audits on any vendor at any time. Inventory audits will include the examination of food invoices or other proofs of purchase to determine whether a vendor has purchased sufficient quantities of supplemental foods to provide WIC customers the quantities specified on food instruments redeemed by the vendor during a given period of time. Purchase invoices should reflect the name and address of the wholesaler or supplier, date of the purchase, list of the items purchased, size, stock number, quantity, unit price and total dollar amount for the quantity purchased. Itemized cash receipts must include the name and address of the store or a code number by which the store can be identified, the date of purchase, description of the items purchased, unit price and total purchase price. Itemized cash receipts that do not completely describe the item should have a computer code that can be verified by calling the store manager. Affidavits or oral statements are not acceptable as proof of inventory. During an audit, the vendor must supply Georgia WIC or its representative with documentation of pertinent records upon request. Vendors must retain copies of all invoices relating to the purchase of WIC food items for the three previous years plus the current year.

### XII. VENDOR SANCTION SYSTEM

When any authorized vendor is found to be in violation of federal regulations and/or State rules, policies and procedures, the vendor will be assessed a sanction consistent with the severity and nature of the violation. Sanctions may include disqualification or a civil money penalty. (See Attachment VM-3, Georgia WIC Program Vendor Handbook, Sanction System).

## XIII. ADMINISTRATIVE REVIEW

The Georgia WIC Program must provide administrative reviews in accordance with Federal WIC regulations at § 246.18. Information on adverse actions the vendor may appeal, adverse actions that are not subject to administrative review, as well as the Georgia WIC Program administrative review procedures are found in the Section 511-8-1.06 (see Attachment VM-13) of the Rules and Regulations of the State of Georgia and the most recent publication of the Vendor Handbook. The vendor agrees to abide by said provisions if requesting review of an adverse action.

# XIV. <u>COORDINATION WITH SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM</u> (SNAP)

A reciprocal agreement between the Georgia WIC Program and the Food and Nutrition Services Supplemental Nutrition Assistance Program (SNAP) is on file at the State WIC office.

All vendors must be licensed as a (SNAP) retail provider. Vendors who withdraw from SNAP, are disqualified from SNAP, or are terminated from SNAP due to non-redemption will be terminated from the Georgia WIC Program. Unless necessary to ensure adequate participant access, the Georgia WIC Program will not authorize an applicant that is currently disqualified from SNAP, or that has been assessed a SNAP civil money penalty (CMP) for hardship and the disqualification period that would otherwise have been imposed has not expired.

The Georgia WIC Program Compliance Analysis Unit routinely coordinates investigative activities with their SNAP counterparts on high-risk WIC vendors. All authorized Georgia WIC Program Vendors must be also be SNAP authorized at the time of WIC authorization and at all times during the vendor agreement period.

## XV. STAFF TRAINING ON VENDOR MANAGEMENT

New employees receive orientation and on the job training on the following Vendor Management topics:

- 1. Application process (selection and authorization)
- Vendor training
- Routine monitoring
- 4. Compliance investigations
- 5. Inventory audits (when applicable)
- 6. Sanctions
- 7. Vendor appeals/Administrative reviews
- 8. Federal and State WIC regulations
- 9. High Risk vendor identification
- GWIS (Georgia WIC Program Information System) and other internal vendor databases such as VIPS and STARS

# GEORGIA WIC PROGRAM APPLICATION FOR VENDOR AUTHORIZATION AND INSTRUCTIONS

Complete this application in its entirety. Incomplete applications will not be processed. Any misrepresentations and/or omissions made with respect to the information requested in this application may result in denial of the application or termination of the vendor agreement.

Chec	k one			
A.	Re-Application (Enter current vendom (New Vendors m	or number)ust provide food sales data within six months	_ Initial App	plication
B.	Will this store participate as a corpora. If yes, how many store locations	-	Yes	□ No
C.	Is this store expected to derive mor from the sale of WIC approved foo		Yes	☐ No
D.	Is this application submitted as a re	sult of a change in the store's location?	Yes	☐ No
E.	Will this store sell medical formula	and special medical foods only?	Yes	☐ No
	P	ART I - STORE IDENTIFICATI	ON	
1.	Full Legal Name of Store		Store Nu	mber
	Full Legal Name of Corporation (if Registered Agent's Full Name (if applicable)	applicable)		
	Store Manager's Full Name			
	Store Manager's Social Security Number Store Manager's Date of Birth			
2.	Contact Information Business Telephone Number		Number	-
	E-mail Address ( <b>Required</b> )	Area Code	Area Code	
	Physical Location			
	Street Address/Rural Route			
	City	County		
	State	Zip +4		
	Mailing Address (If different from a	bove, a P.O. Box must be accompanied by a stree	t address)	
	Street Address			
		State	Zip + 4	
	P.O.			
	Box City	State	7:n + 1	
	City	State	Zip + 4	
3	Square Footage of Store (including	administrative and storage area)		

Iden	ntify # years of Previous Grocery Experience (unprepared f	oods made for ho	me consumption	; ready-made)
four	es this store participate in SNAP? If yes, enter the FNS New and on your SNAP Permit, authorization date, and redempory for the past 12 months. Please attach a copy of the Simit.	otion	Yes	☐ No
SNA	AP Authorization Date:			
SNA	AP Redemption History			
•	Redemption Period:Redemption Total for the Period:			
limi expe	cery Industry Experience. Please list prior experience in ted to the applicant store. Attach documentation to demerience to the application. This includes a copy of SNAI, Federal/State tax records documenting food sales history	onstrate a min P permit from	imum of 12 m	nonths grocery industry
limi expe and,	ted to the applicant store. Attach documentation to demerience to the application. This includes a copy of SNAI, Federal/State tax records documenting food sales histore of Business – Check Only One	onstrate a min P permit from	imum of 12 n applicant stor	nonths grocery industry e and previously owned st
limi expe and,	ted to the applicant store. Attach documentation to demerience to the application. This includes a copy of SNAI, Federal/State tax records documenting food sales history	onstrate a min P permit from	imum of 12 m	nonths grocery industry e and previously owned st
limi expe and,	ted to the applicant store. Attach documentation to demerience to the application. This includes a copy of SNAI, Federal/State tax records documenting food sales histore of Business – Check Only One	onstrate a min P permit from	imum of 12 n applicant stor Commissar	nonths grocery industry e and previously owned st
limi expe and,	ted to the applicant store. Attach documentation to demerience to the application. This includes a copy of SNAI Federal/State tax records documenting food sales histore of Business – Check Only One  Independent	onstrate a min P permit from	imum of 12 n applicant stor Commissar	nonths grocery industry e and previously owned st  ry  License (Attach a copy of license
limi expe and,	ted to the applicant store. Attach documentation to demerience to the application. This includes a copy of SNAI Federal/State tax records documenting food sales histore of Business – Check Only One  Independent	onstrate a min P permit from	imum of 12 mapplicant stor  Commissan  Pharmacy 1	nonths grocery industry e and previously owned st  ry  License (Attach a copy of license

8.	A.	Will this store be dependent upon receiving WIC authorization before it can open for business or for the existing businesses to		nable?	Yes	No
	B.	How was the store acquired? Sale Sale (provide a copy of bill of sale or executed lease if applicable)		Month	Day	Year
		From whom was the store acquired?				
	C.	On what date did (or will) the store open for business under the owner(s)?	e applying	Month	/ Day	/ Year
	D.	By what date will the store have the required minimum invent WIC food and Non-WIC foods in stock?	ory of Approve	ed	1	
				Month	Day	Year
9.	A.	Are you related to previous owner(s) by blood or marriage?			Yes	☐ No
		If yes, what is the relationship?				
	В.	Has the owner(s) ever owned a business(es) authorized by the Program? If yes, list stores below. Attach additional paper if re-			Yes	☐ No
	1.					
	2.	STORE NAME VEN	ODR NUMBER			
		STORE NAME VEN	DOR NUMBER			
	C.	Has the previous owner(s) ever owned a store(s)/business(es) assessed a Civil Money Penalty for violations of the Georgia state the nature of the violation, the specific penalty that was in penalty became effective. Attach additional paper, if necessary	WIC Program? nposed, and the	If yes,	Yes	☐ No
	D.	Has the previous owner(s) ever owned a store(s)/business(es) disqualified, assessed a Civil Monetary Penalty for violations an explanation identifying the store name, nature of the violatidate the penalty became effective.	of SNAP? If ye	es, attach	Yes	☐ No
	E.	Has this store ever operated under another name in Georgia or	states that are	25 miles		
		outside of the Georgia border? If yes, indicate the name (s)			Yes	No
					168	110
		PART II - STORE OWNERSHIP A	ND MANA	CEMENT	7	
		IMI II - STOKE OWNERSHII A				
10	)	Type of Ownership – Check one				
		Sole proprietorship	Private	ly owned co	rporation	
		Partnership	Publicl	y owned con	rporation	
		Limited Liability Corporation	Govern	nment owned	1	
			Non-pr	ofit		

First Name	Middle Name	Last Name	Social Security #
Date of Birth			
First Name	Middle Name	Last Name	Social Security #
Date Of Birth			
First Name	Middle Name	Last Name	Social Security #
Date of Birth			
Full Name of Registered Agent			
Social Security Number of Registered Agent			
Date of Birth of Registered			

12.

	appl	ication from the authorizing agency.
	App	licant History
13.	A.	Including this store, have any of the current applicant(s) ever owned or managed a business that violated the Georgia WIC Program, receiving a disqualification or assessment of a Civil Money Penalty?  If yes, attach an explanation, identifying the person, the store/business name and location, vendor number, and the nature of the violation(s).
	B.	Including this store, have any of the current applicant(s) ever owned or managed a business that violated the SNAP regulations, receiving a warning letter or was withdrawn, disqualified, or assessed a Civil Money Penalty? If yes, attach an explanation identifying the person, business name and location, the nature of the violation, and the nature of the violation.
	C.	Have any of the current applicant(s) ever been convicted of or had a civil judgment for fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice? If yes, attach an explanation identifying the person, date and nature of violation.
15.	D. Proce	Do any of the current applicant(s) <b>currently</b> own or have any involvement with other WIC-approved stores, or any other entity that is applying for WIC authorization? If yes, attach a list of the store(s), including the store name and vendor number.  Yes No
		A. Number of Cash Registers  B. Number of Scanners
	C I	C. Can Scanners detect WIC eligible foods?  Does your store have a Point of Sale  Yes  No  No
	F v	E. Please check all the forms of payment your store  Cash EBT Debit  Vill be accepting.  Have any of the current applicant(s) previously owned or had any involvement  with other WIC-approved stores? If yes, attach a list of the store(s), including  the store name and vendor number.  Credit  Checks  Yes  No
	F.	Do any of the current applicant(s) have relatives, who are related by blood or marriage, who own/have owned, or have current or previous involvement with a WIC-approved store(s)? If yes, attach a list that includes the name(s) of the individual(s), the name of the individual with whom they are related, the nature of the relationship, the store name, and the store's vendor number.
	G.	Do any of the current applicant(s) have relatives, related by blood or marriage,

**Prior WIC Applications.** Including this store, have any of the current owner(s), officer(s), or manager(s)

identifying the person, the store name and location, the date the application was submitted, and the outcome of the

previously applied for vendor authorization to the Georgia WIC program? If yes, attach an explanation,

# GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment VM-1 (cont'd) who ever owned or managed a business which had any affiliation with the Georgia WIC Program? If yes, attach an explanation, identifying the person, business name and location, vendor number, and the years of affiliation. Yes No PART III A – OPERATIONS AND SALES 14. Hours of Business Check here if opened 24 hours each day Sunday Thursday Monday Friday Tuesday Saturday Wednesday 16. Bank Information. Enter information pertaining to where you will deposit all WIC food instruments and cash value vouchers. If the applicant is a Corporate Vendor, enter the specific bank information for each store for which WIC authorization is sought on the Corporate Attachment form. A. Bank Name Street Number & Name City, State, and Zip+4 Telephone Number (including Area Code) B. Business Banking Routing and Account Numbers a. Routing Number\_\_\_\_\_ b. Account Number PART III B - OPERATIONS AND SALES – VENDOR COST CONTAINMENT Applicant vendors must submit purchase invoice receipts, bills of lading or recent invoices that depict the purchase of all items intended for sale in their stores upon request. This includes WIC food items, non-WIC food items, household products, miscellaneous items, etc. Failure to submit the requested documentation within 10 (ten) days of the request will result in denial of the vendor application. A. What is the estimated percent of annual **food** sales you anticipate will derive from the following types of 17. payment? Total must equal 100% Cash/Personal Checks \_\_\_\_\_% Debit/Credit Cards % Food Stamps % WIC Food Instruments \_\_\_\_\_% **Total 100%** B. What is the estimated total amount of WIC redemptions you expect to redeem in the first year of participation in the WIC Program? (Provide a monetary amount, not a percentage)? \$ C. Annual Gross Sales. Provide the annual gross sales your store earned for the past 12 months. If you

VM-13

have prior 12 month SNAP and Grocery Industry experience, but not with the applicant store, please

GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL	
check the appropriate box and provide the actual gross sales earned a the sales figure you are providing. You may be required to provide u figures are available.	
Applicant Store ; OR,	
Other Store (provide store name and contact information Store Name:  Store Address:	
Actual Gross Sales \$attach Federal/State tax records for the stated tax year.)	For tax year (Please
D. Do you or will you sell Georgia lottery tickets?	☐ Yes ☐ No
E. Do you or will you sell any exempt (non-taxable) items in addition to WIC/SNAP items? If yes, list the item	Yes No
F. Do you or will you sell gasoline	Yes No
G. Please list the other items your store sells or will sell other unprepared foods (e.g., paper products, prepared/hot foods	
<b>STAPLE FOODS CATEGORIES CARRIED IN STOCK:</b> All ve food items other than WIC Approved Foods. These items are considered Inventory includes dried, frozen, canned/jar, boxed, fresh, refrigerated prepared foods or accessory foods, such as candy, condiments, spice carbonated drinks.	dered Non-WIC Inventory. Non-WIC ed, etc. Staple foods <b>do not</b> include
at percentage of each item does this store carry from the following for the equal one-hundred percent (100%).	od groups? The total percentage
A. Meats, Poultry and/or Seafood (ref	frigerated)
B. Breads and Cereal Products	
C. Shelf Staples (e.g. flour, sugar, pas	sta, pudding mix,

			D. Cans, Jars, Bottled Go	ods (e.g. mayo, ketchup, relish,		
			E. Beverages			
			F. Dairy (e.g. milk, chees	e, yogurt, etc.)		
			G. Snack Foods (e.g. crac	kers, granola bars, etc.)		
19. A	A.	Does/Has the current owner(s), officer(s), or manager(s) currently own/previously own(ed) or manage (d) a business where more than 50% of the total annual food sales is/was derived from the sale of WIC approved foods? If yes, identify the name of the store, vendor number (VN), and city and state that the store is/was located. Include stores located in Georgia and nationwide. Attach additional sheets of paper if you need more space.				
		1. Store Name				
		City		State		
		2. Store Name		VN		
		City		State		
		3. Store Name				
		City		State		
20. A.		purchased from suppli	a that will be used to redeem Viers listed on the Approved Inf vendorinfo.asp and select App	ant Formula Supplier list?		
		Note: Records of all infant formula purchases must be maintained according to the terms of the WIC Vendor Agreement, III, J.4.				
	B.	If yes, indicate the name of the supplier, address, city and State. (Attach additional paper if necessary.)				
		Supplier		Address		
		~:		~		
		Supplier				
		~·		~		
		Supplier				
				State		

PART IV - INVENTORY AND PRICE LIST

Please enter the required information below for each food item you will have in your inventory. For the most current list of food brands that are WIC-Approved, visit the Georgia WIC Program website, at <a href="http://wic.ga.gov/vendorinfo.asp">http://wic.ga.gov/vendorinfo.asp</a> and select the link, "New WIC Approved Foods (effective December 1, 2011)".

Food Item	Brand Name	2	Size	Highest Price or Least Expensive where indicated	On-Site Price
21.	Juice		46-48 oz indicate size	·	
			64 oz		
22.	Cereal		11-36 oz indicate siz	e	
23.	Beans/Peas /Lentils		1 Pound Packages		
	Beans/Peas /Lentils		14-16 oz Cans indicate size		
24.	Peanut Butter		16-18 oz indicate size	·	
25.	Infant Cereal		8 oz box		
	Gerber Good Start Gentle		12.1 oz Concentrat		
26.	Gerber Good Start Soy		12.1 oz Concentrat		
	Gerber Good Start Gentle		12.7 oz Can Powdo	er	
27.	Gerber Good Start Soy		12.9 oz Can Powdo	er	
28.	Whole Milk		Gallon (Least Expens		
29.	2%, 1% or Skim Milk		Gallon (Least Expensive)		
30.	Dry Milk		Makes 3 quarts		
31.	Cheese		16 oz (1 Pound)		
32.	Eggs (Large Only)		1 Dozen Carton (Least Expensive)		
33.	Fresh Fruit, and Vegetables		20Types combined	l	
34.	Whole Grain Bread		16 oz Loaf		
34. 35.	Fish		Tuna - 5 oz can		
55.	1.1911		Tuna - 5 02 can		
			Pink Salmon - 7.5 oz can indicate size _		
36.	Infant Fruits and Vegetables		4 oz jar		
37.	Infant Meats		2.5 oz jar		

	Brands (B)		
Food Item	Types (T)	Size	<b>Minimum Quantity</b>

You must ensure that your store(s) have the following inventory of WIC-Approved food items and a substantial amount of Non-WIC Inventory in stock by the date you specified in question 8.c. Below, are the lists for the minimum quantity for WIC-Approved and the minimum quantity for Non-WIC food items.

39.	Juice	2 (T)	46-48oz	12
40.	Juice	2 (T)	64 oz	12
41.	Cereal	4 (T)	11-36 oz	24
	(2 types must be Whole Grain)			
42.	Dried Beans/Peas/Lentils	2 (T)	1 Pound Packages	5
43.	Canned Beans/Peas/Lentils	2 (T)	14-16 oz	18
44.	Peanut Butter	2 (B)	18 oz	6
45.	Infant Cereal	2 (T)	8 oz	12
45.	(1 type must be rice)	,		
46.	Gerber Good Start Gentle (Concentrate)	1 (B)	12.1 oz	30
47.	Gerber Good Start Soy (Concentrate)	1 (B)	12.1 oz	20
48.	Gerber Good Start Gentle (Powder)	1 (B)	12.7 oz	50
49.	Gerber Good Start Soy (Powder)	1 (B)	12.9 oz	20
50.	Whole Milk	1 (B)	Gallon	8
51.	20/ 10/ 91: 16:11	1 (B)	Gallon	12
52.	2%, 1% or Skim Milk	1 (D)	Molzas 2 Quarta	3 Boxes
32.	Dry Milk – non-fat <b>OR</b>	1 (B)	Makes 3 Quarts	12 Cans
	Evaporated Milk	1 (B)	12 oz	
53.	Cheese	2 (T)	16 oz (1 Pound)	8
54.	Eggs (Large Only)	1 (B)	1 Dozen	8
55.	Whole Grain Bread	1 (B)	16 oz Loaf	6
56.	Fruit, Vegetables (4 Types must be fresh)	20 (T)	20 Types combined (fresh, frozen or canned)	20 Types
57.	Fish	1 (T)		18
57.	Tuna	1(1)	5 oz Can	combined
	Salmon		7.5 -14.75 oz Can	
58.	Infant Fruits	2 (T)	4 oz	96
59.	Infant Vegetables	2 (T)	4 oz	combined
60.	Infant Meats	2 (T)	2.5 oz	31

## PART V - STATEMENTS AND CERTIFICATION

PRIVACY ACT STATEMENT – The collection of this information is authorized by Part 246.12 of Federal Regulations 7CFR, Ch.11 which governs the Special Supplemental Nutrition Program for Women, Infants and Children. It will be used to determine whether a store qualifies to participate in the WIC Program, monitor compliance with program regulations and for program management. The provision of the requested information, including the Federal Employer Identifier Number or Social Security Number, is voluntary. However, failure to provide information may result in the denial or termination of authorization to participate in the WIC Program. The purpose of collection of this information is for audit and enforcement of WIC regulations.

WARNING STATEMENT – Information in this application may be verified with other agencies. The authorization of the vendor to participate in the Georgia WIC Program can be denied or terminated if it is determined that the vendor applicant provided false statements, made false representations, or used any false writing or documentation in conjunction with this application. WIC participation can be terminated if the business violates any laws or regulations issued by Federal or State programs including the Food Stamp Program and Food Stamp Program regulations.

#### CERTIFICATION AND SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

- 1. I have authority to apply for authorization for this store to participate in the Georgia WIC Program.
- 2. I will update the information on this application as required by the WIC Program.
- 3. I affirm that all statements made in this application are true.

  I authorize Georgia WIC to investigate my background for purposes of evaluating my vendor application. I understand that I may withhold my permission, and that in such case, no background check will be done and my vendor application will not be processed further.

(no initials)				DATE	
PRINT NAME (no initials)	First	Middle	Last		
	First	Middle	Last		
TITLE					

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call (866) 632-9992 (toll free) or 202-260-1026 (local).

Return application to: **DO NOT FAX DO NOT HAND DELIVER** 

Georgia WIC Program Vendor Management Unit 2 Peachtree Street, NW

Suite 10-476

Atlanta, Georgia 30303-3142 Toll free **1-866-814-5468** 

## INSTRUCTIONS FOR COMPLETING THE VENDOR APPLICATION

- A. Check appropriate box to indicate if application is a re-application or initial application. If application is a Re-application, please enter the current vendor number in the space provided.
- B. Answer "yes" or "no" if your store will participate as a corporate vendor.
- C. Answer "yes" or "no" if your store expects to derive more than 50% of its annual food sales from the sale of WIC approved foods.
- D. Answer "yes" or "no" if application submitted as a result of a change in store's location?
- E. Answer "yes" or "no" if you will be selling medical formula (formula other than the contract formula) and special medical foods **only**.

### **PART I - STORE IDENTIFICATION**

1. FULL LEGAL NAME OF STORE. Enter the name of the store. Include the store number, if applicable. The WIC program defines a Corporate Vendor as a vendor that has more than one store with the same FEIN. If you qualify as a Corporate Vendor, you will need to enter "CA" (Corporate Attachment Form ) on this line, and complete the Corporate Attachment form for each store you are seeking to become a participant in the Georgia WIC program.

FULL LEGAL NAME OF CORPORATION (if applicable). Enter the legal name of the corporation, limited liability company, or partnership under which the store(s) is licensed. Include the name of publicly owned and privately owned corporations. If the corporation has a division or department that is dedicated to handling WIC issues, include the name of the division or department after the name.

REGISTERED AGENT'S NAME. If you are a corporation, limited liability company, or a partnership, enter the name of the person you have designated to serve as the business' registered agent.

STORE MANAGER'S NAME. Enter the name of the person who is responsible for this store location. If you qualify as a Corporate Vendor, enter "CA", and provide this information in the section, "Store Contact and Title", of the Corporate Attachment form for each store. You must also enter the email address for the manager for each store where indicated on the Corporate Attachment form.

#### 2. CONTACT INFORMATION.

BUSINESS TELEPHONE NUMBER. Enter the main telephone number of the store. **DO NOT LIST MOBILE TELEPHONE NUMBERS.** For Corporate Vendors, enter the main telephone number for the corporation's home office. If the corporation has a division or department that is dedicated to handling WIC issues, enter the telephone number of the division or department. Include an extension, if applicable.

FAX NUMBER. Enter the fax number for the store. For Corporate Vendors, enter the main fax number for the corporation's home office. If the corporation has a division or department dedicated to handling WIC issues, enter the fax number of the division or department. E-MAIL ADDRESS. Enter the e-mail address for the manager listed above. For Corporate Vendors, enter the main e-mail address for the corporation's home office, and include the email address of each store manager on the Corporate Attachment form where indicated. PHYSICAL LOCATION. Enter the street name and number, City, County, State and zip code for the store. For Corporate Vendors, enter "CA". DO NOT enter a post office box address here. MAILING ADDRESS. Enter the street name and number, city, state, and zip code for the store, if different from the store's physical location. For Corporate Vendors, enter the mailing address

of the corporation's home office. If the corporation has a division or department dedicated to handling WIC issues, include the floor/suite of the department or division. You <u>must provide</u> proof of a lease for a minimum period of three years, or provide proof of ownership (e.g., a copy of an executed lease agreement, a copy of a bill of sale).

- 3. SQUARE FOOTAGE. Enter the store's total square footage, including those areas of the store that are used for storage and administrative purposes. Corporate Vendors should enter "CA", and enter the square footage on the Corporate Attachment form for each applying store, where indicated.
- 4. FOOD SALES ESTABLISHMENT LICENSE NUMBER. Enter the Food Sales Establishment License Number that is issued in the current owner's name. The owner's name that is listed on the application must match the name on the license. Some pharmacies and military commissaries may not be required to have this license and should enter Not Applicable (N/A). Corporate Vendors need to enter "CA", and provide this information on the Corporate Attachment forms for each applying store. You must attach a copy of this license to the application.
- 5. SNAP AUTHORIZATION. Answer "YES" or "NO". If YES, enter the authorization number for this location and attach a copy of the SNAP permit. Corporate vendors should enter "CA" and provide this information for each store on the Corporate Attachment form.
- 6. TYPE OF BUSINESS. Check the box that best fits the type of business for your store. The following are brief definitions for each type of business entity listed on the vendor authorization application.:
  - **Independent** A store that is independently owned by a person or group.
  - Chain A business entity that has multiple locations throughout one or more states.
  - Commissary A military outlet that provides goods and services for military personnel
    and their families. Commissaries receive exemptions through the 1983 Memorandum of
    Understanding between the Food and Nutrition Service and the United States Department
    of Defense.
  - **Pharmacy** If you are a pharmacy, you must be licensed by the Georgia Board of Pharmacy. A pharmacy may participate in WIC to redeem exempt and/or special infant formulas, including medical foods ONLY. No contract brand infant formula or other standard WIC-approved food sales are allowed for pharmacies.
- 7. FEDERAL EMPLOYER IDENTIFICATION NUMBER. Enter the Federal Employer Identification Number (FEIN) assigned to the store by the Internal Revenue Service (IRS). If the owner is a sole proprietor and does not have a FEIN, enter the owner's Social Security Number (SSN). If a FEIN is entered, DO NOT enter the SSN. For Corporate Vendors, enter "CA", and include the FEIN on the Corporate Attachment form for each store.
- 8. Answer the questions regarding minimum inventory and opening date.
  - A. Answer "yes" or "no" as to whether this store is dependent upon WIC authorization before it can open for business.
  - B. ACQUISITION DATE. You must provide the full name of the prior owner(s) of the store. Please remember to attach a copy of the executed lease agreement or bill of sale. A lease agreement must be for a minimum of three years.
  - C. OPENING DATE Enter the specific month, day, and year that the store will open under the applying owner(s). If the store is currently open for business at the time of application, enter the official date the store opened or the date a change of ownership became effective. Enter Not Applicable (N/A) if the store is currently authorized as a WIC vendor and is re-applying for authorization.
  - D. MINIMUM INVENTORY Enter the specific month, day and year that **ALL** required quantity and variety of WIC approved foods and non-WIC food items (including perishables)

will be in stock and ready for inspection. *See Selection Criteria for Vendor Authorization*, at http://wic.ga.gov/vendorinfo.asp for exact quantities for each category of food items. Enter "Not Applicable" (N/A) if the store is currently authorized as a WIC vendor and is reapplying for authorization.

- 9. Answer the questions regarding ownership history of the applying store.
  - A. RELATIONSHIP TO OWNER. Check "yes" or "no" to indicate if you are related to the previous owner(s) by blood or marriage. If yes, indicate the nature of the relationship.
  - B. OTHER WIC-AUTHORIZED STORES. Check "yes" or "no" to indicate if the store's prior owner(s) have owned or currently own other WIC-authorized stores. If yes, list the store name and the WIC vendor number in the space provided. Attach additional paper if necessary. Corporate vendors enter "CA".
  - C. PREVIOUS GEORGIA WIC VIOLATIONS. Check "yes" or "no"to indicate if the previous owner(s) ever violated the Georgia WIC Program, for this store or another store(s)/business(es), by receiving a warning, disqualification, or assessment of a civil money penalty. If yes, attach an explanation identifying the store name, nature of the violation, penalty imposed, and date the penalty became effective.
  - D. PREVIOUS SNAP VIOLATIONS. Check "yes" or "no" to indicate if the previous owner(s) ever violated SNAP, for this store or another store(s)/business(es), by receiving a warning, disqualification, or assessment of a civil money penalty. If yes, attach an explanation identifying the store name, nature of the violation, penalty imposed, and date the penalty became effective.
  - E. OPERATION UNDER ANOTHER NAME. Check "yes" or "no" to indicate if the store has ever operated under another name. If yes, indicate the name.

#### PART II – STORE OWNERSHIP AND MANAGEMENT

- 10. TYPE OF OWNERSHIP. Check the business entity structure that most closely represents your business/store:
  - **Sole proprietorship.** A business that is owned by a single individual.
  - **Partnership.** A business that is owned by two or more individuals.
  - Limited Liability Company (LLC). A business combining both corporations and partnerships in that the business is required to register with the Secretary of State but does not have the same filing and record maintenance requirements as a corporation.
  - **Privately-owned corporation.** For purposes of this application, a privately-owned corporation has shares or stock that are not traded on a stock exchange, nor are available for purchase by the general public.
  - **Publicly-owned corporation.** For purposes of this application, a publicly-owned corporation has shares or stocks that are traded on a stock exchange and are available for purchase by the general public.
  - **Government owned entity.** A business entity that may include commissaries, pharmacies, or clinics that are owned and operated by county, state, or federal government agencies.
  - **Nonprofit.** A corporation that has been granted nonprofit, tax exempt status from the Internal Revenue Service.

You must provide documentation to verify the business entity. Documentation may include the following:

• Sole proprietorship N/A

• Partnership Certificate of Limited Partnership

• Corporation Articles of Incorporation

• Government-owned Entity Any license and/or certificate required

• Nonprofit N/A

11. NAMES OF INDIVIDUALS WITH AN OWNERSHIP/FINANCIAL INTEREST IN THE APPLYING STORE.

- A. Enter the full name, Social Security number, and date of birth for **all** owners who have a 5% or greater interest in the store. Attach additional paper if necessary. Initials or shortened versions of a name are not acceptable. Do not complete if the store is government owned or a publicly-owned corporation
- B. Registered Agent. Enter full name, mailing address for the stores' registered agent.
- 12. PRIOR WIC APPLICATIONS. Check "yes" or "no" to indicate if the current owner(s), officer(s), or manager(s) have previously applied for vendor authorization to the Georgia WIC program on behalf of this store and/or other store(s)/business(es). If yes, provide the name of the store, the application date, and the determination made by the authorizing agency.

#### 13. OWNERSHIP HISTORY.

- A. PREVIOUS GEORGIA WIC VIOLATIONS. Check "yes" or "no" to indicate if the current owner(s), officer(s), or manager(s) have ever violated Georgia WIC Program by receiving a disqualification, termination, or an assessment of a civil money penalty. If yes, attach an explanation identifying the date, the person, store name and address, vendor number, nature of the violation, and the sanction imposed.
- B. PREVIOUS SNAP (formerly, Food Stamps) VIOLATIONS. Check "yes" or "no" to indicate if the current owner(s), officer(s), or manager(s) have ever violated the SNAP Program by receiving a warning, disqualification, or have been assessed a civil money penalty. If yes, attach an explanation identifying the date, person, store name and address, and nature of the violation.
- C. CONVICTIONS/JUDGEMENTS. Check "yes" or "no" to indicate if the current owner(s), current officer(s), or manager(s) ever had a civil judgment involving fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims or obstruction of justice. If yes, attach an explanation identifying the person, date and nature of the violation.
- D. CURRENT WIC INVOLVEMENT. Check "yes" or "no" to indicate if the current owner(s), officer(s), or manager(s) currently own or are otherwise involved with other WIC-authorized stores either in the State of Georgia or outside of Georgia. If yes, attach a list that identifies his/her name, the name and address of the store(s), and vendor number.
- E. PRIOR WIC INVOLVEMENT. Check "yes" or "no" to indicate if the current owner(s), officer(s), or manager(s) previously owned, or were otherwise involved with other WIC-authorized stores either in the State of Georgia or outside of Georgia. If yes, attach a list that identifies his/her name, the name and address of the store(s), and vendor number.
- F. PRIOR OR CURRENT WIC INVOLVEMENT BY FAMILY MEMBERS. Check "yes" or "no" to indicate if the current owner(s), officer(s), or manager(s) have relatives, who are elated by blood or marriage, who have currently own or previously owned, or have otherwise had involvement with WIC-authorized stores in the State of Georgia or outside of Georgia. If yes, attach a list that includes the name of the owner/officer/manager, the name of the family member, the nature of their relationship, the store name and address, and vendor number.
- G. RELATIVES WHO HAVE VIOLATED WIC. Check "yes" or "no" to indicate if the current owner(s), officer(s), or manager(s) have relatives, who are related by blood or marriage, who have had store(s)/business(es) that violated the Georgia WIC Program by receiving a disqualification, termination, or been assessed a Civil Monetary Penalty. If yes, attach a list that includes the name of the owner/officer/manager, the name of the family member, the nature of their relationship, the store name and address, type of violation, and the sanction imposed.

#### PART III A – OPERATIONS AND SALES

- 14. HOURS OF BUSINESS. Enter the hours the store is actually open for business each day. For Corporate Vendors, enter the hours that the majority of the stores are actually open for business, and enter the specific hours of operation on the Corporate Attachment form for each store.
- 15. PROCESSES FOR FOOD SALES TRANSACTIONS.
  - A. NUMBER OF CASH REGISTERS. Enter the number of cash registers in the store. For Corporate Vendors, enter the average number of cash registers per store on the

- application, and enter the exact number of cash registers for each applying store where indicated on the Corporate Attachment Form.
- B. NUMBER OF SCANNERS. Enter the number of scanners in the store. Corporate vendors must enter the average number of scanners per store on the vendor application but must enter the exact number of scanners per store on the Corporate Attachment Form.
- C. OPTICAL SCANNERS. Check "yes" or "no" if the scanner(s) can detect WIC eligible

products.

D. POINT OF SALE (POS) DEVICES. Check "yes" or "no" if there is a Point of Sale device at

each register. (The POS device is the machine used to swipe credit or debit cards at each

checkout.)

- F. Check all the types of payment your store will/does accept.
- 16. BANK INFORMATION. Enter the name and contact information of the banking institution where all WIC food instruments and cash value vouchers will be deposited. You must also enter the routing number and account number for that account.

#### PART III B – OPERATIONS AND SALES – VENDOR COST CONTAINMENT

- 17. A. Enter the percentage of sales you anticipate for each type of payment that is listed. For current vendors who are completing this application for reauthorization purposes, provide percentages based on actual food sales from the previous year.
  - B. ESTIMATED AMOUNT OF WIC REDEMPTIONS. Enter a dollar amount for the total amount of WIC redemptions you expect to redeem in the first year of participation in the WIC program.
  - C. ANNUAL GROSS SALES. Enter the amount you have actually made in food sales to date for the year, or enter the amount you anticipate making for the year in food sales. If you have recently acquired an existing store and have less than 12 months of food sales data, check the box labeled "Estimated Gross Sales" and provide an estimate based upon projected sales you expect.
  - D.-F. Answer "yes" or "no".
  - G. List all other items your store carries in addition to WIC items (e.g., paper products, prepared/hot foods, clothing, supplements, etc.). Do Not Include non-WIC staple foods in this list (see Question 18).
- 18. STAPLE FOODS CATEGORIES. Enter the percentage of what you carry next to each category of food. Percentage totals must equal 100%. If you recently acquired a previously owned store, use the food sales history from the previous owner, and enter the percentage of foods in each category you anticipate you will carry.
- 19. Answer "yes" or "no" if any owners or managers of this store currently owns or manages a WIC authorized store(s) that derives more than fifty percent (50%) of its total annual food sales from WIC voucher transactions. If yes, enter the store name, vendor number assigned by the authorizing WIC agency, city, and state.
- 20. A. Indicate if you purchased infant formula, which will be used with WIC food instruments, from approved suppliers. For a comprehensive list of all suppliers who are listed on the Approved Infant Formula Supplier list, visit <a href="http://wic.ga.gov/vendorinfo.asp">http://wic.ga.gov/vendorinfo.asp</a> and select

#### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment VM-1 (cont'd)

Approved Infant Formula Suppliers. (This DOES NOT include medical foods and specialized infant formula).

B. If yes, enter each supplier's name, address, city, and state.

#### PART IV - INVENTORY AND PRICE LIST

Enter the **brand name** and **highest price or least expensive price** of each approved WIC food item in the sizes listed. Use the current WIC-Approved Foods List to complete this section. For those food items that include a range of sizes (e.g., 46-48 oz.), you must indicate the size of the item and the price for that specific item. Do not complete the shaded area.

**Corporate vendors:** List the brand and highest price or least expensive price that exists among all the stores in the chain. For each store, complete the inventory and price list on the Corporate Attachment form.

Pharmacy Vendors: Do not complete Part IV.

Corporate and Non-Corporate Vendors: Please make sure your store(s) have the requisite inventory of WIC-approved foods as listed in the most recent update to the "Georgia WIC Program Minimum Inventory Requirements". You must also have the requisite substantial inventory of non-WIC food items. For guidance, refer to the reference to the "Non-WIC Inventory Requirement" chart. All WIC-approved and non-WIC food items must be in stock by the date you specified in question 8.c. of this application. Pharmacies and military commissaries are exempt from the minimum inventory requirement.

Review the Privacy Act Statement, Warning Statement and Certification.

An owner or authorized representative must sign, print name, and date the application. Initials or a shortened version of a name are not acceptable.

#### **Selection Criteria for Vendor Authorization**

#### Selection Criteria and Continuing Compliance with Selection Criteria

The WIC program is funded by federal tax dollars. Because of this, serving as an authorized WIC vendor is a public trust. Authorization to participate in the program as a vendor is a privilege, not a right. As a steward of public funds, Georgia WIC must balance the need for participant access with the duty to obtain the lowest fair prices for WIC foods and to prevent fraud.

The selection criteria represent the <u>requirements</u> to be considered for authorization as a Georgia WIC vendor. All applicants<sup>1</sup> and vendors must meet the selection criteria at the time of authorization and maintain them throughout the agreement period unless there is inadequate participant access in that area. Vendors are also required to adhere to any changes in the selection criteria made by Georgia WIC during their agreement period, or face termination. Georgia WIC may reassess any authorized vendor at any time during the vendor's agreement period using the selection criteria in effect at the time of reassessment, and must terminate the agreement of any vendors that fail to meet the current criteria.

Georgia WIC will deny an application or terminate the vendor agreement if it is determined that the applicant provided false information in connection with the application.

During the application process, Georgia WIC may request additional information that must be provided within the time period specified in the request.

All requested information must be provided in order to process the application. This includes, but is not limited to, Bill of Sale; Articles of Incorporation, Driver's License or State issued ID card, Social Security card, food sales, etc. Applications will not be processed until all information is received by Georgia WIC. Vendor applications that are held pending receipt of additional information will expire ten days after the date of the written request for information.

Applicants whose applications are denied will be required to reapply after the appropriate denial period has passed if they wish to be reconsidered after their denial period has expired. Applicants will be required to adhere to any selection criteria in place at the time of application.

1. Complete, Accurate and Truthful Information and Documents. All applicants and vendors must provide complete, accurate and truthful information and supporting documents during the application process or whenever requested. If it is later discovered that an applicant or vendor has misrepresented or omitted material information or documents, the application will be denied or the vendor agreement will be terminated. Failure to submit any documents or information requested by Georgia WIC within the required time frame required will also result in a denial of the application or termination of the vendor's agreement.

<sup>&</sup>lt;sup>1</sup> An applicant is defined as: anyone deemed associated with the ownership, management or operation of the applicant entity, including owners, officers, partners and, stockholders, registered agents, the immediate family of owners, officers, or partners. Any facts leading the agency to suspect that an applicant or vendor has a business or close personal connection with a WIC vendor that has a history of violations will be thoroughly investigated.

- 2. Previous Sanction or Violation History with SNAP or WIC Program. Applicants who have pending or current Terminations or Disqualifications (or were assessed Civil Money Penalties in lieu of Disqualification) that have not expired will not be authorized. Applicants who were assessed a Civil Money Penalty in lieu of Disqualification will not be authorized during the time period corresponding to the original Disqualification. Similarly, vendors who submit new applications after violations have been identified (during the course of an audit, investigation, etc.) or who may be awaiting the outcome of an appeal will not be authorized. If it is later determined that an applicant had unexpired sanctions at the time of authorization, their vendor agreement will be terminated immediately.
- 3. Previous Applicant History. An applicant's prior application history with the program will be reviewed. Applicants whose information or documents are inconsistent with a previously submitted application or applicants who have engaged in serious fraudulent conduct or misrepresentation in connection with a previous application will be thoroughly investigated and will be denied if it is determined that the previous circumstances still exist. An applicant whose denial period has not expired may not be considered for authorization until their denial period has expired and they have submitted a new application.
- 4. Competitive Prices. All applicants and vendors are required to submit and maintain prices that are at, or lower than other vendors currently participating in the program. Applicant prices for the products on the vendor application will be reviewed and compared against the maximum prices allowed for vendors in that Peer Group currently participating in the program. If a prospective vendor's prices are more than ten percent higher than the maximum prices of others in its Peer Group on more than three items - the vendor will be deemed cost uncompetitive and be notified. Applicants will be given one additional opportunity to re-submit prices after notification. Upon the second submission, those failing to submit prices that are lower than the allowable maximums will be denied. Vendors are required to maintain cost competitiveness after authorization. Vendors may be reassessed any time after re-authorization and those whose prices increase to levels that would make them ineligible for authorization will be terminated from the Program.
- 5. Acquisition of permit as a vendor in the Supplemental Nutrition Program (SNAP) and Compliance with the Supplemental Nutrition Assistance Program (SNAP) Regulations. All vendors and applicants must acquire and maintain authorization as a SNAP retail provider. All applicants and vendors must adhere to the SNAP program rules and must remain in good standing. Information submitted by the SNAP program will become a part of an applicant or vendor file and communication from the SNAP program that indicates a vendor's non-compliance with its rules and regulations will form the basis for a denial. Vendors with a history of non-compliance with SNAP's rules and regulations will be denied. Also, Georgia WIC will not authorize or reauthorize any applicant once the program has been notified that a retailer is under investigation, assessed a Civil Money Penalty (CMP), disqualified or terminated by SNAP. Failure to maintain licensing as a SNAP retailer for any reason whatsoever, including terminations due to voluntary withdrawal or for non-redemption will result in a denial or termination from Georgia WIC unless necessary to ensure participant access. Retailers who have been assessed a Civil Money Penalty from SNAP will also be denied or terminated from Georgia WIC.
- 6. Length of time as a SNAP retailer and Previous Grocery Industry Experience. All applicants must demonstrate a minimum of twelve months experience as a retail grocer. Experience can be shown by records as a SNAP vendor, Federal/State tax records or other documentation as the program may request. All applicants must also have a

minimum of twelve-month consecutive retail sales as a vendor under the SNAP Program. For those applicants who do not have the required history under the SNAP program, Georgia will consider a waiver upon a written request showing the required SNAP history at another location under common ownership.

- 7. <u>Business Integrity</u>. All new applicants and vendors must demonstrate business integrity and sound reputation. WIC will consider business integrity and reputation of the following: owners, officers, partners or the immediate family of owners, officers, or partners. WIC will also consider the business integrity and sound reputation of anyone involved in the operation of the businesses or the corporate entity, including managers, stockholders or registered agents. Any of the foregoing people that have a history of fraud, embezzlement, trafficking or has engaged in any activity that Georgia WIC deems to be indicative of moral turpitude or a lack of business integrity will not be authorized. This includes but is not limited to the following:
  - a. Criminal conviction or civil judgments during the past six years against the applicant, the applicant's owners, officers or managers for any activity indicating a lack of business integrity such as fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any crime of moral turpitude.
  - b. Official records of removal from other federal, state or local programs will also be considered.
- 8. Business Integrity Background Checks. All new applicants will be subject to background checks to determine the applicant's business integrity as part of the screening process. Georgia may rely on an investigation using outside sources or upon information already known in a vendor or applicant's file. For each of the following people, entities or locations owners, officers, partners or the immediate family of owners, officers, or partners and anyone involved in the operation of the businesses or the corporate entity, including managers, stockholders or registered agents, the below information must be disclosed:
  - i. Criminal records (current charges and/or past convictions or forfeited collateral for any crime).
  - ii. Official records of removal from other Federal, State, or local programs including whether above mentioned people or corporation ever had a license denied, withdrawn, or suspended or been fined for license violations, such as, business, pharmacy or health licenses. This includes instances where there has been a relinquishment of a license or voluntary withdrawal from a program.
  - jiii. Judicial determinations in civil litigation reflecting adversely on the integrity of the above mentioned people.
  - iv. Evidence of attempt to circumvent disqualification from WIC or SNAP a civil monetary penalty imposed for violations of WIC or SNAP.
  - v. Evidence of prior fraudulent behavior of the above mentioned people, corporation, or their managers.
  - vi. Other evidence reflecting on the business integrity and reputation or conduct involving moral turpitude of the above mentioned people or corporation.
  - vii. Previous involvement with any business who has submitted an application (regardless of subsequent authorization) to the WIC or SNAP program and the outcome of such application.
  - viii. Previous violation history or Above-Fifty Percent assignment of the retailer.

- 9. Minimum Inventory of WIC-Approved Foods. Each vendor is required to stock and maintain daily the minimum inventory of approved WIC foods as well as a substantial amount of non-WIC foods. The inventory must be in the store or the store's stockroom. Expired foods do not count towards minimum inventory; all WIC minimum inventory must be within the expiration dates during the application process, including the preauthorization visit. The minimum inventory requirements are listed in the charts in this handbook following this section. Pharmacies and military commissaries are exempt from minimum inventory requirements. The vendor must carry other foods outside of the WIC minimum inventory and WIC approved foods. It is expected that all applicants will meet and maintain minimum inventory requirements after the date stated on their application and at all times after the pre-approval visit is conducted. Applicants who have not met their minimum inventory requirements after their pre-approval visit has been conducted may make a written request for a second visit. Applicants must provide detailed reasons and corroborating evidence to support their reasons at the time the request is made. Requests will be granted for those who can show that: (1) sufficient merchandise was ordered but the supplier (due to no fault on the part of the retailer), was unable to deliver the merchandise; or (2) sufficient merchandise was in stock within forty-eight (48) hours of the visit but through unexpected customer purchases were depleted before the pre-approval visit; or (3) merchandise became damaged or destroyed after delivery; or (4) for other reasons beyond the control of the retailer.
- 10. Pre-Approval Visits. Only those vendor applicants that pass initial screening will receive on-site pre-approval visits from Georgia WIC representatives to verify the information listed on the application and inventory. For non-corporate vendors, pre-approval visits will not be conducted until the vendor has attended training and passed the evaluation with a score of 80 or above. For corporate vendors, only one authorized representative from the store is required to attend training.
- 11. Timing and Number of Pre-approval visits. At least one pre-approval visit is required for each applicant to verify the items listed on the application. The first pre-approval visit will be conducted at the date and time announced by the Georgia WIC staff. Georgia WIC reserves the right to follow up on any items in the application or observed on site at any time during the application process and may conduct additional visits to the applicant's store as required without notice. Failure to cooperate with Georgia WIC during the preapproval process will result in application denial.
- 12. Re-Scheduling Announced Pre-approval visits. If the event that an applicant suspects that they may not be prepared for their announced pre-approval visit, they may reschedule the visit twice during the application process. The applicant must contact our office **IMMEDIATELY** to prevent denial of the application by calling 1-866-814-5468 or (404) 657-2900. The vendor will only be allowed to change this date twice—but must be completed within a thirty day period or the application will expire and be denied.
- 13. Non-Profit Vendor. Non-profit vendors are not authorized in Georgia.
- 14. Adequate Access for Participants. The store (with the exception of military commissaries and pharmacies) must be open for business at least eight hours per day, six days per week, and must be open during the hours specified on the Vendor Application. In the event an applicant or vendor's hours are changed, they must notify Georgia WIC within twenty days of the change. Military commissaries and pharmacies must be open for business at least five hours per day, five days per week. There should be no barriers to participant entry to the store during opening hours (e.g. required store membership or controlled access or entry to the store.)

- 15. Suitable Store Location. For new stores applying to Georgia WIC for the first time the minimum square footage requirement for vendors is 5000 square feet. Stores participating in the program prior to October 1st, 2013 may remain at the previously required minimum of 3000 square feet. For both new and existing vendors no more than twenty percent of the location may be used for administrative or storage space or be inaccessible to customers to meet the minimum. There must be a store sign to identify the store with the name of the business clearly marked. No portion of the store (including administrative and storage space) may be located inside of another building or facility or building (e.g. in a separate building in a shopping center), nor may any portion be located inside a facility that is not food retail in nature (e.g. suite on the upper floors of an office building, inside a community center, daycare, floral shop, etc.) The applicant must provide proof of a lease for at least a three-year period, or proof of ownership of the store location.
- 16. Licensed by the Georgia Department of Agriculture. Each store must have a valid Retail Food Sales Establishment License in the current owner's name. Pharmacies and military commissaries are exempt from this requirement. Stores that are on the border of Georgia and another state must have a comparable food sales establishment license from that other state's Department of Agriculture.
- 17. Compliance with Georgia WIC Program Policies and Procedures. For existing vendors, any violations found during the re-authorization process may result in denial of the application for re-authorization. Vendors and applicants will be required to comply with all federal and state WIC policies.
- 18. Store Acquisition. Georgia WIC will not approve or continue the authorization of a store location or entity that was sold or assigned to circumvent an unexpired sanction, claim or civil money penalty. Nor will Georgia WIC approve or continue the authorization of a store location or entity that was later transferred to anyone involved in the ownership, operation, management or corporate structure (including registered agent) of location or entity with unexpired sanctions, claims or civil money penalties.
  - a. The transfer or sale of a retail location with unexpired sanctions, claims or civil money penalties will be closely investigated before the location is authorized. In the event a vendor purchases or acquires a retail outlet that was in the process of being disqualified or which was disqualified from the WIC Program at the time of acquisition, the vendor's application for that outlet location shall not be considered until Georgia WIC makes a determination that the sale was a bona fide, arms-length transaction and that no one involved in the ownership, management, operation or corporate structure (including registered agents) will remain involved in the newly purchased store. If it is later determined that the applicant failed to abide by this provision, the vendor will be immediately terminated and subject to a claim.
  - Ownership transfers of an authorized location to anyone related to the ownership, management or operation<sup>2</sup> of vendor retail outlet having unexpired sanctions, claims or civil money penalties at the time of the transfer is prohibited. It if is later determined that there was a failure to abide by this provision, the vendor will be immediately terminated and subject to a claim.

<sup>&</sup>lt;sup>2</sup> A person associated with the ownership, management or operation of the applicant/vendor entity, includes owners, officers, partners and, stockholders, registered agents, the immediate family of owners, officers, or partners. Any facts leading the agency to suspect that an applicant or vendor has a business or close personal connection with a WIC vendor that has a history of violations will be thoroughly investigated.

- 19. 50% Criterion. All applicants will be assessed whether they derive, or have the potential to derive, more than fifty percent of their eligible food sales revenues from WIC food instruments.
- 20. Infant Formula Suppliers. All vendor applicants are required to purchase infant formula solely from the suppliers selected and approved by Georgia WIC. Effective immediately, the program will no longer permit vendors to purchase infant formula from other program vendors. Only purchases from the manufacturers, distributors and wholesalers will be permitted. Records of the infant formula purchase must be maintained for a minimum of three previous years plus the current year (or until any pending investigations are closed). In the event of an investigation, only purchase invoices from those permitted suppliers will be considered as legitimate. The list of authorized manufacturers, distributors and wholesalers are posted on the Georgia WIC vendor website. The program may also require vendors to supply the program with written permission to confirm their infant formula purchase history with suppliers.
- 21. WIC Acronym and Logo. A WIC vendor or applicant may not use the WIC acronym, the WIC logo, or close facsimiles thereof, in total or in part, either in the official name in which the vendor is registered or in the name in which it does business. The WIC vendor or applicant may not use the WIC acronym, the WIC logo, or close facsimiles thereof, in total or in part, in an unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store.
- 22. Purchase Invoice Receipts. Vendor Applicants must submit upon request purchase invoice receipts, bills of lading or recent invoices that show the purchase of items intended for sale in their stores. Failure to submit the requested documentation within the time frame stated in the request will result in denial of the vendor application.
- 23. Automatic Clearing House (ACH) Application. Vendors who are authorized for participation in Georgia WIC will receive an ACH enrollment form. Vendors will have five business days from the date of receipt of the form to enroll. Failure to enroll in ACH within the allotted timeframe will result in termination of the vendor agreement.
- 24. Provision of Incentive Items. Georgia WIC will not authorize or continue the authorization of a vendor that advertises, promises, provides, or indicates an intention to provide prohibited incentive items to customers. Incentives include, but are not limited to, free or complimentary gifts, home delivery of foods, store memberships, and other free or discounted services.
- 25. Pharmacies. A vendor who is placed in the Pharmacy Peer Group is only permitted to redeem Special infant formulas and medical foods as specified on the Georgia WIC vendor website. All Pharmacy peer group vendors must be licensed and remain in goodstanding with the Georgia State Board of Pharmacies to provide prescription drugs and special medical foods in Georgia.

#### Application Acceptance Periods; Re-application Limitations After Application **Denial**

Applications for WIC vendor authorization will only be accepted during the following periods: Between October 1st to December 31st and March 1st to June 30th of each federal fiscal year.

If an application for authorization is denied, the applicant will be barred from reapplication for a period of one year with the exception of the Denial Reasons listed below. Denial periods vary based on the reason that an application is denied. At the time that a notification of Denial is issued, applicants will be notified of their reapplication date. Irrespective of the reason for denial, once denied, an applicant who wishes to be reconsidered must allow their Denial Period to expire and re-submit a new application after that date has passed. Applications are not re-considered until new application materials have been submitted.

- 1. Accepting WIC vouchers prior to Authorization. The denial period is three years.
- 2. Business Integrity and Related Denials. For Business Integrity or Integrity-related reasons, the denial period will be two years.
- 3. All Other Reasons for Denial. The denial period is one year

# GEORGIA WIC PROGRAM VENDOR HANDBOOK





Effective October 1, 2013

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#### INTRODUCTION

#### The Vendor Handbook

The Georgia Special Supplemental Nutrition Program for Women, Infants and Children (Georgia WIC) Vendor Handbook is an addendum to and incorporated into the Vendor Agreement. Vendors, pharmacy vendors and military commissaries must adhere to all information provided in the most recent edition of the Vendor Handbook to ensure compliance with federal and state regulations, rules, policies, and procedures. The vendor's role is important to the success of Georgia WIC. Vendors must assure that only prescribed foods are sold to participants. Prices charged by the vendor must be reasonable and competitive. Competitive prices will enable Georgia WIC to maximize services to its citizens.

#### Georgia WIC

WIC is a federally funded special supplemental food program intended to provide supplemental foods, nutrition education, and nutrition counseling to Georgia's citizens. WIC saves lives and improves the health of nutritionally at-risk women, infants, and children. Since its beginning in 1974, the WIC program has earned the reputation of being one of the most successful federally funded programs in the United States. Collective findings of studies, reviews, and reports illustrate that the WIC program is cost-effective in protecting and improving the nutritional status of low-income women, infants, and children.

A list of some of the positive health outcomes associated with WIC participation follows.

- Reduces fetal deaths and infant mortality
- Reductions in the rate of low birth weight infants
- Increases in pregnancy duration
- Improves the growth of nutritionally at-risk infants and children
- Decreases in the incidence of iron deficiency anemia in children
- Improves the dietary intake of pregnant and postpartum women and improves weight gain in pregnant women
- Increases early initiation into prenatal care
- Increases the number of children who have a regular source of medical care
- Helps children get ready to start school
- Improves intellectual development
- Improves children's diets

Georgia's health professionals determine who is eligible to participate in the WIC program according to criteria established by federal regulations. These health professionals also provide nutrition education, counseling and prescribe nutritious foods. Instruments used to obtain the supplemental foods are called WIC food instruments, which are redeemed through WIC authorized vendors statewide.

## WIC ACRONYM AND LOGO, ADVERTISEMENTS AND INCENTIVES

#### Use of the WIC Acronym and Logo

A WIC vendor must not use the acronym "WIC", the WIC logo, or close facsimiles thereof, in total or in part, either in the vendor's official registered name or in the name under which it does business.

A WIC authorized vendor shall not use the WIC acronym, the WIC logo, or close facsimiles thereof, in total or in part, in an unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store.

Any person who uses the acronym "WIC" or the WIC logo in an unauthorized manner, including close facsimiles thereof, in total or in part, may be subject to injunction by the United States Department of Agriculture and the payment of damages.

Georgia WIC will terminate the Vendor Agreement for misuse or unauthorized use of the WIC acronym or the WIC logo. If a vendor applicant misuses the WIC acronym or the WIC logo prior to or at application, the Vendor Application will be denied.

#### Advertisements, Shelf Talkers, Channel Strips, and Posters

#### Channel Strips and Shelf Talker, and "We Welcome WIC" posters

The Vendor is permitted to use shelf talkers or channel strips stating "WIC approved" or "WIC eligible" on grocery shelves at the exact spot that contains WIC approved foods. These items have been developed by Georgia WIC and are available upon request. Vendors who wish to develop their own shelf talkers or channel strips must obtain written permission from Georgia WIC by submitting a copy or sample of the final version for approval **prior to use.** 

To identify the retailer as an authorized WIC vendor, vendors are required to prominently display in plain sight a poster or decal provided by Georgia WIC which states that the store accepts WIC.

#### **Payment Posters**

A WIC vendor must accept at least two other forms of payment other than WIC and EBT (Electronic Benefit Transfer.) If a payment poster is displayed all forms of payment accepted by a vendor must be listed so as not to solicit the WIC customer. Payment posters <u>cannot</u> imply that the vendor only takes WIC or EBT. EBT or WIC cannot be more pronounced on the poster than other forms of payment (e.g. EBT and WIC should not be in a larger or different font, or in boldface.)

#### **Bread Manufacturers**

Bread manufacturers are allowed to create their own shelf talkers and channel strips. Final artwork must be submitted to the Georgia WIC office for approval or revision prior to implementation.

It is the responsibility of the vendor to ensure that the labels used by bread manufacturers have been approved by Georgia WIC. Should a non-approved label be used, the vendor will be subject to sanctions (see 'State Agency Sanctions- Category II'). Please contact Georgia WIC prior to allowing a bread manufacturer to label your shelves to ensure that their labels are approved.

#### **Incentives**

Georgia WIC prohibits any vendor from using incentives to solicit the patronage of WIC participants. Vendors who use advertisements to solicit the business of WIC participants, or who offer incentives or delivery services to participants, will be subject to sanctions as explained in the Vendor Agreement and this handbook. Incentives are defined as any item, service, or gimmick used to solicit the patronage of a WIC participant. Incentives include, but are not limited to, free or complimentary gifts, home delivery of foods, store memberships, and other free or discounted services that are offered to WIC customers to entice them to transact food instruments.

#### VENDOR AUTHORIZATION AND PARTICIPATION

#### **Process for Vendor Selection and Authorization**

#### Selection Criteria and Continuing Compliance with Selection Criteria

The WIC program is funded by federal tax dollars. Because of this, serving as an authorized WIC vendor is a public trust. Authorization to participate in the program as a vendor is a privilege, not a right. As a steward of public funds, Georgia WIC must balance the need for participant access with the duty to obtain the lowest fair prices for WIC foods and to prevent fraud.

The selection criteria represent the <u>requirements</u> to be considered for authorization as a Georgia WIC vendor. All applicants and vendors must meet the selection criteria at the time of authorization and maintain them throughout the agreement period unless there is inadequate participant access in that area. Vendors are also required to adhere to any changes in the selection criteria made by Georgia WIC during their agreement period, or face termination. Georgia WIC may reassess any authorized vendor at any time during the vendor's agreement period using the selection criteria in effect at the time of reassessment, and must terminate the agreement of any vendors that fail to meet the current criteria.

Georgia WIC will deny an application or terminate the vendor agreement if it is determined that the applicant provided false information in connection with the application.

During the application process, Georgia WIC may request additional information that must be provided within the time period specified in the request.

All requested information must be provided in order to process the application. This includes, but is not limited to, Bill of Sale; Articles of Incorporation, Driver's License or State issued ID card, Social Security card, food sales, etc. Applications will not be processed until all information is received by Georgia WIC. Vendor applications that are held pending receipt of additional information will expire ten days after the date of the written request for information.

Applicants whose applications are denied will be required to reapply after the appropriate denial period has passed if they wish to be reconsidered after their denial period has expired. Applicants will be required to adhere to any selection criteria in place at the time of application.

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<sup>&</sup>lt;sup>1</sup> An applicant is defined as: anyone deemed associated with the ownership, management or operation of the applicant entity, including owners, officers, partners and, stockholders, registered agents, the immediate family of owners, officers, or partners. Any facts leading the agency to suspect that an applicant or vendor has a business or close personal connection with a WIC vendor that has a history of violations will be thoroughly investigated.

- 1. Complete, Accurate and Truthful Information and Documents. All applicants and vendors must provide complete, accurate and truthful information and supporting documents during the application process or whenever requested. If it is later discovered that an applicant or vendor has misrepresented or omitted material information or documents, the application will be denied or the vendor agreement will be terminated. Failure to submit any documents or information requested by Georgia WIC within the timeframe required will also result in a denial of the application or termination of the vendor's agreement.
- 2. Previous Sanction or Violation History with SNAP or WIC Program. Applicants who have pending or current Terminations or Disqualifications (or were assessed Civil Money Penalties in lieu of Disqualification) that have not expired will not be authorized. Applicants who were assessed a Civil Money Penalty in lieu of Disqualification will not be authorized during the time period corresponding to the original Disqualification. Similarly, vendors who submit new applications after violations have been identified (during the course of an audit, investigation, etc.) or who may be awaiting the outcome of an appeal will not be authorized. If it is later determined that an applicant had unexpired\_sanctions at the time of authorization, their vendor agreement will be terminated immediately.
- 3. Previous Applicant History. An applicant's prior application history with the program will be reviewed. Applicants whose information or documents are inconsistent with a previously submitted application or applicants who have engaged in serious fraudulent conduct or misrepresentation in connection with a previous application will be thoroughly investigated and will be denied if it is determined that the previous circumstances still exist. An applicant whose denial period has not expired may not be considered for authorization until their denial period has expired and they have submitted a new application.
- 4. Competitive Prices. All applicants and vendors are required to submit and maintain prices that are at, or lower than other vendors currently participating in the program. Applicant prices for the products on the vendor application will be reviewed and compared against the maximum prices allowed for vendors in that Peer Group currently participating in the program. If a prospective vendor's prices are more than ten percent higher than the maximum prices of others in its Peer Group on more than three items the vendor will be deemed cost uncompetitive and be notified. Applicants will be given one additional opportunity to re-submit prices after notification. Upon the second submission, those failing to submit prices that are lower than the allowable maximums will be denied. Vendors are required to maintain cost competitiveness after authorization. Vendors may be reassessed any time after re-authorization and those whose prices increase to levels that would make them ineligible for authorization will be terminated from the Program.
- 5. Acquisition of permit as a vendor in the Supplemental Nutrition Program (SNAP) and Compliance with the Supplemental Nutrition Assistance Program (SNAP) Regulations. All vendors and applicants must acquire and maintain authorization as a SNAP retail provider. All applicants and vendors must adhere to the SNAP program rules and must remain in good standing. Information submitted by the SNAP program will become a part of an applicant or vendor file and communication from the SNAP program that indicates a vendor's non-compliance with its rules and regulations will form the basis for a denial.

Vendors with a history of non-compliance with SNAP's rules and regulations will be denied. Also, Georgia WIC will not authorize or reauthorize any applicant once the program has been notified that a retailer is under investigation, assessed a Civil Money Penalty (CMP), disqualified or terminated by SNAP. Failure to maintain licensing as a SNAP retailer for any reason whatsoever, including terminations due to voluntary withdrawal or for non-redemption will result in a denial or termination from Georgia WIC unless necessary to ensure participant access. Retailers who have been assessed a Civil Money Penalty from SNAP will also be denied or terminated from Georgia WIC.

- 6. Length of time as a SNAP retailer and Previous Grocery Industry Experience. All applicants must demonstrate a minimum of twelve months experience as a retail grocer. Experience can be shown by records as a SNAP vendor, Federal/State tax records or other documentation as the program may request. All applicants must also have a minimum of twelve months consecutive retail sales as a vendor under the SNAP Program. For those applicants who do not have the required history under the SNAP program, Georgia will consider a waiver upon a written request showing the required SNAP history at another location under common ownership.
- 7. Business Integrity. All new applicants and vendors must demonstrate business integrity and sound reputation. WIC will consider business integrity and reputation of the following: owners, officers, partners or the immediate family of owners, officers, or partners. WIC will also consider the business integrity and sound reputation of anyone involved in the operation of the businesses or the corporate entity, including managers, stockholders or registered agents. Any of the foregoing people that have a history of fraud, embezzlement, trafficking or has engaged in any activity that Georgia WIC deems to be indicative of moral turpitude or a lack of business integrity will not be authorized. This includes but is not limited to the following:
  - a. Criminal conviction or civil judgments during the past six years against the applicant, the applicant's owners, officers or managers for any activity indicating a lack of business integrity such as fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any crime of moral turpitude.
  - b. Official records of removal from other federal, state or local programs will also be considered.
- 8. <u>Business Integrity Background Checks</u>. All new applicants will be subject to background checks to determine the applicant's business integrity as part of the screening process. Georgia may rely on an investigation using outside sources or upon information already known in a vendor or applicant's file. For each of the following people, entities or locations owners, officers, partners or the immediate family of owners, officers, or partners and anyone involved in the operation of the businesses or the corporate entity, including managers, stockholders or registered agents, the below information must be disclosed:
  - i. Criminal records (current charges and/or past convictions or forfeited collateral for any crime).

- ii. Official records of removal from other Federal, State, or local programs including whether above mentioned people or corporation ever had a license denied, withdrawn, or suspended or been fined for license violations, such as, business, pharmacy or health licenses. This includes instances where there has been a relinquishment of a license or voluntary withdrawal from a program.
- iii. Judicial determinations in civil litigation reflecting adversely on the integrity of the above mentioned people.
- iv. Evidence of attempt to circumvent disqualification from WIC or SNAP a civil monetary penalty imposed for violations of WIC or SNAP.
- v. Evidence of prior fraudulent behavior of the above mentioned people, corporation, or their managers.
- vi. Other evidence reflecting on the business integrity and reputation or conduct involving moral turpitude of the above mentioned people or corporation.
- vii. Previous involvement with any business who has submitted an application (regardless of subsequent authorization) to the WIC or SNAP program and the outcome of such application.
- viii. Previous violation history or Above-Fifty Percent assignment of the retailer.
- 9. Minimum Inventory of WIC-Approved Foods. Each vendor is required to stock and maintain daily the minimum inventory of approved WIC foods as well as a substantial amount of non-WIC foods. The inventory must be in the store or the store's stockroom. Expired foods do not count towards minimum inventory; all WIC minimum inventory must be within the expiration dates during the application process, including the preauthorization visit. The minimum inventory requirements are listed in the charts in this handbook following this section. Pharmacies and military commissaries are exempt from minimum inventory requirements. The vendor must carry other foods outside of the WIC minimum inventory and WIC approved foods. It is expected that all applicants will meet and maintain minimum inventory requirements after the date stated on their application. at all times after the pre-approval visit is conducted. Applicants who have not met their minimum inventory requirements after their pre-approval visit has been conducted may make a written request for a second visit. Applicants must provide detailed reasons and corroborating evidence to support their reasons at the time the request is made. Requests will be granted for those who can show that: (1) sufficient merchandise was ordered but the supplier (due to no fault on the part of the retailer), was unable to deliver the merchandise; or (2) sufficient merchandise was in stock within forty-eight hours of the visit but through unexpected customer purchases were depleted before the pre-approval visit; or (3) merchandise became damaged or destroyed after delivery; or (4) for other reasons beyond the control of the retailer.
- 10. <u>Pre-Approval Visits.</u> Only those vendor applicants that pass initial screening will receive on-site pre-approval visits from Georgia WIC representatives to verify the information listed on the application and inventory. For non-corporate vendors, pre-approval visits will not be conducted until the vendor has attended training and passed the evaluation with a score of 80 or above. For corporate vendors, only one authorized representative from the store is required to attend training.

- 11. Timing and Number of Pre-approval visits. At least one pre-approval visit is required for each applicant to verify the items listed on the application. The first pre-approval visit will be conducted at the date and time announced by the Georgia WIC staff. Georgia WIC reserves the right to follow up on any items in the application or observed on site at any time during the application process and may conduct additional visits to the applicant's store as required without notice. Failure to cooperate with Georgia WIC during the pre-approval process will result in application denial.
- 12. Re-Scheduling Announced Pre-approval visits. In the event that an applicant suspects that they may not be prepared for their announced pre-approval visit, they may re-schedule the visit twice during the application process. The applicant must contact our office **IMMEDIATELY** to prevent denial of the application by calling 1-866-814-5468 or (404) 657-2900. The vendor will only be allowed to change this date twice—but must completed within a thirty day period or the application will expire and be denied.
- 13. Non-Profit Vendor. Non-profit vendors are not authorized in Georgia.
- 14. <u>Adequate Access for Participants</u>. The store (with the exception of military commissaries and pharmacies) must be open for business at least eight hours per day, six days per week, and must be open during the hours specified on the Vendor Application. In the event an applicant or vendor's hours are changed, they must notify Georgia WIC within twenty days of the change. Military commissaries and pharmacies must be open for business at least five hours per day, five days per week. There should be no barriers to participant entry to the store during opening hours (e.g. required store membership or controlled access or entry to the store.)
- 15. Suitable Store Location. For new stores applying to Georgia WIC for the first time the minimum square footage requirement for vendors is 5000 square feet. Stores participating in the program prior to October 1<sup>st</sup>, 2013 may remain at the previously required minimum of 3000 square feet. For both new and existing vendors no more than twenty percent of the location may be used for administrative or storage space or be inaccessible to customers to meet the minimum. There must be a store sign to identify the store with the name of the business clearly marked. No portion of the store (including administrative and storage space) may be located inside of another building or facility or building (e.g. in a separate building in a shopping center), nor may any portion be located inside a facility that is not food retail in nature (e.g. suite on the upper floors of an office building, inside a community center, daycare, floral shop, etc.) The applicant must provide proof of a lease for at least a three-year period, or proof of ownership of the store location.
- 16. <u>Licensed by the Georgia Department of Agriculture</u>. Each store must have a valid Retail Food Sales Establishment License in the current owner's name. Pharmacies and military commissaries are exempt from this requirement. Stores that are on the border of Georgia and another state must have a comparable food sales establishment license from that other state's Department of Agriculture.

- 17. <u>Compliance with Georgia WIC Program Policies and Procedures.</u> For existing vendors, any violations found during the re-authorization process may result in denial of the application for re-authorization. Vendors and applicants will be required to comply with all federal and state WIC policies.
- 18. <u>Store Acquisition</u>. Georgia WIC will not approve or continue the authorization of a store location or entity that was sold or assigned to circumvent an unexpired sanction, claim or civil money penalty. Nor will Georgia WIC approve or continue the authorization of a store location or entity that was later transferred to anyone involved in the ownership, operation, management or corporate structure (including registered agent) of location or entity with unexpired sanctions, claims or civil money penalties.
  - a. The transfer or sale of a retail location with unexpired sanctions, claims or civil money penalties will be closely investigated before the location is authorized. In the event a vendor purchases or acquires a retail outlet that was in the process of being disqualified or which was disqualified from the WIC Program at the time of acquisition, the vendor's application for that outlet location shall not be considered until Georgia WIC makes a determination that the sale was a bona fide arms-length transaction and that no one involved in the ownership, management, operation or corporate structure (including registered agents) will remain involved in the newly purchased store. If it is later determined that the applicant failed to abide by this provision, the vendor will be immediately terminated and subject to a claim.
  - b. Ownership transfers of an authorized location to anyone related to the ownership, management or operation<sup>2</sup> of vendor retail outlet having unexpired sanctions, claims or civil money penalties at the time of the transfer is prohibited. It if is later determined that there was a failure to abide by this provision, the vendor will be immediately terminated and subject to a claim.
- 19. <u>50% Criterion.</u> All applicants will be assessed whether they derive, or have the potential to derive, more than fifty percent of their eligible food sales revenues from WIC food instruments.
- 20. <u>Infant Formula Suppliers</u>. All vendor applicants are required to purchase infant formula solely from the suppliers selected and approved by Georgia WIC. <u>Effective immediately, the program will no longer permit vendors to purchase infant formula from other program vendors</u>. Only purchases from the manufacturers, distributors and wholesalers will be permitted. Records of the infant formula purchase must be maintained for a minimum of three previous years plus the current year (or until any pending investigations are closed). In the event of an investigation, only purchase invoices from those permitted suppliers will be considered as legitimate. The list of authorized manufacturers, distributors and

<sup>&</sup>lt;sup>2</sup> A person associated with the ownership, management or operation of the applicant/vendor entity, includes owners, officers, partners and, stockholders, registered agents, the immediate family of owners, officers, or partners. Any facts leading the agency to suspect that an applicant or vendor has a business or close personal connection with a WIC vendor that has a history of violations will be thoroughly investigated.

wholesalers are posted on the Georgia WIC vendor website. The program may also require vendors to supply the program with written permission to confirm their infant formula purchase history with suppliers.

- 21. WIC Acronym and Logo. A WIC vendor or applicant may not use the WIC acronym, the WIC logo, or close facsimiles thereof, in total or in part, either in the official name in which the vendor is registered or in the name in which it does business. The WIC vendor or applicant may not use the WIC acronym, the WIC logo, or close facsimiles thereof, in total or in part, in an unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store.
- 22. <u>Purchase Invoice Receipts.</u> Vendor Applicants must submit upon request purchase invoice receipts, bills of lading or recent invoices that show the purchase of items intended for sale in their stores. Failure to submit the requested documentation within the time frame stated in the request will result in denial of the vendor application.
- 23. <u>Automatic Clearing House (ACH) Application.</u> Vendors who are authorized for participation in Georgia WIC will receive an ACH enrollment form. Vendors will have five business days from the date of receipt of the form to enroll. Failure to enroll in ACH within the allotted timeframe will result in termination of the vendor agreement.
- 24. <u>Provision of Incentive Items.</u> Georgia WIC will not authorize or continue the authorization of a vendor that advertises, promises, provides, or indicates an intention to provide prohibited incentive items to customers. Incentives include, but are not limited to, free or complimentary gifts, home delivery of foods, store memberships, and other free or discounted services.
- 25. Pharmacies. A vendor who is placed in the Pharmacy Peer Group is only permitted to redeem Special infant formulas and medical foods as specified on the Georgia WIC vendor website. All Pharmacy peer group vendors must be licensed and remain in good-standing with the Georgia State Board of Pharmacies to provide prescription drugs and special medical foods in Georgia.

#### Application Acceptance Periods; Re-application Limitations After Application Denial

Applications for WIC vendor authorization will only be accepted during the following periods: Between October 1<sup>st</sup> to December 31<sup>st</sup> and March 1<sup>st</sup> to June 30<sup>th</sup> of each federal fiscal year.

If an application for authorization is denied, the applicant will be barred from reapplication for period of one year with the exception of the Denial Reasons listed below. Denial periods vary based on the reason that an application is denied. At the time that a notification of Denial is issued, applicants will be notified of their reapplication date. Irrespective of the

reason for denial, once denied, an applicant who wishes to be reconsidered must allow their Denial Period to expire and re-submit a new application after that date has passed. Applications are not re-considered until new application materials have been submitted.

- 1. <u>Accepting WIC vouchers prior to Authorization</u>. The denial period is three years.
- 2. <u>Business Integrity and Related Denials</u>. For Business Integrity or Integrity-related reasons, the denial period will be 2 years.
- 3. All Other Reasons for Denial. The denial period is one year.

#### Invoice Assessment

Vendor applicants must submit upon request purchase invoice receipts, bills of lading or recent invoices which show the purchase of **all** items intended for sale in their stores. This includes WIC food items, non-WIC food items, household products, and miscellaneous items. Purchase invoices must reflect the name and address of the wholesaler or supplier, date of the purchase, list of the items purchased, size, stock number, quantity, unit price and total dollar amount for the quantity purchased. Itemized cash receipts must include the name and address of the store or a code number by which the store can be identified, the date of purchase, description of the items purchased, unit price and total purchase price. Itemized cash receipts that do not completely describe the item should have a computer code that can be verified by calling the store manager. Affidavits or oral statements are not acceptable as proof of inventory.

Failure to submit the requested documentation within the time specified will result in denial of the vendor application.

#### Peer Groups

Authorized vendors are classified into seven different peer groups depending on square footage of the store (including administrative and storage space), number of stores in the chain, and potential or actual 50% status.

Peer Group	Туре	Description
A	Small	5,000 to 10,000 Square Feet. Vendors in operation prior to October 1, 2013 may remain at 3,000 square feet
В	Medium	10,001 to 15,000 Square Feet
C	Chain	20 or more locations in operation
D	Large Independent	15,001 or more Square Feet and less than 20 locations
Е	Military Commissary	Located on Military Bases serving military personnel only
F	Pharmacy	Pharmacy — Redeem exempt and/or special infant formulas only including medical foods. No contract formula stated infant formula or other standard WIC foods are allowed for this peer group. Vendors must be licensed by and in good standing with Georgia State Board of Pharmacies.
G	Above 50%	Vendors and applicants found to be actual or potential above fifty (50) % vendors at application, the six-month assessment, annual assessment or reauthorization will be assigned to peer group G.

## RESPONSIBILITIES AND PROCEDURES FOR SELECTED VENDOR TYPES

#### Corporate Vendors (Multiple Locations and a Single FEIN)

A business entity having two or more stores operating under the same Federal Employer Identification Number (FEIN) and a corporate/home office or single owner/business entity that serves as the parent shall be classified as a "corporate vendor" by Georgia WIC for program purposes. An authorized representative of the business entity shall sign one agreement and list required information about each store that is an authorized vendor on Corporate Attachment Form 3771A. To add a new store, the corporate vendor must first amend their agreement by submitting the Corporate Attachment Form 3771A that includes required information about the new location and a Corporate Vendor Training Checklist. The new store **shall not** begin to accept food instruments until a vendor stamp has been received.

The Corporate Attachment Form is an addendum to the Corporate Vendor Agreement. The attachment serves as verification that the location listed is the authorized location in which WIC food instruments are to be redeemed. Vendors are not permitted to redeem food instruments in a location other than the authorized location listed in the Vendor Agreement or Corporate Attachment. The location listed on the Corporate Attachment Form will correspond to the Vendor Number that has been assigned to the store.

#### Pharmacy Vendors

With the exception of stores that qualify for participation in Peer Groups C, D and E any retailer who operates a pharmacy on the premises will be placed in the Pharmacy Peer Group and are subject to the restrictions associated with that Peer Group.

A vendor who is placed in the Pharmacy Peer Group is only permitted to redeem Special infant formulas and medical foods as specified on the Georgia WIC vendor website. Pharmacy vendors are exempt from maintaining minimum inventory requirements. All Pharmacy peer group vendors must be licensed and remain in good-standing with the Georgia State Board of Pharmacies to provide prescription drugs and special medical foods in Georgia and must provide a copy of the licensing credentials upon request. Those who fail to maintain their pharmacy license in good standing will be terminated.

Programmatic reports will be used to verify performance compliance, such as whether a pharmacy vendor is redeeming only exempt infant formula food instruments. Pharmacy vendors shall not accept food instruments through the mail, nor mail any approved formula/medical foods directly to the WIC customer. Doing so will result in termination of the vendor agreement.

### Vendors in Peer Groups A, B, and G - Prohibited from Redeeming Vouchers for Special Infant Formula and Medical Foods

Stores in Peer Groups A B, and G will no longer be permitted to redeem vouchers for Special Infant Formula and Medical Foods. Stores in Peer Groups C, and D, Military Commissaries (E), and Pharmacies (F) are the only vendors permitted to redeem these types of vouchers. Please see the Georgia WIC vendor website for the list of vouchers that vendors in each Peer Group will be permitted to redeem.

Vendors in those Peer Groups A, B and G will not be reimbursed for Special Infant Formula and Medical Food vouchers and those who submit these types of vouchers for payment after that date will not be paid – the vouchers will be returned through the banking system and those vendors risk incurring charges from their financial institution. Vendors should govern themselves accordingly to avoid bank charges.

#### Corporations

New vendors who are incorporated will be required to complete the corporation information on the application including the name of their corporation and registered agent. Current vendors will be asked to download a corporate information form from the Georgia WIC website, and complete and submit it to the Georgia WIC office to update the vendor file. The form can be found at http://dph.georgia.gov/vendor-information.

#### VENDOR TRAINING

Vendor training will be conducted to ensure that all vendors are familiar with Georgia WIC program policies and procedures. Training will be offered in one of the following formats: newsletters, videos, videoconferences, or interactive training sessions. A score of eighty points or higher on the training evaluation is required before a pre-approval visit will occur.

Vendors must register to attend training and must attend on the date they have elected. If the vendor is unable to attend training on the date selected, they must alert Georgia WIC with an alternate date. For authorization training, vendors will be required to show a government issued picture ID before they will be admitted.

#### Pre-Authorization and Re-Authorization Training

Georgia WIC will provide an initial training session in an interactive format prior to, or at the time of authorization, and at least once every three years thereafter at the time of vendor reauthorization. Georgia WIC will provide vendors with at least one alternative date on which to attend interactive training. Attendance at training will be documented, a checklist of items discussed must be signed by the vendor and a Post Vendor Training Evaluation test will be given. A passing score of eighty (80) points or higher is required to become authorized. Vendor applicants cannot attend the initial authorization training session until an application for authorization has been submitted and the vendor has registered to attend.

For corporate vendors, a representative of the corporate vendor must initially complete the authorized training session and receive a passing score of eighty points or higher. After completing and passing the training session, the corporate vendor is allowed to conduct authorization training for: 1) existing authorized stores at the time of re-application and, 2) new unauthorized stores that will be added to an existing Vendor Agreement. The corporate vendor must conduct authorization training for existing and new locations. The representative must ensure that all training topics are provided to a management representative in each authorized store.

Attendance at a training session, prior to becoming an authorized vendor, does not grant the right to begin accepting WIC food instruments. Only a fully executed vendor agreement that is signed by both parties and the receipt of a vendor stamp constitutes authorization.

#### **Annual Training**

Georgia WIC will conduct annual training for vendors regarding changes and updates to policies and procedures. Annual training may be conducted in a variety of formats including newsletters, videos and interactive training. Authorized vendors must provide documentation of participation in annual training by the deadline specified. In addition, corporate vendors must ensure that each store listed in the current Vendor Agreement receives annual training by the deadline specified. Failure to do so will result in termination of the Vendor Agreement. Failure to provide

documentation that each store participated in annual training will result in termination of the store(s).

#### **Customized Training**

Georgia WIC representatives may conduct training for employees of WIC vendors at their request. Training requests should be made in writing to Georgia WIC, Vendor Management Unit, 2 Peachtree Street, 10<sup>th</sup> Floor, Atlanta, Georgia, 30303. Please specify the desired training topics and the type and number of employees who will attend. Georgia WIC and the WIC vendor will mutually agree upon location and dates for the training.

#### WIC APPROVED FOODS

The WIC Approved Foods posted on the WIC Vendor Management website at www.wic.ga.gov/vendorinfo.asp are foods that are available to the WIC customer. **ONLY these** foods may be purchased by the participant or proxy using the WIC food instrument.

Because the brand names and types of infant formula as well as special medical foods are too numerous to list, approved foods will be printed directly on the front of the WIC food instrument. The WIC customer is allowed to purchase the brand, type and size of infant formula or medical food that is printed on the front of the food instrument. Do not allow the WIC customer to purchase infant formula or medical food that is <u>NOT</u> listed on the food instrument.

The vendor will receive an updated list of approved foods as changes are made, and can always check the WIC Vendor Management website for current information. Vendors will periodically receive pamphlets and posters of WIC approved food items that can be used as displays or as a training resource.

#### List of Infant Formula Wholesalers, Distributors, and Manufacturers

All vendor applicants are required to purchase infant formula solely from the suppliers selected and approved by Georgia WIC. Effective immediately, the Georgia WIC Program will no longer permit vendors to purchase infant formula from other program vendors. Only purchases from the manufacturers, distributors and wholesalers will be permitted. Records of the infant formula purchase must be maintained for a minimum of three previous years plus the current year (or until any pending investigations are closed). In the event of an investigation, only purchase invoices and from those suppliers will be considered as legitimate. The program may also require vendors to supply the program with written permission to confirm their infant formula purchase history with suppliers.

#### Non-WIC Inventory Requirement

All vendors except pharmacies are required to carry foods other than WIC approved foods. These food items must consist of qualifying food items approved by SNAP in addition to the WIC minimum inventory and WIC-approved foods, and foods that are intended for home preparation and consumption, such as meat, fish, and poultry bread and cereal products dairy products, fruits, and vegetables. Items such as condiments and spices, coffee, tea, cocoa, carbonated and noncarbonated beverages are included in food sales only when offered for sale along with foods in the four primary categories. Non-food items, alcoholic beverages, hot foods, or food that will be eaten on the store premises are not considered a part of USDA's definition of eligible foods.

At least two hundred items in each of the following categories must be in stock at all times.

Non-WIC Inventory Requirement			
Food Item	Minimum in each category		
Meats, Poultry and/or Seafood (refrigerated or frozen)	200		
Breads and Cereal Products	200		
Dairy (e.g. milk, cheese, yogurt, etc.)	200		
Shelf Staples (e.g. flour, sugar, pasta, pudding mix, etc.)	200		
Cans, Jars, Bottled Goods (e.g. mayo, ketchup, relish, etc.)	200		
Beverages (e.g. soda, water, powdered drinks, etc.)	200		
Snack Foods (e.g. crackers, granola bars, etc.)	200		

#### Minimum WIC Food Inventory Requirements

Vendors are **REQUIRED** to maintain in stock a minimum variety and quantity of the WIC foods as described in the chart below. An on-site inventory audit of the below mentioned food items (WIC-approved and non-WIC) is a component to the pre-approval and routine monitoring visits.

Georgia WIC Program

Minimum Inventory Requirements  Effective December 1, 2013				
Food Item	Types/Brands	$\mathbf{Size}$	Minimum Inventory	$\overline{\checkmark}$
MILK	Whole Milk	Gallon	8 Gallons	
Least Expensive Brand of type selected/allowed	Fat Free/Skim, Low-Fat (1%), Reduced Fat (2%) Milk	Gallon	12 Gallons (Can be Combined)	
	Dry Powdered Milk <b>OR</b>	Makes 3 Quarts	3 Boxes	
Serected ario wea	Evaporated Milk	12 oz	12 Cans	
CHEESE Least Expensive Brand of type selected/allowed	One Pound Package	16 oz (1 Pound)	8 - 1 lb Packages 2 Types	
EGGS Least Expensive Brand	Grade A Large	1 Dozen Carton	8 - 1 Dozen	
PEANUT BUTTER	Any Brand Creamy, Crunchy, or Extra Crunchy (Regular or Low-salt)	16-18 oz	6 Containers 2 Brands	
BEANS /	Dried Beans/Peas/ Lentils	1 Pound Packages	5 Packages - 2 Types	
PEAS / LENTILS	Canned Beans/ Peas/ Lentils	15 - 16 oz Cans	18 Cans - 2 Types	
JUICE	Ready to Serve Container Non-Frozen Concentrate Frozen Concentrate	48 oz 11.5 oz 11.5 -12 oz	12 Containers - 2 Types	
	Ready to Serve Container	64 oz	12 Containers - 2 Types	

## Georgia WIC Program Minimum Inventory Requirements Effective December 1, 2013

Effective December 1, 2019				
Food Item	Types/Brands	Size	Minimum Inventory	$\checkmark$
WHOLE GRAIN BREAD	Whole Grain Bread	16 oz Loaf	6 Loaves	
CEREAL Whole Grain	WIC Approved Cereal Brands and Types (see WIC Approved Foods List)	11-36 oz	24 Boxes - 4 Types, 2 Types must be Whole Grain	
FISH Least Expensive of type selected	Tuna Pink Salmon	5 oz, 6 oz, or 14.75 oz	18 Cans Combined	
	Milk Based – Gerber Good Start Gentle		Milk Based - 19	
INFANT FORMULA	Soy Based – Gerber Good Start Soy	12.1 oz Concentrate*	Soy Based - 0	
	Milk Based – Gerber Good Start Gentle	12.7 oz Powder	Milk Based - 50	
	Soy Based – Gerber Good Start Soy	12.9 oz Powder	Soy Based - 20	
INFANT CEREAL	Dry Cereal	8 oz Box	12 Boxes - 2 Types, 1 must be Rice	
INFANT FRUIT & VEGETABLES	Fruit and /or Vegetable	4 oz Jars	96 Jars Combined	
INFANT MEATS	Meats in Gravy or Broth	2.5 oz Jars	31 Meats	
FRUITS & VEGETABLES	Fruits	Fresh, Frozen, Canned	Fresh: 20 Types	
	Vegetables	Fresh, Frozen, Canned	(Combined Fruits and Vegetables)	

<sup>\*</sup>NOTE: MINIMUM INVENTORY FOR CONCENTRATE CONTRACT FORMULAS HAVE BEEN REDUCED.
VENDORS <u>MUST</u> BE ABLE TO ORDER MILK AND SOY CONTRACT FORMULAS IN A CONCENTRATE
FORM WHEN REQUESTED BY THE PARTICIPANT.

#### THE WIC FOOD INSTRUMENT

The WIC food instrument is similar to a check. A vendor must accept all valid food instruments, with the exception of a pharmacy vendor, who may only redeem food instruments for exempt and special infant formula, including medical foods. The vendor shall not accept counterfeit or altered food instruments.

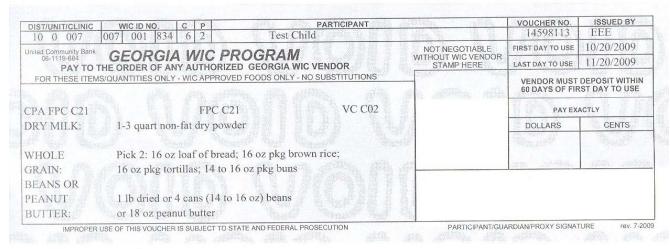
When food instruments are properly redeemed, the vendor will receive credit for the amount of the purchase by depositing the food instrument into the specific account number provided to Georgia WIC by the vendor for deposit of all WIC food instruments at the vendor's bank.

Food instruments are not transferable and cannot be sold. They must only be redeemed and deposited to the account of the vendor that corresponds with the WIC vendor stamp and location listed on the Vendor Agreement or Corporate Attachment Form. Vendors who commit fraud or abuse in the program are subject to criminal prosecution. Those who have willfully misapplied, stolen or fraudulently obtained program funds will be subject to a fine of not more than \$25,000 or imprisonment for not more than five years, or both, if the value of the funds is \$100 or more. If the value is less than \$100, the penalties are fines of not more than \$1000 or imprisonment for not more than one year, or both.

#### Food Instrument Types and Descriptions

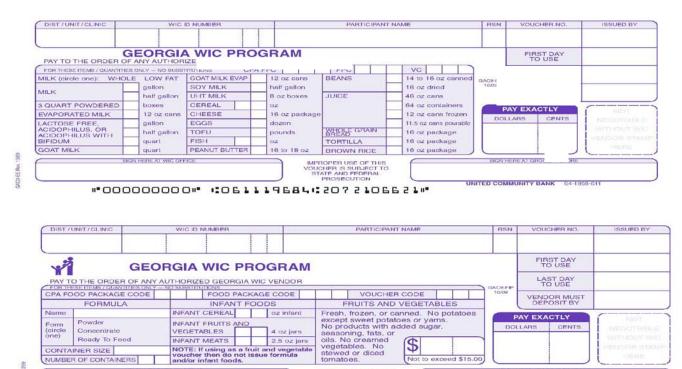
There are five types of WIC food instruments: laser-printed, blank manual, standard manual, computer generated and cash value vouchers. Descriptions and pictures of the food instruments are below.

<u>Laser Printed Food Instruments.</u> The laser-printed food instrument is printed at the clinic site at the time of the participant, parent's, caretaker's and/or proxy's visit.



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Blank Manual/Handwritten Food Instruments. All information on the food instrument is either handwritten or typed. Redeem only for the amount of food indicated. Only one (1) number should appear in each box. X's are placed in all boxes where there are no numbers. This helps to eliminate any possible unauthorized alterations on the food instrument. There are two types of Blank Manual/Handwritten Food Instruments, which are shown below.

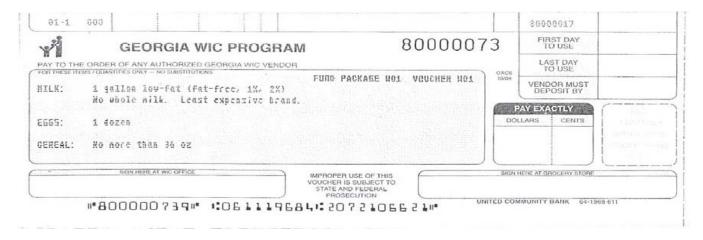


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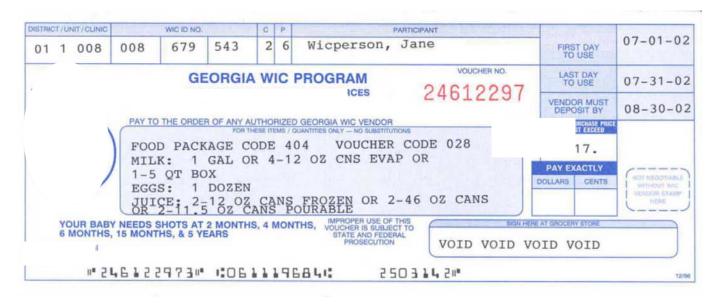
UNITED COMMUNITY BANK 64-1958-511

NOTE: If using as a fruit and vegetable voucher then do not issue formula and/or infant foods.

CONTAINER SIZE NUMBER OF CONTAINERS <u>Blank Standard Manual Food Instruments.</u> Blank standard manual food instruments have the WIC approved foods preprinted on the food instruments. The top portion of the food instrument is completed (handwritten) by the clinic staff. These food instruments have two signature boxes.

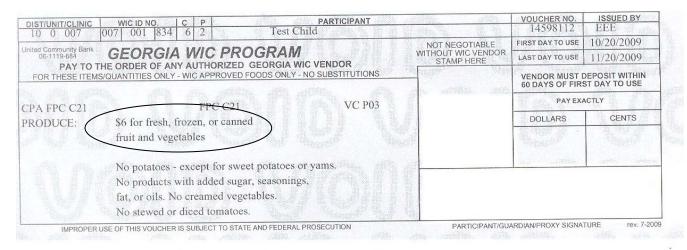


<u>Emergency Computer Generated Food Instruments</u>. These food instruments are used in case of emergencies. All information on the food instrument is computer printed.



Cash Value/Fruit and Vegetable Vouchers (CVV). A CVV is issued for fruits and vegetables.

- CVVs are used to purchase approved fresh, frozen, and canned fruits and vegetables.
- CVVs have a maximum amount listed (e.g. \$6, \$7, \$8 and \$10.)
- The WIC participant will be allowed to pay the difference when the cost of their produce exceeds the price stated on the CVV. The amount over the CVV maximum is be subject to tax, when applicable. The WIC participant is responsible for paying the difference plus the applicable sales tax.
- The vendor may need to adjust its current procedures to allow for WIC clients to use payment methods such as Food Stamps EBT cards, cash, credit cards, or debit cards to complete the CVV transaction.



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# Processing WIC Food Instruments Including Cash Value Vouchers

The vendor's bank should be informed that WIC food instruments are negotiable instruments that must be processed through the Federal Reserve Bank. Georgia WIC will provide each vendor a stamp that is embossed with a unique WIC identification number. All food instruments accepted by the vendor must be stamped with this number in preparation for a bank deposit. Only food instruments stamped with an authorized vendor stamp that is issued by Georgia WIC will be paid. The stamp should be fully depressed onto the WIC food instrument so that it is clearly recognizable on the food instrument. Lost, stolen or damaged stamps must be reported to Georgia WIC immediately. **DO NOT REPRODUCE THE VENDOR STAMP**. Food Instruments stamped with an unauthorized vendor stamp will not be paid (see section entitled 'Important Notes About The Vendor Stamp) for further instructions on the vendor stamp). Payment on any food instrument rejected by the WIC banking system is at the sole discretion of Georgia WIC.

#### Minimum Requirements for Payment

- Food instruments must be issued by Georgia WIC or its authorized local agencies, printed on official Georgia WIC paper, and unaltered.
- Food instruments are accepted on the "First Day to Use" date through the "Last Day to Use" date.
- An authorized WIC vendor stamp appears on the food instrument, is legible, and the food instrument is deposited to the single account provided to Georgia WIC by the vendor.
- Deposited within sixty days of the "First Day to Use" date.
- The amount of purchase is entered in the "PAY EXACTLY SPACE" in ink.
- A signature is obtained from the participant, in ink, at the time of purchase.
- For cash value vouchers, the vendor must not issue change to a WIC customer for purchases that are less than the total value of the cash value voucher.
- For cash value vouchers, the WIC customer may use his/ her own funds for purchase amounts in excess of the monetary limit for his/her cash value voucher.

#### WIC Customer Transactions at the Store

WIC food instruments may be presented at authorized vendor locations by WIC participants, parents, caretakers or proxies (WIC customer). WIC customers are required to take their WIC ID folder to each visit to the store. Vendors must request the WIC customer to present the WIC ID folder at the time of the transaction. WIC vendors shall **not** request any other form of identification from WIC customers in order to transact a WIC food instrument.

WIC foods must be separated from other food purchases prior to the WIC transaction. When approved supplemental food is being purchased with a WIC food instrument, the cashier must complete each food instrument separately and do the following:

## Steps to Follow When Accepting WIC Food Instruments

- 1. Check the participant's WIC ID card/folder. The WIC customer's name must be listed on the ID card/folder. If the WIC customer does not present a WIC ID card, then the food instruments cannot be redeemed.
- 2. For manual food instruments that contain two signature boxes, make sure that the "Sign here at WIC office" signature box contains a signature.
- 3. Check the dates on the food instrument. Food Instruments cannot be used before the "First Day to Use" or after the "Last Day to Use" dates.
- 4. Ring up the current shelf price of the food for each food instrument. Make sure that the exact types and amounts of approved WIC foods are being purchased.
- 5. Print in ink the amount of the WIC purchase in the "Pay Exactly" space on the food instrument in the presence of the WIC customer. Complete this step for one food instrument prior to moving on to the next food instrument.
- 6. Obtain a signature from the WIC customer, which must match the signature on the WIC ID card.
- 7. WIC customers must not be given credit or cash in exchange for WIC food instruments.
- 8. If the cashier makes a mistake entering the price on the food instrument, the incorrect price should be marked through and the correct price written above the error. The cashier must initial the correction as verification.
- 9. If the cash registers do not automatically imprint "WIC" on the receipt, cashiers must write "WIC" vertically on all receipts for food purchased with WIC food instruments.
- 10. The cashier must provide the WIC customer with a receipt and keep a copy of the receipt for the vendor's records.

## Steps to Follow When Accepting Cash Value Vouchers (CVV)

- 1. Check the participant's WIC ID card/folder. The WIC customer's name must be listed on the ID card/ folder. If the WIC customer does not present a WIC ID card, then the food instruments cannot be redeemed.
- 2. For manual vouchers that contain two signature boxes, make sure that the "Sign here at WIC office" signature box contains a signature.
- 3. Check the date on the face of the food instrument. CVVs cannot be used before the "First Day to Use" date or after the "Last day to Use" date.

- 4. Check the food items. They must be fruits and vegetables that cannot be purchased with the regular WIC food instrument.
- 5. Weigh the fruits or vegetables and/or ring up the current shelf price of the food for each item chosen. Make sure that the exact types of approved WIC foods (fruits and vegetables) are being purchased.
- 6. Check the value of the CVV. CVVs will be in \$6, \$7, \$8, and \$10 amounts.
- 7. Ring up price of the purchase
- 8. Write the price of the purchase in the "Pay Exactly" space in ink in the presence of the WIC Customer. Complete this step for one CVV before moving on to the next CVV.
- 9. Obtain a signature from the WIC customer, which must match the signature on the WIC ID card.
- 10. If the purchase amount is over the max price listed on the face of the CVV, the participant may pay cash or check, credit or EBT for the amount over the max price on the CVV.
- 11. Include tax for the amount over the maximum on the face of the CVV, if applicable. This amount in not a part of the WIC transaction. Give change for any amount over the face of the CVV. This is not a part of the WIC transaction. Change is not permitted for purchases that are less than the max price listed on the CVV.
- 12. WIC customers must not be given credit or cash in exchange for CVVs.
- 13. If the cashier makes a mistake entering the price on the CVV, the incorrect price should be marked through and the correct price written above the error. The cashier must initial the correction.
- 14. If the cash register does not automatically print "WIC" on the receipt, cashiers must write "WIC" vertically on all receipts for WIC food purchases.
- 15. The cashier must provide the WIC customer with a receipt, and keep a copy for the vendor's records.

If the amount of the CVV is less than the maximum amount on the face of the food instrument, do not give change and do not charge sales tax. If the price of the purchase is over the amount on the face of the CVV, charge the maximum amount of the purchase to the CVV. Your store will be responsible for collecting any difference over the maximum amount of the CVV. Tax can be charged for the amount over the maximum on the face of the food instrument. The WIC customer can pay the amount over the maximum in cash, credit, debit, EBT, or check. Change can be given for cash payment for any difference over the amount of the maximum for the CVV. That amount is not a part of the WIC transaction.

# Important Notes about the WIC Customer for Cashiers and Store Managers

#### The WIC customer.

- 1. Must present a WIC ID card to redeem food instruments.
- 2. Must sign the food instrument at the time of purchase.
- 3. May not use a WIC food instrument to purchase items not listed on the food instrument.
- 4. Must never be required to pay cash for items purchased except for items purchased with the cash value/ fruit and vegetable food instrument, in excess of the amount on the food instrument.
- 5. Must be allowed to purchase all foods listed on the food or CVV, regardless of price.
- 6. Must be afforded the same courtesies given to other store customers.
- 7. Must be permitted to purchase eligible food items without making other purchases.
- 8. Must be charged the same shelf prices as other customers.
- 9. Must not be charged sales tax, except on the purchase amount that is in excess of the amount on the cash value/ fruit and vegetable voucher, if applicable.
- 10. Must be reported to Georgia WIC immediately if they attempt to purchase foods that are not approved or create other problems in the store.
- 11. Must not be required to purchase every item on the food instrument.
- 12. Must not be contacted regarding restitution, payment or to obtain a missing signature.

#### More Important Notes.

- 1. WIC approved foods purchased with a WIC food instrument cannot be returned for a cash refund.
- 2. WIC food instruments from other states must not be accepted.
- 3. If a manager is called to approve a WIC food instruments transaction, it is imperative that the customer is not identified as a WIC participant, parent, caretaker and/or proxy. Every effort must be made to protect confidentiality and discussion of the transaction should be kept at a conversational level.

- 4. Separate checkout lines for the WIC customer are prohibited. Signs such as "WIC food instruments not allowed in this line" or "No Checks-No WIC" cannot be displayed. However, vendors who wish to ensure that the WIC customer does not enter certain lines, such as express lines, may post "Cash Only" signs in those lines.
- 5. Every store must check the customer's WIC identification card for the proper WIC ID number and authorized signature(s). WIC customers have been instructed about the importance of carrying the WIC ID card to the grocery store when using WIC food instruments. Food Instruments cannot be redeemed without the WIC ID card which shows the name of the person redeeming the food instruments.
- 6. Whenever food instruments are lost or stolen from a WIC health facility, Georgia WIC will notify area vendors that a stop payment has been placed on the food instruments. Vendors will be provided the food instrument numbers and informed not to accept the food instruments for redemption. These food instruments will not be paid.
- 7. The vendor must not provide refunds or permit exchanges for authorized supplemental foods obtained with food instruments except for exchanges of the same brand and size of authorized supplemental food item when the original authorized supplemental food item is defective, recalled, spoiled, or has exceeded its "sell by" or "best if used by," or other date limiting the sale or use of the food item.
- 8. The WIC customer must be allowed to participate in in-store or manufacturer promotions that are available to all other customers, and that include WIC approved food items. This includes 'buy one get one or more free' promotions.
- 9. The WIC authorized vendor, its paid or unpaid owners, officers, managers, agents and employees shall not engage in any activity with the WIC participant, proxy, or caretaker that would create a conflict of interest, as determined by Georgia WIC. Authorized WIC vendors are not permitted to act as a proxy for a WIC participant.
- 10. The vendor is not permitted to provide transportation for the WIC customer to or from the vendor's premises.
- 11. The vendor is not permitted to deliver WIC approved foods to the WIC customer's residence.
- 12. The vendor shall not take back items purchased by the participant nor shall a vendor ask about obtaining food items that the participant chooses not to buy with the WIC food instrument.
- 13. The vendor must not provide unauthorized food or non-food items, cash, credit (including "rain checks") in exchange for food instruments.
- 14. Georgia WIC will review food instruments submitted for redemption to ensure compliance with price limitations and to detect suspected vendor overcharges and other errors.

15. Georgia WIC may require reimbursement for the full price of the food instrument that contains a vendor overcharge or other error detected as a result of compliance investigations, food instrument reviews, or other reviews or investigations of a vendor's operations.

# Food Instrument Payment Procedures

<u>All</u> authorized vendors are required to enroll in the Automated Clearing House (ACH) for payment of WIC food instruments that exceed the maximum allowable price. At the time of authorization and re-authorization, vendors are also required to provide a single account number to which the vendor will deposit all WIC food instruments. If this account number changes, the vendor must notify Georgia WIC in writing within two business days. Upon authorization the ACH Enrollment Form is sent with the Vendor Stamp. The form must be completed and submitted immediately to the address indicated on the form. Vendors will have five business days from the date of receipt of the ACH Enrollment Form to enroll. Failure to enroll within the allotted timeframe will result in termination of the vendor agreement.

Approved payments will be posted to the vendor's bank account immediately. Vendors will be able to view their ACH statements on-line at any time on the WIC Banking website at www.wicbanking.com by entering their personal User ID and Password.

User ID and Passwords will be provided by Georgia WIC once the ACH enrollment form has been completed and forwarded to the WIC data processing contractor indicated on the form. Users are urged to change their password when entering the system for the first time. Assistance with changing passwords may be obtained from Georgia WIC, Systems Information Unit at 404-657-2900 or toll free at 1-800-228-9173.

#### Return Food Instrument Payment Procedures

- If the purchase price on a food instrument exceeds the maximum allowable price for the food instrument, it will be returned from the bank and stamped "Amount Exceeds Limit Paid via ACH Do Not Resubmit". The food instrument will be paid at a rate equal to the average redeemed price for that food instrument code for the vendor's peer group.
- Food instruments returned by the vendor's bank stamped "invalid vendor stamp," "unreadable vendor stamp," "missing vendor stamp," or "encoding error" should be corrected and resubmitted for payment through the vendor's bank of deposit. Once a submitted food instrument has been rejected for any of the above reasons, the vendor has 45 days to resubmit the food instrument before it will be considered stale and unredeemable.
- If the redeposit is unsuccessful, or for food instruments returned by the vendor's bank for reasons other than those listed above, send the returned food instruments along with an explanation of why they were returned to Georgia WIC, Vendor Management Unit, 2

Peachtree Street, Suite 10-476, Atlanta, Georgia, 30303, for review and payment consideration.

• Food Instrument returned by the vendor's bank stamped "stale date," "post date" "altered" or "signature missing will not be paid.

# Redemption Assessment

Any vendor with less than \$2,000 in annual WIC redemption will be terminated from the program for a period of one year. Food Instrument redemption data on all vendors will be reviewed on a quarterly basis. A vendor must remain price-competitive throughout the agreement period. Noncompetitive pricing occurs when the amount paid per food instrument by Georgia WIC to a vendor for a month's payment for all food instruments except cash value food instruments, exempt infant formulas, and medical foods exceeds the statewide average amount paid per food instrument redeemed within the peer group by more than 50%. If a vendor is found to be non-competitive during an assessment, the vendor will receive written notice. If the vendor is identified as noncompetitive for three additional assessments, the vendor agreement will be terminated for a period of twelve months.

## USDA's Rule on Vendor Cost Containment

The dollar amount that a store will be paid for each WIC food instrument will be calculated pursuant to the terms and conditions prescribed and approved by USDA. (See USDA website at http://www.fns.usda.gov/wic/regspublished/vendorccinterim.pdf). Food Instruments that are deposited in the vendor's bank, and that contain a dollar amount in the "pay exactly box" that exceeds the statewide and/or peer group Maximum Allowable Reimbursement Level (MARL) will be returned by the bank.

Georgia WIC will conduct an annual assessment of each current vendor to determine if they derive more than fifty percent of their food revenue from WIC food instruments. Vendors will also be assessed at re-authorization. New vendors will be assessed six months after enrollment to determine if they derive more than fifty percent of their food revenue from WIC food instruments.

Georgia WIC uses vendor reported shelf prices to determine the Maximum Allowable Prices for food items and the Maximum Allowable Reimbursable Limit for food instruments redeemed monthly. Food instruments submitted by vendors in peer groups A through F are paid according to the MARL for their peer group. The WIC vendor agrees to accept an adjustment in the dollar amount written in the 'pay exactly' box of the WIC food instrument if the dollar amount exceeds the statewide average and/or peer group MARL. Vendors who exceed the MARL will be paid based upon the average shelf price, which will be based on the average shelf prices for all comparable stores in the same peer group and/or the statewide average for a given time period. Above 50% vendors will be paid the statewide average across peer groups A through F.

All vendors will be assessed at application, within six months after authorization, and annually thereafter to determine whether they derive more than fifty (50) percent of their SNAP eligible food sales from WIC redemptions. Georgia WIC will conduct an initial food sales assessment based on programmatic reports to determine whether a vendor is a Probable Above Fifty Percent Vendor (A50). Upon notification of Probable A-50 Status, vendors may challenge the initial Findings by requesting a detailed Food Sales assessment to demonstrate that their WIC sales are less than fifty percent of their eligible food sales. Failure to follow the procedures to challenge the program's initial Findings will result in a Final determination that a vendor is an Above Fifty Percent vendor. In addition, failure to provide the documents or information required or cooperate with the assessment process will result in a Final determination that the vendor is an Above fifty-percent vendor.

# **Important Notes About The Vendor Stamp**

- Lost, stolen, or damaged stamps must be reported to Georgia WIC immediately.
- The vendor stamp must be kept in a secure location at all times.
- Vendors are NOT permitted to reproduce the vendor stamp. Vendors who redeem food
  instruments stamped with a reproduced stamp may be subject to investigation for fraud
  and a claim for restitution.
- Vendors will be held responsible for the unauthorized use of the vendor stamp by their paid or unpaid owners, officers, managers, agents, and employees.
- If the inkpad dries out, it is the vendor's responsibility to replenish the removable pad. Use only black liquid ink that is specifically designed for stamping mechanisms.
- The vendor stamp is not transferable to another location or individual.
- Food instruments stamped with an unauthorized vendor stamp will not be paid.

## CHANGES IN VENDOR INFORMATION

Any changes to the information provided on the vendor application must be communicated to Georgia WIC. Georgia WIC requires the vendor to provide advance written notice of any changes in vendor information including ownership, store location or cessation of operations.

# Changes in Store Location or Information

The vendor must provide Georgia WIC with at least twenty-one days advance written notice of any changes in location. Each store is authorized based on the ownership and street address that exists at the time of authorization, and authorization is not transferable to another location. Therefore, if a change in location is ten miles or more from the original store location, the vendor must complete and submit an updated application (non corporate vendor) or corporate attachment form (corporate vendor) and sign a new agreement. If the change in location is less than ten miles from the original store location, the vendor must only complete and submit an updated application or corporate attachment form.

If Georgia WIC discovers that a change in location has occurred before notice is received, then the vendor authorization number will be immediately terminated. All food instruments submitted for payment will be returned unpaid and Georgia WIC will establish a claim for reimbursement of redemptions.

The vendor must provide Georgia WIC with written notice of any other change in business or contact information listed on the Vendor application, including: name of store, hours of operation, telephone number, e-mail address. Notice of these changes must be made in writing within twenty-one days of the change.

# Changes in Ownership (including addition of owner) and Cessation of Operation

The vendor must provide Georgia WIC with at least twenty-one days advance written notice of any changes to the ownership, operation, corporate structure, and management of its business or cessation of business and the effective date. Georgia WIC will acknowledge the receipt of this information.

If business changes involve the addition of new owners, partners, managers, and/or officers, a vendor must include the full name, social security number, and date of birth for each individual in its notice to the Department. New people added to an existing business, or who acquire the business must pass the Department's Business Integrity checks. A vendor will be immediately terminated from the program if it fails to provide the Department with advance written notice of such changes and fails to provide the requisite information the Department needs to conduct its Business Integrity checks.

For locations where none of the initial owners retain any ownership interest or for locations ceasing operation, the vendor authorization number will be terminated on the effective date of the change. Any food instruments submitted for payment after the effective date will be returned unpaid. If the vendor wishes to change the effective date, a written notification is required. Otherwise, the vendor authorization number will be terminated, as originally confirmed. Once termination occurs, a vendor must submit a new application and meet all current selection criteria. New owners must submit an application, since WIC vendor agreements are not transferable.

If Georgia WIC discovers that a change in ownership has occurred before notice is received, then the vendor authorization number will be immediately terminated. All food instruments submitted for payment will be returned unpaid and Georgia WIC will establish a claim for reimbursement of redemptions.

Upon the sale of the store, the authorized WIC vendor should inform the new owner that the Georgia WIC Vendor Agreement is non-transferable and that the new owner must submit an application to be considered for authorization as a WIC vendor. If the new owner submits a Vendor Application, then the new owner will be required to provide proof of purchase of the store from the previous WIC vendor.

If a vendor is disqualified from Georgia WIC, the vendor shall not continue operating as a Georgia WIC vendor by selling, assigning or otherwise transferring ownership to the vendor's partners, members, owners, officers, directors, employees, relatives by blood or marriage, heirs or assigns. Similarly, upon or after the assessment of a sanction, the vendor may not withdraw from the program, close the store or transfer ownership of the store to the vendor's partners, members, owners, officers, directors, employees, relatives by blood or marriage, heirs or assigns. Failure to abide by this provision may subject the vendor to civil liability, fines, and penalties.

# Reporting and Changing Shelf Prices

Each vendor is required to submit the shelf prices for WIC food items carried in each store. Georgia WIC collects mandatory shelf prices quarterly, but reserves the right to collect shelf prices outside of that time frame at its discretion. Georgia WIC may request shelf prices for as many or as few items as it desires. Should an authorized Georgia WIC vendor change prices subsequent to authorization, the vendor is requested to inform Georgia WIC of such changes within forty-eight hours of implementing the new prices. The vendor should make the changes at https://sendss.state.ga.us/wicpricing. To access the database, please use the password provided in the notice for shelf price collection. In the event the vendor fails to update Georgia WIC of such changes, WIC may rely on the latest submission of shelf prices by the vendor in determining its current shelf prices. Collection of shelf prices is neither approval nor denial by Georgia WIC of the actual shelf prices that the vendor charges WIC participants.

## PERFORMANCE COMPLIANCE

A vendor is subject to compliance performance activities. Any violations that are found may result in sanctions (See Sanction System). Compliance with Georgia WIC policies and procedures is determined using the following methods:

- 1. Covert (undercover) compliance investigations
- 2. Overt unannounced monitoring visits
- 3. Inventory audits
- 4. Research of programmatic reports and database

# Covert Compliance Investigation

Vendors will not receive prior notice when a covert investigation has been scheduled. A vendor will not be advised of any violation that is discovered while the investigation is ongoing unless the violation requires proof of a pattern. In such cases, the vendor will receive written notice of the violation prior to documenting a second violation, unless Georgia WIC determines that notifying the vendor would compromise the investigation.

Vendors will receive notification of all results including violations **after** the investigation is considered closed by the WIC Program representatives.

Vendors may be identified for covert compliance investigations via:

- 1. Research of programmatic reports and vendor database, including but not limited to the Vendor Score section of the Vendor Profile report;
- 2. Vendors who have been reported for potentially violating program policies; or
- 3. Random selection if less than five (5) % of vendors are high risk.
- 4. If the total number of vendors that are identified as high risk is greater than five (5) %, the investigations of those high risk vendors will be prioritized based on which indicators are flagged.

## **Overt Monitoring**

Representatives of the federal or state agencies may conduct unannounced overt monitoring visits any time that the store is open for business. All records must be available for review by the representative of the agency upon request.

## Audits

Georgia WIC may conduct record or inventory audits on any vendor at any time. Inventory audits will include the examination of food invoices or other proofs of purchase to determine whether a vendor has purchased sufficient quantities of supplemental foods to provide WIC customers the quantities specified on food instruments redeemed by the vendor during a given period of time. Purchase invoices should reflect the name and address of the wholesaler or supplier, date of the purchase, list of the items purchased, size, stock number, quantity, unit price and total dollar amount for the quantity purchased. Itemized cash receipts must include the name and address of the store or a code number by which the store can be identified, the date of purchase, description of the items purchased, unit price and total purchase price. Itemized cash receipts that do not completely describe the item should have a computer code that can be verified by calling the store manager. Affidavits or oral statements are not acceptable as proof of inventory. During an audit, the vendor must supply Georgia WIC or its representative with documentation of pertinent records upon request. Vendors must retain copies of all invoices relating to the purchase of WIC food items for the three previous years plus the current year.

# **Programmatic Reports and Database**

The WIC Program will review data from specific programmatic reports or databases to identify vendors who may be out of compliance. If a vendor is out of compliance because of overpricing based on a programmatic report, notification will be given to the vendor to provide an opportunity to reimburse Georgia WIC for the excess amount charged. Failure to repay will result in a program sanction (see "Sanction System").

Programmatic reports will also be generated to determine if a pharmacy vendor is accepting food instruments other than those for exempt or special infant formulas, including medical foods. Failure to comply shall result in termination of the vendor agreement for cause.

Programmatic reports, such as the Vendor Profile report, also will be generated. If a vendor's score causes a flag in any category, the vendor will be considered high risk and may receive a covert compliance investigation.

#### **High Risk Identification**

Georgia WIC must identify high-risk vendors at least once a year using criteria developed by the USDA or other criteria developed by Georgia WIC. Compliance investigations will be conducted on vendors identified as high-risk.

## TERMINATION OF THE VENDOR AGREEMENT

## **Summary Termination**

Georgia WIC will immediately terminate this agreement if it determines that the vendor provided false information or made a material omission in connection with its application for authorization or re-authorization.

# Termination upon Notice

Georgia WIC may terminate the vendor agreement for cause after providing at least fifteen days advance written notice. Use of the vendor stamp shall be discontinued fifteen days after the date of the termination notice. Any food instruments submitted for payment after fifteen days of the date of the termination notice will not be paid. All terminations shall remain in effect during the administrative review process. Reasons for termination may include, but are not limited to, the following:

- 1. Voluntary withdrawal from the WIC program.
- 2. The decision to sell the store.
- 3. Use of the WIC acronym, WIC logo, or close facsimiles thereof, in total or in part, in a manner that violates the provisions of this vendor handbook.
- 4. Accepting food instruments at any location or time other than authorized by WIC, i.e. through the mail or mailing or delivering any WIC transacted purchases directly to the WIC customer; conducting WIC transactions outside of the dates shown on the voucher.
- 5. Failure to complete and submit documentation for annual training by the deadline specified by Georgia WIC.
- 6. Failure to provide Georgia WIC with written notice of a change in the vendor's business within at least twenty-one days in advance of the change (including but is not limited to a change in ownership, name, location, corporate structure, sale or transfer of the business, or cessation of operation.)
- 7. Two failed attempts by Georgia WIC to contact the vendor during business hours at the vendor's reported address and telephone number.
- 8. Determination that the vendor's SNAP license is invalid or not current.
- 9. Intentionally providing false information or vendor records, other than information or records provided in connection with a vendor application for authorization or reauthorization.

- 10. Failure to provide food instruments, inventory records, food sales or tax information upon request.
- 11. Failure to allow monitoring by WIC representatives, or harassing or threatening any WIC representative.
- 12. Forging a participant's signature on a WIC food instrument.
- 13. Reproducing the WIC vendor stamp.
- 14. Identification by Georgia WIC of a conflict of interest as defined by applicable state laws, regulations, and policies, between the vendor and Georgia WIC or its local agencies.
- 15. Failure to enroll in ACH within the time specified.
- 16. Four failed assessments for non-competitive prices within a 12-month period or less.
- 17. Providing prohibited incentive items as part of a WIC transaction, in a manner that violates the provisions of this handbook.
- 18. Failure to meet the selection criteria in effect at the time of assessment at any time throughout the agreement period.
- 19. Less than \$2,000 in annual WIC redemptions or not redeeming any WIC food instruments in sixty days.
- 20. Violation of any federal or state law or regulation, or terms of the WIC Vendor Agreement or Vendor Handbook not otherwise covered by the sanction system.

After being terminated from the Georgia WIC Program, the vendor will not be automatically reinstated as an authorized WIC vendor. The vendor may re-apply no sooner than one year after being terminated from Georgia WIC. To re-apply, the vendor must complete the application process in its entirety.

## SANCTIONS AND THE SANCTION SYSTEM

## Sanctions

Any authorized WIC vendor found to be in violation of federal regulations or Georgia WIC policy will be assessed a sanction consistent with the severity and nature of the violation. Vendor violations means any intentional or unintentional action of a vendor's paid or unpaid owners, officers, managers, agents or employees, with or without the knowledge of management, that violates the WIC Vendor Agreement or federal or state statutes, regulations, policies or procedures governing the Program.

There are seven categories of sanctions: three categories of state agency sanctions and four categories of federal mandatory sanctions. State agency sanctions are established by Georgia WIC program representatives and have been approved by the United States Department of Agriculture (USDA) prior to implementation. State agency sanctions include disqualification, and civil money penalties assessed in lieu of disqualification in the event of inadequate participant access. Federal mandatory sanctions are established by the USDA. Both state agency and federal mandatory sanctions must be enforced when violations occur.

Violations are categorized by the nature and severity of the violation. Each category has a prescribed period of disqualification. Sanctions shall be assessed as follows:

- 1. In the event of multiple violations, the highest sanction assessed to a vendor shall determine the period of disqualification.
- 2. All State agency sanctions assessed are retained in the vendor's file for a period of one year and will roll off at the end of that period.
- 3. If both mandatory and state agency sanctions result from a single investigation, and the disqualification for a mandatory sanction is not upheld during the administrative review process, then Georgia WIC may impose the state agency sanction.

Georgia WIC will notify a vendor in writing when an investigation reveals an initial incidence of a program violation for which a pattern of incidences must be established to impose a sanction before another violation is documented, unless Georgia WIC determines that notifying the vendor would compromise an investigation.

# Disqualification

A vendor will be disqualified from Georgia WIC for committing certain program violations. The actual disqualification period is determined using the same criteria for every vendor.

- 1. Georgia WIC will not accept voluntary withdrawal as an alternative to disqualification.
- 2. A vendor that has been disqualified from SNAP will be disqualified from WIC for the same period of time. If a vendor has been assessed a CMP in lieu of disqualification for a SNAP

- violation, the vendor agreement will be terminated for the initially issued SNAP disqualification period.
- 3. Disqualification from the WIC Program may also result in a civil money penalty or disqualification from SNAP. Such disqualification may not be subject to administrative or judicial review under SNAP.
- 4. If a vendor is disqualified or assessed a civil money penalty (CMP) for a federal mandatory sanction from the WIC Program in another state (see federal mandatory sanctions), the vendor will be disqualified from the Georgia WIC Program for the same period of time.
- 5. A vendor may be assessed (CMP) in lieu of disqualification, if the disqualification will result in inadequate participant access. Upon assessment of a CMP, the disqualification period will be waived. Subsequent visits may be conducted during a waived disqualification period. If violations occur during a subsequent visit, the vendor will be disqualified for a period equal to the period that the CMP was assessed or a second CMP may be imposed.

#### **Effective Date of Adverse Actions**

Denials of vendor authorization and permanent disqualifications are effective on the <u>date of receipt</u> of the notice of the adverse action, at which time the vendor stamp will be discontinued. All other adverse actions against a vendor are effective fifteen days after the <u>date of the notice</u> of the adverse action. For those adverse actions resulting in disqualification (other than denials of vendor authorization and permanent disqualifications), use of the vendor stamp shall be discontinued fifteen days after the date of the notice of the adverse action. Any food instruments submitted for payment after fifteen days of the date of the notice of the adverse action will not be paid. All adverse actions shall remain in effect during the administrative review process.

#### The Sanction System

Below is a description of the Georgia WIC sanction system and how it works. For those violations that require a pattern, a pattern is established when the same violation occurs twice. Enforcement of all sanctions is required when violations have been committed.

#### State Agency Sanctions

If a violation occurs in Category I, the vendor will receive written warning for the first offense. If the **same** violation occurs a second time, the vendor will receive another warning for the second offense. If the **same** violation occurs a third time, the vendor will be disqualified for the time period specified for that category (six months).

If a violation occurs in Category II, the vendor will receive written warning for the first offense. If the **same** violation occurs a second time, the vendor will receive another warning for the second offense. If the **same** violation occurs a third time, the vendor will be disqualified for the time period specified for that category (eight months.)

If a violation occurs in Category III, the vendor will receive written warning for the first offense. If the **same** violation occurs again after receiving the first warning, the vendor will be disqualified for the time period specified for that category (ten months).

If a vendor receives a warning letter and desires further explanation, the vendor may call Georgia WIC and speak with the Vendor Management Unit Manager or submit a written request for further explanation to Georgia WIC.

# State Agency Sanctions Category I - Disqualification for six months on third violation

- 1. Stocking one or more WIC food items outside of manufacturer's expiration date.
- 2. Failure to allow in-store or manufacturers' promotional or free item with a WIC purchase.
- 3. Failure to submit or return requested documentation, other than food instruments or inventory records, food sales, tax information, or documentation for annual training, by the stated deadline.
- 4. Failure to stock the required inventory of contract formula.
- 5. Failure to stock the required inventory of any WIC food items other than contract formula.
- 6. WIC redemptions in excess of SNAP redemptions.

## State Agency Sanctions Category II - Disqualification for eight months on third violation

- 1. Allowing the purchase of WIC foods in unauthorized container sizes.
- 2. Requiring WIC participants to show any identification other than the WIC identification card.
- 3. Use of a non-approved label by a bread manufacturer in the vendor's store.
- 4. Prices not marked on or near WIC foods with the exception of Infant Formula or Fruits or Vegetables.

#### State Agency Sanctions Category III - Disqualification for ten months on second violation

- 1. Failure to ring up a sale of WIC purchases.
- 2. Failure to write the price on a food instrument before the participant signs in plain sight of the participant during the WIC transaction.
- 3. Refusing to accept a valid WIC food instrument from a participant.

- 4. Allowing the substitution of one WIC approved food item listed on the food instrument for another WIC approved food item not listed on the food instrument.
- 5. Failure to repay charges within thirty days.
- 6. Contacting WIC participants for any reason regarding a WIC transaction.
- 7. Requiring participant to pay cash to redeem WIC food instruments, except for personal payments for amounts over the maximum amount of a Cash Value/Fruit and Vegetable Food Instrument.
- 8. Allowing the purchase of any formula other than the one specified on the front of the food instrument.
- 9. Failing to provide a WIC participant with the same courtesies as other customers
- 10. Prices not marked clearly on or near WIC infant formula.
- 11. Allowing WIC food items to exceed the quantity specified on the food instrument (except for manufacturers' or in-store promotional or free items that are offered to all customers.)
- 12. Failure to allow the purchase of any WIC food item.
- 13. Issuing a "rain check"/IOU for WIC approved foods.
- 14. Charging sales tax on a WIC food item other than on the amount that exceeds the value of the Cash Value Fruit and Vegetable Voucher.
- 15. Failure to provide WIC participants with a receipt.
- 16. Failure to check a WIC customer's WIC ID card/folder.

## **Federal Mandatory Sanctions**

If a pattern is required but not established for a Category IV or V violation, then one occurrence of a violation during a covert compliance investigation will be treated as a Category III sanction.

If a vendor previously has been assessed a Mandatory Sanction for any of the violations carrying one, three or six year disqualifications, and receives another sanction for any of these violations, then the second sanction will be doubled. If a civil money penalty is imposed in lieu of disqualification, then the amount of that penalty will be doubled up to the maximum limits per violation.

If a vendor previously has been assessed two or more sanctions for any of the violations carrying one, three or six year disqualifications, and receives another sanction for any of these violations,

then the third sanction and all subsequent sanctions will be doubled. Civil money penalties shall not be imposed in lieu of disqualification for third or subsequent sanctions.

#### Federal Mandatory Sanctions Category IV - Disqualification for one year

- 1. A pattern of providing unauthorized food items in exchange for food instruments or cash value vouchers, including charging for supplemental foods provided in excess of those listed on the food instrument.
- 2. A pattern of an above-50-percent vendor providing prohibited incentive items to customers.

## Federal Mandatory Sanctions Category V - Disqualification for three years

- 1. A pattern of receiving, transacting, or redeeming food instruments or cash-value vouchers outside of authorized channels, such as at locations different from the authorized location listed on the Vendor Agreement, or the use of an unauthorized vendor or an unauthorized person. This includes but is not limited to delivering WIC food items to WIC participants, collecting WIC food instruments prior to completing the WIC transaction or collecting the WIC food instruments prior to the "first date of use" on the food instrument.
- 2. A pattern of providing credit or non-food items (other than alcohol, alcoholic beverages, tobacco products, cash, firearms, ammunition, explosives or controlled substances) in exchange for WIC food instruments or cash-value vouchers.
- 3. A pattern of vendor overcharges.
- 4. A pattern of charging for supplemental food not received by the participant. This includes but is not limited to vendor representatives receiving WIC foods not received by the participants. The WIC participant does not have the authority to give WIC foods to vendor or its representatives and neither does the vendor or its representatives have the authority to accept such WIC food items.
- 5. A pattern of claiming reimbursement for the sale of an amount of a specific supplemental food item which exceeds the store's documented inventory of that supplemental food item for a specific period of time.
- 6. One incidence of providing alcohol or alcoholic beverages or tobacco products in exchange for WIC food instruments or cash-value vouchers.

#### Federal Mandatory Sanctions Category VI - Disqualification for six years

- 1. One incidence of buying or selling WIC food instruments or cash value vouchers for cash (trafficking).
- 2. One incidence of selling firearms, ammunition, explosives, or controlled substances, in exchange for food instruments or cash-value vouchers.

## Federal Mandatory Sanctions Category VII - Permanent disqualification

- 1. Conviction for trafficking in food instruments or cash-value vouchers
- 2. Conviction for selling firearms, ammunition, explosives, or controlled substances in exchange for food instruments or cash value vouchers.

## Additional Notes on Violations

Vendors who commit fraud or abuse in the program are subject to criminal prosecution. Those who have willfully misapplied, stolen or fraudulently obtained program funds will be subject to a fine of not more than \$25,000 or imprisonment for not more than five years, or both, if the value of the funds is \$100 or more. If the value is less than \$100, the penalties are fines of not more than \$1,000 or imprisonment for not more than one year, or both. Georgia WIC will refer all criminal activity including theft and fraud to law enforcement.

When Georgia WIC determines that a vendor has committed a vendor violation that affects payment to the vendor, Georgia WIC will delay payment and establish a claim. In addition to delaying payment and asserting a claim, Georgia WIC may sanction the vendor for vendor overcharges or other errors in accordance with the sanction schedule. Payment of food instruments submitted through the banking system by the vendor will be suspended as of the date of the notice of adverse action pending review by Georgia WIC. The vendor will be instructed to submit all outstanding food instruments to Georgia WIC for review and payment consideration.

# Civil Monetary Penalties (CMP)

Prior to disqualifying a vendor for any mandatory or state agency violations, Georgia WIC must determine if disqualification of the vendor will result in inadequate participant access. Inadequate participant access occurs when there is not another authorized WIC vendor within ten miles of the vendor who has committed the violation. Only when Georgia WIC determines and documents that disqualification of the vendor would result in inadequate participant access, a civil money penalty must be imposed in lieu of disqualification. CMPs will only be assessed for both state and mandatory sanctions in the event of inadequate participant access, as determined by Georgia WIC. The CMP shall not exceed \$11,000 per violation, or \$44,000 for multiple violations occurring during a single investigation.

CMPs must be paid within thirty days of the notice of approval. Installments may be considered up to a maximum of six months. If a vendor does not pay, partially pays, or fails to pay a CMP assessed in lieu of disqualification on time, the Georgia WIC Program will disqualify the vendor for the length of the disqualification corresponding to the to the violation for which the CMP was assessed.

## CMP Methodology for State Agency Sanctions

CMPs will be assessed in lieu of disqualification for State Agency sanctions based on the chart below.

Civil Money Penalty Formula for State Agency Sanctions Based on Six Month WIC Redemption				
Category	For \$0 to \$11,000 in Redemptions (CMP Base Rate)	For Redemption Amount Above \$11,000 (CMP= Base Rate + % of Total Redemption over \$11,000)		
Category I	\$500	\$500 + 1% of redemption over \$11,000		
Category II	\$1,000	\$1,000 + 2% of redemption over \$11,000		
Category III	\$1,500	\$1500 + 3% of redemption over \$11,000		

For State agency Sanctions, the first CMP will be reduced by fifty percent if the vendor presents documented proof that they had an effective training program in place. The vendor must also submit documentation listing the names of the personnel trained and the date of training. This training date must be during the fiscal year and before the disqualification notification.

CMPs cannot exceed \$11,000 per violation or \$44,000 per investigation. If more than one violation is detected during a compliance investigation, a CMP must be imposed for each violation (up to the \$11,000/\$44,000 limits.) Only two CMPs can be assessed against a vendor. CMPs cannot be imposed in lieu of disqualification for third and subsequent sanctions in these categories.

# CMP Methodology for Mandatory Sanctions

For a violation that warrants permanent disqualification, the amount of the CMP shall be \$11,000 for each violation.

For each violation subject to a mandatory sanction, the following formula will be used to calculate the amount of the CMP imposed in lieu of disqualification.

- 1. Determine the vendor's average monthly redemptions for at least the six months ending immediately preceding the month during which the notice of the adverse action is dated.
- 2. Multiply the average monthly redemptions figure by ten percent.
- 3. Multiply the amount from step 2 above by the number of months for which the store would have been disqualified. This is the amount of the civil money penalty, provided that the civil money penalty shall not exceed \$11,000 per violation. The total amount of the CMP assessed for violations that occur during a single investigation may not exceed \$44,000.

If a vendor who received a Categories IV, V or VI sanction receives a second sanction in any of these categories, the second sanction must be doubled. However, CMPs can only be doubled up to the limits stated above. CMPs cannot be imposed in lieu of disqualification for third and subsequent sanctions in these categories.

# ADMINISTRATIVE REVIEW AND APPEAL PROCEDURES

A vendor may appeal certain adverse action(s) imposed by Georgia WIC. Adverse actions a vendor may appeal, as well as Georgia WIC's administrative review procedures are detailed below. Vendors are required to adhere to these procedures if requesting review of an adverse action. After a vendor requests an appeal Georgia WIC will issue a written decision, including the basis for it, within ninety days of the date of receipt of the vendor's request. This timeframe is an administrative timeframe only – it does not provide a basis for overturning an adverse action by Georgia WIC if a decision is not made within the specified timeframe.

If reimbursement is owed to Georgia WIC by the vendor as a result of the adverse action being affirmed after administrative review, neither the vendor nor its affiliates shall be eligible to participate as an authorized WIC vendor until the reimbursement is paid in full. The vendor may not circumvent reimbursement by selling or otherwise making any changes or amendments to its corporate structure that was in place since the time of its initial authorization.

## Procedures for Vendor Administrative Review, Hearings and Appeals

(1) <u>Effective Date of Adverse Actions</u> Unless a later date is specified in the notice of adverse action against a vendor by the State agency, all adverse actions (except denials of vendor authorization and permanent disqualifications which are effective on the date of receipt of the notice) shall be effective fifteen days after the date of the notice of the adverse action. All adverse actions shall remain in effect during the administrative appeal process.

#### (2) Full Administrative Review

- (a) The following adverse actions shall be subject to full administrative review upon timely request by the vendor:
  - (i) denial of authorization based on the application of the vendor selection criteria for minimum variety and quantity of authorized supplemental foods, or on a determination that the vendor is operating a store sold by its previous owner in an attempt to circumvent a sanction, as stated in 7 C.F.R. § 246.12(g)(7);
  - (ii) termination of an agreement for cause;
  - (iii) disqualification; and
  - (iv) imposition of a fine or a civil money penalty in lieu of disqualification.
- (b) These procedures shall be followed in cases meriting full administrative review:
  - (i) The State agency shall give written notice to the vendor of the adverse action, the procedures to follow to obtain full administrative review, the causes for and the effective date of the action. When a vendor is disqualified due in

whole or in part for any of the violations listed in 7 C.F.R § 246.12(l)(1), the notice shall include the following statement: "This disqualification from WIC may result in disqualification as a retailer in SNAP. Such disqualification is not subject to administrative or judicial review under SNAP."

- (ii) A vendor seeking review must send a written request for review to the Commissioner of the State agency within fifteen days from the date of the notice of adverse action, with a copy of the decision to be reviewed and any documents, argument, or information that the vendor contends would justify reversal:
- (iii) Upon receiving a timely request for review, the Commissioner shall refer the case to the Office of State Administrative Hearings (OSAH) for initial decision.
- (iv) The hearing before OSAH shall be conducted in accordance with the Georgia Administrative Procedures Act and the rules of OSAH. In addition, the Administrative Law Judge (ALJ) shall ensure that the vendor is given:
  - (A) Adequate advance notice of the time and place of the administrative review to provide all parties involved sufficient time to prepare for the review:
  - (B) The opportunity to present its case and at least one opportunity to reschedule the administrative review date upon specific request; (C) The opportunity to cross-examine adverse witnesses. When necessary to protect the identity of WIC Program investigators, such examination may be conducted behind a protective screen or other device to conceal the investigator's face and body;
  - (D) The opportunity to be represented by counsel; and (E) The opportunity to examine prior to the hearing the evidence upon which the State agency's action is based.
- (v) The ALJ's determination shall be based solely on whether the State agency has correctly applied Federal and State statutes, regulations, policies, and procedures governing the WIC Program, according to the evidence presented at the review.
- (vi) The Commissioner shall appoint an attorney from the Office of General Counsel as a reviewing official to review the ALJ's initial decision at the request of either party within ten days of the date of the ALJ's initial decision, to ensure that it conforms to approved policies and procedures, and to render the final agency decision in accordance with O.C.G.A. § 50-13-41. If neither party requests that the ALJ's decision be reviewed, then the ALJ's decision shall become the final agency decision thirty days after it was entered.
- (vii) When the ALJ's decision is reviewed at the request of either party, the reviewing official shall provide written notification of the final agency

decision, including the basis for the decision, and the vendor's right to seek judicial review pursuant to O.C.G.A. § 50-13-19, within the time period prescribed by O.C.G.A. § 50-13-41. If the adverse action under review has not already taken effect, the review official's decision shall be effective on the date of receipt by the vendor.

#### (3) Abbreviated Administrative Review

- (a) The following adverse actions shall be subject to abbreviated administrative review upon timely request by the vendor:
  - denial of authorization based on the vendor selection criteria for business integrity or for a current SNAP disqualification or civil money penalty for hardship;
  - (ii) denial of authorization based on the application of the vendor selection criteria for competitive price;
  - (iii) the application of the State agency's vendor peer group criteria and the criteria used to identify vendors that are above-50-percent vendors or comparable to above-50-percent vendors;
  - (iv) denial of authorization based on a State agency-established vendor selection criterion if the basis of the denial is a WIC vendor sanction or a SNAP withdrawal of authorization or disqualification;
  - (v) denial of authorization based on the State agency's vendor limiting criteria;
  - (vi) denial of authorization because a vendor submitted its application outside the timeframes during which applications are being accepted and processed as established by the State agency;
  - (vii) termination of an agreement because of a change in ownership or location or cessation of operations;
  - (viii) disqualification based on a trafficking conviction;
  - (ix) disqualification based on the imposition of a SNAP civil money penalty for hardship;
  - (x) disqualification or a civil money penalty imposed in lieu of disqualification based on a mandatory sanction imposed by another WIC State agency;
  - (xi) a civil money penalty imposed in lieu of disqualification based on a SNAP disqualification; and

- (xii) denial of an application based on a determination of whether an applicant vendor is currently authorized by SNAP.
- (b) These procedures shall be followed in cases meriting abbreviated administrative review:
  - (i) The State agency shall give written notice to the vendor of the adverse action, the procedures to follow to obtain an abbreviated administrative review, the causes for and the effective date of the action;
  - (ii) A vendor seeking review must send a written request for review to the Commissioner of the State agency within fifteen days from the date of the notice of adverse action, with a copy of the decision to be reviewed and any documents, argument, or information that the vendor contends would justify reversal;
  - (iii) Upon receiving a timely request for review, the Commissioner shall appoint a decision-maker who is someone other than the person who rendered the initial decision on the action to review the information provided to the vendor concerning the causes for the adverse action and the vendor's response, and to make a determination based solely on whether the State agency has correctly applied Federal and State statutes, regulations, policies, and procedures governing the Program;
  - (iv) The decision-maker shall provide written notification of the final agency decision, including the basis for the decision, and the vendor's right to seek judicial review pursuant to O.C.G.A. § 50-13-19, within 90 days of the date of receipt of the request for an administrative review. If the adverse action under review has not already taken effect, the decision-maker's ruling shall be effective on the date of receipt by the vendor.

#### (4) Actions not Subject to Administrative Review

The following adverse actions are not subject to administrative review:

- (a) The validity or appropriateness of the State agency's vendor limiting criteria or vendor selection criteria for minimum variety and quantity of supplemental foods, business integrity, and current SNAP disqualification or civil money penalty for hardship;
- (b) The validity or appropriateness of the State agency's selection criteria for competitive price, including, but not limited to, vendor peer group criteria and the criteria used to identify vendors that are above-50-percent vendors or comparable to above-50-percent vendors;
- (c) The validity or appropriateness of the State agency's participant access criteria and the State agency's participant access determinations;

- (d) The State agency's determination to include or exclude an infant formula manufacturer, wholesaler, distributor, or retailer from the list required pursuant to §246.12(g)(11);
- (e) The validity or appropriateness of the State agency's prohibition of incentive items and the State agency's denial of an above-50-percent vendor's request to provide an incentive item to customers pursuant to §246.12(h)(8);
- (f) The State agency's determination whether to notify a vendor in writing when an investigation reveals an initial violation for which a pattern of violations must be established in order to impose a sanction, pursuant to §246.12(l)(3);
- (g) The State agency's determination whether a vendor had an effective policy and program in effect to prevent trafficking and that the ownership of the vendor was not aware of, did not approve of, and was not involved in the conduct of the violation;
- (h) Denial of authorization if the State agency's vendor authorization is subject to the procurement procedures applicable to the State agency;
- (i) The expiration of a vendor's agreement;
- (j) Disputes regarding food instrument or cash-value voucher payments and vendor claims (other than the opportunity to justify or correct a vendor overcharge or other error, as permitted by §246.12(k)(3); and
- (k) Disqualification of a vendor as a result of disqualification from SNAP.

## WHERE TO GET MORE INFORMATION

Georgia WIC has a vendor customer service hotline (toll free in Georgia) available to assist Georgia WIC vendors with any aspect of the WIC Program. The hotline is available Monday through Friday, except State holidays, from 8:00 AM – 5:00 PM Eastern Standard Time (EST). After 5:00 PM and during periods of high volume calling, please leave a voice message.

Georgia WIC Vendor Management Unit 2 Peachtree Street, NW Suite 10-476 Atlanta, Georgia 30303-3142 404-657-2900

Customer service hotline: 1-866-814-5468 (toll free within Georgia)

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write, U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call toll free (866) 632-9992 (Voice) or (202) 260-1026 (local).

TTY users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TTY) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

## GLOSSARY

<u>Above-50 percent vendors</u> – A vendor that derives more than fifty percent of its annual food sales revenue from WIC food instruments, and new vendor applicants expected to meet this criterion under guidelines approved by FNS. New vendors will be assessed within six months of authorization, and all vendors will be assessed annually to determine if they are an above-50% vendor.

<u>Applicant</u> – Anyone deemed associated with the ownership, management or operation of the applicant entity, including owners, officers, partners and, stockholders, registered agents, the immediate family of owners, officers, or partners.

<u>Automatic Clearing House (ACH)</u> – An electronic funds transfer network which enables participating financial institutions to distribute electronic credit and debit entries to bank accounts and to settle such entries.

<u>Administrative Review</u> — A review process offered to vendors attempting to challenge decisions made by the program. Such decisions include, but are not limited to, denial of authorization, disqualification, and termination of the vendor agreement.

<u>Affiliates</u> – Any partner, member, owner, officer, director, employee, relative by blood or marriage, heirs, or assigns.

<u>Annual Training</u> – A yearly mandatory training session for all vendors to receive program updates and reminders, and to ensure their understanding of program updates and reminders.

<u>Authorized Supplemental Foods</u> – Those supplemental foods authorized by Georgia WIC for issuance to a particular participant.

<u>Cash-Value/Fruit and Vegetable Voucher (CVV)</u> – A fixed-dollar amount check, voucher, electronic benefit transfer (EBT) card or other document which is used by a participant to obtain authorized fruits and vegetables.

<u>Civil Money Penalty</u> – A monetary penalty that can be assessed in lieu of a sanction.

<u>Contracted Brand Infant Formula</u> – All infant formulas (except EXEMPT INFANT FORMULAS) produced by the manufacturer awarded the infant formula cost containment contract.

<u>Corporate Vendor</u> – A WIC authorized vendor that has the more than one store with the same FEIN. The term does not mean that the vendor is an incorporated entity.

<u>Covert Compliance Investigation or Compliance Buy</u> – An undercover, onsite investigation in which a representative of the WIC Program poses as a participant, parent, or caretaker of an

infant or child participant, or proxy, transacts one or more food instruments, and does not reveal during the visit that he or she is a program representative.

<u>Customized Training</u> – Training that vendors can request to suit their specific training needs.

<u>Days</u> – Calendar days, unless otherwise noted.

<u>Delivery</u> – The act of transferring a product from a seller to its buyer outside the confines of the retail food establishment.

<u>Disqualification</u> – The act of ending the Program participation of a participant, authorized food vendor, or authorized State or local agency, whether as a punitive sanction or for administrative reasons (e.g. termination of vendors from Georgia WIC for program violations.)

<u>Documentation</u> – The presentation of written documents which substantiate statements made by a WIC applicant or participant or a person applying on behalf of an applicant.

**Exempt Infant Formula** – An infant formula that meets the requirements for an exempt infant formula under section 412(h) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 350a(h)) and the regulations at 21 C.F.R. parts 106 and 107.

<u>Federal Mandatory Vendor Sanction</u> – A sanction required by federal law for a vendor's violation of the WIC Vendor Agreement or the laws, regulations, rules, and policies governing the WIC program, imposed pursuant to 7 C.F.R. 246.12(l) (1).

<u>First date of use</u> – The first date on which the food instrument may be used to obtain supplemental foods.

<u>Food Instrument</u> – A voucher, check, electronic benefits transfer (EBT) card, coupon or other document which is used by a participant to obtain supplemental foods.

<u>Food Sales</u> – Sales of all Supplemental Nutrition Assistance Program (SNAP) - eligible foods intended for home preparation and consumption, including meat, fish, and poultry; bread and cereal products; dairy products; fruits and vegetables. Food items such as condiments and spices, coffee, tea, cocoa, and carbonated and noncarbonated drinks may be included in food sales when offered for sale along with foods in the categories identified above. Food sales do not include sales of any items that cannot be purchased with SNAP benefits, such as hot foods or food that will be eaten in the store.

<u>Food Sales Establishment License</u> – A license granted by the Georgia Department of Agriculture which permits the retail food vendor to sell food items.

<u>High-Risk Vendor</u> – A vendor identified as having a high probability of committing a vendor violation through application of the criteria established in § 246.12(j)(3) and any additional criteria established by Georgia WIC.

<u>Inadequate Participant Access</u> – Not another WIC authorized vendor within ten miles of another WIC authorized vendor.

<u>Inventory</u> – Supplemental foods in stock, received, and issued.

<u>Inventory audit</u> – The examination of food invoices or other proofs of purchase to determine whether a vendor has purchased sufficient quantities of supplemental foods to provide participants the quantities specified on food instruments redeemed by the vendor during a given period of time.

<u>Last Date of Use</u> – The last date on which the food instrument may be used to obtain authorized supplemental foods.

<u>Minimum Inventory</u> – Required inventory that all vendors must carry everyday at all times, including, but not limited to, fruits and vegetables, and whole grains. Pharmacies are exempt from keeping minimum inventory.

<u>Non-Contract Brand Infant Formula</u> – All infant formula, including exempt infant formula, that is not covered by an infant formula cost containment contract awarded by that State agency.

<u>Non-Corporate Vendor</u> – A WIC authorized vendor that has only one store or a vendor with more than one store, each with a different FEIN. The term does not mean that the vendor is not an incorporated entity.

<u>Non-WIC Inventory</u> – Food items that are not a part of the WIC minimum inventory or the WIC Approved Foods List.

<u>Participants</u> – Persons who are receiving supplemental foods or food instruments under the WIC Program, such as pregnant women, breastfeeding women, postpartum women, infants and children, and the breastfeed infants of participant breastfeeding women.

<u>Pharmacy Vendor</u> – A WIC authorized vendor that is allowed to redeem only exempt or special infant formulas, including medical foods. All WIC approved Pharmacy Vendors who shall redeem only exempt or special infant formulas, including medical foods must be licensed by the Georgia State Board of Pharmacies to provide prescription drugs and special medical foods in Georgia.

<u>Pre Approval Visit</u> – An on-site visit to a vendor's retail food establishment to verify location, inventory, and all other information submitted on the vendor application.

<u>Price Adjustment</u> – An adjustment made by Georgia WIC, in accordance with the vendor agreement, to the purchase price on a food instrument after it has been submitted by a vendor for redemption to ensure that the payment to the vendor for the food instrument complies with Georgia WIC's price limitations.

<u>Proxy</u> – Any person designated by a woman WIC participant, or by a parent or caretaker of an infant or child WIC participant, to obtain and transact food instruments or to obtain supplemental foods on behalf of a WIC participant.

<u>Purchase price</u> – A space for the purchase price to be entered on the WIC food instrument.

<u>Offense or Violation</u> – An act against the programs rules, regulation, policies or procedure.

<u>Routine Monitoring</u> – Overt, on-site monitoring during which program representatives identify themselves to vendor personnel.

**Redemption** – The act of cashing the WIC food instrument according to WIC banking standards.

<u>Redemption period</u> – The date by which the vendor must submit the food instrument for redemption. This date must be no more than sixty days from the first date on which the food instrument may be used.

<u>Sanction</u> – A penalty that is imposed when WIC program rules, regulations, policies or procedures are violated.

<u>Sign or Signature</u> – A handwritten signature on paper or an electronic signature.

<u>State agency</u> – The health department or comparable agency of each state. In this instance, the Georgia Department of Public Health, Maternal and Child Health Program, Office of Nutrition and WIC.

<u>Supplemental Nutrition Assistance Program (SNAP)</u> – SNAP is the new name for the federal Food Stamp Program.

<u>Termination</u> – Discontinuance of vendor participation in the Georgia WIC program.

<u>Vendor</u> – A sole proprietorship, partnership, cooperative association, corporation, or other business entity operating one or more stores authorized by Georgia WIC to provide authorized supplemental foods to participants under a retail food delivery system. Each store operated by a business entity is considered to be a separate vendor and must be authorized separately from other stores operated by the business entity. Each store must have a single, fixed location. Mobile stores are authorized in Georgia only when necessary to meet the special needs described in the Georgia WIC State Plan in accordance with § 246.4(a)(14)(xiv).

<u>Vendor Authorization</u> – The process by which Georgia WIC assesses, selects, and enters into agreements with stores that apply or subsequently reapply to be authorized as vendors.

<u>Vendor Number</u> – A unique four digit number that is used to identify each vendor authorized to provide WIC food items. Redemption activity must be identified by the vendor that submitted the food instrument, using the vendor number. Each vendor operated by a single business entity must be identified separately.

<u>Vendor Peer Group System</u> – A classification of authorized vendors into groups based on common characteristics or criteria that affect food prices, for the purpose of applying appropriate

competitive price criteria to vendors at authorization and limiting payments for food to competitive levels.

<u>Vendor Overcharge</u> – Intentionally or unintentionally charging Georgia WIC more for authorized supplemental foods than is permitted under the vendor agreement. It is not a vendor overcharge when a vendor submits a food instrument for redemption and Georgia WIC makes a price adjustment to the food instrument.

<u>Vendor Selection Criteria</u> – The criteria established by Georgia WIC to select individual vendors for authorization consistent with the requirements in § 246.12(g)(3) and (g)(4).

**Vendor Training** – The procedures Georgia WIC will use to train vendors in accordance with 7 C.F.R 246.12(i). Georgia WIC will provide training annually to at least one representative from each vendor. Vendor Applicants will receive training at the time of authorization. Participating Vendors will receive re-authorization training at least once every three years in an interactive format.

<u>Vendor Violation</u> – Any intentional or unintentional action of a vendor's paid or unpaid owners, officers, managers, agents, or employees (with or without the knowledge of management) that violates the vendor agreement or Federal or State statutes, regulations, policies, or procedures governing the Program.

<u>WIC</u> – The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) authorized by section 17 of the Child Nutrition Act of 1966, as amended (42 U.S.C. §1786).

<u>WIC-eligible medical foods</u> – Certain enteral products that are specifically formulated to provide nutritional support for individuals with a qualifying condition, when the use of conventional foods is precluded, restricted, or inadequate. Such WIC eligible medical foods must serve the purpose of a food, meal or diet (may be nutritionally complete or incomplete) and provide a source of calories and one or more nutrients; be designed for enteral digestion via an oral or tube feeding; and may not be a conventional food, drug, flavoring, or enzyme. WIC eligible medical foods include many, but not all, products that meet the definition of medical food in Section 5 (b)(3) of the Orphan Drug Act (21 U.S.C 360ee(b)(3)).

# **GEORGIA WIC PROGRAM VENDOR AGREEMENT**

Full Legal Name of Store or Corporation				
Doing Business As (If applicable)				
Street Address Store location or corporate home office				
City		State	Zip	
Business Telephone	(Area Code)	Number	County	
Mailing Address (If different from above)				
City		State	Zip	
Email Address				
Fax Number				
Federal Employer Identif	ication Number			
Registered Agent				
(If applicable) Mailing Address				
City		State	Zip	
NOTE: All communications, i.e. disqualification training, etc. will be mailed to all listed addresse.		ıl		
	DO N	NOT WRITE BELOW TH	S LINE	
	GEOR	GIA WIC PROGRAM US WIC VENDOR NUME		
	(N	on-corporate vendors	s only)	
for Women, In address of Tw	fant and Children o Peachtree Stree ned business entit	("Georgia WIC " or the t NW, Suite 10-476, y ("the Vendor"). This	cial Supplemental Nutrition Program ne "Program") having a mailing Atlanta, Georgia, 30303-3142, and s agreement is effective for the and ending <b>September 30</b> ,	

VM-91

Vendor Agreement – non corporate Rev. 8/13/13 mns

## I. PURPOSE

The purpose of this agreement is to establish the terms and conditions for an authorized vendor to sell prescribed supplemental foods under the Georgia WIC Program, in accordance with federal and state laws and regulations.

#### II. VENDOR ELIGIBILITY AND LOCATION

- A. An eligible vendor is a business entity that is 1) licensed by the Georgia Department of Agriculture and, 2) without a debarment or suspension from United States Department of Agriculture. Military commissaries and pharmacies do not have to be licensed by the Georgia Department of Agriculture.
- B. An eligible vendor is a business entity that is 1) registered and licensed by the United States Department of Agriculture Food & Nutrition Service as a retail participant in the Supplemental Nutrition Assistance Program or SNAP (formally the Food Stamp Program) and 2) is in good standing without debarment or suspension from the United States Department of Agriculture or the SNAP program. Military commissaries and pharmacies do not have to be SNAP participants.
- C. An eligible vendor must have a fixed location with an official physical address.
- D. For corporate vendors owning two (2) or more locations, the requested information for each location must be listed on the Corporate Attachment (Form 3771A) and made part of the agreement. The corporate attachment form is an addendum to the corporate vendor agreement. The attachment form serves as verification that the location listed is the authorized location at which WIC vouchers are to be redeemed. Vendors are not permitted to redeem vouchers in a location other than the authorized location listed in the vendor agreement or corporate attachment.
- E. An eligible vendor must meet all requirements as described in the most recent version of the Georgia WIC Program Vendor Handbook and all addendums.
- F. The vendor must comply with the selection criteria (including any changes to those criteria, throughout the agreement period. The Georgia WIC Program may reassess any authorized vendor at any time during the vendor agreement period using the current vendor selection criteria, and will terminate the agreement if the vendor fails to meet those criteria.
- G. A vendor authorized as a military commissary, pharmacy or corporate vendor will be given certain exceptions to this agreement. The exceptions are outlined in this Agreement and the Georgia WIC Program Vendor Handbook.

### III. RESPONSIBILITIES – VENDOR

The Vendor agrees to comply with the provisions of this agreement and all federal and state laws, policies, procedures, rules and regulations, including those contained in the most recent publication of the Vendor Handbook and State Plan of Program Operation and Administration, and any subsequent revisions to the policies, procedures, laws, rules and regulations issued by the federal government and the Georgia WIC Program during the agreement period. This Agreement will be interpreted according to the laws of the state of Georgia.

### A. THE VENDOR AGREES AND COVENANTS:

- 1. To be fully accountable for the actions of its paid or unpaid owners, officers, managers, agents and employees, including any vendor violations committed by such persons.
- 2. To abide by the rules, policies and procedures as outlined in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums, and all federal and state laws and regulations.
- 3. To not solicit the WIC customer on the premises of WIC clinics.
- 4. To only purchase infant formula, that will be redeemed for WIC vouchers, from the Approved Infant Formula Supplier list. Records of the infant formula purchase must be maintained according to Section III.J.4 of this Agreement.
- 5. To submit total food sales and gross sales revenue records, and any other records or information needed to validate total food sales and gross sales, as requested by the Georgia WIC Program, and to complete and submit, upon request, any authorization documents pertaining thereto.
- 6. To not use the WIC acronym, the WIC logo or close facsimiles thereof, in total or in part, either in the official name in which the vendor is registered or under the name in which it does business; or in any unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store.
- 7. To carry a substantial amount of non-WIC food inventory at all times. The vendor must carry the minimum amount of items in each category as specified in the Vendor Handbook.
- 8. To comply with the vendor selection criteria throughout the agreement period, including any changes to the criteria.
- 9. To not offer, advertise, promise or indicate an intention to provide incentives to WIC participants. Vendors who use advertisements or incentives to solicit the business of WIC participants, or offer incentives or delivery services will be subject to sanctions as explained in this Vendor Agreement and the Vendor Handbook. Incentives include but are not limited to free or complimentary gifts, home delivery of foods, store memberships, and free or discounted services.
- 10. To prominently display in plain sight the poster provided by the Georgia WIC Program indicating that the store welcomes or accepts WIC
- 11. To submit all records, or information requested by Georgia WIC within the timeframe for compliance and to sign any authorization

documents requesting the release of information or documents directly to the Georgia WIC Program.

### **B. VENDOR TRAINING**

Prior to accepting WIC vouchers, the vendor or his authorized representative must receive interactive authorized training. The vendor must also participate in annual training on changes and updates on the Georgia WIC Program policies and procedures. The Georgia WIC Program will provide the date, time and location of the training, and will provide vendors with at least one alternative date on which to attend interactive training. The vendor may submit a written request for the Georgia WIC Program to provide subsequent customized training to store personnel at any time after both parties have signed the agreement.

The vendor agrees and covenants:

- 1. To participate in all required training, including annual training.
- 2. To provide training on the requirements of the WIC program to paid and unpaid employees, agents and all personnel involved in WIC transactions.
- 3. To not participate in the Georgia WIC Program until Authorized Training has been completed and a vendor stamp has been issued.
- 4. To not participate in the Georgia WIC Program until the vendor has received a passing score of eighty points or higher on the Post Vendor Training Evaluation.
- 5. For vendors with multiple locations that have separately been authorized to participate in the WIC program, to provide documentation that a management representative(s) from each authorized store location has been trained on the required topics as listed on the Corporate Vendor Training Checklist (Form 3757A), (Corporate vendors only).

### C. NO SUBSTITUTIONS, CASH, REFUNDS, OR EXCHANGES

The vendor agrees and covenants:

- To only charge for authorized supplemental foods selected by the WIC customer as listed on the food instrument or cash value/fruit and vegetable voucher, and not charge for WIC approved items that are not received by the WIC customer.
- 2. To not provide unauthorized food items, non-food items, cash or credit (including rain checks) in exchange for food instruments or cash value/fruit and vegetable vouchers.
- 3. To not provide refunds or permit exchanges for authorized supplemental foods obtained with food instruments or cash-value vouchers, except for exchanges of the same brand and size when the original authorized supplemental food item is defective, spoiled, recalled or has exceeded its "sell by" or "best if used by" or other date limiting the sale or use of the food item.
- 4. To provide only the authorized infant formula which the vendor has obtained pursuant to paragraph (4) of Section III.A of this agreement, to participants in exchange for food instruments for infant formula.

### D. FOOD **INSTRUMENT** TRANSACTIONS

The vendor agrees and covenants:

- To accept food instruments and cash-value vouchers only from WIC participants, parents or caretakers of infants and child participants, or proxies (the "WIC customer").
- To ensure that WIC food instrument transactions are processed in accordance with the procedures set forth in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
- 3. To not demand that a WIC customer purchase every eligible WIC food item listed on the voucher.
- 4. To allow WIC customers the right to purchase the eligible foods of their choice as listed on the WIC food instrument, cash value voucher and the approved food list.
- 5. To ensure that the purchase price is entered on food instruments and cash-value vouchers in accordance with the procedures governing the processing of WIC food instruments in the most recent publication of the Vendor Handbook. The purchase price must include only the authorized supplemental food items actually provided and must be entered on the food instrument or cash-value voucher in plain sight of the WIC customer during the WIC transaction.
- 6. To ensure that the WIC customer signs the food instrument or cashvalue voucher in the presence of the cashier.
- 7. To only allow the purchase of supplemental foods listed on the food instrument and cash value/fruit and vegetable voucher.
- 8. To offer the WIC customer the same courtesies offered to all other customers.
- 9. To ensure that all information including the identity of the WIC customer is kept confidential, in accordance with federal and state law and regulation.
- 10. To ensure that the Georgia WIC Program is not being charged for foods not received by the participant.
- 11. To not charge the WIC customer for authorized supplemental foods obtained with food instruments or cash-value vouchers.
- 12. To not contact or seek restitution from the WIC customer for WIC food vouchers not paid or partially paid by the Georgia WIC Program.
- 13. To not request cash from the WIC customer for any WIC transaction except for transactions involving the cash value/fruit and vegetable vouchers, for which the total amount of the transaction exceeds the amount on the voucher.
- 14. To not provide the WIC customer with unauthorized food or non-credit food items, rain checks/IOUs, credit slips, due bills or other similar receipts for WIC foods not obtained at the time of the purchase.
- 15. To allow the WIC customer to participate in in-store and/or manufacturer promotions that include WIC approved food items. This includes 'buy one, get one or more free' promotions.
- 16. To not collect sales tax on authorized WIC food purchases, except on the purchase amount that is in excess of the amount on a cash value/ fruit and vegetable voucher, if applicable.

- 17. To not charge the WIC customer or the Georgia WIC Program for bank fees or other fees related to food instrument redemption.
- 18. To allow the WIC customer to use their own funds in excess of the monetary limits for their cash value/fruit and vegetable voucher.
- 19. To not issue cash change to a WIC customer for purchases less than the total value of the cash value/fruit and vegetable voucher.
- 20. To only use the cash value/fruit and vegetable voucher for fruit and vegetable purchases.
- 21. To enroll in the Automatic Clearing House upon authorization for the payment of WIC vouchers that exceeds the maximum allowable price.
- 22. To provide a single account number to which all WIC vouchers will be deposited.

### E. PRICING

The vendor agrees and covenants:

- 1. To clearly mark the price of WIC foods on the item, container, shelf or sign near the WIC food item.
- 2. To provide each WIC food item at or below the current shelf price.
- To not accept WIC food instruments or cash value/fruit and vegetable vouchers before the "First Date to Use" or after the "Last Date to Use" as printed on the food instrument.
- 4. To submit vouchers to the bank for payment within sixty days from the "First Date to Use" as indicated on each food instrument.
- 5. To submit food instruments and cash-value vouchers for redemption in accordance with the redemption and voucher payment procedures outlined in the most recent version of the Vendor Handbook.
- 6. To accept an adjustment in the amount written in the "pay exactly" box of the WIC food instrument submitted for redemption if the amount exceeds the statewide and/ or peer group Maximum Allowable Prices or Maximum Allowable Reimbursement Level.
- 7. To remain price-competitive throughout the agreement period. If the vendor is identified as non-competitive for three additional assessments for a total of four (4) failed assessments within a twelvementh period or less, the vendor agreement will be terminated.

### F. OVERCHARGING

The vendor agrees and covenants:

To not overcharge the WIC customer or the Georgia WIC Program by charging more than the vendor's current shelf price for a WIC approved food item(s), or charging a WIC participant more for food than a non WIC customer.

### G. VENDOR COST CONTAINMENT

The Georgia WIC Program is responsible for ensuring that the WIC program pays all vendors competitive prices for supplemental foods. The Georgia WIC Program implemented a cost containment plan to identify and manage vendors who derive more than 50 percent of their annual food revenue from WIC food instruments.

The Georgia WIC Program will conduct an annual assessment of each current vendor to determine if they derive more than 50 percent of their food revenue from WIC food instruments. New vendors will be assessed within six months after enrollment to determine if they derive more than 50 percent of their food revenue from WIC food instruments. If the Georgia WIC Program determines that the vendor derived more than 50 percent of its food revenue from WIC, the vendor will be assigned to peer group G.

If upon reassessment the Georgia WIC Program reassigns a vendor to a peer group offering a lower level of reimbursement in error, and on appeal the vendor is restored to their original peer group, damages to the vendor will be limited to the difference between the reimbursement they should have the received, and the reimbursement actually received.

### H. NON-DISCRIMINATION

In accordance with federal law and U.S. Department of Agriculture (USDA) policy, all organizations that participate in the WIC program are prohibited from discriminating or denying benefits or participation to any person on the grounds of race, color, national origin, age, sex or handicap.

### I. CHANGE OF OWNERSHIP, LOCATION OR CESSATION OF OPERATION

The vendor agrees and covenants:

- To submit, upon request, to the Georgia WIC Program proof of ownership, identity and any other requested documents, (e.g. articles of incorporation, bill of sale, partnership declaration, evidence of sole proprietorship, social security card, driver's license, etc.)
- 2. To notify the Georgia WIC Program in writing at least twenty-one days in advance of any change in location or other information (including but not limited to the name of the store and telephone number), change in ownership or cessation of business operations.

### J. PERFORMANCE COMPLIANCE AND CONFLICT OF INTEREST

The vendor agrees and covenants:

- 1. To be monitored for compliance with program requirements.
- To permit unannounced visits by federal or state agency representatives to review adherence to federal and state laws and the Georgia WIC Program policies and procedures.
- 3. To provide access to WIC food instruments and cash value/fruit and vegetable vouchers on hand, inventory records (invoices) and any other business records during a monitoring visit or inventory audit by any authorized federal or state agency representative.
- To maintain records used for federal tax reporting purposes, inventory records including purchase and sales invoices and receipts, and all other records related to WIC transactions and

- participation in the WIC program for the three previous years and the current year, or until pending investigations are completed, if longer.
- 5. To disclose any potential or actual conflict of interest between the vendor and the Georgia WIC Program or its employees.
- To not engage in any activity with the WIC customer that would create a conflict of interest, as determined by the Georgia WIC Program. This includes, but is not limited, acting as a proxy for the WIC customer.
- 7. To not attempt to circumvent a sanction(s) by selling, assigning or otherwise transferring ownership to any person including the vendor's partners, members, owners, officers, directors, employees, relatives by blood or marriage, heirs or assigns.

### K. VENDOR SANCTION SYSTEM AND VENDOR CLAIMS

The vendor agrees and covenants:

- 1. To pay any claim assessed by the Georgia WIC Program if the Georgia WIC Program determines that vendor has committed a violation affecting payment to the vendor (such as overcharging), and delays payment or assesses a claim.
- To pay claims and penalties levied for audit citations and for sanctions levied pursuant to this agreement and the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.

### L. STATE PROPERTY

The vendor agrees and covenants:

- 1. To return the vendor stamp(s) to the Georgia WIC Program upon termination, change of ownership or disqualification.
- 2. To report lost, stolen or damaged vendor stamps to the Georgia WIC Program immediately.
- 3. To not reproduce the vendor stamp.

### IV. RESPONSIBILITIES – GEORGIA WIC PROGRAM

The Georgia WIC Program agrees to adhere to federal and state laws, policies, procedures, rules and regulations, including the most recent publication of the Vendor Handbook and all addendums.

Any subsequent revisions to the policies, procedures, laws, rules and regulations that relate to the Georgia WIC Program issued by the federal government are hereby made a part of this agreement.

Georgia WIC Program further agrees:

- A. To provide the vendor with the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
- B. To ensure that WIC customers are informed of the proper food instrument redemption procedures and the correct use of WIC food instruments.

- C. To notify the vendor of new program requirements set forth by the U.S. Department of Agriculture regulations and the Georgia WIC Program.
- D. To provide training for the vendor on policies and procedures of the Georgia WIC Program, at a time, place and in a manner prescribed by the Georgia WIC Program.
- E. To monitor and audit vendors for possible violations of the Georgia WIC Program rules, regulations, policies or procedures.
- F. To enforce rules, regulations, policies and procedures of the Georgia WIC Program through a system of claims, penalties, and/or sanctions as described in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
- G. To provide appropriate written notice of intent or reason(s) to terminate this agreement.
- H. To notify the vendor of the right to appeal those adverse actions that are appealable.
- I. To provide payment for food instruments validly redeemed and submitted to the Georgia WIC Program as prescribed in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
- J. To deny payment for food instruments that are fraudulent or improperly completed, redeemed or submitted.
- K. To delay payment or establish a claim when it determines the vendor has committed a vendor violation that affects payment to the vendor.
- L. To notify vendor of stolen vouchers. Stolen vouchers may not be redeemed.
- M. To maintain an up-to-date listing of Approved Infant Formula retailers, wholesalers, manufacturers and distributors that authorized vendors must use to purchase infant formula.

### V. TERMINATION OF THE VENDOR AGREEMENT

**Summary Termination.** The Georgia WIC Program will immediately terminate this agreement if it determines that the vendor provided false information or made a material omission in connection with its application for authorization or re-authorization.

**Termination Upon Notice.** The Georgia WIC Program may terminate the vendor agreement for cause after providing at least 15 days advance written notice. Reasons for termination **may include**, **but are not limited to, the following**:

- 1. Voluntary withdrawal from the WIC program.
- 2. The decision to sell the store.
- 3. Expiration of the agreement without a new application being submitted.
- 4. Civil Money Penalty imposed by SNAP in lieu of disqualification.
- 5. Use of the WIC acronym, WIC logo, or close facsimiles thereof, in total or in part, in a manner that violates the provisions of this agreement and the vendor handbook.
- 6. Accepting food instruments through the mail or mailing any approved formula/medical foods directly to the WIC customer.
- 7. Failure to complete and submit documentation for annual training by the deadline specified by the Georgia WIC Program.

- 8. Failure to provide the Georgia WIC Program with written notice of a change in the vendor's business within at least twenty-one days in advance of the change (including but is not limited to a change in ownership, name, location, corporate structure, sale or transfer of the business, or cessation of operation.)
- 9. Two failed attempts by the Georgia WIC Program to contact the vendor during business hours at the vendor's reported address and telephone number.
- 10. Determination that the vendor's SNAP license is invalid or not current.
- 11. Intentionally providing false information or vendor records, other than information or records provided in connection with a vendor application for authorization or re-authorization.
- 12. Failure to provide food instruments, inventory records, food sales or tax information upon request.
- 13. Failure to allow monitoring by WIC representatives, or harassing or threatening any WIC representative.
- 14. Forging a participant's signature on a WIC food instrument.
- 15. Reproducing the WIC vendor stamp.
- 16. Identification by the Georgia WIC Program of a conflict of interest as defined by applicable state laws, regulations, and policies, between the vendor and the Georgia WIC Program or its local agencies.
- 17. Failure to enroll in ACH within the time specified.
- 18. Four failed assessments for non-competitive prices within a 12-month period or less.
- 19. Providing prohibited incentive items as part of a WIC transaction, in a manner that violates the provisions of this agreement and the vendor handbook.
- 20. Failure to meet the selection criteria in effect at the time of assessment at any time throughout the agreement period.
- 21. Less than \$2,000 in annual WIC redemptions or failure to redeem any WIC food instruments in sixty days.
- 22. Violation of any federal or state law or regulation, or terms of the WIC Vendor Agreement or Vendor Handbook not otherwise covered by the sanction system.

After being terminated from the Georgia WIC Program, the vendor will not be automatically reinstated as an authorized WIC vendor. The vendor may re-apply no sooner than one year after being terminated from the Georgia WIC Program. To re-apply, the vendor must complete the application process in its entirety.

In the event a termination is overturned on appeal, the Georgia WIC Program shall not be liable for consequential damages, including but not limited to lost profits and attorney's fees.

### VI. SANCTIONS

Any authorized WIC vendor found to be in violation of federal regulations or the Georgia WIC Program policy will be assessed a sanction consistent with the severity and nature of the violation, in accordance with the Georgia WIC Program sanction schedule. Vendor violations means any intentional or unintentional action of a vendor's current owners, officers, managers, agents, or paid or unpaid employees (with or without the knowledge of management) that violates the WIC

Vendor Agreement or Federal or State statutes, regulations, policies or procedures governing the Program.

There are seven categories of sanctions, three categories of State agency sanctions and four categories of federal mandatory sanctions. State agency sanctions are established by Georgia WIC program representatives and have been approved by the United States Department of Agriculture (USDA) prior to implementation. State agency sanctions include disqualification, and civil money penalties assessed in lieu of disqualification in the event of inadequate participant access. Federal mandatory sanctions are established by the USDA. Both State agency and Federal mandatory sanctions must be enforced when violations occur.

The vendor is required to abide by the provisions of the current Georgia WIC Program Vendor Handbook, as amended, including the sanction schedule outlined therein. The vendor will be sanctioned for program violations according to the version of the handbook and all amendments in effect at the time the violation occurs.

The Georgia WIC Program will notify the vendor in writing when an investigation reveals an initial incidence of a violation for which a pattern of incidences must be established in order to impose a sanction, before another such incidence is documented, unless the Georgia WIC Program determines, in its sole discretion, on a case by case basis, that notifying the vendor would compromise the investigation.

If there is credible evidence that the vendor has committed fraud or abuse in excess of \$1000 or other major criminal activity has occurred, the Georgia WIC Program will immediately advise the USDA Food and Nutrition Service Regional Office, which will refer the case to the appropriate USDA Office of the Inspector General Regional Office.

Disqualification from the WIC program may result in disqualification as a retailer in the Supplemental Nutrition Assistance Program. Such disqualification may not be subject to administrative or judicial review under SNAP.

### VII. SANCTIONS/VIOLATIONS FROM PREVIOUS AGREEMENT PERIODS

**Sanctions**. Any sanctions that are in the vendor's record at the time of reauthorization will remain on the vendor's record for the period of time specified when the sanction was issued. Prior year's sanctions may result in a denial of the authorization of the application and/or additional sanctions up to and including disqualification, in accordance with the most recent Georgia WIC Program Vendor Handbook and all addendums.

**Violations**. Pending and/or potential violations, that exist at the time of reauthorization will accrue and may result in sanctions up to and including disqualification, in accordance with the most recent Georgia WIC Program Vendor Handbook and all addendums.

### VIII. CRIMINAL PENALTIES

The vendor will be subject to criminal prosecution under applicable federal, state or local law for fraud or abuse in the program. Those who have willfully misapplied, stolen or fraudulently obtained program funds will be subject to a fine of not more than twenty-five thousand dollars or imprisonment for not more than five years, or both, if the value of the funds is one hundred dollars or more. If the value is less than one hundred dollars, the penalties are fines of not more than one thousand dollars or imprisonment for not more than one year, or both. The Georgia WIC Program will refer all criminal activity including theft, fraud and embezzlement to local law enforcement.

### IX. ADVERSE ACTIONS AND REVIEW PROCEDURES

Information on adverse actions the vendor may appeal, adverse actions that are not subject to administrative review, as well as Georgia WIC's administrative review procedures are found in the Section 511-8-1-.06 of the Rules and Regulations of the State of Georgia and the most recent publication of the Vendor Handbook. The vendor agrees to abide by said provisions if requesting review of an adverse action.

### X. <u>SEVERABILITY</u>

If any one provision of this agreement or form attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this agreement.

### XI. RENEWABILITY

This agreement is not renewable. If the vendor wishes to continue to be authorized beyond the current agreement period, the vendor must re-apply for authorization.

### XII. NON – TRANSFERABILITY

This agreement is not transferable.

### XIII. MISCELLANEOUS

The vendor certifies, through the signature of the owner, or an authorized representative below, that he or she understands and accepts all terms of this agreement. The individual signing this agreement certifies that they are authorized to sign the agreement on behalf of the vendor.

This agreement becomes valid only upon the signature of an authorized representative of the Georgia WIC Program and upon receipt, by the vendor, of an executed copy along with vendor stamps for each authorized location.

This agreement does not constitute a license or property interest. If the vendor wishes to continue to be authorized beyond the period of this agreement, the vendor must apply for re-authorization. If the vendor is disqualified, the Georgia

### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment VM-4 (cont'd)

WIC Program will terminate this agreement, and the vendor will have to re-apply to be authorized after the disqualification period is over. The vendor's new application will be subject to the vendor selection criteria and any vendor limiting criteria in effect at the time of re-application.

The Georgia WIC Program Vendor Handbook is part of this agreement, and is incorporated by reference.

### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment VM-4 (cont'd)

### **VENDOR SIGNATURE**

Signature of Authorized Representative (no initials)	First	Middle	Last	Date
Authorized Representative (Type or Print) (no initials)	First	Middle	Last	Date
(Type of Trink) (Ne miliale)				
Title (Type or Print)				
	DO NOT WRI	TE BELOW THI	S LINE	
	GEORGIA WIC	PROGRAM US	E ONLY	
<u>G</u>	EORGIA WIC P	ROGRAM SIGN	<u>IATURE</u>	
Signature			Date	
Authorized Representative	(Type or Print)			
Title (Type or Print)				

### **GEORGIA WIC PROGRAM CORPORATE ATTACHMENT FORM**

FOR GEORGIA	WIC (GW) USE O	NLY									
District/Unit		Vendor Number		Peer G	roup						
Date Received											
	0.48.	VM:	VD:								
Date Approved	QAS:										
Date Denied	QAS:	VM:	VD:								
Reason Denied											
Processed By											
A. Is this store	expected to deriv	ve more than 50% of its ar	nual food sal	es from the s	ale of						
A. Is this store expected to derive more than 50% of its annual food sales from the sale of WIC approved foods? (Food sales mean foods that are eligible items under SNAP.)											
B. Is this form	submitted due to	a change in the store's loo	cation?			☐ Yes ☐ No					
E. Will this sto	ore sell medical for	mula and special medical	foods only?			Yes No					
		STORE INC	NTIFICATION	1							
Full Legal Name	of Corporation	STORE IDE	NTIFICATION	N.							
· ·	•			Store		WIC					
Full Legal Name	of Store			Number		Vendor No.					
Store Contact				Title							
Address				County							
City			State			Zip					
•						_ '					
Business Teleph		a Code) Number		Fax	(Area	Number					
Mailing Address					Code)						
(If Different Fron				County							
City			State			Zip					
Store Contact ar	nd Title										
	_	Naı	me			Title					
E-mail Address					Footage (						
(Required)	_			(IIICIUC	ing storag						
		LICE	NSING								
Federal Employe	er Identification Nu	ımber (FEIN)									
SNAP Authoriza	tion Number (Req	uired For									

COST CONTAINMENT,	INVENTORY, AND PRICE LIST
Food Sales Establishment License Number	
Date store representative received WIC Authorization Tra (Form #3757A – Corporate Training Checklist is requi	
purchase of all items intended for sale in their stores	eipts, bills of lading or recent invoices which depict the upon request. This includes WIC food items, non-WIC food. Failure to submit the requested documentation within 10 endor application.
A. What is the estimated percent of annual <b>food</b> payment? Total must equal 100%	sales you anticipate deriving from the following types of
Cash/Personal Checks% Debit/Credit Cards% Food Stamps% WIC Food Instruments% Total 100%	
B. What is the estimated total amount of WIC red the WIC Program? (Provide a monetary amount,	lemptions you expect to redeem in the first year of participation in , not a percentage)? \$
your store earned for the past 12 months, or is exonly if you do not have actual sales figures for the twelve months, provide actual gross sales. Check	box (Actual or Estimated) and provide the annual gross sales expected to earn in the next 12 months. Report estimated sales a most recent tax year. If the store has been in operation for the sales figure you are providing. If giving estimated sales, at is equal to one month times 12. You may be required to gures are available.
Actual Gross Sales \$	For tax year
Estimated Gross Sales \$	For tax year
than WIC Approved Foods. These items are considered	All vendors (pharmacies excluded) must carry food items other
condiments, spices, tea, coffee, or carbonated and un-ca	,
condiments, spices, tea, coffee, or carbonated and un-ca  What percentage of each item does this store carry from	de any prepared foods or accessory foods such as candy, rbonated drinks.) the following food groups? The total percentage
what percentage of each item does this store carry from must equal one-hundred percent (100%).	de any prepared foods or accessory foods such as candy, rbonated drinks.)  the following food groups? The total percentage  od (refrigerated)
what percentage of each item does this store carry from must equal one-hundred percent (100%).  A. Meats, Poultry and/or Seafood B. Dairy (milk, cheese, yogurt, e	de any prepared foods or accessory foods such as candy, rbonated drinks.)  the following food groups? The total percentage  od (refrigerated)  etc.)  ar, pasta, pudding mix, etc.)

F. Breads and Cereal Products

**TOTAL** 

Does the current owner(s), officer(s) or manager(s) of manage(d) a business whereby more than fifty percessales is derived from the sale of WIC approved foods store, identification number (ID), city and state. Include	ent (50%) of the total annual food s? If yes, identify the name of the
1. Store Name	ID
City	
	_
2. Store Name	
City	State
3. Store Name	ID
City	State
INFANT FORMULA SUPPLIER	
Was all infant formula that will be used to from suppliers listed on the Approved Infa (see <a href="https://www.health.state.ga.us/programs/W">www.health.state.ga.us/programs/W</a> Note: Records of all infant formula purch Vendor Agreement, Section III. J.4.	ant Formula Supplier list?
B. If yes, indicate the name of the supplier, a	address, city and State. (Attach additional paper if necessary.)
Supplier	Address
City	State
Supplier	Address
City	
Supplier	Address
City	_
PRIOR WIC HISTORY  Has the previous owner(s) ever owned a store(s)/bus was disqualified or assessed a Civil Money Penalty f the Georgia WIC Program? If YES, state the nature the specific penalty that was imposed, and the date teffective. Attach additional paper, if necessary.  SUPPLEMENTAL NUTRITION ASSISTANCE PROGRESSION.	or violations of of the violation, the penalty became
A. Has this store ever been denied or disqualified fr     IF YES, attach a written explanation, giving the discussion.	rom SNAP? Yes No

GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment VM-5(cont'd)

# B. Has this store ever been placed on probation or received a Civil Money Yes No Penalty from SNAP? IF YES, attach a written explanation including the probation period or amount of Civil Money Penalty. OPERATIONAL AND BANKING INFORMATION Enter information pertaining to where you will deposit all WIC food instruments and cash value vouchers. Bank \_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_ Street \_\_\_\_\_\_ City State Zip \_\_\_\_\_\_ Telephone Number: Area Code \_\_\_\_\_\_\_ Number \_\_\_\_\_\_

Number or Scanners

☐ No

☐ No

☐ Yes

Yes

Number of Cash Registers

Can scanners detect WIC eligible foods?

Does this store have a point of sale device?

GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment VM-5(cont'd)

	Food Item	Brand Name	Size	Highest Price or Least Expensive where indicated	On-Site Price
1.	Juice		46-48 oz. bottle		
			64 oz. plastic bottle		
2.	Cereal		11-36 oz. box Size		
3.	Peas/Beans		1 pound bag  14-16 oz cans		
	Peas/Beans		Size		
4.	Peanut Butter		<del></del>		
5.	Infant Cereal – Rice		Size 8 oz. container		
6.	Gerber Good Start	Gentle	12.1 oz. can concentrate _		
	Gerber Good Start	Soy	12.1 oz. can concentrate _		
7.	Gerber Good Start	Gentle	12.7 oz. can powdered _		
	Gerber Good Start	Soy	12.9 oz. can powdered		
8.	Whole Pasteurized Milk		1 gallon container (Least Expensive)		
9.	2%, 1% or Skim M	lk	1 gallon container (Least Expensive)		
10.	Dry Milk		M-1 0		
11.	Cheese		1 pound package (Least Expensive)		
12.	Eggs (Large Only)		1 dozen carton (Least Expensive)		
13.	Fresh Fruit		10 nounds		
14.	Fresh Vegetables				
15.	Bread		16 oz. loaf		
			5 oz. can 7.5 or 14.75 oz can		
16.	Fish – Tuna or Salmon		Product Size		
17.	Baby Food – Fruits and vegetables		4 oz. jar or twin pack (2 x 3.5 oz. plastic)		
18.	Baby Food – Meats	3	2.5 oz. jar		

Please ensure that this store location has the following inventory, as well as a substantial amount of non-WIC inventory, in stock by the date you specified above. Failure to do so will result in denial of the application.

	Food Item	Brands (B) Types (T)	Size	Minimum Quantity
19.	Juice	2 (T)	46-48 oz.	12
20.	Juice	2 (T)	64 oz.	12
	Cereal			
21.	(2 types must be Whole Grain)	4 (T)	11 to 36 oz.	24
22.	Dried Peas/Beans	2 (T)	1 lb. pkg.	5
23.	Canned Peas/Beans	2 (T)	14-16 oz.	18
24.	Peanut Butter Infant Cereal	2 (B)	16-18 oz.	6
25.	(1 type must be rice)	2 (T)	8 oz.	12
26.	Gerber Good Start Gentle	1 (B)	12.1 oz.	19
27.				
	Gerber Good Start Soy	1 (B)	12.1 oz.	0
28.	Gerber Good Start Gentle	1 (B)	12.7 oz. (powder)	50
29.			12.9 oz.	
	Gerber Good Start Soy	1 (B)	(powder)	20
30.	Pasteurized Milk - whole	1 (B)	1 gallon	8
31.	Pasteurized Milk – 2%, 1% or skim	1 (B)	1 gallon	12
32.	Dry Milk – non-fat	1 (B) 1 (B)	Makes 3 qt.	3 boxes
υ <u>ν</u> .	OR	1 (D)	Makes 5 qt.	
	Evaporated	1 (B)	12 oz	12 cans
33.	Cheese	2 (T)	1 pound	8
34.	Eggs (Large Only)	1 (B)	1 dozen	8
35.	Bread	1 (B)	16 oz. loaf	6
36.	Fruit & Vegetables(fresh and canned or frozen)	20 (T)	Fresh, canned, or frozen	
37.	Fish -	1 (T)	5 oz can	18
	Tuna		7.5 -14.75 oz. can	combined
38.	Salmon Baby Food Fruits	2 (T)	4 oz. or twin pack (2 x 3.5	96 combined
	•		oz. plastic)	
39.	Baby Food Vegetable	2 (T)	4 oz. or twin pack (2 x 3.5 oz. plastic)	
40.	Baby Food Meat	2 (T)	2.5 oz.	31

STORE	OPERATIONS
Hours of Business	
Sunday	Thursday
Monday	_ Friday
Tuesday	Saturday
Wednesday	_
Signature of Authorized Representative	Date
Authorized Representative (Type or Print)	Title (Type or Print)
Telephone Number	

## GEORGIA WIC PROGRAM VENDOR TRAINING CHECKLIST AUTHORIZED TRAINING

Please print all information.

### STORE NAME & NUMBER or PARENT/CORPORATE OFFICE

**OFFICE VENDOR** (Provide Parent Office or **NUMBER** Corporation information if this is (if applicable) initial or re-authorization training for WIC corporate vendor status) I have been trained on and I understand: The purpose of the Georgia WIC Program and how to contact Georgia WIC. 1. Terms of the vendor agreement. The agreement is null and void upon change of ownership. The vendor must re-apply to continue as a vendor upon expiration of agreement. I understand the vendor's responsibility for adhering to the selection criteria throughout the agreement period. This includes but is not limited to: Stocking a minimum quantity and variety of approved WIC foods daily b. Maintaining prices that are compatible to stores in same peer group Compliance with Supplemental Nutrition Assistance Program (SNAP - formally the Food Stamp Program) C. regulations Maintaining a favorable business integrity d. The purpose of vendor training and the requirement to attending training. The vendor is responsible for training its employees on the information discussed at training. The vendor is responsible for the actions of its officers, managers, agents and paid or unpaid employees. The WIC-approved food items and the requirement to stock and maintain the minimum inventory of approved WIC food items and non-WIC food items on a daily basis. The types of valid WIC food instruments, the procedures for transacting Georgia WIC food instruments and the types of Infant Formula vouchers that vendors in different Peer Groups may transact. The requirement to purchase infant formula from an approved list of infant formula suppliers and how to obtain the Georgia WIC Approved Infant Formula Supplier List. The procedures for redeeming Georgia WIC food instruments/Cash Value Fruit and Vegetable Vouchers (CVV), the use of the vendor stamp, and the requirement to enroll in the Automatic Clearing House (ACH) following authorization to the Georgia WIC Program. Returned food instruments payment procedures and the provision for Georgia WIC to make price adjustments. 10. The responsibility of the vendor to be in compliance with the review of the store via overt monitoring, audits, covert investigations and analyses of programmatic reports. The right to challenge the Agency's initial determination as an above fifty per cent vendor and the responsibility to provide all 11. documentation and information requested by Georgia WIC in connection with a full Food Sales Assessment. The Vendor Sanction System and violations of program, including the federally mandated sanctions (including incentive item 12. violations), disqualification periods, vendor claims, and civil money penalties. Disqualifications from the Georgia WIC Program may result in disqualification from SNAP. The right to request an administrative review for adverse action(s) taken against the vendor. 13. I ACKNOWLEDGE THAT I HAVE BEEN TRAINED ON THE ITEMS LISTED ABOVE AND RECEIVED A CURRENT VERSION OF THE GEORGIA WIC PROGRAM VENDOR HANDBOOK. Signature of Store/Corporate Representative Date

Print Name
Form 3757 (Rev. 08/13)

Title

### **GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL**

### GEORGIA WIC PROGRAM CORPORATE VENDOR TRAINING CHECKLIST AUTHORIZED TRAINING

Please print all information.

STORE NAME & NUMBER or PARENT/CORPORATE OFFICE

(Provide Parent Office or Corporation information if this is initial or reauthorization training for WIC corporate vendor status) VENDOR NUMBER (if applicable)

have been tra	ined on and I understand:
1.	The purpose of the Georgia WIC Program and how to contact Georgia WIC.
2.	Terms of the vendor agreement. The agreement is null and void upon change of ownership. The vendor must re-apply to continue as a vendor upon expiration of agreement.
3.	I understand the vendor's responsibility for adhering to the selection criteria throughout the agreement period. This includes but is not limited to:  a. Stocking a minimum quantity and variety of approved WIC foods daily  b. Stocking at least 200 items in each category of non-WIC food inventory daily  c. Maintaining prices that are compatible to stores in same peer group  d. Compliance with Supplemental Nutrition Assistance Program (SNAP - formally the Food Stamp Program) regulations  e. Maintaining a favorable business integrity  f. The prohibition of the unauthorized use of the WIC acronym and logo
4.	The purpose of vendor training and the requirement to attending training. The vendor is responsible for training its employees on the information discussed at training. The vendor is responsible for the actions of its officers, managers, agents and paid or unpaid employees.
5.	The WIC-approved food items and the requirement to stock and maintain the minimum inventory of approved WIC food items and non-WIC food items on a daily basis.
6.	The types of valid WIC food instruments, the procedures for transacting Georgia WIC food instruments and the types of Infant Formula vouchers that vendors in different Peer Groups may transact.
7.	The requirement to purchase infant formula from an approved list of infant formula suppliers and how to obtain the Georgia WIC Approved Infant Formula Supplier List.
8.	The procedures for redeeming Georgia WIC food instruments/Cash Value Fruit and Vegetable Vouchers (CVV), the use of the vendor stamp, and the requirement to enroll in the Automatic Clearing House (ACH) following authorization to the Georgia WIC Program.
9.	Returned food instruments payment procedures and the provision for Georgia WIC to make price adjustments.
10.	The responsibility of the vendor to be in compliance with the review of the store via overt monitoring, audits, covert investigations and analyses of programmatic reports.
11.	The Georgia WIC Program's vendor complaint process.
12.	The Vendor Sanction System and violations of program, including the federally mandated sanctions (including incentive item violations), disqualification periods, vendor claims, and civil money penalties. Disqualifications from the Georgia WIC Program may result in disqualification from SNAP.
13.	The right to request an administrative review for adverse action(s) taken against the vendor.
	GE THAT I HAVE BEEN TRAINED ON THE ITEMS LISTED ABOVE AND RECEIVED A CURRENT VERSION OF THE GEORGIA WIC NDOR HANDBOOK.
ROGRAM VE	

### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL

### **GEORGIA WIC PROGRAM** PHARMACY VENDOR TRAINING CHECKLIST **AUTHORIZED TRAINING**

Please print all information.

STORE NAME & **NUMBER** or PARENT/CORPORATE OFFICE

**VENDOR** 

(Provide Corporation	Parent Off	
training fo	or re-author or WIC cor	porate
	ndor status) een traii	ned on and I understand:
	1.	The purpose of the Georgia WIC Program and how to contact Georgia WIC.
	2.	Terms of the vendor agreement. The agreement is null and void upon change of ownership. The vendor must re-apply to continue as a vendor upon expiration of agreement.
	3.	I understand the vendor's responsibility for adhering to the selection criteria throughout the agreement period. This includes but is not limited to:  a. Maintaining prices that are compatible to stores in same peer group  b. Compliance with Supplemental Nutrition Assistance Program (SNAP - formally the Food Stamp Program) regulations  c. Maintaining a favorable business integrity
		d. The prohibition of the unauthorized use of the WIC acronym and logo
	4.	The purpose of vendor training and the requirement to attending training. The vendor is responsible for training its employees on the information discussed at training. The vendor is responsible for the actions of its officers, managers, agents and paid or unpaid employees.
	5.	Pharmacy vendors can only redeem exempt and/or special infant formulas, including medical foods. No contract formula or other standard WIC food sales are allowed for pharmacies.
	6.	The types of valid WIC food instruments and the procedures for transacting Georgia WIC food instruments.
	7.	The requirement to purchase infant formula from an approved list of infant formula suppliers and how to obtain the Georgia WIC Approved Infant Formula Supplier List.
	8.	The procedures for redeeming Georgia WIC food instruments, the use of the vendor stamp, and the requirement to enroll in the Automatic Clearing House (ACH) following authorization to the Georgia WIC Program.
	9.	Returned food instruments payment procedures and the provision for Georgia WIC to make price adjustments.
	10.	The responsibility of the vendor to be in compliance with the review of the store via overt monitoring, audits, covert investigations and analyses of programmatic reports.
	11.	The Georgia WIC Program's vendor complaint process.
	12.	The Vendor Sanction System and violations of program, including the federally mandated sanctions (including incentive item violations), disqualification periods, vendor claims, and civil money penalties. Disqualifications from the Georgia WIC Program may result in disqualification from SNAP.
	13.	The right to request an administrative review for adverse action(s) taken against the vendor.
		OGE THAT I HAVE BEEN TRAINED ON THE ITEMS LISTED ABOVE AND RECEIVED A CURRENT THE GEORGIA WIC PROGRAM VENDOR HANDBOOK.
Signatur	e of Stor	re/Corporate Representative Date
Print Nar	me	Title

Form 3757 (Rev. 05-12)

# GEORGIA DEPARTMENT OF PUBLIC HEALTH GEORGIA WIC PROGRAM INCIDENT/COMPLAINT FORM

District/Unit/Clinic:				County:				
Date of Incident:				Date Reported:				
Follow-Up Date:								
Type of Complaint:								
Sub Category 1:			Sub Category 2:					
Participant  Vendor  Local Agency/State WIC Offic  Anonymous	Proxy Civil Rights e Staff		Wait Time  Vendor  ☐  Food Package Change	☐ Stolen Vouchers ☐ Transfer ☐ Other			Customer Service Appointment	☐ Fraud(Buy/Sell/Dual) ☐ ☐ Formula
Person Filing Complaint  Name:		Participant informat	<u>ion</u>	Vendor Information Vendor/Vendor #:	<u>n</u>		Local Agency/State Staff Name:	<u>∍ WIC Office Staff</u>
Phone:		Guardian:		Employee Name:			Phone:	
		Phone:		Title: Phone:			Staff Name : Phone:	
Incident/Complaint:								
Local Agency Resolution:						Yes	☐ No ☐ ature:	osed at the Local Agency?
Person Filing Complaint  Name: Phone:  Name: Guardian: Phone:  Incident/Complaint:  Local Agency Resolution:  State Office of Nutrition and WIC Resolution/Comments:  Follow-up Report:  Office of Nutrition and WIC, Customer Service Coordinator:						Nutr Yes	ition and WIC? ☐ No ☐ ature:	osed at the State Office of
Follow-up Report:								
Office of Nutrition and WIC, Date:	Customer So	ervice Coordinator:						

Revised 4/11/12

### **Vendor Review Form**

Vendor Info	ormation									-	Visit In	formation	on	
Number _			Pee	er Gi	roup_			_		1	Date			_
Name _										╛	Time			_
Address										1	<b>┌</b> Visit Ty	/pe ——		$\neg$
City _			S	tate		Zip C	ode				□Pr	e-Approval		
County						Distr	ict/l	Jnit		-1	Пм	onitoring		
Store Owne	er .		•					_		┑			Visit Number?	
										┨			·	— I
Store Mana										Ⅎ		mplaint		
	nventory Red sentative at t												nit when viewed	by
Fresh Fruits	and Vegeta	bles												
Can and fro	zen fruits ar	e NOT coun	ted	as p	art of	the Fi	resh	Fruit TY	PES fo	r m				
Apples		Celery			Kiwi			Pears				Not Liste	d (Write in typ	e)
Bananas	_	Collards			Lemo			Peppe	rs					
Blueberri	_	Cucumber		-	Lettuc			Pineap			Ц			
Broccoli	_	Grapefruit		L	Mang	os		Snow			<u> </u>			
Cabbage	_	Grapes		Ļ	Okra			Squas			<u> </u>			
Cantalou	_	Green Beans		L	Onion				perries		Ц			
Carrots		Honeydew Melon	ıs	L	Orang	jes		Water	melon		Ш			
Food Item	Types/	Minimum	М	et?		Expir	ed?		Pric		Vendor	Price	Brand	Size
	Brands	Inventory	l		#in			How	Mark	ed?	Initials			
			Yes	No	stock	Yes	No	Many?	Yes	No				
Fruits &	Fruits		Г											
Vegetables		20 Types	ᆫ	L			┖			L				
Highest Price	Vegetables	Combined												
Juice	Ready to	12 (46-48 oz.)	Н	$\vdash$			$\vdash$			$\vdash$				
Highest Price	serve	2 types				1								_oz
	container	12 (64 oz)					П			П				64 oz
		2 types				1								64 02
Cereal	WIC	24 boxes								П				T
Highest Price	approved	4 types												
	brand &	2 whole												_oz
	types	grain	_	┖		1								
		2 (11-14 oz.)												$\perp$
Initials													Pag	e 1 of 3

### **Vendor Review Form**

Food Item	Types/Bran	Minimum Inventory		et?	If No, # in stock	Expir		If Yes, How Many?	Prio Mark		Vendor Initials	Price	Brand	Size
			Yes	No		Yes	No		Yes	No				
Beans/	Dried	5 pkgs		Ш										16 oz.
Peas/	16 oz.	2 types												10 02.
Lentils	Canned	18 cans	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}}}}$	Ш										oz.
Highest Price	14-16 oz.	2 types					Ш							
Fish	Tuna 5 oz.	18 cans												5 oz.
Lowest Price	Pink Salmon	combined												oz.
	7.5 or 14.75 oz.	combined												
Peanut	Any brand	6 containers												
Butter	Creamy, Crunchy, or	(16 - 18 oz.)												
Highest Price	Extra													oz.
	Crunchy	2 brands												-oz.
	(Regular or													
	Low-Salt)													
Infant	Dry Cereal	12 boxes		Ш										
Cereal		2 types												8 oz.
Highest Price		1 rice												
Infant	Concentrate	19 Milk*											Gerber Good	12.1
Formula													Start Gentle	oz.
		0 Soy*											Gerber Good	
													Start Soy	
	Powder	50 Milk											Gerber Good	12.7
													Start Gentle	oz.
		20 Soy											Gerber Good	12.9
							Ш						Start Soy	oz.
Baby Food	Fruit and/or	96 jars												4 oz.
Highest Price	Vegetable	combined												4 02.
	Meats	31 jars	П	П			П							2.5 oz.
Bread	Whole	6 loaves	П	П										16
Highest Price	Grain Bread													16 oz.
Milk	Whole	8 Gallons												1 gal
Lowest Price	Skim, 1%,	12 Gallons												
	2%	can be												1 gal
	Dry	3 Boxed or	$\vdash$	Н			$\vdash$					$\vdash$		2
	Powdered or													3 qt
	Evaporated	12 cans	_	Щ			Щ							12 oz.
Cheese	16 oz.	8 pkgs	L											16 oz.
Lowest Price	packages	2 types	oxdot	Щ			Ш			_				2.5 52.
Eggs	Grade A	8 - 1 dozen												1
Lowest Price	Large	carton												dozen

vendors must	be able to order think and soy contract formulas in a concentrate form when requested by the participant.	
Initials		Page 2 of 3

### **Vendor Review Form**

Non-WIC Inventory Requirement				
Food Item	Minimum	Met?		Vendor Initials
		Yes	No	
Meats, Poultry and/or Seafood (refrigerated or frozen)	200			
Breads and Cereal Products	200			
Dairy (e.g. milk, cheese, yogurt, etc.)	200			
Shelf Staples (e.g. flour, sugar, pasta, pudding mix, etc.)	200			
Cans, Jars, Bottled Goods (e.g. mayo, ketchup, relish, etc.)	200			
Beverages (e.g. soda, water, powdered drinks, etc.)	200			
Snack Foods (e.g. crackers, granola bars, etc.)	200			

General Observations and Questions			NO
1	Are there any WIC Vouchers on hand in the store?		
	a) If the answer is YES, were the vouchers completed correctly?		
2	Did you observe a participant making a purchase?		
	a) If the answer is YES, were appropriate procedures followed?		
3	Is the store open for business 6 days per week 8 hours per day?		
4	Does the store have scanners that can scan WIC eligible products?		
5	Does the vendor use the WIC acronym or logo in the name or advertisements?		

WIC Representative's Notes		
Vendor Representative's Notes		
The results of this review have been discussed with me and I	have been informed of any issue(s) or violation(s) that were for	und
		ilia.
Vendor Representative Signature	Date	
Vendor Representaive Print	Title	
	food items on this form. I have discussed all findings and info re provided the vendor representative an opportunity for ques	
WIC Representative Print	Date	
-	P	Page 3 of

Authorized date: 10/01/04

### GEORGIA WIC Compliance Analysis Section

Revised: 6/13

### Non-Notification for 1st Violation Vendor Name: Vendor Number: Notification of the initial violation, prior to a pattern being established, was not given due to the following reason(s): Check all that apply. Your vendor status is considered high-risk consistent with Section 246.12 (3)of the Special Supplemental Nutrition Program for WIC Program federal regulations Explain: Violation(s) outlined category VI and category VII of the Georgia WIC Vendor Sanction System for which no pattern is required. The WIC Program became aware of violations taking place during the course of an on-going investigation, during which time other vendors were found to be in violations of the WIC Program regulations, prompting further investigation. Explain: WIC Investigator's identity may be in jeopardy. Explain: Threatening conduct or security factors that may occur during the course of a covert/compliance investigation. Explain: Covert sting operation by WIC, or in conjunction with other federal agencies. Explain: WIC Program received complaint (s) against vendor. Explain: More than one violations occurred during the initial compliance visit. Explain: Other Explain: Note: Vendor violation means any intentional or unintentional action of a vendor's current owners, officers, managers, agents or paid or unpaid employees (with or without the knowledge of management) that violates the WIC Vendor Agreement or Federal of State statutes, regulations, policies or procedures governing the Program. See 246.2.7 CFR Ch. II (1-1-05), the vendor handbook and vendor agreement. Investigations Team Lead Signature:

investigations ream near Signature.	Date.	
Comments:		

### **Above 50% Application Verification**

Date:
QAS:
Store Name:
Vendor Number, if applicable:
The assessment of this vendor's potential to be an above 50% vendor has revealed the following:
The vendor is dependent upon the authorization of WIC before it can open for business
The vendor carries mostly WIC approved food items and is deficient in the non-WIC food item categorized by USDA as food
The dollar amount assessment of WIC food items to all food items purchased for sell denotes that the applicant vendor has the potential to be an above 50% vendor.
The applicant will not accept more than 3 types of payment for food items and as such will be expected to accept WIC food instruments as the primary source of payment for supplemental food items
The vendor currently has at least one authorized WIC location that has been categorized as an above 50% vendor
Vendor failed to submit requested documentation by the stated deadline
The vendor is not expected to derive more than 50% of it's total food sales from the sale of WIC food items.
Summary of Findings:
Application is approved
Application is denied for meeting the above 50% criterion
Verified by Manager- Vendor Analytics and Cost Containment (Initial) Date

# RULES OF DEPARTMENT OF PUBLIC HEALTH

# CHAPTER 511-8-1THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

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### 511-8-1-.01 Legal Authority.

These rules are adopted and published pursuant to Section 17 of the Child Nutrition Act of 1966, as amended.

Authority: 42 U.S.C. § 1786; 7 C.F.R. § 246; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

### 511-8-1-.02 Title and Purpose.

These rules shall be known as the Administrative Rules for the Special Supplemental Nutrition Program for Women, Infants and Children (Georgia WIC). The purpose of these rules is to provide for the administration of Georgia WIC as set forth by the Child Nutrition Act of 1966, as amended, and the Code of Federal Regulations.

Authority: 42 U.S.C. § 1786; 7 C.F.R. § 246; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

### 511-8-1-.03 Definitions.

- (1) "Adverse action" means an action taken by the State agency, and which is subject to full or abbreviated administrative review as provided by 7 C.F.R. § 246.18(a)(1)(i)(ii), as a result of a vendor violation of the Georgia WIC rules and regulations.
  - (2) "Days" means calendar days.
  - (3) "Department" means the U.S. Department of Agriculture.
  - (4) "FNS" means the Food and Nutrition Service of the U.S. Department of Agriculture.

- (5) "Food delivery system" means the method used by State and local agencies to provide supplemental foods to participants.
  - (6) "State" means the state of Georgia.
  - (7) "State agency" means the Georgia Department of Public Health.
- (8) "State Plan" means the Georgia WIC plan of operation and administration that describes the manner in which the State agency intends to implement and operate all aspects of Georgia WIC.
- (9) "Vendor" means a sole proprietorship, partnership, cooperative association, corporation, or other business entity operating one or more stores authorized by the State agency to provide authorized supplemental foods to participants under a retail food delivery system. Each store operated by a business entity constitutes a separate vendor and must be authorized separately from other stores operated by the business entity. Each store must have a single, fixed location, except when the authorization of mobile stores is necessary to meet the special needs described in the Georgia WIC State Plan of operation.
- (10) "Vendor authorization" means the process by which the State agency assesses, selects, and enters into agreements with stores that apply or subsequently reapply to be authorized as vendors."
- (11) "WIC" means the Special Supplemental Nutrition Program for Women, Infants and Children authorized by section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786.

Authority 42 U.S.C. § 1786; 7 C.F.R. § 246.2; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

### 511-8-1-.04 Purpose and Administration.

- (1) Purpose. The Special Supplemental Nutrition Program for Women, Infants and Children follows from the Child Nutrition Act of 1966 which states, in part, that the Congress finds that substantial numbers of pregnant, postpartum and breastfeeding women, infants and young children from families with inadequate income are at special risk with respect to their physical and mental health by reason of inadequate nutrition or health care, or both. The purpose of Georgia WIC is to:
- (a) provide supplemental foods, and nutrition education and counseling through payment of cash grants to State agencies which administer Georgia WIC through local agencies at no cost to eligible persons;
- (b) serve as an adjunct to good health care during critical times of growth and development, in order to prevent the occurrence of health problems, including drug and other harmful substance abuse, and to improve the health status of these persons; and

- (c) supplement the Supplemental Nutrition Assistance Program (SNAP) and any program under which foods are distributed to needy families in lieu of food stamps and receipt of food or meals from soup kitchens, or shelters or other forms of emergency food assistance.
- (2) Administration of State Plan. The State agency shall administer the Georgia WIC State Plan of operation in accordance with these Rules and all relevant Federal and State law, rules and regulations, and policies and procedures governing Georgia WIC.
- (3) Policies, Guidelines and Manuals. The State agency shall promulgate policies, guidelines and manuals to facilitate operation of Georgia WIC in accordance with the agreement with the Department, the guidelines and instructions issued by the Department and FNS in policy letters and management evaluations, and the Georgia WIC State Plan of operation and the rules contained in this Subchapter.

Authority: 42 U.S.C. § 1786; 7 C.F.R. § 246.1 and 246.3; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

### 511-8-1-.05 Vendor Terms and Conditions.

The State agency shall publish the terms and conditions for vendor authorization and participation under the Georgia WIC State Plan of operation through the Georgia WIC Procedures Manual, the Vendor Agreement, and Georgia WIC Vendor Handbook. A copy of the Georgia WIC Vendor Handbook containing the terms and conditions for vendor authorization and participation shall be made available to each authorized vendor. Such terms and conditions may be amended from time to time when Georgia WIC finds it necessary or appropriate to do so. All such amendments shall be made available to vendors at the addresses provided by the vendors to Georgia WIC. Vendors are required to abide by the provisions of the current Vendor Handbook, as amended, including the sanction system outlined therein. Vendors will be subject to sanctions for program violations in accordance with the version of the handbook and all amendments in effect at the time the violation occurs. Amended terms and conditions shall be effective as specified by Georgia WIC at the time of publication.

Authority: 42 U.S.C. § 1786; 7 C.F.R. §§ 246.4 and 246.12; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

### 511-8-1-.06 Procedures for Vendor Administrative Review, Hearings and Appeals.

(1) Intent. It is the intent of this regulation to comply with the requirements of 7 C.F.R. § 246.18 while following the existing procedures of the Georgia Administrative Procedure Act, O.C.G.A. § 50-13-1 *et seq.*, in cases entitled to full administrative review; and to provide for the prompt, fair, and efficient internal review of cases entitled to abbreviated administrative review in accordance with the requirements of 7 C.F.R. § 246.18.

### (2) Full Administrative Review

(a) The following adverse actions shall be subject to full administrative review upon timely request by the vendor:

- Denial of authorization based on the application of the vendor selection criteria for minimum variety and quantity of authorized supplemental foods, or on a determination that the vendor is operating a store sold by its previous owner in an attempt to circumvent a sanction, as stated in 7 C.F.R. § 246.12(g)(7);
- Termination of an agreement for cause;
- 3. Disqualification; and
- 4. Imposition of a fine or a civil money penalty in lieu of disqualification.
- (b) These procedures shall be followed in cases meriting full administrative review:
  - The State agency shall give written notice to the vendor of the adverse action, the procedures to follow to obtain full administrative review, the causes for and the effective date of the action. When a vendor is disqualified due in whole or in part for any of the violations listed in 7 C.F.R § 246.12(l)(1), the notice shall include the following statement: "This disqualification from WIC may result in disqualification as a retailer in SNAP. Such disqualification is not subject to administrative or judicial review under SNAP."
  - A vendor seeking review must send a written request for review to the Commissioner of the State agency within fifteen days from the date of the notice of adverse action, with a copy of the decision to be reviewed;
  - Upon receiving a timely request for review, the Commissioner shall refer the case to the Office of State Administrative Hearings (OSAH) for initial decision.
  - 4. The hearing before OSAH shall be conducted in accordance with the Georgia Administrative Procedures Act and the rules of OSAH. In addition, the Administrative Law Judge (ALJ) shall ensure that the vendor is given:
    - Adequate advance notice of the time and place of the administrative review to provide all parties involved sufficient time to prepare for the review;
    - (ii) The opportunity to present its case and at least one opportunity to reschedule the administrative review date upon specific request:
    - (iii) The opportunity to cross-examine adverse witnesses. When necessary to protect the identity of WIC Program investigators, such examination may be conducted behind a protective screen or other device to conceal the investigator's face and body;
    - (iv) The opportunity to be represented by counsel; and
    - (v) The opportunity to examine prior to the hearing the evidence upon which the State agency's action is based.
  - The ALJ's determination shall be based solely on whether the State agency has correctly applied Federal and State statutes, regulations, policies, and procedures governing the WIC Program, according to the evidence presented at the review.
  - The Commissioner shall appoint an attorney from the Office of General Counsel as a reviewing official to review the ALJ's initial decision at the

- request of either party within ten days of the date of the ALJ's initial decision, to ensure that it conforms to approved policies and procedures, and to render the final agency decision in accordance with O.C.G.A. § 50-13-41. If neither party requests that the ALJ's decision be reviewed, then the ALJ's decision shall become the final agency decision thirty days after it was entered.
- 7. When the ALJ's decision is reviewed at the request of either party, the reviewing official shall provide written notification of the final agency decision, including the basis for the decision, and the vendor's right to seek judicial review pursuant to O.C.G.A. § 50-13-19, within the time period prescribed by O.C.G.A. § 50-13-41. If the adverse action under review has not already taken effect, the review official's decision shall be effective on the date of receipt by the vendor.

### (3) Abbreviated Administrative Review

- (a) The following adverse actions shall be subject to abbreviated administrative review upon timely request by the vendor:
  - Denial of authorization based on the vendor selection criteria for business integrity or for a current SNAP disqualification or civil money penalty for hardship;
  - Denial of authorization based on the application of the vendor selection criteria for competitive price;
  - The application of the State agency's vendor peer group criteria and the criteria used to identify vendors that are above-50-percent vendors or comparable to above-50-percent vendors;
  - Denial of authorization based on a State agency-established vendor selection criterion if the basis of the denial is a WIC vendor sanction or a SNAP withdrawal of authorization or disqualification;
  - Denial of authorization based on the State agency's vendor limiting criteria:
  - Denial of authorization because a vendor submitted its application outside the timeframes during which applications are being accepted and processed as established by the State agency;
  - Termination of an agreement because of a change in ownership or location or cessation of operations;
  - Disqualification based on a trafficking conviction;
  - Disqualification based on the imposition of a SNAP civil money penalty for hardship;
  - Disqualification or a civil money penalty imposed in lieu of disqualification based on a mandatory sanction imposed by another WIC State agency;
  - A civil money penalty imposed in lieu of disqualification based on a SNAP disqualification; and
  - Denial of an application based on a determination of whether an applicant vendor is currently authorized by SNAP.

- (b) These procedures shall be followed in cases meriting abbreviated administrative review:
  - The State agency shall give written notice to the vendor of the adverse action, the procedures to follow to obtain an abbreviated administrative review, the causes for and the effective date of the action;
  - A vendor seeking review must send a written request for review to the Commissioner of the State agency within fifteen days from the date of the notice of adverse action, with a copy of the decision to be reviewed and any documents, argument, or information that the vendor contends would justify reversal;
  - 3. Upon receiving a timely request for review, the Commissioner shall appoint a decision-maker who is someone other than the person who rendered the initial decision on the action to review the information provided to the vendor concerning the causes for the adverse action and the vendor's response, and to make a determination based solely on whether the State agency has correctly applied Federal and State statutes, regulations, policies, and procedures governing the Program;
  - 4. The decision-maker shall provide written notification of the final agency decision, including the basis for the decision, and the vendor's right to seek judicial review pursuant to O.C.G.A. § 50-13-19, within 90 days of the date of receipt of the request for an administrative review. If the adverse action under review has not already taken effect, the decision-maker's ruling shall be effective on the date of receipt by the vendor.

### (4) Actions not Subject to Administrative Review

The following adverse actions are not subject to administrative review:

- (a) The validity or appropriateness of the State agency's vendor limiting criteria or vendor selection criteria for minimum variety and quantity of supplemental foods, business integrity, and current SNAP disqualification or civil money penalty for hardship;
- (b) The validity or appropriateness of the State agency's selection criteria for competitive price, including, but not limited to, vendor peer group criteria and the criteria used to identify vendors that are above-50-percent vendors or comparable to above-50-percent vendors;
- (c) The validity or appropriateness of the State agency's participant access criteria and the State agency's participant access determinations;
- (d) The State agency's determination to include or exclude an infant formula manufacturer, wholesaler, distributor, or retailer from the list required pursuant to §246.12(g)(11);
- (e) The validity or appropriateness of the State agency's prohibition of incentive items and the State agency's denial of an above-50-percent vendor's request to provide an incentive item to customers pursuant to §246.12(h)(8);

- (f) The State agency's determination whether to notify a vendor in writing when an investigation reveals an initial violation for which a pattern of violations must be established in order to impose a sanction, pursuant to §246.12(I)(3);
- (g) The State agency's determination whether a vendor had an effective policy and program in effect to prevent trafficking and that the ownership of the vendor was not aware of, did not approve of, and was not involved in the conduct of the violation:
- (h) Denial of authorization if the State agency's vendor authorization is subject to the procurement procedures applicable to the State agency;
- (i) The expiration of a vendor's agreement;
- Disputes regarding food instrument or cash-value voucher payments and vendor claims (other than the opportunity to justify or correct a vendor overcharge or other error, as permitted by §246.12(k)(3); and
- (k) Disqualification of a vendor as a result of disqualification from SNAP.

Authority: 42 U.S.C. § 1786; 7 C.F.R. § 246.18; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

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## I. AUTHORIZATION OF FOODS

A Competent Professional Authority (CPA)\* shall prescribe the categories of authorized supplemental foods in quantities that do not exceed the regulatory maximum and are appropriate for the participant, taking into consideration the participant's age, nutritional needs, and feeding type. The provision of less than the maximum monthly allowances of supplemental foods to an individual WIC participant is appropriate only when:

- 1. Medically or nutritionally warranted (e.g., eliminate a food due to an allergy);
- 2. A participant refuses or cannot use the maximum monthly allowances.

The amounts of supplemental foods shall not exceed the maximum quantities specified in this Section. All participants/caregivers should be instructed on how to select WIC-approved foods to receive their maximum allowance.

\*A CPA is a nutritionist, Registered Dietitian, Licensed Dietitian, Registered Nurse, Licensed Practical Nurse, physician, or Physician Assistant who has been trained by the State or local agency to perform WIC assessments.

#### II. PRESCRIBING FOODS, GENERAL

#### A. Contract Versus Non-Contract Formula

The State of Georgia has entered into a contract with Nestlé Nutrition / Gerber (effective date: July 1, 2013 through June 30, 2016), to provide formula for WIC participants. All infants participating in Georgia WIC will be provided with vouchers for a contract formula. The contract infant formulas are *Gerber Good Start Gentle* (milk-based), *Gerber Good Start Soy* (soy-based), *Gerber Good Start Soothe* (lactose-reduced), *Gerber Good Start 2 Gentle/Gerber Graduates Gentle* and *Gerber Good Start 2 Soy/Gerber Graduates Soy*. This contract also covers children and women who require a contract infant formula as a source of nutrition. The contract currently provides a rebate on each container of Gerber Good Start Gentle, Gerber Good Start Soy, Gerber Good Start Soothe, Gerber Good Start 2 Gentle/Gerber Graduates Gentle and Gerber Good Start 2 Soy/Gerber Graduates Soy purchased.

## Contract formulas not requiring medical documentation for infants:

Gerber Good Start Gentle
Gerber Good Start Soy
Gerber Good Start Soothe
Gerber Good Start 2 Gentle/Gerber Graduates Gentle
\*
Gerber Good Start 2 Soy/Gerber Graduates Soy \*

\*For infants ages nine (9) through 11 (eleven) months only. Children require medical documentation to receive any formula products.

#### 1. Milk-Based Formula:

All participants who receive a milk-based infant formula will receive the contract formula *Gerber Good Start Gentle*.

Georgia WIC does **NOT APPROVE** the following non-contract milk-based infant formulas for distribution for which **medical documentation** <u>will **NOT**</u> be accepted:

**Enfamil PREMIUM Infant** 

**Enfagrow Toddler Transitions** 

Enfagrow Toddler Next Step® Vanilla

Gerber Good Start Protect

Parent's Choice (milk-based)

Similac Advance

Similac Go & Grow Milk-Based

Store brand milk-based infant formulas

Organic formula (Any Type)

# 2. Soy-Based Formula:

All participants who receive a soy-based infant formula will receive the contract formula *Gerber Good Start Soy.* 

Georgia WIC does **NOT APPROVE** the following non-contract soybased infant formulas for distribution for which **medical documentation** <u>will **NOT**</u> be accepted:

**Enfagrow Toddler Transitions Soy** 

**Enfamil ProSobee** 

Parent's Choice Sov

Similac Go & Grow EarlyShield Soy-Based

Similac Soy Isomil

Store brand soy-based formulas that are USDA approved

Organic formula (Any Type)

# 3. Lactose-Reduced

Participants requiring a milk-based, standard lactose-free, lactose-reduced, infant formula will receive contract formula Gerber Good Start Soothe. Medical documentation is not required.

Georgia WIC does **NOT APPROVE** the following non-contract lactosereduced based infant formulas for distribution for which **medical documentation will NOT** be accepted: **Enfamil Gentlease** 

Enfagrow Toddler Transitions Gentlease

Similac Sensitive

Store brand lactose-free, lactose-reduced infant formula

# 4. Rice Added Formula (Medical Documentation Required):

The following two conditions must exist prior to issuance of a Non-Contract Rice Added Formula:

- 1) Diagnosis of Gastroesophageal reflux disease (GERD) And one of the following conditions:
- Pneumonia, Tube feed, GERD Surgery (Fundoplication), Poor weight gain; Drop of at least one weight channel on growth chart. (Note: If weight is not provided, issuance will be based on weight obtained at WIC clinic.)

Participants meeting the requirements for a rice-added infant formula may receive the following non-contract formulas:

Enfamil A.R.

Similac Sensitive for Spit Up

# 5. Formula Changes:

Whenever medical condition(s)/diagnosis(es) warrant a change from the contract formula, WIC may provide the infant another approved formula upon receipt of proper medical documentation. Vouchers will specify the prescribed formula. Refer to Section VIII (Medical Documentation) for information regarding the required medical documentation for qualifying medical conditions.

## B. Food Package Categories

There are seven (7) food package categories authorized by Federal WIC regulations. Each group is specified according to age, condition, and/or formula type (in the case of Food Package III). The groups are:

Food Package Name from the Federal WIC Regulations	Age/Condition	Food Package Series Number (Internal)
Food Package IA	Fully Formula Fed (FFF) infants ages 0 through 3 months	A00-A99
	Mostly Breastfed (MBF) infants ages 0 through 1 month	E02 – E60, E70 – E99

Food Package IB	Mostly Breastfed (MBF) infants ages 1 through 3 months  Exclusively Breastfed (EBF) infants ages 0 through 5 months  Fully Formula Fed (FFF) infants ages 4 through 5 months  Mostly Breastfed (MBF) infants ages 4 through 5 months	E02 – E60, E70 – E99 F00 – F99, J00 – J99, K00 – K99 E00 B00 – B99 G00 – G99 E00 – E99, J00 – J99, K00 –
Food Package II	Fully Formula Fed (FFF) infants	K99 (D00 – D99)
	ages 6 through 11 months  Mostly Breastfed (MBF) infants ages 6 through 11 months  Exclusively Breastfed (EBF) infants ages 6 through 11 months	(H00 – H99), (L00 – L99), (M00 – M99), (N00 – N99) (E01)
Food Package III	Medically fragile women, infants, and children with qualifying medical conditions receiving special formulas/medical foods	R00 - R99, (S00 - S99), (T00 - T99) X00 - X99, Z00 - Z99
Food Package IV	Children ages 1 through 4 years	C00 - C99
Food Package V	Pregnant women Mostly breastfeeding women	W01 – W19
Food Package VI	Non-breastfeeding women Women breastfeeding some	W20 – W39
Food Package VII	Exclusively breastfeeding women Women pregnant with multiple fetuses Women mostly breastfeeding multiples	W40 – W79 (V60 – V79)

# C. Food Packages

Food Packages contain foods from the Georgia WIC-Approved Foods List in combinations and amounts that meet USDA Federal regulations for WIC participants by WIC type.

Food packages translate the foods authorized in each food package category group into allowed amounts of Georgia WIC-approved foods. Food packages include standard food packages and packages to meet special nutritional needs (e.g., lactose intolerance). (See Attachments FP-1 to FP-23.)

All formulas, medical foods and supplemental foods that are authorized for distribution through WIC must first be determined WIC-eligible by the Food and Nutrition Service, United States Department of Agriculture. The Nutrition Unit may then approve distribution of the product through Georgia WIC.

 Tailoring: Available state-created food packages contain the maximum amounts of allowed foods. This is called the "full nutritional benefit." Any food grouping that includes maximum amounts of allowed foods may be prescribed. (See Attachments FP-1 to FP-23 for a list of numbered food packages.)

No matter how many family members are participating in WIC, each participant's nutritional needs must be given individual consideration.

Participants or their caretaker should be advised that the supplemental foods issued are only for their personal use. However, the supplemental foods are not authorized for participant use while hospitalized on an inpatient basis. In addition, supplemental foods are not authorized for use in the preparation of meals served in a communal food service. This restriction does not preclude the provision or use of supplemental foods for individual participants in a nonresidential setting (e.g., child care facility, family day care home, school, or other educational program); a homeless facility or a residential institution (e.g., home for pregnant teens, prison, or residential drug treatment center) that allows for individuals to store their WIC foods for their personal use apart from community prepared foods.

- 2. Assignment of CPA Food Package Code (CPA FPC): CPA FPC is the "umbrella" code assigned to a WIC participant that reflects the types and quantities of foods to be issued over a certification period. Each CPA FPC may be subcategorized into multiple internal food package codes. The CPA assigns the CPA FPC that coincides with the types of foods desired based on the participant's category and feeding type. If a state-created food package that meets the needs of the participant is not available, the CPA specifies the quantities/items desired and assigns a District/clinic-created 999 food package (i.e., food package in the 900-999 number series). A 999 food package may include any allowed food combination, up to the maximum allowed. Allowable foods and maximum quantities will vary depending on participant category. (Refer to Attachments FP-24to FP-32 for maximum monthly amounts authorized; see Attachment FP-48 for voucher codes for single food items and small quantity vouchers.)
- 3. Assignment Method: The CPA must evaluate and assign food packages:
  - a. At each WIC assessment/certification (Initial, Subsequent, mid-Assessment, Mid-cert, Half-cert)
  - b. Upon receipt of medical documentation prescribing a new food/foods
  - c. At the request of the participant

Only WIC CPA staff is authorized to assign food packages.

## D. Required Documentation

#### 1. General Documentation:

- a. During the WIC assessment/certification, the CPA must enter the CPA Food Package Code in the "Food Package" space provided on the WIC Assessment/ Certification Form or directly into the applicable field in the front-end computer system. Specific foods or voucher codes to be issued for food package 999 must be documented on the WIC Assessment/Certification Form or in the progress notes of the participant's health record.
- b. Food package changes occurring within a valid WIC certification period must be documented on the WIC Assessment/Certification Form. The date of the food package change and the CPA's signature and title must be included in the documentation. The use of a signature stamp is not acceptable. Secondary nutrition education provided with food package changes must be documented in the medical record.

#### 2. Medical Documentation:

Documentation from a health care provider is required for the following situations:

- a. Rice-added standard infant formulas (e.g., Enfamil A.R., Similac for Spit Up), See "Rice Added Formula" issuance conditions above prior to approval.
- b. Authorized non-contract infant formulas for infants, any infant formulas for children or women, any exempt infant formulas, and any medical foods (e.g., as indicated for chronic diseases or medical conditions).
- c. Women and children who require more than one pound of cheese per month or women receiving Food Package VII who require more than three pounds of cheese per month.
- d. Children who require any amount of tofu or soy milk.
- e. Women who require more than four pounds of tofu or women receiving Food Package VII who require more than six pounds of tofu.

## 3. CPA documentation is required for:

- a. Issuance of ready-to-feed formulas, unless ready-to-feed is the only available form of the product.
- b. Issuing less than the maximum monthly allowance of supplemental foods (e.g., to omit a food due to a food allergy).

## III. INFANTS

Food Package I is for infants 0 through five (5) months of age and consists only of iron-fortified infant formula that is not an exempt infant formula. Food Package II is for infants six (6) through 11 (eleven) months of age and consists of iron-fortified infant formula, iron-fortified infant cereal, and infant fruits and vegetables. Infant cereal and infant fruits and vegetables may not be assigned to an infant less than 6 months old. Exclusively breastfed infants six (6) through 11 (eleven) months of age also receive infant meats. Food Packages I and II are designed for issuance to infants who do not have a medical condition qualifying them to receive Food Package III. Infant formula is the only category of formula authorized in this food package. Exempt infant formulas and WIC-eligible medical foods are authorized only in Food Package III.

Cow's milk and goat's milk <u>are not</u> authorized for infants in the first 12 (twelve) months of life.

Infant Formula: A nutritionally complete, iron-fortified standard or slightly modified (e.g., reduced-lactose or rice-added) formula for use in full-term infants. Infant formulas provide 20 (twenty) calories per fluid ounce at standard reconstitution. Examples include Gerber Good Start Gentle, Gerber Good Start Soy, Gerber Good Start Soothe, Similac Sensitive for Spit Up, Enfamil A.R., and Gerber Good Start 2 Soy/Gerber Graduates Soy.

**Exempt Infant Formula:** An infant formula designed for infants with medical conditions (e.g., prematurity, low birth weight, metabolic disorders, etc.). Some exempt infant formulas are also classified as medical foods. Examples of exempt infant formulas include EleCare for Infants, Nutramigen with Enflora LGG, premature infant formulas (such as Similac Expert Care NeoSure, Similac Special Care products, Enfamil Premature 20, and Gerber Good Start Premature 24), Cyclinex-1, Similac Expert Care Alimentum, Enfaport, Similac Expert Care for Diarrhea, and Pregestimil.

Medical Foods: A WIC-eligible medical food refers to certain enteral products that are specifically formulated to provide nutritional support for individuals with a diagnosed medical condition when the use of conventional foods is precluded, restricted, or inadequate. Such WIC-eligible medical foods may be nutritionally complete or incomplete, but they must serve the purpose of a food, provide a source of calories and one or more nutrients, and be designed for enteral digestion via oral or tube feeding. WIC-eligible medical foods include many, but not all, products that meet the definition of medical foods. Examples of medical foods include PediaSure, EO28 Splash, Nutren 2.0, KetoCal 4:1, Boost, Pediasure Peptide, Peptamen Jr., Polycose, Boost Kid Essentials, Cyclinex-1, Portagen, and human milk fortifier.

To determine if a product is an infant formula, an exempt infant formula, or a medical food, visit the WIC Works Formula Database at the following website: http://wicworks.nal.usda.gov/nal\_web/wicworks/formulas/FormulaSearch.php.

#### A. Tailoring

1. Breastfed Infants: To fully establish the maternal milk supply, it is best if no formula is offered to infants prior to four (4) to six (6) weeks of age. If the

mother requests it and the CPA deems it appropriate, one can of powder formula may be issued during the first month of life. However, large cans of powder formula (e.g., 22-25.7 oz. cans) cannot be issued as they exceed the maximum number of reconstituted fluid ounces (104 fluid oz.) allowed to be issued.

If a mother chooses to both breastfeed and formula feed her infant, powder formula is recommended. However, liquid concentrate formula is allowed. The CPA should assign a food package with only the amount of formula the infant requires (e.g., one can, two cans, or three cans powder). The CPA should reassess the infant's needs any time the mother requests more formula. Any problems with breastfeeding should be addressed at this time. Requests for increases in the amount of formula should not be honored without assessment and counseling of the mother/baby dyad. Refer to Attachment BF-7 in the Breastfeeding Section for a chart to assist CPAs in determining the approximate amount of formula needed based on the infant's usual formula intake.

2. Formula Fed Infants: When the participant is not breastfed, a contract infant formula should be prescribed unless appropriate medical documentation is provided. The amount of formula provided varies with age and feeding type.

The issuance of any contract brand or non-contract brand infant formula that contains less than ten (10) milligrams of iron per liter at standard dilution (i.e., approximately 20 (twenty) kilocalories per fluid ounce of prepared formula) is prohibited.

- 3. Cereal: Cereal is not authorized for the infant 0 through five (5) months of age. Infants six (6) to 11 (eleven) months old will receive the full nutritional benefit of twenty-four (24) ounces of infant cereal per month.
- 4. Infant Fruits and Vegetables: Infant fruits and vegetables are containers of baby food in either 4 oz or 7 oz twin packs. They may be single ingredient or a WIC-approved mixture. Infant fruits and vegetables are not authorized for the infant 0 through five (5) months of age. The full nutritional benefit for Fully Formula Fed (FFF) and Mostly Breastfed (MBF) infants is 128 ounces (32 4 oz jars or 18 7 oz) of infant fruits and/or vegetables. Exclusively Breastfed (EBF) infants receive 256 ounces (64 4 oz jars or 32 7 oz) of infant fruits and/or vegetables. Georgia WIC authorizes only Stage 2 (2<sup>nd</sup> Foods) or Stage 2 1/2 infant fruits and vegetables.
- 5. Infant Meats: Infant meats are jars of baby food containing single-ingredient meats (e.g., baby food beef and beef broth or chicken and chicken gravy). Infant meat is not authorized for the infant 0 through five (5) months of age. The full nutritional benefit is 77.5 ounces (31 2.5 oz jars) of infant meat. No meat mixtures are allowed. Infant meat is only authorized for Exclusively Breastfed (EBF) infants six (6) through 11 (eleven) months of age.

# B. Feeding Type Assignment

Three infant feeding options are available – Exclusively Breastfed (EBF), Mostly Breastfed (MBF), or Fully Formula Fed (FFF).

- 1. Exclusively Breastfed (EBF) infants receive no formula from WIC.
- 2. Mostly Breastfed (MBF) infants receive formula in amounts that do not exceed the maximum allowed for mostly breastfed infants in the federal regulations (approximately half [50%] of the full formula package issued to FFF infants).
- 3. Some Breastfed (SBF) infants receive formula in excess of the amount allowed for mostly breastfed infants in the federal regulations but is receiving breastmilk at least once per day.
- 4. Fully Formula Fed (FFF) infants receive the full formula package and breastfed less than an average of once every 24 hours.

# C. Food Package Assignment

1. For Fully Formula Fed (FFF) infants each CPA Food Package Code (CPA FPC) represents three or more packages – one for each infant age group (0 through three [3] months, four [4] through five [5] months, and six [6] through 11 [eleven] months). A different amount of formula is allowed for each age group. Infants age four (4) through five (5) months receive slightly more formula than do infants age 0 through three (3) months. Infants six (6) through 11 (eleven) months old receive less formula and the addition of baby cereal and infant food fruits and vegetables.

Georgia WIC computer systems are automated to progress the infant through these three age groups. The CPA FPCs for FFF infant packages start with an "A." The computer will issue internal system food packages beginning with an "A" to FFF infants ages 0 through three (3) months old, a "B" package to FFF infants ages four (4) through five (5) months old, and a "D" package to FFF infants ages six (6) through 11 (eleven) months old. However, the CPA FPC assigned by the CPA that began with an "A" and remains unchanged throughout the entire transition from birth through eleven (11) months of age, unless there is a food package change. The WIC computer system will automatically sequence the formula quantities and add the cereal and baby food to the food packages at the appropriate age.

- 2. Mostly Breastfed (MBF) infants are infants who receive formula from WIC in amounts that do not exceed the maximum allowed for mostly breastfed infants (approximately half [50%] of the full formula package issued to FFF infants).
  - a. Food Packages

Food packages containing the maximum formula allowed for a MBF infant begin with an "F." The computer will issue food packages beginning with an "F" to MBF infants ages one (1) month through three (3) months old, a "G" package to MBF infants ages four (4) through five (5) months old, and an "H" package to MBF infants ages six (6) through 11 (eleven) months old. Food packages for MBF infants needing only one (1) can, two (2) cans or three (3) cans of powder formula per month begin with "E," "K," and "J," respectively. The WIC computer system will automatically add the cereal and baby food to the food packages when the infant is six (6) months old.

Food Package Code Begins With:	Infant Age	Formula Amount
F	1-3 months	Maximum MBF
G	4-5 months	Maximum MBF
Н	6-11 months	Maximum MBF
E	0-5 months	1 can powder
K	1-5 months	2 cans powder
J	1-5 months	3 cans powder
L	6-11 months	1 can powder
M	6-11 months	2 cans powder
N	6-11 months	3 cans powder

#### b. First Month

During the first month of life, the Mostly Breastfed (MBF) infant may not receive more than 104 reconstituted fluid ounces of formula from WIC (approximately one [1] can of powder formula). Formulas that are only available in large powder container sizes (e.g., 22-25.7 oz) cannot be issued to a MBF infant during the first month of life since their reconstituted yield exceeds the maximum allowed. CPAs must verify the formula yield per can prior to issuance of a 999 food package to a MBF infant during the first month of life. Infant formula issuance is limited during this time period to support the successful establishment of breastfeeding.

When an infant's initial certification is during the first month of life, the CPA will assign the CPA FPC that provides the amount of formula that should be issued after the first month. After entering the CPA FPC for a MBF package in the computer system, a second box will appear for the CPA to enter the FPC for the first month. From 0 to 20 (twenty) days of age this can either be E00 (no formula) or the appropriate FPC for one (1) can of powder formula (i.e., E17 for Gerber Good Start Gentle).

From 21 (twenty-one) days to one (1) month of age, the CPA is allowed a third choice for the first month's food package. Since the infant is almost one (1) month old, the CPA can assign the same package as the CPA FPC or the full amount of formula being

prescribed after the first month. For example, entering F17 in the second box would provide the maximum formula amount of four (4) cans allowed for ages one (1) to three (3) months. This option is only available at the initial certification.

For additional formula to be issued during the first 30 days of life both mother and baby must be switched to some breastfeeding or fully formula feeding.

3. Some Breastfed (SBF) infants are infants who receive formula from WIC in amounts that exceed the maximum allowed for mostly breastfed infants (approximately half [50%] of the full formula package issued to FFF infants).

# Some Breastfed Packages

SBF infant packages contain approximately 75% of the full package and begin with a "P". The computer will issue food packages beginning with a "P" to SBF infants ages 0 through three (3) months old, a "Q" package to SBF infants ages four (4) through five (5) months old, and an "I" package to SBF infants ages six (6) through 11 (eleven) months old. The WIC computer system will automatically add the cereal and baby food to the food packages when the infant is six (6) months old.

# b. Maximum Formula Packages

The SBF may also receive the full formula package which starts with an "A." The computer will issue internal system food packages beginning with an "A" to SBF infants ages 0 through three (3) months old, a "B" package to SBF infants ages four (4) through five (5) months old, and a "D" package to SBF infants ages six (6) through 11 (eleven) months old. The WIC computer system will automatically sequence the formula quantities and add the cereal and baby food to the food packages at the appropriate age.

4. Exclusively Breastfed (EBF) infants receive no formula from WIC. At six (6) months of age, EBF infants receive infant cereal, infant fruits and vegetables, and infant meats. EBF infant food package codes are E00 and E01. The computer will automatically advance the food package at age six (6) months from E00 to E01.

## D. Matching Mother/Baby Packages

"Mother/baby breastfeeding dyad" refers to the process of thinking of a mother and her infant as a unit or pair rather than as two individuals. The mother/baby breastfeeding dyad food packages must agree. For instance, the infant of an Exclusively Breastfeeding Woman (EBF) must be issued an Exclusively Breastfed food package. The table below matches the appropriate infants food package to their mothers food package.

**Note:** The "Mother/baby breastfeeding dyad" still applies to breastfeeding mothers whose infant has not been released from the hospital.

An infant that has not been released from the hospital, but qualifies as a breastfeeding infant **must** be certified as part of the "Mother/baby breastfeeding dyad". **The breastfeeding mother should be certified as "Exclusively Breastfeeding" as no food benefits will be issued to the infant.** Issue the infant CPA Food Package 190 "Infant in Hospital: Mother/baby breastfeeding dyad". Food package 190 contains a tracking voucher with no formula or food benefits. Formula or food benefits **can not** be issued to the infant until they have been released from the hospital. The tracking voucher message will encourage the participant to contact the local WIC clinic when the infant is released from the hospital. Upon release WIC staff should evaluate the "Mother/baby breastfeeding dyad" feeding staus and update the "Mother/baby breastfeeding dyad" food package as needed.

Physical presence for the breastfed infant(s) will be documented as reason (D) Disabilities. For more information on Physical Presence See section XV. 19 Certification Section of the Procedures Manual.

If the mother discontinues breastfeeding prior to the infant being discharged from the hospital, continue issuing food package 190 to the infant and update the mother's food package to reflect her new feeding status.

Mother Receives:	Infant Receives:	Federal Terminology:
Exclusively Breastfeeding (EBF) woman food package	Exclusively Breastfed (EBF) food package (receives no formula from WIC)	Fully Breastfed infant and Fully Breastfeeding Woman
Mostly Breastfeeding (MBF) woman food package	Mostly Breastfed (MBF) food package (does not exceed monthly formula allowance for Mostly Breastfed infant)	Partially Breastfed Infant and Partially Breastfeeding Woman where a singleton infant receives formula from the WIC program in amounts that does not exceed the maximum allowances for FP I-BF/FF A, B, C or II-BF/FF
If less than 6 months postpartum: a <b>Some</b> Breastfeeding (SBF) woman food package If greater than 6 months postpartum: <b>Some</b> Breastfeeding (SBF) woman food package W80 (with no foods)	Formula in an amount that exceeds the monthly allowance for a Mostly Breastfed infant and breast milk	Partially Breastfed Infant and Partially Breastfeeding Woman where a singleton infant receives formula from the WIC program in amounts that exceeds the maximum allowances for FP I-BF/FF A, B, C or II-BF/FF
If less than 6 months postpartum: Non-Breastfeeding woman food package	Fully Formula Fed (FFF) food package and <u>no</u> breast milk	Fully Formula Fed

Mother Receives:	Infant Receives:	Federal Terminology:
If greater than 6 months		
postpartum: mother is no longer		
WIC eligible		

# E. Manual Food Package

When Voucher Printing on Demand (VPOD) is not available, a manual food package for age or equivalent (i.e., concentrate or powder) should be issued to infants. Manual vouchers are available for Gerber Good Start Gentle for food packages A17, B17, and D17. If a manual food package is not available for the type and/or the amount of formula the infant receives, the food package should be issued on a blank voucher(s). When using blank vouchers for state-created food packages, the CPA FPC, the age-appropriate internal food package code (FPC), and the voucher code (VC) must be listed on the blank voucher. For example, a FFF three (3)-month-old infant on powder Gerber Good Start Soothe would be issued two vouchers with the following codes: CPA FPC A37, FPC A37, and VC L01 and L02.

# F. Rounding Infant Age

"First Day to Use" date is the date the WIC participant is first allowed to cash their WIC voucher. When calculating infant's age to determine which food package to issue when using manual or blank vouchers, issuing from stock or ordering formula from the state office, round as follows:

- If the infant's age on the "First Day to Use" date for the voucher is 0 to 15 (fifteen) days old, round down to nearest month.
- If the infant's age on the "First Day to Use" date for the voucher is 16 (sixteen) – 30 (thirty) days old, round up to nearest month.

The WIC computer system will normally make this age determination. The WIC staff only have to calculate age when the WIC computer system is unavailable.

# G. Requests for Additional Formula for Mostly Breastfed (MBF) Infants

To promote breastfeeding, the infant should be issued the smallest amount of formula needed. Additional formula can be issued as long as the infant does not exceed the maximum monthly allowance for Mostly Breastfed (MBF) infants.

At no time should a mostly breastfed infant receive additional formula during the first 30 days of life after the initial certification. To receive more than one can of formula for the first month they most change feeding types to fully formula fed.

If the infant's needs exceed the maximum monthly allowance for Mostly Breastfed (MBF) infants and the mother has used some of her vouchers for that month, use the instructions in Attachment FP-33 to calculate whether a food package change can be made for the current month. The standard woman's MBF food package W01 cannot be changed to food package W21 during the same month if voucher code W02 or both voucher codes 041 and 040 have already been spent by the mother. The women can be issued any foods allowed in the new food package that she has not already received by cashing a voucher from her old food package. State-created vouchers have been designed for use in converting the standard Mostly Breastfeeding package (W01) to the standard Some Breastfeeding or Non-Breastfeeding package (W21). See Attachment FP-33 on how to use voucher codes A34 and W71 to make this transition. If the infant's needs exceed the maximum monthly allowance for Mostly Breastfed (MBF) infants and the mother has used vouchers for that month which would result in her food package not being able to be converted to the new food package, then the food package change for both the infant and mother would be effective the following month.

If the mother has not used any of her vouchers for that month, then the clinic may void the current vouchers for the mother and re-issued the new food package. When reissuing the infant's vouchers take into consideration which, if any, of the infant vouchers have already been cashed. Subtract any formula already issued from the amount being reissued.

# H. Physical Form

Local agencies must issue all WIC formulas (infant formula, exempt infant formula and WIC-eligible medical foods) in concentrated liquid or powder physical forms. Ready-to-feed WIC formulas may be authorized when the CPA determines and documents that:

- (1) The participant's household has an unsanitary or restricted water supply or poor refrigeration;
- (2) The person caring for the participant may have difficulty in correctly diluting concentrated or powder forms; or
- (3) The formula is only available in a ready-to-feed form.

In addition, participants with qualifying medical conditions who are assigned to Food Package III can also be issued ready-to-feed formulas for the additional reasons below:

- (4) If the ready-to-feed form better accommodates the participant's medical condition (Food Package III clients only); or
- (5) If the ready-to-feed form improves the participant's compliance in consuming the prescribed formula (Food Package III clients only).

# IV. WOMEN, CHILDREN AND INFANTS WITH QUALIFYING MEDICAL CONDITIONS

Food Package III is reserved for issuance to women, infants and children who have a documented qualifying medical condition(s) that requires the use of a WIC formula (infant formula [children & women only], exempt infant formula or WIC-eligible medical food) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. Medical documentation must meet the requirements described in Section VI of the Food Package (FP) Section.

- A. Qualifications for Food Package III Issuance
  - 1. Food Package III requires two components:
    - (a) Diagnosis of one or more qualifying medical conditions and
    - (b) The prescription of:
      - (1) An exempt infant formula or medical food for an infant,

or

- (2) A medical food, infant formula, or an exempt infant formula for a woman or child
- Qualifying medical conditions must be diagnosed by a health care professional licensed to write medical prescriptions in the State of Georgia. Qualifying medical conditions include, but are not limited to, premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutrition status. Food Package III may not be issued solely for the purpose of enhancing nutrient intake or managing body weight (e.g., to treat "weight loss" or "poor weight gain").
- B. Disqualifications for Food Package III

- 1. Food Package III is **not** authorized for infants whose only condition is:
  - A diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula; or
  - b. A non-specific formula or food intolerance.
- 2. Other participants who do not qualify for Food Package III include:
  - a. Infants receiving non-contract standard infant formulas.
  - b. Infants receiving standard infant formula via tube-feeding due to a medical condition.
  - c. Children or women diagnosed with a medical condition that does <u>not</u> require the use of a formula or medical food.

# C. Food Packages

- Infant food packages in Food Package III only consist of exempt infant formula or medical food(s) plus infant cereal and infant fruits and vegetables as allowed for age, if appropriate for the medical condition. Infant meats are not authorized for issuance in Food Package III since Exclusively Breastfed (EBF) infants by definition do not receive any formula from WIC and therefore could not be receiving exempt infant formula or medical food(s) as required for Food Package III.
- 2. Child and woman food packages in Food Package III may consist of infant formula, exempt infant formula, and/or medical food(s) and any of the foods in the standard children or women packages (cereal, juice, milk, cheese, whole grain bread or alternatives, beans, peanut butter, eggs, and fruits and vegetables). Children and women in Food Package III are also allowed to receive infant cereal, if appropriate for their medical condition(s).

## D. Tailoring

Due to the varying ages and medical conditions, tailoring for Food Package III must be carefully individualized. Georgia WIC *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* (Form #1) allows the health care provider to list the name of the special formula prescribed and indicate which authorized supplemental foods, if any, are **not** allowed due to the participant's medical condition. (See section VIII of this Food Package [FP] Section of the manual for medical documentation procedures.)

# E. Food Package Assignment

## 1. Infant

Each infant CPA Food Package Code (FPC) represents three packages – one for each infant age group (0 through three [3] months, four [4] through five [5] months, and six [6] through 11 [eleven] months). A different amount of formula is allowed for each age group. Infants four (4) through five (5) months of age receive slightly more formula than the 0 through three (3) month-old infant. Infants six (6) through 11 (eleven) months of age receive less formula, but with the addition of baby cereal and baby food fruits and vegetables. Infant CPA FPCs for exempt infant formulas begin with an "R." The computer will automatically sequence the infant through the "S" (four [4] through five [5] months) and "T" packages (six [6] through 11 [eleven] months).

Infants ages six (6) through 11 (eleven) months old who are unable to consume solid foods due to their qualifying medical condition(s) and who are assigned to Food Package III are eligible to receive formula at the higher maximum allowance rate allowed for infants ages four (4) through five (5) months old. If the infant age six (6) through 11 (eleven) months old is unable to eat any solid foods as indicated on the medical documentation form, the CPA can assign a CPA FPC code beginning with an "S" so that the infant can receive additional formula in place of the supplemental foods. Although used differently, the internal "S" food package is identical to the CPA FPC "S" package.

Exceptions – there are a few powder exempt infant formulas that do not follow the standard sequencing described in the preceding paragraphs. The state-created food packages for powder Similac Expert Care Alimentum, PurAmino, Similac PM 60/40 and Pregestimil have special sequencing patterns to avoid over or under issuance. (See Attachment FP-34 to view the sequencing patterns for these formulas.)

#### 2. Women and Children

The food package codes for special formulas for women and children begin with an "X" or "Z." When the CPA assigns a special formula package beginning with an "X" or "Z," a second food package field will be enabled in the computer system to allow the CPA to enter a food package for the appropriate supplemental foods based on the medical documentation provided. The food package could be a child or woman's state-created food package or a 999 food package if none of the standard state-created food packages meet the medical food prescription. The special formula food package (food package beginning with an "X" or "Z") must be entered into the computer as the first food package code to enable the second field.

If the WIC participant only needs the "X" or "Z" package, enter "000" in the second food package field to indicate that supplemental foods do not need to be issued.

If none of the state-created formula food packages meet the prescription needs of the participant, a 999 food package can be assigned in the first box to allow the CPA to design an individualized package.

# F. Manual Food Package

There is no standard manual food package for Food Package III. Each package is tailored to meet the participant's needs. If manual vouchers are needed, use blank vouchers.

#### G. WIC Foods

- Children may receive any infant formula, pediatric formula or medical food on Georgia WIC-approved formula list. Women may receive any adult formula or medical food on Georgia WIC-approved formula list. (See Attachment FP-34 or visit Georgia WIC website at <a href="http://www.wic.ga.gov/wicformula.asp">http://www.wic.ga.gov/wicformula.asp</a>.)
- 2. The maximum amount of formula or medical food allowed is based on reconstituted fluid ounces of the product. To determine the maximum number of containers allowed, see Attachments FP-24 FP27 and , FP-29. If the product does not have standard mixing instructions (e.g., many metabolic formulas), then the formula should be issued by weight (See Attachments FP-24, FP-25, FP-29.) If the prescribed product reconstitutes to an amount not listed or if the container size (if calculating by weight) is not on the tables, then call the Nutrition Unit for assistance.
- 3. Infants receive the maximum amount of formula allowed regardless of the amount physician requests on the medical documentation form.

Their needs are constantly changing, and we do not require new medical documentation for each change.

- 4. Children and women receive only the amount of formula prescribed for them. The number of containers may be rounded up as long as the federal maximum of 910 fluid ounces is not exceeded.
- 5. Women and children may receive up to the maximum quantities allowed for their WIC category of the juice, milk, cereal, eggs, fruits and vegetables, whole wheat bread or alternative, peanut butter and beans/peas as prescribed by their health provider on the Medical Documentation Form (Form #1). No supplemental foods may be issued to a Food Package III participant without appropriate medical documentation. (See maximum food quantities for children on Attachment FP-30 and women on Attachment FP-31.)

Cereal: Infant cereal may be issued in place of adult cereals to children or women in Food Package III, if appropriate. Up to 32 ounces of infant cereal may be substituted for the 36 ounces of adult cereal for a woman or child in Food Package III if deemed appropriate by either the prescribing health care provider or by the CPA.

Infant Fruits and Vegetables: Jars of infant food fruits and vegetables cannot be issued to women or children on their WIC vouchers, even in Food Package III. However, women or children can use their cash value fruit and vegetable produce voucher to purchase baby food fruits and vegetables, if needed.

For a Food Package III participant, if the prescribing authority requests whole milk on the medical documentation form (Form #1 only), whole milk may be issued to women and children over age two (2) years in Food Package III.

## H. Responsibilities

Due to the nature of the health conditions of participants who are issued supplemental foods that require medical documentation, close medical supervision is essential for each participant's nutritional management. Per federal regulations, this responsibility remains with the participant's health care provider for this medical oversight and instruction. This responsibility cannot be assumed by personnel at the WIC State or local agency. However, it is the responsibility of the local WIC agency to ensure that only the amounts and types of supplemental foods prescribed by the participant's health care provider are issued in the participant's food package. CPAs should provide high risk counseling according to WIC procedures.

Medical documentation and/or prescriptions signed by dietitians cannot be accepted. Dietitians do not have prescriptive authority as outlined in the laws

of the State of Georgia. However, a Registered or Licensed Dietitian or CPA may:

- a. Recommend to a physician, certified nurse practitioner, or physician assistant a suitable alternative formula, or
- b. Refer a participant to a physician, certified nurse practitioner, or physician assistant for evaluation.

## I. Maximum Amounts:

(See Attachment FP-29 for maximum amounts of formula authorized for women and children.) The maximum amounts of formula, cereal, and infant food fruits and vegetables authorized for infants is the same as infants in Food Packages I and II. (See Attachments FP-24 to FP-26.) The maximum amount of supplemental foods for women and children is the same as the amounts they would have received had they not qualified for Food Package III. (See Attachments FP-30 to FP-31.)

# V. CHILDREN AGES 1 through 4 YEARS

Food Package IV is for children 1 through 4 years of age. This food group consists of milk, cheese, cereal, juice, eggs, whole grain bread or alternative, fruits and/or vegetables, and beans/peas or peanut butter.

## A. Tailoring

It is federally mandated that a food package be prescribed that provides the maximum monthly allowance of supplemental foods. This applies even when there are two (2) or more family members participating on WIC.

The CPA can assign a standard package or a package with an alternative dairy option such as lactose reduced milk.

# B. Food Package Assignment

The food packages for children ages one (1) to five (5) years old are listed in Attachments FP-15 and FP-16. Food package codes for children ages 12 through 23 months are C01 – C13 and ages two (2) through five (5) years old are C21 – C33. Refer to Attachments FP-30 for the maximum amounts of each food item allowed per month.

Children ages 24 months and older in Food Package IV are required by federal regulations to be issued only low-fat milk. Younger children (ages 12 through 23 months old) are only authorized to receive whole milk from WIC. The computer system will automatically transition a child from the whole milk food package to

the low-fat milk food package on the first set of vouchers printed with a "First Day to Use" date on or after the child is age 23 months, 16 days old.

# C. Manual Food Package

When Voucher Printing on Demand (VPOD) is not available, a manual food package should be issued. If a manual food package is not available for the food package the child receives, then the food package should be issued using blank vouchers.

Manual vouchers are available for the standard food packages for children: C01 for children ages 12 through 23 months and C21 for children 2 through 5 years old.

#### D. WIC Foods

- 1. Juice: Children will be issued single strength juice in 64 oz bottles.
- 2. Milk: Children greater than 23 months 15 days of age will have a choice between two standard food packages C21 (with 1 pound of cheese substituted for part of the milk) or C28 (with all milk and no cheese). Food package C28 with no cheese should be considered the standard package and C21 an alternative package.

Participants who prefer evaporated milk can be issued the state created evaporated milk food package C12 (12-23 months) or C32 (2 through 5 years).

The standard package for children 12 through 23 months of age contains whole milk and no cheese. A 999 food package can be used to issue cheese to this age group. Federal regulations prohibit issuance of low-fat milk by WIC to children ages 12 through 23 months old. Therefore, prescriptions for low-fat milk cannot be accepted *for any reason* for children in this age group. Children ages 12 through 23 months old with a medically indicated need to reduce their fat or caloric intake should be instead provided appropriate nutritional counseling according to standard high risk education procedures.

Children ages 24 months and older will receive low-fat milk. Prescriptions for whole milk cannot be accepted *for any reason* for children ages 24 months or older receiving Food Package IV. (Note: Only children ages 24 months or older receiving a formula or medical food due to a qualifying medical condition [in Food Package III] can be issued whole milk and when medical documentation provided requests whole milk.)

3. Cheese: The standard food package for children 12 through 23 months old does not include cheese. However, a 999 food package containing cheese can be created for children in this age range.

For children 2 through 5 years of age, the CPA may assign a food package with cheese substituted for a portion of the milk allowance.

Additional cheese may be issued in place of milk to children with medical documentation. When "extra cheese" is prescribed, any remaining milk allotment must be issued in full. This may require the issuance of either dry powder milk or evaporated milk for a portion of the milk allowance. (See Attachment FP-39 for a chart listing the amount of fluid and dry powder milk to be issued based on the amount of cheese prescribed.) Issuing greater than one (1) pound of cheese per month to a child requires medical documentation.

- 4. Fruits and Vegetables: The fruit and vegetable voucher cannot be prorated. If a participant is eligible to receive any voucher for the month, the participant must be issued the fruit and vegetable voucher.
- 5. Peanut Butter: The food packages for children ages 12 through 23 months old do not contain peanut butter because of the risk of choking.
- Cereal: Infant cereal <u>cannot</u> be issued to children ages 1 through 5 years in Food Package IV. Only children with qualifying medical conditions who are receiving formulas or medical foods in Food Package III are eligible to receive infant cereal in place of adult cereal.
- 7. Jars of infant food fruits and vegetables <u>cannot</u> be issued to children on their WIC vouchers. However, children can use their cash value fruit and vegetable produce voucher to purchase baby food fruits and vegetables, if needed.
- 8. Other WIC Foods: For information on package sizes and restrictions see Georgia WIC-Approved Food List (Attachment FP-45).

# E. Milk Alternatives

For children, cheese, calcium-set tofu, or soy milk may be substituted for milk as described below. The issuance of any soy milk, any tofu, or extra cheese (greater than 1 pound per month) to children requires medical documentation to ensure that the medical provider is aware that the child is receiving a cow's milk substitution. Medical documentation can include religious and cultural reasons (e.g., vegan or vegetarian) as acceptable reasons to issue soy milk and tofu.

Cheese: Cheese may be substituted for milk at the rate of 1 pound of cheese per 3 quarts of milk. A maximum of 1 pound of cheese can be substituted in this manner <u>without</u> requiring medical documentation. With medical documentation of a qualifying medical condition such as lactose intolerance, additional amounts of cheese may be substituted – up to the maximum of four (4) pounds of cheese.

Soy Milk: Soy milk may be substituted for cow's milk at the rate of 1 quart of soy milk for 1 quart of milk, up to the total maximum monthly allowance of milk (16

quarts). Children must have medical documentation of a qualifying medical condition to receive any amount of soy milk.

Tofu: Calcium-set tofu may be substituted for milk at the rate of 1 pound of tofu per 1 quart of milk, up to a maximum of 8 pounds of tofu per month. Children must have medical documentation for a qualifying medical condition to receive any amount of tofu.

## F. Additional Documentation

CPAs must thoroughly document any situation in which less than the full maximum allotment of a supplemental food is issued to a participant (e.g., at the participant's request, due to a food allergy, etc.).

Medical documentation is required in the following situations:

- 1. Any authorized soy milk or tofu issued to children.
- 2. Any authorized cheese issued to children that exceeds the maximum substitution rate of one (1) pound per month.

## VI. WOMEN

Women participating in WIC and who do not have a medical condition qualifying them for Food Package III are categorized into three Federal Food Packages: V, VI, and VII. Each Federal Food Package consists of different quantities of supplemental foods, different allowed supplement foods, and/or different eligibility periods and requirements.

- A. Food Package V is for two categories of women:
  - (1) Women with a singleton pregnancy ("Prenatal")
  - (2) Women who are mostly breastfeeding up to one year postpartum ("Mostly Breastfeeding Women") and whose Mostly Breastfed (MBF) infants receive formula from Georgia WIC in amounts that do not exceed the maximum allowances for Mostly Breastfed infants.

Food Package V consists of milk, cheese, cereal, juice, eggs, whole grain bread or alternative, fruits and/or vegetables, beans/peas or peanut butter.

- B. Food Package VI is for two categories of women:
  - (1) Women up to six months postpartum who are not breastfeeding their infants ("Non-Breastfeeding/Fully Formula Feeding Women"). At six months postpartum, the non-breastfeeding postpartum women are no longer eligible for WIC.
  - (2) Breastfeeding women ("Some Breastfeeding") accepting formula for their infants in amounts that exceed the maximum monthly allowance for Mostly Breastfed (MBF) infants. At six months postpartum, the breastfeeding women in Food Package VI will no longer be issued supplemental foods in their food package (CPA FPC W80) but do remain eligible for WIC. Such women may

remain on WIC as breastfeeding participants and receive nutrition education and breastfeeding support if in a current certification (up until they discontinue breastfeeding or their infants reach age 12 months, whichever happens first).

Food Package VI consists of milk, cheese, cereal, juice, eggs, fruits and/or vegetables, beans/peas or peanut butter. Refer to Attachment FP-31 for the authorized foods and the maximum amounts allowed per month for women.

## C. Food Package VII is for four categories of women:

- (1) Breastfeeding women up to one year postpartum whose infants do not receive any formula or medical foods from WIC ("Exclusively Breastfeeding Women"). These women are assumed to be exclusively breastfeeding their infants.
- (2) Women who are pregnant with two or more fetuses ("Prenatal with Multiples").
- (3) Women who are mostly breastfeeding multiple infants ("Mostly Breastfeeding Multiples") from the same pregnancy.
- (4) Food Package VII also includes a "super" food package for women exclusively breastfeeding multiple infants ("Exclusively Breastfeeding Multiples") from the same pregnancy. None of the infants of a woman in this classification can receive any formula or medical foods from WIC in order for the woman to qualify for this "super" food package. This package contains 1.5 times the amount of foods in the standard Food Package VII. Each of these "super" food packages consists of two monthly packages that are issued in alternating months. The rotation is done automatically by the computer system.

Food Package VII consists of milk, cheese, cereal, juice, eggs, whole grain bread or alternative, fruits and/or vegetables, beans/peas, peanut butter and fish. Refer to Attachment FP-31 for the authorized foods and the maximum amounts allowed per month for women.

## D. Tailoring

It is federally mandated that the maximum monthly allowance be prescribed. This applies even where there are two (2) or more family members participating on WIC.

The CPA can assign a standard package or a package with an alternative dairy option such as goat milk, tofu, or soy milk.

## E. Food Package Assignment

The food packages for women are listed on Attachments FP-11 to FP-14. The Food Package Codes (FPCs) for Prenatal and Mostly Breastfeeding Women are W00–W13. The FPCs for Postpartum Non-Breastfeeding/Fully Formula Feeding and Some Breastfeeding Women are W20 – W33 plus W80 for Some

Breastfeeding women greater than 6 months postpartum. The FPCs for Exclusively Breastfeeding Women are W40 – W79.

If at any time the mother requests an additional amount of formula, the CPA should reassess the mother/baby pair to determine what changes need to be made to both the mother's and the infant's food package and feeding type. CPAs must change both the food package of the mother and infant(s) to reflect any changes in their joint status; for example, transitioning from Exclusively Breastfeeding to Mostly Breastfeeding or from Mostly Breastfeeding to Some Breastfeeding. Refer to Attachment FP-31 for the authorized foods and the maximum amounts allowed per month for women.

# F. Manual Food Package

When Voucher Printing on Demand (VPOD) is not available, a manual food package should be issued. If a manual food package is not available for the food package the woman receives, then a food package should be issued using blank vouchers.

The standard food package for Prenatal and Mostly Breastfeeding Women is W01. For Non-Breastfeeding/Fully Formula Feeding Women and Some Breastfeeding Women the standard food package is W21. It is W41 for Exclusively Breastfeeding Women.

#### G. WIC Foods

#### 1. Juice

Women have a choice of three forms of juice – frozen concentrate, pourable concentrate, or 48 oz containers of single strength juice.

#### 2. Milk

Only low-fat milk is allowed for women. Women in Food Package V or VII have a choice of two standard packages — one with cheese and one without cheese. Food packages without cheese (all milk) should be considered the standard package and the package with cheese an alternative.

Participants who prefer evaporated milk can be issued the state created evaporated milk food packages.

The standard food package for women in Food Package VII contains cheese.

#### 3. Fish

Women receiving Food Package VII receive 30 ounces of fish (tuna or salmon). Women in Food Package V or VI are not authorized to receive fish.

#### 4. Beans/Peas and Peanut Butter

Canned beans/peas may be substituted for dried beans/peas at the rate of 64 oz. of canned for one (1) pound of dried beans/peas. Issuance of additional combinations of dried or canned beans/peas and peanut butter is authorized as listed below:

- (a) 1 pound of dried plus 64 oz. of canned beans/peas (and no peanut butter)
- (b) 2 pounds of dried beans/peas (and no peanut butter)
- (c) 128 oz. of canned beans/peas (and no peanut butter)
- (d) 2 containers (16-18 oz. each) of peanut butter (and no beans/peas)
- 6. Fruits and Vegetables: The fruit and vegetable voucher cannot be counted when prorating vouchers. If the participant receives any voucher for the month, she must receive the fruit and vegetable voucher.
- 7. Cereal: Infant cereal <u>cannot</u> be issued to women in Food Packages V, VI, or VII. Only women with qualifying medical conditions who are receiving formulas or medical foods in Food Package III are eligible to receive infant cereal in place of adult cereal.
- 8. Jars of infant food fruits and vegetables cannot be issued to women on their WIC vouchers. However, women can use their cash value fruit and vegetable produce voucher to purchase baby food fruits and vegetables, if needed.
- 9. Other WIC Foods: For information on package sizes and restrictions see Georgia WIC-Approved Foods List (Attachment FP-45).

# H. Milk Alternatives

For women, cheese, calcium-set tofu, or soy milk may be substituted for milk as described below.

Cheese: Cheese may be substituted for milk at the rate of one (1) pound of cheese for 3 quarts of milk. A maximum of one (1) pound of cheese may be substituted in this manner without medical documentation of a qualifying medical condition for Food Packages V and VI. No more than two (2) pounds of cheese may be substituted for milk for Food Package VII recipients. With medical documentation women receiving Food Package VI may receive up to four (4) pounds of cheese and women receiving Food Package V and VII may receive up to six (6) pounds of cheese.

Soy Milk: Soy milk may be substituted for milk at the rate of 1 quart of soy milk for 1 quart of milk up to the total maximum monthly allowance of milk. Women are <u>not</u> required to have medical documentation in order to receive soy milk. Please note, soy-based beverages are not recommended for women with breast cancer.

Tofu: Calcium-set tofu may be substituted for milk at a rate of one (1) pound of tofu for 1 quart of milk. Medical documentation is required for women to receive more than four (4) pounds or six (6) pounds of tofu per month, depending on their category, feeding method and number of infants being carried or breastfed. With medical documentation women may receive up to 12 pounds of tofu. There are state-created vouchers containing tofu. If a different amount of tofu is needed, then a 999 food package will need to be developed using state-created vouchers.

#### Additional Documentation

CPAs must thoroughly document any situation in which less than the full maximum allotment of a supplemental food is issued to a participant (e.g., at the participant's request, due to a food allergy, etc.).

Medical documentation is required in the following situation:

Any authorized cheese or tofu issued to women that exceeds the standard substitution rate.

# VII. HOMELESSNESS, MIGRANCY, AND DISASTER SITUATIONS

## A. Alternative Food Package Assignment

Local agencies have the option to convert participants to an alternative food package under the following circumstances:

- 1. A participant lacks a fixed and regular nighttime residence.
- 2. A participant's primary nighttime residence is:
  - a. A publicly or privately operated shelter designed to provide temporary living accommodations.
  - b. A temporary accommodation in the residence of another individual.
  - c. A public or private place not designed for or ordinarily used as a regular sleeping accommodation.

- 3. A participant's primary residence lacks refrigeration and/or contains a contaminated or limited water supply.
- 4. In disaster situations such as floods, tornadoes, etc., that temporarily displace participants from their normal residences or that result in an unsafe water supply.

# B. Food Package Assignment

The CPA must reevaluate and assign appropriate food packages when the participant locates a permanent residence with adequate refrigeration and/or a safe water supply.

# C. Manual Food Package

When Voucher Printing on Demand (VPOD) is not available, a manual food package should be issued when possible. If a manual food package is not available that will meet the participant's needs, then a food package should be issued using blank voucher(s).

# D. Assignment of Food Package Codes

#### 1. Infants

- Alternative food packages for infants consist of 8.45 oz containers of ready-to-feed formula which are issued in four (4) packs.
  - (1) Contract milk-based formula: CPA FPC is A19.
  - (2) Contract soy-based formula: CPA FPC is A29.
- b. Each infant CPA Food Package Code (FPC) represents three packages one for each infant age group (0 through 3 months, 4 through 5 months, and 6 through 11 months.) A different amount of formula is allowed for each age group. Infants 4 through 5 months receive slightly more formula than do the infants 0 through 3 months old. Infants 6 through 11 months old receive less formula and the addition of baby cereal and infant food fruits and vegetables.

Georgia computer systems are automated to progress the infant through these three age groups. The CPA FPCs for Fully Formula Fed (FFF) infant packages start with an "A." The computer will issue internal food packages beginning with a "B" to infants ages 4 through 5 months, and packages beginning with "D" to infants ages 6 through 11 months. For maximum

amounts see Attachment FP-26 for infant food and Attachment FP-32 for alternative formula.

# 2. Children 1 To 5 Years

Alternative food packages for this group consist of ultra high temperature (UHT) milk, iron fortified cereal, vitamin C fortified juice, fruits and vegetables, whole grain bread or alternative and canned beans or peanut butter. The food package codes for children's alternative packages are C10 and C30. For maximum amounts see Attachment FP-30.

# 3. Pregnant and Breastfeeding Women

Food packages for this group consist of ultra high temperature (UHT) milk, iron fortified cereal, and 100% vitamin C fortified juice, fruits and vegetables, whole grain bread or alternative, canned beans and/or peanut butter. Food package W10 may be assigned to pregnant and Mostly Breastfeeding women. The alternative package for Exclusively Breastfeeding women is W50. For maximum amounts see Attachment FP-31.

## 4. Non-Breastfeeding/Some Breastfeeding Women

Food packages for this group consist of ultra high temperature (UHT) milk, iron fortified cereal, 100% vitamin C fortified juice, fruits and vegetables, canned beans and/or peanut butter. The alternative package for women Breastfeeding Some (SBF) and Non-Breastfeeding women is W30. For Maximum amounts see Attachment FP-31.

## VIII. MEDICAL DOCUMENTATION

No medical foods, formulas requiring a prescription, supplemental foods (for clients in Food Package III), or special milk substitutions requiring medical documentation may be issued to a participant without appropriate medical documentation, as outlined below. Participants with expired medical documentation cannot be issued any vouchers until current medical authorization, either verbal or written, is obtained.

WIC-approved formulas designed for enteral feeding (i.e., tube feeding) may be authorized. However, WIC does not authorize distribution of formulas designed for parenteral (i.e., intravenous) infusion. All apparatus, equipment, or devices (e.g., enteral feeding tubes, bags and pumps) designed to administer WIC formulas are not allowable WIC costs.

#### A. Situations Requiring Medical Documentation

#### 1. Infants:

- a) Issuance of Georgia WIC-approved non-contract brand infant formula.
- Issuance of any Georgia WIC-approved exempt infant formula or medical food.

#### 2. Children:

- a) Issuance of any Georgia WIC-approved infant formula, exempt infant formula, or medical food.
- b) Issuance of any quantity of soy milk or tofu.
- c) Issuance of more than one (1) pound of cheese per month.

#### 3. Women:

- a) Issuance of any Georgia WIC-approved formula, exempt formula, or medical food.
- b) Issuance of more than one or two (1 or 2) pounds of cheese per month.\*
- c) Issuance of more than four or six (4 or 6) pounds of tofu per month.\*

\*Note: The exact quantity depends upon a woman participant's category, the number of infants she is pregnant with or has just delivered, and her infant feeding method.

## B. Acceptable & Unacceptable Forms of Documentation

- Clinics may accept medical documentation in the form of an original written document, an electronic document, or medical documentation received by facsimile or telephone. Verbal orders received by telephone to a CPA must be followed with written documentation (original, electronic, or faxed) within two (2) weeks of the original verbal order. Please refer to Section D below for verbal order procedures.
- 2. Medical documentation must be written on a physician's prescription pad, private medical office letterhead, District/County letterhead, or on one of the two Georgia WIC forms described below.
- 3. Clinics are encouraged to promote the use of Georgia WIC medical documentation forms to reduce the likelihood of missing information when other forms are used. It is not mandatory for the health care providers to use Georgia WIC medical documentation forms, but other forms described in #2 above must contain all of the required information described in this section. Georgia WIC medical documentation forms are:

- a) Medical Documentation Form for WIC Special Formula and Approved WIC Foods (Form #1). This form is for prescribing formulas and medical foods. Please refer to Attachments FP-40 and FP-41 for a copy of the form and complete instructions on form use.
- b) Referral Form and Medical Documentation for Special Food Substitutions (Form #2). This form is for providing referral data and for authorizing special milk substitutions requiring medical documentation (e.g., tofu, extra cheese, soy milk). Please refer to Attachments FP-42 and FP-43 for a copy of the form and complete instructions on form use.
- 4. Georgia WIC clinics may not accept the following forms:
  - a) Prescription forms or prescription pads which are pre-printed or prestamped with a formula requiring a prescription.
  - b) Forms or prescription pads containing formula advertising.
  - c) Prescription pads or forms that include a pre-printed list of formulas from which the healthcare provider is expected to choose are not allowed. For example, a prescription form that lists ten (10) common special formulas and one (1) blank "other" formula option with a check box next to each is unacceptable. The prescription pad or form must not contain any pre-printed or "suggested" formulas.

## C. Required Medical Documentation Components

- 1. The complete brand name of the authorized WIC formula prescribed and the amount of formula needed per day in reconstituted fluid ounces.
- The authorized supplemental food(s) appropriate for the qualifying medical condition(s) and any restrictions. This section (Section 3 of Medical Documentation Form #1) must be completed before supplemental foods are issued to women, infants, and children. Only the foods prescribed on the MDF should be issued.
- 3. The length of time the prescribed WIC formula is required by the participant.
- 4. The qualifying medical condition(s) requiring the issuance of the authorized WIC formula.
- 5. The original signature, date, and contact information of the authorized prescribing health care provider.
  - a) Medical documentation must contain the original signature of a health care professional licensed by the State of Georgia to write

prescriptions in accordance with state laws. Stamped, electronic, or pre-printed signatures will not be accepted. Medical documentation for Georgia WIC may *only* be signed by the following healthcare providers:

- Physicians (e.g., MD, DO)
- Nurse Practitioners (e.g., APRN, NP, CPNP, CNP, PNP, CNNP, FNP)
- Physician Assistants (e.g., PA, PA-C)
- b) Prescriptions signed by any other health professionals <u>cannot</u> be accepted. Registered Dietitians (RDs), including those with advanced certifications such as certified nutrition support dietitians (CNSDs) and dietitians who are board certified specialists in pediatric nutrition (e.g., CSPs), cannot sign prescriptions for WIC. Although such dietitians are experts in their respective areas of specialization, they do not have prescriptive authority in the State of Georgia and therefore cannot sign prescriptions for use in Georgia WIC as outlined by Federal regulations.

#### D. Verbal Orders

- 1. For Participants Without Any Medical Documentation (Verbal Order)
  - a) Written medical documentation or a verbal order from an authorized healthcare provider is required prior to food package assignment by the WIC CPA.
  - b) Verbal orders must only be received and documented by a CPA.
  - c) The CPA must promptly document the verbal order. Document the details of the verbal order in the participant's paper or electronic WIC record (including all medical documentation components required in Section C above) and sign/date the information. The complete name and credentials (e.g., MD or NP) of the authorized prescribing health care provider is to be recorded in place of his/her original signature.
  - d) Confirmation of a verbal order **must** be requested from the health care provider and **must** be received within two (2) weeks of the initial verbal order.
  - e) Only one (1) month of vouchers may be issued to a participant when a verbal order is received. Do not issue a second month of vouchers until the written documentation is received by the clinic. Medical documentation must be written and may be provided as an original written document, an electronic document, or by facsimile.

- f) All medical documentation must be kept on file at the local clinic.
- 2. For Participants With Incomplete Medical Documentation (Verbal Clarifiaction)
  - a) Verbal clarification orders also may be accepted by a CPA to complete *minor* missing or incomplete information on Form #1 or Form #2. For example:
    - 1. A missing ICD-9 code (when the name of the diagnosis is already recorded on the form), if the ICD-9 code would help to better clarify the participant's condition
    - 2. To clarify the full formula product name (e.g., did "Neocate" mean Neocate Infant DHA + ARA, or Neocate Junior?)
    - 3. A missing product form (powder, concentrate, or ready-to-feed)
    - 4. A missing "planned length of use"
    - 5. A missing zip code, phone number, or fax number
    - Incorrectly documented amount of formula prescribed per day (e.g., prescribed amount was written as the number of cans required per day instead of the number of reconstituted fluid ounces required per day)
  - b) The CPA must document the missing information on the form, initial and date *each* change, and record the name and credentials of the physician, physician assistant, nurse practitioner, or nurse (relaying the information on behalf of the provider) who gave the verbal clarification by *each* change who gave the verbal clarification by *each* change. A new medical documentation form does not need to be completed.
    - 1. If extensive information is missing or if any information needs to be corrected or revised, the health care provider must complete a new form.
    - 2. If the health care provider's signature is missing, was completed using a "signature stamp," or if the form was signed by an unauthorized provider, a new form must be completed.
    - 3. This process cannot be used in place of the "verbal order" procedures outlined above for use when no medical documentation exists (i.e., instead of getting written medical documentation from a health care provider). This process must only be used to add minor missing information to an existing form.

c) A participant may be issued the full set of vouchers once the missing/incomplete information is obtained and fully documented by the CPA.

#### E. Frequency & Records

- Current medical documentation is required, at a minimum, every six (6) months, with any change in the order, and at <u>every</u> recertification/sub-certification/mid-certification\* and at WIC type changes when a certification is not completed, for the prescription of special formulas and medical foods on Form #1.
- Current medical documentation is required, at a minimum, every six (6) months, with any change in the order, and at <u>every</u> recertification/sub-certification/mid-certification\* and at <u>WIC</u> type changes when a certification is not completed, for the prescription of special milk substitutions on Form #2.

\*Note: If the medical documentation on file was signed and dated by the health care provider more than 30 (thirty) days prior to the date of the recertification / sub-certification / mid-certification, then new medical documentation must be provided by the client.

- Current medical documentation is defined as medical documentation that was signed and dated by the health care provider less than or equal to 30 (thirty) days of being processed by the WIC staff (i.e., within the past 30 [thirty] days prior to certification or food package change).
- 4. All medical documentation must be kept on file at the local clinic.

#### F. Issuance of Ready-To-Feed Products

Local agencies must issue all WIC formulas (all infant formula, exempt infant formula and WIC-eligible medical foods) in concentrated liquid or powder physical forms. Ready-to-feed WIC products may be authorized when the CPA determines and documents that:

- 1. The participant's household has an unsanitary or restricted water supply or poor refrigeration;
- 2. The person caring for the participant may have difficulty in correctly diluting concentrated or powder forms; or
- 3. The formula is only available in a ready-to-feed form.
- 4. In addition, participants with qualifying medical conditions who are assigned to Food Package III can also be issued ready-to-feed formulas for the additional reasons below:
  - If the ready-to-feed form better accommodates the participant's medical condition (Food Package III clients only); or

• If the ready-to-feed form improves the participant's compliance in consuming the prescribed formula (*Food Package III clients only*).

Use of either of these two additional reasons must be clearly documented by the CPA in the participant's paper or electronic WIC record. These two reasons are only applicable for participants who have medical documentation on Form #1 and who meet the below criteria:

- a) Infants must be prescribed an exempt infant formula or medical food on Form #1. Infants who are receiving a standard non-contract infant formula requiring a prescription are not eligible for Food Package III, and therefore are <u>not</u> eligible to receive ready-to-feed products for the above two additional reasons. Examples of <u>ineligible</u> products include Similac for Spit Up, and Enfamil A.R.
- b) Children or women may be prescribed any infant formula, exempt infant formula, or medical food on Form #1 to qualify for the two (2) additional ready-to-feed options.

#### G. Medical Diagnoses

- 1. Non-specific, general medical diagnoses are not sufficient for the purpose of WIC prescriptions. The below list of unacceptable diagnoses is not all-inclusive. WIC clients with prescriptions containing the below diagnoses may need additional documentation or a more specific diagnosis. Please contact the prescribing health care professional for a more specific, updated prescription. If a prescription includes more than one diagnosis (including one of those listed below), the other listed diagnosis(es) may be sufficient for approval. CPAs should use their professional judgment or contact their Nutrition Manager for guidance. The below diagnoses are not permitted for use as the sole diagnosis on WIC prescriptions:
- "Milk intolerance" or "formula intolerance" (e.g., sometimes ICD-9 code 579.8 is used)
- "Severe milk allergy" or "milk allergy"
- "Multiple food allergies"
- "Feeding difficulties" or "feeding problems" (e.g., 783.3, 779.3)
- "Colic," "fussiness," "constipation," "gas," or "cramps" (e.g., 787.3, 789.0, 780.91, 780.92)
- · "Spitting up"
- "Digestive disturbances"
- "Picky eater," "poor appetite," or "inadequate/poor intake"

Insufficient Diagnosis | Sample Acceptable Alternative Diagnosis/Diagnoses

"783.3" when used	"Feeding problems (783.3) with supporting information such			
alone	as NG-tube			
"Feeding problems"	"Oral-motor feeding disorder 783.40"			
"Spitting up"	"GERD/reflux 530.81"			
"Formula intolerance"	"Cow's milk protein intolerance" or "malabsorption syndrome			
	NOS" (e.g., 558.3, 579.8, 579.9, 693.1)			

- 2. The following diagnoses require an *underlying medical condition* be present and documented:
  - a) "Underweight" or "inadequate/poor weight gain"
  - b) "Feeding disorder"
  - c) "Inadequate/poor growth"

Georgia WIC cannot accept these diagnoses alone – a more specific, primary medical condition <u>must</u> be present and listed among the diagnoses (e.g., Cerebral Palsy, Failure-to-Thrive, Oral-Motor Feeding Disorder, Prematurity, Dysphagia, etc.).

- 3. Medical diagnoses must be consistent with the participant's anthropometric data (e.g., length/height, weight, BMI). CPAs should use their professional judgment and, if needed, seek additional guidance from their Nutrition Managers or Nutrition Services Directors. For example:
  - a) A diagnosis of "Failure to Thrive/FTT" for a child whose BMI is at the 75<sup>th</sup> percentile or above should be questioned.
  - b) A diagnosis of "Food Aversion" for a child whose BMI is above the 50<sup>th</sup> percentile and whose caregiver reports that the child eats chips, candy, junk food, and sweets all day but refuses healthier foods should be questioned.
  - c) A diagnosis of "Food Aversion" for a child whose BMI is below the 25<sup>th</sup> percentile and who is receiving therapy (e.g., speech, physical, or occupational therapy) need not be questioned.
- 4. Medical diagnoses must be consistent with the formula or medical food prescribed. CPAs should use their professional judgment and, if needed, seek additional guidance from their Nutrition Managers or Nutrition Services Directors. For example:
  - a) "Lactose intolerance" should not be accepted as a diagnosis if the product prescribed contains lactose.
  - b) A diagnosis of "GERD" is not an appropriate diagnosis for the issuance of PediaSure or Boost Kid Essentials.

- c) "Milk protein allergy" is not an appropriate diagnosis for the issuance of a milk-based formula or medical food.
- 5. A "suspected" diagnosis is allowable as long as it still meets the other diagnostic criteria (e.g., "suspected milk protein allergy").
- 6. See Attachments FP-41 and FP-43 for Medical Documentation Form (Form 1) and Referral Form (Form 2).

#### IX. FORMULA DISTRIBUTION/TRACKING GUIDELINES

Local agency procedures for tracking formula returned to the clinic for various reasons and tracking formula received and distributed related to special formula ordered through the Nutrition Unit (see Attachment FP-46).

**A.** Reasons to Issue Formula. See the Formula Distribution / Tracking Guidelines table below for guidance on allowable and non-allowable reasons for issuing formula.

Formula Distribution / Tracking Guidelines (Returned Formula)								
Allowable reasons to issue Formula:	Non-allowable reasons to issue Formula:							
<ul> <li>Trading formula- trade of returned formula for formula in stock. (based on reconstituted ounces). Issuance may include a combination of vouchers and formula.</li> <li>Food Package Change</li> <li>Error in purchase</li> <li>Damaged Formula</li> <li>Clinic error with appointment given</li> <li>Adjusting pick up code for family</li> <li>Disaster situations: Fire, flood etc.</li> <li>Partial or full issuance as Food Package</li> </ul>	<ul> <li>Pre-certification issuance of formula to last until scheduled appointment</li> <li>Client missed recertification appointment</li> <li>For client to try out another formula to determine if it is better tolerated</li> <li>Participant reporting lost or stolen vouchers</li> <li>Client running out of formula</li> <li>Distribution to non-WIC clients</li> </ul>							

\*Document returned formula on the Formula Tracking Log (Attachment FP-46). All formula must be accounted for when issued to a client or destroyed.

- **B. Maximum Amount to be Issued**. Not to exceed the maximum monthly amounts authorized for the participant category in question.
- **C. Documentation**. Documentation of issuance must be written on the Formula Tracking Log (Attachment FP-46). When applicable, also document issuance in the client's health record.

- Formula Tracking Log: Formula issued to a WIC client or destroyed must be documented on the Formula Tracking Log (Attachment FP-46).
- b. WIC client's health record: If a detailed medical explanation is needed (i.e., transition from one formula to another), document the quantity of formula issued, type of formula, reason for issuance and signature of individual issuing the formula.
- D. Disposal of Expired Formula. Expired formula should be opened and disposed of properly. Document expired formula that was disposed of on the Formula Tracking Log.
- E. Staff Responsibility. It is the responsibility of a CPA to complete all duties related to the Formula Tracking Log. These duties including formula documentation; acceptance, issuance, and destruction of formula; signing the Formula Tracking Log for each transaction completed; ensuring that formula on hand is not expired or damaged; calculating the correct quantity of formula for exchanges based on the fluid ounces of formula returned (as both formula containers returned & formula on returned vouchers); and conducting quarterly inventories."

#### X. NUTRITION UNIT SPECIAL FORMULA ORDERS

When ordering special formulas through the Nutrition Unit the "Special Formula Order Form" (Attachment FP-37) should be used. A fillable version of the "Special Formula Order Form" is also available on Georgia WIC website listed below. The fillable order form can be completed online, saved, printed, signed, and then faxed to Nutrition Unit (404-657-2886) along with the client's medical documentation. Also calling to alert staff of the in-coming fax is helpful. In addition, the link contains a copy of the ordering procedures and a copy of the current WIC-Approved Formulas/Medical Foods List.

#### Web resources for special formula ordering:

http://www.wic.ga.gov/wicformula.asp (under "Procurement of Special Formula")

#### A. Ordering

The Nutrition Unit can only order special formula in <u>whole case</u> quantities. This will often result in the District/clinic receiving more formula than was ordered and more formula than is allowed to be issued to a client. (<u>Do not</u> automatically give a client all of the formula that was delivered, since that will usually result in overissuance. Issuance must be limited to the total amount allowed based on medical documentation and WIC maximum amounts.

### B. Tracking Log

Districts/clinics are responsible for tracking the additional partial cases of formula

received in the appropriate Formula Tracking Log. Such leftover formula must be taken into consideration when determining how much special formula to request on subsequent special formula orders. Leftover formula one month indicates that less formula will need to be requested from the Nutrition Unit the following month. Document request for formula and distribution in participant's health record.

#### C. Amount to Order

When completing the "Special Formula Order Form," Districts/clinics must specify in Line #6 the <u>exact</u> number of cans/containers of special formula needed for that client <u>for that issue month</u> (taking into consideration any leftover formula on hand, the prescribed quantity, the maximum allowed for the client category [infant, child, woman], the maximum allowed for infants [if applicable] based on infant age and infant feeding type, and the product type [powder, concentrate, ready-to-feed]). When necessary the Nutrition Unit will convert the number of cans/containers to case quantities for the order. *Please do not simply write "max. allowed," "9 cases," or enter the same quantity of formula each month (e.g., "10 cans").* Districts/clinics are encouraged to maintain a spreadsheet(s) to track the special formula orders submitted for their participants in addition to tracking leftover partial cases of formula in the applicable Formula Tracking Log. Please refer to Attachment FP-38 for a sample tracking document.

For **infant** participants, enter the infant's age on the "Special Formula Order Form" as of the "First Day To Use" date on the vouchers for the current issuance month. The infant's age must be documented in months and days to ensure that the correct amount of formula is being requested based on the infant's age. For child and women participants you need not calculate the age.

Remember to use the correct charts to determine maximum formula allowed if you are ordering formula for an infant who is also being breastfed.

#### D. Special Formula Order Form

Districts/clinics should complete and submit the "Special Formula Order Form" each month for each client allowing for realistic shipping time. Orders can be shipped overnight, if necessary, for new clients. However, ongoing orders for existing special formula clients should be submitted at least seven (7) to ten (10) business days prior to the date the formula is needed for pick-up by the client to ensure sufficient processing time. Special formula orders should not routinely be requested for "rush" delivery due to the additional fees often charged for expedited delivery. All efforts will be made by state staff to ensure timely delivery of special formula for WIC clients. However, since WIC is a supplemental program, caregivers may need to purchase some formula in the interim. Under routine circumstances, an order should be received within five (5) business days of placing the order.

## E. Frequency

The Nutrition Unit only accepts orders for a one-month supply of any special formula(s) at a time for a client. Please do not submit requests for multiple months' worth of formula on one order form or submit several orders covering

several months at one time. Many clients on special formulas frequently change formulas and/or food packages.

#### F. Medical Documentation

Districts/clinics must include current medical documentation with each special formula order submitted each month.

#### G. Printing Tracking Voucher

Clinics must print a CPA FPC 199 for every month that a client is issued formula ordered through the Nutrition Unit. The 199 food pakage should be printed at the time of issuance, one month at a time. The tracking voucher in this food package allows the client to be counted in the clinic caseload, as failure to do so under reports the District caseload. In addition, USDA requires monthly reconciliation of state-ordered formulas with their tracking vouchers so that formula expenditures can be matched to active WIC participants. A copy of the 199 voucher receipt must be faxed to the State Office.

#### H. Flavor

Specify product flavor(s), when applicable, on the Special Formula Order Form every month.

#### I. Processing the Order

After the order is received and verified as correct and complete the packing slip should be signed and dated. The special order packing slip should then be returned to the Nutrition Unit by mail or fax:

Mail: 2 Peachtree Street NW, Suite 11-222, Atlanta, GA, 30303-3142

Fax: 404-657-2886

Notify the Nutrition Unit immediately if an incorrect order is delivered or if there is a change in the formula order.

The CPA FPC for all WIC types for special formulas ordered through Nutrition Unit is 199. When the CPA assigns food package 199 a second field will be enabled in the computer system to allow the CPA to select a food package for the appropriate supplemental foods or additional formula based on the medical documentation provided. The food package could be a child or woman's state-created food package or a 999 food package if none of the standard state-created food packages meet the medical food prescription. The special formula food package must be entered into the computer as the first food package code to enable the second field.

If the WIC participant only needs the "199" food package, enter "000" in the second food package box to indicate that additional foods do not need to be issued.

For infants receiving a "199" food package needing to be issued infant fruits and vegetables and/or cereal enter "999" in the second box and select appropriate voucher codes.

If a client is late picking up formula, the amount of formula should be prorated.

#### XI. EMORY GENETIC WIC CLIENTS

Under the State of Georgia's Newborn Screening Program, all infants are screened for specific metabolic and genetic conditions. The Emory Genetics program is responsible for following up on all infants who have positive screenings. In most cases Emory Genetics also provides ongoing medical services — including highly specialized nutritional management — to those individuals with diagnosed metabolic or genetic disorders.

Georgia WIC has an agreement with Emory University that permits Emory Genetics to provide WIC-approved formulas and medical foods to active WIC clients. Georgia WIC food package system allows a WIC clinic to issue a special "Emory Genetics food package" or food package 099 to active WIC clients who are under the medical care of Emory Genetics, which provides the prescribed formula or combination of formulas to each of their WIC clients on a monthly basis. Emory Genetics then submits a report to Georgia WIC requesting reimbursement for the formulas provided (up to the maximum monthly formula amounts authorized per client according to Federal WIC regulations).

#### A. Emory Genetics Prescriptions

When active WIC clients present medical documentation from Emory Genetics to their WIC clinics, special precautions must be taken to eliminate the possibility of duplicate issuance of formula.

Emory Genetics clients who are active WIC clients should be issued a CPA FPC 099 to cover the formula issued by Emory Genetics. The 099 food package only contains tracking vouchers (no formula or supplemental food vouchers). Emory Genetics will provide the WIC clinic with medical documentation indicating any supplemental foods allowed for the participant.

The WIC clinic must print the Emory Genetics food package for each issuance month based on the active WIC client's pick-up code. Follow the instructions on each voucher. Food package 099 contains four (4) vouchers. Have the active WIC client sign the voucher receipt(s).

The WIC clinic will then fax the two (2) "Emory Genetics Copy" vouchers (voucher code #299) for each month to the fax number listed on the voucher. Do not complete the "Formula Name" or "Cost" lines on the voucher; those lines are for Emory Genetics use. Retain the "Emory Genetics Copy and "Chart Copy"

vouchers in the client's medical record or WIC chart. Provide the "Client Copy" to the client/caregiver.

#### B. Provision of Formula and WIC Foods

WIC clinics do <u>not</u> issue any formula to an Emory Genetics WIC client. WIC clinics should <u>not</u> print any vouchers containing formula or provide any formula from stock on hand to an Emory Genetics WIC client. Emory Genetics provides all of the formula to the WIC client and then invoices the state for the allowable amount of formula based on WIC policies. Clinics that issue any formula to their Emory Genetics WIC clients risk formula over-issuance. Districts will be held financially responsible for repaying Georgia WIC for such duplicate formula issuance errors. Any exceptions identified will be reported to the state's contracted financial auditor. The Auditor will be notified to immediately conduct a financial desk audit of the District in question. If substantiated by the contracted auditor, funds will be recouped from subsequent grant in aid.

When an Emory Genetics client is on a standard infant formula the Nutrition Unit may coordinate the issuance of the formula by the clinic.

The clinic will issue any supplemental foods Emory Genetics has prescribed. If supplemental foods are authorized, enter the appropriate state-created special food package code on the 2<sup>nd</sup> FPC field in the computer system. If none of the State-created food packages match the participant's prescription, enter "999" and create a 999 food package using state-created vouchers for individual supplemental foods. If the client is not approved to receive any supplemental foods enter "000" in the second food package box.

#### C. Breastfeeding

If an infant receiving formula from Emory Genetics is also being breastfed, be sure the medical documentation includes enough information for you to assign the correct feeding type for the infant and its mother.

#### XII. Creating 999 Food Packages

Districts are allowed to create food packages for formulas and combinations of foods not available in state created food packages. These food packages are referred to as 999 food packages. Each District must maintain a record of all District created food packages which include a description of the package, food package code, voucher codes, and amounts and types of formula/food allowed. The description should include WIC type, age group and feeding type as applicable.

It is recommended that one person in each District be responsible for creating and/or approving all 999 food packages.

Each package must provide the full nutritional benefit for each food category as allowed for WIC Type based on age and feeding type. Documentation is required for the issuance of less than the full nutritional benefit. However, remember that

children and women prescribed special formulas and medical foods are only to be issued the formula quantity prescribed, up to the maximum allowed.

State created voucher codes must be used for all food categories (i.e., milk and whole grains). If a participant needs a WIC approved formula or medical food when no state created vouchers are available, the product must be ordered through the state office.

Attachments FP-24 through FP-32 contain the maximum monthly allowed tables; Attachment FP-39 provides information on milk/cheese/tofu substitutions; and Attachment FP-48 is a list of commonly used voucher codes for single foods or small amounts of formulas. These resources are provided to help in the creation a of 999 food packages.

# Formula Summary: Standard Formulas for Infants and Children

CPA FPC	Status / Age	System FPC	Formula				
			Gerber Good Start Gentle Concentrate				
A18	FFF 0-3 m	A18	34-12.1 oz concentrate Gerber Good Start Gentle				
	FFF 4-5 m	B18	37-12.1 oz concentrate Gerber Good Start Gentle				
	FFF 6 44 m	D18	26-12.1 oz concentrate Gerber Good Start Gentle				
	FFF 6-11 m		32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
F18	MB 1-3 m	F18	15-12.1 oz concentrate Gerber Good Start Gentle				
	MB 4-5 m	G18	18-12.1 oz concentrate Gerber Good Start Gentle				
	MB 6-11 m	H18	13-12.1 oz concentrate Gerber Good Start Gentle				
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
P18	SB 0-3 m	P18	24-12.1 oz concentrate Gerber Good Start Gentle				
	SB 4-5 m	Q18	27-12.1 oz concentrate Gerber Good Start Gentle				
	SB 6-11 m	<mark>118</mark>	20-12.1 oz concentrate Gerber Good Start Gentle				
V40		V40	32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
X18	Child	X18	37-12.1 oz concentrate Gerber Good Start Gentle  Gerber Good Start Gentle Powder				
A17	FFF 0-3 m	A17	9-12.7 oz cans powder Gerber Good Start Gentle				
AII		B17	·				
	FFF 4-5 m		10-12.7 oz cans powder Gerber Good Start Gentle				
	FFF 6-11 m	D17	7-12.7 oz cans powder Gerber Good Start Gentle				
F17	MD 1.2 m	F17	32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
F17	MB 1-3 m MB 4-5 m	G17	4-12.7 oz cans powder Gerber Good Start Gentle				
	H17		5-12.7 oz cans powder Gerber Good Start Gentle 4-12.7 oz cans powder Gerber Good Start Gentle				
	MB 6-11 m	1117	32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
E17	MB 0-5	E17	1-12.7 oz can powder Gerber Good Start Gentle				
		L17	1-12.7 oz can powder Gerber Good Start Gentle				
	MB 6-11 m		32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
K17	MB 1-5 m	K17	2-12.7 oz cans powder Gerber Good Start Gentle				
	MD C 44 m	M17	-12.7 oz cans powder Gerber Good Start Gentle				
	MB 6-11 m		32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
J17	MB 1-5 m	J17	3-12.7 oz cans powder Gerber Good Start Gentle				
	MB 6-11 m	N17	3-12.7 oz cans powder Gerber Good Start Gentle				
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
	SB 0-3 m	P17	6-12.7 oz cans powder Gerber Good Start Gentle				
P17	SB 4-5 m	Q17	7-12.7 oz cans powder Gerber Good Start Gentle				
	SB 6-11 m	l17	6-12.7 oz cans powder Gerber Good Start Gentle				
747		747	32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
Z17	Child	Z17	10-12.7 oz cans powder Gerber Good Start Gentle				
A19	EEE 0.2 m	A19	Gerber Good Start Gentle RTF  25-33.8 oz (4-packs) Gerber Good Start Gentle				
719	FFF 0-3 m	B19	27-33.8 oz (4-packs) Gerber Good Start Gentle				
	FFF 4-5 m						
	FFF 6-11 m	D19	19-33.8 oz (4-packs)Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
F19	MB 1-3 m	F19	12-33.8 oz (4-packs)Gerber Good Start Gentle				
F 19	MB 4-5 m	G19	14-33.8 oz (4-packs)Gerber Good Start Gentle				
	IND 4-9 III	918	14-00.0 02 (4-packs) Genuel Guou Start Gentle				

CPA		System						
FPC	Status / Age	FPC	Formula					
	MD C 44 m	H19	10-33.8 oz (4-packs)Gerber Good Start Gentle					
	MB 6-11 m		32 jars baby fruit/vegetable, 3-8 oz box infant cereal					
P19	SB 0-3 m	P19	17-33.8 oz (4-packs) Gerber Good Start Gentle					
	SB 4-5 m	Q19	19-33.8 oz (4-packs) Gerber Good Start Gentle					
	MD C 44 m	<mark>I19</mark>	13-33.8 oz (4-packs) Gerber Good Start Gentle					
	MB 6-11 m		32 jars baby fruit/vegetable, 3-8 oz box infant cereal					
X19	Child	X19	26-33.8 oz (4-packs)Gerber Good Start Gentle					
			Gerber Good Start Soy Concentrate					
A28	FFF 0-3 m	A28	34-12.1 oz concentrate Gerber Good Start Soy					
	FFF 4-5 m	B28	37-12.1 oz concentrate Gerber Good Start Soy					
	FFF 0 44 ···	D28	26-12.1 oz concentrate Gerber Good Start Soy					
	FFF 6-11 m		32 jars baby fruit/vegetable, 3-8 oz box infant cereal					
F28	MB 1-3 m	F28	15-12.1 oz concentrate Gerber Good Start Soy					
	MB 4-5 m	G28						
	MB 6-11 m	H28	13-12.1 oz concentrate Gerber Good Start Soy					
	INID 0-11111		32 jars baby fruit/vegetable, 3-8 oz box infant cereal					
P28	SB 0-3 m	P28	24-12.1 oz concentrate Gerber Good Start Soy					
	SB 4-5 m	<b>Q28</b>	27-12.1 oz concentrate Gerber Good Start Soy					
	SB 6-11 m	<mark>128</mark>	20-12.1 oz concentrate Gerber Good Start Soy					
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal					
X28	Child	X28	37-12.1 oz concentrate Gerber Good Start Soy					
			Gerber Good Start Soy Powder					
A27	FFF 0-3 m	A27	9-12.9 oz cans powder Gerber Good Start Soy					
	FFF 4-5 m	B27	10-12.9 oz cans powder Gerber Good Start Soy					
	FFF 6-11 m	D27	7-12.9 oz cans powder Gerber Good Start Soy					
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal					
F27	MB 1-3 m	F27	4-12.9 oz cans powder Gerber Good Start Soy					
	MB 4-5 m	G27	5-12.9 oz cans powder Gerber Good Start Soy					
	MB 6-11 m	H27	4-12.9 oz cans powder Gerber Good Start Soy					
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal					
E27	MB 0-5	E27	1-12.9 oz can powder Gerber Good Start Soy					
	MB 6-11 m	L27	1-12.9 oz can powder Gerber Good Start Soy					
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal					
K27	MB 1-5 m	K27	2-12.9 oz cans powder Gerber Good Start Soy					
	MB 6-11 m	M27	2-12.9 oz cans powder Gerber Good Start Soy					
107		107	32 jars baby fruit/vegetable, 3-8 oz box infant cereal					
J27	MB 1-5 m	J27	3-12.9 oz cans powder Gerber Good Start Soy					
	MB 6-11 m	N27	3-12.9 oz cans powder Gerber Good Start Soy					
Doz		Doz	32 jars baby fruit/vegetable, 3-8 oz box infant cereal					
P27	SB 0-3 m	P27	6-12.9 oz cans powder Gerber Good Start Soy					
	SB 4-5 m	Q27	7-12.9 oz cans powder Gerber Good Start Soy					
	SB 6-11 m	<b>I27</b>	6-12.9 oz cans powder Gerber Good Start Soy					
V07		V07	32 jars baby fruit/vegetable, 3-8 oz box infant cereal					
X27	Child	X27	10-12.9 oz cans powder Gerber Good Start Soy					
A 20	FFF 0 0	A 20	Gerber Good Start Soy RTF					
A29	FFF 0-3 m	A29	25-33.8 oz (4-packs) Gerber Good Start Soy					

CPA FPC	Status / Age	System FPC	Formula				
	FFF 4-5 m	B29	27-33.8 oz (4-packs) Gerber Good Start Soy				
	FFF 6-11 m	D29	19-33.8 oz (4-packs) Gerber Good Start Soy				
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
F29	MB 1-3 m	F29	12-33.8 oz (4-packs) Gerber Good Start Soy				
	MB 4-5 m	G29	14-33.8 oz (4-packs) Gerber Good Start Soy				
	MB 6-11 m	H29	10-33.8 oz (4-packs) Gerber Good Start Soy				
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
P29	SB 0-3 m	P29	17-33.8 oz (4-packs) Gerber Good Start Soy				
	SB 4-5 m	<b>Q29</b>	19-33.8 oz (4-packs) Gerber Good Start Soy				
	SB 6-11 m	129	13-33.8 oz (4-packs) Gerber Good Start Soy				
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
X29	Child	X29	26-33.8 oz (4-packs) Gerber Good Start Soy				
			Gerber Good Start Soothe				
A37	FFF 0-3 m	A37	9-12.4 oz cans powder Gerber Good Start Soothe				
	FFF 4-5 m	B37	10-12.4 oz cans powder Gerber Good Start Soothe				
	FFF 6-11 m	D37	7-12.4 oz cans powder Gerber Good Start Soothe				
===			32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
F37	MB 1-3 m	F37	4-12.4 oz cans powder Gerber Good Start Soothe				
	MB 4-5 m	G37	5-12.4 oz cans powder Gerber Good Start Soothe				
	MB 6-11 m	H37	4-12.4 oz cans powder Gerber Good Start Soothe				
F07	MDOF	F07	32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
E37	MB 0-5	E37	1-12.4 oz can powder Gerber Good Start Soothe				
	MB 6-11 m		1-12.4 oz can powder Gerber Good Start Soothe				
K37	MB 1-5 m	K37	32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
N37	III G-1 divi	M37	2-12.4 oz cans powder Gerber Good Start Soothe 2-12.4 oz cans powder Gerber Good Start Soothe				
	MB 6-11 m	IVIO	32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
J37	MB 1-5 m	J37	3-12.4 oz cans powder Gerber Good Start Soothe				
337		N37	3-12.4 oz cans powder Gerber Good Start Soothe				
	MB 6-11 m	1407	32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
P37	SB 0-3 m	P37	6-12.4 oz cans powder Gerber Good Start Soothe				
	SB 4-5 m	Q37	7-12.4 oz cans powder Gerber Good Start Soothe				
		137	6-12.4 oz cans powder Gerber Good Start Soothe				
	SB 6-11 m	io.	32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
			Gerber Good Start 2 Gentle OR Gerber Graduates Gentle				
			Powder				
D67	FFF 9- 11 m	D67	4-22 oz cans powder Gerber Good Start 2 Gentle OR Gerber				
			Graduates Gentle				
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
F67	MB 9-11 m	F67	2-22 oz cans powder Gerber Good Start 2 Gentle OR Gerber				
			Graduates Gentle				
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
Z67	Child	Z67	5-22 oz cans powder Gerber Good Start 2 Gentle OR Gerber				
			Graduates Gentle				
			Gerber Good Start 2 Soy Powder OR Gerber Graduates Soy				

CPA FPC	Status / Age	System FPC	Formula
D77	FFF 9- 11 m	D77	4-24 oz cans powder Gerber Good Start 2 Soy OR Gerber Graduates Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F77	MB 9-11 m	F77	2-24 oz cans powder Gerber Good Start 2 Soy OR Gerber Graduates Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
Z77	Child	Z77	5-24 oz cans powder Gerber Good Start 2 Soy OR Gerber Graduates Soy

# Contract Formula Food Packages Fully Formula Fed Infant 0 – 3 months

## **Gerber Good Start Gentle**

Food Package Code	Rank	VC	Voucher M	lessage
A17	2	G04	Formula:	4-12.7 oz cans powder Gerber Good
9-12.7 oz powder Gerber				Start Gentle
Good Start Gentle	4	G05	Formula:	5-12.7 oz cans powder Gerber Good
				Start Gentle
A18	2	G14	Formula:	16-12.1 oz containers concentrate
34-12.1 oz concentrate				Gerber Good Start Gentle
Gerber Good Start Gentle	4	G17	Formula:	18-12.1 oz containers concentrate
				Gerber Good Start Gentle
A19	4	G19	Formula:	12-33.8 oz (4-packs) ready to feed
25-33.8 oz ready to feed				Gerber Good Start Gentle
Gerber Good Start Gentle	2	G48	Formula:	13-33.8 oz (4-packs) ready to feed
				Gerber Good Start Gentle

**Gerber Good Start Soy** 

Gerber Good Start Soy						
Food Package Code	Rank	VC	Voucher M	Voucher Message		
A27	2	N40	Formula:	4-12.9 oz cans powder Gerber Good		
9-12.9 oz powder Gerber				Start Soy		
Good Start Soy	4	N41	Formula:	5-12.9 oz cans powder Gerber Good		
				Start Soy		
A28	2	G27	Formula:	18-12.1 oz containers concentrate		
34-12.1 oz concentrate				Gerber Good Start Soy		
Gerber Good Start Soy	4	N37	Formula:	16-12.1 oz concentrate Gerber Good		
				Start Soy		
A29	2	N44	Formula:	13-33.8 oz (4-packs) ready to feed		
25-33.8 oz ready to feed				Gerber Good Start Soy		
Gerber Good Start Soy	4	G56	Formula:	12-33.8 oz (4-packs) ready to feed		
				Gerber Good Start Soy		

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Food Package Code	Rank	VC	Voucher Message			
A37	2	L01	Formula: 4-12.4 oz cans powder Gerber Good			
				Start Soothe		
9-12.4 oz powder Gerber	4	L02	Formula:	5-12.4 oz cans powder Gerber Good		
Good Start Soothe				Start Soothe		

## Contract Infant Formula Fully Formula Fed 4 – 5 months

## **Gerber Good Start Gentle**

Food Package Code	Rank	VC	Voucher M	lessage
B17 (Assign A17)	2	G04	Formula:	4-12.7 oz cans powder Gerber Good
10-12.7 oz powder Gerber				Start Gentle
Good Start Gentle	4	G06	Formula:	6-12.7 oz. cans powder Gerber Good
				Start Gentle
B18 (Assign A18)	2	G17	Formula:	18-12.1 oz containers concentrate
37-12.1 oz concentrate				Gerber Good Start Gentle
Gerber Good Start Gentle	4	G18	Formula:	19-12.1 oz containers concentrate
				Gerber Good Start
B19 (Assign A19)	2	G13	Formula:	14-33.8 oz (4-packs) ready to feed
27-33.8 oz ready to feed				Gerber Good Start Gentle
Gerber Good Start Gentle	4	G48	Formula:	13-33.8 oz (4-packs) ready to feed
				Gerber Good Start Gentle

# **Gerber Good Start Soy**

Food Package Code	Rank	VC	Voucher M	lessage
B27 (Assign A27) 10-12.9 oz powder Gerber	2	N41	Formula:	5-12.9 oz cans powder Gerber Good Start Soy
Good Start Soy	4	N41	Formula:	5-12.9 oz cans powder Gerber Good Start Soy
B28 (Assign A28) 37-12.1 oz concentrate	2	G27	Formula:	18-12.1 oz containers concentrate Gerber Good Start Soy
Gerber Good Start Soy	4	N38	Formula:	19-12.1 oz containers concentrate Gerber Good Start Soy
B29 (Assign A29) 27-33.8 oz ready to feed	2	N45	Formula:	14-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
Gerber Good Start Soy	4	N44	Formula:	13-33.8 oz (4-pack) ready to feed Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message		
B37 (Assign A37)	2	L02	Formula: 5-12.4 oz cans powder Gerber Good		
				Start Soothe	
10-12.4 oz powder Gerber Good Start Soothe	4	L02	Formula:	5-12.4 oz cans powder Gerber Good Start Soothe	

# Contract Infant Formula Infant Fully formula Fed 6-11 months

# **Gerber Good Start Gentle**

Food Package Code	Rank	VC	Voucher M	lessage
D17 (Assign A17)	2	G03	Formula:	3-12.7 oz cans powder Gerber Good
7-12.7 oz powder Gerber				Start Gentle
Good Start Gentle	4	G04	Formula:	4-12.7 oz cans powder Gerber Good Start Gentle
32 jars baby fruit/vegetable	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
	-	1470	foods:	baby food fruit and/or vegetable (Stage
3-8 oz box infant cereal			10000.	2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	
			cereal:	3-8 oz containers
D18 (Assign A18)	2	G12	Formula:	13-12.1 oz containers concentrate
26-12.1 oz concentrate				Gerber Good Start Gentle
Gerber Good Start Gentle	4	G12	Formula:	13-12.1 oz containers concentrate
				Gerber Good Start Gentle
32 jars baby fruit/vegetable	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
0.0			foods:	baby food fruit and/or vegetable (Stage
3-8 oz box infant cereal				2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
		NICO		2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			Infant	foods)
			cereal:	3-8 oz containers
D19 (Assign A19)	2	G10	Formula:	10-33.8 oz (4-packs) ready to feed
19-33.8 oz ready to feed			i omidia.	Gerber Good Start Gentle
Gerber Good Start Gentle	4	G49	Formula:	9-33.8 oz (4-packs) ready to feed Gerber
		0.0	. omiaa.	Good Start Gentle
32 jars baby fruit/vegetable	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
	]		foods:	baby food fruit and/or vegetable (Stage
3-8 oz box infant cereal				2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
	1			

Rank	VC	Voucher M	essage
4	N82	Infant	4-4 oz containers baby food fruit and/or
		foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			foods)
		Infant	
		cereal:	3-8 oz containers
	Rank 4	Rank VC 4 N82	

Gerber Good Start Sov

Gerber Good Start Soy						
Food Package Code	Rank	VC	Voucher M	lessage		
<b>D27 (Assign A27)</b> 7-12.9 oz powder Gerber	4	N40	Formula:	4-12.9 oz cans powder Gerber Good Start Soy		
Good Start Soy	2	N55	Formula:	3-12.9 oz cans powder Gerber Good Start Soy		
32 jars baby fruit/vegetable	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage		
3-8 oz box infant cereal	2	N76	Infant foods:	2, Stage 2 1/2 or 2nd foods) 14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)		
	4	N82	Infant foods: Infant cereal:	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)  3-8 oz containers		
D28 (Assign A28) 26-12.1 oz concentrate	2	N39	Formula:	13-12.1 oz containers cans concentrate Gerber Good Start Soy		
Gerber Good Start Soy	4	N39	Formula:	13-12.1 oz containers cans concentrate Gerber Good Start Soy		
32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)		
	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)		
	4	N82	Infant foods: Infant	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)		
D29 (Assign A29) 19-33.8 oz ready to feed	2	N46	Formula:	3-8 oz containers 10-33.8 oz (4-packs) ready to feed Gerber Good Start Soy		
Gerber Good Start Soy	4	G52	Formula:	9-33.8 oz (4-packs) ready to feed Gerber Good Start Soy		
32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)		
	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)		
	<mark>4</mark>	N82	Infant foods: Infant	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)		
			cereal:	3-8 oz containers		

Food Package Code	Rank	VC	Voucher M	essage
D37 (Assign A37)	2	L01	Formula:	4-12.4 oz cans powder Gerber Good
				Start Soothe
7-12.4 oz powder Gerber	4	L03	Formula:	3-12.4 oz cans powder Gerber Good
Good Start Soothe				Start Soothe
	4	N76	<b>Infant</b>	14-4 oz OR 8-7 oz (twin pack) containers
32 jars baby fruit/vegetable			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
3-8 oz box infant cereal	2	N76	<b>Infant</b>	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
	4	N82	<b>Infant</b>	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	
			<mark>cereal:</mark>	3-8 oz containers

## **Contract Toddler Formula** 9 to 12 months only

## Powder Gerber Good Start 2 Gentle OR Gerber Graduates Gentle

Food Package Code	Rank	VC	Voucher M	essage
D67	2	G42	Formula:	2-22 oz cans powder Gerber Good Start
4-22 oz powder				2 Gentle OR Gerber Graduates Gentle
Gerber Good Start 2 Gentle	4	G42	Formula:	2-22 oz cans powder Gerber Good Start
OR Gerber Graduates				2 Gentle OR Gerber Graduates Gentle
Gentle	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
32 jars baby fruit/vegetable			'	2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz box infant cereal			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			<u>Infant</u>	
			cereal:	3-8 oz containers

# Powder Gerber Good Start 2 Soy OR Gerber Graduates Soy

Food Package Code	Rank	VC	Voucher M	essage
D77	2	G44	Formula:	2-24 oz cans powder Gerber Good Start
4-24oz powder Gerber				2 Soy OR Gerber Graduates Soy
Good Start 2 Soy OR	4	G44	Formula:	2-24 oz cans powder Gerber Good Start
Gerber Graduates Soy				2 Soy OR Gerber Graduates Soy
	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
00 in a baba for it has no table			foods:	baby food fruit and/or vegetable (Stage
32 jars baby fruit/vegetable				2, Stage 2 1/2 or 2nd foods)
2.0 az hay infant agrael	2	N76	<b>Infant</b>	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz box infant cereal			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
	4	N82	<b>Infant</b>	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			<u>Infant</u>	
			cereal:	3-8 oz containers

# **Food Packages for Exclusively Breastfed Infant**

Food Package Code	Rank	VC	Voucher N	Message
E00 Breastfeeding message	9	059	Message only	Nurse your baby often. The more you breastfeed the more milk you will have for your baby.  This does voucher has no cash value Grocers should not accept this youcher
E01 (Assign E00) Breastfeeding message 64-4 oz infant food	9	059	Message only	Nurse your baby often. The more you breastfeed the more milk you will have for your baby  Grocers do not accept this voucher
3-8 oz cereal 31-2.5 oz infant meat	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	<ul> <li>4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2<sup>nd</sup> foods)</li> <li>3-8 oz containers</li> </ul>
	2	A36	Infant foods	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
	4	N52	Infant foods:	31-2.5 oz containers baby food meat (Stage 1 or 2nd foods only)

# **Contract Formula Packages for Mostly Breastfed Infant**

# 1 - 3 months - Maximum

## **Gerber Good Start Gentle**

Food Package Code	Rank	VC	Voucher Message		
F17	4	G04	Formula:	4-12.7 oz cans powder Gerber Good	
4-12.7 oz powder Gerber				Start Gentle	
Good Start Gentle					
F18	4	G55	Formula:	15-12.1 oz cans concentrate Gerber	
15-12.1 oz concentrate				Good Start Gentle	
Gerber Good Start Gentle					
F19	4	G19	Formula:	12-33.8 oz (4-packs) ready to feed	
12-33.8 oz ready to feed				Gerber Good Start Gentle	
Gerber Good Start Gentle					

**Gerber Good Start Soy** 

Ochoci Occa Ctart Coy					
Food Package Code	Rank	VC	Voucher Message		
F27	4	N40	Formula:	4-12.9 oz cans powder Gerber Good	
4-12.9 oz powder Gerber				Start Soy	
Good Start Soy				·	
F28	4	G26	Formula:	15-12.1 oz containers concentrate	
15-12.1 oz concentrate				Gerber Good Start Soy	
Gerber Good Start Soy				·	
F29	4	G56	Formula:	12-33.8 oz (4-packs) ready to feed	
12-33.8 oz ready to feed				Gerber Good Start Soy	
Gerber Good Start Soy				,	

Food Package Code	Rank	VC	Voucher Message		
F37	4	L01	Formula:	4-12.4 oz cans powder Gerber Good	
				Start Soothe	
4-12.4 oz powder Gerber					
Good Start Soothe					

## **Contract Infant Formula Mostly Breastfed** 4 – 5 months – Maximum

# **Gerber Good Start Gentle**

Food Package Code	Rank	VC	Voucher M	essage
G17 (Assign F17)	4	G05	Formula:	5-12.7 oz cans powder Gerber Good
5-12.7 oz powder Gerber				Start Gentle
Good Start Gentle				
G18 (Assign F18)	4	G17	Formula:	18-12.1 containers concentrate Gerber
18-12.1 oz concentrate				Good Start Gentle
Gerber Good Start Gentle				
G19 (Assign F19)	4	G13	Formula:	14-33.8 oz (4-packs) ready to feed
14-33.8 oz ready to feed				Gerber Good Start Gentle
Gerber Good Start Gentle				

**Gerber Good Start Sov** 

Corbor Cood Start Coy				
Food Package Code	Rank	VC	Voucher M	essage
G27 (Assign F27)	4	N41	Formula:	5-12.9 oz cans powder Gerber Good
5-12.9 oz powder Gerber				Start Soy
Good Start Soy				·
G28 (Assign F28)	4	G27	Formula:	18-12.1 oz containers concentrate
18-12.1 oz concentrate				Gerber Good Start Soy
Gerber Good Start Soy				·
G29 (Assign F29)	4	N45	Formula:	14-33.8 oz (4-packs) ready to feed
14-33.8 oz ready to feed				Gerber Good Start Soy
Gerber Good Start Soy				

Food Package Code	Rank	VC	Voucher Message	
G37 (Assign F37)	4	L02	Formula:	5-12.4 oz cans powder Gerber Good
				Start Soothe
5-12.4 oz powder Gerber				
Good Start Soothe				

# **Contract Infant Formula** 6 - 11 months - Maximum

## **Gerber Good Start Gentle**

Food Package Code	Rank	VC	Voucher M	lessage
H17 (Assign F17)	4	G04	Formula:	4-12.7 oz cans powder Gerber Good
4-12.7 oz powder Gerber				Start Gentle
Good Start Gentle	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
32 jars baby fruit/vegetable				2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz box infant cereal			foods:	baby food fruit and/or vegetable (Stage
		NICO		2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			Infant	foods)
			cereal:	3-8 oz containers
H18 (Assign F18)	4	G12	Formula:	13-12.1 oz containers concentrate
13-12.1 oz concentrate		012	i ominua.	Gerber Good Start Gentle
Gerber Good Start Gentle	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
32 jars baby fruit/vegetable				2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz box infant cereal	_		foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
	<mark>4</mark>	N82	<b>Infant</b>	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant <sub>.</sub>	
1140 (4 540)		040	cereal:	3-8 oz containers
H19 (Assign F19)	4	G10	Formula:	10-33.8 oz (4- packs) ready to feed
10-33.8 oz ready to feed Gerber Good Start Gentle	4	NIZC	Infont	Gerber Good Start Gentle
Gerber Good Start Gentle	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage
32 jars baby fruit/vegetable			ioous.	2, Stage 2 1/2 or 2nd foods)
22 jais baby italiviogetable	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz box infant cereal	_	1470	foods:	baby food fruit and/or vegetable (Stage
			.0003.	2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			<b>Infant</b>	
			cereal:	3-8 oz containers

**Gerber Good Start Sov** 

Gerber Good Start Soy				
Food Package Code	Rank	VC	Voucher M	
H27 (Assign F27)	4	N40	Formula:	4-12.9 oz cans powder Gerber Good
4-12.9 oz powder Gerber				Start Soy
Good Start Soy	<mark>4</mark>	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
32 jars baby fruit/vegetable				2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz box infant cereal			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	,
			cereal:	3-8 oz containers
H28 (Assign F28)	4	N39	Formula:	13-12.1 oz containers concentrate
13-12.1 oz concentrate				Gerber Good Start Soy
Gerber Good Start Soy	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
32 jars baby fruit/vegetable				2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz box infant cereal	_	1110	foods:	baby food fruit and/or vegetable (Stage
			loods.	2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
	•	1102	foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			loods.	foods)
			Infant	10000)
			cereal:	3-8 oz containers
H29 (Assign F29)	4	N46	Formula:	10-33.8 oz (4-packs) ready to feed
10-33.8 oz ready to feed	-	1170	i omidia.	Gerber Good Start Soy
Gerber Good Start Soy	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
Corbor Cood Otali Cooy	7	1470	foods:	baby food fruit and/or vegetable (Stage
32 jars baby fruit/vegetable			loous.	2, Stage 2 1/2 or 2nd foods)
02 Jai 3 Daby Italiv vegetable	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz box infant cereal	_	INTO	foods:	baby food fruit and/or vegetable (Stage
0 0 02 box illiant octoal			lous.	
	1	NIOO	Infant	2, Stage 2 1/2 or 2nd foods) 4-4 oz containers baby food fruit and/or
	4	N82	_	
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			Infont	foods)
			Infant	2.9 oz containora
			cereal:	3-8 oz containers

Food Package Code	Rank	VC	Voucher M	lessage
H37 (Assign F37)	4	L01	Formula:	4-12.4 oz cans powder Gerber Good
				Start Soothe
4-12.4 oz powder Gerber	4	N76	<b>Infant</b>	14-4 oz OR 8-7 oz (twin pack) containers
Good Start Soothe			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
32 jars baby fruit/vegetable	2	N76	<b>Infant</b>	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
3-8 oz box infant cereal				2, Stage 2 1/2 or 2nd foods)
	4	N82	<b>Infant</b>	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	
			cereal:	3-8 oz containers

## **Contract Infant Formula** 9 to 12 months only

# Powder Gerber Good Start 2 Gentle OR Gerber Graduates Gentle

Food Package Code	Rank	VC	Voucher M	essage
F67	4	G42	Formula:	2-22 oz cans powder Gerber Good Start
2-22 oz powder				2 Gentle OR Gerber Graduates Gentle
Gerber Good Start 2 Gentle	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
<b>OR Gerber Graduates</b>			foods:	baby food fruit and/or vegetable (Stage
Gentle				2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
32 jars baby fruit/vegetable			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
3-8 oz box infant cereal	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	
			cereal:	3-8 oz containers

# Powder Gerber Good Start 2 Soy OR Gerber Graduates Soy

Food Package Code	Rank	VC	Voucher M	essage
F77	4	G44	Formula:	2-24 oz cans powder Gerber Good Start
2-24 oz powder Gerber				2 Soy OR Gerber Graduates Soy
Good Start 2 Soy OR	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
Gerber Graduates Soy			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
32 jars baby fruit/vegetable			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
3-8 oz box infant cereal	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	
			cereal:	3-8 oz containers

## Contract Infant Formula Mostly Breastfed Infant 1- 3 cans per month

## **Gerber Good Start Gentle**

Food Package Code	Rank	VC	Voucher Me	essage
E17	4	G01	Formula:	1-12.7 oz can powder Gerber Good
1-12.7 oz powder Gerber				Start Gentle
Good Start Gentle				
L17 (Assign E17)	4	G01	Formula:	1-12.7 oz can powder Gerber Good
1-12.7 oz powder Gerber				Start Gentle
Good Start Gentle	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
32 jars baby				vegetable (Stage 2, Stage 2 1/2 or 2nd
fruit/vegetable				foods)
	2	N76	<b>Infant</b>	14-4 oz OR 8-7 oz (twin pack)
3-8 oz box infant cereal			foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
	4	N82	<u>Infant</u>	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant <sub>.</sub>	
	_		cereal:	3-8 oz containers
K17	4	G02	Formula:	2-12.7 oz can powder Gerber Good
2-12.7 oz powder Gerber				Start Gentle
Good Start Gentle				
M17 (Assign K17)	4	G02	Formula:	2-12.7 oz can powder Gerber Good
2-12.7 oz powder Gerber		N		Start Gentle
Good Start Gentle	<mark>4</mark>	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
00 :			foods:	containers baby food fruit and/or
32 jars baby				vegetable (Stage 2, Stage 2 1/2 or 2nd
fruit/vegetable		NIZO	1.6.	foods)
3-8 oz box infant cereal	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
3-6 02 box infant cereal			foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
		NIOO	Infant	4-4 oz containers baby food fruit and/or
	4	N82	foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			ioous.	foods)
			Infant	10043)
			cereal:	3-8 oz containers
J17	4	G03	Formula:	3-12.7 oz can powder Gerber Good
3-12.7 oz powder Gerber	-	003	i ominia.	Start Gentle
Good Start Gentle				Start Gorido
N17 (Assign J17)	4	G03	Formula:	3-12.7 oz can powder Gerber Good
3-12.7 oz powder Gerber			. Omiaia.	Start Gentle
Good Start Gentle		NZG	Infant	14-4 oz OR 8-7 oz (twin pack)
	4	N76	foods:	containers baby food fruit and/or
32 jars baby			ioous.	vegetable (Stage 2, Stage 2 1/2 or 2nd
j		1		vegetable (Stage 2, Stage 2 1/2 of 2nd

fruit/vegetable				foods)
	<mark>2</mark>	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
3-8 oz box infant cereal			foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
	<mark>4</mark>	<b>N82</b>	<b>Infant</b>	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	
			cereal:	3-8 oz containers

**Gerber Good Start Soy** 

Gerber Good Start Soy				
Food Package Code	Rank	VC	Voucher M	
E27	4	476	Formula:	1-12.9 oz can powder Gerber Good Start
1-12.9 oz powder Gerber		1		Soy
Good Start Soy				
L27 (Assign E27)	4	476	Formula:	1-12.9 oz can powder Gerber Good Start
1-12.9 oz powder Gerber				Soy
Good Start Soy	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
	_		foods:	baby food fruit and/or vegetable (Stage
32 jars baby fruit/vegetable				2, Stage 2 1/2 or 2nd foods)
, , , , , , , , ,	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz box infant cereal	_		foods:	baby food fruit and/or vegetable (Stage
		1		2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
	_	1402	foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
		1	10005.	foods)
			Infant	10003)
		1	cereal:	3-8 oz containers
K27	4	G22		
	4	G22	Formula:	2-12.9 oz cans powder Gerber Good
2-12.9 oz powder Gerber				Start Soy
Good Start Soy	4	000		0.40.0
M27 (Assign K27)	4	G22	Formula:	2-12.9 oz cans powder Gerber Good
2-12.9 oz powder Gerber		N. I. T. C.		Start Soy
Good Start Soy	<mark>4</mark>	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
		1	foods:	baby food fruit and/or vegetable (Stage
32 jars baby fruit/vegetable				2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz box infant cereal		1	foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
	4	N82	<u>Infant</u>	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
		1		foods)
			Infant	
			cereal:	3-8 oz containers
J27	4	N55	Formula:	3-12.9 oz cans powder Gerber Good
3-12.9 oz powder Gerber				Start Soy
Good Start Soy				
N27 (Assign J27)	4	N55	Formula:	3-12.9 oz cans powder Gerber Good
3-12.9 oz powder Gerber		1		Start Soy
Good Start Soy	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
32 jars baby fruit/vegetable		1		2, Stage 2 1/2 or 2nd foods)
,,,	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz box infant cereal	_	1470	foods:	baby food fruit and/or vegetable (Stage
		1	.0000.	2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
		1402	foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
		1	10005.	foods)
		1	Infant	10003)
		1	cereal:	3-8 oz containere
		<u> </u>	cereal.	3-8 oz containers

Food Package Code	Rank	VC	Voucher M	lessage
E37	4	L04	Formula:	1-12.4 oz cans powder Gerber Good
				Start Soothe
1-12.4 oz powder Gerber				
Good Start Soothe	4	1.04	F	4 40 4
L37 (Assign E37)	4	L04	Formula:	1-12.4 oz cans powder Gerber Good Start Soothe
1 12 4 oz powdor Corbor	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
1-12.4 oz powder Gerber Good Start Soothe	-	INTO	foods:	baby food fruit and/or vegetable (Stage
Sood Start Soothe			loods.	2, Stage 2 1/2 or 2nd foods)
32 jars baby fruit/vegetable	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
3-8 oz box infant cereal				2, Stage 2 1/2 or 2nd foods)
	4	N82	<mark>Infant</mark>	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			lafa e t	foods)
			Infant	2.9 oz containora
K37	4	L05	cereal: Formula:	3-8 oz containers 2-12.4 oz cans powder Gerber Good
137	~		i oiiiiula.	Start Soothe
2-12.4 oz powder Gerber				Start Gooting
Good Start Soothe				
M37 (Assign K37)	4	L05	Formula:	2-12.4 oz cans powder Gerber Good
, , ,				Start Soothe
2-12.4 oz powder Gerber	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
Good Start Soothe			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
32 jars baby fruit/vegetable	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
3-8 oz box infant cereal	4	N82	Infant	<ul><li>2, Stage 2 1/2 or 2nd foods)</li><li>4-4 oz containers baby food fruit and/or</li></ul>
	-	1402	foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			10000.	foods)
			Infant	
			cereal:	3-8 oz containers
J37	4	L03	Formula:	3-12.4 oz cans powder Gerber Good
				Start Soothe
3-12.4 oz powder Gerber				
Good Start Soothe		1.00		0.40.4
N37 (Assign J37)	4	L03	Formula:	3-12.4 oz cans powder Gerber Good
2 12 1 oz povidor Corbor	4	NZC	Infant	Start Soothe  14-4 oz OR 8-7 oz (twin pack) containers
3-12.4 oz powder Gerber Good Start Soothe	4	N76	foods:	baby food fruit and/or vegetable (Stage
Cood Start Southe			ioous.	2, Stage 2 1/2 or 2nd foods)
32 jars baby fruit/vegetable	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
oz jaro baby franceogotable			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)

3-8 oz box infant cereal	4	N82	Infant foods:	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
			Infant cereal:	3-8 oz containers

# Contract Infant Formula Some Breastfed Infant 0-3 months

## **Gerber Good Start Gentle**

Food Package Code	Rank	VC	Voucher N	<del>//essage</del>
P17	2	G03	Formula:	3-12.7 oz can powder Gerber Good
				Start Gentle
6-12.7 oz powder Gerber	4	G03	Formula:	3-12.7 oz can powder Gerber Good
Good Start Gentle				Start Gentle
P18	2	G30	Formula:	12-12.1 oz containers concentrate
				Gerber Good Start Gentle
24-12.1 oz concentrate	4	G30	Formula:	12-12.1 oz containers concentrate
Gerber Good Start				Gerber Good Start Gentle
Gentle				
P19	2	G34	Formula:	7-33.8 oz (4-packs) ready to feed
17-33.8 oz ready to feed				Gerber Good Start Gentle
Gerber Good Start	4	G10	Formula:	10-33.8 oz (4-packs) ready to feed
Gentle Gentle				Gerber Good Start Gentle

**Gerber Good Start Soy** 

ociber cood otali coy					
Food Package Code	Rank	VC	Voucher Message		
P27	2	<b>N55</b>	Formula:	3-12.9 oz cans powder Gerber Good	
	_			Start Soy	
6-12.7 oz powder Gerber	4	N55	Formula:	3-12.9 oz cans powder Gerber Good	
Good Start Soy	_			Start Soy	
P28	2	G16	Formula:	12-12.1 oz containers concentrate	
	_			Gerber Good Start Soy	
24-12.1 oz concentrate	4	G16	Formula:	1212.1 oz containers concentrate	
Gerber Good Start Soy				Gerber Good Start Soy	
P29	4	N46	Formula:	10-33.8 oz (4-packs) ready to feed	
17-33.8 oz ready to feed				Gerber Good Start Soy	
Gerber Good Start Soy	2	G25	Formula:	7-33.8 oz (4-packs) ready to feed	
				Gerber Good Start Soy	

Food Package Code	Rank	VC	Voucher Message	
P37	<mark>4</mark>	L03	Formula:	3-12.4 oz cans powder Gerber Good
				Start Soothe
6-12.4 oz powder Gerber	<mark>4</mark>	L03	Formula:	3-12.4 oz cans powder Gerber Good
Good Start Soothe				Start Soothe

# 4 - 5 months

# **Gerber Good Start Gentle**

Food Package Code	Rank	VC	Voucher Message		
Q17	<mark>2</mark>	G03	Formula:	3-12.7 oz can powder Gerber Good	
				Start Gentle	
7-12.7 oz powder Gerber	4	G04	Formula:	4-12.7 oz cans powder Gerber Good	
Good Start Gentle				Start Gentle	
Q18	2	G30	Formula:	12-12.1 oz containers concentrate	
				Gerber Good Start Gentle	
27-12.1 oz concentrate	4	<b>G55</b>	Formula:	15-12.1 oz containers concentrate	
Gerber Good Start				Gerber Good Start Gentle	
Gentle					
Q19	4	G10	Formula:	10-33.8 oz (4-packs) ready to feed	
19-33.8 oz ready to feed				Gerber Good Start Gentle	
Gerber Good Start	2	G49	Formula:	9-33.8 oz (4-packs) ready to feed	
Gentle				Gerber Good Start Gentle	

Gerber Good Start Sov

Gerber Good Start Goy				
Food Package Code	Rank	VC	Voucher Message	
<b>Q27</b>	2	<b>N55</b>	Formula:	3-12.9 oz can powder Gerber Good
				Start Soy
7-12.9 oz powder Gerber	4	N40	Formula:	4-12.9 oz cans powder Gerber Good
Good Start Soy				Start Soy
Q28	2	G16	Formula:	13-12.1 oz containers concentrate
				Gerber Good Start Soy
27-12.1 oz concentrate	4	G26	Formula:	15-12.1 oz containers concentrate
Gerber Good Start Soy	_			Gerber Good Start Soy
Q29	4	N46	Formula:	10-33.8 oz (4-packs) ready to feed
19-33.8 oz ready to feed				Gerber Good Start Soy
Gerber Good Start Soy	2	<b>G52</b>	Formula:	9-33.8 oz (4-packs) ready to feed
				Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
Q37 (Assign P37)	2	L01	Formula:	4-12.4 oz cans powder Gerber Good
				Start Soothe
7-12.4 oz powder Gerber	4	L03	Formula:	3-12.4 oz cans powder Gerber Good
Good Start Soothe				Start Soothe

# 6 - 11 months

# **Gerber Good Start Gentle**

Food Package Code	Rank	VC	Voucher N	Message
I17 (Assign Q17)	2	G03	Formula:	3-12.7 oz can powder Gerber Good Start Gentle
6-12.7 oz powder Gerber Good Start Gentle	4	G03	Formula:	3-12.7 oz can powder Gerber Good Start Gentle
32 jars baby fruit/vegetable	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
3-8 oz box infant cereal	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant foods:	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
			Infant cereal:	3-8 oz containers
I18 (Assign Q18)	2	G12	Formula:	10-13-12.1 oz containers concentrate Gerber Good Start Gentle
20-12.1 oz concentrate	4	G12	Formula:	10-13-12.1 oz containers concentrate Gerber Good Start Gentle
Gerber Good Start Gentle	<mark>4</mark>	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
32 jars baby fruit/vegetable	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
3-8 oz box infant cereal	4	N82	Infant foods:	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
			Infant cereal:	3-8 oz containers
I19 (Assign Q19)	4	G48	Formula:	13-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
13-33.8 oz ready to feed Gerber Good Start Gentle	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
32 jars baby	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
fruit/vegetable 3-8 oz box infant cereal	4	N82	Infant foods:	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
			Infant cereal:	3-8 oz containers

<b>Gerber Good Start Soy</b>				
Food Package Code	Rank	VC	Voucher N	<mark>/lessage</mark>
<b>I27 (Assign Q27)</b>	2	<b>N55</b>	Formula:	3-12.9 oz can powder Gerber Good
				Start Soy
	4	<b>N55</b>	Formula:	3-12.9 oz can powder Gerber Good
6-12.9 oz powder Gerber				Start Soy
Good Start Soy	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
32 jars baby				2, Stage 2 1/2 or 2nd foods)
fruit/vegetable	<mark>2</mark>	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz box infant cereal			foods:	baby food fruit and/or vegetable (Stage
	4	N82	Infant	2, Stage 2 1/2 or 2nd foods) 4-4 oz containers baby food fruit and/or
	4	INOZ	foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			10003.	foods)
			Infant	10000)
			cereal:	3-8 oz containers
I28 (Assign Q28)	2	N39	Formula:	10-13-12.1 oz containers concentrate
	_			Gerber Good Start Soy
	4	N39	Formula:	10-13-12.1 oz containers concentrate
20-12.1 oz concentrate				Gerber Good Start Soy
<b>Gerber Good Start Soy</b>	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
32 jars baby				2, Stage 2 1/2 or 2nd foods)
fruit/vegetable	<mark>2</mark>	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz box infant cereal			foods:	baby food fruit and/or vegetable (Stage
	4	N82	Infant	<ul><li>2, Stage 2 1/2 or 2nd foods)</li><li>4-4 oz containers baby food fruit and/or</li></ul>
	4	INOZ	foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			10003.	foods)
			Infant	
			cereal:	3-8 oz containers
I29 (Assign Q29)	4	<b>G53</b>	Formula:	13-33.8 oz (4-packs) ready to feed
	_			Gerber Good Start Soy
13-33.8 oz ready to feed	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
Gerber Good Start Soy			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
32 jars baby	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
fruit/vegetable			foods:	baby food fruit and/or vegetable (Stage
3-8 oz box infant cereal	4	N82	Infant	2, Stage 2 1/2 or 2nd foods) 4-4 oz containers baby food fruit and/or
	4	INOZ	foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			. <del></del>	foods)
			Infant	
			cereal:	3-8 oz containers
<u> </u>				

# **Gerber Good Start Soothe**

Food Package Code	Rank	VC	Voucher M	l <mark>essage</mark>
I37 (Assign P37)	<mark>4</mark>	L03	Formula:	3-12.4 oz cans powder Gerber Good
				Start Soothe
6-12.4 oz powder Gerber	<mark>4</mark>	L03	Formula:	3-12.4 oz cans powder Gerber Good
Good Start Soothe				Start Soothe
	<mark>4</mark>	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
32 jars baby fruit/vegetable			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
3-8 oz box infant cereal	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
	<mark>4</mark>	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			<b>Infant</b>	
			cereal:	3-8 oz containers

# **Contract Infant Formula Packages for Children**

## **Gerber Good Start Gentle**

Food Package Code	Rank	VC	Voucher M	lessage
Z17	2	G05	Formula:	5-12.7 oz cans powder Gerber Good
10-12.7 oz powder Gerber				Start Gentle
Good Start Gentle	4	G05	Formula:	5-12.7 oz cans powder Gerber Good
				Start Gentle
Medical Documentation				
Required				
X18	4	G18	Formula:	19-12.1 oz containers concentrate
37- 12.1 oz concentrate				Gerber Good Start Gentle
Gerber Good Start Gentle	2	G17	Formula:	18-12.1 oz containers concentrate
				Gerber Good Start Gentle
Medical Documentation				
Required				
X19	2	G48	Formula:	13-33.8 oz (4-packs) ready to feed
26-33.8 ready to feed				Gerber Good Start Gentle
Gerber Good Start Gentle	4	G48	Formula:	13-33.8 oz (4-packs) ready to feed
				Gerber Good Start Gentle
Medical Documentation				
Required				

**Gerber Good Start Soy** 

Corbor Good Start Goy	- I	1.40		
Food Package Code	Rank	VC	Voucher M	essage
X27	2	N41	Formula	5-12.9 oz cans powder Gerber Good
10-12.9 oz powder Gerber				Start Soy
Good Start Soy	4	N41	Formula	5-12.9 oz cans powder Gerber Good Start Soy
Medical Documentation				
Required				
X28	4	N38	Formula	19-12.1 oz cans concentrate Gerber
37-12.1 oz concentrate				Good Start Soy
Gerber Good Start Soy	2	N37	Formula	16-12.1 oz cans concentrate Gerber Good Start Soy
Medical Documentation				,
Required				
X29	2	N44	Formula	13-33.8 oz (4-packs) ready to feed
26-33.8 oz ready to feed				Gerber Good Start Soy
Gerber Good Start Soy	4	N44	Formula	13-33.8 oz (4-packs) ready to feed
				Gerber Good Start Soy
Medical Documentation Required				

## Powder Gerber Good Start 2 Gentle OR Gerber Graduates Gentle

Food Package Code	Rank	VC	Voucher M	essage
<b>Z</b> 67	2	G42	Formula:	2-22 oz cans powder Gerber Good Start
5-22 oz powder				2 Gentle OR Gerber Graduates Gentle
Gerber Good Start 2 Gentle	4	G42	Formula:	2-22 oz cans powder Gerber Good Start
OR Gerber Graduates				2 Gentle OR Gerber Graduates Gentle
Gentle	4	G41	Formula:	1-22 oz cans powder Gerber Good Start
				2 Gentle OR Gerber Graduates Gentle
Medical Documentation Required				

# Powder Gerber Good Start 2 Soy OR Gerber Graduates Soy

Food Package Code	Rank	VC	Voucher Message	
<b>Z77</b>	2	G44	Formula:	2-24 oz cans powder Gerber Good Start
5-24 oz powder Gerber				2 Soy OR Gerber Graduates Soy
Good Start 2 Soy OR	4	G44	Formula:	2-24 oz cans powder Gerber Good Start
Gerber Graduates Soy				2 Soy OR Gerber Graduates Soy
	4	G43	Formula:	1-24 oz can powder Gerber Good Start 2
Medical Documentation				Soy OR Gerber Graduates Soy
Required				,

# Formula Summary – Non-Contract Infant Formula Summary Medical Documentation Required

CD A	Ctatus / Ass		wedical Documentation Required
CPA FPC	Status / Age	System FPC	Formula
			Enfamil AR Powder
A44	FFF 0-3 m	A44	9-12.9 oz cans powder Enfamil AR
	FFF 4-5 m	B44	10-12.9 oz cans powder Enfamil AR
	FFF 6-11 m	D44	7-12.9 oz cans powder Enfamil AR,
	FFF 0-11 III		32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F44	MB 1-3 m	F44	4-12.9 oz cans powder Enfamil AR
	MB 4-5 m	G44	5-12.9 oz cans powder Enfamil AR
	MB 6-11 m	H44	4-12.9 oz cans powder Enfamil AR
	145.0.5	=	32 jars baby fruit/vegetable, 3-8 oz box infant cereal
E44	MB 0-5	E44	1-12.9 oz can powder Enfamil AR
	MB 6-11 m	L44	1-12.9 oz can powder Enfamil AR
K44	MB 1-5 m	K44	32 jars baby fruit/vegetable, 3-8 oz box infant cereal
N44	III G-1 DIVI	M44	2-12.9 oz cans powder Enfamil AR 2-12.9 oz cans powder Enfamil AR
	MB 6-11 m	IVI <del>44</del>	32 jars baby fruit/vegetable, 3-8 oz box infant cereal
J44	MB 1-5 m	J44	3-12.9 oz cans powder Enfamil AR
044		N44	3-12.9 oz cans powder Enfamil AR
	MB 6-11 m	11177	32 jars baby fruit/vegetable, 3-8 oz box infant cereal
P44	SB 0-3 m	P44	6-12.9 oz cans powder Enfamil AR
	SB 4-5 m	Q44	7-12.9 oz cans powder Enfamil AR
	SB 6-11 m	144	6-12.9 oz cans powder Enfamil AR
	000 11111	• • •	32 jars baby fruit/vegetable, 3-8 oz box infant cereal
X44	Child	X44	9–12.9 oz cans powder Enfamil AR
7,11	Grinia	7(11	Enfamil AR RTF
A46	FFF 0-3 m	A46	26-quart cans RTF Enfamil AR
	FFF 4-5 m	B46	28-quart cans RTF Enfamil AR
	FFF 6-11 m	D46	20-quart cans RTF Enfamil AR
	FFF 0-11 III		32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F46	MB 1-3 m	F46	12-32 oz RTF containers Enfamil AR
	MB 4-5 m	G46	14-32 oz RTF containers Enfamil AR
	MB 6-11 m	H46	10-32 oz RTF containers Enfamil AR
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal
P46	SB 0-3 m	P46	20-32 oz RTF containers Enfamil AR
	SB 4-5 m	<b>Q46</b>	22-32 oz RTF containers Enfamil AR
	SB 6-11 m	<mark>146</mark>	14-32 oz RTF containers Enfamil AR
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal
X46	Child	X46	28–32 oz cans RTF Enfamil AR
A 11		A 4.4	Similac Sensitive for Spit Up or Similac for Spit up Powder
A41	FFF 0-3 m	A41	9-12.3 oz cans powder Similac Sensitive for Spit Up
	FFF 4-5 m	B41	10-12.3 oz cans powder Similac Sensitive for Spit Up
	FFF 6-11 m	D41	7-12.3 oz cans powder Similac Sensitive for Spit Up 32 jars baby
	FFF 0-11 III		fruit/vegetable, 3-8 oz box infant cereal
F41	MB 1-3 m	F41	4-12.3 oz cans powder Similac Sensitive for Spit Up

CPA FPC	Status / Age	System FPC	Formula
	MB 4-5 m	G41	5-12.3 oz cans powder Similac Sensitive for Spit Up
	MB 6-11 m	H41	4-12.3 oz cans powder Similac Sensitive for Spit Up 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
E41	MB 0-5	E41	1-12.3 oz powder Similac Sensitive for Spit Up
	MB 6-11 m	L41	1-12.3 oz powder Similac Sensitive for Spit Up 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
K41	MB 1-5 m	K41	2-12.3 oz powder Similac Sensitive for Spit Up
	MB 6-11 m	M41	2-12.3 oz powder Similac Sensitive for Spit Up 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
J41	MB 1-5 m	J41	3-12.3oz powder Similac Sensitive for Spit Up
	MB 6-11 m	N41	3-12.3 oz powder Similac Sensitive for Spit Up 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
P41	SB 0-3 m	P41	6-12.3 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up
	SB 4-5 m	Q41	7-12.3 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up
	SB 6-11 m	<b>I41</b>	6-12.3 oz cans powder Similac Sensitive for Spit Up or
			Similac for Spit up
2/44		N/ 4 4	32 jars baby fruit/vegetable, 3-8 oz box infant cereal
X41	Child	X41	9-12.3 oz cans powder Similac Sensitive for Spit Up
A 40		A 40	Similac Sensitive for Spit Up or Similac for Spit up RTF
A43	FFF 0-3 m	A43	26- quart RTF container Similac Sensitive for Spit Up
	FFF 4-5 m	B43	28- quart RTF container Similac Sensitive for Spit Up
	FFF 6-11 m	D43	20- quart RTF container Similac Sensitive for Spit Up 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F43	MB 1-3 m	F43	12-quart RTF container Similac Sensitive for Spit Up
	MB 4-5 m	G43	14-quart RTF container Similac Sensitive for Spit Up
	MB 6-11 m	H43	10-quart RTF container Similac Sensitive for Spit Up 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
P43	SB 0-3 m	P41	20-quart RTF container Similac Sensitive for Spit Up
	SB 4-5 m	Q41	22-quart RTF container Similac Sensitive for Spit Up
	SB 6-11 m	<mark>141</mark>	14-quart RTF container Similac Sensitive for Spit Up 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
X43	Child	X43	28-quart RTF container Similac Sensitive for Spit Up

# Non-Contract Standard Formula Food Packages for Fully Formula Fed Infant

#### 0 - 3 months

#### **Enfamil AR**

Food Package Code	Rank	VC	Voucher M	Message
A44	2	N33	Formula	4-12.9 oz cans powder Enfamil AR
9-12.9 oz powder Enfamil AR	4	168	Formula	5-12.9 oz cans powder Enfamil AR
Medical Documentation Required				
A46 26-1 quart ready to feed	2	169	Formula	13-1 quart containers ready to feed Enfamil AR
Enfamil AR	4	169	Formula	13-1 quart containers ready to feed Enfamil AR
Medical Documentation Required				

online Sensitive for Spit Op or Similar for Spit up					
Food Package Code	VC	Voucher N	Message		
A41	N60	Formula	5-12.3 oz cans powder		
9-12.3 oz powder Similac Sensitive for Spit Up <b>or</b>			Similac Sensitive for Spit Up (green and white label)		
Similac for Spit up	N61	Готпосию	,		
размания при пр	1001	Formula	4-12.3 oz cans powder Similac Sensitive for Spit Up (green and white		
<b>Medical Documentation</b>			label)		
Required			label)		
A43	137	Formula	13-quart containers ready to feed		
26-32 oz ready to feed			Similac Sensitive for Spit Up (green and white		
Similac Sensitive for Spit Up			label)		
or Similac for Spit up	137	Formula	13-quart containers ready to feed		
			Similac Sensitive for Spit Up (green and white		
Medical Documentation			label)		
Required					

#### Non-Contract Formulas Infant Fully formula Fed 4-5 months

#### **Enfamil AR**

Food Package Code	Rank	VC	Voucher N	Message
B44 (Assign A44)	2	168	Formula	5-12.9 oz cans powder Enfamil AR
10-12.9 oz Enfamil AR	4	168	Formula	5-12.9 oz cans powder Enfamil AR
Medical Documentation				
Required				
B46 (Assign A46)	2	309	Formula	14-1 quart containers ready to feed
28-1 quart ready to feed				Enfamil AR
Enfamil AR	4	309	Formula	14-1 quart containers ready to feed
				Enfamil AR
Medical Documentation				
Required				

Similac Sensitive for Spit up or Similac for Spit up						
Food Package Code	Rank	VC	Voucher N	Message		
B41 (Assign A41)	2	N60	Formula	5-12.3 oz cans powder Similac		
10-12.3 oz powder Similac				Sensitive for Spit Up or Similac for		
Sensitive for Spit Up or				Spit up (green and white label)		
Similac for Spit up						
	4	N60	Formula	5-12.3 oz cans powder Similac		
<b>Medical Documentation</b>				Sensitive for Spit Up or Similac for		
Required				Spit up (green and white label)		
B43 (Assign A43)	2	139	Formula	14- quart containers ready to feed		
28-32 oz ready to feed				Similac Sensitive for Spit Up or Similac		
Similac Sensitive for Spit				for Spit up (green and white label)		
Up or Similac for Spit up	4	139	Formula	14- quart containers ready to feed		
				Similac Sensitive for Spit Up or Similac		
Medical Documentation				for Spit up (green and white label)		
Required						

#### Non-Contract Formulas Infant Fully formula Fed 6-11 months

Food Package Code	Rank	VC	Voucher M	Message
D44 (Assign A44)	4	N33	Formula	4-12.9 oz cans powder Enfamil AR
7-12.9 oz Enfamil AR	2	N34	Formula	3-12.9 oz cans powder Enfamil AR
	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
32 jars baby fruit/vegetable			foods:	baby food fruit and/or vegetable (Stage 2,
				Stage 2 1/2 or 2nd foods)
3-8 oz box infant cereal	2	N76	<b>Infant</b>	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage 2,
Medical Documentation				Stage 2 1/2 or 2nd foods)
Required	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			<b>Infant</b>	
			cereal:	3-8 oz containers
D46 (Assign A46)	2	N35	Formula	10-1 quart containers ready to feed
20-1 quart ready to feed				Enfamil AR
Enfamil AR	4	N35	Formula	10-1 quart containers ready to feed
32 jars baby fruit/vegetable				Enfamil AR
	4	N76	<b>Infant</b>	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz box infant cereal			foods:	baby food fruit and/or vegetable (Stage 2,
				Stage 2 1/2 or 2nd foods)
Medical Documentation	2	N76	<b>Infant</b>	14-4 oz OR 8-7 oz (twin pack) containers
Required			foods:	baby food fruit and/or vegetable (Stage 2,
				Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	
			cereal:	3-8 oz containers

Similac Sensitive for Spit				
Food Package Code	Rank		Voucher N	
D41 (Assign A41)	4	N61	Formula	4-12.3 oz cans powder Similac
7-12.3 oz cans powder				Sensitive for Spit Up (green and white
Similac Sensitive for Spit				label)
Up	2	N62	Formula	3-12.3 oz cans powder Similac
				Sensitive for Spit Up (green and white
32-4 oz infant food				label)
	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
3-8 oz cereal			foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
Medical Documentation				foods)
Required	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
	_		foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	
			cereal:	3-8 oz containers
D43 (Assign A43)	2	N11	Formula	10- quart containers ready to feed
20-32 oz ready to feed	_			Similac Sensitive for Spit Up (green and
Similac Sensitive for Spit				white label)
Up	4	N11	Formula	10- quart containers ready to feed
	-			Similac Sensitive for Spit Up (green and
32-4 oz infant food				white label)
	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
3-8 oz cereal	•	0	foods:	containers baby food fruit and/or
			. 5 5 5 5 5	vegetable (Stage 2, Stage 2 1/2 or 2nd
Medical Documentation				foods)
Required	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
	_	0	foods:	containers baby food fruit and/or
			.0000.	vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
		1402	foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			10003.	foods)
			Infant	10000)
			_	3-8 oz containers
	1		cereal:	3-0 UZ CUITAITIETS

#### Non-Contract Infant Formula Mostly Breastfed Infant – Maximum 1-3 months Mostly Breastfeeding – Max

#### **Enfamil AR**

Food Package Code	Rank	VC	Voucher Message		
F44	4	N33	Formula	4-12.9 oz cans powder Enfamil AR	
4-12.9 oz powder Enfamil					
AR					
F46	4	M43	Formula	12-1 quart containers ready to feed	
12-32 oz ready to feed				Enfamil AR	
Enfamil AR					

## 4-5 months Mostly Breastfeeding – Max

Food Package Code	Rank	VC	Voucher M	Message Tessage
G44 (Assign F44)	4	168	Formula	5-12.9 oz cans powder Enfamil AR
5-12.9 oz powder Enfamil				
AR				
G46	4	309	Formula	14-1 quart containers ready to feed
14-32 oz ready to feed				Enfamil AR
Enfamil AR				

# 6-11 months Mostly Breastfeeding – Max

Food Package Code	Rank	VC	Voucher N	Message
H44 (Assign F44)	4	N33	Formula	4-12.9 oz cans powder Enfamil AR
4-12.9 oz powder Enfamil	<mark>4</mark>	N76	<b>Infant</b>	14-4 oz OR 8-7 oz (twin pack) containers
AR			foods:	baby food fruit and/or vegetable (Stage 2,
				Stage 2 1/2 or 2nd foods)
32-4 oz infant food	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage 2,
3-8 oz cereal				Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			<b>Infant</b>	
			cereal:	3-8 oz containers
H46 (Assign F46)	4	N35	Formula	10-1 quart ready to feed Enfamil AR
10-32 oz ready to feed				
Enfamil AR	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage 2,
32-4 oz infant food				Stage 2 1/2 or 2nd foods)
0.0	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz cereal			foods:	baby food fruit and/or vegetable (Stage 2,
				Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
	_		foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	
			cereal:	3-8 oz containers

#### Mostly Breastfed Infant 1-3 months - Maximum

Similac Sensitive for Spit Up or Similac for Spit up

Food Package Code	Rank	VC	Voucher N	Message
F41 4-12.9 oz powder Similac Sensitive for Spit Up	4	N61	Formula	4-12.9 oz cans powder Similac Sensitive for Spit Up (green and white label)
Medical Documentation Required				
F43 12-32 oz ready to feed Similac Sensitive for Spit Up	4	136	Formula	12-32 oz containers ready to feed Similac Sensitive for Spit Up (green and white label)
Medical Documentation Required				

#### Mostly Breastfed Infant 4-5 months – Maximum

Food Package Code	Rank	VC	Voucher N	Message
G41 (Assign F41)	4	N60	Formula	5-12.9 oz cans powder
5-12.9 oz powder Similac				Similac Sensitive for Spit Up <b>or</b>
Sensitive for Spit Up <b>or</b>				Similac for Spit up (green and white
Similac for Spit up				label)
Medical Documentation				
Required				
G43 (Assign F43)	<mark>4</mark>	139	Formula	14-32 oz containers ready to feed
14-32 oz ready to feed				Similac Sensitive for Spit Up <b>or</b>
Similac Sensitive for Spit				Similac for Spit up (green and white
Up or Similac for Spit up				label)
Medical Documentation				
Required				

# Mostly Breastfed Infant 6-11 months - Maximum

Similac for Spit up

Food Package Code	Rank	VC	Voucher N	Message
H41 (Assign F41)	4	N61	Formula	4-12.9 oz cans powder
4-12.9 oz powder Similac				Similac Sensitive for Spit Up <b>or</b>
Sensitive for Spit Up or				Similac for Spit up (green and white
Similac for Spit up				label)
32-4 oz infant food	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
3-8 oz cereal				vegetable (Stage 2, Stage 2 1/2 or 2nd
Madical Desumentation		NIZO	1.0	foods)
Medical Documentation Required	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
Required			foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
	-	INOZ	foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			10003.	foods)
			Infant	locasy
			cereal:	3-8 oz containers
H43 (Assign F43)	4	N11	Formula	10-32 oz containers ready to feed
10-32 oz ready to feed				Similac Sensitive for Spit Up or Similac
Similac Sensitive for Spit				for Spit up (green and white label)
Up or Similac for Spit up	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
32-4 oz infant food				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
3-8 oz cereal	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
Madical Description			foods:	containers baby food fruit and/or
Medical Documentation				vegetable (Stage 2, Stage 2 1/2 or 2nd
Required	4	NOO	1.0	foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
			Infant	
			cereal:	3-8 oz containers

#### Non-Contract Infant Formula Mostly Breastfed Infant 1- 3 cans per month

Food Package Code	Rank	VC	Voucher N	Message
E44	4	307	Formula	1-12.9 oz can powder Enfamil AR
1-12.9 oz powder				
Enfamil AR	1	007		1.400
L44 (Assign E44)	4	307	Formula	1-12.9 oz can powder Enfamil AR
1-12.9 oz powder Enfamil AR	4	N76	Infant foods	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2,
Ellialili AK			foods:	Stage 2 1/2 or 2nd foods)
32-4 oz infant food	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
52	_	1170	foods:	baby food fruit and/or vegetable (Stage 2,
3-8 oz cereal			10000.	Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
Medical Documentation			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
Required				foods)
			Infant <sub>.</sub>	
1/44		N440	<mark>cereal:</mark>	3-8 oz containers
K44	4	M42	Formula	2-12.9 oz cans powder Enfamil AR
2-12.9 oz powder Enfamil AR				
M44 (Assign K44)	4	M42	Formula	2-12.9 oz cans powder Enfamil AR
2-12.9 oz powder	4 4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
Enfamil AR	-	1470	foods:	baby food fruit and/or vegetable (Stage 2,
2			loodo.	Stage 2 1/2 or 2nd foods)
32-4 oz infant food	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
	_		foods:	baby food fruit and/or vegetable (Stage 2,
3-8 oz cereal				Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
Medical Documentation			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
Required				foods)
			Infant cereal:	3-8 oz containers
J44	4	N34	Formula	3-12.9 oz cans powder Enfamil AR
3-12.9 oz powder Enfamil	-	1104	Tomina	0 12.0 02 oans powder Linamii Aix
AR				
Medical Documentation				
Required				
N44 (Assign J44)	4	N34	Formula	3-12.9 oz cans powder Enfamil AR
3-12.9 oz powder Enfamil	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
AR	"		foods:	baby food fruit and/or vegetable (Stage 2,
32-4 oz infant food				Stage 2 1/2 or 2nd foods)
02 4 02 IIIIaiii 1000	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
3-8 oz cereal			foods:	baby food fruit and/or vegetable (Stage 2,
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				Stage 2 1/2 or 2nd foods)

Medical Documentation Required	4	N82	Infant foods:	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
_			Infant	
			cereal:	3-8 oz containers

Similar Sensitive for Spit Up

Food Package Code	Rank	VC	Voucher N	Message
E41 1-12.6 oz powder Similac Sensitive for Spit Up or Similac for Spit up	4	111	Formula	1-12.6 oz can powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
Medical Documentation Required	4	111	Formula	1-12.6 oz can powder Similac Sensitive
L41 (Assign E41) 1-12.6 oz powder Similac Sensitive for Spit Up or	4	111	Formula	for Spit Up or Similac for Spit up (green and white label)
Similac for Spit up  32-4 oz infant food	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd
3-8 oz cereal	2	N76	Infant	foods) 14-4 oz OR 8-7 oz (twin pack)
Medical Documentation Required			foods:	containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant foods: Infant	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
			cereal:	3-8 oz containers
K41 2-12.6 oz powder Similac Sensitive for Spit Up or Similac for Spit up	4	N64	Formula	2-12.6 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
Medical Documentation Required				
M41 (Assign K41) 2-12.6 oz powder Similac Sensitive for Spit Up or	4	N64	Formula	2-12.6 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
Similac for Spit up  32-4 oz infant food	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd
3-8 oz cereal	2	N76	Infant foods:	foods)  14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or
Medical Documentation Required			.0000.	vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

Food Package Code	Rank	VC	Voucher N	Message
	4	N82	Infant foods: Infant cereal:	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)  3-8 oz containers
J41 3-12.6 oz powder Similac Sensitive for Spit Up or Similac for Spit up  Medical Documentation Required	4	N65	Formula	3-12.6 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
N41 (Assign J41) 3-12.6 oz powder Similac Sensitive for Spit Up or	4	N65	Formula	3-12.6 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
Similac for Spit up  32-4 oz infant food	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
3-8 oz cereal  Medical Documentation Required	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)  3-8 oz containers

# Non-Contract Infant Formula Some Breastfed Infant – Maximum 1-3 months Max

#### **Enfamil AR**

Linaiiii Ait				
Food Package Code	Rank	VC	Voucher N	<mark>/lessage</mark>
P44	<mark>2</mark>	N34	Formula:	3-12.9 oz can powder Enfamil AR
	4	N34	Formula:	3-12.9 oz can powder Enfamil AR
6-12.9 oz powder	_			
Enfamil AR				
<b>Medical Documentation</b>				
Required				
P46	2	N35	Formula:	10-1 quart containers ready to feed
20-32 oz ready to feed	_			Enfamil AR
Enfamil AR	4	<b>N35</b>	Formula:	10-1 quart containers ready to feed
				Enfamil AR
<b>Medical Documentation</b>				
Required				

Similac Sensitive for Spit UP

Food Dooksons Code	Donk	VC	\/auahar N	logge
Food Package Code	Rank		Voucher N	
P41	2	N62	Formula	3-12.3 oz cans powder Similac Sensitive for Spit Up (green and
6-12.6 oz powder Similac				white label)
Sensitive for Spit	4	N62	Formula	3-12.3 oz cans powder Similac Sensitive for Spit Up (green and
<b>Medical Documentation</b>				white label)
Required				
P43	2	N11	Formula	10- quart containers ready to feed
20-32 oz ready to feed				Similac Sensitive for Spit Up (green
Similac Sensitive for Spit				and white label)
	4	N11	Formula	10- quart containers ready to feed
<b>Medical Documentation</b>				Similac Sensitive for Spit Up (green
Required				and white label)

# Non-Contract Infant Formula Some Breastfed Infant – Maximum 4-5 months Max

# **Enfamil AR**

Food Package Code	Rank	VC	Voucher N	Message Message
Q44 (Assign P	<mark>2</mark>	N34	Formula:	3-12.9 oz can powder Enfamil AR
	4	<b>N33</b>	Formula:	4-12.9 oz can powder Enfamil AR
7-12.9 oz powder				
Enfamil AR				
Medical Documentation				
Required				
Q46	4	N35	Formula:	10-1 quart containers ready to feed
22-32 oz ready to feed				Enfamil AR
Enfamil AR	2	M43	Formula:	12-1 quart containers ready to feed
				Enfamil AR
<b>Medical Documentation</b>				
Required				

Similac Sensitive for Spit UP

offiliae ochisitive for opi				
Food Package Code	Rank	VC	Voucher N	<mark>⁄lessage</mark>
P41	2	N62	Formula	3-12.3 oz cans powder Similac Sensitive for Spit Up (green and
7-12.6 oz powder Similac				white label)
Sensitive for Spit	4	N61	Formula	4-12.3 oz cans powder Similac Sensitive for Spit Up (green and
<b>Medical Documentation</b>				white label)
Required				,
P43 22-32 oz ready to feed Similac Sensitive for Spit	2	N11	Formula	10- quart containers ready to feed Similac Sensitive for Spit Up (green and white label)
Medical Documentation Required	4	136	Formula	12-32 oz containers ready to feed Similac Sensitive for Spit Up (green and white label)

# Non-Contract Infant Formula Some Breastfed Infant – Maximum 6-11 months Max

Ellialilii AR		I		
Food Package Code	Rank		Voucher N	Message
<mark>144</mark>	<mark>2</mark>	N34	Formula:	3-12.9 oz can powder Enfamil AR
	4	N34	Formula:	3-12.9 oz can powder Enfamil AR
6-12.9 oz powder	_			·
Enfamil AR	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
	_		foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
	_		foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			<b>Infant</b>	
			cereal:	3-8 oz containers
<b>146</b>	4	309	Formula:	14-1 quart containers ready to feed
14-32 oz ready to feed				Enfamil AR
Enfamil AR	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack) containers
			foods:	baby food fruit and/or vegetable (Stage
				2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			<u>Infant</u>	
			cereal:	3-8 oz containers

Similar Sensitive for Snit UP

Similac Sensitive for Spit UP							
Food Package Code	Rank	VC	Voucher I	<u> </u>			
6-12.6 oz powder Similac	2	N62	Formula	3-12.3 oz cans powder Similac Sensitive for Spit Up (green and white label)			
Sensitive for Spit  Medical Documentation	4	N62	Formula	3-12.3 oz cans powder Similac Sensitive for Spit Up (green and white label)			
Required	<mark>4</mark>	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)			
	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)			
	4	N82	Infant foods: Infant	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)			
			cereal:	3-8 oz containers			
14-32 oz ready to feed Similac Sensitive for Spit	4	139	Formula	14-1 quart containers ready to feed Similac Sensitive for Spit Up (green and white label)			
Medical Documentation Required	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)			
	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)			
	4	N82	Infant foods: Infant	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)			
			cereal:	3-8 oz containers			

# **Non-Contract Standard Infant Formula for Children**

#### **Enfamil AR**

Food Package Code	Rank	VC	Voucher M	Message
X44	2	N33	Formula	4-12.9 oz cans powder Enfamil AR
9-12.9 oz powder Enfamil AR	4	168	Formula	5-12.9 oz cans powder Enfamil AR
Medical Documentation Required				
X46 28-1 quart ready to feed	2	309	Formula	14-1 quart containers ready to feed Enfamil AR
Enfamil AR	4	309	Formula	14-1 quart containers ready to feed Enfamil AR
Medical Documentation Required				

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Food Package Code	Rank	VC	Voucher N	Message
X41	2	N61	Formula	4-12.3 oz cans powder Similac
9-12.3 oz cans powder				Sensitive for Spit Up or Similac for
Similac Sensitive for Spit				Spit up (green and white label)
Up or Similac for Spit up				
	4	N60	Formula	5-12.3 oz cans powder Similac
Medical Documentation				Sensitive for Spit Up or Similac for
Required				Spit up (green and white label)
X43	2	139	Formula	14- quart containers ready to feed
Similac Sensitive for Spit				Similac Sensitive for Spit Up or Similac
Up or Similac for Spit up				for Spit up (green and white label)
	4	139	Formula	14- quart containers ready to feed
Medical Documentation				Similac Sensitive for Spit Up or Similac
Required				for Spit up (green and white label)
-				,

# **Summary of Food Packages for Women and Children**

	Women Food Packages:
	Prenatal/Mostly Breastfeeding
	W00 – W19
W01	Standard Prenatal/Mostly Breastfeeding Women
W02	Lactose Intolerant Prenatal/Mostly Breastfeeding Women
W03	Goat Milk for Prenatal/Mostly Breastfeeding Women
W04	Extra Cheese for Prenatal/Mostly Breastfeeding Women  MEDICAL DOCUMENTATION REQUIRED
W05	Limited Tofu for Prenatal/Mostly Breastfeeding Women
W06	Extra Tofu for Prenatal/Mostly Breastfeeding Women  MEDICAL DOCUMENTATION NEEDED
W07	Whole Milk Prenatal/Mostly Breastfeeding Women MEDICAL DOCUMENTATION REQUIRED
W08	No Cheese for Prenatal/Mostly Breastfeeding Women
W09	No Milk for Prenatal/Mostly Breastfeeding Women  MEDICAL DOCUMENTATION REQUIRED
W10	Prenatal/Mostly Breastfeeding Women – Alternative Package
W11	Soy Milk for Prenatal/Mostly Breastfeeding Women
W12	Evaporated Milk for Prenatal/Mostly Breastfeeding Women
W13	Soy Milk with Tofu for Prenatal/Mostly Breastfeeding Women
	Postpartum Non-Breastfeeding/Some Breastfeeding W20 – W39, W80
W21	W20 – W39, W80 Standard Postpartum Women
W21 W22	W20 – W39, W80
W22 W23	W20 – W39, W80  Standard Postpartum Women  Lactose Intolerant Postpartum Women  Goat Milk for Postpartum Women
W22	W20 – W39, W80  Standard Postpartum Women  Lactose Intolerant Postpartum Women  Goat Milk for Postpartum Women  Extra Cheese for Postpartum Women
W22 W23 W24	W20 – W39, W80  Standard Postpartum Women  Lactose Intolerant Postpartum Women  Goat Milk for Postpartum Women  Extra Cheese for Postpartum Women  MEDICAL DOCUMENTATION REQUIRED
W22 W23 W24 W25	W20 – W39, W80  Standard Postpartum Women  Lactose Intolerant Postpartum Women  Goat Milk for Postpartum Women  Extra Cheese for Postpartum Women  MEDICAL DOCUMENTATION REQUIRED  Limited Tofu for Postpartum Women
W22 W23 W24	W20 – W39, W80  Standard Postpartum Women  Lactose Intolerant Postpartum Women  Goat Milk for Postpartum Women  Extra Cheese for Postpartum Women  MEDICAL DOCUMENTATION REQUIRED
W22 W23 W24 W25	Standard Postpartum Women Lactose Intolerant Postpartum Women Goat Milk for Postpartum Women Extra Cheese for Postpartum Women MEDICAL DOCUMENTATION REQUIRED Limited Tofu for Postpartum Women Extra Tofu for Postpartum Women—Extra Tofu
W22 W23 W24 W25 W26	Standard Postpartum Women Lactose Intolerant Postpartum Women Goat Milk for Postpartum Women Extra Cheese for Postpartum Women MEDICAL DOCUMENTATION REQUIRED Limited Tofu for Postpartum Women Extra Tofu for Postpartum Women— Extra Tofu MEDICAL DOCUMENTATION REQUIRED Whole Milk for Postpartum Women
W22 W23 W24 W25 W26	Standard Postpartum Women  Lactose Intolerant Postpartum Women  Goat Milk for Postpartum Women  Extra Cheese for Postpartum Women  MEDICAL DOCUMENTATION REQUIRED  Limited Tofu for Postpartum Women  Extra Tofu for Postpartum Women— Extra Tofu  MEDICAL DOCUMENTATION REQUIRED  Whole Milk for Postpartum Women  MEDICAL DOCUMENTATION REQUIRED
W22 W23 W24 W25 W26 W27 W28 W29	Standard Postpartum Women  Lactose Intolerant Postpartum Women  Goat Milk for Postpartum Women  Extra Cheese for Postpartum Women  MEDICAL DOCUMENTATION REQUIRED  Limited Tofu for Postpartum Women  Extra Tofu for Postpartum Women  Extra Tofu for Postpartum Women— Extra Tofu  MEDICAL DOCUMENTATION REQUIRED  Whole Milk for Postpartum Women  MEDICAL DOCUMENTATION REQUIRED  No Cheese for Postpartum Women  No Milk for Postpartum Women
W22 W23 W24 W25 W26 W27 W28 W29 W30 W31	Standard Postpartum Women Lactose Intolerant Postpartum Women Goat Milk for Postpartum Women Extra Cheese for Postpartum Women MEDICAL DOCUMENTATION REQUIRED Limited Tofu for Postpartum Women Extra Tofu for Postpartum Women— Extra Tofu MEDICAL DOCUMENTATION REQUIRED Whole Milk for Postpartum Women MEDICAL DOCUMENTATION REQUIRED No Cheese for Postpartum Women No Milk for Postpartum Women No Milk for Postpartum Women MEDICAL DOCUMENTATION REQUIRED Postpartum Women— Alternative Package Soy Milk for Postpartum Women
W22 W23 W24 W25 W26 W27 W28 W29	Standard Postpartum Women  Lactose Intolerant Postpartum Women  Goat Milk for Postpartum Women  Extra Cheese for Postpartum Women  MEDICAL DOCUMENTATION REQUIRED  Limited Tofu for Postpartum Women  Extra Tofu for Postpartum Women— Extra Tofu  MEDICAL DOCUMENTATION REQUIRED  Whole Milk for Postpartum Women  MEDICAL DOCUMENTATION REQUIRED  No Cheese for Postpartum Women  No Milk for Postpartum Women  No Milk for Postpartum Women  MEDICAL DOCUMENTATION REQUIRED  Postpartum Women— Alternative Package  Soy Milk for Postpartum Women  Evaporated Milk for Postpartum Women
W22 W23 W24 W25 W26 W27 W28 W29 W30 W31	Standard Postpartum Women Lactose Intolerant Postpartum Women Goat Milk for Postpartum Women Extra Cheese for Postpartum Women MEDICAL DOCUMENTATION REQUIRED Limited Tofu for Postpartum Women Extra Tofu for Postpartum Women— Extra Tofu MEDICAL DOCUMENTATION REQUIRED Whole Milk for Postpartum Women MEDICAL DOCUMENTATION REQUIRED No Cheese for Postpartum Women No Milk for Postpartum Women No Milk for Postpartum Women MEDICAL DOCUMENTATION REQUIRED Postpartum Women— Alternative Package Soy Milk for Postpartum Women

Exclu	usively Breastfeeding Woman – Single Infant/Prenatal with Multiples /Mostly Breastfeeding Multiples W40 – W59
W41	Standard Exclusively Breastfeeding/Prenatal with Multiples
W42	Lactose Intolerant Exclusively Breastfeeding/Prenatal with Multiples
W43	Goat Milk for Exclusively Breastfeeding/Prenatal with Multiples
W44	More Cheese for Exclusively Breastfeeding/Prenatal with Multiples
W45	Limited Tofu for Exclusively Breastfeeding/Prenatal with Multiples
W46	Extra Tofu for Exclusively Breastfeeding/Prenatal with Multiples  MEDICAL DOCUMENTATION NEEDED
W47	Whole Milk for Exclusively Breastfeeding/Prenatal with Multiples MEDICAL
	DOCUMENTATION REQUIRED
W49	No Milk for Exclusively Breastfeeding/Prenatal with Multiples
	MEDICAL DOCUMENTAION REQUIRED
W50	Exclusively Breastfeeding/Prenatal with Multiples Alternative Package
W51	Soy Milk for Exclusively Breastfeeding/Prenatal with Multiples
W52	Evaporated Milk for Exclusively Breastfeeding/Prenatal with Multiples
W53	Soy Milk with Tofu for Exclusively Breastfeeding/Prenatal with Multiples
	Exclusively Breastfeeding Multiples W60 – W79 (V60 – V79)
W61	Standard Exclusively Breastfeeding Multiples Package A
V61	Standard Exclusively Breastfeeding Multiples Package B
W62	Lactose Intolerant Exclusively Breastfeeding Multiples Package A
V62	Lactose Intolerant Exclusively Breastfeeding Multiples Package B
W63	Goat Milk for Exclusively Breastfeeding Multiples Package A
V63	Goat Milk for Exclusively Breastfeeding Multiples Package B
W65	Tofu for Exclusively Breastfeeding Multiples Package A
V65	Tofu for Exclusively Breastfeeding Multiples Package B
W69	No milk for Exclusively Breastfeeding Multiples Package A  MEDICAL DOCUMENTATION REQUIRED
V69	No milk for Exclusively Breastfeeding Multiples Package B MEDICAL DOCUMENTATION REQUIRED
W71	Soy Milk for Exclusively Breastfeeding Multiples Package A
V71	Soy Milk for Exclusively Breastfeeding Multiples Package A

Child Food Packages:  12 – 23 Month Old Child C00 – C19  C10 Standard Child 1-2 years old C02 Lactose Intolerant 1-2 year old C05 Limited Tofu for 1-2 yr old MEDICAL DOCUMENTATION REQUIRED C06 Extra Tofu for 1-2 year old MEDICAL DOCUMENTATION REQUIRED C09 No milk for 1-2 year old MEDICAL DOCUMENTATION NEEDED C10 1-2 year old Alternative Package C11 Soy Milk for 1-2 years old MEDICAL DOCUMENTATION REQUIRED C12 Evaporated Milk for 1-2 years old MEDICAL DOCUMENTATION REQUIRED C13 Soy Milk with Tofu for 1-2 years old MEDICAL DOCUMENTATION REQUIRED  C24 Evaporated Milk for 1-2 years old MEDICAL DOCUMENTATION REQUIRED  C25 Year Old Child C20 – C39  C21 Standard 2-5 year old C22 Lactose Intolerant 2-5 year old C23 Goat Milk for 2-5 year old C24 Extra Cheese for 2-5 yr old child MEDICAL DOCUMENTATION REQUIRED  C25 Limited Tofu for 2-5 yr child MEDICAL DOCUMENTATION REQUIRED  C26 Extra Tofu for 2-5 yr child MEDICAL DOCUMENTATION REQUIRED  C27 Whole Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED  C28 No Cheese for 2-5 year old MEDICAL DOCUMENTATION REQUIRED  C29 No milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED  C30 2-5 year old Alternative Package C31 Soy Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED  C32 Evaporated Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED  C33 Soy Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED  C34 Evaporated Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED  C35 Evaporated Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED  C36 Evaporated Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED  C37 Evaporated Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED  C38 Soy Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED		
C01 Standard Child 1-2 years old C02 Lactose Intolerant 1-2 year old C05 Limited Tofu for 1-2 yr old MEDICAL DOCUMENTATION REQUIRED C06 Extra Tofu for 1-2 year old MEDICAL DOCUMENTATION REQUIRED C09 No milk for 1-2 year old MEDICAL DOCUMENTAION NEEDED C10 1-2 year old Alternative Package C11 Soy Milk for 1-2 years old MEDICAL DOCUMENTATION REQUIRED C12 Evaporated Milk for 1-2 year old MEDICAL DOCUMENTATION REQUIRED C13 Soy Milk with Tofu for 1-2 year old MEDICAL DOCUMENTATION REQUIRED C14 Evaporated Milk for 1-2 years old MEDICAL DOCUMENTATION REQUIRED  C25 Year Old Child C20 - C39  C21 Standard 2-5 year old C22 Lactose Intolerant 2-5 year old C23 Goat Milk for 2-5 year old C24 Extra Cheese for 2-5 yr old child MEDICAL DOCUMENTATION REQUIRED  C25 Limited Tofu for 2-5 yr child MEDICAL DOCUMENTATION REQUIRED C26 Extra Tofu for 2-5 yr child MEDICAL DOCUMENTATION REQUIRED  C27 Whole Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED C28 No Cheese for 2-5 year old MEDICAL DOCUMENTATION REQUIRED C29 No milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED C29 No milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED C30 C-5 year old Alternative Package C31 Soy Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED C32 Evaporated Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED C33 Soy Milk for 2-5 year old		<u>Child Food Packages</u> :
C01 Standard Child 1-2 years old C02 Lactose Intolerant 1-2 year old C05 Limited Tofu for 1-2 yr old MEDICAL DOCUMENTATION REQUIRED C06 Extra Tofu for 1-2 year old MEDICAL DOCUMENTATION REQUIRED C09 No milk for 1-2 year old MEDICAL DOCUMENTATION NEEDED C10 1-2 year old Alternative Package C11 Soy Milk for 1-2 years old MEDICAL DOCUMENTATION REQUIRED C12 Evaporated Milk for 1-2 year old MEDICAL DOCUMENTATION REQUIRED C13 Soy Milk with Tofu for 1-2 year old MEDICAL DOCUMENTATION REQUIRED C14 Evaporated Milk for 1-2 year old MEDICAL DOCUMENTATION REQUIRED  C25 Year Old Child C20 C33 C21 Standard 2-5 year old C22 Lactose Intolerant 2-5 year old C23 Goat Milk for 2-5 year old C24 Extra Cheese for 2-5 yr old child MEDICAL DOCUMENTATION REQUIRED C25 Limited Tofu for 2-5 yr child MEDICAL DOCUMENTATION REQUIRED C26 Extra Tofu for 2-5 yr child MEDICAL DOCUMENTATION REQUIRED C27 Whole Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED C28 No Cheese for 2-5 year old MEDICAL DOCUMENTATION REQUIRED C29 No milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED C29 No milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED C30 C-5 year old Alternative Package C31 Soy Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED C32 Evaporated Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED C33 Soy Milk for 2-5 year old		12 22 Month Old Child
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		MEDICAL DOCUMENTATION REQUIRED

# Prenatal/Mostly Breastfeeding Women Packages W00-W13

Food Package Number	Rank	VC	Voucher N	Message
W01	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and
Standard Prenatal/Mostly				vegetables
Breastfeeding Women				No potatoes-except for sweet potatoes or
				yams. No products with added sugar,
\$10 fruit and vegetable				seasonings, fat, or oils. No creamed
				vegetables. No stewed tomatoes.
4 gallons of milk	3	041	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
				No whole milk. Least expensive brand
1-3 qt box dry milk			Eggs:	1 dozen
			Juice:	2-48 oz containers OR 2-12 oz cans frozen
1 lb cheese				OR 2-11.5 oz cans pourable concentrate
3-48 oz cans of juice			Cereal:	No more than 36 oz.
	2	W01	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
1 dozen eggs				No whole milk. Least expensive brand
			Dry Milk:	1- 3 quart container non-fat dry powder OR
36 oz cereal				4-12 oz cans low-fat (fat-free, skimmed,
				2%) evaporated
16 oz whole grains			Cheese:	1-16 oz package
			Peanut	
1 container of peanut butter			butter:	1 container (16 to 18 oz)
(16-18 oz.)	4	W02	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
4 Us defend because				No whole milk. Least expensive brand
1 lb dried beans				
			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg brown
			Grain:	rice; 16 oz pkg tortillas; 16 oz pkg buns
			Dagge	A lb dried OD A serie (AF to AC ser)
		0.40	Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	1	040	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
				No whole milk. Least expensive brand
			Juice:	1-48 oz container OR 1-12 oz can frozen
			Juice.	
			1	OR 1-11.5 oz can pourable concentrate

Food Package number	Rank	VC	VC Messa	ge
W02 Lactose Intolerant	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Prenatal/Mostly				and vegetables
Breastfeeding Women				No potatoes-except for sweet potatoes
3				or yams. No products with added
\$10 fruit and vegetable				sugar, seasonings, fat, or oils. No
To Hait and Vogotable				creamed vegetables. No stewed
19 qt lactose reduced milk				tomatoes.
15 qt lactose reduced milk	2	034	Milk:	1 gallon OR 2 half gallons low- fat (fat-
1 lb cheese		034	IVIIIK.	free, 1%, 2%) Lactose free, OR
1 15 Cheese				Acidophilus, OR Acidophilus and
3-48 oz juice				Bifidum. No whole milk.
3-40 02 juice				Least expensive brand
1 dozon oggs			Juice:	
1 dozen eggs			Juice.	2-48 oz containers OR 2-12 oz cans
20 07 004001				frozen OR 2-11.5 oz cans pourable
36 oz cereal		00.4	B 4:11	concentrate
40 an ush alla serration	2	024	Milk:	1 gallon OR 2 half gallons low- fat (fat-
16 oz whole grain				free, 1%, 2%) Lactose free, OR
				Acidophilus, OR Acidophilus and
1 container of peanut				Bifidum. No whole milk. Least
butter (16-18 oz.)				expensive brand
1 lb dried beans			Beans:	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz)
The direct searce	3	033	Milk:	1 gallon OR 2 half gallons low- fat (fat-
	3	033	IVIIIK.	free, 1%, 2%) Lactose free, OR
				Acidophilus, OR Acidophilus and
				Bifidum. No whole milk. <b>Least</b>
				expensive brand
				expensive brand
			Cereal:	No more than 36 oz
	1	501	Milk:	1 gallon OR 2 half gallons low- fat (fat-
				free, 1%, 2%) Lactose free, OR
				Acidophilus, OR Acidophilus and
				Bifidum. No whole milk. Least
				expensive brand
			Juice:	1-48 oz container OR 1-12 oz can
				frozen OR 1-11.5 oz can pourable
				concentrate
	4	W07	Milk:	1-3 quart (96 oz) container OR 1-half
				gallon low-fat (fat-free, 1%, 2%)
				Lactose-free, OR Acidophilus, OR
				Acidophilus and Bifidum No whole milk.
				Least expensive brand
			Cheese:	1-16 oz package
			I	

4	W80	Eggs:	1 dozen
		Whole grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
		Peanut butter:	1 container (16 to 18 oz)

Food Package	Rank	VC	Voucher M	Message
W03 – Goat Milk for Prenatal/Mostly Breastfeeding Women	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes
\$10 fruit and vegetable				or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed
19 quarts goat milk				tomatoes.
1 lb cheese	4	W11	Goat milk:	3 quarts low-fat goat milk. No whole Milk.
3-48 oz juice			Cheese: Peanut	1-16 oz package
1 dozen eggs			butter:	1 container (16 to 18 oz)
36 oz cereal	4	W12	Goat milk:	4 quarts low-fat goat milk. No whole Milk.
16 oz whole grains			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable
1 container of peanut butter (16-18 oz.)				concentrate
1 lb dried beans			Whole grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
	1	W13	Goat milk:	4 quarts low-fat goat milk. No whole milk.
			Beans:	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz)
	2	W14	Goat milk:	4 quarts low-fat goat milk. No whole milk.
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
		\\/A =	Eggs:	1 dozen
	3	W15	Goat milk:	4 quarts low-fat goat milk. No whole milk.
			Cereal:	No more than 36 oz

Food Package Number	Rank	VC	Voucher M	lessage
W04 – Extra Cheese for	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Prenatal/Mostly				and vegetables
Breastfeeding Women				No potatoes-except for sweet potatoes
				or yams. No products with added
MEDICAL				sugar, seasonings, fat, or oils. No
DOCUMENTATION				creamed vegetables. No stewed
REQUIRED				tomatoes.
	2	041	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
\$10 fruit and vegetable				No whole milk. Least expensive
4 11 211				brand
4 gallon milk			Juice:	2-48 oz containers OR 2-12 oz cans
O lle aleana				frozen OR 2-11.5 oz cans pourable
2 lb cheese				concentrate
3-48 oz juice			Eggs:	1 dozen
3-40 02 juice			Cereal:	No more than 36 oz.
1 dozen eggs	3	W45	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
1 402011 0990		VV <del>-1</del> 3	IVIIIK.	No whole milk. <b>Least expensive</b>
36 oz cereal				brand
				Diana
16 oz whole grain			Cheese:	1-16 oz package
			Peanut	1 1 1 1 1 1 1
1 container of peanut butter			butter:	1 container (16 to 18 oz)
(16-18 oz.)	4	W02	Milk:	1gallon low-fat (fat-free, 1%, 2%)
				No whole milk. Least expensive
1 lb dried bean				brand
			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg
			Grain:	brown rice; 16 oz pkg tortillas; 16 oz
			D	pkg buns
		004	Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	1	031	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
				No whole milk. Least expensive
				brand
			Juice:	1-48 oz container OR 1-12 oz can
			Juice.	frozen OR 1-11.5 oz can pourable
				concentrate
			Cheese:	1-16 oz package
	<u> </u>	<u> </u>	31.0000.	. 10 02 paonago

Food Package Number	Rank	VC	Voucher M	lessage
W05 – Limited Tofu for	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Prenatal/Mostly				and vegetables
Breastfeeding Women				No potatoes-except for sweet potatoes
				or yams. No products with added
\$10 fruit and vegetable				sugar, seasonings, fat, or oils. No
				creamed vegetables. No stewed
5 gallons of milk				tomatoes.
	2	041	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
2 lb of tofu				No whole milk. Least expensive brand
				00000
3-48 oz juice				2-48 oz containers OR 2-12 oz cans
4 -1			Juice:	frozen OR 2-11.5 oz cans pourable
1 dozen eggs				concentrate
36 oz cereal			Fago	1 dozen
36 02 cereal			Eggs: Cereal:	No more than 36 oz.
16 oz whole grain	3	W37	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
10 02 Whole grain	3	VV37	IVIIIK.	No whole milk. <b>Least expensive brand</b>
1 container of peanut				No whole mik. Least expensive brand
butter (16-18 oz.)			Cheese:	1-16 oz package
Butter (10 10 02.)			Tofu:	No more than 2 pounds
1 lb dried beans			Peanut	No more than 2 pounds
			butter:	1 container (16 to 18 oz)
	4	W02	Milk:	1gallon low-fat (fat-free, 1%, 2%)
		1102	IVIIIX.	No whole milk. Least expensive brand
				The miles milling ages expensive brains
			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg
			Grain:	brown rice; 16 oz pkg tortillas; 16 oz
				pkg buns
				•
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	1	051	Milk:	2 gallons low-fat (fat-free, 1%, 2%)
				No whole milk. Least expensive brand
				1-48 oz container OR 1-12 oz can
			Juice:	frozen OR 1-11.5 oz can pourable
				concentrate

Food Package Number	Rank	VC	Voucher M	lessage
W06 – Extra Tofu for Prenatal/Mostly Breastfeeding Women	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes
MEDICAL DOCUMENTATION NEEDED				or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
NEEDED	2	041	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
\$10 fruit and vegetable		041	IVIIIK.	No whole milk. Least expensive brand
3 gallon milk			Juice:	2- <mark>48 oz</mark> containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable
10 lb tofu			Eggs:	concentrate  1 dozen
3-48 oz juice			Cereal:	No more than 36 oz.
1 dozen eggs	3	W37	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive
36 oz cereal			Cheese:	<b>brand</b> 1-16 oz package
16 oz whole grain			Tofu: Peanut	No more than 2 pounds
1 container of peanut butter			butter:	1 container (16 to 18 oz)
(16-18 oz.)	4	W38	Tofu:	No more than 4 pounds
1 lb dried beans			Whole Grain: Beans:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns 1 lb dried OR 4 cans (15 to 16 oz)
	1	W43	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Tofu:	No more than 4 pounds
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate

Food Package Number	Rank	VC	Voucher M	lessage
W07 – Whole Milk for	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Prenatal/Mostly				and vegetables
Breastfeeding Women				No potatoes-except for sweet potatoes
				or yams. No products with added
Can only be given with				sugar, seasonings, fat, or oils. No
food package III				creamed vegetables. No stewed
MEDICAL	1	0.40	NA:II	tomatoes.
DOCUMENTATION	1	046	Milk:	1 gallon Whole milk only
REQUIRED				Least expensive brand
REGUIRED			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can
\$10 fruit and vegetable			Juice.	frozen OR 1-11.5 oz can pourable
To it all alla vogolable				concentrate
5 ½ gallon whole milk	3	C04	Milk:	1 gallon Whole milk only
				Least expensive brand
3-48 oz juice				p
			Cereal:	No more than 36 oz
1 dozen eggs				
			Eggs:	1 dozen
36 oz cereal	4	W47	Milk:	2 gallons Whole milk only
40				Least expensive brand
16 oz whole grain				0.00
1 container of populit butter			Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans
1 container of peanut butter (16-18 oz.)				frozen OR 2-11.5 oz cans pourable
(10-18 02.)	4	W48	Milk:	concentrate 1 gallon Whole milk only
1 lb dried beans	4	VV40	IVIIIK.	Least expensive brand
				Least expensive braild
			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg
			Grains:	brown rice; 16 oz pkg tortillas; 16 oz
				pkg buns
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	2	W49	Milk:	1 half gallon whole milk only
				Least expensive brand
			Peanut	
			butter:	1 container (16 to 18 oz)

Food Package	Rank	VC	Voucher M	lessage
W08 – No Cheese for	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Prenatal/Mostly				and vegetables
Breastfeeding Women				No potatoes-except for sweet potatoes
				or yams. No products with added
\$10 fruit and vegetable				sugar, seasonings, fat, or oils. No
				creamed vegetables. No stewed
5 ½ gallon milk				tomatoes.
	3	039	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
3-48 oz juice				No whole milk. Least expensive
				brand
1 dozen eggs				
			Juice:	1-48 oz container OR 1-12 oz can
36 oz cereal				frozen OR 1-11.5 oz can pourable
				concentrate
16 oz whole grain				
			Eggs:	1 dozen
1 container of peanut	4	W02	Milk:	1gallon low-fat (fat-free, 1%, 2%)
butter (16-18 oz.)				No whole milk. Least expensive
4				brand
1 lb dried beans				
			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg
			Grain:	brown rice; 16 oz pkg tortillas; 16 oz
				pkg buns
		0.40	Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	1	040	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
				No whole milk. Least expensive
				brand
			luios	1 40 or container OD 1 12 or con
			Juice:	1-48 oz container OR 1-12 oz can
				frozen OR 1-11.5 oz can pourable
	2	029	Milk:	concentrate
		029	IVIIIK.	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive</b>
				brand
				Dialia
			Juice:	1-48 oz container OR 1-12 oz can
			Jaioc.	frozen OR 1-11.5 oz can pourable
				concentrate
	4	W20	Milk:	1-half gallon low-fat (fat-free, 1%, 2%)
		0		No whole milk. <b>Least expensive</b>
				brand
			Cereal:	No more than 36 oz
			Peanut	
			Butter:	1 container (16-18 oz)

Food Package	Rank	VC	Voucher M	lessage
W09 – No Milk for Prenatal/Mostly Breastfeeding Women MEDICAL DOCUMENTATION REQUIRED	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed or diced tomatoes.
Can only be given with food package III \$10 Fruit and vegetable	2	W54	Cheese: Eggs: Cereal:	1-16 oz package  1 dozen  No more than 36 oz
1 lb cheese 3-48 oz juice 1 dozen eggs	4	W55	Juice: Whole Grain:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
36 oz cereal			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
16 oz whole grain	3	W56	Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
1 container of peanut butter (16-18 oz.)			Peanut Butter:	1 container (16-18 oz)
1 lb dried beans				

Food Package Number	Rank	VC	Voucher M	Message
W10 – Prenatal/Mostly	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Breastfeeding Women -				and vegetables
Alternative Package				No potatoes-except for sweet potatoes
				or yams. No products with added
\$10 fruit and vegetable				sugar, seasonings, fat, or oils. No
				creamed vegetables. No stewed
88-8 oz UHT milk				tomatoes.
	3	H14	Milk:	12-8 oz OR half pint boxes low-fat (fat-
24-6oz cans juice				free, 1%, 2%) UHT. No whole milk.
36 oz cereal			Juice:	6 cans (5.5 to 6 oz)
	2	H15	Milk:	12-8 oz OR half pint boxes low-fat
16 oz whole grains				(fat-free, 1%, 2%) UHT. No whole milk.
				(
2 containers of peanut			Juice:	6 cans (5.5 to 6 oz)
butter (16-18 oz. each)				40.40
			Peanut	1 container (16 to 18 oz)
	4	1145	butter:	40.0 a= OD half pint have a law fat (fat
	4	H15	Milk:	12-8 oz OR half pint boxes low-fat (fat-
				free, 1%, 2%) UHT. No whole milk.
			Juice:	6 cons (5 5 to 6 cz)
			Juice.	6 cans (5.5 to 6 oz)
			Peanut	1 container (16 to 18 oz)
			butter:	1 container (10 to 10 02)
	2	H13	Milk:	12-8 oz OR half pint boxes low-fat (fat-
	_			free, 1%, 2%) UHT. No whole milk.
			Cereal:	No more than 18 oz
	3	H13	Milk:	12-8 oz OR half pint boxes low-fat (fat-
				free, 1%, 2%) UHT. No whole milk.
			Cereal:	No more than 18 oz
	1	H14	Milk:	12-8 oz OR half pint boxes low-fat
				(fat-free, 1%, 2%) UHT. No whole milk.
				6 cans (5.5 to 6 oz)
		1104	Juice:	100 00 11 11 11 11 11 11 11
	4	H01	Milk:	16-8 oz OR half pint boxes low-fat (fat-
				free, 1%, 2%) UHT. No whole milk.
			Whole	Diek 1, 16 or loof of broad, 10 or star
			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg
			Grain:	brown rice; 16 oz pkg tortillas; 16 oz pkg buns
	<u>l</u>	İ		pry pulis

Food Package	Rank	VC	Voucher M	lessage
W11 – Soy Milk for Prenatal/Mostly	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables
Breastfeeding Women				No potatoes-except for sweet potatoes or yams. No products with added
\$10 fruit and vegetable				sugar, seasonings, fat, or oils. No creamed vegetables. No stewed
5 ½ gallons soy milk				tomatoes.
3-48 oz juice	3	W28	Soy Milk:	3 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
1 dozen eggs			Peanut butter:	1 container (16 to 18 oz)
36 oz cereal	4	W30	Soy milk:	2 half gallons gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
16 oz whole grains			Juice:	2- <mark>48 oz</mark> containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable
1 container of peanut butter (16-18 oz.)				concentrate
1 lb dried beans			Whole grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
	1	W57	Soy milk:	2 half gallons gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	2	W69	Soy milk:	2 half gallons gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
	4	W70	Soy milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
			Cereal:	No more than 36 oz

Food Package	Rank	VC	Voucher N	Message
W12 - Evaporated Milk for Prenatal/Mostly Breastfeeding	9	P02	Produce	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes
\$10 fruit and vegetable				or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed
1 gallon of milk				tomatoes.
20-12 oz cans evaporated milk	4	W83	Milk:	4-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated  Least expensive brand
1 lb cheese			Eggs:	1 dozen
3-48 oz cans of juice			Cereal:	No more than 36 oz
1 dozen eggs	4	W55	Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
36 oz cereal			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg
16 oz whole grains			Grain:	brown rice; 16 oz pkg tortillas; 16 oz pkg buns
1 container of peanut	1	W41	Beans: Milk:	1 lb dried OR 4 cans (15 to 16 oz) 1 gallon low-fat (fat-free, 1%, 2%)
butter (16-18 oz.)	'	VV41	IVIIIK.	No whole milk. <b>Least expensive brand</b>
1 lb dried beans			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	2	W84	Milk:	8-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated  Least expensive brand
			Peanut Butter:	1 container (16-18 oz)
	3	W85	Milk:	8-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated  Least expensive brand
			Cheese:	1-16 oz package

Food Package	Rank	VC	Voucher M	1essage
W13 – Soy Milk with Tofu	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and
for Prenatal/Mostly				vegetables
Breastfeeding Women				No potatoes-except for sweet potatoes or
				yams. No products with added sugar,
\$10 fruit and vegetable				seasonings, fat, or oils. No creamed
				vegetables. No stewed tomatoes.
4 1/2 gallons soy milk	2	W28	Soy Milk:	3 half gallons Silk (original) OR
				8 <sup>th</sup> Continent (Original or Vanilla only)
4 lbs tofu			Peanut	
			butter:	1 container (16 to 18 oz)
3-48 oz juice	4	W30	Soy milk:	2 half gallons Silk (original) OR
				8 <sup>th</sup> Continent (Original or Vanilla only)
1 dozen eggs			Juice:	2-48 oz containers OR 2-12 oz cans
				frozen OR 2-11.5 oz cans pourable
36 oz cereal				concentrate
16 oz whole grains			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg
			grain:	brown rice; 16 oz pkg tortillas; 16 oz pkg
1 container of peanut				buns
butter (16-18 oz.)	1	W57	Soy milk:	2 half gallons Silk (original) OR
				8 <sup>th</sup> Continent (Original or Vanilla only)
1 lb dried beans				_
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	3	W69	Soy milk:	2 half gallons Silk (original) OR
				8 <sup>th</sup> Continent (Original or Vanilla only)
			Juice:	1-48 oz container OR 1-12 oz can frozen
				OR 1-11.5 oz can pourable concentrate
			_	1 dozen
		14/0/	Eggs:	
	4	W91	Tofu:	No more than 4 pounds tofu
			0	No see and the end of a see
			Cereal:	No more than 36 oz

## Non-Breastfeeding Postpartum /Some Breastfeeding Woman W20 - W39

Food Package Number	Rank	VC	Voucher N	Message
W21 Standard	9	P02	Produce	\$10 for fresh, frozen, or canned fruit and
Postpartum/Some			:	vegetables
Breastfeeding Women				No potatoes-except for sweet potatoes or
				yams. No products with added sugar,
\$10 fruit and vegetable				seasonings, fat, or oils. No creamed
				vegetables. No stewed tomatoes.
2 1/2 gallon milk	3	W41	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
				No whole milk. Least expensive brand
1-3 qt box dry milk				
			Juice:	2-48 oz containers OR 2-12 oz cans
2-48 oz juice				frozen OR 2-11.5 oz cans pourable
				concentrate
1 lb cheese	2	W04	Milk:	1 half gallon low-fat (fat-free, 1%, 2%) No
				whole milk. Least expensive brand
1 dozen eggs				
			Cheese:	1-16 oz package
36 oz cereal	4	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
				No whole milk. Least expensive brand
1 lb dried beans or 1				
container of peanut butter			Eggs:	1 dozen
(16-18 oz.)				
			Cereal:	No more than 36 oz.
	1	W06	Dry milk:	1- 3 quart container non-fat dry powder
				OR 4-12 oz cans low-fat (fat-free,
				skimmed, 2%) evaporated
				_
			Beans/	1 lb dried OR 4 cans (15 to 16 oz) beans
			peanut	OR 1 container (16 to 18 oz) peanut
			butter:	butter

Food Package	Rank	VC	Voucher N	Message
W22 – Lactose Intolerant Postpartum/Some Breastfeeding Women \$10 fruit and vegetable	9	P02	Produce :	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed
13 quarts of lactose reduced milk  1 lb cheese	2	034	Milk:	vegetables. No stewed tomatoes.  1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free, Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
2-48 oz juice 1 dozen eggs			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 211.5 oz cans pourable concentrate
36 oz cereal  1 lb dried bean or 1 container of peanut butter	3	W92	Milk:	1-half gallon low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
(16-18 oz.)			Cereal:	No more than 36 oz
	1	045	Milk:	1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Beans/ peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	4	W90	Milk:	1-3 quart (96 oz) container low-fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Cheese:	1-16 oz package
			Eggs:	1 dozen

Food Package	Rank	VC	Voucher M	lessage
W23 – Goat Milk for	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Postpartum/Some				and vegetables
Breastfeeding Women				No potatoes except for sweet potatoes
				or yams. No products with added
\$10 fruit and vegetable				sugar, seasonings, fat, or oils. No
				creamed vegetables. No stewed
13 quarts goat milk		10/4 4		tomatoes.
4 lb abassa	2	W14	Goat	4 quarts low-fat goat milk. No whole
1 lb cheese			milk:	milk.
2.49.07 juion			Juice:	1 40 or container OD 1 12 or con
2-48 oz juice			Juice.	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable
1 dozen eggs				concentrate
1 dozen eggs				Concentrate
36 oz cereal			Eggs:	1 dozen
	4	W15	Goat	4 quarts low-fat goat milk. No whole
1 lb dried beans or 1			milk:	milk.
container of peanut butter				
(16-18 oz.)				
			Cereal:	No more than 36 oz
	1	W18	Goat	4 quarts low-fat goat milk. No whole
			milk:	Milk.
			luiaa	4 40 as a antainan OD 4 40 as a sas
			Juice:	1-48 oz container OR 1-12 oz can
				frozen OR 1-11.5 oz can pourable
	3	W19	Goat	concentrate  1 quart low-fat goat milk. No whole
	3	1 44 19	milk:	Milk.
			IIIIK.	IVIIII.
			Cheese:	1-16 oz package
			<b>3110000.</b>	1 10 02 paolago
			Beans/	1 lb dried OR 4 cans (15 to 16 oz)
			peanut	beans OR 1 container (16 to 18 oz)
			butter	peanut butter

Food Package Number	Rank	VC	Voucher M	1essage
W24 – Extra Cheese for	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Postpartum/Some Breastfeeding Women				and vegetables
breastreeding women				No potatoes-except for sweet potatoes or yams. No products with added
MEDICAL				sugar, seasonings, fat, or oils. No
DOCUMENTATION				creamed vegetables. No stewed
REQUIRED				tomatoes.
	1	040	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
\$10 Fruit and vegetable				No whole milk. Least expensive
				brand
2 ½ gallon milk			l	
O lle aleana			Juice:	1-48 oz container OR 1-12 oz can
2 lb cheese				frozen OR 1-11.5 oz can pourable
2-48 oz juice	2	W04	Milk:	concentrate  1 half gallon low-fat (fat-free, 1%, 2%)
2-40 02 Juice		VVU <del>4</del>	IVIIIK.	No whole milk. <b>Least expensive</b>
1 dozen eggs				brand
36 oz cereal			Cheese:	1-16 oz package
	3	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
1 lb dried bean or 1				No whole milk. Least expensive brand
container of peanut butter			l _	
(16-18 oz.)			Eggs:	1 dozen
			Cereal:	No more than 36 oz
	4	W46	Juice:	1-48 oz container OR 1-12 oz can
				frozen OR 1-11.5 oz can pourable
				concentrate
			Cheese:	1-16 oz package
			Beans/	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz)
			Peanut	beans OR 1 container (16 to 18 oz)
			butter:	peanut butter

Food Package Number	Rank	VC	Voucher M	lessage
W25 – Limited Tofu for Postpartum/Some	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables
Breastfeeding Women				No potatoes-except for sweet potatoes or yams. No products with added
\$10 fruit and vegetable				sugar, seasonings, fat, or oils. No creamed vegetables. No stewed
3 gallon of milk		2.12		tomatoes.
4 lb tofu	1	040	Milk:	1 gallon only low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
2-48 oz juice				
1 dozen eggs			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
36 oz cereal	2	040	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
1 lb dried beans or 1 container of peanut butter				No whole milk. Least expensive brand
(16-18 oz.)			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	3	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive</b> <b>brand</b>
			Eggs:	1 dozen
			Cereal	No more than 36 oz.
	4	W42	Tofu:	No more than 4 pounds
			Beans/	1 lb dried OR 4 cans (15 to 16 oz)
			Peanut butter:	beans OR 1 container (16 to 18 oz) peanut butter

Food Package Number	Rank	VC	Voucher M	lessage
W26 – Extra Tofu for	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Postpartum/Some				and vegetables
Breastfeeding Women				No potatoes-except for sweet potatoes
				or yams. No products with added
MEDICAL				sugar, seasonings, fat, or oils. No
DOCUMENTATION				creamed vegetables. No stewed
REQUIRED				tomatoes.
	1	040	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
\$10 Fruit and vegetable				No whole milk. Least expensive
				brand
2 gallon milk			1	
			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can
8 lb tofu				frozen OR 1-11.5 oz can pourable
0.40 -= ini		14/05	A 4:11	concentrate
2-48 oz juice	3	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
1 dozon oggo				No whole milk. Least expensive
1 dozen eggs				brand
36 oz cereal			Eags:	1 dozen
30 02 cerear			Eggs: Cereal	No more than 36 oz.
1 lb dried beans or 1	4	W42	Tofu:	
container of peanut butter	4	VV42	Tolu.	No more than 4 pounds
(16-18 oz.)			Beans or	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz)
(10 10 02.)			Peanut	beans OR 1 container (16 to 18 oz)
			butter:	peanut butter
	2	W39	Tofu:	No more than 4 pounds
	_		. 0.0.	Tto more than a poundo
			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can
				frozen OR 1-11.5 oz can pourable
				concentrate
			<u> </u>	CONCONTRACE

Food Package Number	Rank	VC	Voucher M	essage
W27 – Whole Milk for Postpartum/Some Breastfeeding Women	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar,
Can only be given with food package III				seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
MEDICAL DOCUMENTATION	1	046	Milk:	1 gallon Whole milk only  Least expensive brand
REQUIRED			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
\$10 fruit and vegetable	4	C04	Milk:	1 gallon Whole milk only Least expensive brand
4 gallons whole milk				-
2-48 oz juice			Cereal: Eggs:	No more than 36 oz 1 dozen
1 dozen eggs	3	046	Milk:	1 gallon Whole milk only Least expensive brand
36 oz cereal			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
1 dried beans or 1 container of peanut butter (16-18 oz.)	2	W52	Milk:	1 gallon whole milk only Least expensive brand
			Beans/ peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package	Rank	VC	Voucher Me	essage
W28 – No Cheese for Postpartum/Some Breastfeeding Women \$10 fruit and vegetable	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
4 gallon milk  2-48 oz juice	4	039	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b> 1-48 oz container OR 1-12 oz can frozen
1 dozen eggs 36 oz cereal			Juice: Eggs:	OR 1-11.5 oz can pourable concentrate 1 dozen
1 lb dried beans or 1 container of peanut butter (16-18 oz.)	1	040	Milk: Juice:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b> 1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	3	W21	Milk: Cereal:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b> No more than 36 oz
	2	W22	Milk:  Beans/ Peanut butter:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b> 1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package	Rank	VC	Voucher Me	essage
W29 – No Milk for Postpartum/Some	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables
Breastfeeding Women				No potatoes-except for sweet potatoes or yams. No products with added
MEDICAL DOCUMENTATION REQUIRED				sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	2	W46	Cheese:	1-16 oz package
Can only be given with food package III			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can frozen OR 1-11.5 oz can pourable
\$10 fruit and vegetable				concentrate
1 lb cheese			Beans/ Peanut	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz)
2-48 oz juice		10/74	butter:	peanut butter
1 dozen eggs	4	W71	Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
36 oz cereal			Eggs:	1 dozen
1 lb dried beans or 1 container of peanut butter (16-18 oz.)			Cereal:	No more than 36 oz

Food Package	Rank	VC	Voucher Me	essage
W30 -	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Postpartum/Some				and vegetables
Breastfeeding Women –				No potatoes-except for sweet potatoes
Alternative Package				or yams. No products with added sugar,
0404				seasonings, fat, or oils. No creamed
\$10 fruit and vegetable	4	1145	B 4:11	vegetables. No stewed tomatoes.
C4	4	H15	Milk:	12-8 oz OR half pint boxes low-fat (fat-
64- 8 oz UHT milk				free, 1%, 2%) UHT. No whole milk.
16-6 oz juice			Juice:	6 cans (5.5 to 6 oz)
10-0-02 juice			Juice.	0 cans (3.5 to 0 02)
36 oz cereal			Peanut	1 container (16 to 18 oz)
			butter:	(10 10 10 10 10)
1 container of peanut	1	H14	Milk:	12-8 oz OR half pint boxes low-fat (fat-
butter (16-18 oz.)				free, 1%, 2%) UHT. No whole milk.
			Juice:	6 cans (5.5 to 6 oz )
	4	H13	Milk:	12-84oz OR half pint boxes low-fat (fat-
				free, 1%, 2%) UHT. No whole milk.
			Cereal:	Not more than 18 oz
	2	H13	Milk:	12-8 oz OR half pint boxes low-fat (fat-
	_	1113	IVIIIK.	free, 1%, 2%) UHT. No whole milk.
				1100, 170, 270) 0111. 140 WHOIC HIIIK.
			Cereal:	Not more than 18 oz
	3	H02	Milk:	16-8 oz OR half pint boxes low-fat (fat-
				free, 1%, 2%) UHT. No whole milk.
			Juice:	4 cans (5.5 to 6 oz)

Food Package	Rank	VC	Voucher M	lessage
W31 – Soy Milk for	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Postpartum/Some				and vegetables
Breastfeeding Women				No potatoes except for sweet potatoes
				or yams. No products with added
\$10 fruit and vegetable				sugar, seasonings, fat, or oils. No
				creamed vegetables. No stewed
4 gallons soy milk				tomatoes.
	4	W69	Soy milk:	2 half gallons Silk (original) OR
2-48 oz juice			:	8 <sup>th</sup> Continent (Original or Vanilla only)
1 dozen eggs			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can
				frozen OR 1-11.5 oz can pourable
36 oz cereal				concentrate
			Eggs:	1 dozen
1 lb dried beans or 1	3	W70	Soy milk:	2 half gallons Silk (original) OR
container of peanut butter				8 <sup>th</sup> Continent (Original or Vanilla only)
(16-18 oz.)				
			Cereal:	No more than 36 oz
	1	W72	Soy milk:	2 half gallons Silk (original) OR
				8 <sup>th</sup> Continent (Original or Vanilla only)
			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can
				frozen OR 1-11.5 oz can pourable
			_	concentrate
	2	W73	Soy milk:	2 half gallons Silk (original) OR
				8 <sup>th</sup> Continent (Original or Vanilla only)
			,	
			Beans/	1 lb dried OR 4 cans (15 to 16 oz)
			peanut	beans OR 1 container (16 to 18 oz)
			butter:	peanut butter

Food Package	Rank	VC	Voucher Me	ssage
W32 - Evaporated Milk for Postpartum/ Some Breastfeeding Women \$10 fruit and vegetable	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
1 gallon milk 12-12 oz cans evaporated milk	4	W86	Milk: Eggs:	8-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated  Least expensive brand  1 dozen
2-48 oz juice	3	W87	Cereal: Juice:	No more than 36 oz.  1-48 oz container OR 1-12 oz can
1 lb cheese 1 dozen eggs	3	VVO7	Juice.	frozen or 1-11.5 oz can pourable concentrate
36 oz cereal			Beans/ Peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
1 lb dried beans or 1 container of peanut butter (16-18 oz)	1	W41	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive</b> <b>brand</b>
			Juice	1 <mark>-48 oz</mark> container OR 1-12 oz can frozen or 11.5 oz can pourable
	2	W85	Milk:	4-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated  Least expensive brand
			Cheese:	1-16 oz package

Food Package	Rank	VC	Voucher M	lessage
W33 – Soy Milk with Tofu	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
for Postpartum/Some				and vegetables
Breastfeeding Women				No potatoes except for sweet potatoes
				or yams. No products with added
\$10 fruit and vegetable				sugar, seasonings, fat, or oils. No
				creamed vegetables. No stewed
3 gallons soy milk				tomatoes.
	3	W69	Soy milk:	2 half gallons Silk (original) OR
4 lb tofu				8 <sup>th</sup> Continent (Original or Vanilla only)
0.40				1.00
2-48 oz juice			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can
4 - 1				frozen OR 1-11.5 oz can pourable
1 dozen eggs				concentrate
36 oz cereal			Eggs:	1 dozen
30 02 001041	4	W91	Tofu:	No more than 4 pounds tofu
1 lb dried beans or 1	-	VV31	l old.	No more than 4 pounds toru
container of peanut butter			Cereal:	No more than 36 oz
(16-18 oz.)	1	W72	Soy milk:	2 half gallons Silk (original) OR
			1	8 <sup>th</sup> Continent (Original or Vanilla only)
				, ,
			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can
				frozen OR 1-11.5 oz can pourable
				concentrate
	2	W73	Soy milk:	2 half gallons Silk (original) OR
				8 <sup>th</sup> Continent (Original or Vanilla only)
			Deans	1 lb dried OD 4 cone (4 to 40 ==)
			Beans/	1 lb dried OR 4 cans (15 to 16 oz)
			peanut	beans OR 1 container (16 to 18 oz)
			butter:	peanut butter

Food Package Number	Rank	VC	Voucher Message
W80 - Some	9	W60	Good Job! Keep breastfeeding to provide your
Breastfeeding >6 months			baby with the BEST milk.
postpartum and <50% of			
the time			

## Exclusively Breastfeeding Single Infant/Prenatal Woman Pregnant with Multiples W40-W59

Food package Number	Rank	VC	Voucher m	nessage
W41 Standard	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Exclusively				and vegetables
Breastfeeding/Prenatal				No potatoes-except for sweet potatoes
Women with Multiples				or yams. No products with added
Package/MBF Multiples				sugar, seasonings, fat, or oils. No
				creamed vegetables. No stewed
\$10 fruit and vegetable				tomatoes.
	4	W82	Milk:	2 gallons low-fat (fat-free, 1%, 2%)
6 gallons milk				No whole milk. Least expensive
			1	brand
1 lb cheese			Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans
0.40 ini				frozen OR 2-11.5 oz cans pourable
3-48 oz juice				concentrate
2 dames a see			Eggs:	1 dozen
2 dozen eggs		000	Cereal:	No more than 36 oz
36 oz cereal	1	039	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
30 02 Cerear				No whole milk. Least expensive brand
16 oz whole grain				Drand
10 02 Whole grain			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can
1 container of peanut butter			Juice.	frozen OR 1-11.5 oz can pourable
(16-18 oz.)				concentrate
(10 10 02.)			Eggs:	1 dozen
1 lb dried beans	2	W02	Milk:	1gallon low-fat (fat-free, 1%, 2%)
	_	VV02	IVIIIX.	No whole milk. <b>Least expensive</b>
30 oz fish				brand
				- Control of the cont
			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg
			Grain:	brown rice; 16 oz pkg tortillas; 16 oz
				pkg buns
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	3	W03	Milk:	2 gallons low-fat (fat-free, 1%, 2%)
				No whole milk. Least expensive
				brand
			Cheese:	1-16 oz package
			Peanut	
			Butter:	1 container (16 to 18 oz)
			Fish:	No more than 30 oz (canned tuna or
				canned salmon)

Food Package number	Rank	VC	VC Messa	ge
W42 Lactose Intolerant Exclusively Breastfeeding/ Prenatal women with Multiples/ MBF Multiples	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed
\$10 fruit and vegetable 24 qt lactose reduced milk 1 lb cheese 3-48 oz juice	4	034	Milk:	tomatoes.  1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
2 dozen eggs			Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.)	2	024	Milk:	1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
1 lb dried beans 30 oz fish	3	033	Beans: Milk:	1 lb dried OR 4 cans (15 to 16 oz) 1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
	1	501	Cereal: Milk:	No more than 36 oz  1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate

3	W09	Milk:	2 gallon OR 4 half gallons low- fat (fat- free, 1%, 2%) Lactose-free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
		Cheese:	1-16 oz package
		Eggs:	1 dozen
4	W08	Eggs:	1 dozen
		Whole Grain: Peanut	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
		butter:	1 container (16 to 18 oz)
		Fish:	No more than 30 ounces (canned tuna or canned salmon)

Food Package	Rank	VC	Voucher M	1essage
W43 – Goat Milk for	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Exclusively				and vegetables
Breastfeeding/ Prenatal				No potatoes-except for sweet potatoes
Women with Multiples/				or yams. No products with added
MBF Multiples				sugar, seasonings, fat, or oils. No
\$10 fruit and vegetable				creamed vegetables. No stewed
The state of the s				tomatoes.
24 quarts goat milk	3	W12	Goat Milk:	4 quarts low-fat goat milk. No whole Milk.
1 lb cheese			l willing.	IVIIIIX.
			Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans
3-48 oz juice			Guido.	frozen OR 2-11.5 oz cans pourable concentrate
2 dozen eggs				
			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg
36 oz cereal			Grain:	brown rice; 16 oz pkg tortillas; 16 oz
				pkg buns
16 oz whole grain	4	W17	Goat	6 quarts low-fat goat milk. No whole
_			Milk:	milk.
1 container of peanut				
butter (16-18 oz.)			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
1 lb dried beans			Eggs:	1 dozen
	1	W14	Goat	4 quarts low-fat goat milk. No whole
30 oz fish			Milk:	milk.
			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can
				frozen OR 1-11.5 oz can pourable
				concentrate
			_	
		10//-	Eggs:	1 dozen
	2	W15	Goat	4 quarts low-fat goat milk. No whole
			Milk:	milk.
			Cereal	No more than 36 oz
	4	W16	Goat	6 quarts low-fat goat milk. No whole
	-	** 10	Milk:	milk.
			IVIIIIX.	THING
			Cheese:	1-16 oz package
			Peanut	
			Butter:	1 container (16 to 18 oz)
			Dutter.	1 0011(a11161 (10 to 10 02)
			Fish:	No more than 30 oz (canned tuna or
			1 1311.	canned salmon)
		l		caring saimon

Food Package Number	Rank	VC	Voucher M	lessage
W44 – More cheese for Exclusively Breastfeeding/ Prenatal Women with Multiples/MBF Multiples	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added
\$10 Fruit and Vegetable				sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
4 ½ gallon milk	4	041	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive</b>
3 lb cheese				brand
3-48 oz juice			Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable
2 dozen eggs			Eggs:	concentrate 1 dozen
36 oz cereal			Cereal:	No more than 36 oz.
16 oz whole grain	2	039	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
1 container of peanut butter (16-18 oz.)			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can frozen OR 1-11.5 oz can pourable
1 lb dried beans			Eggs:	concentrate 1 dozen
30 oz fish	4	W03	Milk:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive</b> <b>brand</b>
			Cheese:	1-16 oz package
			Peanut Butter:	1 container (16 to 18 oz)
			Fish:	No more than 30 oz (canned tuna or canned salmon)
	1	W04	Milk:	1 half gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive</b> <b>brand</b>
			Cheese:	1-16 oz package
	3	W44	Cheese:	1-16 oz package
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)

Food Package Number	Rank	VC	Voucher M	lessage
W45 – Limited Tofu for	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Exclusively				and vegetables
Breastfeeding/				No potatoes-except for sweet potatoes
Prenatal Women with				or yams. No products with added
Multiples/MBF Multiples				sugar, seasonings, fat, or oils. No
				creamed vegetables. No stewed
\$10 fruit and vegetables				tomatoes.
5 gallons milk	3	W82	Milk:	2 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
1 lb cheese				
4 lb tofu			Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
3-48 oz cans juice			Eggs:	1 dozen
2 dozen eggs			Cereal:	No more than 36 oz.
36 oz cereal	1	039	Milk:	1 gallon only low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive</b>
16 oz whole grain			Juice:	brand  1-48 oz container OR 1-12 oz can
1 container of peanut butter (16-18 oz.)			Juice.	frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
1 lb dried Beans	4	W38	Tofu:	No more than 4 pounds
30 oz fish			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg
			Grain:	brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans	1 lb dried OR 4 cans (15 to 16 oz)
	2	W03	Milk:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
			Cheese:	1-16 oz package
			Peanut Butter:	1 container (16 to 18 oz)
			Fish:	No more than 30 oz (canned tuna or canned salmon)

Food Package Number	Rank	VC	Voucher M	lessage
W46 – Extra Tofu for Exclusively Breastfeeding/ Prenatal Women with Multiples/ MBF Multiples	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
DOCUMENTATION	4	W38	Tofu:	No more than 4 pounds
\$10 fruit and vegetable			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
3 gallons milk			Beans	1 lb dried OR 4 cans (15 to 16 oz)
1 lb cheese	2	039	Milk:	1 gallon only low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive</b> <b>brand</b>
12 lb tofu			Eggs:	1 dozen
3-48 oz juice			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
2 dozen eggs 36 oz cereal	4	050	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
16 oz whole grain			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
1 container of peanut butter (16-18 oz.)			Eggs	1 dozen
(10-18 02.)			Cereal:	No more than 36 oz
1 lb dried beans	3	W39	Tofu:	No more than 4 pounds
30 oz fish			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	3	W40	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
			Cheese:	1-16 oz package
			Peanut Butter:	1 container (16 to 18 oz)
			Fish:	No more than 30 oz (canned tuna or canned salmon)
	1	A11	Tofu:	No more than 4 pounds

Food Package Number	Rank	VC	Voucher M	Message
W47 – Whole Milk for	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Exclusively				and vegetables
breastfeeding/				No potatoes-except for sweet potatoes
Prenatal Women with				or yams. No products with added
Multiples/MBF Multiples				sugar, seasonings, fat, or oils. No
				creamed vegetables. No stewed
Can only be given with				tomatoes.
food package III	1	W51	Milk:	1 gallon Whole milk only
				Least expensive brand
MEDICAL				
DOCUMENTATION			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can
REQUIRED				frozen OR 1-11.5 oz can pourable
				concentrate
(\$4.0 fm. it = m = 1 = = = 1 = 1 =			Fish:	No more than 30 oz (canned tuna or
\$10 fruit and vegetable	4	004	NA:II.	canned salmon)
6 gallons whole milk	4	C04	Milk:	1 gallon Whole milk only
6 gallons whole milk				Least expensive brand
1 lb cheese			Cereal:	No more than 36 oz
T ID CHOCCC			Cerear.	No more than 30 02
3-48 oz juice			Eggs:	1 dozen
,	2	W47	Milk:	2 gallons Whole milk only
2 dozen eggs				Least expensive brand
36 oz cereal			Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans
				frozen OR 2-11.5 oz cans pourable
16 oz whole grain				concentrate
	4	W48	Milk:	1 gallon Whole milk only
1 container of peanut butter				Least expensive brand
(16-18 oz.)				
1 lb dried booss			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg
1 lb dried beans			Grains:	brown rice; 16 oz pkg tortillas; 16 oz
30 oz fish				pkg buns
30 02 11311			Poors	1 lb dried OP 4 cone (15 to 16 oz)
	3	W50	Beans: Milk:	1 lb dried OR 4 cans (15 to 16 oz) 1 gallon Whole milk only
	3	VVOU	IVIIIK.	Least expensive brand
				Least expensive brailu
			Cheese:	1-16 oz package
			3110000.	
			Eggs:	1 dozen
			D 1	4
			Peanut	1 container (16 to 18 oz)
			Butter:	

Food Package	Rank	VC	Voucher M	1essage
W49 – No milk –	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Exclusively				and vegetables
Breastfeeding/				No potatoes-except for sweet potatoes
Prenatal with Multiples/				or yams. No products with added
MBF Multiples				sugar, seasonings, fat, or oils. No
				creamed vegetables. No stewed
MEDICAL				tomatoes.
DOCUMENTAION	4	W44	Cheese:	1-16 oz package
REQUIRED				
Can only be given with			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg
food package III			Grain:	brown rice; 16 oz pkg tortillas; 16 oz
				pkg buns
\$10 fruit and vegetable				_
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
1 lb cheese	2	W58	Eggs:	1 dozen
3-48 oz juice			Cereal:	No more than 36 oz
	1	W59	Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can
2 dozen eggs				frozen OR 1-11.5 oz can pourable
00				concentrate
36 oz cereal				
1C on whole grain			Fish:	No more than 30 oz (canned tuna or
16 oz whole grain		11/0/		canned salmon)
1 container of popult butter	3	W61	Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans
1 container of peanut butter				frozen OR 2-11.5 oz cans pourable
(16-18 oz.)				concentrate
1 lb dried beans			Гаас	1 40-00
i ib diled bealis			Eggs:	1 dozen
30 oz fish			Dooput	1 container (16 to 19 oz)
00 02 11011			Peanut	1 container (16 to 18 oz)
			Butter:	

Food Package	Rank	VC	Voucher N	Message
W50 – Exclusively Breastfeeding/Prenatal with Multiples/MBF Multiples – Alternative Package \$10 fruit and vegetable	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
96-8 oz UHT milk	1	H14	Milk:	12-8 oz OR half pint boxes low-fat (fat- free, 1%, 2%) UHT. No whole milk.
16 oz cheese			Juice:	6 cans (5.5 to 6 oz )
24-6 oz juice	3	H20	Milk:	15-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
36 oz cereal			Cereal:	Not more than 18 oz
16 oz whole grain			Juice:	6 cans (5.5 to 6 oz)
2 containers of peanut			Peanut butter:	1 container (16 to 18 oz)
butter (16-18 oz. each) 8-16 oz cans beans	4	H20	Milk:	15-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
0-10 02 caris bearis				Not more than 18 oz
30 oz fish			Cereal: Juice:	6 cans (5.5 to 6 oz)
			Peanut butter:	1 container (16 to 18 oz)
	4	H03	Milk:	15-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
				1-16 oz package
			Cheese:	Pick 1: 16 oz loaf of bread; 16 oz pkg
			Whole grain:	brown rice; 16 oz pkg tortillas; 16 oz pkg buns
	2	H04	Milk:	15-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
			Beans:	4 cans (15 to 16 oz)
	3	H14	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
			Juice:	6 cans (5.5 to 6 oz)

CONTINUED – W50	2	H05	Milk:	12-8 oz OR half pint boxes low-fat (fat- free, 1%, 2%) UHT. No whole milk.
			Beans:	4 cans (1 <mark>5</mark> to16 oz)
			Fish:	No more than 30 ounces (canned tuna or canned salmon)

Food Package	Rank	VC	Voucher M	Message
W51 – Soy Milk for	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and
Exclusively				vegetables
Breastfeeding/ Prenatal				No potatoes-except for sweet potatoes
Women with Multiples/				or yams. No products with added sugar,
MBF Multiples				seasonings, fat, or oils. No creamed
				vegetables. No stewed tomatoes.
\$10 fruit and vegetable	4	W30	Soy Milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
6 gallons soy milk			Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans
1 lb cheese				frozen OR 2-11.5 oz cans pourable concentrate
3-48 oz juice			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg
2 dozen eggs			Grain:	brown rice; 16 oz pkg tortillas; 16 oz pkg buns
36 oz cereal	3	W74	Soy Milk:	4 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
16 oz whole grain			Eggs:	1 dozen
1 container of peanut butter (16-18 oz.)			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
,	1	W69	Soy Milk:	2 half gallons Silk (original) OR
1 lb dried beans				8 <sup>th</sup> Continent (Original or Vanilla only)
30 oz fish			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
	2	W70	Soy Milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
			Cereal	No more than 36 oz
	4	W75	Soy Milk:	2 half gallons Silk (original) OR
	7		Joy Willix.	8 <sup>th</sup> Continent (Original or Vanilla only)
			Cheese:	1-16 oz package
			Peanut	
			Butter:	1 container (16 to 18 oz)
			Fish:	No more than 30 oz (canned tuna or canned salmon)

Food Package	Rank	VC		Voucher Message
W52-Evaporated Milk for	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
Exclusively				and vegetables
Breastfeeding/Prenatal				No potatoes-except for sweet potatoes
Women with Multiples				or yams. No products with added
Package/MBF Multiples				sugar, seasonings, fat, or oils. No
406 11 11				creamed vegetables. No stewed
\$10 fruit and vegetable		10/44	01	tomatoes.
20.42 az sana ayanaratad	4	W44	Cheese:	1-16 oz package
28-12 oz cans evaporated			\//bala	Diels 1, 10 and of broad, 10 and also
milk			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg
2 lb cheese			Grain:	brown rice; 16 oz pkg tortillas; 16 oz
2 ib cheese			Beans:	pkg buns
3-48 oz juice	4	W86	Milk:	1 lb dried OR 4 cans (15 to 16 oz)  8-12 ounce cans low-fat (fat-free,
3-40 02 Juice	4	VV 00	IVIIIK.	skimmed, 2%) evaporated
2 dozen eggs				Least expensive brand
2 402011 0990			Eggs:	1 dozen
36 oz cereal			Lggs.	1 dozem
000200.00.			Cereal:	No more than 36 oz
16 oz whole grain	3	W66	Eggs:	1 dozen
1 container of peanut butter			Peanut	1 container (16-18 oz)
(16-18 oz.)			Butter:	
4 lb dried because				
1 lb dried beans			Fish:	No more than 30 oz (canned tuna OR
30 oz fish		14/00	8.4:11	canned salmon)
30 02 11511	1	W88	Milk:	4-12 ounce cans low-fat (fat-free,
				skimmed, 2%) evaporated
				Least expensive brand
			Juice:	2- <mark>48 oz</mark> containers OR 2-12 oz cans
			Juice.	frozen OR 2-11.5 oz cans pourable
	2	W89	Milk	8-12 ounce cans low-fat (fat-free,
	_			skimmed, 2%) evaporated
				Least expensive brand
			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz cans
				frozen OR 1-11.5 oz cans pourable
	2	W85	Milk	8-12 ounce cans low-fat (fat-free,
				skimmed, 2%) evaporated
				Least expensive brand
			Cheese	1-16 oz package

Food Package	Rank	VC	Voucher M	lessage
W53 – Soy Milk with Tofu	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit
for Exclusively				and vegetables
Breastfeeding/ Prenatal				No potatoes-except for sweet potatoes
Women with Multiples/				or yams. No products with added
MBF Multiples				sugar, seasonings, fat, or oils. No
				creamed vegetables. No stewed
\$10 fruit and vegetable				tomatoes.
	4	W30	Soy Milk:	2 half gallons Silk (original) OR
5 gallons soy milk				8 <sup>th</sup> Continent (Original or Vanilla only)
4.11. 4. 6				05040
4 lb tofu			Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans
4 Harabaraa				frozen OR 2-11.5 oz cans pourable
1 lb cheese				concentrate
3-48 oz juice			Whole	Dick 1: 16 oz loaf of broad: 16 oz aka
3-46 02 juice			Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz
2 dozen eggs			Giaili.	pkg buns
2 dozen eggs	2	W74	Soy Milk:	4 half gallons Silk (original) OR
36 oz cereal		VV / 4	Soy Wilk.	8 <sup>th</sup> Continent (Original or Vanilla only)
30 02 001041				O Continent (Original of Varilla Orliy)
16 oz whole grain			Eggs:	1 dozen
10 02 Wilolo grain			Lggs.	1 dozen
1 container of peanut			Beans:	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz)
butter (16-18 oz.)	1	W69	Soy Milk:	2 half gallons Silk (original) OR
			7	8 <sup>th</sup> Continent (Original or Vanilla only)
1 lb dried beans				, ,
			Juice:	1-48 oz container OR 1-12 oz can
30 oz fish				frozen OR 1-11.5 oz can pourable
				concentrate
			Eggs:	1 dozen
	4	W91	Tofu:	No more than 4 pounds
			Cereal:	No more than 36 oz
	3	W75	Soy Milk:	2 half gallons Silk (original) OR
				8 <sup>th</sup> Continent (Original or Vanilla only)
			Cheese:	1-16 oz package
			Peanut	
			Butter:	1 container (16 to 18 oz)
			Ciob:	No mare than 20 or (see and time and
			Fish:	No more than 30 oz (canned tuna or
				canned salmon)

Exclusively Breastfeeding Multiples W60 – W79 (V60 – V79)

	Rank VC Voucher Message				
Food Package	Rank				
W61 – Exclusively	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and	
Breastfeeding Multiples -				vegetables	
Standard – Package A				No potatoes-except for sweet potatoes	
				or yams. No products with added	
\$15 fruit and vegetable				sugar, seasonings, fat, or oils. No	
				creamed vegetables. No stewed	
9 gallon milk				tomatoes.	
	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and	
2 lb cheese				vegetables	
				No potatoes-except for sweet potatoes	
4-48 oz juice				or yams. No products with added	
				sugar, seasonings, fat, or oils. No	
3 dozen eggs				creamed vegetables. No stewed	
o dozen eggs				tomatoes.	
54 oz cereal	4	W82	Milk:		
J- UZ CETEAT	4	VVO∠	IVIIIK.	2 gallon low-fat (fat-free, 1%, 2%)	
16 oz whole grain				No whole milk. Least expensive	
16 oz whole grain				brand	
				2 2 2 2	
1 container of peanut			Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans	
butter (16-18 oz.)				frozen OR 2-11.5 oz cans pourable	
				concentrate	
2 lb dried beans					
			Eggs::	1 dozen	
45 oz fish					
			Cereal:	No more than 36 oz.	
	4	W03	Milk:	2 gallons low-fat (fat-free, 1%, 2%)	
				No whole milk. <b>Least expensive</b>	
				brand	
			Cheese:	1-16 oz package	
			Oncose.	1 10 02 package	
			Peanut	1 container (16 to 18 oz)	
			butter:	1 container (10 to 10 02)	
			Dullel.	No more than 20 curses (seemed time	
			Tioh:	No more than 30 ounces (canned tuna	
		000	Fish:	or canned salmon)	
	1	029	Milk:	2 gallons low-fat (fat-free, 1%, 2%)	
				No whole milk. Least expensive	
				brand	
			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can	
				frozen OR 1-11.5 oz can pourable	
				concentrate	
	2	031	Milk:	1 gallon low-fat (fat-free, 1%, 2%)	
			.viiiix.	No whole milk. <b>Least expensive</b>	
				brand	
				Midild	
	J	l	l	l l	

		Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
		Cheese:	1-16 oz package
3	W23	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
		Eggs:	
			1 dozen
		Cereal:	N 40
	14/00	B 4'11	No more than 18 oz
3	W02	Milk:	1gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
		Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
		Beans:	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz)
2	W24	Eggs:	1 dozen
		Beans:	1 lb dried OR 4 cans (15 to 16 oz)
		Fish:	No more than 15 oz (canned tuna or canned salmon)

Food Package	Rank	VC	Voucher M	lessage
V61 – (Assign W61)	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and
Exclusively				vegetables
Breastfeeding Multiples				No potatoes-except for sweet potatoes
Standard Package B				or yams. No products with added
				sugar, seasonings, fat, or oils. No
\$15 fruit and vegetables				creamed vegetables. No stewed
The state of the s				tomatoes.
9 gallons of milk	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and
				vegetables
1 lb cheese				No potatoes-except for sweet potatoes
				or yams. No products with added
5-48 oz juice				sugar, seasonings, fat, or oils. No
				creamed vegetables. No stewed
3 dozen eggs				tomatoes.
	4	W82	Milk:	2 gallons low-fat (fat-free, 1%, 2%)
54 oz cereal				No whole milk. <b>Least expensive brand</b>
			Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans
32 oz whole grains				frozen OR 2-11.5 oz cans pourable
				concentrate
2 container of peanut			Eggs:	1 dozen
butter (16-18 oz. each)			Cereal:	No more than 36 oz
A lie also al le a sua	2	W03	Milk:	2 gallons low-fat (fat-free, 1%, 2%)
1 lb dried beans				No whole milk. Least expensive brand
45 oz fish			Cheese:	1-16 oz package
45 02 11811			D	4(40 (- 40)
			Peanut	1 container (16 to 18 oz)
			Butter: Fish:	No more than 30 oz (canned tuna OR
	1	029	Milk:	canned salmon)
	1	029	IVIIIK.	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can
			Juice.	frozen OR 1-11.5 oz can pourable
				concentrate
	3	W23	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
		1120	.viiiix.	No whole milk. Least expensive brand
			Eggs:	1 dozen
			Cereal:	No more than 18 oz
	4	W53	Eggs:	1 dozen
			-995.	
			Whole	Pick 2: 16 oz loaf of bread; 16 oz pkg
			Grain:	brown rice; 16 oz pkg tortillas; 16 oz
				pkg buns
			Fish:	No more than 15 oz (canned tuna OR
				canned salmon)

3	W26	Milk:	2 gallons low-fat (fat-free, 1%, 2%)
			No whole milk. Least expensive brand
		Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans
			frozen OR 2-11.5 oz cans pourable
			concentrate
		Peanut	
		butter:	1 container (16 to 18 oz)
		Beans:	1 lb dried OR 4 cans (15 to 16 oz)

Food Package	Rank	VC	Voucher M	lessage
W62 – Lactose Intolerant Exclusively Breastfeeding Multiples Package A \$15 fruit and vegetables	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
36 quarts lactose reduced milk 2 lb cheese 4-48 oz cans juice	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
3 dozen eggs 54 oz cereal 16 oz whole grain	2	W27	Milk:	2 gallons OR 4 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
1 container of peanut butter (16-18 oz.) 2 lb dried beans			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
45 oz fish	2	W09	Milk: Cheese: Eggs:	2 gallons OR 4 half gallons low-fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand  1-16 oz package  1 dozen
	3	024	Milk: Beans:	1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, or Acidophilus and Bifidum No whole milk. <b>Least expensive brand</b> 1 lb dried OR 4 cans (15 to 16 oz)

		·	T =	T
	1	034	Milk:	1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	3	033	Milk:	1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Cereal:	No more than 36 oz
	4	W29	Milk:	1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Cheese:	1-16 oz package
			Cereal:	No more than 18 oz
			Fish:	No more than 15 oz (canned tuna OR canned salmon)
	4	W08	Eggs:	1 dozen
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Peanut Butter:	1 container (16-18 oz)
			Fish:	No more than 30 oz (canned tuna OR canned salmon)
	3	024	Milk:	1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)

Food Package	Rank	VC	Voucher m	nessage
V62 – (Assign W62) Lactose Intolerant Exclusively Breastfeeding Multiples Package B	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
\$15 fruits and vegetables 36 quarts lactose reduced milk 1 lb cheese 5-48 oz juice	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
3 dozen eggs 54 oz cereal 32 oz whole grains	4	W27	Milk:	2 gallons OR 4 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
2 container of peanut butter (16-18 oz. each)  1 lb dried beans			Juice: Eggs:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate  1 dozen
45 oz fish	2	W09	Milk: Cheese: Eggs:	2 gallons OR 4 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand  1-16 oz package  1 dozen
	1	024	Milk:	1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)

		T =	1
2	034	Milk:	1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
		Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
3	033	Milk:	1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free OR Acidophilus OR Acidophilus and Bifidum No whole milk. Least expensive brand
		Cereal:	No more than 36 oz.
1	501	Milk:	1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free OR Acidophilus OR Acidophilus and Bifidum No whole milk. Least expensive brand
		Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
3	W31	Milk:	1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
		Peanut Butter:	2-containers (16 to 18 oz) peanut butter
		Fish:	No more than 30 oz (canned tuna OR canned salmon)
4	W25	Eggs: Cereal:	1 dozen No more than 18 oz
		Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
		Fish:	No more than 15 oz (canned tuna OR canned salmon)

Food Package	Rank	VC	Voucher m	nessage
W63 – Goat Milk for Exclusively Breastfeeding Multiples Package A	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No
\$15 fruits and vegetables				creamed vegetables. No stewed tomatoes.
36 quarts of goat milk	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables
2 lb cheese				No potatoes-except for sweet potatoes or yams. No products with added
4-48 oz juice				sugar, seasonings, fat, or oils. No creamed vegetables. No stewed
3 dozen eggs				tomatoes.
54 oz cereal	3	W17	Goat Milk:	6 quarts low-fat goat milk. No whole milk.
16 oz whole grain			Eggs:	1 dozen
1 container of peanut			Beans:	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz)
butter (16-18 oz.)	4	W16	Goat	6 quarts low-fat goat milk. No whole
2 lb dried beans			Milk:	milk.
45 oz fish			Cheese:	1-16 oz package
			Peanut Butter:	1 container (16 to 18 oz)
			Fish:	No more than 30 oz (canned tuna OR canned salmon)
	2	W14	Goat Milk:	4 quarts low-fat goat milk. No whole milk.
			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
	3	W32	Goat Milk:	8 quarts low-fat goat milk. No whole milk.
			Cheese:	1-16 oz package
			Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate

2	W33	Goat Milk:	6 quarts low-fat goat milk. No whole milk.
		Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
		Cereal:	No more than 36 oz
4	W34	Goat	6 quarts low-fat goat milk. No whole
		Milk:	milk.
		Cereal:	No more than 18 oz
		Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
1	W24	Eggs:	1 dozen
		Beans:	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz)
		Fish:	No more than 15 oz (canned tuna OR canned salmon)

Food Package	Rank	VC	Voucher m	nessage
V63 – (Assign W63) Goat	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and
Milk for Exclusively				vegetables
Breastfeeding Multiples				No potatoes-except for sweet potatoes
Package B				or yams. No products with added
				sugar, seasonings, fat, or oils. No
\$15 fruits and vegetables				creamed vegetables. No stewed
				tomatoes.
36 qt goat milk	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and
				vegetables
1 lb cheese				No potatoes-except for sweet potatoes
				or yams. No products with added
5-48 oz juice				sugar, seasonings, fat, or oils. No
				creamed vegetables. No stewed
3 dozen eggs				tomatoes.
	3	W17	Goat	6 quarts low-fat goat milk. No whole
54 oz cereal			milk:	milk.
32 oz whole grain			Eggs:	1 dozen
			_	
2 containers of peanut	_		Beans:	1 lb dried OR 4 cans (15 to 16 oz)
butter (16-18 oz. each)	4	W16	Goat	6 quarts low-fat goat milk. No whole
1 lb dried beans			milk:	milk.
T ib diled bearis			Ob a see.	4.40
45 oz fish			Cheese:	1-16 oz package
45 02 11311			Doonut	
			Peanut butter:	1 container (16 to 18 oz)
			butter.	
			Fish:	No more than 30 oz (canned tuna OR
			1 10111	canned salmon)
	1	W14	Goat	4 quarts low-fat goat milk. No whole
	-		milk:	milk.
			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can
				frozen OR 1-11.5 oz can pourable
				concentrate
			Eggs:	1 dozen
	3	W33	Goat	6 quarts low-fat goat milk. No whole
			milk:	milk.
			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can
				frozen OR 1-11.5 oz can pourable
				concentrate
			Cereal:	No more than 36 oz

2	W35	Goat milk:	6 quarts low-fat goat milk. No whole milk.
		Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
2	W36	Goat milk:	8 quarts low-fat goat milk. No whole milk.
		Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
		Peanut	
		butter:	1 container (16 to 18 oz)
4	W25	Eggs:	1 dozen
		Cereal:	No more than 18 oz
		Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
		Fish:	No more than 15 oz (canned tuna OR canned salmon)

Food Package Number	Rank	VC	Voucher M	lessage
W65 – Tofu for	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and
Exclusively				vegetables
Breastfeeding Multiples				No potatoes-except for sweet potatoes
Package A				or yams. No products with added sugar,
				seasonings, fat, or oils. No creamed
\$15 fruit and vegetable				vegetables. No stewed tomatoes.
	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and
8 gallon milk				vegetables
				No potatoes-except for sweet potatoes
2 lb cheese				or yams. No products with added sugar,
				seasonings, fat, or oils. No creamed
4 lb tofu				vegetables. No stewed tomatoes.
	4	W82	Milk:	2 gallons only low-fat (fat-free, 1%, 2%)
4-48 oz juice				No whole milk.
				Least expensive brand
3 dozen eggs				
			Juice	2 <mark>-48 oz</mark> containers OR 2-12 oz cans
54 oz cereal				frozen OR 2-11.5 oz cans pourable
				concentrate
16 oz whole grain				
			Eggs:	1 dozen
1 container of peanut				N
butter (16-18 oz.)		11122	Cereal:	No more than 36 oz.
O lle divised because	3	W03	Milk:	2 gallons only low-fat (fat-free, 1%, 2%)
2 lb dried beans				No whole milk.
AF a= fiah				Least expensive brand
45 oz fish				4.40
			Cheese:	1-16 oz package
			Doorest	
			Peanut butter:	1 container (16 to 18 oz)
			butter.	1 Container (10 to 10 02)
			Fish:	No more than 30 oz (canned tuna OR
			1 1311.	canned salmon)
	2	029	Milk:	2 gallons only low-fat (fat-free, 1%, 2%)
		023	ivilit.	No whole milk.
				Least expensive brand
			Juice:	1-48 oz container OR 1-12 oz can frozen
			3.00.	OR 1-11.5 oz can pourable concentrate
	ı	I	I	Cit : 1110 02 can podrable concentrate

3	031	Milk:	1 gallon only low-fat (fat-free, 1%, 2%) No whole milk Least expensive brand
		Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
		Cheese:	1-16 oz package
2	W23	Milk:	1 gallon only low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
		Eggs:	1 dozen
		Cereal:	No more than 18 oz.
4	W38	Tofu:	No more than 4 pounds
		Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
		Beans	1 lb dried OR 4 cans (15 to 16 oz)
1	W24	Eggs:	1 dozen eggs
		Beans:	1 lb dried or 4 cans (15 to 16 oz)
		Fish:	No more than 15 oz (canned tuna OR canned salmon)

Food Package Number	Rank	VC	Voucher N	Message
V65 (Assign W65) – Tofu for Exclusively Breastfeeding Multiples Package B	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed
\$15 fruit and vegetables 8 gallons of milk 1 lb cheese	9	P07	Produce:	vegetables. No stewed tomatoes.  \$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed
4 lb tofu 5-48 oz juice	3	050	Milk:	vegetables. No stewed tomatoes.  1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
3 dozen eggs 54 oz cereal			Juice: Eggs:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate 1 dozen
32 oz whole grains	2	W03	Cereal Milk:	No more than 36 oz 2 gallons low-fat (fat-free, 1%, 2%)
2 containers of peanut butter (16-18 oz. each) 1 lb dried beans			Cheese:	No whole milk. <b>Least expensive brand</b> 1-16 oz package
45 oz fish			Peanut butter:	1 container (16 to 18 oz)
			Fish:	No more than 30 oz (canned tuna OR canned salmon)
	1	029	Milk: Juice:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b> 1-48 oz container OR 1-12 oz can
				frozen OR 1-11.5 oz can pourable concentrate
	2	W23	Milk: Eggs:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b> 1 dozen
			Cereal:	No more than 18 oz

3	W53	Eggs:	1 dozen
		Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
		Fish	No more than 15 oz (canned tuna OR canned salmon)
4	W26	Milk:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
		Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
		Peanut	1 contains (16 to 18 cm)
		butter:	1 container (16 to 18 oz)
		Beans:	1 lb dried OR 4 cans (15 to 16 oz)
4	W39	Tofu:	No more than 4 pounds
		Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate

Food Package Number	Rank	VC	Voucher M	lessage
W69 – No milk for	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and
Exclusively				vegetables
Breastfeeding Multiples				No potatoes-except for sweet potatoes
Package A				or yams. No products with added
				sugar, seasonings, fat, or oils. No
MEDICAL				creamed vegetables. No stewed
DOCUMENTATION				tomatoes.
REQUIRED	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables
Can only be given with				No potatoes-except for sweet potatoes
food package III				or yams. No products with added
				sugar, seasonings, fat, or oils. No
\$15 fruit and vegetables				creamed vegetables. No stewed
				tomatoes.
2 lb cheese	2	W62	Cheese:	1-16 oz package
4-48 oz cans juice			Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans
			34.50.	frozen OR 2-11.5 oz cans pourable
3 dozen eggs				concentrate
33	4	W08	Eggs:	1 dozen
54 oz cereal			_990.	. 43_5
			Whole	Pick 1: 16 oz loaf of bread; 16 oz pkg
16 oz whole grain			Grain:	brown rice; 16 oz pkg tortillas; 16 oz
_				pkg buns
1 container of peanut butter			Peanut	
(16-18 oz.)			Butter:	1 container (16-18 oz)
				, ,
2 lb dried beans			Fish:	No more than 30 oz (canned tuna OR
				canned salmon)
45 oz fish	1	W24	Eggs:	1 dozen
				_
			Beans:	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz)
			Fish:	No more than 15 oz (canned tuna OR
				canned salmon)
	4	W54	Cheese:	1-16 oz package
			_	
			Eggs:	1 dozen
			0	No see and the see 22
		14/00	Cereal:	No more than 36 oz
	3	W63	Juice	2 <mark>-48 oz</mark> containers OR 2-12 oz cans
				frozen OR 2-11.5 oz cans pourable
				concentrate
			Beans:	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz)
			Dealis.	1 15 uneu ON 4 cans (15 to 16 02)
			Cereal:	No more than 18 oz
	l	l	Jordai.	140 111010 (11011 10 02

Food Package number	Rank	VC	Voucher M	lessage
V69 – (Assign W69)No	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and
Milk for Exclusively				vegetables
Breastfeeding Multiples				No potatoes-except for sweet potatoes
Package B				or yams. No products with added
				sugar, seasonings, fat, or oils. No
MEDICAL				creamed vegetables. No stewed
DOCUMENTATION				tomatoes.
REQUIRED	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables
Can only be given with				No potatoes-except for sweet potatoes
food package III				or yams. No products with added
				sugar, seasonings, fat, or oils. No
\$15 fruit and vegetable				creamed vegetables. No stewed
				tomatoes.
1 lb cheese	1	W62	Cheese:	1-16 oz package
5-48 oz juice			Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans
,				frozen OR 2-11.5 oz cans pourable
3 dozen eggs				concentrate
	2	W66	Eggs:	1 dozen
54 oz cereal				
			Peanut	1 container (16-18 oz)
32 oz whole grains			Butter:	
				No more than 30 oz (canned tuna OR
2 containers of peanut			Fish:	canned salmon)
butter (16-18 oz. each)	3	W64	Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans
A Us alice at the same				frozen OR 2-11.5 oz cans pourable
1 lb dried beans				concentrate
45 oz fish			Peanut	40.40
45 02 11511			butter:	1 container (16 to 18 oz)
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	4	W65	Juice:	1-48 oz container OR 1-12 oz can
				frozen OR 1-11.5 oz can pourable
				concentrate
			Eggs:	1 dozen
			_995.	. 302011
			Cereal:	No more than 36 oz
	4	W25	Eggs:	1 dozen
			Cereal:	No more than 18 oz
			Whole	Pick 2: 16 oz loaf of bread; 16 oz pkg
			grain:	brown rice; 16 oz pkg tortillas; 16 oz
				pkg buns
			Fish:	No more than 15 oz (canned tuna OR
				canned salmon)

Food Package	Rank	VC	Voucher m	nessage
W71- Soy milk for	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and
Exclusively				vegetables
Breastfeeding Multiples				No potatoes-except for sweet potatoes
Package A				or yams. No products with added
				sugar, seasonings, fat, or oils. No
\$15 fruits and vegetables				creamed vegetables. No stewed
The state of the				tomatoes.
9 gallons soy milk	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and
				vegetables
2 lb cheese				No potatoes-except for sweet potatoes or yams. No products with added
4-48 oz juice				sugar, seasonings, fat, or oils. No
				creamed vegetables. No stewed
3 dozen eggs				tomatoes.
g delen egge	1	W74	Soy milk:	4 half gallons Silk (original) OR
54 oz cereal		***	Coy mink.	8 <sup>th</sup> Continent (Original or Vanilla only)
				o continent (original or varina orily)
16 oz whole grain			Eggs:	1 dozen
			_990.	
1 container of peanut			Beans:	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz)
butter (16-18 oz.)	3	W75	Soy Milk:	2 half gallons Silk (original) OR
,			00,	8 <sup>th</sup> Continent (Original or Vanilla only)
2 lb dried beans			Cheese:	o comment (original or varima orily)
			01100001	1-16 oz package
45 oz fish			Peanut	. To of paintage
			Butter:	
				1 container (16 to 18 oz)
			Fish:	,
				No more than 30 oz (canned tuna OR
				canned salmon)
	2	W69	Soy Milk:	2 half gallons Silk (original) OR
				8 <sup>th</sup> Continent (Original or Vanilla only)
			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can
				frozen OR 1-11.5 oz can pourable
				concentrate
			Eggs:	1 dozen
	2	W76	Eggs:	4 half gallons Silk (original) OR
	2	VV / 6	Soy Milk:	8 <sup>th</sup> Continent (Original or Vanilla only)
			Cheese:	1-16 oz package
			Olicese.	1-10 02 package
			Cereal:	No more than 18 oz
	4	W77	Soy Milk:	2 half gallons Silk (original) OR
				8 <sup>th</sup> Continent (Original or Vanilla only)
			Let	1 10 cm novici
			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can

		Cereal:	frozen OR 1-11.5 oz can pourable concentrate No more than 36 oz
4	W30	Soy Milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
		Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
		Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
3	W78	Soy milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
		Eggs:	1 dozen
		Beans:	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz)
		Fish:	No more than 15 oz (canned tuna OR canned salmon)

Food Package	Rank	VC	Voucher m	nessage
V71 (Assign W71) Soy Milk for women Exclusively Breastfeeding Multiples Package B \$15 fruits and vegetables	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
9 gallons soy milk	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes
1 lb cheese				or yams. No products with added sugar, seasonings, fat, or oils. No
5-48 oz juice				creamed vegetables. No stewed tomatoes.
3 dozen eggs	3	W74	Soy milk:	4 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
54 oz cereal			Eggs:	1 dozen
32 oz whole grain			Beans:	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz)
2 containers of peanut butter (16-18 oz. each)	4	W75	Soy milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
1 lb dried beans			Cheese:	1-16 oz package
45 oz fish			Peanut butter:	1 container (16 to 18 oz)
			Fish:	No more than 30 oz (canned tuna OR canned salmon)
	1	W69	Soy milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
			Juice:	1 <mark>-48 oz</mark> container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
	3	W77	Soy milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Cereal:	No more than 36 oz

2	W79	Soy milk:	4 half gallons Silk (original) OR
			8 <sup>th</sup> Continent (Original or Vanilla only)
		Juice:	2 <mark>-48 oz</mark> containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
2	W81	Soy milk:	4 half gallons Silk (original) OR
2	VVOI	OOy mik.	8 <sup>th</sup> Continent (Original or Vanilla only)
		Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
		Peanut	
		butter:	1 container (16 to 18 oz)
4	W25	Eggs:	1 dozen
		Cereal:	No more than 18 oz
		Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
		Fish:	No more than 15 oz (canned tuna OR canned salmon)

## **Children 12 – 23 Month (C00-C19)**

Food Package number	Rank	VC	Voucher M	lessage
C01 - Standard Child 1-2	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and
years old				vegetables
				No potatoes-except for sweet potatoes
\$6 fruit and vegetables				or yams. No products with added sugar,
				seasonings, fat, or oils. No creamed
4 gallon whole milk				vegetables. No stewed tomatoes.
	1	C03	Milk:	1 gallon Whole milk only
2-64 oz juice				Least expensive brand
1 dozen eggs			Juice:	1-64 oz container
	2	C04	Milk:	1 gallon Whole milk only
36 oz cereal				Least expensive brand
32 oz whole grain			Cereal:	No more than 36 oz
1 lb beans			Eggs:	1 dozen
	3	C03	Milk:	1 gallon Whole milk only
				Least expensive brand
			Juice:	1-64 oz container
	4	C05	Milk:	1 gallon Whole milk only
				Least expensive brand
			Whole	Pick 2: 16 oz loaf of bread; 16 oz pkg
			Grains:	brown rice; 16 oz pkg tortillas; 16 oz
				pkg buns
			_	
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)

Food Package	Rank	VC	Voucher M	lessage
C02 – Lactose Intolerant	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and
1-2 year old				vegetables
				(No potatoes-except for sweet potatoes
\$6 fruit and vegetable				or yams. No products with added sugar,
16 guarta la ctana raducad				seasonings, fat, or oils. No creamed
16 quarts lactose reduced whole milk	1	C08	Milk:	vegetables. No stewed tomatoes.  1 gallon OR 2 half gallons <b>whole</b>
WHOLE THIIK	'	C08	IVIIIK.	lactose free, OR Acidophilus, OR
2-64 oz juice				Acidophilus and Bifidum No low-fat
				milk. Least expensive brand
1 dozen eggs				
			Juice:	1-64 oz container
36 oz cereal				
			Eggs:	1 dozen
32 oz whole grains	3	C09	Milk:	1 gallon OR 2 half gallons whole
1 lb beans				lactose free, OR Acidophilus, OR
i ib beans				Acidophilus and Bifidum No low-fat milk. Least expensive brand
				mik. Least expensive brand
			Juice:	1-64 oz container
			Guico.	1 0 1 02 00 main of
			Cereal:	No more than 36 oz
	2	C10	Milk:	1 gallon OR 2 half gallons whole
				lactose free, OR Acidophilus, OR
				Acidophilus and Bifidum No low-fat
				milk. Least expensive brand
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	4	C12	Milk:	1 gallon OR 2 half gallons <b>whole</b>
		012	IVIIIIX.	lactose free, OR Acidophilus, OR
				Acidophilus and Bifidum No low-fat
				milk. Least expensive brand
			Whole	Pick 2: 16 oz loaf of bread; 16 oz pkg
			Grain:	brown rice; 16 oz pkg tortillas; 16 oz
			J.a.i.i	pkg buns
	I	1	I	I I 3

Food Package Number	Rank	VC	Voucher M	lessage
C05 – Limited Tofu for 1-2 yr old	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes
MEDICAL DOCUMENTATION REQUIRED				or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
\$6 Fruit and vegetable	1	C03	Milk:	1 gallon Whole milk only Least expensive brand
3 gallon whole milk			Juice:	1-64 oz container
	2	C04	Milk:	1 gallon Whole milk only
4 lb tofu				Least expensive brand only
2-64 oz juice			Cereal:	No more than 36 oz
1 dozen eggs			Eggs:	1 dozen
36 oz cereal	3	C20	Tofu:	No more than 4 pounds
			Juice:	1-64 oz container
32 oz whole grains	4	C05	Milk:	1 gallon Whole milk only  Least expensive brand
1 lb dried beans				•
			Whole Grains:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)

Food Package Number	Rank	VC	Voucher M	lessage
C06 Extra Tofu for 1-2 year old	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes
MEDICAL DOCUMENTATION REQUIRED				or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
\$6 fruit and vegetable	1	C20	Tofu:	4 pounds
2 gallon whole milk			Juice:	1-64 oz container
	2	C04	Milk:	1 gallon Whole milk only
8 lb tofu				Least expensive brand
2-64 oz juice			Cereal:	No more than 36 oz
1 dozen eggs			Eggs:	1 dozen
36 oz cereal	3	C20	Tofu:	4 pounds
			Juice:	1-64 oz container
32 oz whole grain	4	C05	Milk:	1 gallon Whole milk only
1 lb dried beans				Least expensive brand
			Whole Grains:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)

Food Package	Rank	VC	Voucher M	lessage
C09 - No Milk 1-2 year old MEDICAL DOCUMENTAION REQUIRED	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
Can only be given with Food Package III	2	C23	Juice:	1-64 oz container
\$6 fruit and vegetable			Eggs: Cereal:	1 dozen  No more than 36 oz
2-64 oz juice	4	C24	Juice:	1-64 oz container
1 dozen eggs			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz
36 oz cereal			grain.	pkg buns
32 oz whole grain			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
1 lb beans				

Food Package	Rank	VC	Voucher M	1essage
C10 – 1-2 year old Alternative Package	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and
\$6 fruits and vegetables				vegetables No potatoes-except for sweet potatoes or yams. No products with added
64-8 oz UHT whole milk				sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
21-6 oz juice	4	H06	Milk:	12-8 oz OR half pint boxes whole UHT
36 oz cereal			Juice:	6 cans (5.5 to 6 oz)
32 oz whole grain			Cereal:	No more than 18 oz
4-16 oz cans beans	1	H07	Milk:	12-8 oz OR half pint boxes whole UHT
4-10 02 cans beans			Juice:	6 cans (5.5 to 6 oz)
	3	H07	Milk:	12-8 oz OR half pint boxes whole UHT
			Juice:	6 cans (5.5 to 6 oz)
	2	H10	Milk:	12-8 oz OR half pint boxes whole UHT
			Cereal:	Not more than 18 oz
	4	H08	Milk:	16-8 oz OR half pint boxes whole UHT
			Juice:	3 cans (5.5 to 6 oz)
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans:	4 cans (15 to 16 oz)

Food Package	Rank	VC	Voucher M	lessage
C11 – Soy Milk for 1 -2 year old	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes
MEDICAL DOCUMENTATION REQUIRED				or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
\$6 fruit and vegetable 4 gallons soy milk	3	W70	Soy Milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only) No more than 36 oz
			Cereal:	
2-64 oz juice	1	W57	Soy Milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
1 dozen eggs			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
36 oz cereal	2	C28	Soy Milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
32 oz whole grain			Juice:	1-64 oz container
1 lb dried beans				
		000	Eggs:	1 dozen
	4	C29	Soy Milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
			Juice:	1-64 oz container
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns

Food Package	Rank	VC	Voucher M	lessage
C12 - Evaporated Milk for Standard 1-2 year old - evaporated  \$6 fruit and vegetable	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potato or yams. No products with added sugar, seasonings, fat, or oils. No creamed
				vegetables. No stewed tomatoes.
1 gallon whole milk	3	C33	Milk:	4-12 ounce cans evaporated (whole) Least expensive brand
16-12 oz cans evaporated milk			Eggs:	1 dozen
2–64 oz juice			Cereal	No more than 36 oz
1 dozen eggs	2	C31	Milk:	8-12 ounce cans evaporated (whole) Least expensive brand
36 oz cereal			Cheese:	1-16 oz package
32 oz whole grain			Juice:	1-64 oz container
1 lb dried beans	1	C32	Milk	4-12 ounce cans evaporated (whole) Least expensive brand
			Juice:	1-64 oz container
	4	C05	Milk:	1 gallon Whole milk only Least expensive brand
			Whole Grains:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)

Food Package	Rank	VC	Voucher M	lessage
C13 – Soy Milk with Tofu for 1 -2 year old MEDICAL DOCUMENTATION REQUIRED	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
\$6 fruit and vegetable	4	W91	Tofu:	No more than 4 pounds tofu
3 gallons soy milk			Cereal:	No more than 36 oz
4 lb tofu	1	W57	Soy Milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
2-64 oz juice			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
1 dozen eggs	2	C28	Soy Milk: :	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
36 oz cereal			Juice:	1-64 oz container
32 oz whole grain			Eggs:	1 dozen
1 lb dried beans	3	C29	Soy Milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
			Juice:	1-64 oz container
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns

## Children 2 -5 Years (C20-C39)

Food Package	Rank	VC	Voucher M	lessage
C21 Standard 2-5 year old	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potato or
\$6 fruit and vegetable				yams. No products with added sugar, seasonings, fat, or oils. No creamed
2 ½ gallons milk				vegetables. No stewed tomatoes.
1-3 qt dry milk	1	C01	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
1 lb cheese			Juice:	2-64 oz containers
2–64 oz juice	2	W04	Milk:	1 half gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
1 dozen eggs			Cheese:	1-16 oz package
36 oz cereal	3	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
32 oz whole grain			Eggs:	1 dozen
1 lb dried beans or 1			Cereal	No more than 36 oz
container of peanut butter (16-18 oz.)	4	C02	Dry milk:	1-3 quart container non-fat dry powder OR 4-12 oz cans low-fat (fat-free, skimmed, 2%) evaporated
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans/ peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package	Rank	VC	Voucher Me	essage
C22- Lactose Intolerant 2-5 year old	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables
\$6 fruit and vegetable				No potatoes except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed
13 quarts of lactose reduced milk	2	C11	Milk:	vegetables. No stewed tomatoes.  1 gallon OR 2 half gallons low- fat (fat-
1 lb cheese				free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum, No whole milk. <b>Least</b>
2-64 oz juice			Cheese:	expensive brand 1-16 oz package
1 dozen eggs			luios	
36 oz cereal	3	W92	Juice: Milk:	2-64 oz containers  1-half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR
32 oz whole grain				Acidophilus and Bifidum.  No whole milk. Least expensive
1 lb dried beans or 1 container of peanut butter				brand
(16-18 oz.)			Cereal:	No more than 36 oz
	1	045	Milk:	1 gallon OR 2 half gallons low- fat (fat- free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Beans/ peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	4	C35	Milk:	1-3 quart (96 oz) low-fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Eggs:	1 dozen
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns

Food Package	Rank	VC	Voucher M	lessage
C23 – Goat Milk for 2-5	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and
year old				vegetables
				No potatoes-except for sweet potatoes
				or yams. No products with added sugar,
\$6 fruit and vegetable				seasonings, fat, or oils. No creamed
40				vegetables. No stewed tomatoes.
13 quarts of goat milk	2	W15	Goat	4 quarts low-fat goat milk. No whole
1 lb shassa			milk:	milk.
1 lb cheese				
2-64 oz juice			Cereal:	No more than 36 oz
2-04 02 juice	3	W19	Goat	1 quart low-fat goat milk. No whole Milk.
1 dozen eggs	3	VV 13	milk:	1 quart low-rat goat milk. No whole wilk.
1 4625.1 5995			Tillik.	1-16 oz package
36 oz cereal			Cheese:	1 10 02 paskago
				1 lb dried OR 4 cans (15 to 16 oz)
32 oz whole grains			Beans/	beans OR 1 container (16 to 18 oz)
			Peanut	peanut butter
1 lb dried beans or 1			butter:	
container of peanut butter	1	C13	Goat	4 quarts low-fat goat milk. No whole
(16-18 oz.)			milk:	milk.
			Juice:	1-64 oz container
				1 40-00
	4	C14	Eggs: Goat	1 dozen 4 quarts low-fat goat milk. No whole
	4	C14	Milk:	milk.
			IVIIIK.	THIK.
			Juice:	1-64 oz container
			3.00.	
			Whole	Pick 2: 16 oz loaf of bread; 16 oz pkg
			Grain:	brown rice; 16 oz pkg tortillas; 16 oz
				pkg buns

Food Package Number	Rank	VC	Voucher Me	essage
C24 – Extra Cheese for 2-5 year old child	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables
MEDICAL DOCUMENTATION REQUIRED				No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
\$6 Fruit and vegetable	1	C01	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
2 ½ gallon milk			Juice:	2-64 oz containers
2 lb cheese	2	W04	Milk:	1 half gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
2-64 oz juice			Cheese:	1-16 oz package
1 dozen eggs	3	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
36 oz cereal			Eggs:	1 dozen
32 oz whole grain			Cereal	No more than 36 oz.
1 lb dried beans or 1 container of peanut butter (16-18 oz.)	4	C21	Beans/ peanut butter: Whole Grain:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter  Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Cheese:	1-16 oz package

Food Package Number	Rank	VC	Voucher M	lessage
C25- Limited Tofu for 2-5 year old child MEDICAL DOCUMENTATION	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No
REQUIRED				creamed vegetables. No stewed tomatoes.
\$6 Fruit and vegetable	1	C01	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive</b>
3 gallon milk				brand
4 lb tofu			Juice:	2-64 oz containers
2-64 oz juice	2	C19	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
1 dozen eggs				
36 oz cereal			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
32 oz whole grain	4	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive</b>
1 lb dried beans or 1 container of peanut butter				brand
(16-18 oz.)			Eggs:	1 dozen
			Cereal:	No more than 36 oz
	3	W42	Tofu:	No more than 4 pounds
			Bean/	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz)
			Peanut butter:	beans OR 1 container (16 to 18 oz) peanut butter

Food Package Number	Rank	VC	Voucher M	1essage
C26 – Extra Tofu for 2-5 year old child	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables
MEDICAL DOCUMENTATION REQUIRED				No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
\$6 fruit and vegetable	1	C06	Tofu:	No more than 4 pounds
2 gallon milk			Juice:	2-64 oz containers
8 lb tofu	4	C19	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive</b> brand
2-64 oz juice				
1 dozen eggs			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
36 oz cereal	2	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive</b>
32 oz whole grain				brand
1 lb dried beans or 1 container of peanut butter			Eggs:	1 dozen
(16-18 oz.)			Cereal:	No more than 36 oz.
	3	W42	Tofu:	No more than 4 pounds
			Beans/ Peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package Number	Rank	VC	Voucher M	lessage
C27 – Whole Milk for	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and
2 -5 year old				vegetables
				No potatoes-except for sweet potatoes
MEDICAL				or yams. No products with added
DOCUMENTATION				sugar, seasonings, fat, or oils. No
REQUIRED				creamed vegetables. No stewed
				tomatoes.
Can only be given with	1	C03	Milk:	1 gallon Whole milk only
food package III				Least expensive brand
\$6 fruit and vegetable			Juice:	1-64 oz container
	2	C04	Milk:	1 gallon Whole milk only
4 gallon milk				Least expensive brand
2-64 oz juice			Cereal:	No more than 36 oz
1 dozen eggs			Eggs:	1 dozen
	3	C03	Milk:	1 gallon Whole milk only
36 oz cereal				Least expensive brand
32 oz whole grain			Juice:	1-64 oz container
4 lb dried beene and	4	C22	Milk:	1 gallon Whole milk only
1 lb dried beans or 1				Least expensive brand
container of peanut butter				
(16-18 oz.)			Whole	Pick 2: 16 oz loaf of bread; 16 oz pkg
			Grains:	brown rice; 16 oz pkg tortillas; 16 oz
				pkg buns
			D /	4 Handwind OD 4 anna (4 <mark>5</mark> (a.40 )
			Beans/	1 lb dried OR 4 cans (15 to 16 oz)
			peanut	beans OR 1 container (16 to 18 oz)
			Butter:	peanut butter

Food Package	Rank	VC	Voucher M	lessage
C28 – No Cheese for 2-5	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and
year old				vegetables
\$6 fruit and vegetable				No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed
4 gallon milk				vegetables. No stewed tomatoes.
2-64 oz juice	1	C01	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
1 dozen eggs			Juice:	2-64 oz containers
	3	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
36 oz cereal				No whole milk. Least expensive brand
32 oz whole grain			Eggs:	1 dozen
1 lb dried beans or 1			Cereal:	No more than 36 oz
container of peanut butter	2	W22	Milk:	1 gallon low-fat (fat-free, 1%, 2%)
(16-18 oz.)				No whole milk. Least expensive brand
			Beans/ peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	4	C19	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive brand</b>
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns

Food Package	Rank	VC	Voucher M	lessage
C29 – No Milk for 2-5 year old	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables
MEDICAL DOCUMENTATION REQUIRED				No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
Can only be given with Food Package III	2	C27	Cheese:	1-16 oz package
\$6 fruit and vegetable			Juice:	1-64 oz container
1 lb cheese			Eggs:	1 dozen
2-64 oz juice	4	C26	Cereal: Juice:	No more than 36 oz  1-64 oz container
2-04 02 juice	4	020	Juice.	1-04 02 container
1 dozen eggs			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz
36 oz cereal				pkg buns
32 oz whole grain			Beans/ peanut	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz) beans OR 1 container (16 to 18 oz)
1 lb beans or 1 container of peanut butter (16-18 oz.)			butter:	peanut butter

C30 – 2-5 year old Alternative Package  \$6 fruit and vegetable \$6 fruit and vegetable \$6 fruit and vegetable  \$6 fruit and vegetable \$6 fruit and vegetable  \$6 fruit and vegetable \$6 fruit and vegetable \$7	ood Package	Rank	VC	Voucher M	lessage
\$6 fruit and vegetable  \$6 fruit and vegetable  64-8 oz UHT milk  21-6 oz juice  3 H12 Milk:  12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole mil  36 oz cereal  3 Juice:  1 container of peanut butter (16-18 oz.)  A H15 Milk:  12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole mil  4 H15 Milk:  12-8 oz OR half pint boxes low-fat (fat-free)  12-8 oz OR half pint boxes low-fat (fat-free)	30 – 2-5 year old				\$6 for fresh, frozen, or canned fruit and
\$6 fruit and vegetable  64-8 oz UHT milk  21-6 oz juice  3 H12 Milk:  12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole mil  36 oz cereal  3 Juice:  1 container of peanut butter (16-18 oz.)  4 H15 Milk:  12-8 oz OR half pint boxes low-fat (fat-free)  1 coryams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.  12-8 oz OR half pint boxes low-fat (fat-free)	Iternative Package				•
sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.  21-6 oz juice  3 H12 Milk:  12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole mil 6 cans (5.5 to 6 oz)  32 oz whole grain  1 container of peanut butter (16-18 oz.)  4 H15 Milk:  12-8 oz OR half pint boxes low-fat (fat-free)  12-8 oz OR half pint boxes low-fat (fat-free)	O for it and a second table				
64-8 oz UHT milk  21-6 oz juice  3 H12 Milk: 12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole mil 6 cans (5.5 to 6 oz)  32 oz whole grain  1 container of peanut butter (16-18 oz.)  4 H15 Milk: 12-8 oz OR half pint boxes low-fat (fat-free) 1/2	o truit and vegetable				l ·
tomatoes.  21-6 oz juice  3 H12 Milk: 12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole mil 6 cans (5.5 to 6 oz)  32 oz whole grain  1 container of peanut butter (16-18 oz.)  4 H15 Milk: 12-8 oz OR half pint boxes low-fat (fat-free) 1/2 (fat-f	1-8 07 LIHT milk				
21-6 oz juice  3 H12 Milk: 12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole mil 6 cans (5.5 to 6 oz)  32 oz whole grain  1 container of peanut butter (16-18 oz.)  4 H15 Milk: 12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole mil 6 cans (5.5 to 6 oz)  No more than 18 oz  12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole mil 6 cans (5.5 to 6 oz)  1 container of peanut butter (16-18 oz.)	4-0 02 0111 11111K				•
36 oz cereal  32 oz whole grain  1 container of peanut butter (16-18 oz.)  (fat-free, 1%, 2%) UHT. No whole mile 6 cans (5.5 to 6 oz)  No more than 18 oz  Cereal:  4 H15 Milk: 12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%)	1-6 oz juice	3	H12	Milk:	
32 oz whole grain  1 container of peanut butter (16-18 oz.)  5 cans (5.5 to 6 oz)  No more than 18 oz  Cereal:  4 H15 Milk: 12-8 oz OR half pint boxes low-fat (far	·				(fat-free, 1%, 2%) UHT. No whole milk.
32 oz whole grain  1 container of peanut butter (16-18 oz.)  Juice: No more than 18 oz Cereal: 12-8 oz OR half pint boxes low-fat (far	6 oz cereal				
1 container of peanut butter (16-18 oz.)  No more than 18 oz  Cereal:  12-8 oz OR half pint boxes low-fat (far					6 cans (5.5 to 6 oz)
1 container of peanut Cereal: butter (16-18 oz.) 4 H15 Milk: 12-8 oz OR half pint boxes low-fat (far	2 oz whole grain			Juice:	No man than 40 an
butter (16-18 oz.)  4 H15 Milk: 12-8 oz OR half pint boxes low-fat (far	container of peanut			Coroal	No more than 18 oz
		4	H15		12-8 oz OR half nint hoxes low-fat (fat-
	uno. (10 10 021)	•		IVIIIIX.	free, 1%, 2%) UHT. No whole milk.
4 cans beans	cans beans				
Juice: 6 cans (5.5 to 6 oz)				Juice:	6 cans (5.5 to 6 oz)
Peanut 1 container (16 to 18 oz)					1 container (16 to 18 oz)
butter:  1 H11 Milk: 12-8 oz OR half pint boxes low-fat (fa:		1	<b>⊔</b> 11		12-8 oz OR half pint boxes low-fat (fat-
free, 1%, 2%) UHT. No whole milk.		ı		IVIIIK.	·
1100, 170, 270) OTTI NO WHOLE HIIIK.					1700, 170, 270) STIT. 140 WHOIS HIM.
Juice: 6 cans (5.5 to 6 oz)				Juice:	6 cans (5.5 to 6 oz)
Beans: 4 cans (15 to 16 oz)					
2 H13 Milk: 12-8 oz OR half pint boxes low-fat		2	H13	Milk:	•
(fat-free, 1%, 2%) UHT. No whole mill					(fat-free, 1%, 2%) UHT. No whole milk.
Not more than 18 oz					Not more than 18 oz
Cereal:				Cereal:	Not more than 10 02
		4	H09		16-8 oz OR half pint boxes low-fat (fat-
free, 1%, 2%) UHT. No whole milk.					·
Juice: 3 cans (5.5 to 6 oz)				Juice:	3 cans (5.5 to 6 oz)
Whole Pick 2: 16 oz loaf of bread; 16 oz pkg				Whole	Pick 2: 16 oz loaf of bread: 16 oz nkg
grain: brown rice; 16 oz pkg tortillas; 16 oz					
pkg buns				9.4	

Food Package	Rank	VC	Voucher M	lessage
C31 – Soy Milk for 2 -5	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and
year old				vegetables
				No potatoes-except for sweet potatoes
MEDICAL				or yams. No products with added
DOCUMENTATION				sugar, seasonings, fat, or oils. No
REQUIRED				creamed vegetables. No stewed
40.6 %		11.		tomatoes.
\$6 fruit and vegetable	3	W70	Soy Milk:	2 half gallons Silk (original) OR
4				8 <sup>th</sup> Continent (Original or Vanilla only)
4 gallons soy milk			Corooli	No more than 20 or
2-64 oz juice	1	W73	Cereal:	No more than 36 oz
2-04 02 juice	'	VV / 3	Soy Milk:	2 half gallons Silk (original) OR
1 dozen eggs				8 <sup>th</sup> Continent (Original or Vanilla only)
1 dozen eggs			Beans/	1 lb dried OR 4 cans (1 <mark>5</mark> to 16 oz)
36 oz cereal			peanut	beans OR 1 container (16 to 18 oz)
00 02 00.00.			butter:	peanut butter
32 oz whole grain	2	C28	Soy Milk:	2 half gallons Silk (original) OR
	_			8 <sup>th</sup> Continent (Original or Vanilla only)
1 lb dried beans or 1				,,
container of peanut butter			Juice:	1-64 oz container
(16-18 oz.)				
			Eggs:	1 dozen
	4	C29	Soy Milk:	2 half gallons Silk (original) OR
				8 <sup>th</sup> Continent (Original or Vanilla only)
			Juice:	1-64 oz container
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Bisla 0, 40 and land of horse shi 40
			Whole	Pick 2: 16 oz loaf of bread; 16 oz pkg
			grain:	brown rice; 16 oz pkg tortillas; 16 oz
				pkg buns

Description	Rank	VC	Category	Message
C32 - Evaporated Milk for Standard 2-5 year old \$6 fruit and vegetable 1 gallon milk	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potato or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
12-12 oz cans evaporated milk  1 lb cheese	2	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least expensive</b> <b>brand</b>
2–64 oz juice			Eggs: Cereal	1 dozen  No more than 36 oz
1 dozen eggs 36 oz cereal	3	C25	Milk:	8-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated Least expensive brand
32 oz whole grain			Juice:	1-64 oz container
1 lb dried beans or 1 container of peanut butter (16-18 oz.)	1	C34	Milk Juice:	4-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated  Least expensive brand  1-64 oz container
	4	C21	Beans/ peanut butter: Whole Grain:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Cheese:	1-16 oz package

Food Package	Rank	VC	Voucher M	lessage
C33 – Soy Milk with tofu for 2 -5 year old MEDICAL DOCUMENTATION REQUIRED	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed
\$6 fruit and vegetable	4	W91	Tofu:	No more than 4 pounds tofu
3 gallons soy milk			Cereal:	No more than 36 oz
4 lb tofu	1	W73	Soy Milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
2-64 oz juice			Beans/ peanut	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz)
1 dozen eggs			butter:	peanut butter
36 oz cereal	2	C28	Soy Milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
32 oz whole grain			Juice:	1-64 oz container
1 lb dried beans or 1			Eggs:	1 dozen
container of peanut butter (16-18 oz.)	3	C29	Soy Milk:	2 half gallons Silk (original) OR 8 <sup>th</sup> Continent (Original or Vanilla only)
			Juice:	1-64 oz container
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns

# **Special Formula Summary**

CPA FPC	Status / Age	System FPC	Formula	
		110	Similac Expert Care Alimentum Powder	
R01	FFF 0-2 m	R01	7-16 oz cans powder Similac Expert Care Alimentum	
	FFF 3-5 m	S01	8-16 oz cans powder Similac Expert Care Alimentum	
	FFF 6-11 m	T01	6-16 oz cans powder Similac Expert Care Alimentum	
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal	
S01	FFF 6-11 m	S01	8-16 oz cans powder Similac Expert Care Alimentum	
X01	Child	X01	7-16 oz cans powder Similac Expert Care Alimentum	
			Similac Expert Care Alimentum RTF	
R03	FFF 0-3 m	R03	26-32 oz cans RTF Similac Expert Care Alimentum	
	FFF 4-5 m	S03	28-32 oz cans RTF Similac Expert Care Alimentum	
	FFF 6-11 m	T03	20-32 oz cans RTF Similac Expert Care Alimentum	
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal	
S03	FFF 6-11 m	S03	28-32 oz cans RTF Similac Expert Care Alimentum	
X03	Child	X03	28-32 oz cans RTF Similac Expert Care Alimentum	
V/00	\A/	\/OO	Boost	
X39	Women	X39	30-8 oz containers Boost	
X40	Women	X40	60-8 oz containers Boost	
X02	Women	X02	90-8 oz containers Boost	
X42	Women	X42	112-8 oz containers Boost  Boost Kid Essentials (Retail)	
X07	Child	X07	30-8.25 oz containers ready to feed Boost Kid Essentials	
X08	Child	X07 X08	60-8.25 oz containers ready to feed Boost Kid Essentials	
X09	Child	X09	9025 oz containers ready to feed Boost Kid Essentials	
X16	Child	X16	110-8.25 oz containers ready to feed Boost Kid Essentials	
7(10	Orma	7(10	Boost Kid Essentials 1.5	
X90	Child	X90	30-8 oz containers ready to feed Boost Kid Essentials 1.5	
X93	Child	X93	60–8 oz containers ready to feed Boost Kid Essentials 1.5	
X94	Child	X94	90–8 oz containers ready to feed Boost Kid Essentials 1.5	
X95	Child	X95	113–8 oz containers ready to feed Boost Kid Essentials 1.5	
			Boost Kid Essentials 1.5 With Fiber	
X96	Child	X96	30-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber	
X97	Child	X97	60–8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber	
X98	Child	X98	90–8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber	
X99	Child	X99	113–8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber	
704	01.11.1	704	Compleat Pediatric	
Z31	Child	Z31	30-250 ml containers Compleat Pediatric	
Z32	Child	Z32	60-250 ml containers Compleat Pediatric	
Z33	Child	Z33	90-250 ml containers Compleat Pediatric	
Z35	Child	Z35	107-250 ml containers Compleat Pediatric	
			EleCare Jr Powder	
X89	Child	X89	9-14.1 oz cans powder EleCare Jr	
	_		·	

СРА	Status / Age	System	Formula				
FPC		FPC	EleCare for Infants Powder				
R41	FFF 0-3 m	R41	9-14.1 oz cans powder EleCare for Infants				
1141	FFF 4-5 m	S41	10-14.1 oz cans powder EleCare for Infants				
	FFF 6-11 m	T41	7-14.1 oz cans powder EleCare for Infants				
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
S41	FFF 6-11 m	S41	10-14.1 oz cans powder EleCare for Infants				
			Enfamil EnfaCare Powder				
R24	FFF 0-3 m	R24	10-12.8 oz cans powder Enfamil EnfaCare				
	FFF 4-5 m	S24	11-12.8 oz cans powder Enfamil EnfaCare				
	FFF 6-11 m	T24+	8-12.8 oz cans powder Enfamil EnfaCare				
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
S24	FFF 6-11 m	S24	11-12.8 oz oz cans powder Enfamil EnfaCare				
			Enfamil EnfaCare RTF				
R26	FFF 0-3 m	R26	26-32 oz cans RTF Enfamil EnfaCare				
	FFF 4-5 m	S26	28-32 oz cans RTF Enfamil EnfaCare				
	FFF 6-11 m	T26	20-32 oz cans RTF Enfamil EnfaCare				
000	FFF 0 44	000	32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
S26	FFF 6-11 m	S26	28-32 oz cans RTF Enfamil EnfaCare				
DOO	FFF 0 2 m	R20	Enfamil EnfaCare RTF 414-2 oz cans RTF Enfamil EnfaCare				
R20	FFF 0-3 m FFF 4-5 m	S20	444-2 oz cans RTF Enfamil EnfaCare				
	FFF 6-11 m	T20	318-2 oz cans RTF Enlamii EnlaCare				
		120	32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
S20	FFF 6-11 m	S20	444-2 oz cans RTF Enfamil EnfaCare				
020	111 0 11111	<u> </u>	Enfamil Premature 20 RTF				
R30	FFF 0-3 m	R30	414-2 oz cans RTF Enfamil Premature 20				
	FFF 4-5 m	S30	444-2 oz cans RTF Enfamil Premature 20				
	FFF 6-11 m	T30	318-2 oz cans RTF Enfamil Premature 20				
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
S30	FFF 6-11 m	S30	444-2 oz cans RTF Enfamil Premature 20				
			Enfamil Premature 24 RTF				
R40	FFF 0-3 m	R40	414-2 oz cans RTF Enfamil Premature 24				
	FFF 4-5 m	S40	444-2 oz cans RTF Enfamil Premature 24				
	FFF 6-11 m	T40	318-2 oz cans RTF Enfamil Premature 24				
C40	FFF C 44 ***	C40	32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
S40	FFF 6-11 m	S40	444-2 oz cans RTF Enfamil Premature 24				
R12	FFF 0-3 m	R12	Enfaport  102-8 oz cans Enfaport				
KIZ	FFF 4-5 m	S12	112-8 oz cans Enlaport				
	FFF 6-11 m	T12	78-8 oz cans Enfaport				
	711 0-11111	112	32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
S12	FFF 6-11 m	S12	112-8 oz cans Enfaport				
Z49	Child	Z49	30-8 oz cans Enfaport				
Z50	Child	Z50	60-8 oz cans Enfaport				
Z51	Child	Z51	90-8 oz cans Enfaport				
			113-8 oz cans Enfaport				

CPA	Status / Age	System	Formula				
FPC	Otatus / Ago	FPC					
X06	Women	X06	Solution				
X38	Women	X38	60-8 oz containers Ensure				
X45	Women	X45	90-8 oz containers Ensure				
X15	Women	X15	108-8 oz containers Ensure				
71.0		74.0	EO28 Splash				
X51	Child	X51	31-237 ml containers EO28 Splash				
X52	Child	X52	62-237 ml containers EO28 Splash				
X53	Child	X53	113-237 ml containers EO28 Splash				
			Gerber Good Start Nourish				
R07	FFF 0-3 m	R07	10-12.6 oz Gerber Good Start Nourish				
	FFF 4-5 m	S07	11-12.6 oz Gerber Good Start Nourish				
	FFF 6-11 m	T07	8-12.6 oz Gerber Good Start Nourish				
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
			Gerber Good Start Premature 24				
R02	FFF 0-3 m	R02	272-3 oz containers RTF feed Gerber Good Start Premature 24				
	FFF 4-5 m	S02	296-3 oz containers RTF feed Gerber Good Start Premature 24				
	FFF 6-11 m	T02	208-3 oz containers RTF feed Gerber Good Start Premature 24				
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
S02	FFF 6-11 m	S02	296-3 oz containers RTF feed Gerber Good Start Premature 24				
			Neocate Infant DHA & ARA Powder				
R61	FFF 0-3 m	R61	10-400 grams (14.1 oz) cans powder Neocate Infant DHA & ARA				
	FFF 4-5 m	S61	11-400 grams (14.1 oz) cans powder Neocate Infant DHA & ARA				
	FFF 6-11 m	T61	8-400 grams (14.1 oz) cans powder Neocate Infant DHA & ARA				
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
S61	FFF 6-11 m	S61	11-400 grams (14.1 oz) cans powder Neocate Infant DHA & ARA				
			Neocate Junior Powder				
X75	Child	X75	14-400 grams (14.1 oz) cans powder Neocate Junior				
			Similac Expert Care Neosure Powder				
R71	FFF 0-3 m	R71	10-13.1 oz Similac Expert Care NeoSure				
	FFF 4-5 m	S71	11-13.1 oz Similac Expert Care NeoSure				
	FFF 6-11 m	T71	8-13.1 oz Similac Expert Care NeoSure				
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
S71	FFF 6-11 m	S71	11-13.1 oz Similac Expert Care NeoSure				
X92	Child	X92	10-13.1 oz Similac Expert Care NeoSure				
			Similac Expert Care NeoSure – 32 oz RTF				
R73	FFF 0-3 m	R73	26-32 oz cans RTF Similac Expert Care NeoSure				
	FFF 4-5 m	S73	28-32 oz cans RTF Similac Expert Care NeoSure				
	FFF 6-11 m	T73	20-32 oz cans RTF Similac Expert Care NeoSure				
		-	32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
S73	FFF 6-11 m	S73	28-32 oz cans RTF Similac Expert Care NeoSure				
X73	Child	X73	28-32 oz cans RTF Similac Expert Care NeoSure				
			Similac Expert Care NeoSure – 2 oz RTF				
R70	FFF 0-3 m	R70	416-2 oz cans RTF Similac Expert Care NeoSure				
	FFF 4-5 m	S70	448-2 oz cans RTF Similac Expert Care NeoSure				

CPA	Otatas / Ass	System	Formula	
FPC	Status / Age	FPC	Formula	
	FFF 6-11 m	T70	320-2 oz cans RTF Similac Expert Care NeoSure	
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal	
S70	FFF 6-11 m	S70	448-2 oz cans RTF Similac Expert Care NeoSure	
			Nepro RTF	
Z41	Child	Z41	30-8 oz cans Nepro	
Z42	Child	Z42	60-8 oz cans Nepro	
Z43	Child Child	Z43	90-8 oz cans Nepro	
Z44	Child	Z44	112-8 oz cans Nepro	
R81	FFF 0-3 m	R81	Nutramigen with Enflora LGG Powder  10-12.6 oz cans powder Nutramigen with Enflora IGG	
101	FFF 4-5 m	S81	11-12.6 oz cans powder Nutramigen with Enflora LGG	
	FFF 6-11 m	T81	8-12.6 oz cans powder Nutramigen with Enflora LGG	
	111 0-11111	101	32 jars baby fruit/vegetable, 3-8 oz box infant cereal	
S81	FFF 6-11 m	S81	11-12.6 oz cans powder Nutramigen with Enflora LGG	
X81	Child	X81	10-12.6 oz cans powder Nutramigen with Enflora LGG	
			Nutramigen Concentrate	
R82	FFF 0-3 m	R82	31-13 oz cans concentrate Nutramigen	
	FFF 4-5 m	S82	34-13 oz cans concentrate Nutramigen	
	FFF 6-11 m	T82	24-13 oz cans concentrate Nutramigen	
000	FFF 0 44	000	32 jars baby fruit/vegetable, 3-8 oz box infant cereal	
S82	FFF 6-11 m	S82	34-13 oz cans concentrate Nutramigen	
X82	Child	X82	35-13 oz cans concentrate Nutramigen  Nutramigen – 32 oz RTF	
R83	FFF 0-3 m	R83	26-32 oz cans RTF Nutramigen	
1100	FFF 4-5 m	S83	28-32 oz cans RTF Nutramigen	
	FFF 6-11 m	T83	20-32 oz cans RTF Nutramigen	
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal	
S83	FFF 6-11 m	S83	28-32 oz cans RTF Nutramigen	
X83	Child	X83	28-32 oz cans RTF Nutramigen	
_		_	Nutramigen AA Powder or PurAmino	
R91	FFF 0-2 m	R91	8-400 gram (14.1 oz) cans powder Nutramigen AA or PurAmino	
	FFF 3-5 m	S91	9-400 gram (14.1 oz) cans powder Nutramigen AA or PurAmino	
	FFF 6-11 m	T91	7-400 gram (14.1 oz) cans powder Nutramigen AA or PurAmino	
S91	FFF 6-11 m	S91	32 jars baby fruit/vegetable, 3-8 oz box infant cereal	
391	FFF 0-11111	391	9-400 gram (14.1 oz) cans powder Nutramigen AA or PurAmino  Nutren 1.5	
Z45	Women	Z45	30-250 ml containers Nutren 1.5	
Z45 Z46	Women	Z45 Z46		
	Women		60-250 ml containers Nutren 1.5	
Z47	Women	Z47 Z48	90-250 ml containers Nutren 1.5	
Z48	vvonien	۷40	107-250 ml containers Nutren 1.5  Nutren 2.0	
X54	Women	X54	35-250 ml containers Nutren 2.0	
X55	Women	X55	59-250 ml containers Nutren 2.0	
X56	Women	X56	107-250 ml containers Nutren 2.0	

CPA FPC	Status / Age	System FPC	Formula		
FFC		FFC	Nutren Junior		
X57	Child	X57	35-250 ml containers Nutren Junior		
X58	Child	X58	59-250 ml containers Nutren Junior		
X59	Child	X59	107-250 ml containers Nutren Junior		
			Nutren Junior Fiber		
X60	Child	X60	35-250 ml containers Nutren Junior Fiber		
X37	Child	X37	59-250 ml containers Nutren Junior Fiber		
X62	Child	X62	107-250 ml containers Nutren Junior Fiber		
			PediaSure Ready to Feed		
X84	Child	X84	30-8 oz containers PediaSure		
X30	Child	X30	60-8 oz containers PediaSure		
X87	Child	X87	90-8 oz containers PediaSure		
X88	Child	X88	108-8 oz containers PediaSure		
			PediaSure 1.5 Cal		
Z53	Child	Z53	30-8 oz containers PediaSure 1.5 Cal		
Z54	Child	Z54	60-8 oz containers PediaSure 1.5 Cal		
Z55	Child	Z55	90-8 oz containers PediaSure 1.5 Cal		
Z56	Child	Z56	113-8 oz containers PediaSure 1.5 Cal		
			PediaSure 1.5 Cal with fiber		
Z57	Child	Z57	30-8 oz containers PediaSure 1.5 Cal with fiber		
Z58	Child	Z58	60-8 oz containers PediaSure 1.5 Cal with fiber		
Z59	Child	Z59	90-8 oz containers PediaSure 1.5 Cal with fiber		
Z60	Child	Z60	113-8 oz containers PediaSure 1.5 Cal with fiber		
			PediaSure Enteral		
Z27	Child	Z27	30-8 oz containers PediaSure Enteral		
Z28	Child	Z28	60-8 oz containers PediaSure Enteral		
Z29	Child	Z29	90-8 oz containers PediaSure Enteral		
Z30	Child	Z30	113-8 oz containers PediaSure Enteral		
	-		PediaSure Enteral with Fiber and scFOS		
Z37	Child	Z37	30-8 oz containers PediaSure Enteral with Fiber and scFOS		
Z38	Child	Z38	60-8 oz containers PediaSure Enteral with Fiber and scFOS		
Z39	Child	Z39	90-8 oz containers PediaSure Enteral with Fiber and scFOS		
Z40	Child	Z40	113-8 oz containers PediaSure Enteral with Fiber and scFOS		
			Pediasure Peptide 1.0 Cal		
Z10	Child	Z10	30-8 oz containers ready to feed Pediasure Peptide 1.0 Cal		
Z11	Child	Z11	60-8 oz containers ready to feed Pediasure Peptide 1.0 Cal		
Z12	Child	Z12	90-8 oz containers ready to feed Pediasure Peptide 1.0 Cal		
Z13	Child	Z13	113-8 oz containers ready to feed Pediasure Peptide 1.0 Cal		
			PediaSure with Fiber Ready to Feed		
X76	Child	X76	30-8 oz containers PediaSure with Fiber		
X85	Child	X85	60-8 oz containers PediaSure with Fiber		
X78	Child	X78	90-8 oz containers PediaSure with Fiber		
X79	Child	X79	108-8 oz containers PediaSure with Fiber		
1/0-	14.	1/05	Peptamen		
X63	Women	X63	35-250 ml containers Peptamen		
X64	Women	X64	59-250 ml containers Peptamen		

CPA		System					
FPC	Status / Age	FPC	Formula				
X65	Women	X65	107-250 ml containers Peptamen				
			Peptamen Junior				
X66	Child	X66	35-250 ml containers Peptamen Junior				
X67	Child	X67	59-250 ml containers Peptamen Junior				
X68	Child	X68	107-250 ml containers Peptamen Junior				
	0		Peptamen Junior Fiber				
Z05	Child	Z05	30-250 ml containers Peptamen Junior Fiber				
Z06	Child	Z06	60-250 ml containers Peptamen Junior Fiber				
Z07	Child	Z07	90-250 ml containers Peptamen Junior Fiber				
Z08	Child	Z08	107-250 ml containers Peptamen Junior Fiber  Peptamen Junior with Prebio				
X69	Child	X69	35-250 ml containers Peptamen Junior with Prebio				
X70	Child	X70	59-250 ml containers Peptamen Junior with Prebio				
X05	Child	X05	107-250 ml containers Peptamen Junior with Prebio				
7,00	Offilia	7,00	Peptamen Junior 1.5				
Z01	Child	Z01	30-250 ml containers Peptamen Junior 1.5				
Z02	Child	Z01	60-250 ml containers Peptamen Junior 1.5				
Z02	Child	Z02 Z03	•				
			90-250 ml containers Peptamen Junior 1.5				
Z04	Child	Z04	107-250 ml containers Peptamen Junior 1.5				
X20	Child	X20	Portagen Powder				
\ZU	Crilla	Λ20	13-1 lb cans powder Portagen  Pregestimil Powder				
R04	FFF 0-2 m	R04	7-16 oz cans powder Pregestimil				
1104	FFF 3-5 m	S04	8-16 oz cans powder Pregestimil				
	FFF 6-11 m	T04	6-16 oz cans powder Pregestimil				
		104	32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
S04	FFF 6-11 m	S04	8-16 oz cans powder Pregestimil				
X04	Child	X04	8-16 oz cans powder Pregestimil				
7.01	Offina	7,01	Pregestimil 20 cal RTF				
R05	FFF 0-2 m	R05	414- 2 oz containers ready to feed Pregestimil 20 Calorie				
103							
	FFF 3-5 m	S05	444-2 oz containers ready to feed Pregestimil 20 Calorie				
	FFF 6-11 m	T05	318- 2 oz containers ready to feed Pregestimil 20 Calorie 32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
S05	FFF 6-11 m	S05	444- 2 oz containers ready to feed Pregestimil 20 Calorie				
303	FFF 0-11111	303	Pregestimil 24 cal RTF				
R06	FFF 0-2 m	R06	414- 2 oz containers ready to feed Pregestimil 24 Calorie				
KUU			, , , , , , , , , , , , , , , , , , ,				
	FFF 3-5 m	S06	444-2 oz containers ready to feed Pregestimil 24 Calorie				
	FFF 6-11 m	T06	318- 2 oz containers ready to feed Pregestimil 24 Calorie 32 jars baby fruit/vegetable, 3-8 oz box infant cereal				
S06	FFF 6-11 m	S06	444- 2 oz containers ready to feed Pregestimil 24 Calorie				
300	1 1 1 0-1 1 111	300	Resource Breeze				
740	Child	740					
Z19	Child	Z19	30-8 oz containers ready to feed Resource Breeze				
Z20	Child	Z20	60-8 oz containers ready to feed Resource Breeze				
Z21	Child	Z21	90-8 oz containers ready to feed Resource Breeze				

CPA		System			
FPC	Status / Age	FPC	Formula		
Z22	Child	Z22	113-8 oz containers ready to feed Resource Breeze		
			Similac PM 60/40 Powder		
R14	FFF 0-3 m	R14	8-14.1 oz cans powder Similac PM 60/40		
	FFF 4-5 m	S14	9-14.1 oz cans powder Similac PM 60/40		
	FFF 6 m	V14	7-14.1 oz cans powder Similac PM 60/40		
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal		
	FFF 7-11 m	T14	6-14.1 oz cans powder Similac PM 60/40		
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal		
S14	FFF 6-11 m	S14	9-14.1 oz cans powder Similac PM 60/40		
X14	Child	X14	8-14.1 oz cans powder Similac PM 60/40		
			Similac Special Care 20 – 2 oz RTF		
R10	FFF 0-3 m	R10	416-2 oz cans RTF Similac Special Care 20		
	FFF 4-5 m	S10	448-2 oz cans RTF Similac Special Care 20		
	FFF 6-11 m	T10	320-2 oz cans RTF Similac Special Care 20		
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal		
S10	FFF 6-11 m	S10	448-2 oz cans RTF Similac Special Care 20		
			Similac Special Care 24 – 2 oz RTF		
R50	FFF 0-3 m	R50	416-2 oz cans RTF Similac Special Care 24		
	FFF 4-5 m	S50	448-2 oz cans RTF Similac Special Care 24		
	FFF 6-11 m	T50	320-2 oz cans RTF Similac Special Care 24		
050	FFF 0 44 ···	050	32 jars baby fruit/vegetable, 3-8 oz box infant cereal		
S50	FFF 6-11 m	S50	448-2 oz cans RTF Similac Special Care 24		
DCO	FFF 0 2 m	R60	Similac Special Care 30 – 2 oz RTF 416-2 oz cans RTF Similac Special Care 30		
R60	FFF 0-3 m FFF 4-5 m	S60	448-2 oz cans RTF Similac Special Care 30		
	FFF 6-11 m	T60	320-2 oz cans RTF Similac Special Care 30		
	111 0-11111	100	320-2 oz cans RTF Similac Special Care 30 32 jars baby fruit/vegetable, 3-8 oz box infant cereal		
S60	FFF 6-11 m	S60	448-2 oz cans RTF Similac Special Care 30		
000	111 0 11111	000	Suplena		
Z14	Child	Z14	30-8 oz containers ready to feed Suplena		
Z15	Child	Z15	60-8 oz containers ready to feed Suplena		
Z16	Child	Z16	90-8 oz containers ready to feed Suplena		
Z18	Child	Z18	113-8 oz containers ready to feed Suplena		
210	Office	210	Vivonex Pediatric		
Z23	Child	Z23	30-1.7 oz packets powder Vivonex Pediatric		
Z24	Child	Z24	60-1.7 oz packets powder Vivonex Pediatric		
Z25	Child	Z25	90-1.7 oz packets powder Vivonex Pediatric		
Z26	Child	Z26	102-1.7 oz packets powder Vivonex Pediatric		
		-	Tracking Vouchers		
099	All	099	Emory Genetics tracking voucher		
197	All	197	Formula Provided from stock on hand		
199	All	199	Formula ordered from Nutrition Unit		
190	Infant	<mark>190</mark>	Hospitalized Breastfed Infant / Not receiving formula or food from WIC		

## **Special Formulas for Fully Formula Fed Infants**

**Similac Expert Care Alimentum** 

Food Package Code	Rank	VC	Voucher Message			
R01	4	360	Formula	4-16 oz cans powder Similac Expert		
7-16 oz cans powder				Care Alimentum		
Similac Expert Care	2	S01	Formula	3-16 oz cans powder Similac Expert		
Alimentum				Care Alimentum		
Medical Documentation						
Required						
S01 (Assign R01)	2	360	Formula	4-16 oz cans powder Similac Expert		
8-16 oz cans powder				Care Alimentum		
Similac Expert Care	4	360	Formula	4-16 oz cans powder Similac Expert		
Alimentum				Care Alimentum		
Medical Documentation						
Required						
T01 (Assign R01)	2	S01	Formula	3-16 oz cans powder Similac Expert		
6-16 oz cans powder				Care Alimentum		
Similac Expert Care	4	S01	Formula	3-16 oz cans powder Similac Expert		
Alimentum				Care Alimentum		
	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)		
32-4 oz infant food			foods:	containers baby food fruit and/or		
				vegetable (Stage 2, Stage 2 1/2 or 2nd		
3-8 oz infant cereal				foods)		
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)		
Medical Documentation			foods:	containers baby food fruit and/or		
Required				vegetable (Stage 2, Stage 2 1/2 or 2nd		
				foods)		
	4	N82	Infant	4-4 oz containers baby food fruit and/or		
		_	foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>		
				foods)		
			Infant			
			cereal:	3-8 oz containers		
R03	2	130	Formula	13-32 oz containers ready to feed		
26-32 oz containers ready				Similac Expert Care Alimentum		
to feed Similac Expert	4	130	Formula	13-32 oz containers ready to feed		
Care Alimentum				Similac Expert Care Alimentum		
				·		
Medical Documentation						
Required						

Food Package Code	Rank	VC	Voucher Me	essage
S03 (Assign R03)	2	150	Formula	14-32 oz containers ready to feed
28-32 oz containers ready				Similac Expert Care Alimentum
to feed Similac Expert Care	4	150	Formula	14-32 oz containers ready to feed
Alimentum				Similac Expert Care Alimentum
Medical Documentation Required				
T03 (Assign R03)	2	N05	Formula	10-32 oz containers ready to feed
20-32 oz containers ready				Similac Expert Care Alimentum
to feed Similac Expert Care	4	N05	Formula	10-32 oz containers ready to feed
Alimentum				Similac Expert Care Alimentum
	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
32-4 oz infant food			foods:	containers baby food fruit and/or
2.0 ar infant careal				vegetable (Stage 2, Stage 2 1/2 or 2nd
3-8 oz infant cereal	0	NIZO		foods)
Medical Documentation	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
Required			foods:	containers baby food fruit and/or
Required				vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	
			cereal:	3-8 oz containers

## **EleCare for Infants**

Food Package Code	Rank	VC	Voucher M	essage
R41	4	S33	Formula	6-14.1 oz cans powder EleCare DHA
9-14.1 oz cans powder				and ARA or EleCare for Infants (1 case)
EleCare for Infants	2	S34	Formula	3-14.1 oz cans powder EleCare with
				DHA and ARA or EleCare for Infants
Medical Documentation				
Required				
S41 (Assign R41)	4	S33	Formula	6-14.1 oz cans powder EleCare with
10-14.1 oz cans powder				DHA and ARA or EleCare for Infants (1
EleCare for Infants				case)
	2	S35	Formula	4-14.1 oz cans powder EleCare with
Medical Documentation				DHA and ARA or EleCare for Infants
Required		200		1 51 0
T41 (Assign R41)	4	S33	Formula	6-14.1 oz cans powder EleCare with
7-14.1 oz cans powder				DHA and ARA or EleCare for Infants (1
EleCare for Infants		000	F	case)
22. 4 a= infant food	2	S36	Formula	1-14.1 oz can powder EleCare with
32-4 oz infant food	4	NIZO	lund mund	DHA and ARA or EleCare for Infants
3-8 oz infant cereal	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
3-6 02 Illiant Cereal			foods:	containers baby food fruit and/or
Medical Documentation				vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
Required	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
Required		INTO	foods:	containers baby food fruit and/or
			100us.	The state of the s
				vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
		1102	foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			10003.	foods)
			Infant	locacy
			cereal:	3-8 oz containers
	1	1	oor our.	o o oz odnamoro

## **Enfamil EnfaCare**

Food Package Code	Rank	VC	Voucher M	lessage
R24	4	541	Formula	6-12.8 oz cans powder Enfamil
10-12.8 oz cans powder	"	J4 1	i ominula	EnfaCare
Enfamil EnfaCare	2	E40	Formula	
Enianii Eniacare	2	542	Formula	4-12.8 oz cans powder Enfamil
Madical Decementation				EnfaCare
Medical Documentation				
Required		<b>544</b>	<b>.</b>	10100
S24 (Assign R24)	4	541	Formula	6-12.8 oz cans powder Enfamil
11-12.8 oz cans powder				EnfaCare
Enfamil EnfaCare	2	S11	Formula	5-12.8 oz cans powder
				Enfamil EnfaCare
Medical Documentation				
Required				
T24 (Assign R24)	2	542	Formula	4-12.8 oz cans powder
8-12.1 oz cans powder				Enfamil EnfaCare
Enfamil EnfaCare	4	542	Formula	4-12.8 oz cans powder
				Enfamil EnfaCare
32-4 oz infant food	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
	_		foods:	containers baby food fruit and/or
3-8 oz infant cereal				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
Medical Documentation	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
Required	_		foods:	containers baby food fruit and/or
-				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
	-	1102	foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	
			cereal:	3-8 oz containers
R26	2	543	Formula	6-32 oz containers ready to feed
26-32 oz containers ready	_	0.0	. 5	Enfamil EnfaCare (1 case)
to feed Enfamil EnfaCare	2	543	Formula	6-32 oz containers ready to feed
10 1000 Emailin Emadare	_	J <del>-1</del> J	Tomila	Enfamil EnfaCare (1 case)
Medical Documentation	4	543	Formula	6-32 oz containers ready to feed
Required	4	343	Fumula	
Required	4	F 40	Formula	Enfamil EnfaCare (1 case)
	4	543	Formula	6-32 oz containers ready to feed
	4	040	Fames: d=	Enfamil EnfaCare (1 case)
	4	S13	Formula	2-32 oz containers ready to feed
200 (4 1 700)			<u> </u>	Enfamil EnfaCare
S26 (Assign R26)	2	543	Formula	6-32 oz containers ready to feed
28-32 oz containers ready				Enfamil EnfaCare (1 case)
to feed Enfamil EnfaCare	2	543	Formula	6-32 oz containers ready to feed
				Enfamil EnfaCare (1 case)
Medical Documentation	4	543	Formula	6-32 oz containers ready to feed
Required	<u></u>			Enfamil EnfaCare (1 case)
	4	543	Formula	6-32 oz containers ready to feed
				Enfamil EnfaCare (1 case)
•	•		•	

Food Package Code	Rank	VC	Voucher M	essage
	2	S12	Formula	4-32 oz containers ready to feed Enfamil EnfaCare
T26 (Assign R26) 20-32 oz containers ready	2	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
to feed Enfamil EnfaCare 32-4 oz infant food	4	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
3-8 oz infant cereal	4	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
Medical Documentation	2	S13	Formula	2-32 oz containers ready to feed Enfamil EnfaCare
Required	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant foods:	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
			Infant cereal:	3-8 oz containers

Food Package Code	Rank	VC	Voucher M	essage
R20	2	589	Formula	96-2 oz containers ready to feed
414-2 oz containers ready				Enfamil EnfaCare (2 cases)
to feed Enfamil EnfaCare	2	589	Formula	96-2 oz containers ready to feed
				Enfamil EnfaCare (2 cases)
Medical Documentation	4	589	Formula	96-2 oz containers ready to feed
Required				Enfamil EnfaCare (2 cases)
	4	589	Formula	96-2 oz containers ready to feed
				Enfamil EnfaCare (1 case)
	4	540	Formula	18-2 oz containers ready to feed
				Enfamil EnfaCare
	2	S20	Formula	12-2 oz containers ready to feed
				Enfamil EnfaCare
S20 (Assign R20)	2	589	Formula	96-2 oz containers ready to feed
444-2 oz containers ready	_		<u> </u>	Enfamil EnfaCare (2 cases)
to feed Enfamil EnfaCare	2	589	Formula	96-2 oz containers ready to feed
Madiaal Dan			<u> </u>	Enfamil EnfaCare (2 cases)
Medical Documentation	4	589	Formula	96-2 oz containers ready to feed
Required	4	500		Enfamil EnfaCare (2 cases)
	4	589	Formula	96-2 oz containers ready to feed
	4	500	F	Enfamil EnfaCare (2 case)
	4	539	Formula	48-2 oz containers ready to feed
	2	600	Formula	Enfamil EnfaCare (1 case)
	2	S20	Formula	12-2 oz containers ready to feed
T20 (Assign B20)	2	589	Formula	Enfamil EnfaCare
T20 (Assign R20) 318-2 oz containers ready		509	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
to feed Enfamil EnfaCare	4	589	Formula	96-2 oz containers ready to feed
	+	309	l Ullilula	Enfamil EnfaCare (2 cases)
32-4 oz infant food	4	589	Formula	96-2 oz containers ready to feed
			- Ominaia	Enfamil EnfaCare (2 cases)
3-8 oz infant cereal	2	540	Formula	18-2 oz containers ready to feed
	_			Enfamil EnfaCare
Medical Documentation	2	S20	Formula	12-2 oz containers ready to feed
Required	_			Enfamil EnfaCare
	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
	_		foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant <sub>.</sub>	
			cereal:	3-8 oz containers

### **Enfamil Premature 20**

Food Package Code	Rank	VC	Voucher M	lessage
R30 414-2 oz containers ready to feed iron fortified	2	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
Enfamil Premature 20  Medical Documentation	2	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
Required	4	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	546	Formula	18-2 oz containers ready to feed iron fortified Enfamil Premature 20
	2	S21	Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 20
S30 (Assign R30) 444-2 oz containers ready	2	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
to feed iron fortified Enfamil Premature 20	2	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
Medical Documentation	4	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
Required	4	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	545	Formula	48-2 oz containers ready to feed iron fortified Enfamil Premature 20 (1 case)
	2	S21	Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 20

Food Package Code	Rank	VC	Voucher M	lessage
T30 (Assign R30) 318-2 oz containers ready to feed iron fortified	2	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
Enfamil Premature 20 32-4 oz infant food	4	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20
3-8 oz infant cereal	4	595	Formula	(2 cases) 96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
Medical Documentation Required	2	546	Formula	18-2 oz containers ready to feed iron fortified Enfamil Premature 20
	2	S21	Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 20
	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant foods: Infant	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
			cereal:	3-8 oz containers

## **Enfamil Premature 24**

Food Package Code	Rank	VC	Voucher M	
R40	2	597	Formula	96-2 oz containers ready to feed iron
414-2 oz containers ready				fortified Enfamil Premature 24
to feed iron fortified				(2 case)
Enfamil Premature 24	2	597	Formula	96-2 oz containers ready to feed iron
				fortified Enfamil Premature 24
Medical Documentation				(2 cases)
Required	4	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	2	548	Formula	18-2 oz containers ready to feed iron fortified Enfamil Premature 24
	4	S22	Formula	12-2 oz containers ready to feed iron
				fortified Enfamil Premature 24
S40 (Assign R40)	2	597	Formula	96-2 oz containers ready to feed iron
444-2 oz containers ready				fortified Enfamil Premature 24
to feed Enfamil Premature				(2 cases)
24	1	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
Medical Documentation	4	597	Formula	96-2 oz containers ready to feed iron
Required				fortified Enfamil Premature 24 (2 cases)
	4	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	547	Formula	48-2 oz containers ready to feed iron
				fortified Enfamil Premature 24
				(1 case)
	2	S22	Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 24

Food Package Code	Rank	VC	Voucher M	essage
T40 (Assign R40)	2	597	Formula	96-2 oz containers ready to feed iron
318-2 oz containers ready		331	Tomida	fortified Enfamil Premature 24
to feed iron fortified				
Enfamil Premature 24	4	F07	Formula	(2 cases)
Emanii Piemature 24	4	597	Formula	96-2 oz containers ready to feed iron
00 4 == '= f== 1 f== d				fortified Enfamil Premature 24
32-4 oz infant food				(2 cases)
3-8 oz infant cereal	4	597	Formula	96-2 oz containers ready to feed iron
				fortified Enfamil Premature 24
Medical Documentation				(2 cases)
Required	2	S22	Formula	12-2 oz containers ready to feed iron
				fortified Enfamil Premature 24
	2	548	Formula	18-2 oz containers ready to feed iron
				fortified Enfamil Premature 24
	4	N76	<b>Infant</b>	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
	_		foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	
			cereal:	3-8 oz containers
	l	1	oor our.	O O OL OSTITUTION

**Enfanort** 

Entaport				
Food Package Code	Rank	VC	Voucher M	
R12	2	N90	Formula	48-8 oz cans ready to feed Enfaport (2
102-8 oz cans ready to				cases)
feed Enfaport	4	N91	Formula	24-8 oz cans ready to feed Enfaport (1
				case)
	4	N91	Formula	24-8 oz cans ready to feed Enfaport (1
Medical Documentation				case)
Required	4	N93	Formula	6-8 oz cans ready to feed Enfaport (one 6-pack)
S12 (Assign R12)	4	N90	Formula	48-8 oz cans ready to feed Enfaport (2
112-8 oz cans ready to				cases)
feed Enfaport	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1
Medical Documentation				case)
Required	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1
				case)
	4	N92	Formula	12-8 oz cans ready to feed Enfaport
				(two 6-packs)
	2	N96	Formula	4-8 oz cans ready to feed Enfaport
T12 (Assign R12)	4	N90	Formula	48-8 oz cans ready to feed Enfaport (2
78-8 oz cans ready to feed				cases)
Enfaport	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1
				case)
	2	N93	Formula	
	_	1400	l onnaa	6-8 oz cans ready to feed Enfaport (one
32-4 oz infant food	4	NIZC	Infant	6-pack)
3-8 oz boxes infant cereal	4	N76		14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd
Medical Documentation				foods)
Required	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
	_	1470	foods:	containers baby food fruit and/or
			10005.	vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
	_	INOZ	foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			10000.	foods)
			Infant	10000)
			cereal:	3-8 oz containers
	l	1		

## **Gerber Good Start Nourish**

Food Package Code	Rank	VC	Voucher M	lessage
R07	2	L06	Formula:	5-12.6 oz cans powder Gerber Good Start Nourish
10-12.6 oz powder Gerber Good Start Nourish	4	L06	Formula:	5-12.6 oz cans powder Gerber Good Start Nourish
Medical Documentation Required				
S07 (Assign R07)	2	L06	Formula:	5-12.6 oz cans powder Gerber Good Start Nourish
11-12.6 oz powder Gerber Good Start Nourish	4	L07	Formula:	6-12.6 oz cans powder Gerber Good Start Nourish
Medical Documentation Required				
T07 (Assign R07)	2	L08	Formula:	4-12.6 Noz cans powder Gerber Good Start Nourish
8-12.6 oz powder Gerber Good Start Nourish	4	L08	Formula:	4-12.6 oz cans powder Gerber Good Start Nourish
32 jars baby fruit/vegetable	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
3-8 oz box infant cereal	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage
Medical Documentation				2, Stage 2 1/2 or 2nd foods)
Required	4	N82	Infant foods:	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
			Infant cereal:	3-8 oz containers

### **Gerber Good Start Premature 24**

Food Package Code	Rank	VC	Voucher M	lessage
R02 272 - 3 oz containers	2	S38	Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
ready to feed Gerber Good Start Premature 24	4	S38	Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
Medical Documentation	4	S39	Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
Required	2	S40	Formula	32-3 oz containers ready to feed Gerber Good Start Premature 24 (four 8-packs)
S02 (Assign R01) 296 - 3 oz containers	2	S38	Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
ready to feed Gerber Good Start Premature 24	4	S38	Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
Medical Documentation	4	S39	Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
Required	2	S39	Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
	4	S41	Formula	8-3 oz containers ready to feed Gerber Good Start Premature 24 (one 8-pack)
T02 (Assign R01) 208 - 3 oz containers	4	S38	Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
ready to feed Gerber Good Start Premature 24	2	S39	Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
32-4 oz infant food	2	S39	Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
3-8 oz boxes infant cereal	4	S42	Formula	16-3 oz containers ready to feed Gerber Good Start Premature 24 (two 8-packs)
Medical Documentation Required	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant foods: Infant	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
			cereal:	3-8 oz containers

### **Neocate Infant DHA & ARA**

Food Package Code	Rank	VC	Voucher M	lessage
R61	2	500	Formula	4-400 gram (14.1 oz) cans powder
10-400 gram (14.1 oz)	_		Tomala	Neocate Infant DHA & ARA
cans powder Neocate	4	500	Formula	4-400 gram (14.1 oz) cans powder
Infant DHA & ARA				Neocate Infant DHA & ARA
	2	505	Formula	1-400 gram (14.1 oz) can powder
Medical Documentation				Neocate Infant DHA & ARA
Required	4	505	Formula	1-400 gram (14.1 oz) can powder
				Neocate Infant DHA & ARA
S61 (Assign R61)	2	500	Formula	4-400 gram (14.1 oz) cans powder
				Neocate Infant DHA & ARA
11-400 gram (14.1 oz)	4	500	Formula	4-400 gram (14.1 oz) cans powder
cans powder Neocate				Neocate Infant DHA & ARA
Infant DHA & ARA	2	505	Formula	1-400 gram (14.1 oz) can powder
				Neocate Infant DHA & ARA
Medical Documentation	4	505	Formula	1-400 gram (14.1 oz) can powder
Required				Neocate Infant DHA & ARA
	4	505	Formula	1-400 gram (14.1 oz) can powder
				Neocate Infant DHA & ARA
T61 (Assign R61)	2	500	Formula	4-400 gram (14.1 oz) cans powder
8-400 gram (14.1 oz) cans				Neocate Infant DHA & ARA
powder Neocate Infant	4	500	Formula	4-400 gram (14.1 oz) cans powder
DHA & ARA				Neocate Infant DHA & ARA
	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
32-4 oz infant food			foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
3-8 oz infant cereal				foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
Medical Documentation			foods:	containers baby food fruit and/or
Required				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	
			cereal:	3-8 oz containers

**Similac Similac Expert Care Neosure** 

Food Package Code	Rank	VC	Voucher M	essage
R71	4	519	Formula	6-13.1 oz cans Similac Expert Care
10-13.1 oz Similac Expert				NeoSure (1 case)
Care Neosure	2	520	Formula	4-13.1 oz cans Similac Expert Care
				NeoSure
Medical Documentation				
Required				
S71 (Assign R71)	4	519	Formula	6-13.1 oz cans Similac Expert Care
11-13.1 oz Similac Expert				NeoSure (1 case)
Care Neosure	2	S25	Formula	5-13.1 oz cans Similac Expert Care
				NeoSure
Medical Documentation				
Required	_			
T71 (Assign R71)	2	520	Formula	4-13.1 oz cans Similac Expert Care
8-13.1 oz Similac Expert			<u> </u>	NeoSure
Care Neosure	4	520	Formula	4-13.1 oz cans Similac Expert Care
		<u> </u>		NeoSure
32-4 oz infant food	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
2.0 an infant canal			foods:	containers baby food fruit and/or
3-8 oz infant cereal				vegetable (Stage 2, Stage 2 1/2 or 2nd
Medical Documentation		NITO		foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
Required			foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
	4	NICO	Infort	foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
			Infant	7
			<mark>cereal:</mark>	3-8 oz containers

	VC	Voucher M	essage
2	517	Formula	6-32 oz containers ready to feed
			Similac Expert Care NeoSure (1 case)
2	517	Formula	6-32 oz containers ready to feed
			Similac Expert Care NeoSure
			(1 case)
4	517	Formula	6-32 oz containers ready to feed
			Similac Expert Care NeoSure
			(1 case)
4	517	Formula	6-32 oz containers ready to feed
			Similac Expert Care NeoSure
			(1 case)
4	S10	Formula	2-32 oz containers ready to feed
			Similac NeoSure or Similac Expert Care
			NeoSure
2	517	Formula	6-32 oz containers ready to feed
			Similac Expert Care NeoSure
			(1 case)
4	517	Formula	6-32 oz containers ready to feed
			Similac Expert Care NeoSure
			(1 case)
4	517	Formula	6-32 oz containers ready to feed
			Similac Expert Care NeoSure
			(1 case)
2	517	Formula	6-32 oz containers ready to feed
			Similac Expert Care NeoSure
			(1 case)
2	S09	Formula	4-32 oz containers ready to feed
			Similac Expert Care NeoSure
	2 4 4 2 4 2	2 517 4 517 4 517 4 517 4 517 4 517 4 517 2 517	2 517 Formula 4 517 Formula 4 517 Formula 4 S10 Formula 2 517 Formula 4 517 Formula 4 517 Formula 2 517 Formula

Food Package Code	Rank	VC	Voucher M	lessage
T73 (Assign R73) 20-32 oz containers ready to feed Similac Expert	2	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
Care NeoSure  32-4 oz infant food	4	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
3-8 oz infant cereal	4	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
Medical Documentation Required	2	S10	Formula	2-32 oz containers ready to feed Similac Expert Care NeoSure
	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant foods:	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
			Infant cereal:	3-8 oz containers
R70 416-2 oz containers ready	2	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
to feed Similac Expert Care NeoSure	2	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
Medical Documentation	4	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
Required	4	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	2	516	Formula	16-2 oz containers ready to feed Similac Expert Care NeoSure
	4	516	Formula	16-2 oz containers ready to feed Similac Expert Care NeoSure

Food Package Code	Rank	VC	Voucher M	lessage
S70 (Assign R70)	2	596	Formula	96-2 oz containers ready to feed
448-2 oz containers ready				Similac Expert Care NeoSure (2 cases)
to feed Similac Expert	2	596	Formula	96-2 oz containers ready to feed
Care NeoSure				Similac Expert Care NeoSure (2 cases)
	4	596	Formula	96-2 oz containers ready to feed
Medical Documentation				Similac Expert Care NeoSure (2 cases)
Required	4	596	Formula	96-2 oz containers ready to feed
				Similac Expert Care NeoSure (2 cases)
	4	515	Formula	48-2 oz containers ready to feed
				Similac Expert Care NeoSure (1 case)
	2	516	Formula	16-2 oz containers ready to feed
				Similac Expert Care NeoSure
T70 (Assign R70)	2	596	Formula	96-2 oz containers ready to feed
320-2 oz containers ready				Similac Expert Care NeoSure (2 cases)
to feed Similac Expert	4	596	Formula	96-2 oz containers ready to feed
Care NeoSure				Similac Expert Care NeoSure (2 cases)
	4	596	Formula	96-2 oz containers ready to feed
32-4 oz infant food				Similac Expert Care NeoSure (2 cases)
	2	516	Formula	16-2 oz containers ready to feed
3-8 oz infant cereal				Similac Expert Care NeoSure
	2	516	Formula	16-2 oz containers ready to feed
Medical Documentation				Similac Expert Care NeoSure
Required	4	N76	<b>Infant</b>	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
	<mark>2</mark>	N76	<b>Infant</b>	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
	<mark>4</mark>	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	
			cereal:	3-8 oz containers

Nutramigen

Nutramigen				
Food Package Code	Rank	VC	Voucher Me	
R82	2	N08	Formula	15-13 oz cans concentrate Nutramigen
31-13 oz cans concentrate	4	N67	Formula	16-13 oz cans concentrate Nutramigen
Nutramigen				
Medical Documentation				
Required	0	NICO		45.40
S82 (Assign R82)	2	N08	Formula	15-13 oz cans concentrate Nutramigen
34-13 oz cans concentrate	4	N57	Formula	19-13 oz cans concentrate Nutramigen
Nutramigen				3
Medical Documentation				
Required				
T82 (Assign R82)	2	163	Formula	12-13 oz cans concentrate Nutramigen
24-13 oz cans concentrate				· ·
Nutramigen	4	163	Formula	12-13 oz cans concentrate Nutramigen
3.	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
32-4 oz infant food	-		foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
3-8 oz infant cereal				foods)
	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
Medical Documentation	_		foods:	containers baby food fruit and/or
Required				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
	4	N82	<b>Infant</b>	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			Infant	
D04		450	cereal:	3-8 oz containers
R81	2	156	Formula	5-12.6 oz cans powder Nutramigen with
10–12.6 oz cans powder	4	450	Гомости	Enflora LGG
Nutramigen with Enflora	4	156	Formula	5-12.6 oz cans powder Nutramigen with
LGG				Enflora LGG
Medical Documentation				
Required				
S81 (Assign R81)	2	156	Formula	5-12.6 oz cans powder Nutramigen with
11-12.6 oz cans powder	_			Enflora LGG
Nutramigen with Enflora	4	155	Formula	6-12.6 oz cans powder
LGG				Nutramigen with Enflora LGG
				ļ
Medical Documentation				
Required				

Food Package Code	Rank	VC	Voucher M	lessage
T81 (Assign R81)	4	156	Formula	5-12.6 oz cans powder Nutramigen
8-12.6 oz cans powder		200	ļ	·
Nutramigen with Enflora	2	S32	Formula	3-12.6 oz cans powder Nutramigen
LGG	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
32-4 oz infant food				vegetable (Stage 2, Stage 2 1/2 or 2nd
2.0 infant canal				foods)
3-8 oz infant cereal	<mark>2</mark>	N76	<b>Infant</b>	14-4 oz OR 8-7 oz (twin pack)
Medical Documentation			foods:	containers baby food fruit and/or
Required				vegetable (Stage 2, Stage 2 1/2 or 2nd
Required				foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			Infant	foods)
			cereal:	3-8 oz containers
R83	2	S30	Formula	13-32 oz containers ready to feed
26-32 oz containers ready		330	Torridia	Nutramigen
to feed Nutramigen	4	S30	Formula	13-32 oz containers ready to feed
10.000.100	-		- Gilliana	Nutramigen
Medical Documentation				
Required				
S83 (Assign R83)	2	S03	Formula	14-32 oz containers ready to feed
28-32 oz containers ready				Nutramigen
to feed Nutramigen	4	S03	Formula	14-32 oz containers ready to feed
and the Land				Nutramigen
Medical Documentation				
Required T83 (Assign R83)	2	S29	Formula	10.22 oz containara randu ta food
20-32 oz containers ready		329	Formula	10-32 oz containers ready to feed Nutramigen
to feed Nutramigen	4	S29	Formula	10-32 oz containers ready to feed
32-4 oz infant food	7	323	1 Ommula	Nutramigen
	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
3-8 oz infant cereal	•		foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
Medical Documentation				foods)
Required	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
	_		foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			Infort	foods)
			Infant	2.9 oz containora
			cereal:	3-8 oz containers

Nutramigen AA or PurAmino

Nutramigen AA or PurAmi	no			
Food Package Code	Rank	VC	Voucher M	lessage
R91	2	706	Formula	4-400 gram (14.1 oz) cans powder
8-14.1 oz cans powder				Nutramigen AA OR PurAmino
Nutramigen AA or	4	706	Formula	4-400 gram (14.1 oz) cans powder
Pur Amino Pur Amino				Nutramigen AA OR PurAmino
Medical Documentation				
Required				
S91 (Assign R91)	2	706	Formula	4-400 gram (14.1 oz) cans powder
9-14.1 oz cans powder				Nutramigen AA OR PurAmino
Nutramigen AA or	4	706	Formula	4-400 gram (14.1 oz) cans powder
Pur Amino Pur Am				Nutramigen AA OR PurAmino
	4	707	Formula	1-400 gram (14.1 oz) can powder
				Nutramigen AA OR PurAmino
Medical Documentation				
Required				
T91 (Assign R91)	4	706	Formula	4-400 gram (14.1 oz) cans powder
7-14.1 oz cans powder				Nutramigen AA OR PurAmino
Nutramigen AA or	2	S14	Formula	3-400 gram (14.1 oz) cans powder
PurAmino				Nutramigen AA OR PurAmino
	4	N76	<u>Infant</u>	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
32-4 oz infant food				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
3-8 oz infant cereal	<mark>2</mark>	N76	<u>Infant</u>	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
Medical Documentation				vegetable (Stage 2, Stage 2 1/2 or 2nd
Required				foods)
	<mark>4</mark>	N82	<u>Infant</u>	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			<u>Infant</u>	
			cereal:	3-8 oz containers

**Pregestimil** 

Pregestimii				
Food Package Code	Rank	VC	Voucher Me	essage
R04	4	140	Formula	4-16 oz cans powder Pregestimil
7-16 oz cans powder				Pregestimil
Pregestimil	2	S08	Formula	3-16 oz cans powder Pregestimil
Medical Documentation				
Required				
S04 (Assign R04)	2	140	Formula	4-16 oz cans powder Pregestimil
8-16 oz cans powder	4	140	Formula	4.4C or cons novidor Drogosticii
Pregestimil	4	140	Formula	4-16 oz cans powder Pregestimil
Medical Documentation				
Required				
T04 (Assign R04)	2	S08	Formula	3-16 oz cans powder Pregestimil
6-16 oz cans powder	4	S08	Formula	3-16 oz cans powder Pregestimil
Pregestimil				·
	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
32-4 oz infant food			foods:	containers baby food fruit and/or
2.0 infant consol				vegetable (Stage 2, Stage 2 1/2 or 2nd
3-8 oz infant cereal		NIZO		foods)
Medical Documentation	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
Required				vegetable (Stage 2, Stage 2 1/2 or 2nd
	4	NICO	1-61	foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			Infant	foods)
				2.9 oz containere
		1	cereal:	3-8 oz containers

Pregestimil 20 Calorie

Pregestimil 20 Calorie				
Food Package Code	Rank	VC	Voucher M	
R05	2	S61	Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
414-2 oz containers ready to feed Pregestimil 20	2	S61	Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
Calorie	4	S61	Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
Medical Documentation Required	4	S61	Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
rioquii ou	4	S62	Formula	30-2 oz containers ready to feed Pregestimil 20 Calorie (five 6-packs)
S05 (Assign R05) 444-2 oz containers ready	2	S61	Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
to feed Pregestimil 20 Calorie	2	S61	Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
Calcino	4	S61	Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
Medical Documentation Required	4	S61	Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	4	S63	Formula	48-2 oz containers ready to feed Pregestimil 20 Calorie (1 case)
	2	S64	Formula	12-2 oz containers ready to feed Pregestimil 20 Calorie (two 6-packs)
T05 (Assign R05) 318-2 oz containers ready	4	S61	Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
to feed Pregestimil 20 Calorie	4	S61	Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	2	S61	Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
32-4 oz infant food 3-8 oz boxes infant cereal	2	S62	Formula	30-2 oz containers ready to feed Pregestimil 20 Calorie (five 6-packs)
Medical Documentation Required	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant foods:	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
			Infant cereal:	3-8 oz containers

Pregestimil 24 Calorie

Pregestimil 24 Calorie Food Package Code	Rank	VC	Voucher M	Message
R06	2	S65	Formula	96- 2 oz containers ready to feed
414-2 oz containers ready				Pregestimil 24 Calorie (2 cases)
to feed Pregestimil 24	2	S65	Formula	96-2 oz containers ready to feed
Calorie				Pregestimil 24 Calorie (2 cases)
Galleria	4	S65	Formula	96-2 oz containers ready to feed
Madical Decompositation				Pregestimil 24 Calorie (2 cases)
Medical Documentation	4	S65	Formula	96-2 oz containers ready to feed
Required				Pregestimil 24 Calorie (2 cases)
	4	S66	Formula	30-2 oz containers ready to feed
				Pregestimil 24 Calorie (five 6-packs)
S06 (Assign R06)	2	S65	Formula	96-2 oz containers ready to feed
444-2 oz containers ready				Pregestimil 24 Calorie (2 cases)
to feed Pregestimil 24	2	S65	Formula	96-2 oz containers ready to feed
Calorie				Pregestimil 24 Calorie (2 cases)
	4	S65	Formula	96-2 oz containers ready to feed
				Pregestimil 24 Calorie (2 cases)
Medical Documentation	4	S65	Formula	96-2 oz containers ready to feed
Required	4	007	F	Pregestimil 24 Calorie (2 cases)
Required	4	S67	Formula	48-2 oz containers ready to feed
	2	S68	Formula	Pregestimil 24 Calorie (1 case)
		300	Formula	12-2 oz containers ready to feed Pregestimil 24 Calorie (two 6-packs)
T06 (Assign R06)	4	S65	Formula	96-2 oz containers ready to feed
, , ,	7	303	l Offitala	Pregestimil 24 Calorie (2 cases)
318-2 oz containers ready	4	S65	Formula	96-2 oz containers ready to feed
to feed Pregestimil 24 Calorie			l omiaa	Pregestimil 24 Calorie (2 cases)
Calone	2	S65	Formula	96-2 oz containers ready to feed
				Pregestimil 24 Calorie (2 cases)
	2	S66	Formula	96-2 oz containers ready to feed
32-4 oz infant food				Pregestimil 24 Calorie (2 cases)
3-8 oz boxes infant cereal	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
Medical Documentation				vegetable (Stage 2, Stage 2 1/2 or 2nd
Required				foods)
rtoquirou	2	N76	<u>Infant</u>	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
	4	NICO	luc f = u t	foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			Infant	foods)
			cereal:	3-8 oz containers
	1	1	cereal.	3-0 02 COMMINERS

## Similac PM 60/40

Food Package Code	Rank	VC	Voucher M	essage
R14	2	529	Formula	4-14.1 oz cans powder Similac PM
8-14.1 oz cans powder	_	020	1 Ommaia	60/40
Similac PM 60/40	4	529	Formula	4-14.1 oz cans powder Similac PM
		020	1 Ommaia	60/40
Medical Documentation				00/10
Required				
S14 (Assign R14)	4	527	Formula	6-14.1 oz cans powder Similac PM
9-14.1 oz cans powder		02.	1 01111414	60/40
Similac PM 60/40	2	528	Formula	3-14.1 oz cans powder Similac PM
		526	Formula	60/40
Medical Documentation				00/40
Required				
V14 (Assign R14)	4	529	Formula	4-14.1 oz cans powder Similac PM
7-14.1 oz cans powder				60/40
Similac PM 60/40 (special	2	528	Formula	3-14.1 oz cans powder Similac PM
package given at six				60/40
months of age for one	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
month)			foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
32-4 oz jars infant fruit and				foods)
vegetables	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
3-8 oz infant cereal				vegetable (Stage 2, Stage 2 1/2 or 2nd
				foods)
Medical Documentation	4	N82	<b>Infant</b>	4-4 oz containers baby food fruit and/or
Required			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
				foods)
			<u>Infant</u>	
			cereal:	3-8 oz containers
T14 (assign R14)	2	528	Formula	3-14.1 oz cans powder Similac PM
6-14.1 oz cans powder				60/40
Similac PM 60/40	4	528	Formula	3-14.1 oz cans powder Similac PM
				60/40
32-4 oz infant food	4	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
			foods:	containers baby food fruit and/or
3-8 oz infant cereal				vegetable (Stage 2, Stage 2 1/2 or 2nd
Madia I Dan Control				foods)
Medical Documentation	2	N76	Infant	14-4 oz OR 8-7 oz (twin pack)
Required			foods:	containers baby food fruit and/or
				vegetable (Stage 2, Stage 2 1/2 or 2nd
		NICO		foods)
	4	N82	Infant	4-4 oz containers baby food fruit and/or
			foods:	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>
			Infont	foods)
			Infant	2.9 oz containera
			cereal:	3-8 oz containers

**Similac Special Care 20** 

Similac Special Care 20		1.16	1,,	
Food Package Code	Rank	VC	Voucher M	
R10	2	598	Formula	96-2 oz containers ready to feed
416-2 oz containers ready				Similac Special Care 20 With Iron
to feed Similac Special				(2 cases)
Care 20 With Iron	2	598	Formula	96-2 oz containers ready to feed
				Similac Special Care 20 With Iron
Medical Documentation				(2 cases)
Required	4	598	Formula	96-2 oz containers ready to feed
				Similac Special Care 20 With Iron
				(2 cases)
	4	598	Formula	96-2 oz containers ready to feed
				Similac Special Care 20 With Iron
				(2 cases)
	2	522	Formula	16-2 oz containers ready to feed
				Similac Special Care 20 With Iron
	4	522	Formula	16-2 oz containers ready to feed
				Similac Special Care 20 With Iron
S10 (Assign R10)	2	598	Formula	96-2 oz containers ready to feed
448-2 oz containers ready				Similac Special Care 20 With Iron
to feed Similac Special				(2 cases)
Care 20 With Iron	2	598	Formula	96-2 oz containers ready to feed
				Similac Special Care 20 With Iron
Medical Documentation				(2 cases)
Required	4	598	Formula	96-2 oz containers ready to feed
				Similac Special Care 20 With Iron
				(2 cases)
	4	598	Formula	96-2 oz containers ready to feed
				Similac Special Care 20 With Iron
				(2 cases)
	4	521	Formula	48-2 oz containers ready to feed
				Similac Special Care 20 With Iron
	2	522	Formula	16-2 oz containers ready to feed
				Similac Special Care 20 With Iron

Food Package Code	Rank	VC	Voucher M	essage
T10 (Assign R10) 320-2 oz containers ready to feed Similac Special	2	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
Care 20 With Iron  32-4 oz infant food	4	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
3-8 oz infant cereal	4	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
Medical Documentation Required	2	522	Formula	16-2 oz containers ready to feed Similac Special Care 20 With Iron
	4	522	Formula	16-2 oz containers ready to feed Similac Special Care 20 With Iron
	<mark>4</mark>	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	<mark>4</mark>	N82	Infant foods: Infant cereal:	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)  3-8 oz containers

Similac Special Care 24

Food Package Code	Rank	VC	Voucher M	essage
R50 416-2 oz containers ready to feed Similac Special	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
Care 24 With Iron  Medical Documentation	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
Required	4	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	2	524	Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron
	4	524	Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron
S50 (Assign R50) 448- 2 oz containers ready to feed Similac Special	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
Care 24 With Iron  Medical Documentation	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
Required	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	523	Formula	48-2 oz containers ready to feed Similac Special Care 24 With Iron (1 case)
	2	524	Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron

Food Package Code	Rank	VC	Voucher M	essage
T50 (Assign R50) 320-2 oz containers ready to feed Similac Special	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
Care 24 With Iron 32-4 oz infant food	4	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
oz i oz imantiood				(2 00003)
3-8 oz infant cereal  Medical Documentation	4	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron
Required	2	524	Formula	(2 cases)  16-2 oz containers ready to feed Similac Special Care 24 With Iron
	2	524	Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron
	4	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N82	Infant foods: Infant	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)
			cereal:	3-8 oz containers

**Similac Special Care 30** 

Food Package Code	Rank	VC	Voucher M	essage
R60 416-2 oz containers ready to feed Similac Special	2	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
Care 30 With Iron  Medical Documentation	2	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
Required	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	2	526	Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron
	4	526	Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron
S60 (Assign R60) 448-2 oz containers ready to feed Similac Special	2	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
Care 30 With Iron  Medical Documentation	2	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
Required	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	525	Formula	48-2 oz containers ready to feed Similac Special Care 30 With Iron (1 case)
	2	526	Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron

Food Package Code	Rank	VC	Voucher M	essage
T60 (Assign) 320-2 oz containers ready to feed Similac Special	2	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
Care 30 With Iron 32-4 oz infant food	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
3-8 oz infant cereal	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
Medical Documentation Required	2	526	Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron
	2	526	Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron
	<mark>4</mark>	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 8-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	<mark>4</mark>	N82	Infant foods: Infant cereal:	4-4 oz containers baby food fruit and/or vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup> foods)  3-8 oz containers

# Food Package III - Special Infant Formulas for Children

# **Similac Expert Care Alimentum**

Food Package Code	Rank	VC	Voucher Me	essage
X01	4	360	Formula	4-1 lb cans powder Similac Expert Care
7-1 lb cans powder Similac				Alimentum
Expert Care Alimentum	2	S01	Formula	3-1 lb cans powder Similac Expert Care
Madical Decumentation				Alimentum
Medical Documentation				
Required				
X03	2	150	Formula	14-32 oz containers ready to feed
28-32 oz containers ready				Similac Expert Care Alimentum
to feed Similac Expert	4	150	Formula	14-32 oz containers ready to feed
Care Alimentum				Similac Expert Care Alimentum
Medical Documentation				
Required				

### **Boost Kid Essentials**

Food Package Code	Rank	VC	Voucher M	
X07	4	S02	Formula	16 - 8.25 oz containers ready to feed
30-8.25 oz containers				Boost Kid Essentials (1 case)
ready to feed Boost Kid	2	S04	Formula	12 - 8.25 oz containers ready to feed
Essentials				Boost Kid Essentials (three 4-packs)
	2	S07	Formula	2 - 8.25 oz containers ready to feed
Medical Documentation				Boost Kid Essentials
Required X08	4	S05	Formula	32-8.25 oz containers ready to feed
	4	303	Formula	Boost Kid Essentials (2 cases)
60-8.25 oz containers	2	S02	Formula	, ,
ready to feed Boost Kid	4	302	Formula	16-8.25 oz containers ready to feed Boost Kid Essentials (1 case)
Essentials	2	S04	Formula	12-8.25 oz containers ready to feed
	2	304	Formula	Boost Kid Essentials (three 4-packs)
<b>Medical Documentation</b>				boost Nu Essentials (tillee 4-packs)
Required				
X09	4	S05	Formula	32-8.25 oz containers ready to feed
90-8.25 oz containers				Boost Kid Essentials (2 cases)
ready to feed Boost Kid	2	S05	Formula	32-8.25 oz containers ready to feed
Essentials				Boost Kid Essentials (2 cases)
	3	S02	Formula	16-8.25 oz containers ready to feed
Medical Documentation				Boost Kid Essentials (1 case)
Required	1	S06	Formula	8-8.25 oz containers ready to feed
Required				Boost Kid Essentials (two 4-packs)
	1	S07	Formula	2-8.25 oz containers ready to feed
				Boost Kid Essentials
X16	4	S05	Formula	32-8.25 oz containers ready to feed
110-8.25 oz containers				Boost Kid Essentials (2 cases)
ready to feed Boost Kid	3	S05	Formula	32-8.25 oz containers ready to feed
Essentials				Boost Kid Essentials (2 cases)
	2	S05	Formula	32-8.25 oz containers ready to feed
Medical Documentation				Boost Kid Essentials (2 cases)
Required	1	S04	Formula	12-8.25 oz containers ready to feed
				Boost Kid Essentials (three 4-packs)
	1	S07	Formula	2-8.25 oz containers ready to feed
				Boost Kid Essentials

### **Boost Kid Essentials 1.5**

Food Package Code	Rank	VC	Voucher M	lessage
X90	4	S15	Formula	27 - 8 oz containers ready to feed Boost
30 - 8 oz containers ready				Kid Essentials 1.5 (1 case)
to feed Boost Kid	2	S17	Formula	3 - 8 oz containers ready to feed Boost
Essentials 1.5				Kid Essentials 1.5
Medical Documentation				
Required				
X93	4	S15	Formula	27 - 8 oz containers ready to feed Boost
60 - 8 oz containers ready			l omida	Kid Essentials 1.5 (1 case)
to feed Boost Kid	2	S15	Formula	27 - 8 oz containers ready to feed Boost
Essentials 1.5	_			Kid Essentials 1.5 (1 case)
	4	S18	Formula	6 - 8 oz containers ready to feed Boost
Medical Documentation				Kid Essentials 1.5
Required				
X94	4	S16	Formula	54 - 8 oz containers ready to feed Boost
90 - 8 oz containers ready				Kid Essentials 1.5 (2 cases)
to feed Boost Kid	2	S15	Formula	27 - 8 oz containers ready to feed Boost
Essentials 1.5				Kid Essentials 1.5 (1 case)
	2	S19	Formula	9 - 8 oz containers ready to feed Boost
Medical Documentation				Kid Essentials 1.5
Required			<u> </u>	
X95	4	S16	Formula	54 - 8 oz containers ready to feed Boost
113 - 8 oz containers		045		Kid Essentials 1.5 (2 cases)
ready to feed Boost Kid	2	S15	Formula	27 - 8 oz containers ready to feed Boost
Essentials 1.5		045	<b>F</b>	Kid Essentials 1.5 (1 case)
	1	S15	Formula	27 - 8 oz containers ready to feed Boost
Medical Documentation		000	<b>F</b>	Kid Essentials 1.5 (1 case)
Required	3	S23	Formula	5 - 8 oz containers ready to feed Boost
required				Kid Essentials 1.5

# **Boost Kid Essentials 1.5 With Fiber**

Food Package Code	Rank	VC	Voucher M	Message
X96	4	S24	Formula	27-8 oz containers ready to feed Boost
30-8 oz containers ready				Kid Essentials 1.5 With Fiber (1 case)
to feed Boost Kid	2	S26	Formula	3-8 oz containers ready to feed Boost
Essentials 1.5 With Fiber				Kid Essentials 1.5 With Fiber
Medical Documentation				
Required				
97	4	S24	Formula	27-8 oz containers ready to feed Boost
60-8 oz containers ready				Kid Essentials 1.5 With Fiber (1 case)
to feed Boost Kid	2	S24	Formula	27-8 oz containers ready to feed Boost
Essentials 1.5 With Fiber			<u> </u>	Kid Essentials 1.5 With Fiber (1 case)
Madical Bassassatation	4	S27	Formula	6-8 oz containers ready to feed Boost
Medical Documentation				Kid Essentials 1.5 With Fiber
Required	4	000	<b></b>	54.0
X98	4	S28	Formula	54-8 oz containers ready to feed Boost
90- oz containers ready to				Kid Essentials 1.5 With Fiber (2 cases)
feed Boost Kid Essentials	2	S24	Formula	27-8 oz containers ready to feed Boost
1.5 With Fiber				Kid Essentials 1.5 With Fiber (1 case)
	2	S31	Formula	9-8 oz containers ready to feed Boost
Medical Documentation				Kid Essentials 1.5 With Fiber
Required				
X99	4	S28	Formula	54-8 oz containers ready to feed Boost
113-8 oz containers ready				Kid Essentials 1.5 With Fiber (2 cases)
to feed Boost Kid	2	S24	Formula	27-8 oz containers ready to feed Boost
Essentials 1.5 With Fiber	_	]		Kid Essentials 1.5 With Fiber (1 case)
	1	S24	Formula	27-8 oz containers ready to feed Boost
	'	024	l Gillia	Kid Essentials 1.5 With Fiber (1 case)
Medical Documentation		007	<b>F</b>	` ,
Required	3	S37	Formula	5-8 oz containers ready to feed Boost
4				Kid Essentials 1.5 With Fiber

# EleCare Jr

Food Package Code	Rank	VC	Voucher Message	
X89	4	532	Formula	6-14.1 oz cans powder EleCare Jr (1
9-14.1 oz cans powder				case)
EleCare Jr	2	533	Formula	3-14.1 oz cans powder EleCare Jr
Medical Documentation				
Required				

Enfaport

Food Package Code	Rank	VC	Voucher M	Message
Z49	4	N91	Formula	24-8 oz cans ready to feed Enfaport (1
30-8 oz cans ready to feed				case)
Enfaport	2	N93	Formula	6-8 oz cans ready to feed Enfaport (one
Medical Documentation				6-pack)
Required				
-				
Z50	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1
60-8 oz cans ready to feed	_			case)
Enfaport	4	N91	Formula	24-8 oz cans ready to feed Enfaport (1
	-			case)
Medical Documentation	4	N92	Formula	12-8 oz cans ready to feed Enfaport
Required				(two 6-packs)
Z51	4	N90	Formula	48-8 oz cans ready to feed Enfaport (2
90-8 oz cans ready to feed				cases)
Enfaport	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1
				case)
Medical Documentation	1	N92	Formula	12-8 oz cans ready to feed Enfaport
Required				(two 6-packs)
	3	N93	Formula	6-8 oz cans ready to feed Enfaport (one
				6-pack)
Z52	4	N90	Formula	48-8 oz cans ready to feed Enfaport (2
113-8 oz cans ready to				cases)
feed Enfaport	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1
				case)
Medical Documentation	1	N91	Formula	24-8 oz cans ready to feed Enfaport (1
Required				case)
	3	N92	Formula	12-8 oz cans ready to feed Enfaport
				(two 6-packs)
	3	N96	Formula	4-8 oz cans ready to feed Enfaport
	3	A64	Formula	1-8 oz can ready to feed Enfaport

# **Similac Expert Care Neosure**

Food Package Code	Rank	VC	Voucher Me	essage
X92	4	519	Formula	6-13.1 oz cans Similac Expert Care
<b>10-1</b> 3.1 oz Similac Expert				NeoSure
Care Neosure				(1 case)
	2	520	Formula	4-13.1 oz cans Similac Expert Care
				NeoSure
Medical Documentation				
Required				
X73	1	517	Formula	6-32 oz containers ready to feed
28-32 oz containers ready				Similac Expert Care NeoSure (1 case)
to feed Similac Expert	2	517	Formula	6-32 oz containers ready to feed
Care NeoSure				Similac Expert Care NeoSure (1 case)
	3	517	Formula	6-32 oz containers ready to feed
Medical Documentation				Similac Expert Care NeoSure (1 case)
Required	4	517	Formula	6-32 oz containers ready to feed
				Similac Expert Care NeoSure (1 case)
	4	S09	Formula	4-32 oz containers ready to feed
				Similac Expert Care NeoSure

Nutramigen

Food Package Code	Rank	VC	Voucher Me	essage
<b>X81</b> 10-12.6 oz cans powder	2	156	Formula	5-12.6 oz cans powder with Nutramigen with Enflora LGG
Nutramigen with Enflora LGG	4	156	Formula	5-12.6 oz cans powder Nutramigen with Enflora LGG
Medical Documentation Required				
X82 35-13 oz cans concentrate	2	N67	Formula	16-13 oz cans concentrate Nutramigen
Nutramigen	4	N57	Formula	19-13 oz cans concentrate Nutramigen
Medical Documentation Required				
X83 28-32 oz containers ready	1	S03	Formula	14-32 oz containers ready to feed Nutramigen
to feed Nutramigen	1	S03	Formula	14-32 oz containers ready to feed Nutramigen
Medical Documentation Required				-

**Pregestimil** 

Food Package Code	Rank	VC	Voucher Message		
X04	2	140	Formula	4-1 lb cans powder Pregestimil	
8-1 lb cans powder Pregestimil	4	140	Formula	4-1 lb cans powder Pregestimil	
Medical Documentation Required					

Portagen

Food Package Code	Rank	VC	Voucher Message		
X20	3	060	Formula	4-1 lb cans powder Portagen	
13-1 lb cans powder	4	060	Formula	4-1 lb cans powder Portagen	
Portagen	2	260	Formula	5-1 lb cans powder Portagen	
Medical Documentation Required					

# Similac PM 60/40

Food Package Code	Rank	VC	Voucher Message		
X14	2	529	Formula	4-14.1 oz cans powder Similac PM	
8-14.1 oz cans powder				60/40	
Similac PM 60/40	4	529	Formula	4-14.1 oz cans powder Similac PM	
				60/40	
Medical Documentation					
Required					

# Food Package III - Special Formulas for Children

**Compleat Pediatric** 

Food Package Code	Rank	VC	Voucher M	lessage
Z31	4	N68	Formula	24-250 ml containers ready to feed
30-50 ml containers ready				Compleat Pediatric (1 case)
to feed Compleat Pediatric				
	2	N70	Formula	6-50 ml containers ready to feed
Medical Documentation				Compleat Pediatric
Required				·
Z32	2	N68	Formula	24-250 ml containers ready to feed
60-250 ml containers				Compleat Pediatric (1 case)
ready to feed Compleat	4	N68	Formula	24-250 ml containers ready to feed
Pediatric				Compleat Pediatric (1 case)
	4	N71	Formula	12-250 ml containers ready to feed
Medical Documentation				Compleat Pediatric
Required				
Z33	4	N69	Formula	48-250 ml containers ready to feed
90-250 ml containers				Compleat Pediatric (2 cases)
ready to feed Compleat	2	N68	Formula	24-250 ml containers ready to feed
Pediatric				Compleat Pediatric (1 case)
	3	N70	Formula	6-250 ml containers ready to feed
Medical Documentation				Compleat Pediatric
Required	1	N71	Formula	12-250 ml containers ready to feed
				Compleat Pediatric
Z35	4	N69	Formula	48-250 ml containers ready to feed
107-250 ml containers				Compleat Pediatric (2 cases)
ready to feed Compleat	1	N68	Formula	24-250 ml containers ready to feed
Pediatric				Compleat Pediatric (1 case)
	2	N68	Formula	24-250 ml containers ready to feed
Medical Documentation				Compleat Pediatric (1 case)
Required	3	N73	Formula	11-250 ml containers ready to feed
				Compleat Pediatric

**EO28 Splash** 

Food Package Code	Rank	VC	Voucher Me	essage
X51 31-237 ml containers ready to feed EO28 Splash	4	513	Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
Medical Documentation required	2	514	Formula	4-237 ml containers ready to feed EO28 Splash
X52	2	513	Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
62-237 ml containers ready to feed EO28 Splash	4	513	Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
Medical Documentation	1	514	Formula	4-237 ml containers ready to feed EO28 Splash
Required	3	514	Formula	4-237 ml containers ready to feed EO28 Splash
X53 113-237 ml containers	1	513	Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
ready to feed EO28 Splash	2	513	Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
Medical Documentation	3	513	Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
Required	4	513	Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
	4	514	Formula	4-237 ml containers ready to feed EO28 Splash
	4	310	Formula	1-237 ml container ready to feed EO28 Splash

# **Neocate Junior**

Food Package Code	Rank	VC	Voucher Me	essage
X75 14-400 gram (14.1 oz) cans powder Neocate	2	508	Formula	4-400 gram (14.1 oz) cans powder Neocate Junior
Junior	3	508	Formula	4-400 gram (14.1 oz) cans powder Neocate Junior
Medical Documentation required	4	508	Formula	4-400 gram (14.1 oz) cans powder Neocate Junior
•	1	509	Formula	2-400 gram (14.1 oz) cans powder Neocate Junior

#### **Nutren Junior**

Food Package Code	Rank	VC	Voucher Me	essage
X57 35-250 ml containers ready to feed Nutren	4	559	Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
Junior  Medical Documentation required	2	560	Formula	11-250 ml containers ready to feed Nutren Junior
X58 59-250 ml containers ready to feed Nutren	2	559	Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
Junior	4	559	Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
Medical Documentation Required	3	560	Formula	11-250 ml containers ready to feed Nutren Junior
X59 107-250 ml containers	1	559	Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
ready to feed Nutren Junior	2	559	Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
Medical Documentation	3	559	Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
Required	4	559	Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
	4	560	Formula	11-250 ml containers ready to feed Nutren Junior

#### **Nutren Junior Fiber**

Food Package Code	Rank	VC	Voucher M	essage
X60 35-250 ml containers ready to feed Nutren	4	561	Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
Junior Fiber  Medical Documentation required	2	562	Formula	11-250 ml containers ready to feed Nutren Junior Fiber
X37 59-250 ml containers	2	561	Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
ready to feed Nutren Junior Fiber	4	561	Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
Medical Documentation Required	3	562	Formula	11-250 ml containers ready to feed Nutren Junior Fiber
X62 107-250 ml containers	1	561	Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
ready to feed Nutren Junior Fiber	2	561	Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
Medical Documentation	3	561	Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
Required	4	561	Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
	4	562	Formula	11-250 ml containers ready to feed Nutren Junior Fiber

#### **PediaSure**

Food Package Code	Rank	VC	Voucher Me	essane
X84 30-8 oz containers ready to feed PediaSure	4	730	Formula	30-8 oz containers ready to feed PediaSure
Medical Documentation required				
X30 60-8 oz containers ready	2	730	Formula	30-8 oz containers ready to feed PediaSure
to feed PediaSure	4	730	Formula	30-8 oz containers ready to feed PediaSure
Medical Documentation Required				
X87 90-8 oz containers ready	2	730	Formula	30-8 oz containers ready to feed PediaSure
to feed PediaSure	3	730	Formula	30-8 oz containers ready to feed PediaSure
Medical Documentation Required	4	730	Formula	30-8 oz containers ready to feed PediaSure
X88 108-8 oz containers ready	2	730	Formula	30-8 oz containers ready to feed PediaSure
to feed PediaSure	3	730	Formula	30-8 oz containers ready to feed PediaSure
Medical Documentation Required	4	730	Formula	30-8 oz containers ready to feed PediaSure
	1	718	Formula	18-8 oz containers ready to feed PediaSure (three 6-packs)

#### PediaSure 1.5

Food Package Code	Rank	VC	Voucher M	essage
<b>Z53</b> 30-8 oz containers ready to feed PediaSure 1.5 Cal	4	N97	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
Medical Documentation Required	2	N98	Formula	6-8 oz containers ready to feed PediaSure 1.5 Cal
<b>Z54</b> 60-8 oz containers ready	2	N97	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
to feed PediaSure 1.5 Cal	4	N97	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
Medical Documentation Required	4	N99	Formula	12-8 oz containers ready to feed PediaSure 1.5 Cal
<b>Z55</b> 90-8 oz containers ready to feed PediaSure 1.5 Cal	4	R01	Formula	48-8 oz containers ready to feed PediaSure 1.5 Cal (2 cases)
Medical Documentation	2	N97	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
Required	3	N98	Formula	6 - 8 oz containers ready to feed PediaSure 1.5 Cal
	1	N99	Formula	12-8 oz containers ready to feed PediaSure 1.5 Cal
<b>Z56</b> 113-8 oz containers ready to feed PediaSure 1.5 Cal	4	R01	Formula	48-8 oz containers ready to feed PediaSure 1.5 Cal (2 cases)
	2	N97	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
Medical Documentation Required	1	N97	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
	3	R03	Formula	17-8 oz containers ready to feed PediaSure 1.5 Cal

### PediaSure 1.5 with fiber

Food Package Code	Rank	VC	Voucher M	essage
<b>Z57</b> 30-8 oz containers ready to feed PediaSure 1.5 Cal	4	R04	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
with fiber  Medical Documentation Required	2	R05	Formula	6-8 oz containers ready to feed PediaSure 1.5 Cal with fiber
<b>Z58</b> 60-8 oz containers ready to feed PediaSure 1.5 Cal	2	R04	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
with fiber  Medical Documentation	4	R04	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
Required	4	R06	Formula	12-8 oz containers ready to feed PediaSure 1.5 Cal with fiber
<b>259</b> 90-8 oz containers ready to feed PediaSure 1.5 Cal	4	R07	Formula	48-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (2 cases)
with fiber  Medical Documentation	2	R04	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
Required	3	R05	Formula	6-8 oz containers ready to feed PediaSure 1.5 Cal with fiber
	1	R06	Formula	12-8 oz containers ready to feed PediaSure 1.5 Cal with fiber
<b>Z60</b> 113 - 8 oz containers ready to feed PediaSure	4	R07	Formula	48-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (2 cases)
1.5 Cal with fiber  Medical Documentation	2	R04	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
Required	1	R04	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
	3	R09	Formula	17-8 oz containers ready to feed PediaSure 1.5 Cal with fiber

#### PediaSure Enteral

Food Package Code	Rank	VC	Voucher Me	essage
Z27 30-8 oz containers ready to feed PediaSure Enteral	4	S94	Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
Medical Documentation Required	2	S96	Formula	6-8 oz containers ready to feed PediaSure Enteral
<b>Z28</b> 60-8 oz containers ready	2	S94	Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
to feed PediaSure Enteral	4	S94	Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
Medical Documentation Required	4	S97	Formula	12-8 oz containers ready to feed PediaSure Enteral
<b>Z29</b> 90-8 oz containers ready to feed PediaSure Enteral	4	S95	Formula	48-8 oz containers ready to feed PediaSure Enteral (2 cases)
Medical Documentation	2	S94	Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
Required	3	S86	Formula	6-8 oz containers ready to feed PediaSure Enteral
	1	S97	Formula	12-8 oz containers ready to feed PediaSure Enteral
<b>Z30</b> 113-8 oz containers ready to feed PediaSure Enteral	4	S95	Formula	48-8 oz containers ready to feed PediaSure Enteral (2 cases)
Medical Documentation	2	S94	Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
Required	1	S94	Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
	3	S99	Formula	17-8 oz containers ready to feed PediaSure Enteral

# PediaSure Enteral with Fiber and scFOS

Food Package Code	Rank	VC	Voucher M	essage
Z37 30-8 oz containers ready to feed PediaSure Enteral	4	N20	Formula	24-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (1 case)
with Fiber and scFOS  Medical Documentation Required	2	N27	Formula	6-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS
<b>Z38</b> 60-8 oz containers ready to feed PediaSure Enteral	2	N20	Formula	24-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (1 case)
with Fiber and scFOS  Medical Documentation	4	N20	Formula	24-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (1 case)
Required	4	N47	Formula	12-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS
<b>Z39</b> 90-8 oz containers ready to feed PediaSure Enteral	4	N50	Formula	48 - 8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (2 cases)
with Fiber and scFOS  Medical Documentation	2	N20	Formula	24 - 8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (1 case)
Required	3	N27	Formula	6-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS
	1	N47	Formula	12-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS
Z40 113-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS  Medical Documentation	4	N50	Formula	48 - 8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (2 cases)
	2	N20	Formula	24 - 8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (1 case)
Required	1	N20	Formula	24 - 8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (1 case)
	3	N63	Formula	17 - 8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS

### PediaSure with Fiber

Food Package Code	Rank	VC	Voucher Me	essage
X76 30-8 oz containers ready to feed PediaSure With Fiber	4	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
Medical Documentation required				
X85 60-8 oz containers ready	2	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
to feed PediaSure With Fiber	4	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
Medical Documentation Required				
X78 90-8 oz containers ready	2	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
to feed PediaSure With Fiber	3	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
Medical Documentation Required	4	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
X79 108-8 oz containers ready	4	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
to feed PediaSure With Fiber	3	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
Medical Documentation	2	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
Required	1	719	Formula	18-8 oz containers ready to feed PediaSure With Fiber (three 6-packs)

**Peptamen Junior** 

reptainen Junior			I.,	
Food Package Code	Rank	VC	Voucher Me	
X66	4	571	Formula	24-250 ml containers ready to feed
35-250 ml containers				Peptamen Junior (1 case)
ready to feed Peptamen				
Junior	2	572	Formula	11-250 ml containers ready to feed
		312	Torrida	Peptamen Junior
Medical Documentation				r eptamen sumoi
required				
X67	2	571	Formula	24-250 ml containers ready to feed
59-250 ml containers				Peptamen Junior (1 case)
ready to feed Peptamen				, ,
Junior	4	571	Formula	24-250 ml containers ready to feed
Carnor				Peptamen Junior (1 case)
Medical Documentation	3	572	Formula	11-250 ml containers ready to feed
Required				Peptamen Junior
X68	1	571	Formula	24-250 ml containers ready to feed
107-250 ml containers		071	Tomia	Peptamen Junior (1 case)
ready to feed Peptamen	2	571	Formula	24-250 ml containers ready to feed
Junior	_	37 1	Tomida	Peptamen Junior (1 case)
Julioi	3	571	Formula	
Medical Documentation	3	5/1	Formula	24-250 ml containers ready to feed
			<u> </u>	Peptamen Junior (1 case)
Required	4	571	Formula	24-250 ml containers ready to feed
				Peptamen Junior (1 case)
	4	572	Formula	11-250 ml containers ready to feed
				Peptamen Junior

Peptamen Junior Fiber

Food Package Code	Rank	VC	Voucher M	essage
Z05 30-250 ml containers ready to feed Peptamen	4	S49	Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
Junior Fiber  Medical Documentation Required	2	S51	Formula	6-250 ml containers ready to feed Peptamen Junior Fiber
<b>Z06</b> 60-250 ml containers ready to feed Peptamen	4	S49	Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
Junior Fiber	2	S49	Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
Medical Documentation Required	4	S52	Formula	12-250 ml containers ready to feed Peptamen Junior Fiber
<b>Z07</b> 90-250 ml containers	4	S50	Formula	48-250 ml containers ready to feed Peptamen Junior Fiber (2 cases)
ready to feed Peptamen Junior Fiber	2	S49	Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
Medical Documentation	3	S51	Formula	6-250 ml containers ready to feed Peptamen Junior Fiber
Required	1	S52	Formula	12-250 ml containers ready to feed Peptamen Junior Fiber
<b>Z08</b> 90-250 ml containers	4	S50	Formula	48-250 ml containers ready to feed Peptamen Junior Fiber (2 cases)
ready to feed Peptamen Junior Fiber	1	S49	Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
Medical Documentation	2	S49	Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
Required	3	S54	Formula	11-250 ml containers ready to feed Peptamen Junior Fiber

**Peptamen Junior with Prebio** 

Food Package Code	Rank	VC	Voucher Me	essage
X69 35-250 ml containers ready to feed Peptamen	4	576	Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
Junior with Prebio  Medical Documentation required	2	577	Formula	11-250 ml containers ready to feed Peptamen Junior with Prebio
<b>X70</b> 59-250 ml containers	4	576	Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
ready to feed Peptamen Junior with Prebio	2	576	Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
Medical Documentation Required	3	577	Formula	11-250 ml containers ready to feed Peptamen with Prebio
X05 107-250 ml containers	1	576	Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
ready to feed Peptamen Junior with Prebio	2	576	Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
Medical Documentation	3	576	Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
Required	4	576	Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
	4	577	Formula	11-250 ml containers ready to feed Peptamen Junior with Prebio

Peptamen Junior 1.5

Peptamen Junior 1.5				
Food Package Code	Rank	VC	Voucher M	lessage
Z01	4	S43	Formula	24- 50 ml containers ready to feed
30-250 ml containers				Peptamen Junior 1.5 (1 case)
ready to feed Peptamen				
Junior 1.5	2	S45	Formula	6-250 ml containers ready to feed
	_	0.0	l	Peptamen Junior 1.5
Medical Documentation				1 optamen damer 1.0
Required				
Z02	4	S43	Formula	24-250 ml containers ready to feed
60-250 ml containers				Peptamen Junior 1.5 (1 case)
ready to feed Peptamen	2	S43	Formula	24-250 ml containers ready to feed
Junior 1.5		343	Formula	
	4	S46	Formula	Peptamen Junior 1.5 (1 case)
Medical Documentation	4	346	Formula	12-250 ml containers ready to feed
Required				Peptamen Junior 1.5
<b>Z03</b>	4	S44	Formula	48-250 ml containers ready to feed
90- 50 ml containers ready				Peptamen Junior 1.5 (2 cases)
to feed Peptamen Junior	2	S43	Formula	24-250 ml containers ready to feed
1.5				Peptamen Junior 1.5 (1 case)
	3	S45	Formula	6-250 ml containers ready to feed
Medical Documentation				Peptamen Junior 1.5
Required	1	S46	Formula	12-250 ml containers ready to feed
				Peptamen Junior 1.5
Z04	4	S44	Formula	48-250 ml containers ready to feed
107-250 ml containers				Peptamen Junior 1.5 (2 cases)
ready to feed Peptamen	2	S43	Formula	24-250 ml containers ready to feed
Junior 1.5				Peptamen Junior 1.5 (1 case)
	1	S43	Formula	24-250 ml containers ready to feed
Medical Documentation				Peptamen Junior 1.5 (1 case)
Required	3	S48	Formula	11-250 ml containers ready to feed
				Peptamen Junior 1.5

Pediasure Peptide 1.0 Cal

Food Package Code	Rank	VC	Voucher M	enessa
Z10	4	S55	Formula	
_	4	300	Formula	24-8 oz containers ready to feed
30-8 oz containers ready				Pediasure Peptide 1.0 Cal (1 case)
to feed Pediasure Peptide				
1.0 Cal	2	S57	Formula	6-8 oz containers ready to feed
				Pediasure Peptide 1.0 Cal
Medical Documentation				
Required				
Z11	4	S55	Formula	24-8 oz containers ready to feed
60-8 oz containers ready				Pediasure Peptide 1.0 Cal. (1 case)
to feed Pediasure Peptide	2	S55	Formula	24-8 oz containers ready to feed
1.0 Cal	_			Pediasure Peptide 1.0 Cal (1 case)
A CHARLES AND A CHARLES	4	S58	Formula	12-8 oz containers ready to feed
Medical Documentation	•		1 Ommaia	Pediasure Peptide 1.0 Cal
Required				'
Z12	4	S56	Formula	48-8 oz containers ready to feed
90-8 oz containers ready				Pediasure Peptide 1.0 Cal (2 cases)
to feed Pediasure Peptide	2	S55	Formula	24-8 oz containers ready to feed
1.0 Cal				Pediasure Peptide 1.0 Cal (1 case)
	3	S57	Formula	6-8 oz containers ready to feed
Medical Documentation				Pediasure Peptide 1.0 Cal
Required	1	S58	Formula	12-8 oz containers ready to feed
				Pediasure Peptide 1.0 Cal
Z13	4	S56	Formula	48-8 oz containers ready to feed
113-8 oz containers ready		330		Pediasure Peptide 1.0 Cal (2 cases)
to feed Pediasure Peptide	1	S55	Formula	24-8 oz containers ready to feed
1.0 Cal		300		Pediasure Peptide 1.0 Cal (1 case)
	2	S55	Formula	24-8 oz containers ready to feed
Medical Documentation		500		Pediasure Peptide 1.0 Cal. (1 case)
Required	3	S60	Formula	17-8 oz containers ready to feed
		200		Pediasure Peptide 1.0 Cal

### **Vivonex Pediatric**

Food Package Code	Rank	VC	Voucher Me	essage
Z23 30-1.7 oz packets powder Vivonex Pediatric	4	S82	Formula	30-1.7 oz packets powder Vivonex Pediatric (five boxes, 6 packets each)
Medical Documentation Required				
<b>Z24</b> 60-1.7 oz packets powder	4	S81	Formula	36-1.7 oz packets powder Vivonex Pediatric (1 case)
Vivonex Pediatric  Medical Documentation Required	2	S83	Formula	24-1.7 oz packets powder Vivonex Pediatric (four boxes, 6 packets each)
<b>Z25</b> 90-1.7 oz packets powder	4	S81	Formula	36-1.7 oz packets powder Vivonex Pediatric (1 case)
Vivonex Pediatric	2	S81	Formula	36-1.7 oz packets powder Vivonex Pediatric (1 case)
Medical Documentation Required	4	S84	Formula	18-1.7 oz packets powder Vivonex Pediatric (three boxes, 6 packets each)
<b>Z26</b> 102-1.7 oz packets powder	4	S81	Formula	36-1.7 oz packets powder Vivonex Pediatric (1 case)
Vivonex Pediatric	2	S81	Formula	36-1.7 oz packets powder Vivonex Pediatric (1 case)
Medical Documentation Required	4	S82	Formula	30-1.7 oz packets powder Vivonex Pediatric (five boxes, 6 packets each)

# Food Package III - Special Formulas for Women

# **Boost**

Food Package Code	Rank	VC	Voucher M	lessage
X39	4	555	Formula	24-8 oz containers ready to feed
30-8 oz containers ready				Boost (1 case)
to feed Boost				
and the Line of the control of the c	2	554	Formula	6-8 oz containers ready to feed Boost
Medical Documentation				(one 6-pack)
required X40	2	555	Formula	24.0 am containers ready to food
60-8 oz containers ready		555	Formula	24-8 oz containers ready to feed Boost (1 case)
to feed Boost	4	555	Formula	24-8 oz containers ready to feed
to reca Boost	_	333	Tomida	Boost (1 case)
Medical Documentation	1	554	Formula	6-8 oz containers ready to feed Boost
Required			- Cirraia	(one 6-pack)
	3	554	Formula	6-8 oz containers ready to feed Boost
				(one 6-pack)
X02	2	555	Formula	24-8 oz containers ready to feed
90-8 oz containers ready				Boost (1 case)
to feed Boost	3	555	Formula	24-8 oz containers ready to feed
				Boost (1 case)
Medical Documentation	4	555	Formula	24-8 oz containers ready to feed
Required				Boost (1 case)
	1	554	Formula	6-8 oz containers ready to feed Boost
	4	F.F.4	ļ	(one 6-pack)
	1	554	Formula	6-8 oz containers ready to feed Boost
	1	554	Formula	(one 6-pack) 6-8 oz containers ready to feed Boost
	1	334	Formula	(one 6-pack)
X42	1	555	Formula	24-8 oz containers ready to feed
112-8 oz containers ready	'	300	l	Boost (1 case)
to feed Boost	2	555	Formula	24-8 oz containers ready to feed
				Boost (1 case)
Medical Documentation	3	555	Formula	24-8 oz containers ready to feed
Required				Boost (1 case)
	4	555	Formula	24-8 oz containers ready to feed
				Boost (1 case)
	4	556	Formula	16-8 oz containers ready to feed Boost

### **Ensure**

Food Package Code	Rank	VC	Voucher M	lessage
X06 30-8 oz containers ready to feed Ensure	4	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
Medical Documentation required	2	302	Formula	6-8 oz containers ready to feed Ensure (one 6-pack)
X38 60-8 oz containers ready	2	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
to feed Ensure	4	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
Medical Documentation Required	3	538	Formula	12-8 oz containers ready to feed Ensure (two 6-pack)
X45 90-8 oz containers ready	4	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
to feed Ensure	3	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
Medical Documentation Required	2	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
	1	538	Formula	12-8 oz containers ready to feed Ensure (2-6 pack)
	1	302	Formula	6-8 oz containers ready to feed Ensure (one 6-pack)
X15 108-8 oz containers ready	1	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
to feed Ensure	2	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
Medical Documentation Required	3	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
	4	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
	4	538	Formula	12-8 oz containers ready to feed Ensure (two 6-pack)

Nepro

Nepro				
Food Package Code	Rank	VC	Voucher M	lessage
Z41	4	N78	Formula	24-8 oz cans ready to feed Nepro
30-8 oz cans ready to feed				(1 case)
Nepro	2	N79	Formula	4-8 oz cans ready to feed Nepro
				(one 4-pack)
Medical Documentation	2	N80	Formula	2-8 oz cans ready to feed Nepro
Required				·
Z42	4	N78	Formula	24-8 oz cans ready to feed Nepro
60-8 oz cans ready to feed				(1 case)
Nepro	2	N78	Formula	24-8 oz cans ready to feed Nepro
				(1 case)
Medical Documentation	2	N77	Formula	12-8 oz cans ready to feed Nepro
Required				(three 4-packs)
Z43	4	N81	Formula	48-8 oz cans ready to feed Nepro
90-8 oz cans ready to feed				(2 cases)
Nepro	2	N78	Formula	24-8 oz cans ready to feed Nepro
				(1 case)
Medical Documentation	1	N94	Formula	16-8 oz cans ready to feed Nepro
Required				(four 4-packs)
	3	N80	Formula	2-8 oz cans ready to feed Nepro
Z44	2	N81	Formula	48-8 oz cans ready to feed Nepro
=				(2 cases)
112-8 oz cans ready to	4	N81	Formula	48-8 oz cans ready to feed Nepro
feed Nepro				(2 cases)
Medical Documentation	4	N94	Formula	16-8 oz cans ready to feed Nepro
Required	7	INST	Tomida	(four 4-packs)
Neguireu				(Ioui + packs)

Nutren 1.5

Food Package Code	Rank	VC	Voucher M	essage
Z45	4	N84	Formula	24-250 ml containers ready to feed
30-250 ml containers				Nutren 1.5 (1 case)
ready to feed Nutren 1.5				
Medical Documentation	2	N85	Formula	6-250 ml containers ready to feed
Required				Nutren 1.5
Z46	2	N84	Formula	24-250 ml containers ready to feed
60-250 ml containers	_	''	l	Nutren 1.5 (1 case)
ready to feed Nutren 1.5	4	NO 4	Common do	,
	4	N84	Formula	24-250 ml containers ready to feed Nutren 1.5 (1 case)
Medical Documentation	4	N86	Formula	12-250 ml containers ready to feed
Required				Nutren 1.5
Z47	4	N87	Formula	48 - 250 ml containers ready to feed
90-250 ml containers				Nutren 1.5 (2 cases)
ready to feed Nutren 1.5	2	N84	Formula	24 - 250 ml containers ready to feed
				Nutren 1.5 (1 case)
Medical Documentation	3	N85	Formula	6-250 ml containers ready to feed
Required		NICO		Nutren 1.5
	1	N86	Formula	12-250 ml containers ready to feed Nutren 1.5
Z48	4	N87	Formula	48 - 250 ml containers ready to feed
107-250 ml containers		1107	Tomida	Nutren 1.5 (2 cases)
ready to feed Nutren 1.5	1	N84	Formula	24 - 250 ml containers ready to feed
leady to local validit 1.5	'	1104	Tomina	Nutren 1.5 (1 case)
	2	N84	Formula	24 - 250 ml containers ready to feed
	_	110-7	Tomida	Nutren 1.5 (1 case)
Medical Documentation	3	N89	Formula	11 - 250 ml containers ready to feed
Required				Nutren 1.5
	3	N89	Formula	

### Nutren 2.0

Food Package Code	Rank	VC	Voucher Message	
X54 35-250 ml containers ready to feed Nutren 2.0	4	567	Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
Medical Documentation required	2	568	Formula	11-250 ml containers ready to feed Nutren 2.0
X55 59-250 ml containers ready to feed Nutren 2.0	2	567	Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
Medical Documentation	4	567	Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
Required	3	568	Formula	11-250 ml containers ready to feed Nutren 2.0
X56 107-250 ml containers	1	567	Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
ready to feed Nutren 2.0	2	567	Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
Medical Documentation Required	3	567	Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	4	567	Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	4	568	Formula	11-250 ml containers ready to feed Nutren 2.0

Peptamen

Food Package Code	Rank	VC	Voucher Message	
X63 35-250 ml containers ready to feed Peptamen	4	569	Formula	24-250 ml containers ready to feed Peptamen (1 case)
Medical Documentation required	2	570	Formula	11-250 ml containers ready to feed Peptamen
X64 59-250 ml containers ready to feed Peptamen	2	569	Formula	24-250 ml containers ready to feed Peptamen (1 case)
Medical Documentation	4	569	Formula	24-250 ml containers ready to feed Peptamen (1 case)
Required	3	570	Formula	11-250 ml containers ready to feed Peptamen
X65 107-250 ml containers	1	569	Formula	24-250 ml containers ready to feed Peptamen (1 case)
ready to feed Peptamen	2	569	Formula	24-250 ml containers ready to feed Peptamen (1 case)
Medical Documentation Required	3	569	Formula	24-250 ml containers ready to feed Peptamen (1 case)
	4	569	Formula	24-250 ml containers ready to feed Peptamen (1 case)
	4	570	Formula	11-250 ml containers ready to feed Peptamen

#### **Resource Breeze**

Food Package Code	Rank	VC	Voucher Message	
<b>Z</b> 19	4	S75	Formula	27-8 oz containers ready to feed
30-8 oz containers ready				Resource Breeze (1 case)
to feed Resource Breeze				
	2	S77	Formula	3-8 oz containers ready to feed
Medical Documentation				Resource Breeze
Required		0==		
Z20	4	S75	Formula	27-8 oz containers ready to feed
60-8 oz containers ready		0		Resource Breeze (1 case)
to feed Resource Breeze	2	S75	Formula	27-8 oz containers ready to feed
M. P. J. D				Resource Breeze (1 case)
Medical Documentation	4	S78	Formula	6-8 oz containers ready to feed
Required				Resource Breeze
Z21	4	S76	Formula	5-8 oz containers ready to feed
90-8 oz containers ready	_			Resource Breeze (2 cases)
to feed Resource Breeze	2	S75	Formula	27-8 oz containers ready to feed
	_			Resource Breeze (1 case)
Medical Documentation	3	S77	Formula	3-8 oz containers ready to feed
Required				Resource Breeze
	1	S78	Formula	6-8 oz containers ready to feed
				Resource Breeze
Z22	4	S76	Formula	54-8 oz containers ready to feed
113-8 oz containers ready		_		Resource Breeze (2 cases)
to feed Resource Breeze	2	S75	Formula	27-8 oz containers ready to feed
				Resource Breeze (1 case)
Medical Documentation	1	S75	Formula	27-8 oz containers ready to feed
Required		_		Resource Breeze (1 case)
Nequired	3	S80	Formula	5-8 oz containers ready to feed
				Resource Breeze

Suplena

Supiena				
Food Package Code	Rank	VC	Voucher Message	
Z14	4	S69	Formula	24-8 oz containers ready to feed
30-8 oz containers ready				Suplena (1 case)
to feed Suplena				
	2	S71	Formula	6-8 oz containers ready to feed Suplena
Medical Documentation				
Required				
Z15	4	S69	Formula	24-8 oz containers ready to feed
60-8 oz containers ready				Suplena (1 case)
to feed Suplena	2	S69	Formula	24-8 oz containers ready to feed
				Suplena (1 case)
Medical Documentation	4	S72	Formula	12-8 oz containers ready to feed
Required				Suplena
<b>Z</b> 16	4	S70	Formula	48 - 8 oz containers ready to feed
90 - 8 oz containers ready				Suplena (2 cases)
to feed Suplena	2	S69	Formula	24 - 8 oz containers ready to feed
				Suplena (1 case)
Medical Documentation	1	S72	Formula	12-8 oz containers ready to feed
Required				Suplena
	3	S71	Formula	6-8 oz containers ready to feed Suplena
<b>Z</b> 18	4	S70	Formula	48 - 8 oz containers ready to feed
113 - 8 oz containers				Suplena (2 cases)
ready to feed Suplena	1	S69	Formula	24 - 8 oz containers ready to feed
				Suplena (1 case)
Medical Documentation	2	S69	Formula	24 - 8 oz containers ready to feed
Required				Suplena (1 case)
	3	S74	Formula	17 - 8 oz containers ready to feed
				Suplena

### **Tracking Food Packages**

The tracking packages can be given to women, children or infants.

**Emory Genetics** 

Food Package Code	Rank	VC	Voucher Me	essage
Medical Documentation Required	9	099	Formula	This voucher has no cash value Grocers should not accept this voucher
				Client copy: Formula Provided by Emory Genetics. Emory Genetics 404-778-8500 Georgia WIC 800-228-9173
	9	299		This voucher has no cash value.  Grocers should not accept this voucher  Emory Genetics Copy: Formula provided by Emory Genetics Fax to Emory Genetics: 404-778-8562 Formula Name: Cost:
	9	299		This voucher has no cash value.  Grocers should not accept this voucher  Emory Genetics Copy: Formula provided by Emory Genetics Fax to Emory Genetics: 404-778-8562 Formula Name: Cost:
	9	399		This voucher has no cash value Grocers should not accept this voucher Chart Copy: / File in participants health record: Formula provided by Emory Genetics Contact Information: Emory Genetics- 404-778-8500/ Georgia WIC- 800-228-9173

### Formula Provided from Stock on Hand

Food Package Code	Rank	VC	Voucher Me	essage
197	9	197	Formula	This voucher has no cash value Grocers should not accept this voucher
				Formula provided from stock on hand. Document formula quantity and type issued in client's medical record and Formula Tracking Log

#### **Formula Ordered from Nutrition Section**

Tormala Oracica from Natificon Occiton					
Food Package Code	Rank	VC	Voucher Me	essage	
199	9	199	Formula	This voucher has no cash value Grocers should not accept this voucher Formula ordered from the Nutrition Unit Fax copies of voucher receipt to SWO Document formula quantity and type issued in client's medical record and	
				Formula Tracking Log	

Hospitalized Breastfed Infant / Not receiving formula or food from WIC

Food Package Code	Rank	VC	Voucher Message
190	9	190	This voucher has no cash value  Grocers should not accept this  voucher
			Your infant is enrolled in WIC and is not receiving a food benefit from WIC. Contact your WIC clinic when your baby is released from the hospital or a food package change is needed.

### Special Formula Packages for Infants Age 6-11 Months Unable to Eat Solid Foods

### Alimentum

Food Package Code	Rank	VC	Voucher Me	essage
S01 (Assign S01)	2	360	Formula	4-16 oz cans powder Similac Expert
8-16 oz cans powder				Care Alimentum
Similac Expert Care	4	360	Formula	4-16 oz cans powder Similac Expert
Alimentum				Care Alimentum
Medical Documentation				
Required				
S03 (Assign S03)	2	150	Formula	14-32 oz containers ready to feed
28-32 oz containers ready				Similac Expert Care Alimentum
to feed Similac Expert	4	150	Formula	14-32 oz containers ready to feed
Care Alimentum				Similac Expert Care Alimentum
Medical Documentation				
Required				

### **EleCare for Infants**

Food Package Code	Rank	VC	Voucher Message	
S41 (Assign S41) 10-14.1 oz cans powder EleCare with DHA and	4	S33	Formula	6-14.1 oz cans powder EleCare with DHA and ARA or EleCare for Infants (1 case)
ARA or EleCare for Infants  Medical Documentation Required	2	S35	Formula	4-14.1 oz cans powder EleCare with DHA and ARA or EleCare for Infants

### **Enfamil EnfaCare**

Food Package Code	Rank	VC	Voucher M	lessage
S24 (Assign S24) 11-12.8 oz cans powder	4	541	Formula	6-12.8 oz cans powder Enfamil Enfamil EnfaCare
Enfamil EnfaCare  Medical Documentation Required	2	S11	Formula	5-12.8 oz cans powder Enfamil EnfaCare
S26 (Assign S26) 28-32 oz containers ready	2	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
to feed Enfamil EnfaCare	2	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
Medical Documentation Required	4	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	S12	Formula	4-32 oz containers ready to feed Enfamil EnfaCare
S20 (Assign S20) 444-2 oz containers ready	2	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
to feed Enfamil EnfaCare	2	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
Medical Documentation Required	4	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 case)
	4	539	Formula	48-2 oz containers ready to feed Enfamil EnfaCare (1 case)
	2	S20	Formula	12-2 oz containers ready to feed Enfamil EnfaCare

### **Enfamil Premature 20**

Food Package Code	Rank	VC	Voucher Me	essage
S30 (Assign S30) 444-2 oz containers ready to feed iron fortified	2	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
Enfamil Premature 20	2	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
Medical Documentation Required	4	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	545	Formula	48-2 oz containers ready to feed iron fortified Enfamil Premature 20 (1 case)
	2	S21	Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 20

### **Enfamil Premature 24**

Food Package Code	Rank	VC	Voucher M	essage
S40 (Assign S40) 444-2 oz containers ready to feed Enfamil Premature	2	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
24	2	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
Medical Documentation Required	4	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	547	Formula	48-2 oz containers ready to feed iron fortified Enfamil Premature 24 (1 case)
	2	S22	Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 24

**Enfaport** 

Food Package Code	Rank	VC	Voucher Me	essage
S12 (Assign S12)	4	N90	Formula	48-8 oz cans ready to feed Enfaport (2
				cases)
112-8 oz cans ready to	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1
feed Enfaport				case)
	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1
Medical Documentation				case)
Required	4	N92	Formula	12-8 oz cans ready to feed Enfaport
				(two 6-packs)
	2	N96	Formula	4-8 oz cans ready to feed Enfaport

### **Gerber Good Start Premature 24**

Food Package Code	Rank	VC	Voucher Me	essage
S02 (Assign S02)	4	S38	Formula	96-3 oz containers ready to feed Gerber
				Good Start Premature 24
296 - 3 oz containers				(2 cases)
ready to feed Gerber Good	2	S38	Formula	96-3 oz containers ready to feed Gerber
Start Premature 24				Good Start Premature 24 (2 cases)
	4	S39	Formula	48-3 oz containers ready to feed Gerber
				Good Start Premature 24 (1 case)
Medical Documentation	2	S39	Formula	48-3 oz containers ready to feed Gerber
Required				Good Start Premature 24 (1 case)
	4	S41	Formula	8-3 oz containers ready to feed Gerber
				Good Start Premature 24 (one 8-pack)

### **Neocate Infant DHA & ARA**

Food Package Code	Rank	VC	Voucher Message	
S61 (Assign S61)	4	500	Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
11-400 gram (14.1 oz) cans powder Neocate	2	500	Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
Infant DHA & ARA	4	505	Formula	1-400 gram (14.1 oz) can powder Neocate Infant DHA & ARA
Medical Documentation Required	4	505	Formula	1-400 gram (14.1 oz) can powder Neocate Infant DHA & ARA
	2	505	Formula	1-400 gram (14.1 oz) can powder Neocate Infant DHA & ARA

**Similac Expert Care Neosure** 

Food Package Code	Rank	VC	Voucher M	lessage
S71 (Assign S71)	4	519	Formula	6-13.1 oz cans Similac Expert Care Neosure (1 case)
11-13.1 oz Similac Expert Care Neosure	2	S25	Formula	5-13.1 oz cans Śimilac Expert Care Neosure
Medical Documentation Required				
S73 (Assign S73)	4	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
28-32 oz containers ready to feed Similac Expert	4	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
Care NeoSure	2	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
Medical Documentation Required	2	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
Required	4	S09	Formula	4-32 oz containers ready to feed Similac Expert Care NeoSure
S70 (Assign S70)	2	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
448-2 oz containers ready to feed Similac Expert	2	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
Care NeoSure	4	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
Medical Documentation Required	4	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	515	Formula	48-2 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	2	516	Formula	16-2 oz containers ready to feed Similac Expert Care NeoSure

Nutramigen

Food Package Code	Rank	VC	Voucher Me	essage
S82 (Assign S82)	2	N08	Formula	15-13 oz cans concentrate Nutramigen
34-13 oz cans concentrate Nutramigen	4	N57	Formula	19-13 oz cans concentrate Nutramigen
Medical Documentation Required				
S81 (Assign S81) 11-12.6 oz cans powder	2	156	Formula	5-12.6 oz cans powder Nutramigen with Enflora LGG
Nutramigen with Enflora LGG	4	155	Formula	6-12.6 oz cans powder Nutramigen with Enflora LGG
Medical Documentation Required				
S83 (Assign S83) 28-32 oz containers ready	2	S03	Formula	14-32 oz containers ready to feed Nutramigen
to feed Nutramigen	4	S03	Formula	14-32 oz containers ready to feed Nutramigen
Medical Documentation Required				

Nutramigen AA or PurAmino

Food Package Code	Rank	VC	Voucher Message		
S91 (Assign S91)	4	706	Formula	4-400 gram (14.1 oz) cans powder	
9-14.1 oz cans powder				Nutramigen AA OR PurAmino	
Nutramigen AA or	2	706	Formula	4-400 gram (14.1 oz) cans powder	
Pur Amino Pur Amino				Nutramigen AA OR PurAmino	
	4	707	Formula	1-400 gram (14.1 oz) can powder	
				Nutramigen AA OR PurAmino	
Medical Documentation					
Required					

**Pregestimil** 

Food Package Code	Rank	VC	Voucher Me	Voucher Message		
S04 (Assign S04)	2	140	Formula 4-16 oz cans powder Pregestimil			
8-16 oz cans powder						
Pregestimil	4	140	Formula	4-16 oz cans powder Pregestimil		
Medical Documentation Required						

**Pregestimil 20 Calorie** 

Food Package Code	Rank	VC	Voucher Me	essage
S05 (Assign S05)	2	S61	Formula	96-2 oz containers ready to feed
		301		Pregestimil 20 Calorie (2 cases)
444-2 oz containers ready	2	S61	Formula	96-2 oz containers ready to feed
to feed Pregestimil 20		301		Pregestimil 20 Calorie (2 cases)
Calorie	4	S61	Formula	96-2 oz containers ready to feed
		301		Pregestimil 20 Calorie (2 cases)
	4	S61	Formula	96-2 oz containers ready to feed
Medical Documentation		301		Pregestimil 20 Calorie (2 cases)
Required	4	S63	Formula	48-2 oz containers ready to feed
		303		Pregestimil 20 Calorie (1 case)
	2	S64	Formula	12-2 oz containers ready to feed
		304		Pregestimil 20 Calorie (two 6-packs)

Pregestimil 24 Calorie

Fregestimii 24 Calone					
Food Package Code	Rank	VC	Voucher Me	essage	
S06 (Assign S06) 444-2 oz containers ready	2	S65	Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)	
to feed Pregestimil 24 Calorie	2	S65	Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)	
	4	S65	Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)	
Medical Documentation Required	4	S65	Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)	
	4	S67	Formula	48-2 oz containers ready to feed Pregestimil 24 Calorie (1 case)	
	2	S68	Formula	12-2 oz containers ready to feed Pregestimil 24 Calorie (two 6-packs)	

#### Similac PM 60/40

Food Package Code	Rank	VC	Voucher Message		
S14 (assign S14)	4	527	Formula	6-14.1 oz cans powder Similac PM 60/40 (1 case)	
9-14.1 oz cans powder Similac PM 60/40	2	528	Formula	3-14.1 oz cans powder Similac PM 60/40	
Medical Documentation Required					

**Similac Special Care 20** 

Food Package Code	Rank	VC	Voucher M	essage
S10 (Assign S10) 448-2 oz containers ready	4	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
to feed Similac Special Care 20 With Iron	2	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
Medical Documentation Required	4	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	2	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	521	Formula	48-2 oz containers ready to feed Similac Special Care 20 With Iron (1 case)
	2	522	Formula	16-2 oz containers ready to feed Similac Special Care 20 With Iron

**Similac Special Care 24** 

Food Package Code	Rank	VC	Voucher Me	essage
S50 (Assign S50) 448- 2 oz containers ready	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
to feed Similac Special Care 24 With Iron	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
Medical Documentation Required	4	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	523	Formula	48-2 oz containers ready to feed Similac Special Care 24 With Iron (1 case)
	2	524	Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron

### **Similac Special Care 30**

Food Package Code	Rank	VC	Voucher Me	essage
S60 (Assign S60) 448-2 oz containers ready to feed Similac Special	2	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
Care 30 With Iron  Medical Documentation	2	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
Required	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	525	Formula	48-2 oz containers ready to feed Similac Special Care 30 With Iron (1 case)
	2	526	Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron

### MAXIMUM MONTHLY AMOUNTS AUTHORIZED - Fully Formula Fed

### FORMULA TYPES, SIZES, AND MAXIMUM AMOUNTS

FFF: Table for Concentrate Formula

TYPE <sup>1</sup>	Container SIZE <sup>2</sup>	MAXIMUM AMOUNTS <sup>3</sup> (By Infant Age)					
		Age 0-3 Months	Age 4-5 Months	Age 6-11 Months			
Concentrate	13 ounces	31 cans or	34 cans or	24 cans or			
Maximum listed in		403 oz concentrate or	264 oz concentrate	312 oz concentrate			
reconstituted fluid		806 oz reconstituted	or	or			
ounces		or	884 oz reconstituted	624 oz reconstituted			
		26.9 oz per day	or	or			
			29.5 oz per day	20.8 oz per day			
Maximum Allowed		806 fl oz	884 fl oz	624 fl oz			
Concentrate	12.1 ounces	34 containers or	37 containers or	26 containers or			
Maximum listed in reconstituted fluid ounces		411.4 oz concentrate or 822.8 oz reconstituted or 27.4 oz per day	447.7 oz concentrate or 895.4 oz reconstituted or 29.8 oz per day	314.4 oz concentrate or 692.2 oz reconstituted or 21 oz per day			
Maximum Allowed <sup>4</sup>	_	822.8 fl oz	895.4 fl oz	629.2 fl oz			

FFF: Table for Ready-To-Feed Formula

TYPE <sup>1</sup>	Container SIZE <sup>2</sup>	MAXIMUM AMOUNTS <sup>3</sup> (By Infant Age)					
		Age 0-3 Months	Age 4-5 Months	Age 6-11 Months			
Ready-To-Feed	32 ounces	26 cans	28 cans	20 cans			
	2 ounces	416 bottles	448 bottles	320 bottles			
	3 ounces	277 bottles	298 bottles	213 bottles			
	4 ounces	208 bottles	224 bottles	160 bottles			
	8 ounces	104 cans	112 cans	80 cans			
Maximum Allowed		832 fl oz	896 fl oz	640 fl oz			
Ready-To-Feed	33.8 ounces	25 4-packs	27 4-packs	19 4-packs			
Maximum Allowed <sup>4</sup>		845 fl ounces	912.6 fl ounces	642.2 fl ounces			

<sup>&</sup>lt;sup>1</sup> For each type listed, the most economical size is recommended

Sizes listed are not all-inclusive
 Maximum amounts are listed for each age group for each form

<sup>&</sup>lt;sup>4</sup> USDA has allowed an exception for these package sizes in order to provide the full nutrition benefit

FFF: Table for Powder Formulas with Standard Mixing Instructions<sup>4</sup>

TYPE <sup>1</sup>	MAXIMUM AMOUNTS <sup>3</sup> (By Infant Age in # of Cans of Powder)					
Powdered 4	Reconstituted fluid ounces per container	Age 0-2 months	Age 3 months	Age 4-5 months	Age 6 months	Age 7-11 months
	82-87	10	10	11	8	8
	90-96	9	9	10	7	7
	98-99	8	9	9	7	7
	101-103	8	8	9	7	6
	111-115	7	8	8	6	6
Maximum Allowed		870 fl oz	870 fl oz	960 fl oz	696 fl oz	696 fl oz

### FFF: Table for Exempt Infant Formula and Medical Foods <u>Without</u> Standard Reconstitution Instructions

TYPE <sup>1</sup>	Container SIZE <sup>2</sup>	MAXIMUM AMOUNTS <sup>5</sup> (By Infant Age in # of Cans of Powder)					
Powdered 5		Age 0-3 Months (128 oz maximum by can weight)	Age 4-5 Months (141 oz maximum by can weight)	` `			
	12 ounces	10 cans (120 oz)	11 cans	8 cans			
	12.8 ounces	10 cans- (128 oz)	11 cans	7 cans			
	12.9 ounces	9 cans- (116.1 oz)	10 cans	7 cans			
	14.1 ounces	9 cans- (126.9 oz)	10 cans	7 cans			
	14.3 ounces	8 cans- (114.4 oz)	9 cans	7 cans			
	16 ounces	8 cans- (128 oz)	8 cans	6 cans			
	24 ounces	5 cans- (120 oz)	5 cans	4 cans			
	25.7 ounces	4 cans- (102.8 oz)	5 cans	3 cans			

Exempt infant formulas are those designed for low birth weight infants or infants with an inborn error of metabolism, or other medical or nutritional problem. To determine if a formula is exempt visit the WIC formula database at: <a href="http://grande.nal.usda.gov/wicworks/formulas/FormulaSearch.php">http://grande.nal.usda.gov/wicworks/formulas/FormulaSearch.php</a>. Each formula is categorized as an infant formula or an exempt infant formula.

<sup>&</sup>lt;sup>1</sup> For each type listed, the most economical size is recommended

<sup>&</sup>lt;sup>2</sup> Sizes listed are not all-inclusive

<sup>&</sup>lt;sup>3</sup> Maximum amounts are listed for each age group for each form

<sup>&</sup>lt;sup>4</sup> Formula yield per container based on standard mixing instructions (reconstituted). Refer to product label or manufacturer's website for reconstitution. If fluid ounce yield is not listed on label ask for assistance from Nutrition Unit

<sup>&</sup>lt;sup>5</sup> Use this table **only** for exempt infant formulas and medical foods that do **not** have standard instructions for reconstitution, such as metabolic formulas

### MAXIMUM MONTHLY AMOUNTS AUTHORIZED – Mostly Breastfed

### FORMULA TYPES, SIZES, AND MAXIMUM AMOUNTS

**MBF: Table for Concentrate Formula** 

TYPE <sup>1</sup>	Container SIZE <sup>2</sup>	MAXIMUM AMOUNTS <sup>3</sup> (By Infant Age)				
		Age 0-1 Month	Age 1-3 Months	Age 4-5 Months	Age 6-11 Months	
Concentrate Maximum listed in reconstituted fluid ounces	13 ounces	4 cans or 52 oz concentrate or 104 oz reconstituted or 3.5 oz per day	14 cans or 182 oz concentrate or 364 oz reconstituted 12 oz per day	17 cans or 221 oz concentrate or 442 oz reconstituted or 14.5 oz per day	12 cans or 156 oz concentrate or 312 oz reconstituted or 10.4 oz per day	
	12.1 ounces	4 containers or 48.8 oz concentrate or 96.8 oz reconstituted or 3.2 oz per day	15 containers or 181.5 oz concentrate or 363 oz reconstituted or 12.1 oz per day	18 containers or 217.8 oz concentrate or 435.6 oz reconstituted or 14.5 oz per day	13 containers or 157.3 oz concentrate or 314.6 oz reconstituted or 10.5 oz per day	
Max. Allowed		104 fl oz	364 fl oz	442 fl oz	312 fl oz	

TYPE <sup>1</sup>	Container SIZE <sup>2</sup>	MAXIMUM AMOU	MAXIMUM AMOUNTS <sup>3</sup> (By Infant Age in # of Cans of Powder)			
		Age 0-1 Month	Age 1-3 Months	Age 4-5 Months	Age 6-11 Months	
Ready-To-	32 ounces	3 cans	12 cans	14 cans	10 cans	
<u>Feed</u>	33.8 ounces	3 4-packs	12 4-packs	14 4-packs	10 4-packs	
	2 ounces	52 bottles	192 bottles	224 bottles	160 bottles	
	3 ounces	34 bottles	128 bottles	149 bottles	106 bottles	
	4 ounces	26 bottles	96 bottles	112 bottles	80 bottles	
	8 ounces	13 cans	48 cans	56 cans	40 cans	
Max. Allowed		104 fl oz	384 fl oz	448 fl oz	320 fl oz	

<sup>&</sup>lt;sup>1</sup> For each type listed, the most economical size is recommended

<sup>&</sup>lt;sup>2</sup> Sizes listed are not inclusive

<sup>&</sup>lt;sup>3</sup> Maximum amounts are listed for each type

MBF: Table for Powder Formulas with Standard Mixing Instructions

TYPE <sup>1</sup>	Container SIZE <sup>2</sup>	MAXIMUM AMOUNTS <sup>3</sup> (By Infant Age in # of Cans of Powder)				
Powdered <sup>4</sup>	Reconstituted fluid ounces per container	Age 0-1 Month	Age 1-2 Months	Age 3 Months	Age 4-5 Months	Age 6-11 Months
	82-87	1	5	5	6	4
	90-96	1	4	4	5	4
	98-99	1	4	4	5	3
	101-103	1	4	4	5	3
	111-115	1	3	4	4	3
Max Allowed		104 fl oz	435 fl oz	435 fl oz	522 fl oz	384 fl oz

MBF: Table for Exempt Infant Formula and Medical Foods <u>Without</u> Standard Reconstitution Instructions

TYPE <sup>1</sup>	Container SIZE <sup>2</sup>	MAXIMUM AMOUNTS <sup>3</sup> (By Infant Age in # of Cans of Powder)					
Powdered 5		Age 1-3 Months	4-5 months	6-11 months			
Maximum	12 ounces	5 cans (60 oz)	6 cans	4 cans			
based on can weight	12.8 ounces	5 cans- (64 oz)	5 cans	4 cans			
oan worgin	12.9 ounces	4 cans- (51.6 oz)	5 cans	4 cans			
	14.1 ounces	4 cans- (56.4 oz)	5 cans	3 cans			
	14.3 ounces	4 cans- (57.2 oz)	5 cans	3 cans			
	16 ounces	4 cans- (64 oz)	4 cans	3 cans			
	24 ounces	2 cans- (48 oz)	3 cans	2 cans			
<b>-</b>	25.7 ounces	2 cans- (51.4 oz)	2 cans	2 cans			
Max Allowed	Weight of dry powder	64 oz	77 oz	56 oz			

Exempt infant formulas are those designed for low birth weight infants or infants with an inborn error of metabolism, or other medical or nutritional problem. To determine if a formula is exempt visit the WIC formula database at: <a href="http://grande.nal.usda.gov/wicworks/formulas/FormulaSearch.php">http://grande.nal.usda.gov/wicworks/formulas/FormulaSearch.php</a>
Each formula is categorized as an infant formula or an exempt infant formula.

<sup>&</sup>lt;sup>1</sup> For each type listed, the most economical size is recommended

<sup>&</sup>lt;sup>2</sup> Sizes listed are not inclusive

<sup>&</sup>lt;sup>3</sup> Maximum amounts are listed for each type

<sup>&</sup>lt;sup>4</sup> Formula yield per container based on standard mixing instructions (reconstituted). Refer to product label or manufacturer's website for reconstitution. If fluid ounce yield is not listed on label ask for assistance from Nutrition Unit

<sup>&</sup>lt;sup>5</sup> Use this table <u>only</u> for powdered products that do not have standard instructions for reconstitution, such as metabolic formulas

## FORMULA TYPES, SIZES, AND MAXIMUM AMOUNTS - INFANT FOODS MAXIMUM MONTHLY AMOUNTS

(For Infants 6 through 11 Months)

INFANT FOOD	MAXIMUM AMOUNTS				
	Total Allowed	SIZE	FFF/MBF	EBF	
Infant Cereal	24 ounces	8 ounces	3 boxes	3 boxes	
Infant Fruit and Vegetable	128 ounces	4 ounces	32 jars	64 jars	
		7 ounces	18 twin packs	36 twin packs	
Infant Meats	77.5 ounces	2.5 ounces	N/A	31 jars	

Maximum Amounts					
Formula Name	Age (months)	Max Allowed	Voucher Code	Amount	
Similac Expert	0-1	1-powder	358	1 can	
Care Alimentum	1-2	3-powder	S01	3 cans	
	3	4 powder	360	4 cans	
	4-5	4-powder	360	4 cans	
	6-11	3-powder	S01	3 cans	
		, ,	N76	14 jars	
		baby foods	N76	14 jars	
		cereal	N82	4 jars 3 boxes	
Similac Expert	0-1	3-RTF	359	1 can	
Care Alimentum			359	1 can	
			359	1 can	
	1-2	12-RTF	359	1 can	
			359	1 can	
			N05	10 cans	
	3	12-RTF	359	1 can	
			359	1 can	
			N05	10 cans	
	4-5	14-RTF	150	14 cans	
	6-11	10-RTF	N05	10 cans	
	0-11	10-1011	N76	14 jars	
		baby foods	N76	14 jars	
		cereal	N82	4 jars	
				3 boxes	
EleCare for	0-1	1-powder	S36	1 can	
Infants	1-2	4-powder	S35	4 cans	
	3	4-powder	S35	4 cans	
	4-5	5-powder	S35	4 cans	
			S36	1 can	
	6-11	4-powder	S35	4 cans	
			N76	14 jars	
		baby foods	N76	14 jars	
		cereal	N82	4 jars	
				3 boxes	
EnfaCare	0-1	1-powder	591	1 can	
	1-2	5-12.8 powder		5 cans	
		1	S11	_	
	3	5-12.8 powder	S11	5 cans	
	4-5	6-12.8 powder	541	6 cans	
	6-11	4-powder	542	4 can	
		. 1- 3	N76	14 jars	
		baby foods	N76	14 jars	
		cereal	N82	4 jars 3 boxes	

Formula Name	Age	Max Allowed	Voucher Code	Amount
	(months)		voucher code	Amount
EnfaCare	0-1	3-RTF	544	1 can
			544	1 can
			544	1 can
	1-3	12-RTF	543	6 cans
			543	6 cans
	4-5	14-RTF	543	6 cans
			543	6 cans
			S13	2 cans
	6-11	10-RTF	543	6 cans
			S12	4 cans
		baby foods	N76	14 jars
		cereal	N76	14 jars
			N82	<mark>4 jars</mark> 3 boxes
EnfaCare	0-1	48-2 oz	539	1 case
	1-3	192-2 oz	589	2 cases
			589	2 cases
	4-5	222-2 oz	589	2 cases
	. •		589	2 cases
			540	18 bottles
			S20	12 bottles
	6-11	156-2 oz	589	2 cases
		100 2 02	539	1 case
			S20	12 bottles
		baby foods	N76	14 jars
		cereal	N76	14 jars
			N82	4 jars
				3 boxes
Enfamil	0-1	48-2 oz	545	1 case
Premature 20	1-3	192-2 oz	595	2 cases
			595	2 cases
	4-5	222-2 oz	595	2 cases
			595	2 cases
			546	18 bottles
			S21	12 bottles
	6-11	156-2 oz	595	2 cases
			545	1 case
			S21	12 bottles
		baby foods	N76	<mark>14 jars</mark>
		cereal	N76	<mark>14 jars</mark>
			N82	4 jars 3 boxes

Formula Name	Age	Max Allowed	Voucher Code	Amount
	(months)	Max Allowed	Vouciiei oode	Amount
Enfamil	0-1	48-2 oz	547	1 case
Premature 24	1-3	192-2 oz	597	2 cases
			597	2 cases
	4-5	222-2 oz	597	2 cases
			597	2 cases
			548	18 bottles
			S22	12 bottles
	6-11	156-2 oz	597	2 cases
			547	1 case
			S22	12 bottles
		baby foods	N76	14 jars
		cereal	<mark>N76</mark>	<mark>14 jars</mark>
			N82	4 jars/3 boxes
Gerber Good	0-3	5-powder	L06	5 cans
Start Nourish	4-5	6-powder	L07	6 cans
	6-11	4-powder	L08	4 cans
			N76	<mark>14 jars</mark>
		baby foods	N76	14 jars
		cereal	N82	4 jars/3 boxes
Neocate Infant	0-1	1-powder	505	1 can
DHA & ARA	1-3	5-powder	505	1 can
		·	500	4 cans
	4-5	6-powder	505	1 can
		·	505	1 can
			500	4 cans
	6-11	4-powder	500	4 cans
		baby foods	N76	14 jars
		cereal	N76	14 jars
			N82	4 jars/3 boxes
Nutramigen	0-1	4-conc	159	1 can
•			159	1 can
			159	1 can
			159	1 can
	1-3	14- conc	159	1 can
			159	1 can
			163	12 cans
	4-5	17- conc	N67	16 cans
			159	1 can
	6-11	12- conc	163	12 cans
			N76	14 jars
			N76	14 jars
			N82	4 jars/3 boxes
Nutramigen	0-1	3-RTF	A67	1 can
<b>J</b> .			A67	1 can
			A67	1 can

F = +++	A	May Allawad		A 1
Formula Name	Age (months)	Max Allowed	Voucher Code	Amount
	1-3	12-RTF	S29	10 cans
			A67	1 can
			A67	1 can
	4-5	14-RTF	S03	14 cans
	6-11	10-RTF	S29	10 cans
			N76	14 jars
			N76	14 jars
			N82	4 jars/3 boxes
Nutramigen with	0-1	1-powder	157	1 can
Enflora LGG	1-3	5-powder	156	5 cans
	4-5	6-powder	155	6 cans
	6-11	4-powder	S32	3 cans
		·	157	1 can
		baby foods	N76	14 jars
		cereal	<mark>N76</mark>	14 jars
			N82	4 jars/3 boxes
	0-1	1-powder	707	1 can
<b>PurAmino</b>	1-3	4-powder	706	4cans
	4-5	5-powder	707	1 can
		·	706	4cans
	6-11	3-powder	S14	3 cans
		baby foods	N76	14 jars
		cereal	N76	14 jars
			N82	4 jars/3 boxes
Pregestimil	0-1	1-powder	141	1 can
	1-2	3-powder	S08	3 cans
	3	4-powder	140	4 cans
	4-5	4-powder	140	4 cans
	6-11	3-powder	S08	3 cans
		-	N76	14 jars
			N76	14 jars
			N82	4 jars/3 boxes
Similac Expert	0-1	1-powder	482	1 can
Care Neosure	1-3	5-powder	S25	5 cans
	4-5	6-powder	519	6 cans
	6-11	4-powder	520	4 cans
		. po 30	N76	14 jars
		baby foods	N76	14 jars
		cereal	N82	4 jars/3 boxes
Similac Expert	0-1	3-RTF	S10	2 cans
Care Neosure			518	1 can
	1-3	12-RTF	517	6 cans
			517	6 cans
				2 24110

Formula Name	Age	Max Allowed	Voucher Code	Amount
Formula Name	(months)	Max Allowed	voucher code	Amount
	4-5	14-RTF	517	6 cans
			517	6 cans
			S10	2 cans
	6-11	10 RTF	517	6 cans
			S09	4 cans
		baby foods	N76	14 jars
		cereal	N76	14 jars
			N82	4 jars/3 boxes
Similac Expert	0-1	48-2 oz	515	48 bottles
Care Neosure	1-3	192-2 oz	596	2 cases
			596	2 cases
	4-5	224-2 oz	596	2 cases
			596	2 cases
			516	16 bottles
			516	16 bottles
	6-11	160–2 oz	596	2 cases
			515	1 case
			516	16 bottles
			N76	14 jars
			N76	14 jars
			N82	4 jars/3 boxes
Similac PM 60/40	0-1	1-powder	483	1 can
	1-3	4-powder	529	4 cans
	4-5	5-powder	483	1 can
		•	529	4 cans
	6-11	3-powder	528	3 cans
		•	N76	14 jars
		baby foods	N76	14 jars
		cereal	N82	4 jars/3 boxes
Similac Special	0-1	48-2 oz	521	1 case
Care 20	1-3	192-2 oz	598	2 cases
			598	2 cases
	4-5	224-2 oz	598	2 cases
			598	2 cases
			522	16 bottles
			522	16 bottles
	6-11	160-2 oz	521	1 case
			598	2 cases
			522	16 bottles
			N76	14 jars
		baby foods	N76	14 jars
		cereal	N82	4 jars/3 boxes
Similac Special	0-1	48-2 oz	523	1 case
Care 24	1-3	192-2 oz	594	2 cases
	'		594	2 cases
L	1			

Formula Name	Age (months)	Max Allowed	Voucher Code	Amount
	4-5	224-2 oz	594	2 cases
			594	2 cases
			524	16 bottles
			524	16 bottles
	6-11	160-2 oz	523	1 case
			594	2 cases
			524	16 bottles
			N76	<mark>14 jars</mark>
		baby foods	N76	<mark>14 jars</mark>
		cereal	N82	4 jars/3 boxes
Similac Special	0-1	48-2 oz	525	1 case
Care 30	1-3	192-2 oz	585	2 cases
			585	2 cases
	4-5	224-2 oz	585	2 cases
			585	2 cases
			526	16 bottles
			526	16 bottles
	6-11	160-2 oz	525	1 case
			585	2 cases
			526	16 bottles
			526	16 bottles
		baby foods	N76	14 jars
		cereal	N76	14 jars
			N82	4 jars/3 boxes

Formula Name	Age	Max Allowed	Voucher Code	Amount
Similac Expert	<mark>0-3</mark>	5-powder	S01	3 cans
Care Alimentum			<mark>358</mark>	<mark>1 can</mark>
			<mark>358</mark>	1 can
	<mark>4-5</mark>	6-powder	S01	3 cans
			S01	<mark>3 cans</mark>
	<mark>6-11</mark>	4-powder	<mark>360</mark>	4 cans
			N76	<mark>14 jars</mark>
		baby foods	N76	<mark>14 jars</mark>
		<mark>cereal</mark>	<mark>N82</mark>	4 jars/3 boxes
Similac Expert	0-3	20-RTF	N05	10 cans
<b>Care Alimentum</b>			N05	10 cans
	<mark>4-5</mark>	22-RTF	359	1 can
			N05	10 cans
			N05	10 cans
			359	1 can
	6-11	14-RTF	<mark>150</mark>	14 cans
			N76	14 jars
		baby foods	N76	14 jars
		cereal	N82	4 jars/3 boxes
EleCare for	<mark>1-3</mark>	6-powder	S33	6 cans
Infants	4-5	7-powder	S33	4 cans
mants			S36	1 can
	6-11	5-powder	S35	4 cans
	<u> </u>	o pondo.	S36	1 can
		baby foods	N76	14 jars
		cereal	N76	14 jars
		oo. oa.	N82	4 jars/3 boxes
<b>EnfaCare</b>	0-3	6-12.8 powder	541	6 cans
LiliaGale	4-5	7-12.8 powder	541	6 cans
	4-0	7-12.0 powder	591	1 can
	6-11	5- powder	S11	5 cans
	<u>0 11</u>	5- powder	N76	
		baby foods	N76	14 jars 14 jars
		cereal	N82	4 jars/3 boxes
F., ( - 0	0.0			
<b>EnfaCare</b>	0-3	20-RTF	<u>543</u>	6 cans
			<u>543</u>	6 cans
			<u>543</u>	6 cans
-		00.575	S13	2 cans
	<mark>4-5</mark>	22-RTF	<u>543</u>	6 cans
			<u>543</u>	6 cans
			543	6 cans
			S12	4 cans

Formula Name	Age	Max Allowed	Voucher Code	Amount
	6-11	14-RTF	543	6 cans
			S12	4 cans
		baby foods	S12	4 cans
		cereal	N76	14 jars
			N76	14 jars
			N82	4 jars/3 boxes
<b>Enfamil</b>	0-3	288-2 oz	<mark>595</mark>	2 cases
Premature 20			<mark>595</mark>	2 cases
			<mark>595</mark>	2 cases
	<mark>4-5</mark>	236-2 oz	<mark>595</mark>	2 cases
			<mark>595</mark>	2 cases
			<mark>595</mark>	2 cases
			<mark>545</mark>	1 case
	<mark>6-11</mark>	156-2 oz	<mark>595</mark>	2 cases
			<mark>595</mark>	2 cases
			<mark>545</mark>	1 case
		baby foods	N76	14 jars
		cereal	N76	14 jars
			N82	4 jars/3 boxes
<b>Enfamil</b>	0-3	288-2 oz	<mark>597</mark>	2 cases
<b>Premature 24</b>			<mark>597</mark>	2 cases
			<mark>597</mark>	2 cases
	<mark>4-5</mark>	236-2 oz	<mark>597</mark>	2 cases
			<mark>597</mark>	2 cases
			<mark>597</mark>	2 cases
			<mark>547</mark>	1 case
	<b>6-11</b>	240-2 oz	<mark>597</mark>	2 cases
			<mark>597</mark>	2 cases
			<mark>547</mark>	1 case
		baby foods	N76	<mark>14 jars</mark>
		cereal	N76	14 jars
			N82	4 jars/3 boxes
Gerber Good	<mark>0-3</mark>	7-powder	<u>L09</u>	1 can
Start Nourish			<u>L07</u>	<mark>6 cans</mark>
	<mark>4-5</mark>	<mark>8-powder</mark>	<u>L08</u>	4 cans
			L08	4 cans
	<mark>6-11</mark>	6-powder	<u>L07</u>	<mark>6 cans</mark>
			N76	<mark>14 jars</mark>
		baby foods	N76	14 jars
		cereal	N82	4 jars/3 boxes
Neocate Infant	<mark>0-3</mark>	7-powder	<u>505</u>	1 can
DHA & ARA			<mark>505</mark>	<mark>1 can</mark>
			<u>505</u>	1 can
			<u>500</u>	4 cans
	<mark>4-5</mark>	8-powder	<mark>500</mark>	4 cans

Similac Expert   Simi	Farmula Nama	A	Recommended Amo		A no a cuet
Company	Formula Name	Age	Max Allowed	Voucher Code	Amount
Daby foods   So5					4 cans
Daby foods   So5		<mark>6-11</mark>	6-powder	<mark>500</mark>	4 cans
Nutramigen with Enflora LGG				<mark>505</mark>	<mark>1 can</mark>
Nutramigen with Enflora LGG			baby foods	<mark>505</mark>	<mark>1 can</mark>
Nutramigen with Enflora LGG			<mark>cereal</mark>	N76	<mark>14 jars</mark>
Nutramigen with Enflora LGG				N76	14 jars
Company				N82	4 jars/3 boxes
A-5	<b>Nutramigen with</b>	0-3	7-powder	<mark>157</mark>	<mark>1 can</mark>
A-5	<b>Enflora LGG</b>			<mark>157</mark>	<mark>1 can</mark>
G-11				<mark>156</mark>	5 cans
G-11		<mark>4-5</mark>	8-powder		5 cans
S32   3 cans   14 jars   17   18   18   18   18   18   18   18					3 cans
Daby foods   N76		6-11	6-powder	<mark>S32</mark>	3 cans
Cereal   N76				S32	3 cans
Cereal   N76			baby foods	N76	14 jars
PurAmino				N76	14 jars
A-5				N82	4 jars/3 boxes
A-5	PurAmino	1-3	6-powder	S14	3 cans
A-5   7-powder   707   1 can		<u></u>	<u> </u>		
S14   3 cans   S14		4-5	7-powder		
Company					
Continue					
Pregestimil		6-11	5-powder		
Daby foods   Cereal   N76			<u> </u>		
Cereal   N76			baby foods		
N76					
N82					
Pregestimil         0-3         6-powder         S08         3 cans           4-5         7-powder         S08         3 cans           140         4 cans           6-11         6-powder         S08         3 cans           N76         14 jars           cereal         N76         14 jars           N82         4 jars/3 boxe           Similac Expert         1-3         7-powder         482         1 can					
S08   3 cans   3 ca	Pregestimil	0-3	6-powder		
4-5   7-powder   S08   3 cans					
6-11 6-powder S08 3 cans  baby foods cereal N76 14 jars N82 4 jars/3 boxe  Similac Expert 1-3 7-powder 482 1 can		4-5	7-powder		
6-11 6-powder S08 3 cans S08 3 cans baby foods cereal N76 14 jars N82 4 jars/3 boxe Similac Expert 1-3 7-powder 482 1 can					
S08   3 cans     baby foods   N76   14 jars     cereal   N76   14 jars     N82   4 jars/3 boxe     Similac Expert   1-3   7-powder   482   1 can		6-11	6-powder	<del></del>	
baby foods         N76         14 jars           cereal         N76         14 jars           N82         4 jars/3 boxe           Similac Expert         1-3         7-powder         482         1 can					
cereal         N76         14 jars           N82         4 jars/3 boxe           Similac Expert         1-3         7-powder         482         1 can			baby foods		
N82 4 jars/3 boxe Similac Expert 1-3 7-powder 482 1 can					
Similac Expert 1-3 7-powder 482 1 can					4 jars/3 boxes
	Similac Expert	1-3	7-powder		
Care Necosure 1 Can	Care Neosure			482	1 can
S25 5 cans					
4-5 8-powder 520 4 cans		4-5	8-powder		
520 4 cans					
6-11 6-powder 528 3 cans		6-11	6-powder	<del>528</del>	3 cans

Formula Name	Age	Max Allowed	Voucher Code	Amount
			528	3 cans
		baby foods	N76	14 jars
		cereal	N76	14 jars
			N82	4 jars/3 boxes
Similac PM 60/40	0-3	6-powder	<mark>528</mark>	3 cans
			<mark>528</mark>	3 cans
	<mark>4-5</mark>	7-powder	<mark>529</mark>	4 cans
			<mark>528</mark>	3 cans
	6-11	5-powder	<mark>483</mark>	1 can
			<mark>529</mark>	4 cans
		baby foods	N76	<mark>14 jars</mark>
		<mark>cereal</mark>	N76	14 jars
			N82	4 jars/3 boxes
Similac Special	<mark>0-3</mark>	288-2 oz	<mark>598</mark>	2 cases
Care 20			<mark>598</mark>	2 cases
			<mark>598</mark>	2 cases
	<mark>4-5</mark>	236-2 oz	<mark>521</mark>	1 case
			<mark>598</mark>	2 cases
			<mark>598</mark>	2 cases
			<mark>598</mark>	2 cases
	<mark>6-11</mark>	240-2 oz	<mark>521</mark>	1 case
			<mark>598</mark>	2 cases
			<mark>598</mark>	2 cases
		baby foods	N76	<mark>14 jars</mark>
		cereal	N76	14 jars
			N82	4 jars/3 boxes
Similac Special	<mark>0-3</mark>	288-2 oz	<mark>594</mark>	2 cases
Care 24			<mark>594</mark>	2 cases
			<mark>594</mark>	2 cases
	<del>4-5</del>	236-2 oz	<mark>594</mark>	2 cases
			<mark>594</mark>	2 cases
			<u>594</u>	2 cases
			<u>523</u>	1 case
	<mark>6-11</mark>	240-2 oz	523	1 case
			594	2 cases
			<u>594</u>	2 cases
		baby foods	N76	14 jars
		cereal	N76	14 jars
			N82	4 jars/3 boxes

# SUPPLEMENTAL FORMULA CONVERSION TABLE - MODULARS Displacement Method

Monthly RX	Amount of Formula Replaced			
	Concentrate –	Powder-	Powder-	Ready-to-Feed -
	12 - 13 oz	12 - 16 oz	22 - 24 oz	32 - 34 oz
Duocal (14.1 oz	powder) 1 can contai	ns 42 TBSP/1968	8 Calories	
1 can	4	1	1	4
2 cans	8	2	1	7
3 cans	12	3	2	10
4 cans	16	4	2	13
Polycose (12.3 c	oz powder) 1 can con	tains 59 TBSP/13	330 Calories	
1 can	4	1	1	4
2 cans	8	2	1	7
3 cans	12	3	2	10
4 cans	16	4	2	13
BeneCalorie (1.	oz cup) 1 packet co	ntains 330 calorie	es and 7 grams of p	protein
1-2 packet(s)	1	1	1	1
3 packets	2	1	1	2
4-5 packets	3	1	1	3
6 packets	4	2	1	3
7-8 packets	5	2	1	4
9 packets	6	2	1	5
10-11 packets	7	2	1	6
12 packets	8	2	2	6
13-14 packets	9	2	2	7
15 packets	10	3	2	8
16-17 packets	11	3	2	9
18 packets	12	3	2	10
19-20 packets	13	3	2	10
21 packets	13	4	2	11
22-23 packets	14	4	2	12
24 packets	15	4	2	12
25-26 packets	16	4	3	13
27 packets	17	4	3	14
28-29 packets	18	5	3	15
30 packets	19	5	3	15
Human Milk Forti	<mark>fier</mark>			1
0-200 vials		1		
		_		

Monthly RX	Amount of Formula Replaced				
	Concentrate –	Powder-	Powder-	Ready-to-Feed -	
	12 - 13 oz	12 - 16 oz	22 - 24 oz	32 - 34 oz	
BeneProtein (7 g	r packet) 1 packet co	ontains 25 calorie	s and 6 grams of	protein	
1-30 packets	1	1	1	1	
31- 50 packets	2	1	1	2	
51-60 packets	3	1	1	2	
61-70 packets	3	1	1	3	
71-80 packets	4	1	1	3	
81-90 packets	4	2	1	4	
91-100 packets	5	2	1	4	
101-110 packets	5	2	2	4	
111-120 packets	6	3	2	5	
BeneProtein (8 o	z can) 1 can contains	810 calories and	d 194 grams of pr	otein	
1 can	2	1	1	1	
2 cans	3	1	1	3	
3 cans	5	2	1	4	
4 cans	6	2	1	5	
MCT Oil (32 fl oz	bottle) 1 bottle conta	ins 960 cc/64 TB	SP/7392 Calories	5	
1 bottle	3	1	1	3	
2 bottles	6	2	1	3	
Microlipid (3 oz bottle) 1 bottle contains 88.7 ml/399 Calories/44 gr Fat					
1-4 bottles	1	1	1	1	
5-8 bottles	2	1	1	2	
9-10 bottles	3	1	1	3	
11-14 bottles	4	1	1	4	
15-18 bottles	<u>5</u>	1	1	5	
19-20 bottles	<mark>6</mark>	2	1	6	

Monthly RX		Amount of Fori	mula Replaced	
monthly tox	Concentrate –	Powder-	Powder-	Ready-to-Feed -
	12 - 13 oz	12 - 16 oz	22 - 24 oz	32 - 34 oz
Complete Amino	Acid Mix			•
1 can	1	1	1	1
2 cans	2	1	1	2
3 cans	3	1	1	3
4 cans	4	1	1	4
5 cans	<mark>5</mark>	2	1	5
6 cans	6	2	1	6
7 cans	7	2	1	7
8 cans	8	2	1	8
9 cans	9	3	2	9

# MAXIMUM MONTHLY AMOUNTS of FORMULA AUTHORIZED for CHILDREN & WOMEN WITH QUALIFYING MEDICAL CONDITIONS FOOD PACKAGE III

#### See Also Children and Women Maximum Amounts Attachments FP-29 & FP-30

#### FORMULA TYPES, SIZES AND ADDITIONAL AMOUNTS

Formula Type:	Child Max
Concentrate-	455 fluid ounces
RTF-	910 fluid ounces
Powder-	910 fluid ounces reconstituted or 144 oz (if no standard dilution)

TYPE	CAN SIZE	Children & Women Maximum Amounts
Concentrate	13 ounces	35 cans or 455 ounces maximum concentrate or 910 fluid ounces reconstituted
	12.1 ounces	37 cans or 477.7 ounces concentrate or 895.4 fluid ounces reconstituted
Ready-To-Feed	32 ounces	28 cans or 910 fluid ounces
	33.8 ounces	26 4-packs or 878.8 fluid ounces

Table for Powder Formulas With Standard Mixing Instructions

Powdered <sup>4</sup>	Reconstituted fluid ounces per	Maximum Number of Cans Allowed
	container	
	66-70	13
	71-75	12
	76-82	11
	83-91	10
	92-101	9
	102-113	8
	114-130	7
Maximum Allowed		910 fl oz

<sup>&</sup>lt;sup>4</sup> Refer to product label or manufacturer's website for reconstitution.

## Table for Powder Exempt Formulas and Medical Foods <u>Without</u> Standard Reconstitution Instructions for Children and Women

Powdered <sup>5</sup>	144 ounces Maximum by can weight	Maximum Number of Cans Allowed Per Month
	12 ounces	12 cans
	12.8 ounces	11 cans
	12.9 ounces	11 cans
	14.1 ounces	10 cans
	14.3 ounces	10 cans
	16 ounces	9 cans
	24 ounces	6 cans
	25.7 ounces	5 cans

<sup>&</sup>lt;sup>5</sup>Use this table <u>only</u> for powdered products that do not have standard instructions for reconstitution, such as metabolic formulas.

#### MAXIMUM MONTHLY AMOUNTS OF WIC FOODS AUTHORIZED FOR CHILDREN

Food Package IV		
FOOD	MAXIMUM AMOUNT PER MONTH	
Milk <sup>1</sup>	16 quart equivalents <sup>2</sup>	
Cheese	4 pounds <sup>3</sup>	
Tofu	8 pounds <sup>8</sup>	
Eggs	1 dozen	
Juice	2-64 ounce containers	
Cereal	36 ounces (Maximum of 32 oz infant cereal)	
Beans/Peas	1 pound bag dried or 4 cans (15-16 ounces)	
OR	OR	
Peanut Butter	1 container (16-18 oz)	
Fruits and Vegetables	\$6.00	
Whole Grain Bread or alternative	32 ounces	

<sup>&</sup>lt;sup>1</sup> May substitute up to 16 quarts of lactose reduced milk for up to 4 gallons of milk.

<sup>&</sup>lt;sup>2</sup> Substitution amounts for fluid milk include:

ITEM	FLUID MILK EQUIVALENTS
Cheese, 1 pound	3 quarts <sup>3</sup>
Evaporated milk, whole or skim, 12 ounces	4 cans equal 3 quarts <sup>4,5</sup>
Nonfat or low-fat dry milk	1-3 quart container equal to 3 quarts <sup>6,7</sup>
Tofu, 1 pound	1 quart <sup>8</sup>

<sup>&</sup>lt;sup>3</sup> Subtract from monthly milk allotment. A maximum of one (1) pound of cheese per month is allowed without medical documentation and a maximum of four (4) pounds with medical documentation of a qualifying condition.

See Attachment FP-39 for more information on milk substitutions

<sup>&</sup>lt;sup>4</sup> If no cheese is issued, a maximum of 12 quarts of milk may be substituted with evaporated milk (16 cans). This leaves one gallon of fluid milk in the food package.

<sup>&</sup>lt;sup>5</sup> If one pound of cheese is issued, a maximum of 9 quarts of milk may be issued with evaporated milk (12 cans). This leaves one gallon of fluid milk in the food package.

<sup>&</sup>lt;sup>6</sup> If no cheese is issued, a maximum of 12 quarts of milk may be substituted with dry powder milk. This leaves one gallon of fluid milk in the food package.

<sup>&</sup>lt;sup>7</sup> If one pound of cheese is issued a maximum of 9 quarts of milk may be substituted with dry powder milk. This leaves one gallon of fluid milk in the food package.

<sup>&</sup>lt;sup>8</sup> Subtract from monthly milk allotment. Medical documentation required for a child to receive any tofu.

#### MAXIMUM MONTHLY AMOUNTS OF WIC FOODS AUTHORIZED FOR WOMEN

FOOD	PREGNANT (Singleton), MOSTLY BREASTFEEDING	EXCLUSIVELY BREASTFEEDING <sup>11</sup> , PREGNANT WITH MULTIPLE FETUSES, MOSTLY BREASTFEEDING MULTIPLES <sup>7</sup>	NON- BREASTFEEDING, SOME BREASTFEEDING
	Food Package V	Food Package VII	Food Package VI
Milk <sup>2</sup>	22 quart equivalents <sup>3</sup>	24 quart equivalents <sup>3</sup>	16 quart equivalents <sup>3</sup>
Cheese	6 pounds 4,5	6 pounds <sup>4,5,6</sup>	4 pounds <sup>4,5</sup>
Tofu <sup>8</sup>	12 pounds	12 pounds	12 pounds
Eggs	1 dozen	2 dozen	1 dozen
Juice	3 (48 oz) containers or 3-12 oz cans frozen or 3-11.5 oz cans pourable	3 (48 oz) containers or 3-12 oz cans frozen or 3-11.5 oz cans pourable	2 (48 oz) containers or 2-12 oz cans frozen or 2-11.5 oz cans pourable
Cereal	36 ounces	36 ounces	36 ounces
Beans/Peas and/or Peanut Butter	1 pound bag dried or 4 (1 <mark>5</mark> -16 oz) cans and 1 container (16-18 oz)	1 pound bag dried or 4 (1 <mark>5</mark> -16 oz) cans and 1 container (16-18 oz)	1 pound bag dried or 4 (1 <mark>5</mark> -16 oz) cans <b>OR</b> 1 container (16-18 oz)
Fruit and Vegetable	\$10.00	\$10.00	\$10.00
Whole Grain or Alternative	16 oz	16 oz	N/A
Fish <sup>1</sup>	N/A	30 oz	N/A

<sup>&</sup>lt;sup>1</sup> Additional item authorized for Food Package VII only.

<sup>&</sup>lt;sup>3</sup> Substitution amounts for fluids milk include:

ITEM	FLUID MILK EQUIVALENTS
Cheese, 1 pound	3 quarts <sup>4,5</sup>
Evaporated milk, non-fat (12 oz)	4 cans equal 3 quarts <sup>9</sup>
Nonfat or low-fat dry milk	1-3 quart container equal to 3 quarts <sup>10</sup>
Tofu, 1 pound	1 quart <sup>8</sup>

<sup>&</sup>lt;sup>4</sup> Subtract from monthly milk allotment. A maximum of one (1) pound of cheese per month is allowed without medical documentation of a qualifying condition. Women in Food Package VII are allowed up to a total of three (3) pounds of cheese per month without medical documentation.

<sup>&</sup>lt;sup>2</sup> May substitute up to maximum quart equivalents of lactose reduced milk for milk.

<sup>&</sup>lt;sup>5</sup> Substitute up to six (6) pounds of cheese with medical documentation for Food Package V and VII and up to four (4) pounds of cheese for Food Package VI with medical documentation.

<sup>&</sup>lt;sup>6</sup> The standard package includes one (1) pound of cheese; staff may substitute up to an additional five (5) pounds of cheese with medical documentation for a total of six (6) pounds.

<sup>&</sup>lt;sup>7</sup>Women exclusively breastfeeding multiples can receive 1.5 times the amounts listed.

- <sup>8</sup> One (1) pound of tofu can be substituted for 1 quart of milk. Subtract from monthly milk allotment. Medical documentation must be on file to receive more than four (4) pounds of tofu for Food Packages V and VI and to receive more than six (6) pounds for Food Package VII.
- <sup>9</sup> For postpartum women not receiving cheese, a maximum of 12 quarts of milk may be substituted with evaporated milk or 9 quarts when one (1) pound of cheese is issued. In both cases this leaves one gallon of fluid milk.

For pregnant and breastfeeding women not receiving cheese, a maximum of 18 quarts of milk may substituted with evaporated milk or 15 quarts when one (1) pound of cheese is issued. In both cases, one gallon of fluid milk is left.

For exclusively breastfeeding women 21 quarts of milk may be substituted with evaporated milk. They would receive two (2) pounds of cheese with this package.

<sup>10</sup> For postpartum women not receiving cheese a maximum of 12 quarts of milk may be substituted with dry powder milk or 9 quarts with one (1) pounds of cheese. In both cases one gallon of fluid milk is left.

For pregnant and breastfeeding women not receiving cheese, a maximum of 18 quarts of milk may substituted with dry powder milk or 15 quarts when one (1) pound of cheese is issued. In both cases one gallon of fluid milk is left.

For exclusively breastfeeding women 21 quarts of milk may be substituted with dry powder milk. They would receive two (2) pounds of cheese with this package.

<sup>11</sup>Women exclusively breastfeeding multiple infants receive 1.5 times the amounts of food listed in the table for women exclusively breastfeeding women. Items not in full packages can be averaged over two months (e.g., 1.5 jars of peanut butter with one jar being issued one month and two jars to next month).

### MAXIMUM MONTHLY AMOUNTS OF WIC FOODS AUTHORIZED FOR **ALTERNATIVE FOOD PACKAGES**

### FOR FULLY FORMULA FED INFANTS (0-3 MONTHS)

#### **Contract Standard Formulas**

TYPE	SIZE	MAXIMUM AMOUNT	
Ready-To-Feed	25-33.8 oz containers (4-pack)	832 fluid ounces	
This food package consists of two vouchers per month.			

### FOR FULLY FORMULA FED INFANTS (4-5 MONTHS)

#### **Contract Standard Formulas**

TYPE	SIZE	MAXIMUM AMOUNT
Ready-To-Feed	27-33.8 oz containers (4-pack)	896 fluid ounces
This food package consists of two vouchers per month.		

### FOR FULLY FORMULA FED INFANTS (6-11 MONTHS)

#### **Contract Standard Formulas**

TYPE	SIZE	MAXIMUM AMOUNT
Ready-To-Feed	19-33.8 oz containers (4-pack)	640 fluid ounces
Cereal, Infant	3-8 oz boxes, dry	24 ounces
Infant fruit and vegetables 32-4 oz jars		128 ounces
This food package consists of four vouchers per month.		

### FOR CHILDREN AND WOMEN WITH QUALIFYING MEDICAL CONDITIONS: MAXIMUM MONTHLY AMOUNTS AUTHORIZED FOR FORMULAS

<u>FOOD</u>	<u>SIZE</u>	MAXIMUM AMOUNTS
Ready-To-Feed Formula	27-33.8 oz containers (4-pack)	910 fluid ounces

### ALTERNATIVE FOOD PACKAGES FOR CHILDREN AGES 1 TRHOUGH 5 YEARS **MAXIMUM MONTHLY AMOUNTS AUTHORIZED**

FOOD	SIZE	MAXIMUM AMOUNTS	
UHT Milk	64-8 ounce <b>OR</b> half pint boxes 512 fluid ounces		
Cereal	3-12 oz boxes 36 ounces		
Juice	21 (5.5 to 6 oz) cans	128 fluid ounces	
Peanut Butter	1 container (16-18 oz)	18 ounces	
Whole Grain Bread or alternative	2-16 oz loaves	32 oz	
This food package consists of six (6) vouchers.			

### FOR PREGNANT AND MOSTLY BREASTFEEDING WOMEN

### **MAXIMUM MONTHLY AMOUNTS AUTHORIZED**

FOOD	PREGNANT AND MOSTLY BREASTFEEDING Food Package V	EXCLUSIVELY BREASTFEEDING, MOSTLY BREASTFEEDING MULTIPLES, AND PREGNANT WITH MULTIPLE FETUSES Food Package VII	SOME BREASTFEEDING AND NON-BREASTFEEDING Food Package VI
UHT Milk, low- fat	88 - 8 ounce <b>OR</b> half pint boxes	96 - 8 ounce <b>OR</b> half pint boxes	64 – 8 ounce OR half pint boxes
Cheese		1 lb cheese	
Whole grains or Alternative	16 oz	16 oz	N/A
Cereal	3 - 12 oz boxes	3 - 12 oz boxes	3 - 12 oz boxes
Juice	24 (5.5 to 6 oz) cans	24 (5.5 to 6 oz) cans	16 (5.5 to 6 oz) cans
Peanut Butter	2 containers (16-18 oz each)	1 container (16-18 oz) and 4 (1 <mark>5</mark> -16 oz) cans	1 container (16-18 oz)
Beans/Peas	N/A	+ (1 <mark>0</mark> 10 02) cans	N/A
Fish	N/A	6 – 5 oz cans	N/A
Fruit and vegetable	\$10	\$10	\$10
Note* These food packages consist of 6-8 vouchers			

## **How to Convert Breastfeeding Packages**

Step1: List food allowed in smaller package

Step 2: Subtract amounts of foods on vouchers already cashed

Step 3: Issue remaining foods using a 999 voucher

**Sample 1:** Mostly to Some for Standard Food Packages (W01 to W21)

(Mom returns voucher codes W02 and 040)

	Milk	Dry milk	Juice	Cheese	Eggs	Cereal	Beans/PB	F/veg
Allowed	2 ½ gal	1 pkg	2	1	1	36	1 or 1	\$10
041	1 gal		2		1	36		
Remaining	1 ½ gal	1 pkg	0	1	0	0	1 or 1	\$10
W01	1 gal	1		1			1 PB	
Issue	½ gal	0	0	0	0	0	0	\$10

Issue VC A34. Client may keep P02 voucher. Mom would return W02 and 040.

**Sample 2:** Exclusively to Mostly Breastfeeding (W41 to W01)

(Mom returns voucher codes 039, W03)

						, ,			
	Milk	Dry milk	Juice	Cheese	Eggs	Cereal	Beans/PB	Whole	F/veg
								Grain	
Allowed	4	1	3	1	1	36 oz	1 and 1	16 oz	\$10
W82	2		2		1	36			
Remaining	2	1	1	1	0	0	1 and 1	16	\$10
W02	1						1 beans	16	
Remaining	1	1	1	1	0	0	1 PB	0	\$10

Issue VC 040 and A35. Mom returns 039, W03.

## Special Voucher Codes Used in Converting Standard Food Packages

A34	Milk:	1 half gallon low-fat (fat-free, 1%, 2%) No whole milk. <b>Least</b> expensive brand
A35	Dry Milk: Cheese: Peanut	1-3 quart container non-fat dry powder or 4-12 oz cans low-fat (fat-free, skimmed, 2%) evaporated 1-16 oz package
	Butter:	1 container (16-18 oz)
040	Milk:	1 gallon low fat (fat-free, 1%, 2%) No whole milk <b>Least expensive</b> brand
	Juice:	1-48 oz container or 1-12 oz can frozen or 1-11.5 oz can pourable concentrate
W71	Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	Eggs:	1 dozen
	Cereal:	No more than 36 oz

The following tables can be used for converting the most common brestfeeding food package changes Mostly BF (W01) to Some or Non BF (W21) and Exclusively BF (W41) to Mostly BF (W01).

## Table 1: How to Convert Breastfeeding Packages Mostly BF (W01) to Some or Non BF (W21)

- 1. Determine which vouchers the mom has remaining from the W01 package.
- 2. Find the codes for the voucher not spent in the first column of the table below to determine if the change can be made in the middle of her pick-up.
- 3. If "yes", follow the instructions on how to make the change for the mom. The infant should be issued the remainder of formula allowed for a fully formula-fed infant; remember to subtract the amount of formula already issued for the month. For the following pick-up, issue regular FP to mom (W21).
- 4. If "no", the change cannot be made in the middle of the pick-up month. You can only exchange her next full set of vouchers for the new package (W21).

Vouchers left (Have not been spent)	Can you change mid- month?	How to make change:
5 VOUCHERS LEFT		
P02, 041, W01, W02, 040	Yes	Void all 5 vouchers. Issue W21.
4 VOUCHERS LEFT		
041, W01, W02, 040	Yes	Void all 4 vouchers.
		Re-issue voucher codes W41, W04, W05, W06.
P02, W01, W02, 040	Yes	Void vouchers W02, 040, W01.
		Give voucher P02 to client.
		Re-issue voucher codes W04, W06, 772.
P02, 041, W01, W02	Yes	Void vouchers W02, 041, W01.
		Give voucher P02 to client.
		Re-issue voucher codes W04, W05, W06, 778.
P02, 041, W02, 040	Yes	Void vouchers 041, W02, 040.
		Give voucher P02 to client.
		Re-issue voucher codes W05, A34, 273.
P02, 041, W01, 040	No	Must wait until the next issuance to issue W21.
3 VOUCHERS LEFT		
P02, W02, 040	Yes	Void vouchers W02, 040.
		Give voucher P02 to client.
		Re-issue voucher code A34.
P02, 041, W02	Yes	Void vouchers W02, 041.
		Give voucher P02 to client.
		Re-issue voucher codes W71, A34.
041, W01, W02	Yes	Void vouchers 041, W01, W02.
		Re-issue voucher codes W04, W05, W06, 778.
W01, W02, 040	Yes	Void vouchers W01, W02, 040.
		Re-issue voucher codes W04, W06, 772.
W02, 040, 041	Yes	Void vouchers W02, 040, 041.
		Re-issue using 999 sub 99 – voucher codes W05, A34,
		273.

P02, 041, W01	No	Must wait until the following pick-up to issue W21.			
P02, W01, W02	No	Must wait until the following pick-up to issue W21.			
P02, 040, 041	No	Must wait until the following pick-up to issue W21.			
P02, W01, 040	No	Must wait until the following pick-up to issue W21.			
041, W01, 040	No	Must wait until the following pick-up to issue W21.			
2 VOUCHERS LEFT					
W02, 041	Yes	Void vouchers W02, 041.			
		Re-issue voucher codes W71, A34.			
W02, 040	Yes	Void vouchers W02, 040.			
		Re-issue voucher code A34.			
P02, 041	No	Must wait until the following pick-up to issue W21.			
P02, W01	No	Must wait until the following pick-up to issue W21.			
P02, W02	No	Must wait until the following pick-up to issue W21.			
P02, 040	No	Must wait until the following pick-up to issue W21.			
041, W01	No	Must wait until the following pick-up to issue W21.			
041, 040	No	Must wait until the following pick-up to issue W21.			
W01, W02	No	Must wait until the following pick-up to issue W21.			
W01, 040	No	Must wait until the following pick-up to issue W21.			
1 VOUCHER LEFT					
No change can be made for any single voucher left.					

## Table 2: How to Convert Breastfeeding Packages Exclusively BF (W41) to Mostly BF (W01)

- 1. Determine which vouchers the mom has left from the W41 package.
- 2. Find the codes for the voucher not spent in the first column of the table below to determine if the change can be made in the middle of her pick-up.
- 3. If "yes", follow the instructions on how to make the change for the mom. The infant should be issued the remainder of formula allowed for a fully formula fed-infant; remember to subtract the amount of formula already issued for the month. For the following pick-up, issue regular FP to mom (W01).
- 4. If "no", the change cannot be made in the middle of the pick-up month. You can only exchange her next full set of vouchers for the new package (W01).

Vouchers left (Have not been spent)	Can you change mid- month?	How to make change:
5 VOUCHERS LEFT		
P02, W82, 039, W02, W03	Yes	Void all 5 vouchers. Issue W01.
4 VOUCHERS LEFT		
W82, 039, W02, W03	Yes	Void vouchers 039, W03. Give vouchers W82 & W02 to client. Re-issue voucher codes W01, 778.
P02, 039, W02, W03	Yes	Void vouchers 039, W03. Give voucher P02 & W02 to client. Re-issue voucher codes A35, 040.

P02, W82, W02, W03	Yes	Void vouchers W82, W03.
, , ,		Give voucher P02 & W02 to client.
		Re-issue voucher codes 040, 040, A35, 780.
P02, W82, 039, W03	Yes	Void vouchers 039, W03.
, , ,		Give voucher P02 & W82 to client.
		Re-issue voucher codes 040, A35.
P02, W82, 039, W02	No	Must wait until the following pick-up to issue W01.
3 VOUCHERS LEFT		
039, W02, W03	Yes	Void vouchers 039, W03.
		Give voucher W02 to client.
		Re-issue voucher code A35, 040.
W82, W02, W03	Yes	Void vouchers W82, W03.
		Give voucher W02 to client.
		Re-issue voucher codes 040, 040, A35, 780.
W82, 039, W03	Yes	Void vouchers 039, W03.
		Give voucher W82 to client.
		Re-issue voucher codes 040, A35.
P02, 039, W03	Yes	Void vouchers 039, W03.
		Give voucher P02 to client.
		Re-issue voucher codes A35, 040.
P02, W82, W03	Yes	Void vouchers W82, W03.
		Give voucher P02 to client.
		Re-issue voucher codes 040, 040, 780, A35.
W82, 039, W02	No	Must wait until the following pick-up to issue W21.
P02, W02, W03	No	Must wait until the following pick-up to issue W21.
P02, 039, W02	No	Must wait until the following pick-up to issue W21.
P02, W82, W02	No	Must wait until the following pick-up to issue W21.
P02, W82, 039	No	Must wait until the following pick-up to issue W21.
2 VOUCHERS LEFT		
W82, W03	Yes	Void vouchers W82, W03.
		Re-issue voucher codes A35, 040, 040, 780.
039, W03	Yes	Void vouchers 039, W03.
		Re-issue voucher code A35, 040.
P02, W82	No	Must wait until the following pick-up to issue W21.
P02, 039	No	Must wait until the following pick-up to issue W21.
P02, W02	No	Must wait until the following pick-up to issue W21.
P02, W03	No	Must wait until the following pick-up to issue W21.
W82, 039	No	Must wait until the following pick-up to issue W21.
W82, W02	No	Must wait until the following pick-up to issue W21.
039, W02	No	Must wait until the following pick-up to issue W21.
W02, W03	No	Must wait until the following pick-up to issue W21.
1 VOUCHER LEFT		
No change can be made for	any single vouc	her left.

## **Infant Formulas with Sequencing Exceptions**

## Similac Special Care Alimentum, Pregestimil

Age at Issuance	Package Assigned	Package Issued	Amount Issued
0 – 2 month 15 days	R**	R**	7 powder
2 month 16 days – 5 months 15 days		S**	8 powder
5 months 16 days – 11 months 15 days		T**	6 powder +
*5 months 16 days – 11 months 15 days	S**	S**	8 powder

<sup>\*</sup> Alternative package for infants unable to eat solids foods

## **PurAmino**

Age at Issuance	Package Assigned	Package Issued	Amount Issued
0 – 2 month 15 days	R**	R**	8 powder
2 month 16 days – 5 months 15 days		S**	9 powder
5 months 16 days – 11 months 15 days		T**	7 powder +
*5 months 16 days – 11 months 15 days	S**	S**	9 powder

<sup>\*</sup> Alternative package for infants unable to eat solids foods

## Similac PM 60/40

Age at Issuance	Package Assigned	Package Issued	Amount Issued
0 – 3 month 15 days	R14	R14	8 powder
3 month 16 days – 5 months 15 days		S14	9 powder
5 months 16 days – 6 months 15 days		V14	7 powder+
6 months 16 days - 11 months 15 days		T14	6 powder+
*6 months 16 days – 11 months 15 days	S	S14	9 powder

<sup>\*</sup> Alternative package for infants unable to eat solids foods

<sup>\*\*</sup> Insert package number for type of formula being issued

<sup>+</sup> Receives infant cereal and infant fruits and vegetables in addition to formula

<sup>\*\*</sup> Insert package number for type of formula being issued

<sup>+</sup> Receives infant cereal and infant fruits and vegetables in addition to formula

<sup>+</sup>Receives infant cereal and infant fruits and vegetables in addition to formula

## **WIC Approved Formulas/Medical Foods**

Contract Infant Formula: a,b					
Gerber Good Start Gentle	Nestlé HealthCare Nutrition				
Gerber Good Start Soy	Nestlé HealthCare Nutrition				
Gerber Good Start Soothe	Nestlé HealthCare Nutrition				
Gerber Good Start 2 Gentle or Gerber	Nestlé HealthCare Nutrition				
Graduates Gentle (age 9-11 months)					
Gerber Good Start 2 Soy or Gerber Graduates	Nestlé HealthCare Nutrition				
Soy (age 9-11 months)					

## Non-Contract Formulas/Medical Foods Requiring Medical Documentation: a,b,c

Formula	Manufacturer
A Covi	PBM
A-Soy	Products
Acerflex	Nutricia
Add-Ins	Nutricia
Advera	Abbott
Advera	Nutrition
AlitraQ	Abbott
7 11111 43	Nutrition
Benecalorie	Nestlé
	Nutrition
Beneprotein	Nestlé
	Nutrition
Boost	Nestlé
	Nutrition
Boost	Nestlé
Glucose	Nutrition
Control	
Boost High	Nestlé
Protein	Nutrition
Boost Kid	Nestlé
Essentials	Nutrition
Boost Kid	Nestlé
Essentials	Nutrition
1.5	Nutition
Boost Kid	Nestlé
Essentials	Nutrition
1.5 w / fiber	Nutition
Boost Plus	Nestlé
DOOS! FIUS	Nutrition
Boost	Nestlé
Pudding	Nutrition
Bright	PBM
Beginning	Products
Soy	FIUUUCIS

Calcilo XD  Carnation Instant Breakfast Essentials  Carnation Breakfast Essentials, No Sugar Added  Carnation Breakfast Lactose Free  Carnation Breakfast Lactose Free Plus  Carnation Breakfast Lactose Free Plus  Carnation Breakfast Lactose Free VHC  Compleat Compleat Pediatric Reduced Calorie  Complex MSUD Amino Acid Rare	Formula	Manufacturer
Carnation Instant Breakfast Essentials Carnation Breakfast Essentials, No Sugar Added Carnation Breakfast Lactose Free Carnation Breakfast Lactose Free Plus Carnation Breakfast Lactose Free Plus Carnation Breakfast Lactose Free Plus Carnation Breakfast Lactose Free VHC Compleat Compleat Pediatric Reduced Calorie Complex MSUD Amino Acid Nestlé Nutrition Nestlé Nutrition Nestlé Nutrition Applied Nutrition Corporation	Calcilo XD	
Instant Breakfast Essentials Carnation Breakfast Essentials, No Sugar Added Carnation Breakfast Lactose Free Carnation Breakfast Lactose Free Plus Carnation Breakfast Lactose Free Plus Carnation Breakfast Lactose Free VHC Compleat Pediatric Compleat Pediatric Reduced Calorie Cornoration	Calcilo AD	Nutrition
Breakfast Essentials  Carnation Breakfast Essentials, No Sugar Added  Carnation Breakfast Lactose Free  Carnation Breakfast Lactose Free Plus Carnation Breakfast Lactose Free Plus  Carnation Breakfast Lactose Free Plus  Carnation Breakfast Lactose Free VHC  Compleat Pediatric Reduced Calorie  Complex MSUD Amino Acid  Nutrition  Nutrition  Nestlé Nutrition  Nestlé Nutrition  Nestlé Nutrition  Applied Nutrition  Corporation		
Essentials Carnation Breakfast Essentials, No Sugar Added Carnation Breakfast Lactose Free Carnation Breakfast Lactose Free Plus Carnation Breakfast Lactose Free Plus Carnation Breakfast Lactose Free VHC Compleat Compleat Pediatric Reduced Calorie Complex MSUD Amino Acid Nestlé Nutrition Nestlé Nutrition Nestlé Nutrition Applied Nutrition Corporation		
Carnation Breakfast Essentials, No Sugar Added Carnation Breakfast Lactose Carnation Breakfast Lactose Free Carnation Breakfast Lactose Free Plus Carnation Breakfast Lactose Free VHC Compleat Compleat Pediatric Reduced Calorie Complex MSUD Amino Acid Nestlé Nutrition Nestlé Nutrition Nestlé Nutrition Applied Nutrition Corporation Corporation		Nutrition
Breakfast Essentials, No Sugar Added  Carnation Breakfast Lactose Free  Carnation Breakfast Lactose Free Plus  Carnation Breakfast Lactose Free Plus  Carnation Breakfast Lactose Free VHC  Compleat Pediatric Reduced Calorie  Complex MSUD Amino Acid  Nestlé Nutrition  Nestlé Nutrition  Nestlé Nutrition  Applied Nutrition  Corporation		
Essentials, No Sugar Added Carnation Breakfast Lactose Carnation Breakfast Lactose Free Carnation Breakfast Lactose Free Plus Carnation Breakfast Lactose Free VHC Compleat Compleat Pediatric Reduced Calorie Complex MSUD Amino Acid Nutrition Nestlé Nutrition Nestlé Nutrition Nestlé Nutrition Nestlé Nutrition Compleat Nestlé Nutrition Compleat Pediatric Reduced Calorie Corporation Corporation		
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Amino Acid   Corporation	MSUD	
Rare Corporation	Amino Acid	
Dais	Bars	Corporation

Formula	Manufacturer
Torritula	Nestlé
Crucial	Nutrition
	Abbott
Cyclinex 1	Nutrition
	Abbott
Cyclinex 2	Nutrition
Duocal	Nutricia
EO28	
Splash	Nutricia
EleCare Jr	Abbott
	Nutrition
EleCare (for	Abbott
Infants)	Nutrition
Enfamil	Mead
A.R.	Johnson
Enfamil	Mead
EnfaCare	Johnson
Enfamil Human Milk Fortifier Acidified Liquid	Mead Johnson
Enfamil Premature 20 with iron	Mead Johnson
Enfamil Premature 20 with iron	Mead Johnson
Enfamil Premature 24 with iron	Mead Johnson
Enfaport	Mead Johnson

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Jevity  Abbott Nutrition  KetoCal 3:1 Nutricia  KetoCal 4:1 Nutricia  Ketonex-1 Abbott Nutrition  Ketonex-2 Abbott	L Volov 2	Abbott
Ketonex-2  Nutrition  Nutrition  Nutricia  Nutricia  Abbott  Nutrition  Abbott	1- valex-2	Nutrition
KetoCal 3:1 Nutricia KetoCal 4:1 Nutricia Ketonex-1 Abbott Nutrition Ketonex-2 Abbott	lovity	Abbott
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Ketonex-2 Abbott Nutrition Abbott	KetoCal 3:1	Nutricia
Ketonex-2 Nutrition  Ketonex-2	KetoCal 4:1	Nutricia
Nutrition  Ketoney-2  Abbott	Kotonov 1	Abbott
I K ATONAY-7	Ketonex-1	Nutrition
Nutrition	Kotonov 2	Abbott
	Netonex-∠	Nutrition

Formula	Manufacturer	
KetoVolve	Solace	
TCTO VOIVE	Nutrition	
L-Emental	Hormel	
	Health Labs	
L-Emental	Hormel	
Hepatic	Health Labs	
L-Emental	Hormel	
Pediatric	Health Labs	
Lipistart	Vitaflow	
Lophlex LQ	Nutricia	
	Med-Diet	
Lo*Pro	Labs	
MOT O'I	Nestlé	
MCT Oil	Nutrition	
Methionaid	Nutricia	
	Nestlé	
Microlipid	Nutrition	
Monogen	Nutricia	
MSUD		
Analog	Nutricia	
MSUD		
Maxamaid	Nutricia	
MSUD		
Maxamum	Nutricia	
MSUD-1	Nutricia	
MSUD-2	Nutricia	
Neocate	ratifola	
Infant DHA	Nutricia	
& ARA	INGUICIA	
Neocate		
Junior	Nutricia	
Neocate		
Junior with	Nutricia	
Prebiotics	INUTICIA	
Neocate		
Nutra	Nutricia	
Nepro with		
Carb	Abbott	
Steady	Nutrition	
Sieduy	Hormel	
Nitro-Pro	Health Labs	
NovaSourc		
	Nestlé	
e Renal	Nutrition	
INGIIAI	Mead	
Nutramigen	Johnson	
Nutramigen	JUIIIIJII	
with Enflora	Mead	
LGG	Johnson	
LUU		

Formula	Manufacturer
Nivitron 1 O	Nestlé
Nutren 1.0	Nutrition
Nutren 1.0	Nestlé
with Fiber	Nutrition
N. 4.5	Nestlé
Nutren 1.5	Nutrition
N. ( 0.0	Nestlé
Nutren 2.0	Nutrition
Nutren	Nestlé
Glytrol	Nutrition
Nutren	Nestlé
Junior	Nutrition
Nutren	Nestlé
Junior Fiber	Nutrition
Nutren	Nestlé
Pulmonary	Nutrition
Nutren	Nactió
Replete	Nestlé Nutrition
with Fiber	Nutrition
NutriHon	Nestlé
NutriHep	Nutrition
Osmolite	Abbott
Osmonie	Nutrition
Osmolite	Abbott
HN	Nutrition
Plus	Natition
Parent's	
Choice	PBM
Added Rice	Products
Starch	
Parent's	PBM
Choice	Products
Sensitivity	<b>A.1.</b>
PediaSure	Abbott
D !! O	Nutrition
PediaSure	Abbott
w/Fiber	Nutrition
PediaSure	Abbott
1.5 Cal	Nutrition
PediaSure	Abbott
1.5 Cal with	Nutrition
fiber	A bbott
PediaSure	Abbott Nutrition
Enteral	INUUIUUII
PediaSure	Abbott
Enteral w/Fiber and	Abbott Nutrition
scFOS	INGUIUOII
3UFUS	

Formula	Manufacturer
Pepdite	
Junior	Nutricia
PediaSure	
Peptide 1.0	Ross
	NUSS
Cal	
PediaSure	Abbott
Peptide 1.0	Nutrition
Cal (fiber)	
PediaSure	Abbott
Peptide 1.5	Nutrition
Cal	Natifiloff
PediaSure	
Peptide 1.5	Abbott
Cal with	Nutrition
Fiber	
	Nestlé
Peptamen	Nutrition
Dontomon	Nestlé
Peptamen	
1.5	Nutrition
Peptamen	Nestlé
AF	Nutrition
Peptamen	Nestlé
Junior	Nutrition
Peptamen	Nestlé
Junior Fiber	Nutrition
Peptamen	Nestlé
Junior 1.5	Nutrition
Peptamen	
Junior with	Nestlé
Prebio	Nutrition
Peptamen	Nestlé
OS	Nutrition
	Nestlé
Peptamen	
OS 1.5	Nutrition
Perative	Abbott
	Nutrition
Periflex	Nutricia
Advance	INGUICIA
Periflex	Nutricia North
Infant	America
Periflex	Nictorale
Junior	Nutricia
	Abbott
Phenex-1	Nutrition
	Abbott
Phenex-2	Nutrition
PhenylAde	Applied
40Drink Mix	Nutrition
	Corporation

Formula	Manufacturer	
DhandAda	Applied	
PhenylAde	Nutrition	
60Drink Mix	Corporation	
PhenylAde	Applied	
Amino Acid	Nutrition	
Bars	Corporation	
PhenylAde	Applied	
Amino Acid	Nutrition	
Blend	Corporation	
	Applied	
PhenylAde	Nutrition	
Drink Mixes	Corporation	
PhenylAde	Applied	
Essential	Nutrition	
Drink	Corporation	
PhenylAde	Applied	
MTE Amino	Nutrition	
Acid Blend		
Phenyl-	Corporation Mead	
Free 2	Johnson	
	Mead	
Phenyl-		
Free 2HP	Johnson	
Phlexy – 10 Bar	Nutricia	
Phlexy – 10 Capsules	Nutricia	
Phlexy – 10 Drink Mix	Nutricia	
PKU-	Vitaflo	
Express	Limited	
PKU-Gel	Vitaflo	
1 1/0-961	Limited	
Polycal	Nutricia	
Polyecce	Abbott	
Polycose	Nutrition	
Dortogo	Mead	
Portagen	Johnson	
D (1 11	Mead	
Pregestimil	Johnson	
Pregestimil	Mead	
24	Johnson	
	Nestlé	
ProBalance	Nutrition	
Product	Mead	
3200AB	Johnson	
Product	Mead	
3232 A	Johnson	
Product	Mead	
80056	Johnson	

Formula	Manufacturer
FOITIIUIA	
ProMod	Abbott
	Nutrition Abbott
Promote	Nutrition
Dromoto	Abbott
Promote	Nutrition
with Fiber	Hormel
Pro-Peptide	Health Labs
Pro-Peptide	Hormel
for Kids	Health Labs
Pro-Peptide	Hormel
VHN	Health Labs
	Abbott
Pro-Phree	Nutrition
_	Abbott
Propimex-1	Nutrition
	Abbott
Propimex-2	Nutrition
	Nutricia North
Protifar	America
	Abbott
ProViMin	Nutrition
	Abbott
Pulmocare	Nutrition
D 4 :	Mead
PurAmino	<b>Johnson</b>
DE/CEN	Nutra/
RE/GEN	Balance
Renalcal	Nestlé
Renaicai	Nutrition
Resource	Nestlé
2.0	Nutrition
Resource	Nestlé
Breeze	Nutrition
RCF	
(No Added	Abbott
Carbohydrate Soy Infant	Nutrition
Formula Base	
With Iron)	
Scandical	Antolio
Calorie	Aptalis
Booster	
Scandishak	Aptalis
6 Coordishek	· ·
Scandishak	Antolio
e Lactose	Aptalis
Free	

Formula	Manufacturer
Scandishak	Wallulacture
e Sugar	Aptalis
Free	Aptalis
Similac	
	Abbott
Expert Care	Nutrition
Alimentum	
Similac	Abbott
Expert Care	Nutrition
for Diarrhea	
Similac	Abbott
Expert Care	Nutrition
NeoSure	
Similac	Abbott
Human Milk	Nutrition
Fortifier	
Similac PM	Abbott
60/40	Nutrition
Similac for	Abbott
Spit Up	Nutrition
Similac	
Special	Abbott
Care with	Nutrition
Iron 20	
Similac	
Special	Abbott
Care with	Nutrition
Iron 24	Nutition
Suplena	Abbott
with Carb	Nutrition
Steady	NI (II)
Tolerex	Nestlé
	Nutrition
TwoCal HN	Abbott
	Nutrition
Tyrex-1	Abbott
,	Nutrition
Tyrex-2	Abbott
	Nutrition
UCD	
Anamix	Nutricia
Junior	
UCD-2	Nutricia
Vital High	Abbott
Nitrogen	Nutrition
Vivonex	Nestlé
Pediatric	Nutrition
Vivonex	Nestlé
Plus	Nutrition
	<del></del>

FormulaManufactureVivonex T.E.N.Nestlé NutritionXLeu MaxamaidNutritionXLeu MaxamumNutriciaXLys, XTrp AnalogNutriciaXLys, XTrp MaxamaidNutriciaXLys, XTrp MaxamumNutriciaXMet AnalogNutriciaXMet MaxamumNutriciaXMet MaxamumNutriciaXMTVI AnalogNutriciaXMTVI MaxamaidNutriciaXMTVI MaxamumNutriciaXPhe , XTyr MaxamaidNutriciaXPhe MaxamumNutriciaXPhe MaxamumNutriciaXPhe MaxamumNutriciaXPhe MaxamumNutriciaXPhe MaxamumNutriciaXPhe MaxamumNutriciaXPHE, XTyr AnalogNutriciaXPTM AnalogNutricia	_	
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Drink XPHE, XTyr Analog XPTM Nutricia	XPhe	
Drink  XPHE, XTyr Analog  XPTM  Nutricia	Maxamum	Nutricia
Analog Nutricia XPTM Nutricia		
Analog Nutricia XPTM Nutricia	XPHE, XTyr	Nutricia
XPTM Nutricia		inutricia
Analog		Nutricia
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	<u>~</u>	

- a. Ready-to-feed formula may be indicated in limited documented cases, such as:
  - (1) Unsanitary or restricted water supply
  - (2) Inadequate refrigeration
  - (3) Caregiver has a documented condition which inhibits the proper dilution of concentrated or powder formula.
  - (4) For participants in Food Package III with a qualifying medical condition and who are receiving exempt infant formulas or medical foods (a) if the ready-to-feed form better accommodates the participant's medical condition or (b) if the ready-to-feed form improves the participant's compliance in consuming the prescribed formula.
- b. If a health care provider with prescriptive authority orders a product that is not on this list, contact the Nutrition Unit to determine whether the product is authorized for distribution through Georgia WIC.
- c. Special formulas may be acquired through the Nutrition Unit. See Georgia WIC Procedures Manual, Food Package Section for appropriate procedure and forms.

## **Formula Manufacturers**

#### **Hormel Health Labs**

3000 Tremont Road Savannah, Georgia 31405 (800) 866-7757

## **Mead Johnson Nutritional Group**

2400 W. Lloyd Expressway Evansville, Indiana 47721-0001 (800) 247-7893 - Adult Products (800) BABY-123 [222-9123] - Pediatric Products

## Med-Diet Laboratories, Inc.

3050 Ranchview Lane Plymouth, Minnesota 55447 (612) 550-2020; FAX (612) 550-2022 (800) 633-3438: Consumer Telephone Number

#### **Nestlé Nutrition**

12 Vreeland Road, 2<sup>nd</sup> Floor Florham Park, New Jersey 07932 (973) 593-7500 FAX (973) 593-7718

#### **Nutra/Balance Products**

7155 Wadsworth Way Indianapolis, Indiana 46219 (800) 432-3134

## **Nutricia North America**

9900 Belward Campus Drive, Ste. 100 Rockville, MD 20850 (800) 365-7354 FAX (301) 795-2301

#### **PBM Products**

204 N. Main St. Gordonsville, VA 22942 (800) 485-9969

## **Ross Products Division, Abbott Nutrition**

625 Cleveland Avenue Columbus, Ohio 43216 (800) 551-5838 (800) 227-5767: Consumer Information

## Scandipharm, Inc.

2200 Inverness Center Parkway Suite 310 Birmingham, Alabama 35242 (800) 950-8085

## **Solace Nutrition**

One Research Court , Suite 450 Rockville, MD 20850 (888) 876-5223 FAX (401) 633-6066

## Vitaflo Limited

Distributed Through:

Transitional Service and Operation 123 East Neck Road Huntington, New York 11743 (631) 547-5984



# **Order Form**



Georgia Department of Public Health	<u>Order romm</u>	EATHEALTHYGROWHEALTHYLIVEHEALTHY
1. Phor	ne: 404-657-2884 2. FAX: 404-657	-2886
3. New Order 4. Repeat Order	5. Rush Order 6. Date Fax'd_	7. SWO notified
8. MDF Reviewed and Attached:	9. Date of Next Cert: 10. Nex	kt Cert Type: M H S
11. Name of WIC Participant & ID numb	er:	12. DOB
13. Child Infant Woman	<b>_</b>	
15. If Infant, AGE (months/days) as of "F	First Day to Use" date: 16. Feeding T	Type: FFF SBF MBF
17. Diagnosis(es) & ICD9/10:		
18. Name of formula:	19. Flavor: (if applicable	le):
20. Type of formula: Powder Con	centrate RTF Single Bottles Ot	her
21. Justify RTF and/or container size:		
22. Estimated Time on Formula:	(Most restrictive of: MDF1 date, next	cert, planned length of use, etc.)
The state of the s	Phone#:	
25. Print District Contact (Name & Phone	e#):	
26. Verified by Name/Signature/Phone#	<sup>†</sup>	
27. New Orders ONLY: a. # cans pre	escribed b. # cans allowed	c. # cans on hand**
28. Total # of cans needed:	29. (SWO only: cases to order:	Amount Extra)
30. (SWO only: Nutrition Consulta	nt signature/date	
31. (SWO only: 2 <sup>nd</sup> month O	/N/E 3 <sup>rd</sup> month O	/N/E)
32. Additional Information:		
33. Repeat Orders ONLY (check wh	nich month): 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> n/a	5 <sup>th</sup> n/a 6 <sup>th</sup> n/a
34. a. # cans prescribed	b. # cans allowed c. # cans o	on hand**
35. Total # of cans needed:	36. (SWO only: cases to order	Amount Extra) -
37. Additional Information:		
38. **NOTE: If all/some of # cans on har	nd are from another participant – list name and W	VIC ID# of other participant(s):
	king slip to SWO when formula is received 2. Fa) issued voucher(s) the # cans/containers issued	x to SWO the <u>signed voucher receipt</u>
40. Check Trading Database: https://sen	dss.state.ga.us/sendss/!WICFormula.screen	
41. Common Formula Maximums: http://w 2012%20Low%20Lactose.pdf	ric.ga.gov/pdfs/wic/Common%20Formula%20Maximums%	%20FFY%202013%20revised%2012-

## <u>Legend for the Special Formula Order Form</u> Page 1 of 2

- 1. Phone contact for any questions related to a Special Formula Order
- 2. FAX number for ALL Special Formula orders do not send to any other FAX number unless advised to do so by the State WIC Office (SWO)
- 3. New Order check this if this is your initial order for a participant <u>OR</u> if there is any change to the previous Special Formula order (change of formula, change to oz/day, additional transfer of formula, change in flavor for Neocate Jr, order for tracking only, etc.)
- 4. Repeat Order check this if there are <u>no changes</u> from the "new order" that was previously submitted
- 5. Rush Order check this if your order is needed by the next business day (NOTE: there is a daily 3pm deadline in order to receive an order the next <u>business</u> day)
- 6. Date Fax'd enter date you are faxing the order
- 7. SWO notified either call 404-657-2884 or email to advise that you are sending an order and if it is rush
- 8. MDF Reviewed and attached check this item <u>after</u> you have verified you have <u>a valid</u> MDF1 for your order
- 9. Date of Next Cert enter date (month/year) of the next certification
- 10. Check next cert type using (M = mid-cert/H = half cert/S = subsequent cert)
- 11. Name of Participant & WIC ID# both items need to be included
- 12. Participant Birth Date enter as month/day/year and verify it matches dob on MDF1
- 13. Check if participant is a Child, Infant or Woman <u>if an Infant</u> then you will need to also complete # 15
- 14. "First Day to Use" enter as month/day/year
- 15. INFANT AGE enter # months and # days from dob to "First Day to Use"
- 16. Feeding Type check one ---→ FFF = fully formula fed SBF = some breastfed MBF = mostly breastfed
- 17. Diagnosis (es) show all diagnoses **and** ICD-9/ICD10 that **justify** the formula being ordered
- 18. Name of formula enter full name of the WIC approved formula or medical food
- 19. Flavor enter preferred flavor when there are flavor options. If no flavor options enter n/a
- 20. Type of formula check one or complete the "other" area ("other" may include packets, vials, etc)
- 21. Provide an explanation of the need for RTF when other forms of formula are available and/or the need for smaller container size (e.g. nursettes) when another RTF size is available (e.g. 32 oz)
- 22. Estimated time on formula check for most restrictive of →MDF1 date, next cert, planned length of use, etc
- 23. Print Clinic Name, Contact Person Name & Direct Phone # all information is needed
- 24. Ship formula to enter full mailing address and phone #
- 25. Print District Contact Person Name & Direct Phone # -
- 26. Verified by Name/Signature/Phone # Enter the name of the person in your District who has verified and submitted this Special Formula Order, then they should sign their name and add the best current, direct contact number for our use should we have a question about the order

## <u>Legend for the Special Formula Order Form</u> Page 2 of 2

- 27. New Orders ONLY (District Entries):
  - a. # cans prescribed (based on the MDF1)
  - b. # cans allowed (<u>your final calculation</u> based on age and/or food restrictions, formula form, max amounts)
  - c. # cans on hand \*\*- this includes prior formula you have on hand for this participant and/or formula received from within or out of your District for another participant (see #38 for instructions)
- 28. Total # cans need to order = 27b minus 27c
- 29. SWO to complete
- 30. SWO to complete
- 31. SWO to complete
- 32. Additional Information use this area to convey any additional information that will be useful in clarifying the order. This could include items such as: "reduced amount ordered due to proration", NPO, further explanation of formula choice. Any information or explanation you want to convey to us should be entered in this area
- 33. Repeat Orders ONLY check when this is the 2<sup>nd</sup> thru 6<sup>th</sup> order <u>from the same MDF1</u>. NOTE: If you have a new MDF1 or a revised MDF1 then your order will become a New Order (start at #3) and complete # 27 & 28 New Orders ONLY
- 34. Repeat Orders complete the order information
  - a. # cans prescribed (based on the MDF1)
  - b. # cans allowed (<u>your final calculation</u> based on age and/or food restrictions, formula form, max amounts)
  - c. # cans on hand \*\*- this includes prior formula you have on hand for this participant and/or formula received from within or out of your District for another participant (see # 38 for instructions)
- 35. Total # of cans need to order = 34b minus 34c
- 36. SWO to complete
- 37. Additional Information use this area to convey any additional information that will be useful in clarifying the order. This could include items such as: "reduced amount ordered due to proration", NPO, further explanation of formula choice. Any information or explanation you want to convey to us should be entered in this area
- 38. When utilizing formula that was originally ordered for another participant enter the current date then the full name and WIC ID# of the participant that the formula was originally ordered for
- 39. District/Clinic Next Steps:
  - a. FAX packing slip to the SWO when formula is received
  - b. **Reminder!!** Fax, to the State WIC office, the <u>signed voucher receipt</u> **AND** the <u>issued voucher(s) indicating on this/these voucher(s) the # cans/containers</u> <u>issued</u>
- 40. Trading Database Link check this database for the formula you need consider future orders even when the current order is a rush.
- 41. Common Formula Maximums Link table of formulas by name and max amounts for Infants & Children

## Special Formula Order Tracking Form

Sa	m	bl	е
Sa	111	νı	C

Clients Nar	ne:		

Date of Last Rx	Next Rx Due Date	P/U Code	Next Pick Up Date	Date Order Faxed to State	Amt of Formula Ordered	Amt of Formula Received	Date Order Received	Date Packing Slip Faxed to State	Date Client Picked Up	Amt. of Formula Issued	Amt. of Formula Leftover
				9/29/200		12 cans	10/3/200	10/3/200			
9/1/2008	3/1/2009	2A4	10/13/2008	8	9 cans	(3 cases)	8	8	10/14/2008	9 cans	3 cans
				10/31/20		8 cans (2	11/6/200	11/6/200			
			11/10/2008	80	6 cans	cases)	8	8	11/11/2008	9 cans	2 cans
			40/0/0000	11/24/20	_	8 cans (2	12/3/200	12/4/200	40/40/0000		
			12/8/2008	08	7 cans	cases)	8	8	12/10/2008	9 cans	1 can
			4/40/0000	12/29/20	0.0000	8 cans (2	4/6/2000	4/7/2000	4/0/2000	0.0000	0
			1/12/2009	08 1/30/200	8 cans	cases) 12 cans	1/6/2009	1/7/2009	1/9/2009	9 cans	0
			2/9/2009	9	9 cans	(3 cases)	2/5/2009	2/5/2009	2/9/2009	9 cans	3 cans
			2,0,200		0 00110	(0 00000)	2,0,200	2,0,200	2,0,200	0 00.10	0 00.10

Table: Cheese and Tofu Substitution

Note: When milk substitutions are provided, the full maximum monthly fluid milk allowance must be provided.

## Children/Non-Breastfeeding and Some Breastfeeding Women: Standard Milk Allotment – 16 quarts

Standard Will Allotthent - 16 quarts

Cheese Substitution				
For this amount of	Give this amount of fluid		owder milk <b>OR</b> evaporated IOOSE ONE"	
cheese (lb) milk (gall	milk (gallon)	Powder Milk (3qt)	Evaporated Milk (12 oz)	
0	4	0	0	
1	3	1	4	
2	2 ½	0	0	
3	1	1	4	
4*	1	0	0	

Tofu Substitution				
For this amount of tofu (lb)	Give this amount of fluid milk (gallon)			
0	4			
2	3 ½			
4	3			
6	2 ½			
8**	2			

<sup>\*</sup>Maximum amount of cheese which is allowed to be substituted for milk

## Pregnant and Mostly Breastfeeding Women: Standard Milk Allotment – 22 quarts

Cheese Substitution						
For this amount of cheese (lb)	Give this amount of fluid milk (gallon)	Plus this amount of powder milk <b>OR</b> evaporated milk "CHOOSE ONE"				
Crieese (ib)	Hulu Hilik (gallott)	Plus this amount of powder milk <b>OR</b> evapor				
0	5 ½	0	0			
1	4	1	4			
2	4	0	0			
3	2 ½	1	4			
4	2 ½	0	0			
5	1	1	4			
6*	1	0	0			

<sup>\*\*</sup> Maximum amount of tofu which is allowed to be substituted for milk

Tofu Substitution				
For this amount of tofu (lb)	Give this amount of fluid milk (gallon)			
0	5 ½			
2	5			
4	4 ½			
6	4			
8	3 ½			
10	3			
12**	2 ½			

Maximum amount of cheese which is allowed to be substituted for milk

## **Exclusively Breastfeeding Women:**

Standard Allotment – 24 quarts of milk and one (1) pound of cheese

Cheese Substitution					
For this amount of cheese	Give this amount of	Plus this amount of powder milk <b>OR</b> evaporated milk "CHOOSE ONE"			
(lb)	fluid milk (gallon)	Powder Milk (3qt)	Evaporated Milk (12 oz)		
0	6	0	0		
1	4	1	4		
2	4	0	0		
3	2 ½	1	4		
4	2 ½	0	0		
5	1	1	4		
6*	1	0	0		

Tofu Substitution				
For this amount of tofu (lb)	Give this amount of fluid milk (gallon)			
0	6			
2	5 ½			
4	5			
6	4 ½			
8	4			
10	3 ½			
12**	3			

Maximum amount of cheese which is allowed to be substituted for milk

<sup>\*</sup>Maximum amount of tofu which is allowed to be substituted for milk

<sup>\*</sup>Maximum amount of tofu which is allowed to be substituted for milk

The amount is in addition to the standard one (1) pound of cheese issued to <u>all</u> exclusively breastfeeding women.

## Form #1 Instructions Medical Documentation Form for WIC Special Formulas and Approved WIC Foods

## A. Form Explanation

- 1. The Medical Documentation Form for WIC Special Formulas and Approved WIC Foods is designated as "Form #1," as identified by the "1" in the box in the upper right corner on both the first and second page of the form.
- 2. The Medical Documentation Form for WIC Special Formulas and Approved WIC Foods (Form #1) is used to prescribe any formula/medical food requiring a prescription for issuance by Georgia WIC. These formulas/medical foods are outlined below:
  - a) Any exempt infant formula for an infant (e.g., Enfamil EnfaCare)
  - b) Any medical food prescribed for infants, children, or women (e.g., PediaSure, Hominex-1, Nutren Junior, Similac Special Care 24)
  - c) Any infant formula or exempt infant formula prescribed for children or women (e.g., Gerber Good Start Gentle or EleCare for Infants)
- The Medical Documentation Form for WIC Special Formulas and Approved WIC Foods (Form #1) should not be used solely to provide medical documentation for issuance of food substitutions such as soy milk, tofu, or extra cheese. Please refer to Form #2 (Referral Form and Medical Documentation for Special Food Substitutions) for food substitutions.
- 4. The Medical Documentation Form for WIC Special Formulas and Approved WIC Foods (Form #1) consists of five parts WIC participant information at the top of the form followed by four (4) sections for documentation of diagnoses, the prescribed formula/medical foods, the allowed WIC supplemental foods, and the provider's information. All four (4) sections plus the participant information <u>must</u> be completed on the form in order for the form to be accepted by the WIC clinic. If information is missing or incomplete, the CPA should attempt to contact the prescribing medical office/clinic to obtain a verbal clarification and follow the instructions in Section VIII (Medical Documentation) of the Food Package Section for documenting verbal orders and obtaining necessary verification.
- 5. Formula products requiring a prescription, medical foods, and supplemental foods cannot be issued to WIC clients with qualifying medical conditions unless complete, up-to-date written medical documentation or a verbal order is present and documented. It is unacceptable and against program policy to issue formula, medical foods, or supplemental foods for one month until the client can provide the required documentation. <a href="Documentation must be present prior to issuance, except in the case of transfers whose medical documentation cannot be obtained at the time of Transfer In; such participants may only receive one (1) month of vouchers until documentation is received. (Refer to the Certification Section.)</a>
- 6. Health care providers are not required to use the *Medical Documentation Form* for WIC Special Formulas and Approved WIC Foods (Form #1) for the prescription of formulas and medical foods, but its use is strongly encouraged to reduce the likelihood of missing information when other forms are used.

However, medical documentation can also be provided on a physician's prescription pad, private medical office letterhead, or District/County letterhead, as long as all of the required information is present.

- 7. The completed medical documentation may be faxed to the clinic, sent electronically, delivered in person, or mailed.
- 8. The Medical Documentation Form for WIC Special Formulas and Approved WIC Foods (Form #1) is available on Georgia WIC website at: http://wic.ga.gov/wicformula.asp.

## B. Form Components

- 1. WIC Participant Information: The WIC participant's first and last name, date of birth, and (for infants/children) the parent/caregiver's name must be listed at the top of the form.
- 2. Section #1: Qualifying Medical Conditions
  - a) This section is where the medical diagnosis (es) is documented that justifies the need for the special formula or medical food.
  - b) Both the name of the medical condition <u>and</u> the applicable ICD-9/ICD-10 code must be listed.
  - c) Resources for ICD-9/ICD-10 codes can be found at:
    - http://www.who.int/classifications/icd/en/
    - <a href="http://www.cdc.gov/nchs/about/major/dvs/icd9des.htm">http://www.cdc.gov/nchs/about/major/dvs/icd9des.htm</a>
    - http://en.wikipedia.org/wiki/List of ICD-9 codes
    - http://en.wikipedia.org/wiki/ICD-10
    - http://icd9cm.chrisendres.com/
- 3. Section #2: Special Formula Requested
  - a) This section is where the brand name of the prescribed special formula or medical food is listed. The full name of the prescribed product should be listed (e.g., "Neocate Infant DHA and ARA" or "Neocate Junior" rather than "Neocate") to avoid confusion. If the full product name is not specified, the CPA must call the prescribing health care provider for clarification and document the complete information on the form. The updated information must be signed and dated by the CPA.
  - b) The amount of the product must be listed in fluid ounces per day, unless there is no standard dilution (e.g., many metabolic formulas). If there is no standard dilution, the provider may list the amount prescribed per day in another form based on the patient's individualized mixing instructions (e.g., grams of powder per day). If the prescribed product is in concentrate or powdered form, the amount per day is listed in reconstituted fluid ounces (i.e., after preparation with water) based on standard dilution. Formula is issued based on standard reconstitution directions.
  - c) The prescribing health care provider should identify the form of

- the product by checking the "powder," "concentrate," or "ready-to-feed" box. If "ready-to-feed" is selected, the CPA must determine if the participant meets WIC ready-to-feed issuance requirements and must document those reasons in the participant's record. See page FP-14 for more details.
- d) The prescribing health care provider must indicate the intended length of time the participant will need to use the special formula/medical food product based on the participant's condition. This is only an estimate. However, if the planned length of use is less than 6 months (e.g., 1 or 2 months), the participant must provide the WIC clinic with an updated medical documentation form to continue on the special formula/medical food beyond the 1 month or 2 months initially indicated. Clinics cannot issue vouchers beyond the period of time listed in the "planned length of use" in Section #2. For example, if an infant has medical documentation to receive EleCare for Infants for 2 months, the clinic may only issue 2 months worth of vouchers. New medical documentation must be presented to the clinic at the end of the 2-month time period in order for the infant to continue receiving EleCare for Infants.

#### 4. Section #3: WIC Foods

- a) This section is where the prescribing health care provider indicates which WIC supplemental foods the participant can or cannot receive based on the participant's medical condition.
- b) The provider must complete either "A" or "B" of this section.
- c) If the participant is allowed to consume all supplemental foods, the provider must initial the line in section "A."
- d) If the participant cannot eat certain foods due to the medical condition, the provider must check all applicable boxes in section "B" to indicate which foods **cannot** be issued.
- e) The provider can list any special comments in the "Comments" box on the table. This area can be used to indicate special situations (e.g., the participant can only drink soy milk or goat milk).
- f) If the formula is to replace milk in the diet, then milk should be checked on the contraindicated supplemental food box.

#### 5. Section #4: Health Care Provider Information

- This section is where the prescription date is recorded and the prescribing health care provider's name, signature, credentials, and contact information are documented.
- b) All five boxes must be completed.
- c) The form can only be signed by the types of providers listed.
- d) The medical office/clinic contact information can be stamped.
- e) The provider's signature cannot be a stamped signature.
- 6. Page 2: The back of the form contains information for completing the form, definitions, examples, and the non-discrimination statement.

## C. Evaluation of Medical Documentation

- 1. The CPA must carefully evaluate the diagnosis, formula/medical food prescribed, supplemental foods allowed, and the WIC participant's existing anthropometric data and nutrition/health history.
- 2. The CPA must determine whether or not the prescription can be approved for WIC use based on WIC policies and procedures. Please refer to Section VIII (Medical Documentation) of the Food Package Section for additional guidance. CPAs must take into consideration:
  - a) Which formulas and medical foods are approved for issuance by Georgia WIC,
  - b) The maximum allowed quantities of special formulas and medical foods based on participant category (infant, child, or woman), age, feeding method, and product form,
  - c) The intended use of the formula or medical food,
  - The appropriateness of the diagnosis for the prescribed formula or medical food.
  - e) Non-specific diagnoses that are not acceptable for WIC prescriptions and diagnoses requiring additional information (see page 2 of the form),
  - f) The participant's age and existing health data.
- 3. The CPA must determine whether an appropriate state-created food package exists to meet the participant's needs or whether a 999 food package must be developed using state-created and/or District-created voucher codes.
- 4. The CPA must determine when the participant is required to bring updated medical documentation back to the clinic.
  - a) If section #2 of the form indicates a time period of less than 6 months, new documentation is required at the end of that time period (e.g., 1 or 2 months after the date in section #4) or at the next certification, whichever comes first.
  - b) If section #2 of the form indicates a time period of 6 or more months, new documentation is required in 6 months from the date listed in section #4 or at the next certification, whichever comes first.
- 5. Districts are encouraged to designate a contact person (e.g., Nutrition Manager, Nutrition Services Director) for CPAs to call when medical documentation questions arise.
- 6. Additional clarifying information can always be requested from the provider, if necessary, prior to the denial of a prescription.

## D. Special Situations

- 1. Infants (ages 6-11 months) receiving exempt infant formulas or medical foods and who cannot tolerate any supplemental foods are eligible to receive formula at the higher maximum rate allowed for a 4-5 month old infant in place of the supplemental foods.
  - a) The infant must be age 6-11 months old.
  - b) The infant must be receiving an exempt infant formula or a medical food. Infants receiving standard infant formulas requiring medical

documentation are not eligible to receive the higher maximum formula rate in place of the infant foods, even if the infant is unable to consume those foods. The <u>ineligible</u> formulas are Similac Sensitive for Spit Up, Enfamil A.R, and any store brand milk-based rice-added formulas approved by USDA (e.g., Parent's Choice Added Rice Starch).

c) The provider must indicate under section #3 (WIC Foods) on the medical documentation form that the infant cannot consume <u>both</u> "infant cereal" and "baby food fruits and vegetables" by checking both boxes. If the infant cannot tolerate just one of the supplemental foods, the infant is not eligible to receive the additional formula quantity.

## 2. Ready-to-Feed Products

- a) Infants with medical documentation who are receiving exempt infant formulas or medical foods are eligible for two additional reasons to be issued the ready-to-feed form of a product:
  - If the ready-to-feed product better accommodates the participant's medical condition
  - If the ready-to-feed product improves the participant's compliance in consuming the prescribed product.
- b) Infants with medical documentation who are receiving the following formulas are <u>not</u> eligible for the additional two reasons listed above to issue the ready-to-feed version of a product: Similac Sensitive for Spit Up, Enfamil A.R., and rice-added formulas approved by USDA (e.g., Parent's Choice Added Rice Starch).
- c) The reason for issuance of a ready-to-feed product must be clearly documented in the participant's WIC record.

#### 3. Milk Issuance

- a) Children and women with medical documentation who are receiving any formula or medical food <u>and</u> who have a qualifying medical condition (i.e., are in Food Package III) are eligible to receive whole milk. Milk must be allowed per the provider's medical documentation (i.e., the "milk" box must <u>not</u> be checked as contraindicated in section #3). If milk is allowed, children/women can be issued whole milk when requested by physican on the medical documentation form.
- b) If milk is allowed, children ages 12-23 months old **cannot** be issued low-fat milk for any reason, even with medical documentation.
- c) Tofu, soy milk, goat milk, lactose-reduced milk, or extra cheese can be substituted for milk for clients who are providing other medical documentation (Food Package III) by following the procedures for milk substitutions previously outlined by participant category in the Food Package Section.

## 4. Children and Women Needing Infant Cereal

a) Children and women with medical documentation who are receiving any formula or medical food and who have a qualifying medical

- condition (Food Package III) can be issued infant cereal in place of adult cereal.
- b) Children and women who, for example, have developmental delays or swallowing disorders may be issued up to 32 ounces of infant cereal in place of 36 ounces of adult cereal.
- c) The CPA can make this determination or the provider can make the substitution request in the comments section on the medical documentation form in section #3 (WIC Foods).

## E. Formula Quantity To Issue

- 1. As stated on page 2 of the medical documentation form, infant WIC participants are to be issued the full maximum quantity of formula allowed per month regardless of the quantity prescribed per day under section #2 of the form. This ensures that the infants receive the full nutritional benefit. The full maximum quantity allowed depends upon the infant's age, feeding method (Mostly Breastfed or Fully Formula Fed), the product form (powder, concentrate, or ready-to-feed), and the product package size.
- 2. Child and woman WIC participants are to be issued the quantity of formula or medical food prescribed, up to the maximum quantity allowed by WIC regulations, under section #2 of the form.

#### F. Valid Dates

- 1. New medical documentation (Form #1) of a prescribed special formula or medical food is required every six (6) months, at a minimum, and at every recertification/certification / mid-certification (if the medical documentation on file was signed and dated by the health care provider more than 30 days prior to the recertification/certification / mid-certification). For example, if the caregiver of an infant client provides medical documentation on Form #1 when the infant is age 5 months 2 days old, a new, updated copy of the medical documentation must also be provided at the time of the mid-certification if it occurs when the infant is more than 6 months 2 days old. Likewise, if the caregiver of a child participant provides medical documentation for a prescribed formula/medical food using Form #1 at age 22 months 25 days, a new, updated copy of the medical documentation must also be provided at the next subcert, if that recertification occurs more than 30 days after the medical documentation was signed by the provider (e.g., when the child is age 24 months old).
- 2. Each time new medical documentation (Form #1) is submitted by a WIC participant, it must include all required information and must be signed and dated by the health care provider no more than 30 days ago. Clinics cannot accept medical documentation (Form #1) where the date under section #4 has simply had a line drawn through it and a new date added. A new form must be submitted.

## Page 1 of Medical Documentation Form (Form 1)

Patient's First & Last Name: Date of Birth (MM/DD/YY): / /						
	First & Last Name:		30.00		NO.01451/1/2000/00/00/00	·
Qualifying Medical Condition(s)						
food prescription. Qualifying diagnos And applicable ICD	agnosed or suspected me ed medical condition(s): -9 or ICD-10 code(s):  d provision of prescription fon	3	, <del></del>	,		
Special Formula	Requested					
	edical food requested: _ per day:		- 0-	0-		L 0 2 4
	per day:s/comments**:					Ready-to-feed
	or:				No□ N/A□	]
*Prescribed amou **Prematurity: Wi documentation wil	se: months  nt per day is based on recons  th documentation, premature  I need to be provided at the o  to-feed products requires add	stituted fluid ounce infants can receiv one year WIC cert	es of the formula product we infant formula past of ification.	et at standard on the year to acc	dilution. Instruction to adjust	tions on reverse. ed age. Medical
WIC Foods						
If there are <u>no</u> pr  B. If there are presc In the "Contraindi due to the patient	tal Food Restrictions: escribed food restrictions, ribed food restrictions due cated Supplemental Food: 's medical condition(s). Plion below. (Developmental	please initial the to the patient's s" column, please ease describe a	e "No Supplemental l medical condition(s): se check (☑) any su uny other prescribed r	Food Restric pplemental frestrictions o	oods that <u>car</u>	ınot be issued
WIC Category	Contraindicated Suppleme		*		issued to the	patient.
Infants (6-11 mos.)	15 St		d Vegetables			
	parter and the second	/ Peas	Vegetables / Fruits Juice		Whole Grains rice, or whole	(wheat bread, prain fortillas)
Children (≥ 12 mos.)	Cereal Eggs		Canned Fish*			
Children (≥ 12 mos.) & Women	con a 💷 on		Canned Fish*			ş,
Children (≥ 12 mos.) & Women Comments:	con a 💷 on		March Cold Cold Cold Cold Cold Cold Cold Cold		breastfeeding	***************************************
Children (≥ 12 mos.) & Women  Comments: * Only for exclusiv	Cereal Eggs	men pregnant witi	h multiple fetuses, and v		/ breastfeeding	***************************************
Children (≥ 12 mos.) & Women  Comments: * Only for exclusiv	Cereal Eggs  ely breastfeeding women, wo  ider Information ( <i>Plea</i> )	men pregnant witi	h multiple fetuses, and v		breastfeeding *Title:	***************************************
Children (≥ 12 mos.) & Women  Comments:  * Only for exclusiv  Health Care Prov  Provider's Signatu  Provider's Name (i	Cereal Eggs  ely breastfeeding women, wo  ider Information (Please)  re/Credentials:	men pregnant witi	h multiple fetuses, and v		sterapeson (per un especial).	***************************************

## Page 2 of Medical Documentation Form (Form #1)

#### Instructions & Resources for Use of This Form:

Use this form to request special formulas and/or medical foods for patients with qualifying medical conditions. Please refer to Georgia WIC Form #2 (Referral Form & Medical Documentation for Special Food Substitutions) for children/women with food intolerances (e.g., lactose intolerance) or food allergies (e.g., milk protein allergy) that can be managed with food substitutions (e.g., soy milk, tofu, etc.).

If you have questions or need additional clarification when completing this form, please contact the local WIC agency where your patient is If you have questions or need adultion a commodition when companies and the property of the control when commodition and the property of the control when control

Local agency WIC staff will review requests for special formulas and medical foods according to federal regulations and Georgia WIC Program policies and procedures. Diagnosis of a serious medical condition (e.g., Failure To Thrive) must be consistent with the patient's anthropometric data. Additional clarification or documentation may be necessary to complete the approval process. Denial of a request does not imply that WIC Program staff question the health care provider's clinical judgment. However, federal policy limits the issuance of special formulas and medical foods to cases of serious diagnosed medical conditions.

Provision of special formulas and medical foods by the Georgia WIC Program will be for intervals of one (1) to six (6) months. At a minimum, a new medical authorization is required at each renewal or formula change

#### Definitions, Examples and Exclusions:

Qualifying Medical Conditions: SPECIFIC suspected or diagnosed life-threatening disorders, diseases and medical conditions that impair the ingestion, digestion, absorption or utilization of nutrients that could adversely affect the patient's nutritional status. Examples include, but are not limited to:

Gastrointestinal disorders (e.g. Gastroesophageal Reflux Disease)

Immune system disorders (e.g. Celiac Disease)

- Metabolic disorders (e.g. PKU)
- Malabsorption syndromes (e.g. Short Gut Syndrome)
- Low birth weight, premature birth, and failure to thrive (FTT)
- Severe food allergies requiring use of an elemental formula (e.g., Milk Protein Allergy, Eosinophilic Esophagitis)

#### Non-Qualifying / Excluded Conditions:

- Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition
- Non-specific formula intolerance or food intolerance
- Patient preference, parental preference, or food dislikes

#### Medical Diagnoses:

- Non-specific symptoms or diagnoses are insufficient for the purposes of Georgia WIC prescriptions (e.g., colic, milk allergy, multiple food allergies, spitting up, milk/formula intolerance, feeding problems, feeding difficulties, picky eater, poor appetite, inadequate intake, constipation, cramps, digestive disturbances, fussiness and gas).
- The following diagnoses require an *underlying medical condition* be present and documented: "underweight," "feeding disorder," "inadequate/poor weight gain," and "inadequate/poor growth." The Georgia WIC Program cannot accept these diagnoses alone a more specific, primary medical condition <u>must</u> be present and listed among the diagnoses (e.g., Cerebral Palsy, Failure To Thrive, Oral-Motor Feeding Disorder, Prematurity, Dysphagia, etc.).
- The Georgia WIC Program may require additional documentation for prescription approval if diagnoses are missing, incomplete, nonspecific, inconsistent with existing anthropometric data, or if clarification is needed

#### Prescribed Formula Quantity:

- Infants (<12 months of age) enrolled in the Georgia WIC Program will receive the <u>full maximum quantity</u> of formula allowed per month regardless of the amount of formula prescribed per day under Section #2 of the form. The maximum quantity of formula allowed is based on age, feeding method (*Mostly Breastfed* or *Fully Formula Fed*), product form (concentrate, ready-to-feed, powder), and product package size. (Note: Exclusively Breastfed infants do not receive any formula from the WIC Program.)
- Children and women enrolled in the Georgia WIC Program will receive the quantity of formula or medical food prescribed under Section #2, not to exceed the maximum quantity allowed by federal regulations and Georgia WIC Program policy.

  The amount of prescribed formula or medical food provided by WIC is subject to the maximum allowable quantities determined by federal
- regulations and outlined in Georgia WIC Program policies. WIC is a supplemental program. Patients are responsible for acquiring any additional prescribed quantities of formulas or medical foods that exceed what is eligible for provision by WIC

Approximate WIC Maximum DAILY Allowances of Reconstituted Formula for Infants\*

Feeding Method:	Age 0 - 1 Month	Age 1 – 3 Months	Age 0 - 3 Months	Age 4 – 5 Months	Age 6 - 11 Months
Mostly Breastfed	3.5 fluid oz/day	12.0 fluid oz/day	///////////////////////////////////////	14.5 fluid oz/day	10.5 fluid oz/day
Fully Formula Fed			27.0 fluid oz/day	29.5 fluid oz/day	21.0 fluid oz/day

Use of Ready-To-Feed Products: Ready-to-feed products may be issued in cases where there is an unsanitary/restricted water supply, poor refrigeration, when the patient's caregiver has difficulty in correctly diluting concentrated or powdered formula, or when ready-to-feed is the only available product form. In a limited number of situations, ready-to-feed products (classified by USDA as "exempt infant formulas" or "medical foods") also may be issued to patients with qualifying medical conditions if a ready-to-feed product (a) better accommodates the patient's medical condition or (b) improves the patient's compliance in consuming the prescribed product. The patient's local WIC clinic can provide additional guidance concerning which products qualify for issuance in the ready-to-feed form.

#### We appreciate your cooperation and partnership in serving the Georgia WIC population.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Page 2 of 2

Revised June 2012

## Form #2 Instructions Referral Form and Medical Documentation for Special Food Substitutions

## A. Form Explanation

- 1. The Referral Form and Medical Documentation for Special Food Substitutions is designated as "Form #2," as identified by the "2" in the box in the upper right corner on both the first and second page of the form.
- 2. The Referral Form and Medical Documentation for Special Food Substitutions (Form #2) is used for two primary purposes to provide medical referral data on a WIC participant/applicant and to provide the required medical documentation needed to authorize special food substitutions in place of all or part of the milk allowance for women and children. The form may be used to provide referral data only, to authorize a special food substitution only, or for both.
- 3. The Referral Form and Medical Documentation for Special Food Substitutions (Form #2) should not be used to prescribe any formula/medical food requiring a prescription for issuance by Georgia WIC. Please refer to Form #1 (Medical Documentation Form for WIC Special Formulas and Approved WIC Foods) for prescribing special formulas or medical foods.
- 4. The Referral Form and Medical Documentation for Special Food Substitutions (Form #2) consists of four parts WIC participant information and medical office contact information at the top of the form followed by three (3) sections for documentation of medical referral data, the prescription of milk substitutions for children, and the prescription of milk substitutions for women. Only the WIC participant information and the medical office contact information is required to be completed on every form. The applicable section(s) should be completed for each participant depending upon whether the form is being used for medical referral data only, for the prescription of special food substitutions only, or for both. If a special food substitution is being prescribed and any information is missing or incomplete in the applicable section, the CPA should attempt to contact the prescribing medical office/clinic to obtain a verbal order and follow the instructions in Section VIII (Medical Documentation) of the Food Package Section for documenting verbal orders and obtaining necessary verification.
- 5. Special food substitutions requiring medical documentation cannot be issued to WIC clients unless complete, up-to-date written medical documentation or a verbal order is present and documented. It is unacceptable and against program policy to issue special food substitutions for one month until the client can provide the required documentation. <u>Documentation must be present prior to issuance except in the case of transfers whose medical documentation cannot be obtained at the time of Transfer In; such participants may only receive 1 month of vouchers until documentation is received. (Refer to the Certification Section.)</u>
- 6. Health care providers are not required to use the Referral Form and Medical Documentation for Special Food Substitutions (Form #2) for the provision of medical referral data or for the prescription of special food substitutions for women and children, but its use is strongly encouraged to reduce the likelihood of missing information when other forms are used. However, referral data and

medical documentation for special food substitutions can also be provided on a physician's prescription pad, private medical office letterhead, or District/County letterhead, as long as all of the required information is present.

- 7. The completed referral form (Form #2) may be faxed to the clinic, sent electronically, delivered in person, or mailed.
- 8. The Referral Form and Medical Documentation for Special Food Substitutions (Form #2) is available on Georgia WIC website at: http://wic.ga.gov/wicformula.asp.

## B. Form Components

1. WIC Participant Information & Medical Office Contact Information: The WIC participant's first and last name, date of birth, and (for infants/children) the parent/caregiver's name must be listed at the top of the form along with the medical office/clinic contact information. This information must be completed on all referral forms regardless of what other information is being provided on the form (e.g., referral data only or prescription of special food substitutions or both).

#### 2. Referral Data

- a) This section is where the medical referral data are reported. Only applicable spaces should be completed based upon the WIC participant category (e.g., infant, child, or woman).
- b) It is not mandatory to complete this section if prescribing a special food substitution.
- c) If only referral data are being provided, the health professional who collected the data should sign the "Referral Data Provided By:" line and enter the date the form was completed.

#### 3. Authorization of Special Food Substitutions for Children

- a) This section is where special food substitutions are prescribed in place of all or part of the milk allowance for children ages 12 months and older. If a food substitution is prescribed, all parts of this section must be completed in full.
- b) The diagnosed medical condition justifying the special food substitution is required. The diagnosis (e.g., lactose intolerance, vegan/vegetarian, milk protein allergy, etc.) should be consistent with the food substitution prescribed as outlined in Section VIII (Medical Documentation) of the Food Package Section.
- c) The prescribing health care provider must check the box identifying which food substitution is being authorized. Federal regulations mandate that child WIC participants are required to have medical documentation authorizing the issuance of any quantity of soy milk, any quantity of tofu, or more than one (1) pound of cheese per month.
- d) The exact quantity of the food substitution issued is determined by the CPA in conjunction with the participant or parent/caregiver. In some instances, only part of the milk allowance will be replaced with

- the special food substitution, depending upon the participant's medical needs and the substitution rates. When providing food substitutions for milk, the full nutritional benefit must be provided, which may require the issuance of some powdered, evaporated milk, or fluid milk. See Attachment FP-39 for more information on how to calculate milk substitutions and the maximum amounts of milk allowed to be substituted.
- e) The prescribing health care provider must indicate the intended length of time the participant will need to use the special food substitution based on the participant's condition. This is only an estimate. However, if the planned length of use is less than 6 months (e.g., 4 months), the participant must provide the WIC clinic with an updated referral form (Form #2) containing medical documentation to continue on the special food substitution beyond the number of months initially indicated. Clinics cannot issue vouchers containing special food substitutions beyond the period of time listed in the "Planned Length of Use." For example, if a child has medical documentation to receive extra cheese for 2 months, the clinic may only issue 2 months worth of vouchers. New medical documentation must be presented to the clinic at the end of the 2-month time period in order for the child to continue receiving extra cheese.

## 4. Authorization of Special Food Substitutions for Women

- a) This section is where special food substitutions are prescribed in place of all or part of the milk allowance for women participants. If a food substitution is prescribed, all parts of this section must be completed.
- b) The diagnosed medical condition justifying the special food substitution is required. The diagnosis (e.g., lactose intolerance, vegan/vegetarian, milk protein allergy, etc.) should be consistent with the food substitution prescribed as outlined in Section VIII (Medical Documentation) of the Food Package Section.
- c) The prescribing health care provider must check the box identifying which food substitution is being authorized. Federal regulations mandate that women WIC participants are required to have medical documentation authorizing the issuance of extra tofu or extra cheese. Women are <u>not</u> required to have medical documentation in order to receive soy milk.
- d) Extra tofu is defined for women participants as the issuance of:
  - a. More than four (4) pounds of tofu per month for pregnant women and for postpartum women classified as Non-Breastfeeding, Some Breastfeeding, Mostly Breastfeeding.
  - b. More than six (6) pounds of tofu per month for women classified as Exclusively Breastfeeding (one or more infants), Pregnant with Multiples (e.g., twins, triplets, etc.), Mostly Breastfeeding Multiples.
- e) Extra cheese is defined for women participants as the issuance of:
  - a. More than one (1) pound of cheese per month for women who are pregnant with only one fetus and for postpartum

- women classified as Non-Breastfeeding, Some Breastfeeding, or Mostly Breastfeeding.
- More than three (3) pounds of cheese per month for women who are classified as Exclusively Breastfeeding (one or more infants) or who are pregnant with multiple fetuses (e.g., twins, triplets, etc.) or Mostly Breastfeeding Multiples.
- f) The exact quantity of the food substitution issued is determined by the CPA in conjunction with the participant. In some instances, only part of the milk allowance will be replaced with the special food substitution, depending upon the participant's medical needs and the substitution rates. When providing food substitutions for milk, the full nutritional benefit must be provided, which may require the issuance of some powdered, evaporated, or fluid milk. See Attachment FP-39 for more information on how to calculate milk substitutions and the maximum amounts of milk allowed to be substituted.
- g) The prescribing health care provider must indicate the intended length of time the participant will need to use the special food substitution based on the participant's condition. This is only an estimate. However, if the planned length of use is less than 6 months (e.g., 4 months), the participant must provide the WIC clinic with an updated referral form containing medical documentation to continue on the special food substitution beyond the number of months initially indicated. Clinics cannot issue vouchers containing special food substitutions beyond the period of time listed in the "Planned Length of Use." For example, if a woman has medical documentation to receive extra cheese for 2 months, the clinic may only issue 2 months worth of vouchers. New medical documentation must be presented to the clinic at the end of the 2-month time period in order for the woman to continue receiving extra cheese.
- 5. Page 2: The back of the form contains information for completing the form, WIC policies, examples, and the non-discrimination statement.

#### C. Evaluation of Medical Documentation

- 1. The CPA must carefully evaluate the diagnosis, the food substitution authorized, and the WIC participant's existing anthropometric data and nutrition/health history.
- 2. The CPA must determine whether or not the prescription can be approved for WIC use based on WIC policies and procedures. Please refer to Section VIII (Medical Documentation) of the Food Package Section for additional guidance.
- 3. The CPA must determine whether an appropriate state-created food package exists to meet the participant's needs or whether a 999 food package must be developed using state-created and/or District-created voucher codes.
- 4. The CPA must determine when the participant is required to bring updated medical documentation back to the clinic.
  - c) If the form indicates a "planned length of use" of less than 6 months, new documentation is required at the end of that time period (e.g., 1

- or 2 months after the form date) or at the next certification, whichever comes first.
- d) If the form indicates a "planned length of use" of ≥6 months, new documentation is required 6 months from the date listed on the form or at the next certification, whichever comes first.
- 5. Districts are encouraged to designate a contact person (e.g., Nutrition Manager, Nutrition Services Director) for CPAs to call when medical documentation questions arise.
- 6. Additional clarifying information can always be requested from the provider, if necessary, prior to the denial of a prescription.

## D. Food Substitution Quantity to Issue

- CPAs must use professional judgment to determine the amount of food substitution to be issued.
- See Attachment FP-39 for the allowed maximum amounts of milk to be substituted. The amounts vary based on product being substituted, and WIC category and feeding type.

#### E. Valid Dates

- 1. New medical documentation for special food substitutions (Form #2) is required every six (6) months, at a minimum, and at every recertification/certification (if the medical documentation on file was signed and dated by the health care provider more than 30 days prior to the recertification/certification). For example, if the caregiver of a child participant provides medical documentation for the use of soy milk on Form #2 when the child is age 28 months 25 days old, a new, updated copy of Form #2 must also be provided at the time of the next recertification, even if the next recertification is due at age 30 months.
- 2. Each time new medical documentation for special food substitutions (Form #2) is submitted by a WIC participant, it must include all required information and must have been signed and dated by the health care provider no more than 30 days ago. Clinics cannot accept special food substitution prescriptions on Form #2 where the date has simply had a line drawn through it and a new date added. A new form must be submitted.

## Page 1 of Referral Form (Form #2)

Special Food Substitutions and Referrals for Br	
Patient's First & Last Name:	
(For Infants/Children) Parent/Caregiver's First & Last Name:	
Medical Office/Clinic Name: Street Address: City: Zip Code: Phone Number: Fax Number:	To locate your County Health Department, please visit http://health.state.ga.us/regional/ or call 1-800-228-9173.
eferral Data: (Complete Applicable Information)	(Instructions on Reve
Birth weight:lbsoz. Birth Length:in. If (Prenatal) EDC:/ Last Wt Prior to Pregnancy: (Postpartum) Delivery Date:/ Last Wt Prior to Deli (Infant/Child) Breastfeeding?:/ Yes No If Currently Breastfeeding follow-up needed:/ Yes No Mother/baby separation Latch-on issues Milk supply conc If using this form to provide referral data only, please stop here and has sign and date the line below.	Ibs. Multiple Gestation?:  Yes  No very:Ibs. Breastfeeding?:  Yes  No eastfeeding:  Exclusively  Partially  Unknowns ems  Other ve the health professional who collected the above refer
Referral data provided by: (signature)  HILDREN (≥12 Months Old): Authorization of Special Food S	
HILDREN (212 Months Old). Authorization of Special Food S	ubstitutions (instructions on Revers
<u>Note</u> : Special food substitution will replace all or part of the child's milk/cheese	allowance provided by the Georgia WIC Program.
Medical Condition(s) Justifying Food Substitution:	
Food Substitution Authorized (check one): ☐ Soy Milk ☐ Tofe	u 🔲 Extra Cheese
Planned Length of Use: Comments:	
Provider's Signature/Title:*	
Trovidor o digitatulo/filec.	
Print Name:	Date://
*Note: In accordance with federal regulations, the Georgia WIC Program only a providers: physicians (MD, DO), physician assistants (PA, PA-C), and nurse pre	
OMEN: Authorization of Special Food Substitutions	(Instructions on Revers
Note: Special food substitution will replace all or part of the woman's milk/chees	e allowance provided by the Georgia WIC Program.
	management production and seed gradient to sugaring
Medical Condition(s) Justifying Food Substitution:	
	☐ Extra Cheese
Planned Length of Use: Comments: Provider's Signature/Title:*	

## Page 2 of Referral Form (Form #2)

#### Instructions & Resources for Use of This Form:

This form is intended for use as...

- · A medical data referral form for infants, children and women for the Georgia WIC Program, and/or
- · To authorize special food substitutions for children and women enrolled in the Georgia WIC Program.

To prescribe a special formula or medical food for an infant, child or woman, please refer to Georgia WIC Form #1 (Medical Documentation Form for WIC Special Formulas and WIC Foods).

#### To Provide Referral Information Only:

- · Enter the patient's full name, date of birth, and (for infants/children) the parent/caregiver's name at the top of the form.
- · Complete the "Medical Office/Clinic" contact information.
- · Complete the applicable information under "Referral Data."
- Sign and date the form under "Referral Data."

#### To Authorize a Special Food Substitution For a Child or Woman:

- · Enter the patient's full name, date of birth, and (for infants/children) the parent/caregiver's name at the top of the form.
- · Complete the "Medical Office/Clinic" contact information.
- Provide all of the information requested under the applicable heading ("CHILDREN" or "WOMEN") to authorize the
  special food substitution. Please remember to sign your name and include your credentials, today's date, and your
  printed name. Incomplete forms will delay processing of the food substitution prescribed and will require WIC clinic
  staff to contact your office for additional documentation.
- Include any applicable referral information you would like to provide to the WIC clinic under "Referral Data." The
  provision of referral data is not mandatory in order to authorize special food substitutions for a WIC client.

In accordance with federal regulations, the Georgia WIC Program only accepts medical documentation/prescriptions signed by health care providers who have prescriptive authority based on the laws of the state of Georgia. Therefore, physicians (MD, DO), physician assistants (PA, PA-C), and nurse practitioners (e.g., NP, APRN, CPNP, CNP, PNP, CNNP) are the only providers authorized to sign medical documentation/prescriptions for Georgia WIC use.

If you have questions or need additional clarification when completing this form, please contact the local WIC agency where your patient is receiving WIC benefits. A directory containing Georgia WIC clinic contact information is available at <a href="http://health.state.ga.us/wic\_clinics/clinic\_lookup.aspx">http://health.state.ga.us/wic\_clinics/clinic\_lookup.aspx</a>.

#### Georgia WIC Program Policies:

Prescribed Quantity of Supplemental Foods: Exact amounts of authorized food substitutions will be determined by Georgia WIC Program staff. The quantity of the supplement foods provided by the Georgia WIC Program is subject to the maximum allowable quantities determined by federal regulations and outlined in Georgia WIC Program policies. WIC is a supplemental program. Patients are responsible for acquiring any additional prescribed quantities of foods that exceed what is eligible for provision through WIC.

**Medical Justification for Food Substitutions:** Federal regulations require medical documentation of a qualifying medical condition for issuance of the special milk substitutions described below:

- . The issuance of any quantity of soy milk or tofu to children (ages 1-5 years old)
- The issuance of more than one (1) pound of cheese per month to children (ages 1-5 years old)
- The issuance of more than one (1) or three (3) pounds of cheese per month to women\*
- The issuance of more than four (4) or six (6) pounds of tofu per month to women\*

\*Note: The exact quantity depends upon a woman's Georgia WIC Program participant category and her infant feeding method.

Milk: In accordance with federal regulations, younger children (ages 12-23 months) will receive whole milk while women and older children (ages ≥ 24 months) will receive low-fat milk from the Georgia WIC Program. Cow's milk and milk substitutes (e.g., soy milk, goat milk, tofu, cheese) cannot be issued to infants (ages birth − 11 months) by the Georgia WIC Program, even with a prescription.

Planned Length of Use: Please specify the expected length of time the child or woman will need to be prescribed the special food substitutions. The Georgia WIC Program requires renewal of medical documentation for special food substitutions at every WIC certification/recertification (approximately every 6 months).

We appreciate your cooperation and partnership in serving the Georgia WIC population.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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## GEORGIA WIC-APPROVED FOOD LIST CRITERIA TO EVALUATE AN ELIGIBLE FOOD ITEM

## I. Administrative Adjustments

A. A food company interested in participating in Georgia WIC should submit product statewide availability, package size, unit cost per ounce and nutrient composition information to the Nutrition Unit\*

\*Address: Nutrition Unit, 2 Peachtree Street NW, Suite 11-222, Atlanta, GA 30303-3142

- B. A review of potentially new food items shall be conducted biennially. Consequently, the WIC-Approved Food List shall be printed biennially. Biennial review of the WIC Food List does not necessarily constitute a change in the food list. Changes to the WIC-Approved Food List shall occur more frequently to accommodate Federal mandates and as deemed necessary by the state.
- C. A product must be commercially available as a brand name, or a store brand, for a minimum of twelve (12) consecutive months prior to submission. Exceptions will be made if the state determines the new item significantly improves participant choices.
- D. The food item cost cannot exceed 10 percent (10%) of the State average cost per ounce for that food group. Food groups include:

1.	Milk	6.	Cheese
2.	Eggs	7.	Juice
3.	Cereal	8.	Dried or canned Beans/Peas and Peanut Butter
4.	Infant Cereal	9.	Fruits and Vegetables
5.	Fish	10	Whole Grains (bread, rice, tortillas)
6	Say bayaraga		,

6. Soy beverage

E. The food item must be acceptable to participants

## **II.** Nutrition Quality

- A. Cereal Adult
  - 1. Contains a minimum of 28 mg of iron per 100 gm of dry cereal
  - 2. Contains not more than 21.1 grams of sucrose and other sugars per 100 grams of dry cereal (less than 6 grams of sucrose and other sugars per ounce). At least one-half of the total number of approved cereals must have whole grain as the primary ingredient and meet labeling requirements for making a health claim as a "whole grain food with moderate fat content."
  - 3. Contains not more than 500 mg of sodium per 1 ounce of dry cereal
  - 4. Contains no artificial or non-nutritive sweeteners
- B. Cereal Infant
  - 1. Contains a minimum of 45 mg of iron per 100 gm of dry cereal
  - 2. Contains no added sugar
  - 3. Contains no added fruit
  - 4. Contains no added formula

## C. Milk

- 1. Contains 400 IU Vitamin D per quart
- 2. Contains 2,000 IU Vitamin A per quart
- 3. Contains no added sugar or flavorings
- 4. No Buttermilk

#### D. Cheese

Domestic Cheese (pasteurized, processed American, Monterey Jack, Colby, Natural Cheddar, Mozzarella, Swiss)

Sliced Cheese (American, Cheddar, Swiss)

String Cheese (Mozzarella String Cheese)

## E. Peanut Butter and Canned/ Dried Beans and Peas

- 1. Including, but not limited to: black, navy, kidney, garbanzo, soy, pinto, great northern, red, white, lima, black, broad, fava, cranberry, roman, and mung beans; crowder, cow, split, black eyed and pigeon peas, chickpeas, and lentils
- 2. No flavored beans/peas allowed
- 3. No peanut butter and jelly, honey, marshmallow, or chocolate combinations

## F. Juice

- 1. Single strength or frozen concentrate or canned concentrate or pourable, 100% fruit juice
- 2. 30 mg vitamin C per 100 ml of reconstituted juice, minimum.
- 3. Contains no added sugar
- 4. Calcium fortified juice allowed with counseling and CPA approval. See Attachment FP- 45 for distribution guidelines
- 5. No infant juices allowed

## G. Eggs

Whole, large, grade A

#### H. Fish

Tuna or Salmon

100% tuna, water packed only. No albacore

## I. Fruit and vegetables

Fresh, frozen or canned

Any variety of fresh whole or cut fruit without added sugar or artificial sweeteners Any variety of fresh whole or cut vegetable, except white potatoes without added, sugars, fats, and oils

Any variety of canned fruits, including applesauce; juice-pack or water pack without added sugars, fats, oils, or salt

Any variety of frozen fruits without added sugar

Any variety of canned or frozen vegetable, except white potatoes, without added sugars, fats, oils

#### J. Whole Grains

100% whole wheat bread or hamburger buns, brown rice, whole wheat or corn tortillas

## K. Soy milk -

- 1. 276 mg calcium per cup
- 2. 8 grams protein per cup
- 3. 500 IU vitamin A per cup
- 4. 100 IU vitamin D per cup
- 5. 24 mg magnesium per cup
- 6. 222 mg phosphorous per cup
- 7. 349 mg potassium per cup
- 8. 0.44 mg riboflavin per cup
- 9. 1.1 mcg vitamin B12 per cup

## III. Packaging

- A. Food must be prepackaged, no bins except for fresh fruits and vegetables.
- B. Cereal (adult and infant)
  - 1. No single serving containers.
  - 2. Adult cereal weight must be in whole numbers, minimum of 11 ounces, not to exceed 36 ounces.
  - 3. Infant cereal only in eight (8) ounce packages.

## C. Cheese

- 1. Brick, sliced, string cheese only. No shredded cheese.
- 2. Cheese from the dairy case only. No deli cheese.
- 3. Plain cheese only, no additions of products such as jalapeno peppers.
- 4. 16 ounce package only.

#### D. Juice

- 1. Containers must be easily and clearly identified as fortified with 30 mg of vitamin C per 100 ml of juice, except orange juice and grapefruit juice.
- 2. Forty-eight (48) ounce containers, 64 ounce containers, 12 ounce frozen cans, 12 ounce cans concentrate, or 11.5 oz pourable cans or 5.5 to 6 ounce can.

## E. Eggs

One dozen size carton only

## F. Milk- (Cow)

- 1. Half gallon and one gallon size: Whole, Reduced Fat (2%), Low-fat (1%), Lite (0.5%), Skim (Non-Fat)
- 2. Quart size containers only for goat milk.
- 3. Twelve ounce cans only for Evaporated milk
- 4. Three quart boxes for Powder milk.
- 5. 8 ounce or half-pint box for ultra high temperature (UHT) milk.
- 6. 96 ounce container only for reduced lactose milk.

Milk - (Meyenberg Goat Milk) quart

#### G. Tuna

5 ounce can only

- H. Salmon 6 oz or 14.75 oz only
- I. Peanut Butter16 to 18 ounce container only
- J. Dried Beans/Peas
  One pound bag or 15 to 16 ounce can

## IV. Formula

- A. Complete Formula
  - 1. Iron fortified infant formula that contains at least 10 mg iron per liter of formula at standard dilution.
  - 2. 67 kcal per milliliter (approximately 20 kcal per fluid ounce at standard dilution).
- B. Formula Not Meeting the Requirements for a Complete Formula
  - 1. Formula intended for use as an oral feeding and prescribed by a physician when the participant has a medical condition that precludes the use of conventional formula or food.
  - 2. Allow supplements to be used in conjunction with an appropriate prorated food package. Substitute a specified amount of supplement per quart or can of milk or formula.





# WIC approved Foods List Effective December 1 , 2013 Only the following list of foods may be purchased with WIC vouchers

		ing use of foods may be		
Food Item		nd or Type	Container / Package size	Not allowed
MILK  Least Expensive Brand of type selected/ allowed	Whole Milk – ( Lactose free Acidoph (Fat free/skim, low	rfat (1%), Reduced Fat (2%) when listed on voucher) e milk, Acidophilus, ilus and Bifidum fat (1%), Reduced Fat (2%)) when listed on voucher)	One gallon half gallon (when listed on voucher) One gallon half gallon 96 oz (3 quart)	Organic     Flavored milk     Buttermilk
	UHT - Ultra H (when li Nor	igh Temperature Milk sted on voucher) nfat dry milk porated milk	8 oz. or half-pint box Makes 3 quarts 12 oz cans	Rice milk     Raw milk (non-pasteurized)     No dried whole milk (Nido)     No filled evaporated
	Meyenberg Goat Milk	Low fat (when listed on voucher)	1 quart	
SOY MILK	K 8 <sup>th</sup> Continent Original Vanilla Silk Original		half gallon	Light     Other Flavors
CHEESE  Least Expensive Brand of type selected/ allowed	Slices (Wrapped or unwrapped)  Block  String	American Swiss Cheddar American Cheddar Colby Monterey Jack Mozzarella Swiss (combination allowed i.e. Colby/Jack) Mozzarella	16 oz package (regular, low-fat, reduced-fat, fat-free allowed)	Organic     Cheese products/spreads     Flavored cheese     Cheese food     Shredded/cubed/shaped/strips     Crumbles     Delicatessen (deli) cheese     Cheese with added ingredients     Imported/waxed     Any other size or quantity
TOFU – calcium set	Silken Nasoya Extra Firm Super Firm (cubed)		8 oz 14-16 oz	Non-calcium set     Any other size or quantity
EGGS	Least E	xpensive Brand	l dozen carton Grade A Large	Organic     Low cholesterol     Added Omega 3, DHA, or ARA     No brown eggs
PEANUT BUTTER	Creamy, Cru	uny brand nchy, Extra Crunchy, al, or Low-salt	16-18 oz Jar	Organic     Reduced fat or peanut butter spreads     Marshmallow added     Chocolate added     Honey spread     Jelly added     Any other size or quantity     Added vitamins/minerals
BEANS / PEAS / LENTILS	Dried	Any variety of plain, mature dry beans, peas or lentils	1 lb packages	Flavored beans or peas     Any other size or quantity

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# WIC approved Foods List Effective December 1, 2013

Only the following list of foods may be purchased with WIG	vouchers
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Food Item	•	d or Type	Container / Package size	Not allowed
BEANS / PEAS / LENTILS	Canned	Any variety of plain, mature beans, peas, or lentils	15-16 oz can	Any with added sugar, fat, oil, or meat     Soups     Baked beans     Immature varieties of legumes such as green peas, or snap beans
JUICE		Orange	64 oz Ready to Serve (refrigerated cartons)	
100% Juice Vitamin C fortified  Calcium fortified allowed	Least Expensive Brand	Orange Pineapple Grapefruit 100% Tomato 100% Vegetable Juice	64 oz Ready to Serve  12 oz Frozen concentrate  5.5-6 oz ready to serve	Organic     Juice drink     Infant juice     Juice with sugar added
	Nestle Juicy Juice	All Flavors (including apple, grape and white grape)	48 oz Ready to Serve Containers 64 oz Ready to Serve Containers 11.5 oz Non-frozen pourable concentrate	<ul> <li>Sports drink</li> <li>Cartons of juice other than orange</li> <li>V-8 Splash</li> <li>Vegetable juice cocktail</li> </ul>
	Welch's	Apple Grape White Grape	64 oz Ready to Serve Containers 11.5 oz Non-frozen pourable concentrate	
	Old Orchard Welch's	Apple Grape White Grape	11.5 - 12 oz frozen	
WHOLE GRAIN-		nan Meal 00% Whole Wheat		
BREAD	Classic 100 Soft and Smooth	ara Lee % Whole Wheat a 100% Whole Wheat		
	100% Whole	re's Own Wheat with Honey		
		ridge Farm Theat very thin sliced	16 oz package Loaf Bread	Honey wheat     Hot dog rolls/buns
		ridge Farm 100% Whole Wheat		Any other size or quantity
	Merita Bimbo Cobblestone Mill Wonder Kroger	100% Whole Wheat		Whole grain white
	100% Whole wheat sandwich rolls/buns	Pepperidge Farms – Soft 7 Grain	16 oz package	

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# WIC approved Foods List Effective December 1, 2013

Only the following list of foods may be purchased with WIC vouchers	Only the following	list of foods may	be purchased with	WIC vouchers
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	Only	the following list of foods may be		Vouchers
Food Item		Brand or Type	Container / Package size	Not allowed
WHOLE GRAIN TORTILLA	Whole wheat	Chi Chi's Kroger La Banderita Mi Casa Mission Ortega Chi Chi's	16 oz	All other types     Any other size or quantity
	Com	La Banderita Mission		
BROWN RICE		Any brand	16 oz	White rice     Flavored rice     Any other size or quantity
CEREAL – *Whole Grain	General Mills	**Cheerios     **Multi-Grain Cheerios     **Wheat Chex     **Kix     **Corn Chex     **Rice Chex		
	Kellogg's	*Frosted Mini Wheats Touch of Fruit     *Frosted Mini-Wheats Little Bite     Rice Krispies (Regular)     Special K     Crispix     Corn flakes		
	Post	*Grape-nuts     *Grape-nut Flakes     *Banana Nut Crunch     Honey Bunches of Oats-Almond     Honey Bunches of Oats-Honey     Roasted     *Honey Bunches of Oats - Vanilla     Bunches	11 – 36 oz	Other package sizes     Any type, brand, or variety of cereal other than the ones listed     Flavored grits
	Quaker	**Life - original     **Oatmeal Squares - brown sugar     **Oatmeal Squares - cinnamon     **Oatmeal - instant     Instant Grits - original		
	Malt-O- Meal	*Frosted Mini-Spooners     Oat Blenders with Honey     Oat Blenders with Honey and Almonds     *Strawberry Cream Mini Spooners     Crispy Rice		
	B&G	• Cream of wheat – instant		

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# WIC approved Foods List Effective December 1, 2013

Only the following list of foods may be purchased with WIC vouchers

Food Item		Brand or Type	Container / Package size	Not allowed	
FISH Least Expensive of type selected		Tuna – water packed	5 oz can	Organic     Packed in oil     No albacore	
		Pink Salmon	6 oz can or 14.75 oz can	Added flavorings     Pouches     Individual serving containers     Any other size or quantity     Fresh or frozen	
INFANT FORMULA		cher lists the brand, size, and form centrate, or ready to use) that you must buy.	As listed on voucher	Organic     Formula not listed on the voucher	
INFANT CEREAL		nds: Beech Nut or Gerber Oatmeal, Barley, Mixed, Whole Wheat	Dry cereal in 8 oz containers	Organic Baby cereal in jars Cereal with fruit added Cereal with formula added DHA ARA Any other size or quantity	
INFANT FRUIT & VEGETABLES	Gerber 2 <sup>nd</sup> Foods	Single ingredient Apple & Cherries Apple Strawberry Banana Pear Pineapple Prunes with Apples Apricot with Mixed Fruits Banana with Mixed Berries Apple Blueberry Banana Orange Medley Banana Plum Grapes Sweet Potato Corn Mixed Vegetable Garden Vegetable	4 oz jars 2 x 3.5 oz twin packs	Organic     Guava     Papaya	
	Beech Nut Stage 2 Foods Stage 2 1/2	Single ingredient Apricots with Pears & Apples Pears & Raspberries Apples & Cherries Banana & Strawberries Pears & Pineapple Apples & Blueberries Apples & Bananas Apples, Mango & Kiwi Apples, Pears & Bananas Pears & Green beans Com and Sweet Potato Country Garden Vegetables Mixed Vegetables Peas and Carrots	4 oz jars	Sweet potato casserole     No diced     Any other size or quantity     No desserts     Any other combinations	
INFANT MEATS	Gerber 2 <sup>nd</sup> Foods Beech Nut Stage 1	Meat with broth Meat with gravy	2.5 oz containers	Organic     Meat and vegetable mixtures     Meat and pasta mixtures     Any other size or quantity	

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#### WIC approved Foods List Effective December 1, 2013 Only the following list of foods may be purchased with WIC vouchers

Food Item	Brand or Type	Container / Package size	Not allowed
FRUITS and VEGETABLES	Any variety of fresh whole or cut fruit without added sugars  Any variety of fresh whole or cut vegetable without added sugars, fats, and oils  Applesauce – unsweetened only or "no added sugar"  Any variety of canned fruits, including applesauce; juice-pack or water pack without added sugars, artificial sweeteners, fats, oils, or salt  Any variety of canned vegetable without added sugars, fats, oils  Any variety of frozen fruits without added sugar  Any variety of frozen vegetable (including plain frozen beans / peas / legumes) without added sugars, meats, fats, or oils  Organic Allowed		Potato - except for yam and sweet potato Any variety of carmed or frozen vegetable with added sugars, fats, oils, or white potatoes Herbs or spices Edible blossoms/flowers Fruit leathers Fruit roll-ups Catsup, salsa, or other condiments Pickled vegetables and olives Soups Mixtures containing white potato Creamed or sauced vegetables Breaded vegetables Peanuts Canned or dried legumes (mature beans or peas) Juice Vegetable-grain mixtures (e.g., with rice, noodles, or pasta) Purchases from salad bars Fruit baskets or party trays Any dried fruit or vegetable Regular applesauce Fruits packed in syrup Fruits with artificial sweeteners

#### Revised 11-11-2011

Remove Discontinued Product Juice Harvest Surprise and Nature's Goodness 2 Infant meat. Added "Whole grain white" to the not allowed section of Whole Grain-Bread.

### Revised 1-12-2012

Updated Beech Nut Stage 2 Foods – 2 changes
"Apricots with Peaches & Apples" revised to read "Apricots with Pears & Apples"
"Pears & Bananas" revised to read "Apples, Pears & Bananas"

#### Revised 12-1-13

Remove House Tofu Made Kix whole grain Remove Nature's Own Buns Revised Bun package Size to "16 oz package"

Remove Gluten-free Rice Krispies

Updated Frosted Mini Wheat Name Updated Oat Blender Name

Remove Multi-Bran Chex

Add Silk Soy Milk

Changed allowed canned bean package size
Changed allowed canned fish package size
Goat Milk (Removed Evaporated and Whole milk in the quart) The product did not meet Vit. A nutritional requirements.
Juice "Ready to Serve": Removed 46 - 48 oz range from all juice options. Only 48 oz is approved.

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Formula Type:	Formula Tracking Log
Formula Type:	Formula Tracking Lo

Returned / Exchanged Formula

	Action	*Nı	umber of Cans		Returned / Exchanged Formula		
	Taken		T		Ol's attacks		
Date:	Received "R"	Powder	Concentrate	RTF	Client's Name AND / OR	Reason for Receiving, Issuing or Discarding	Signature & Title of
	Issued "I"				Client's WIC ID#	Formula	СРА
	Destroyed				Official S WIO ID #		
	"D"						
	Balance Forward						
	RID						
	D   D						
	RID						
	RID						
	RID						
	RID						
	RID						
	RID						
	K I D						
	RID						
	Inventory Total				Notes:		

<sup>\*</sup>Cases must be converted to cans

<sup>\*\*</sup>Inventory verification must be completed at least quarterly.

#### **Calcium Fortified Juices**

# Calcium-fortified Juices – Guidelines, Procedures & Recommendations

Calcium-fortified juice that meets the minimum Federal requirements for a WIC eligible juice (100 percent fruit/vegetable juice that contains 30 milligrams of vitamin C per 100 milliliters of juice) is WIC eligible. It may be used for the fruit/vegetable juice component of the WIC food packages up to the maximum quantities for juice. WIC State agencies have the option of approving calcium-fortified juice for inclusion on their lists of approved WIC juices, as they do with other WIC eligible foods. State agencies are encouraged to develop policies and procedures for local agencies to follow when issuing calcium-fortified juice.

Juice, including calcium-fortified juice, cannot be prescribed as a substitute for the dairy products in WIC Food Packages. Calcium-fortified juice also <u>should not be offered routinely</u> to all WIC women and children participants. It should be prescribed only to address specific nutritional need of individuals, whose dietary intake of calcium-rich food products is low due to reasons such as cultural food preferences, dislike of milk, or lactose intolerance.

Calcuim fortified juice should **not** be highlighted as a juice on the approved food list. If the CPA determines a possible benefit to include calcium-fortified juice in the food package, that client can be instructed to purchase calcium-fortified juices. The vendor manual and training will indicate calcium-fortified juices that meet federal regulation above may be included in any food package (types, least expensive where appropriate, and container sizes all apply). Calcium-fortified juices are currently available in limited flavors and package sizes.

# **Counseling Recommendations:**

- 1. If clients have never tried calcium-fortified juices, recommend they try just one container of calcium-fortified juice to see if they like the taste. Some have found this to be bitter compared to the 'regular' juices.
- 2. Provide counseling on other sources of calcium as part of the nutrition education session along with handouts.

The calcium-fortified juices can be purchased with any of the existing child and adult packages, but this is to be recommended secondary to the client assessment. We are not promoting this as a dairy alternative, but merely making it available as an option as deemed appropriate.

# Single Item Voucher Codes

W5 = Prenatal/Mostly Breastfeeding Women
W6 = Non-Breastfeeding Postpartum/Some Breastfeeding Woman
W7 = Exclusively Breastfeeding Women/Prenatal with Multiples/
Mostly Breastfeeding Multiples
C1 = Child 12-23 months old
C2 = Child >23 months old
I = Infant

Supplemental Foods					
Voucher code		Voucher message	Allowed Category		
775	Eggs:	2 dozen Least expensive brand	W7		
703	Eggs:	1 dozen Least expensive brand	W5, W6, W7, C1, C2		
778	Juice	1-48 oz container or 1-12 oz can frozen	W5, W6, W7		
		or 11.5 oz can pourable			
273	Juice:	2-48 oz containers OR 2-12 oz cans	W5, W6, W7		
		frozen OR 2-11.5 oz cans pourable			
A02	Juice:	3-48 oz containers OR 3-12 oz cans	W5, W7		
		frozen OR 3-11.5 oz cans pourable			
A03	Juice:	2-64 oz containers	C1, C2		
A04	Juice:	1-64 oz container	C1,C2		
779	Cereal:	No more than 24 oz	W5, W6, W7, C1, C2		
780	Cereal:	No more than 36 oz	W5, W6, W7, C1, C2		
A05	Cereal:	No more than 18 oz	W5, W6, W7, C1, C2		
782	Beans:	1 lb dried or 4 cans (15 to 16 oz)	W5, W6, W7, C1, C2		
A07	Peanut	1 container (16-18 oz)	W5, W6, W7, C2		
	Butter:				
781	Beans or	1 lb dried or 4 cans (15 to 16 oz) beans	W6, C2		
	peanut	or 1 container (16 to 18 oz) peanut butter			
	butter				
A08	Whole	Pick 2: 16 oz bread; 16 oz brown rice;	C1, C2		
	Grains:	16 oz tortilla; or 16 oz bun			
A09	Whole	Pick 1: 16 oz (bread, or brown rice or	W5, W6, C1, C2		
	Grains:	whole grain tortilla) or 16 oz bun			
783	Fish:	No more than 30 ounces (canned tuna	W7		
		OR canned salmon)			
A10	Fish:	No more than 15 ounces (canned tuna	W7		
		OR canned salmon)			
772	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No	W5, W6, W7, C2		
		whole milk Least expensive brand			
771	Milk:	2 gallons low-fat (fat-free, 1%, 2%) No	W5, W6, W7, C2		
		whole milk Least expensive brand			
774	Cheese:	1-16 oz package	W5, W6, W7, C1, C2		

700	N 4:11	4 11 00 01 16 11 1 6 6 6	14/5 14/0 14/7 00
786	Milk:	1 gallon OR 2 half gallons low-fat (fat-	W5, W6, W7, C2
		free, 1%, 2%) Lactose free, Acidophilus,	
		or Acidophilus and Bifidum. No whole	
		milk Least expensive brand	
785	Milk:	1 half gallon low-fat (fat-free, 1%, 2%)	W5, W6, W7, C2
		Lactose free, Acidophilus, or Acidophilus	
		and Bifidum. No whole milk Least	
		expensive brand	
A11	Tofu:	No more than 4 pounds	W5, W6, W7, C1, C2
A12	Tofu:	1 pound	W5, W6, W7, C1, C2
205	Infant	1-8 oz container	I, C1, C2
	Cereal:		, - , -
A13	Infant	3-8 oz containers	I, C1, C2
	Cereal:		, ,
A06	Milk:	1 gallon OR 2 half gallons whole lactose	C1, C2, W5, W6, W7
		free, OR Acidophilus, OR Acidophilus	
		and Bifidum No low-fat milk. Least	
		expensive brand	
A29	Milk:	1-3 quart (96 oz) container low-fat (fat-	C1, C2, W5, W6, W7
		free, 1%, 2%) Lactose free, OR	, , , ,
		Acidophilus, OR Acidophilus and Bifidum	
		No whole milk. Least expensive brand	
A31	Milk:	1-3 quart (96 oz) container whole lactose	C1, C2, W5, W6, W7
7.01	IVIIII.	free, OR Acidophilus, OR Acidophilus	01, 02, 110, 110, 111
		and Bifidum No low-fat milk. Least	
		expensive brand	
A14	Dry	1-3 quart container box non-fat dry	W5, W6, W7, C2
7.17	Milk	powder	, vvo, vvo, vv7, O2
	IVIIIX	Least expensive brand	
A15	Dry	2-3 quart containers non-fat dry powder	W5, W6, W7, C2
710	Milk	Least expensive brand	VV3, VV0, VV7, O2
A16	Dry	3-3 quart containers non-fat dry powder	W5, W6, W7, C2
710	Milk	Least expensive brand	VV3, VV0, VV7, O2
A17	Milk	4-12 ounce cans low-fat (fat-free,	W5, W6, W7, C2
All	IVIIIK	· · · · · · · · · · · · · · · · · · ·	VV3, VV6, VV7, C2
		skimmed, 2%) evaporated	
140	NA:II.	Least expensive brand	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
A18	Milk	1-12 ounce cans low-fat (fat-free,	W5, W6, W7, C2
		skimmed, 2%) evaporated	
140	N 4:11	Least expensive brand	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
A19	Milk	4-12 ounce cans evaporated (whole)	W5, W6, W7, C1, C2
400	N A****	Least expensive brand	ME MO ME 04 00
A20	Milk	1-12 ounce cans evaporated (whole)	W5, W6, W7, C1, C2
770	Oh a a a a	Least expensive brand	ME MO ME 04 00
773	Cheese	2-16 oz packages	W5, W6, W7, C1, C2
776	Juice	4-48 oz containers or 4-12 oz cans	W7 (EBF twins only)
		frozen or 4-11.5 oz cans pourable	147 146 147 5
A01	Milk	1 gallon Whole milk Only	W5, W6, W7, C1, C2
		Least expensive brand	
A21	Milk	2 gallons Whole milk Only	W5, W6, W7, C1, C2

		Least expensive brand	
A34	Milk	1 half gallon low-fat (fat-free, 1%, 2%) No whole milk.	W5, W6, W7, C2
		Least expensive brand	
A22	Goat Milk	4 quarts low-fat goat milk No whole milk	W5, W6, W7, C2
A23	Goat Milk	8 quarts low-fat goat milk No whole milk	W5, W6, W7, C2
A24	Goat Milk	1 quart low-fat goat milk No whole milk	W5, W6, W7, C2
A30	Milk:	1 half gallon low-fat (fat-free, 1%, 2%)	W7
Prenatal		No whole milk Least expensive brand	
Conversion to an			
Exclusively	Eggs:	1 dozen	
Breastfeeding		No more than 30 oz (canned tuna OR	
Package	Fish:	canned salmon)	
A37	Infant	4-8 oz container	C1, C2
	Cereal:		
A33	Soy milk:	2 half gallons Silk (original) OR	W5, W6, W7, C1, C2
		8 <sup>th</sup> Continent (Original or Vanilla only)	
A38	Milk:	8-12 ounce cans low-fat (fat-free,	W5, W6, W7, C2
		skimmed, 2%) evaporated	
		Least expensive brand	
A39	Milk	8-12 ounce cans evaporated (whole)	C1, C2, W5, W6, W7
		Least expensive brand	
A41	Soy milk	1 half gallons Silk (original) OR	W5, W6, W7, C1, C2
		8 <sup>th</sup> Continent (Original or Vanilla only)	
A36	Infant	4-4 oz containers baby food fruit and/or	I, C1, C2
	foods	vegetable (Stage 2, Stage 2 ½ or 2 <sup>nd</sup>	
DOO	Dua dua -	foods)	04.00
P09	Produce	\$6 for fresh, frozen, or canned fruit and	C1, C2
		vegetables, Baby fruits and vegetables	
		without sugar, seasonings, fat, or oils are allowed.	
		alloweu.	

Infant/Special Formulas			
Voucher code	Voucher me		Allowed Category
A43	Formula	1-8.25 oz container ready to feed Boost Kid Essentials	C1, C2
A44	Formula	4-8.25 oz containers ready to feed Boost Kid Essentials (one 4-pack)	C1, C2
A45	Formula	1-8 oz container ready to feed Boost Kid Essentials 1.5	C1, C2
A46	Formula	1-8 oz container ready to feed Boost Kid Essentials 1.5 With Fiber	C1, C2
A60	Formula	1-250 ml container ready to feed Compleat Pediatric	C1, C2
A64	Formula	1-8 oz can ready to feed Enfaport	I, C1, C2
A69	Formula	6-32 oz containers ready to feed Similac Expert Care Alimentum	I, C1, C2 I, C1, C2
A70	Formula	1-44 oz (4-pack) ready to feed Carnation Breakfast Essentials	C1, C2, W5, W6, W7
A71	Formula	5-44 oz (4-packs) ready to feed Carnation Breakfast Essentials	C1, C2, W5, W6, W7
A72	Formula	6-44 oz (4-packs) ready to feed Carnation Breakfast Essentials	C1, C2, W5, W6, W7
A73	Formula	7-44 oz (4-packs) ready to feed Carnation Breakfast Essentials	C1, C2, W5, W6, W7
A74	Formula	1-12.6 oz box (10 packets) powder Carnation Breakfast Essentials	C1, C2, W5, W6, W7
A75	Formula	3-12.6 oz box (10 packets) powder Carnation Breakfast Essentials	C1, C2, W5, W6, W7
518	Formula	1-32 oz container ready to feed Similac Similac Expert Care NeoSure	I, C1, C2
544	Formula	1-32 oz container ready to feed Enfamil EnfaCare	I, C1, C2
707	Formula	1-400 gram (14.1oz) can powder Nutramigen AA OR PurAmino	I, C1, C2
358	Formula	1-1 lb can powder Similac Expert Care Alimentum	I, C1, C2
359	Formula	1-32 oz container ready to feed Similac Expert Care Alimentum	I, C1, C2
553	Formula	1-8 oz container ready to feed Boost	W5, W6, W7
300	Formula	1-14.1 oz can powder EleCare Jr	C1, C2
307	Formula	1-12.9 oz can powder Enfamil AR	I, C1, C2
308	Formula	1-1 quart container ready to feed Enfamil AR	I, C1, C2
590	Formula	6-2 oz containers ready to feed Enfamil EnfaCare	I, C1, C2
591	Formula	1-12.8 oz can powder Enfamil EnfaCare	I, C1, C2
305	Formula	6-2 oz containers ready to feed iron	I, C1, C2

		Infant/Special Formulas	
Voucher code	Voucher code Voucher message		
		fortified Enfamil Premature 20 (1-6 pack)	Allowed Category
306	Formula	6-2 oz containers ready to feed iron fortified Enfamil Premature 24 (1-6 pack)	I, C1, C2
301	Formula	1-8 oz container ready to feed Ensure	W5, W6, W7
310	Formula	1-237 ml container EO28 Splash	C1, C2
474	Formula	1-400 gram (14.1 oz) can powder Neocate Junior	C1, C2
476	Formula	1-12.9 oz can powder Gerber Good Start Gerber Good Start Soy	I, C1, C2
477	Formula	1-13 oz or 1-12.1 oz container concentrate Gerber Good Start Soy	I, C1, C2
A62	Formula	1-8 oz can ready to feed Nepro	C1, C2, W5, W6, W7
157	Formula	1-12.6 oz can powder Nutramigen with Enflora LGG	I, C1, C2
159	Formula	1-13 oz can concentrate Nutramigen	I, C1, C2
A67	Formula	1-32 oz container ready to feed Nutramigen	I, C1, C2 I, C1, C2
A68	Formula	6-32 oz containers ready to feed Nutramigen	I, C1, C2
A63	Formula	1-250 ml container ready to feed Nutren 1.5	W5, W6, W7
563	Formula	1-250 ml container ready to feed Nutren 2.0	W5, W6, W7
557	Formula	1-250 ml container ready to feed Nutren Junior	C1, C2
558	Formula	1-250 ml container ready to feed Nutren Junior Fiber	C1, C2
716	Formula	1-8 oz container ready to feed Pediasure	C1, C2
717	Formula	6-8 oz container ready to feed Pediasure	C1, C2
A65	Formula	1-8 oz containers ready to feed PediaSure 1.5 Cal	C1, C2
A66	Formula	1-8 oz containers ready to feed PediaSure 1.5 Cal with fiber	C1, C2
A58	Formula	1-8 oz container ready to feed PediaSure Enteral	C1, C2
A59	Formula	1-8 oz container ready to feed PediaSure Enteral with Fiber and scFOS	C1, C2
720	Formula	1-8 oz container ready to feed Pediasure with Fiber	C1, C2
721	Formula	6-8 oz container ready to feed Pediasure with Fiber	C1, C2
479	Formula	1-250 ml container ready to feed Peptamen	W5, W6, W7
480	Formula	1-250 ml container ready to feed Peptamen Junior	C1, C2

		Infant/Special Formulas	
Voucher code			Allowed Category
A47	Formula	1-250 ml container ready to feed Peptamen Junior 1.5	C1, C2
A48	Formula	1-250 ml container ready to feed Peptamen Junior Fiber	C1, C2
578	Formula	1-250 ml container ready to feed Peptamen Junior with Prebio	C1, C2
259	Formula	1-1 lb can powder Portagen	I, C1, C2
141	Formula	1-1 lb can powder Pregestimil	I, C1, C2 I, C1, C2
A50	Formula	6-2 oz containers ready to feed Pregestimil 20 Calorie (one 6-pack)	I, C1, C2
A51	Formula	6-2 oz containers ready to feed Pregestimil 24 Calorie (one 6-pack)	I, C1, C2
A53	Formula	1-8 oz container ready to feed Resource Breeze	C1, C2, W5, W6, W7
A61	Formula	1-13 oz container concentrate RCF	I
N74	Formula	12-13 oz containers concentrate RCF (1 case)	I
481	Formula	4-2 oz containers ready to feed Similac Similac Expert Care NeoSure (1-4 pack)	I, C1, C2
482	Formula	1-13.1 oz can powder Similac Expert Care Neosure	I, C1, C2
483	Formula	1-14.1 oz can powder Similac PM 60/40	I, C1, C2
484	Formula	1-32 oz container ready to feed Similac Sensitive for Spit Up (green and white label)	I, C1, C2 I, C1, C2
588	Formula	4-2 oz containers ready to feed iron fortified Similac Special Care 20 (1-4 pack)	I, C1, C2
587	Formula	4-2 oz containers ready to feed iron fortified Similac Special Care 24 (1-4 pack)	I, C1, C2
586	Formula	4-2 oz containers ready to feed iron fortified Similac Special Care 30 (1-4 pack)	I, C1, C2
A52	Formula	1-8 oz container ready to feed Suplena	W5, W6, W7
G11	Formula	1-33.8 oz (4-pack) ready to feed Gerber Good Start Gentle	I, C1, C2
G20	Formula	2-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle	I, C1, C2
G07	Formula	1-12.1 oz container concentrate Gerber Good Start Gentle	I, C1, C2
G08	Formula	2-12.1 oz containers concentrate Gerber Good Start Gentle	I, C1, C2
G09	Formula	3-12.1 oz containers concentrate Gerber Good Start Gentle	I, C1, C2
G01	Formula	12.7 oz can powder Gerber Good Start	I, C1, C2

Infant/Special Formulas			
Voucher code	Voucher message		Allowed Category
		Gentle	
476	Formula	1-12.9 oz cans powder Gerber Good Start Soy	I, C1, C2
G41	Formula	1-22 oz cans powder Gerber Good Start 2 Gentle OR Gerber Graduates Gentle	I, C1, C2
G23	Formula	2-12.1 oz containers concentrate Gerber Good Start Soy	I, C1, C2
G24	Formula	3-12.1 oz container concentrate Gerber Good Start Soy	I, C1, C2
G29	Formula	2-33.8 oz (4-packs) ready to feed Gerber Good Start Soy	I, C1, C2
G28	Formula	1-33.8 oz (4-pack) ready to feed Gerber Good Start Soy	I, C1, C2
G43	Formula	1-24 oz cans powder Gerber Good Start 2 Soy OR Gerber Graduates Soy	I, C1, C2
L09	Formula	1-12.6 oz cans powder Gerber Good Start Nourish	I, C1, C2
A49	Formula	1-8 oz container ready to feed or Pediasure Peptide 1.0 Cal	C1, C2
A54	Formula	1-1.7 oz packet powder Vivonex Pediatric	C1, C2
A55	Formula	6-1.7 oz packets powder Vivonex Pediatric (one box, 6 packets each)	C1, C2

Modulars			
Voucher code	Voucher me	essage	Allowed Category
511	Formula	1-400 gram (14.1 oz) can powder Duocal	All
512	Formula	4-400 gram (14.1 oz) cans powder Duocal	All
530	Formula	1 carton (50 packs per carton) Similac Human Milk Fortifier	C1, I
531	Formula	1 case (150 packs per case) Similac Human Milk Fortifier	C1, I
535	Formula	1-12.3 oz can Polycose	All
536	Formula	6-12.3 oz cans Polycose (1 case)	All
N75	Formula	1 carton (100 vials, 25 pouches with 4 - 5ml vials per pouch) Enfamil Human Milk Fortifier Acidified Liquid	I, C1
582	Formula	1-32 oz container MCT Oil	All
583	Formula	6-32 oz containers MCT Oil (1 case)	All

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# I. INTRODUCTION

Nutrition Education is a major component of the WIC program. The nutrition education and counseling provided to WIC participants emphasizes the relationship between proper nutrition, physical activity, and good health, with emphasis on the nutritional needs of pregnant, breastfeeding and postpartum non-breastfeeding women, infants, and children less than five (5) years of age. WIC assists the individual who is at nutritional risk in achieving positive changes in food and physical activity behaviors, in order to improve nutritional status and to prevent nutrition - related problems.

Nutrition education is a WIC benefit available to all participants at no cost to the participant.

# II. DEFINITIONS

#### A. Nutrition Education

Nutrition Education is a dynamic process delivered through individual or group sessions by which participants gain the understanding, skills, and motivation necessary to promote and protect their nutritional well being through their food intake, physical activity, and behavioral choices. Nutrition education shall be focused on the participant's interests and designed based on ethnic, cultural, and geographic differences with consideration for language, educational, environmental factors, and nutritional risks.

# B. "Value Enhanced Nutrition Assessment" (VENA)

"Value Enhanced Nutrition Assessment" (VENA) includes a nutrition assessment. VENA emphasizes a qualitative rather than quantitative dietary assessment by promoting a participant-centered, positive approach to nutrition assessment – one that is based on desired health outcomes rather than deficiency findings. This method allows for individualized counseling sessions.

VENA makes the nutrition education process more effective for both participants and educator by providing opportunities for participant-centered dialogue. The intent of VENA is to complement nutrition assessment, education and counseling, which will lead to a measurable method of client-centered goal setting. Additional information on VENA is available at the USDA WIC Works website (<a href="http://www.nal.usda.gov/wicworks/">http://www.nal.usda.gov/wicworks/</a>). The entire VENA manual can be downloaded as a PDF file at the following link:

http://www.nal.usda.gov/wicworks/Learning Center/VENA/VENA Guidance.pdf

# III. STATE AGENCY NUTRITION EDUCATION RESPONSIBILITIES

#### A. Training and Technical Assistance

 The State Agency will maintain a plan for providing training and technical assistance for WIC competent professional authorities (CPA's) and nutrition assistant staff at local clinics. Training and technical assistance provides WIC competent professional authorities with current information on the nutritional management of normal and high-risk participants, special problems, and emerging issues in nutrition.

- 2. State Agency is responsible for the development and implementation of procedures to assure that nutrition education is provided to all adult participants, to parents or caregivers of infant or child participants and, when appropriate, to child participants.
- 3. State Agency is responsible to provide resources and committee leadership for obtaining or developing nutrition education materials.

# B. Nutrition Education Coordination

- State Agency is responsible to coordinate WIC nutrition education activities with related programs and professional groups such as the Cooperative Extension Service, Supplemental Nutrition Assistance Program (SNAP), professional organizations, advisory committees, etc.
- 2. State Agency is responsible for the evaluation of nutrition education activities. The evaluation shall include an assessment of participants' views concerning the usefulness of the nutrition education they received.
- 3. State Agency establishes standards for participants' education contacts that ensure the provision of adequate nutrition education.
- 4. State Agency monitors local agency activities to ensure compliance with defined local agency responsibilities and participant nutrition education contacts.

# IV. NUTRITION EDUCATION PLAN

# A. Local Agency Nutrition Education Plan

Local Agencies are responsible annually for the development of a Nutrition Education Plan as part of the district WIC plan that is due to the Nutrition Unit (end of May).

- 1. In the development and revision of a Nutrition Education Plan, local districts should develop a system and/or utilize annual public comment responses for the regular assessment of participant views on nutrition education and breastfeeding promotion, at least on an annual basis.
- 2. The Nutrition Education Plan should include provision of secondary nutrition education to participants and nutrition education for high risk participants.
- The format of The Nutrition Education Plan should include goals and SMART objectives (Specific, Measureable, Achievable, Realistic and with targeted Time frame).

# B. Local Agency Nutrition Education Proposals

A local agency must submit proposals for the development of new nutrition education projects and must contact the Nutrition Unit for technical assistance prior to initiating the implementation of a nutrition education program or strategy that is not conducted through individual or group, face-to-face sessions. Any non-direct nutrition education session, for example, Internet, self-direct computer module, etc., must be approved prior to implementation. Upon receipt of the local agency request, the Nutrition Unit staff will review the proposed nutrition education program/strategy and provide the local agency with initial feed back within thirty (30) days. If approved, the Nutrition Unit will forward the proposed special project(s) to the Nutrition and WIC program for final approval within sixty (60) days of receipt of the final local agency proposal. If USDA approval is required, the Office of Nutrition and WIC will assist the local agency in obtaining the approval.

# C. State Plan

- 1. Develop, implement, and evaluate the State Nutrition Education Plan. Periodically review, evaluate, and make appropriate revisions as necessary.
- Develop guidelines for local agency Nutrition Education Plan development.
   Review each plan and provide feedback.
- 3. Monitor the progress of local agency Nutrition Education Plans on a periodic basis through on-site visits and annual reporting.

# V. PARTICIPANT NUTRITION EDUCATION

- A. Participant Nutrition Education Requirements
  - Local agencies must provide breastfeeding women and caregivers of infant and child participants with four (4) nutrition education contacts (must receive nutrition education on four different occasions) during each twelve (12) month certification period, but not within the same day/clinic visit. For prenatal and post-partum women nutrition education contacts shall be made available at a quarterly rate, but not necessarily taking place within each quarter.
  - 2. Participants must be encouraged to attend and participate in nutrition education activities but cannot be denied supplemental foods for failure to attend or participate in the provided activities.
  - 3. Nutrition education contacts must be provided by a nutritionist, Registered and Licensed Dietitian (RD, LD), Licensed Dietitian (LD), or other Competent Professional Authority (CPA) that has been trained by the state or local agency. Nutrition Assistants (NAs) can provide low-risk nutrition education contacts when appropriate nutrition education training has been received. The Nutrition Unit must approve the training plan (See Attachment NE-1).

# B. Methods for Providing Nutrition Education

- 1. The nutrition education contacts can be provided by individual or group sessions on topics appropriate to the individual participant's nutritional needs. On-line nutrition education is an additional option.
- Printed and audio-visual materials may be used to support the educational messages. Use of the following reinforcements alone is **not considered to be effective and cannot be counted as a nutrition education contact:** publications, pamphlets, take-home activities, newsletters, videotapes, posters, bulletin boards, displays, health fairs, public service announcements, radio, and TV advertisements.

# C. Group Education

A class outline must be developed when group-facilitated classes are used to provide the nutrition education contact. The class outline must include learning objective(s). Class outlines must be kept at the clinic site for use by clinic staff and provided to the Nutrition Unit at the time of program reviews.

#### D. On-line Nutrition Education

- 1. A local agency shall offer participants the option of completing a second nutrition education contact by using a kiosk within their clinic or by going to the Georgia WIC Online education website at <a href="https://www.gawiconline.org">www.gawiconline.org</a>.
- 2. At voucher pick up, participants completing online education must be offered an opportunity to speak with a CPA to answer any questions they may have.
- 3. While high-risk participants are eligible to use Georgia WIC Online, high-risk participants must still receive a high risk contact. Participants only receive credit for a low risk contact when nutrition education is completed on-line or by kiosk in a valid certification period.
- 4. Participants are not limited on the number of lessons or the frequency of visits.
- 5. When participants choose online nutrition education, staff will:
  - a. Provide first time users with a GAWIConline User's Guide or other approved GAWIConline resources.
  - b. Review the procedures and requirements for completing online nutrition education with the participant.
  - c. Verify completion of the online nutrition education contact at voucher pick up through a review of the certificate, printed by the participant after completing the lesson or via online verification. With online verification clinics are <u>not</u> required to print a certificate for the medical record.

- d. Verify that the date of the nutrition education contact is within the current certification period.
- e. Offer participants an opportunity to speak with a CPA.
- f. Document a secondary nutrition education contact in the nutrition education contact screen of your WIC front-end computer system.
  - 1) Enter the "date of completion" of the online nutrition education contact as the secondary nutrition education follow-up date.
  - 2) Enter the secondary nutrition education contact provided as "L" (low risk).
  - 3) Online nutrition education can be documented as "O" for online or "K" for kiosk. Enter the secondary nutrition education contact based on the method it was received. If the online nutrition education contact was completed on a kiosk in a health center enter "K" (Kiosk). All other locations should be documented as "O" for online.
  - 4) Select the online nutrition education topic(s) completed from the list of secondary nutrition education topics.
  - 5) Enter the secondary nutrition education provider as "Independent Education" (code = "P7").
- g. Offer a group or individual contact to participants if unable to verify online education.
- h. Refer all high risk participants to the CPA for a high-risk secondary nutrition education contact, even if the participant completed the low-risk online nutrition education.
- 6. High Risk Follow-Up

All high-risk WIC participants (as defined in the Risk Criteria Handbook) must be scheduled to receive a high-risk nutrition education contact during the current certification period. The High Risk Nutrition Education contact must include a care plan. Refer to Attachment NE-2 for the documentation components of the care plan.

### E. Exit Counseling

- 1. All women participants must receive exit counseling by the final nutrition education contact of the postpartum period (i.e., counseling at least one (1) time on each of the below topics between the initial prenatal certification and when the postpartum woman is terminated as a participant for the current pregnancy). It is recommended that Exit Counseling be discussed at the first contact. Exit counseling is defined as counseling which includes the following topics:
  - a. Importance of folic acid intake
  - b. Health risks of using alcohol, tobacco, and other drugs

- c. Breastfeeding as the preferred method of infant feeding or continued breastfeeding as the preferred method of infant feeding for those women who are currently breastfeeding
- d. Importance of up-to-date immunizations
- 2. Parents or caregivers of WIC infants and children must also be provided with exit counseling.). It is recommended that Exit Counseling be discussed at the first contact. Exit counseling is defined as counseling which includes the following topics which are to be discussed within an infant's certification period (birth to one year) and child's certification period (one to five years):
  - a. Preventative information about abuse of drugs and other harmful substances.
  - b. Importance of up-to-date immunizations

# F. Proxy

Nutrition education may be provided to the proxy at the time of voucher issuance and count as a contact for the participant.

### VI. Documentation of Nutrition Education

All individual nutrition education services and contacts received by participants must be documented in the participant's health record.

# A. Primary Nutrition Education

- 1. Primary nutrition education can be documented on the "staff" side of the client nutrition questionnaire or directly into the electronic medical record.
- 2. Documentation must include date, topics covered, and provider.

# B. Secondary Nutrition Education

- 1. Electronic documentation of all <u>secondary</u> nutrition education contacts <u>is</u> <u>required</u>. Documentation of contacts <u>must</u> include the date, topic(s), the title of the person providing the nutrition education, and method by which the nutrition education contact was provided (e.g., class, kiosk, individual counseling, etc.).
- 2. Document appointments for nutrition education contacts and the refusal of a participant/caregiver to receive nutrition education with the date the participant was scheduled to receive the nutrition education contact, but failed to appear for the contact. Participants who fail to keep their appointments must be offered a nutrition education contact at their next voucher pick up.
- 3. Failed, missed, and refused secondary nutrition education appointments do not count as having provided secondary nutrition education.
- 4. For online nutrition education enter the "date of completion" of contact as the secondary nutrition education follow-up date.

- 5. Enter online education contact provided as "L" (low risk). Document as "O" for online or "K" for kiosk, based on the method used. If the online nutrition education contact was completed on a kiosk in a health center enter "K" (Kiosk). All other locations should be documented as "O" for online. Enter nutrition education provider as "Independent Education" (code = "P7").
- 6. In addition to the date, topic(s), the title of the person providing the nutrition education and method by which the nutrition education contact was provided high risk follow-up must include a nutrition care plan using the Nutrition Care Process. The Nutrition Care Process includes the following steps:
  - a. Nutrition Assessment
  - b. Nutrition Diagnosis
  - c. Nutrition Intervention
  - d. Monitoring and Evaluation
- 7. Approved formats for high risk documentation include; ADIME (Assessment, Diagnosis, Intervention, Monitoring and Evaluation), and SOAP (Subjective, Objective, Assessment, Plan) A flow sheet may be used as long as it contains all components of the Nutrition Care Process. ADIME format is the preferred method of documentation for Registered Dietitians.

# VII. LOCAL AGENCY STAFF/CPAs

# A. District Responsibility

District staff are responsible to provide in-service training and technical assistance for competent professional authorities (CPAs) and nutrition assistants at local clinics.

#### B. Orientation

- 1. Districts must use the CPA Orientation Checklist for training all newly hired CPAs. The Orientation Checklist must be completed within (30) thirty days of the employee providing WIC services (see Attachment NE-5).
- 2. The WIC CPA must also receive competency based nutrition training within twenty-four (24) months of employment. This training should cover skills outside of the basic competencies required for holding CPA position, such as VENA competency skills or other competencies for special populations.

# C. Continuing Education

1. All WIC CPA and Nutrition Assistant (NA) staff, whether they work full time or part time, must receive at least twelve (12) hours of **nutrition specific** continuing education each year. Training must be approved by the local agency Nutrition Services Director (or designee). The twelve (12) hours of nutrition specific continuing education can be met in the following ways:

- a. Participation at local, state, or national workshops or meetings to develop and update skills and knowledge in nutrition and lactation management.
- Completion of Internet based or home study nutrition related educational courses (developed and/or approved by a nationally recognized professional organization).
- c. Through establishment of a staff Nutrition Journal Club, where peer reviewed nutrition related research articles are shared, reviewed and discussed. A maximum of one (1) credit hour (or clock hour) will be allowed per meeting time. Examples of approved peer reviewed research journals include: Journal of the American Dietetic Association, the American Journal of Public Health and Journal of Nutrition Education and Behavior, etc.
- CPAs require WIC programmatic in-service training (e.g., risk criteria, food package/approved foods, etc.). These trainings do not count towards the required twelve (12) hours unless approved by the state.
- 3. Value Enhanced Nutrition Assessment (VENA) process, continuing education training is recommended annually for the CPAs.
- 4. The hours of continuing education required may be pro-rated for new hires, staff who terminate prior to the end of the reporting period, and in special circumstances (e.g., staff on medical leave). For example, a staff member who works in WIC for six months would be expected to have accumulated approximately six hours of continued education. However, the number of continuing education hours required per year cannot be adjusted based upon the percent of time the employee performs WIC duties (e.g., employee only performs WIC duties 50% of the time).
- 5. Reporting and Monitoring
  - a. The WIC Local Agency Continuing Education Documentation Log (Attachment NE-4) should reflect training obtained by all CPAs in the local agency, be maintained in the local agency files, and must be available for review by State Nutrition Unit staff during the WIC program review. Districts are not mandated to use the state's log; this log is only an example. However, districts must track and be able to produce the same continuing education information required as outlined in the attached log.
  - b. The Local Agency Continuing Education Documentation Log should include the following criteria at a minimum for each CPA in the local agency:
    - (1) CPA name and title
    - (2) Clinic number(s)
    - (3) Yearly total of continuing education hours received
    - (4) Hire and termination date
  - c. Local agency training provided must include at a minimum:
    - (1) Training topics

- (2) Agendas
- (3) Speaker(s) vitae (must show evidence of training in the area which they are presenting)
- (4) Staff trained (e.g. all CPA staff, Nutritionists only, etc.)
- (5) Sign-in roster

# VIII. PARTICIPANT REFERRAL TO OTHER AGENCIES

Participants must be assessed for referrals during each certification appointment.

# A. Mandatory Referrals

While receiving Georgia WIC, participants must be referred to the Supplemental Nutrition Assistance Program (SNAP), Medicaid, and Temporary Assistance for Needy Families (TANF) at least one time. Participants shall be informed of these programs and, if needed, be provided with the addresses and telephone numbers of local/state offices.

### B. Other Referrals

- 1. Local agencies are encouraged to coordinate with and refer participants to the Cooperative Extension Service, Expanded Food and Nutrition Education Program (EFNEP), Head Start, Pre-K, and other programs.
- 2. Local agency Staff should refer participants to other health services offered within the health department system and other agencies and services. These include, but are not limited to:

### **Maternal Health Programs**

High Risk Pregnancy Program Family Planning Program Sexually Transmitted Disease

# **Assistance Programs**

Head Start

Supplemental Nutrition Assistance Program (SNAP) Medicaid Right from the Start Temporary Assistance for Needy Families (TANF)

### **Child Health Programs**

Children 1<sup>st</sup>
Children's Medical Services
Immunization Program
Lead Screening Program
Health Check
Dental Health Program
Vision Screening Program

# **Community Resources**

AIDS Program
Private Physician
Mental Health and Substance
Abuse Program

3. Children with the following nutritional risks should be automatically be referred to the District Children 1<sup>st</sup> coordinator using the Children 1<sup>st</sup> Screening and Referral Form:

- a. Risk 134: Failure to Thrive
- b. Risk 211: Elevated Blood Lead Level
- c. Risk 348: Central nervous System Disorders
- d. Risk 349: Genetic and Congenital Disorders (i.e., inborn Errors of Metabolism)
- e. Risk 362: Developmental, Sensory or Motor Delays Interfering with Ability to Eat
- f. Risk 382: Fetal Alcohol Syndrome
- g. Risk 703: Infant Born to Mother with Mental Retardation, or Alcohol or Drug Abuse during Most Recent Pregnancy
- h. Risk 801: Homeless
- i. Risk 901: Recipient of Abuse

Children 1<sup>st</sup> is Public Health's single point of entry for children birth to age five. Parents whose infants and children are at risk for poor health and developmental outcomes are linked to prevention-based programs and services.

### C. Breastfeeding Referrals

Prenatal or breastfeeding participants needing additional breastfeeding information, assistance or support should be referred to the appropriate person(s) designated through the local agency breastfeeding program. General breastfeeding referrals should be documented as "W," while referrals to breastfeeding peer counselors should be documented as "X."

### D. High Risk referral to RD

When a participant identified as high risk and is referred to a nutritionist or Registered Dietitian use ("V") to document the referral.

### E. Participant Documentation

Referrals to and enrollment in other health services and programs must be documented in the participant's health record. A decision not to refer or a refusal by the participant must also be documented; reasons for not referring or participant's refusal should be included in documentation.

### IX. NUTRITION EDUCATION MATERIALS/RESOURCES

### A. Nutrition Education Materials

- 1. All nutrition education materials and forms used and developed locally for WIC participants must be:
  - a. Approved by the District Nutrition Service Director or designee.
  - b. Submitted to the Nutrition Unit for DPH approval **prior** to distribution.
  - c. Must have current non-discrimination statement based on current federal requirement.

See *Materials Evaluation Form* for guidance (Attachment NE-3). The Nutrition Unit is available for consultation and technical assistance to review nutrition education materials.

- 2. Sample copies of all nutrition education materials used by the local agency must be made available to the Nutrition Unit during the program review.
- 3. All nutrition education materials used must accurately reflect current documented scientific knowledge of nutrition.
- 4. Materials must be prepared to meet needs of the specific population group to be served, including prenatal, breastfeeding, postpartum women, infants, and children less than five, and when applicable, migrant farm workers and homeless persons. Consideration must be given to the reading level as well as to the cultural and language needs of clients.
- 5. The Nutrition Unit reserves the right to disapprove the use of nutrition education materials if it determines them to be inappropriate.
- 6. If a local agency develops materials that are applicable statewide, the Nutrition Unit may seek approval from the local agency to duplicate these materials.

# B. Nutrition Resources

Each local agency must have an established nutrition reference guide available. Examples of approved nutrition reference guides include, but are not limited to:

- 1. ADA Nutrition Care Manual
- 2. Georgia Dietetic Association Nutrition Manual
- 3. Nutrition Care Process Manual

### **GUIDELINES FOR NUTRITION ASSISTANT TRAINING**

#### I. Qualifications for Nutrition Assistants:

- A. WIC clerical staff and health services technicians.
- B. Expanded Food and Nutrition Education Program (EFNEP) agents.
- C. Volunteers with a background in Home Economics, Nutrition, Medical Science, and Health Education.
- D. Nursing students who have taken at least one (1) nutrition course.
- E. University students who have done nutrition/health course work.

### II. Nutrition Assistant Trainers

A nutritionist, Registered and Licensed Dietitian (RD, LD), Licensed Dietitian (LD), or other Competent Professional Authority (CPA) that has been trained by the state or local agency. Certified Nutrition Assistants may assist the facilitator to provide peer experiences and support.

### III. Competencies for Nutrition Assistants

- A. Basic Georgia WIC Knowledge. The WIC Nutrition Assistant will be able to:
  - 1. Describe the basic goals of Georgia WIC.
  - 2. List eligibility requirements for Georgia WIC.
  - 3. Name the State and Federal agencies that fund and administer Georgia WIC.
  - 4. Identify the district WIC staff, including the Nutrition Services Director or the Nutrition Program Manager, and where to locate the district WIC office (address and phone number).
  - 5. Locate: (a) the local WIC clinic policies and procedures; (b) list of local area WIC vendors; (c) USDA rules and regulations or Georgia WIC Procedures Manual policies relating to supplemental foods and nutrition education.
  - 6. Describe the process of how a WIC participant obtains WIC foods and list the various WIC approved foods.
  - 7. Demonstrate a thorough knowledge for any topic for which they will be providing of individual counseling or leading classes. The Nutrition Assistant should score ninety (90) percent or above on the written test.

- 8. Demonstrate ability to apply VENA counseling skills during nutrition counseling.
- B. Communication Skills. The Nutrition Assistant will be able to:
  - Demonstrate each of the following skills during a participant interview or group-facilitated class:
    - Introduce him/her and make introductions among participants
    - Provide a clear explanation for the purpose of class/contact
    - Conduct the activity within a given time frame
    - Use Reflective Listening
    - Use open-ended questions
    - Conduct activities in a non-judgmental manner
    - Communicate using simple language
    - Convey sincere interest
    - Convey positive body language and attitude
  - 2. Identify problems, during the individual contact or group-facilitated classes that are WIC, health, or staff-participant relationship oriented.
- C. Referral Skills. The Nutrition Assistant will be able to:
  - 1. Refer participant for needs encountered during the group-facilitated class/individual contact to appropriate personnel.
  - 2. Refer participant with medical and nutrition related needs to the appropriate professional.
  - 3. Refer any questions they were unable to address to the appropriate professional.

# IV. Requirements for Nutrition Assistant Training/Continuing Education

Nutrition Assistants may provide low-risk secondary nutrition education contacts only if the following competencies have been met:

- A. A training session related to the nutrition topic is successfully completed.
  - 1. A test and clinic observation is completed for each nutrition topic area.
  - 2. The Nutrition Assistant can only provide information to participants that have been covered in their training sessions.
- B. Nutrition Assistants must receive at least twelve (12) hours of nutrition-specific continuing education per year. Training must be approved by the local Nutrition Services Director (or designee). These hours can be attained through:
  - 1. Participation in local agency Nutrition Assistant trainings
  - 2. Other nutrition conferences/workshops/training

# V. Parameters for Nutrition Assistants Conducting Low Risk Secondary Nutrition Education Contacts

Nutrition Assistants (NAs) will be trained to provide very specific nutrition information to WIC participants. Nutrition Assistants will only be permitted to provide information covered in completed training(s). Referrals by the NA to a nutritionist or CPA will be made based on guidance in class outlines and/or the training manual, and/or for questions beyond the scope of the training received by the Nutrition Assistant.

### VI. Evaluation of the Nutrition Assistant

Competencies that will be evaluated include the following:

- A. The Nutrition Assistant must score 90% or above on a test for each topic area, before being able to proceed to the next topic.
- B. The Nutrition Assistant must observe a professional providing low-risk secondary nutrition education contacts for at least one (1) clinic day, before being allowed to provide any participants with secondary nutrition education contacts.
- C. The Nutrition Assistant must be observed conducting at least three (3) low-risk secondary nutrition education contacts before being allowed to provide any unaccompanied secondary nutrition education contacts on a routine basis. Observation criteria: to include at minimum: basic competencies for which NA has been trained to provide nutrition education for low risk participants, appropriate and accurate documentation, VENA principles, accurate content during nutrition education sessions and follows course outline when providing group education.
- D. The immediate supervisor (or designee) must be readily accessible to assist the Nutrition Assistant with problems.
- E. The Nutrition Services Director (or designee) will conduct quarterly record reviews and observe the Nutrition Assistant providing low-risk secondary nutrition education contacts. These quarterly record reviews and quarterly observations will be documented and made available for Nutrition Unit staff during WIC program reviews.
- F. The Nutrition Services Director (or designee) will be available to provide technical supervision and to act as a resource.

**Training Plan:** 

# **NUTRITION ASSISTANT TRAINING PLAN CHECKLIST FOR ITEMS TO SUBMIT FOR APPROVAL**

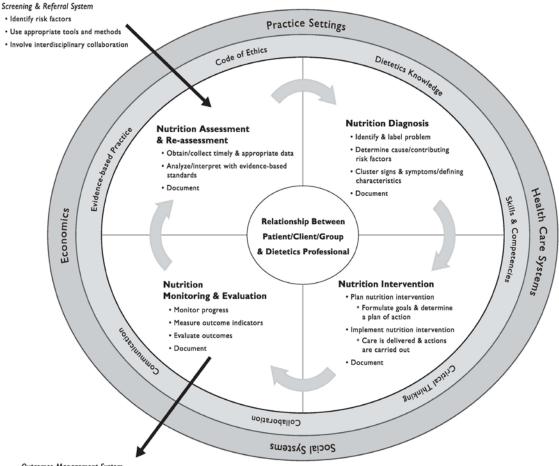
		Class Outlines for use in training Nutrition Assistants, including post-tests.
		Note: These may be submitted on an on-going basis.
		Evaluation Component
		Plan for Nutrition Assistant to observe professional(s) providing low-risk secondary nutrition contacts.
		Plan for Nutrition Service Director (or designee) to observe Nutrition Assistant(s) providing low-risk secondary nutrition education contacts.
		Plan to conduct quarterly chart reviews, where applicable, and quarterly observations of Nutrition Assistant(s).  Record review to include the following:  Documentation of nutrition education is completed and accurate  Identification data completed accurately  Fror corrections done to policy  All dates, signatures, title documented  Class Outlines for use by Nutrition Assistant(s) in providing low-risk secondary nutrition education contacts (group-facilitated classes or individual counseling).  Documentation Procedures to be used by Nutrition Assistants.
Additi	onal Inf	formation:
		Name(s) of Nutrition Assistant(s) being trained, and clinic(s) in which trainee is working.
		Name(s) of direct supervisor(s).
		Name of district nutritionist designated to provide technical assistance.

# Nutrition Assistant – WIC Program - Observations

<mark>itrition Assistant Name</mark>	9	Date Completed	
eviewer Clinic		Class/Individual (circle o	
Directions: Record S (satisfactory) SN (satisfactory needs improvement), U (unsatisfactory), NA (not applicable			
Ob	servation Criteria	Comments : if U specify	
I. Communication	Skills:		
1. Displayed respetranslator appropriate	ct for other cultures and used		
2. Treated person	in courteous, respectful manner		
3. Asked open-end	ed questions		
4. Non-judgmental	attitude		
5. Maintains direct/	level eye contact		
6. Listens attentive	ly w/out interruption		
7. Invited client to as participation	sk questions and encouraged		
II. Content:			
1. Explains purpose	of NE contact		
2. Introduces self a	nd topic		
3. Gave accurate in	formation and appropriate materials		
4. Discussed 1 or 2 document/articles	teaching pts from source		
5. Followed Outline			
6. Stays within allot	ted time		
7. Stayed within sco as needed	pe of practice and referred to CPA		
8. Summarized Dis	cussion		
Documentation: Documented second appropriately	ary nutrition education contact		
performance of the nu	utrition assistant during this observation	has been discussed.	
•	<del>-</del>	Date:	
nature of Nutrition Assi	erstant:	Date:	

# **Nutrition Care process:**

# The Nutrition Care Process and Model



**Outcomes Management System** 

- Monitor the success of the Nutrition Care Process implementation
- Evaluate the impact with aggregate data
- Identify and analyze causes of less than optimal performance and outcomes
- Refine the use of the Nutrition Care Process

#### **Nutrition Assessment**

Nutrition Assessment is the first step of the Nutrition Care Process. It is defined as a systematic method for obtaining, verifying, and interpreting data needed to identify nutrition-related problems and their causes and significance (JADA 2008). It is an ongoing, nonlinear, dynamic process that involves initial data collection as well as continual reassessment and analysis of the patient's/client's status compared with specified criteria. Nutrition assessment data are obtained from a variety of sources,

# **Nutrition Diagnosis**

Nutrition Diagnosis is the second step of the Nutrition Care Process. In this step, the registered dietitian (RD) identifies and labels an existing nutrition problem that the RD is responsible for treating independently (JADA 2008). In diagnosing a nutrition problem, the RD organizes the

assessment data, clusters nutrition signs and symptoms, and compares them with the defining characteristics of suspected diagnoses as listed in the nutrition diagnosis reference sheets. Reference sheets that define each nutrition diagnosis are found in the *International Dietetics and Nutrition Terminology* (IDNT 2011). The nutrition diagnosis is expressed using <u>nutrition diagnostic terms</u> and the etiologies, signs, and symptoms that have been identified in the reference sheets describing each diagnosis.

#### **Nutrition Intervention**

The third step of the Nutrition Care Process is **Nutrition Intervention**, which is defined as purposefully planned action(s) designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status (<u>JADA 2008</u>). Nutrition intervention consists of two interrelated components: <u>planning</u> and intervention. The <u>nutrition intervention</u> is typically directed toward resolving the nutrition diagnosis or the nutrition etiology. Less often, it is directed at relieving signs and symptoms.

# **Nutrition Monitoring & Evaluation**

The fourth step of the Nutrition Care Process is **Nutrition Monitoring and Evaluation**. In this step, the <u>registered dietitian</u> (RD) identifies the amount of progress made if <u>goals</u> or expected outcomes are being met (<u>JADA 2008</u>). <u>Nutrition monitoring and evaluation</u> identifies outcomes relevant to the nutrition diagnosis and intervention plans and goals.

### SOAP NOTE DOCUMENTATION FORMAT

Once the nutritional status of an individual has been determined, the assessment of the problem and intervention plans need to be communicated to other health professionals. The use of the SOAP Note format is an excellent way of conveying this nutritional information. The data gathered during the nutrition assessment can be incorporated into the SOAP Note in the following manner:

# S- Subjective Data:

- Statement of the individual's thoughts and feelings
- Individual complaints, "quotable" significant information, individual's description of his or her problem, individual's statement of needs
- Information gained from talking with the individual, from others working with the individual, or from the individual's relatives
- Dietary intake and reported nutritional practices

# O- Objective Data:

- Facts, tangible findings, clinical observations, documented information
- Physical findings, signs, symptoms
- Anthropometric data
- Laboratory data
- Factual information regarding background, history
- Environment, progress or problems

#### A- Assessment:

- Your assessment or impression of the individual's nutritional status, needs, problems; assessment of the overall situation
- Summary and evaluation of dietary intake
- Meaning, value of the information presented
- Information still needed
- Problem definition, interpretation

### P- Plan:

- What the participant chooses as a goal in order to address their individual nutritional status, need, or situation
- What you plan to do to obtain more information and/or educate and treat the individual
- Referrals
- Recommendations and plans for follow-up visits
- Educational materials used and given to the individual

# **MATERIAL EVALUATION FORM**

Material Name/Title:	Туре:	:	
Obtained from:	Date Received:	Ву:	

EVALUATION CRITERIA	MINIMALLY ACCEPTABLE	ADEQUATE	SUPERIOR
SPONSOR BIAS OR PROMOTION			
Product name not visible			
CONTENT			
Complete non-discrimination clause present (refer to RO Section for wording)			
Accurate and up-to-date			
Learning Objectives			
No more than 3 objectives			
Should not promote undesirable behavior			
Summary of learning objective matched with activities provided in the material			
Scope			
Topics deemed necessary			
<ul> <li>Useful and relevant to target audience</li> </ul>			
Appropriate for target audiences' lives and environments			
Purpose of material clearly stated			
Organization			
Main topic or ideas are clearly identified			
Progression of information easy to follow			
Learning Activities			
Provides for learner involvement			
<ul> <li>Is appropriate for knowledge/skill level</li> </ul>			
Suggestions made for further learning opportunities			
References are accurate, up-to-date, and available for use.			

EVALUATION CRITERIA	MINIMALLY ACCEPTABLE	ADEQUATE	SUPERIOR
LANGUAGE USAGE			
Reading level appropriate for audience present (determined with SMOG)			
If technical terms are used, definitions are provided.			
Style			
Personalized			
Few instances of negative wording			
Respectful			
Sentences simple, short, specific			
Use of wording is consistent			
STEREOTYPING			
Appropriate role models			
Minority representation are:			
Presented in a factual manner			
Presented in a variety of roles, occupations, values			
Lifestyle and cultural differences are illustrated			
FORMAT			
Paper quality is acceptable for intended use			
Print/Font			
Style acceptable			
Size appropriate			
Topic headings/typographic cueing			
Line width and spacing  Placement and use of illustrations			
Placement and use of charts, table, graphs			
Color			
Appropriate colors per DPH Stylebook			
guidelines and colors that are easy to read Good quality per DPH Stylebook guidelines			

EVALUATION CRITERIA	MINIMALLY ACCEPTABLE	ADEQUATE	SUPERIOR
Pages  • Appropriate length			
Overall visual appearance is pleasing			
Quality of sound track is good			

# Other Areas to be considered Prior to Purchase/Development:

EVALUATION CRITERIA	MINIMALLY ACCEPTABLE	ADEQUATE	SUPERIOR
соѕт			
Original			
Material cost			
Shipping/handling			
Discount for multiples			
Easy to obtain			
Time to obtain			
Replacement			
Reasonable work life (durability)			
Predisposed to obsolescence			
<ul> <li>Ease of repair (include shipping/handling)</li> </ul>			
Cost of replacement			
Duplication			
Allowable/legal			
Cost of duplication			
VIEWING/USAGE			
Space			
<ul> <li>Appropriate for existing available space for viewing or use of materials</li> </ul>			
Adequate space available for storage			
Easy to Use By:			
Staff			

Attachment NE-3

Audience/participant		
<ul><li>Targets</li><li>Group classes</li><li>Individual counseling/use</li><li>Waiting room use</li></ul>		
Is there an easier, more efficient way to stimulate learning?		
RECOMMENDATIONS:		
SIGNATURE/TITLE OF EVALUATOR:	DATE:	

Adapted from: E.M.P.O.W.E.R. (Evaluate Materials to Promote Optimal Use of WIC Education Resources), Massachusetts WIC Program, Department of Public Health, April 1985.

# GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL WIC LOCAL AGENCY CONTINUING EDUCATION DOCUMENTATION LOG

District				
CPA Staff:	<b>Minimum</b>	Requirement	12 Hours	Yearly
Year Revie	wed:	_	_	

Name	Title	Clinic	Training Type	Training Date	Training Hours
EX: Jane Doe	Nutritionist	625	Clinical Skills	8/25/2007	10 hours documented
Start Date 1/1/2008				Total Hours	10 hours

Comments:	
Nutrition Assistants: Minimum Yearly Requirement 12 Hours Yearly Year Reviewed:	

						*Quarterly Clinic
Name	Title	Clinic	Training Type	Training Date	Training Hours	Observations Documented
	Nutrition		Stress Free		5 hours	
EX: Nancy Drew	Assistant	625	Feeding	1/1/2008	documented	1/1/2008 by TES
						4/17/2008 by TRS
						7/7/2008 by TES
						10/21/2008 by TRS
Start Date 1/1/2008				Total Hours	5 hours	

Comments: _	
-------------	--

Note: Total CPAs/Nutrition Assistants with adequate documentation divided by Total CPAs evaluated = % of CPAs with adequate documentation.

\* Documentation of Nutrition Assistant Clinic Observations must include the dates and signatures of the Nutrition Services Director or designees conducting the observations.

# GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment NE-5

WIC (	WIC Orientation Checklist		
Name	Hire Date:		
District:	County/Clinic:		

Orientation Items	Date Reviewed	Employee Initials	Trainer Initials	Comments
Job Description/Expectations				
WIC Overview				
Computer System Overview				
Data Entry				
WIC Procedure's Manual				
Nutrition Reference Guides				
<ul> <li>Nutrition Care Manual</li> </ul>				
<ul> <li>Other as approved by the</li> </ul>				
Nutrition Unit				
BREASTFEEDING				
State/District Breastfeeding Policy				
Breastfeeding Advantages				
<ul> <li>Infants, Mother, Society</li> </ul>				
WIC Approved Educational				
Materials				
Breast Pumps and Accessories				
<ul> <li>Assembly instructions</li> </ul>				
<ul> <li>Issuing/Tracking Logs</li> </ul>				
<ul> <li>Care, Cleaning, Safety</li> </ul>				
<ul> <li>Accessory information and</li> </ul>				
Instructions				
<ul> <li>Issuing/Tracking Logs</li> </ul>				
Common Concerns/Potential Issues				
Infants:				
<ul> <li>Normal eating patterns/habit</li> </ul>				
- Weight Gain				
<ul> <li>Adequate intake assessment</li> </ul>				
- Fussy baby				
- Normal stools/frequency				
- Gas				
- Other:				
Mothers				
- Dietary Needs/fluids				
- Smoking/Drugs				
- Working/Time away from				
infant				
- Other:				

Orientation Items	Date Reviewed	Employee Initials	Trainer Initials	Comments
Referrals for complications:				
- Sore breasts/nipples				
- Jaundice				
<ul> <li>Inadequate weight gain</li> </ul>				
- Constipation				
- Diarrhea				
- Poor latch				
- Mastitis				
- Clogged ducts				
- Other:				
Referrals for support:				
- Peer Counselors				
- Breastfeeding Coordinator				
- Designated clinic CPA				
Approved Reference Books:				
<ul> <li>Breastfeeding Answer Book</li> <li>Medications and Mother's Milk</li> </ul>				
- Other: WIC Hotline				
Clinic/District/Community Resources				
Other:				
Nutrition Risk Criteria				
Women: Prenatal				
Women: Breastfeeding				
Women: Postpartum				
Infants				
Children				
Priority Assignment per category				
Food Packages				
WIC Approved Foods				
Tailoring				
Special Formulas/Metabolic Foods				
999 Procedures				
- Documentation				
- Follow up				
Infant formulas:				
- Contract				
- Exempt				
Laboratory Data				
Anthropometrical Procedures				
<ul> <li>Measuring weight</li> </ul>				
<ul> <li>Measuring length/height</li> </ul>				
- Head circumference (if				
applicable)				
- Calculations: BMI, wt/length,				
prenatal weight gain				
- Plotting				
Hemoglobin/Hematocrit Procedures				

Orientation Items	Date	Employee	Trainer	Comments
	Reviewed	Initials	Initials	
Counseling Skills / VENA				
Establishes Rapport				
Invites participant questions,				
concerns, interests				
Asks open ended questions				
(Motivational Interviewing)				
Reflects/Summarizes participant				
concerns				
Sensitive to participant's cultural				
beliefs/practices				
Guides participant in goal setting				
Documentation				
Nutrition Care process:				
ADIME / SOAP				
Writes measurable goals				
Error Correction procedures				
Makes appropriate referrals- how				
and when				
- Medicaid				
- Food Stamps				
- TANF				
- Children's 1 <sup>st</sup>				
- BCW				
- RD				
- CMS				
- Housing Authority				
- Head Start				
- Food Bank				
Other:				
Online Nutrition Education				
GAWICOnline				
Completed WIC 101 Training				
Nutrition Specific Continuing				
Education (12 hours yearly)				
Motivational Interviewing				
Cultural Competency				
Customer Service				
Other:				
-				

Employee Signature: _	
Supervisor Signature	

Note: All criteria listed above are not intended to be an exhaustive list. Districts may include additional WIC related topics to their checklists as they see necessary. All competencies listed must be reviewed with the new employee, checked and signed within 30 days of the employee providing WIC services.

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### I. INTRODUCTION

This section of the manual outlines procedures for assuring access to WIC services and minimizing hardship for the segment of the population that requires non-traditional services. Federal regulations require that all eligible and potentially eligible individuals have equal access to WIC benefits and services. Therefore, the local agency must make every effort to identify and reduce barriers that prohibit enrollment and service to eligible and potentially eligible clients.

WIC defines a special population as a group of persons with common needs that require special assistance and/or specific services to access and participate in WIC related services. Special population groups referenced in this section are: migrants, loggers, applicants/participants residing in institutions, homeless people, Limited English Proficient People, Native Americans and persons with disabilities. Local Georgia WIC Program clinics are responsible for ensuring accessibility to WIC services for these populations.

### A. Definitions

- 1. **Migrant Farm Workers** are individuals (and family members) employed seasonally in agriculture occupations, who establish temporary residence for the purpose of such employment, and have been employed in such occupation within the last twenty-four (24) months.
- 2. **Loggers** are individuals whose principal employment is seasonal harvesting of trees, who have been employed in this activity within the last twenty-four (24) months and for such employment established a temporary abode.
- Seasonal Farm Workers are individuals employed in agriculture occupations who do not move from place to place establishing temporary residence for the purpose of work. THEY ARE NOT migrant farm workers as defined by the Georgia WIC Program.

### B. Certification

The process for certifying migrant farm workers must comply with standard certification procedures (see Certification Section). The local agency must issue an Electronic Verification of Certification (EVOC) or Verification of Certification (VOC) card to every migrant at the time of certification. A valid EVOC/VOC card helps migrant farm workers access WIC services (see Certification Section - Transfer of Certification). The VOC card is valid until the certification period expires.

WIC certification must be documented with an EVOC/VOC card or a copy of the Georgia WIC Program assessment form. In lieu of a VOC card, the receiving WIC clinic must verify the current certification information. Vouchers must only be issued for thirty (30) days if WIC clinic staff cannot verify certification information with the originating clinic.

### C. Food Delivery

Migrants frequently remain in a local area for a very short period. It is essential that migrant certification, transfer of eligibility, and receipt of WIC foods are received as expeditiously as possible. Vouchers must be issued on the same day the migrant participant is certified.

When a migrant presents WIC vouchers from another state, the certifying clinic should void the vouchers and issue Georgia WIC Program vouchers as replacements. The certifying clinic must send the voided vouchers back to the state in which the vouchers originated. The local agency must forward the voided vouchers to the appropriate state agency. If a migrant presents vouchers from another WIC clinic in Georgia, the clinic staff should instruct the migrant to redeem them if they have a valid issue date (see Food Delivery Section).

### D. Outreach and Referral

In geographical areas where there is significant movement of migrants, the local agencies are required to make special effort to reach out and serve this population. The local agency should decide whether evening WIC clinics or certifications at migrant camps are necessary. This decision should be based on migrant outreach efforts and consultation with organizations serving migrants as well as other migrant activities in the service area. All services necessary to serve migrant populations should be implemented. Special outreach and referral efforts implemented by a local agency to provide access to health services for the migrants and their families should be documented.

### E. Reporting and Monitoring

The number of migrants participating in the Georgia WIC Program is reported on the Racial/Ethnic Participation Report generated by the WIC Automated Data Processing (ADP) Contractor each month. Migrant information on the Turnaround Document (TAD) is completed with a Yes (Y) or No (N). To accurately determine the migrant status of an applicant or a participant, the Interview Script must be used to allow the applicant/participant to self declare (see Certification Section). If necessary, WIC's definition of a migrant should be explained to the applicant/participant.

Migrant activity is reported monthly on the Migrant Participation Report found in GWIS.net. The state agency is responsible for monitoring migrant services provided by local agencies. Migrant activities will be monitored according to the procedures outlined in the Monitoring Section of the Georgia WIC Program Procedures Manual. Local agencies with significant migrant populations, as outlined in the Monitoring Section, must conduct migrant specific outreach.

### II. <u>INDIVIDUALS RESIDING IN NON-TRADITIONAL HOUSING OR INSTITUTIONS</u>

Local agencies must continue to serve and enroll eligible participants and applicants living in non-traditional housing environments. The Georgia WIC Program defines non-traditional housing as living accommodations where individuals or families reside for a

particular purpose or need. These accommodations include, but are not limited to, private and public institutions, homeless shelters, temporary housing (including the residence of another person), and special drug rehabilitation homes for pregnant women. Both applicant/participant and non-traditional housing representatives must comply with WIC procedures and policies as outlined in Section SP-II, C.

Non-traditional housing representatives who provide accommodations for WIC participants must sign an **Assurance Statement (Attachment SP-4)**. The signed copy of this agreement, in accordance with USDA Federal Register, Volume 54, No. 239, must be on file with the Georgia WIC Program before participants may be served.

### A. Definitions

WIC services benefits must be tailored to meet the special needs of individuals defined in these groups.

**Institution** is any residential accommodation, which provides meals and sleeping accommodations to a special group of people, or a facility designated as a residence for individuals intended to be in a controlled environment. Excluded are private residences and homeless facilities.

**Homeless Facility** is a public or private supervised facility, which provides temporary living accommodations and meal services for individuals who lack a fixed and regular night time residence.

Homeless Individual means a woman, infant or child:

- 1. Who lacks a fixed and regular night time residence.
- 2. Whose primary night time residence is:
  - A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designated to provide temporary living accommodations.
  - b. An institution that provides a temporary residence for individuals intended to be institutionalized.
  - c. A temporary accommodation of not more than 365 days in the residence of another individual.
  - d. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

**Temporary Housing** refers to a residential facility or home for individuals who have lost their primary place of residence and relocate to a short-term lodging facility in a private or public residence. Individuals in this category include, but are not limited to: battered women and their children in temporary shelters; homeless persons; pregnant teenagers in group homes; and individuals whose primary residence is lost as the result of a disaster.

B. Services for Applicants or Participants Residing in Temporary Housing

Local Georgia WIC Program clinics are responsible for ensuring accessibility to WIC services for individuals who have lost their usual (or primary) place of

residence or who may be residing in temporary housing. Individuals who reside in temporary housing represent a high-risk population due to their compromised health and nutrition status and high levels of anxiety and stress. Sensitivity should be displayed with these individuals when gathering application and certification information. WIC procedures should be explained thoroughly. Applicants and participants must be provided services in accordance with the regulations and requirements of the Georgia WIC Program (see Certification Section for Program Policies).

Individuals in this category include, but are not limited to: battered women and their children, homeless persons who may be residing in vehicles, parks, hallways, doorsteps, sidewalks, abandoned buildings, temporary shelters, hotels, motels, etc.; pregnant women residing in drug rehabilitation facilities and pregnant teenagers in a group home. Also included are individuals whose primary residence is lost as the result of a disaster (see Emergency Plan Section).

Local agencies should make every effort to certify these applicants immediately, e.g., during the initial clinic visit. Local agencies should be flexible when issuing vouchers. If a participant is no longer residing in the WIC clinic service area where they last received vouchers, the vouchers should be issued and the participant transferred to the nearest WIC clinic. **Employees of institutions may not serve as proxies for the residents**.

Due to the nature of temporary residence, cooking facilities, refrigeration, and acceptable storage areas may not be available. Therefore, special consideration must be given to the issuance of supplemental food packages in order to meet the participant's nutritional needs. The types of supplemental foods prescribed must take into account the cooking and storage facilities available to the participant. The food package should be tailored using alternative food packages or manual vouchers to:

- 1. Offer smaller amounts of more perishable foods and larger amounts of less perishable foods (amounts not to exceed Federal regulations).
- 2. Offer canned evaporated milk and/or dry powdered milk.
- 3. Offer ready-to-feed and/or powdered formula when sanitation or storage is a problem.

Education related to the use and storage of food is very important for WIC participants who reside in temporary residences. The educational information should include the following:

- 1. Discuss redemption of vouchers over a four (4) week period.
- 2. Offer information on food storage and sanitation, when applicable.

C. Meals in Institutions and Temporary Housing

Applicants/participants who reside in institutions or temporary housing, which serve meals, may participate in the Georgia WIC Program. This may be a permanent or temporary residence such as a homeless shelter, group home, shelter for battered women, rehabilitation facility, etc.

When determining eligibility for participation in the Georgia WIC Program, the institution or temporary housing facility and participant/applicant must adhere to the following requirements:

- When determining income eligibility and family size of the individual(s) residing in temporary housing accommodations, do not include other residents of the institution or the temporary housing facility. The applicant's income is also separate from the general revenues of the institution or facility.
- 2. The institution or facility must not accrue financial or in-kind benefit from a person's participation in WIC. For example, the institution or facility may not transfer WIC foods to its general inventories or reduce the quantity of food provided to WIC participants.
- Food items purchased with WIC vouchers must not be used in communal feedings. WIC foods are supplemental foods intended to enhance the participant's diet and nutritional needs. If WIC foods are used in the communal food supply, the intent of providing supplemental foods to eligible individuals is not fulfilled.
- 4. No institutional constraints may be placed on the WIC participant's ability to partake of the supplemental foods and WIC related services and benefits. Participants must have full, free, and direct access to all WIC benefits and services available.

The above conditions have been established to ensure that:

- a. Participants, rather than the institution or facility, benefit from the Georgia WIC Program.
- b. All eligible persons participate in WIC in the same manner and to the same degree as persons without institutional or facility affiliation. It is vital that adequate documentation regarding these applicants/participants is included in the medical record. This documentation includes, but is not limited to:
  - 1. The institution or facility where the applicant/participant resides.
  - 2. The above conditions addressed in Section II C. 2, 3, and 4 were discussed and are understood by the applicant/participant.
  - 3. The applicant/participant being informed of their rights and obligations, both verbally and in writing.

### III. OTHER SPECIAL POPULATIONS

The local agencies must make every effort to alleviate barriers to WIC services for all eligible and potentially eligible individuals during critical times of growth and development. Other special population groups that the Georgia WIC Program seeks to serve include, but are not limited to, individuals who may experience barriers to WIC services due to physical conditions, language, vision and hearing impairment, and cultural differences.

### A. Definitions

The following definitions define groups identified in this section as other special population groups.

**Hearing Impaired** refers to a person who cannot hear or has limited ability to hear.

Multilingual means the person speaks two or more languages fluently.

**Native American** is used to designate an American Indian or original inhabitant of America.

**Non-English Speaking** refers to an individual whose primary language is not English or an individual who speaks little or no English.

Vision Impaired refers to an individual with limited ability or the inability to see.

**Refugee** refers to someone who flees his or her country to another country to seek protection or relief from persecution because of race, religion, nationality, their political opinion, or membership in a social group.

### B. Limited English Proficient (LEP) Population

Individuals whose primary language is not English, and who do not read or speak English well enough to have access to WIC services and benefits provided in local clinics, may be considered members of the Limited English Proficient (LEP) population. The local agencies are responsible for ensuring that multilingual staff, volunteers, or other translation resources are available to serve LEP participants/applicants (see Attachments SP-3).

In areas where a substantial number of persons have Limited English Proficiency, local agencies must carry out outreach activities to ensure that eligible members of such populations participate in WIC. Contact should be made with other agencies and community organizations serving LEP persons. A variety of nutrition education and breastfeeding materials should be available in Spanish through the Nutrition Services Unit.

If there is a need for materials in other languages, the local agency should contact the Georgia WIC Program or the Nutrition Services Unit for assistance. The Refugee Health Program has developed and compiled a library of translated health education materials. These materials are distributed, upon request, to

organizations and individuals (see Attachment SP-3).

Local agencies may contract with translators or interpreters as needed. However, local agencies are encouraged to first hire multilingual staff in their programs to provide these services. Limited language interpretation services are available through the State Refugee Health Program. Specific areas of the state have also identified available interpreters (see Attachment SP-3). The Nutrition Services Unit will assist local agencies in identifying multilingual translators or interpreters.

WIC applicants or participants shall not be denied WIC services or benefits because they did not bring an interpreter to their appointment. It is the responsibility of the Georgia WIC Program to provide interpreters for WIC applicants and participants. Free interpreter services are available through agencies of the Georgia Department of Public Health. Although free interpreter services are available, an applicant or a participant may choose his or her own interpreter, such as a family member or friend who may not be a qualified or certified interpreter to attend the WIC appointment. In this instance, the applicant or participant must sign the "Client Waiver of Rights to Free Interpreter Services" form (see Attachment SP-6).

The local agency staff must inform a WIC applicant or a participant of the availability of qualified or certified interpreter at no cost. After the information is communicated and the applicant or participant makes an informed choice to use the interpreter of his or her choice, the signed "Client Waiver of Rights to Free interpreter Services" documents that choice.

The client's interpreter will sign an acknowledgement of his or her responsibility and provide an oral translation of the informed choices statement to the WIC applicant or participant. Documentation of the actions along with a copy of the signed document must be retained in the applicant's or participant's record.

Federal WIC regulations state that the cost of translators for materials and interpreters are allowable costs. Therefore, these services are allowable and WIC funds may be used to secure these services. (7 C.F.R. Section 246.14(c) (5).

The local agency must post the Notice of Interpretation Services sign in the waiting room, front office, or voucher issuance area for WIC applicants. The purpose of this sign is to indicate to the applicant that WIC services are available in other languages at no charge to them upon request. The displaying of this sign will be monitored on program and self reviews (see Attachment SP-5).

### C. Refugees

A refugee is someone who flees his or her country due to persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group. With the significant number of refugees coming to the State, every effort will be made to ensure that services are extended to this population (see Attachment SP-3). Aliens (legal and illegal) are eligible to apply for WIC on the same basis as United States citizens.

Staff of the Department of Public Health, Refugee Health Program includes interpreters who speak Amharic, Bosnian, Cambodian, Russian, Somali, Tigrinya, and Vietnamese. WIC interpreters help refugees access health care by making appointments, arranging transportation, and providing interpretation at appointments.

### D. Native Americans

The Georgia WIC Program should make every effort to locate and enroll all eligible Native Americans residing within a local agency service area.

### E. Persons with Disabilities

The Georgia WIC Program is required to make services accessible to individuals covered by the Americans with Disabilities Act. Local agencies are responsible for ensuring that individuals with disabilities are accommodated in the Georgia WIC Program. All facilities where WIC and related services are provided must be physically accessible from the outside as well as on the inside. The local agencies are required to provide capabilities for communicating with vision and hearing impaired participants and applicants. Interpreters for the hearing impaired are available through the State Rehabilitation Program (see Attachment SP-3).

### F. Proposed Language for the Low Literacy and Limited English Proficiency

The United States Congress passed the National Literacy Act in 1991 that defined literacy as "an individual's ability to read, write, and speak in English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one's goals, and develop one's knowledge and potential". In the state of Georgia, the low literacy rate is 20 percent to 30 percent. Materials must be prepared to meet needs of the specific population group to be served, including migrant farm workers and homeless persons. When developing educational materials, The Georgia WIC Program should assess its audience for literacy levels, language and culture. Attention should be paid to reading and/or writing abilities of individuals and assistance with even these adapted materials should be provided in a way that does not embarrass or bring attention to the WIC participant or applicant.

### IV. REFERRAL AND OUTREACH TO SPECIAL POPULATIONS

Local agencies must develop a network for coordinating activities with local organizations and persons serving and providing resources to special population groups and minority populations. Local agencies should advise the Georgia WIC Program of organizations and resources available in their local service area in order to maintain a current listing of statewide resources and services for migrants and special populations. Using updated information provided by the local agencies, the State Georgia WIC agency will compile a statewide listing for persons and organizations serving migrants and other minorities (see Attachments SP-1, SP-2, and SP-3). Local agencies should contact and distribute outreach materials to other agencies offering services to persons who reside in

temporary locations. Health care may not be accessible to individuals who reside in temporary locations. Therefore, these individuals should be referred to any and all health services provided by local agencies. These high-risk individuals must be referred to appropriate local health and human service agencies such as:

- 1. Temporary Assistance for Needy Families (TANF) and client assistance services
- 2. Food pantries and meal programs
- 3. Local shelters
- 4. Supplemental Nutrition Assistance program (SNAP)
- 5. Legal services

Other pertinent outreach and referral procedures may be found in the Outreach Section of the Georgia WIC Program Procedures Manual.

### **Georgia Farm Worker Health Program**

Cordele, GA 31010-0310 Phone: (229) 401-3096 Fax: (229) 401-3077

Isiah C. Lineberry, Executive Director, Office of Rural Health Services, Email: <a href="mailto:ilineberry@dch.state.ga.us">ilineberry@dch.state.ga.us</a> Tony Brown, Migrant Health Coordinator, Office of Rural Health Services, Email: <a href="mailto:tbrown@dch.state.ga.us">tbrown@dch.state.ga.us</a> Ted Meisner, Field Data Consultant, 478-746-9659, Email: laermita@asburyusa.net FAX: 630-929-1364

Project Sites	Migrant Program Staff	Telephone/Fax	Address	Counties Served 6/27/01
Ellaville	Mary Anne Shepherd, FNP, P/Coordinator Shelby Clark, RN. Angelica Carranza, ORW Angie McIllrath, ORW Rosa Cazares, ORW Shirley Jones, Office Manager Michelle Doggett, Accounting	Tel: (229) 937-5321 Fax: (229) 937-2232	Ellaville Primary Medicine Clinic 103 Broad Street P.O. Box 65 Ellaville, GA 31806-9428 E-Mail: mshepherd@sumterregional.org	Schley Sumter Macon Taylor Crisp
Ellenton	Blainette Hanson, FNP Dana Reddick, Nurse Manager Marisela Resendiz, Nurse's Aid Kathy French, Data Entry Jose Palomares, ORW Celines Quinones, ORW	Tel: (229) 324-2845 Fax: (229) 324-3383	Ellenton Clinic 103 Baker Street P.O. Box 312 Ellenton, GA 31747	Colquitt Tift Cook Brooks
	Jody Horne, Cost Reports	Tel: (229) 891-7100	Colquitt Health Department Moultrie, GA	
	Barbara Jackson, District Contact Mary Ann Bland, Accounting	Tel: (229) 430-4575 Fax: (229) 912-430- 5143	1109 N. Jackson Street Albany, GA 31701-2022	

# TELAMON CORPORATION (Migrant and Seasonal Farmworker Association, Inc.)

### **Field Offices**

Elmira Reynolds

Offices Supervisors

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(912) 526-3094

(912) 526-5906 (FAX)

Dublin Office Barbara Mosley

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(912) 764-6169

(912) 489-6516 (FAX)

Employment and Training Specialist

**Employment and Training Specialist** 

### **MIGRANT HEAD START PROGRAMS**

- 1) Ms. Sandra Adams, Director KIDDIE KASTLE I 684 N. Washington Street Lyons, GA 30445 (912) 526-9556 (912) 526-3434 (FAX)
- 2) Ms. Betty Mincey, Director KIDDIE KASTLE II 111 Oliver Lane Glennville, GA 30427 (912) 654-2182 (912) 654-2190 (FAX)
- 3) Ms. Gloria Sandoval, Director KIDDIE KASTLE III 133 Serena Drive Norman Park, GA 31771 (229) 769-3627 (229) 761-3182 (FAX)



Sonny Perdue GOVERNOR

Customer Focused, Performance Driven

**Brad Douglas** COMMISSIONER

#### State of Georgia announces new Statewide Translation (Interpretative) Services Contract

The Georgia Department of Administrative Services, State Purchasing Division, has established a new statewide Translation (Interpretative) Services contract with the following suppliers:

Person-to-Person Translation (Interpretative) Service Suppliers	Person-to-Phone Translation Service (Interpretative) Supplier
0003 - LATN, Inc 1.800.943.5286	0004 - Language Line Services - 1,800,316,5493
0001-Interpreters Unlimited - 1.800.726.9891	0004 - Language Line Services - 1.600.516.5495
Written Translation (Interpretative)	Voice-Over Response Translation
ServiceSuppliers	(Interpretative) Service Supplier
0000 1471 7 4 000 040 5005	2000 1474 7 4 000 040 5005
0003 - LATN, Inc 1.800.943.5286	0003 - LATN, Inc 1.800.943.5286

This is a mandatory contract for all State of Georgia governmental entities subject to the State Purchasing Act. The contract is also available on a convenience basis to other Governmental Entities such as state authorities, local governments, municipalities, cities, townships, counties and other political subdivisions of the State of Georgia.

### **Statewide Contract Details:**

What is the Contract Number?	Contract #s: 99999-SPD-S20100701-001 99999-SPD-S20100701-002 99999-SPD-S20100701-003 99999-SPD-S20100701-004
Is this a Renewal?	No
Does it Replace an Existing Contract?	Yes
What is the Contract Term?	Initial plus Four (4) Renewals
What is the Expiration Date?	06-30-2016
Does it Allow the Use of the P-Card?	Yes
Who is the person to Contact with Questions?	Contact's Name: Trudie E. Carmichael Contact's Email Address: TCarmich@doas.ga.gov Contact's Phone Number: 404-657-6879

### Key benefits of the contract include:

- Lower pricing
- Ability to conduct business in varying languages
- 24-hour statewide accessibility
- Ability to pay using Agency P-Card

The contract is available for use through the State Purchasing Statewide Contract Index Listing under Translation (Interpretative) Services

http://ssl.doas.state.ga.us/PRSapp/PR StateWide contract list alpha.jsp

SPD-CP031a 2-19-2009



Sonny Perdue Governor Brad Douglas

There you can view the terms and conditions, pricing information, distribution channels and specific information on how to use the contract.

SPD-CP031a 2-19-2009



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### **Contact Information:**

SPD Contact Information	Vendor Contact Information
Contact's Name and Title: <b>Trudie E. Carmichael</b> Associate Category Manager	(1) Interpreters Unlimited Vendor Contact's Name: Anita Tallman Vendor Contact's Email: Anita.tallman@iugroup.com Vendor Contact's Phone Number: 800.726.9891
Contact's Email:  TCarmich@doas.ga.gov  Contact's Phone Number:  404-657-6879	(2) Carmazzi, Inc. Vendor Contact's Name: Jen Weaver Vendor Contact's Email: jweaver@carmazzi.com Vendor Contact's Phone Number: 888.452.6543
	(3) LATN, Inc. Vendor Contact's Name: Alicia Mitchell Vendor Contact's Email: amitchell@latn.com Vendor Contact's Phone Number: 800.943-5286
	(4 ) Language Line Services, Inc. Vendor Contact's Name: Joe Matthews Vendor Contact's Email: JMatthews@languageline.com Vendor Contact's Phone Number: 800.316.5493

SPD-CP031a 2-19-2009

### **ASSURANCE STATEMENT**

In accordance with the Federal Register, Vol. 54, No. 239	, regarding the homeless and provision of
the Special Supplemental Nutrition Program for Women,	Infants and Children (WIC),

(Name of shelter/facility)

...assures the Georgia WIC Program that it will adhere to the following conditions:

- 1. The facility will not accrue financial or in-kind benefits from resident's participating in WIC. For example, the facility may not transfer WIC foods to its own general inventories or reduce the quantity of food that would have otherwise been provided to the WIC participant.
- Food items purchased by the Georgia WIC Program will not be used in communal feedings. WIC provides specific supplemental food intended to meet the individual needs of participants in crucial stages of growth and development. If WIC foods were used in communal feedings, they would not enhance the WIC participant's diet to the degree intended.
- 3. The facility places no constraints on the ability of the WIC participant to partake of supplemental foods and all associated WIC services made available to participants by the local WIC agency. The participant must be given free, full, and direct access to all the Georgia WIC Program benefits such as is available to participants not associated with an institution.

The Georgia WIC Program or the local WIC agency may at it discretion, make site visits to monitor compliance to the above conditions and/or investigate complaints.

The "Assurance Statement" will remain on file in the Georgia WIC Program until such time as the shelter/facility notifies the Georgia WIC Program that it no longer wishes to participate according to the ascribed conditions and/or it is determined by the Georgia WIC Program that the agency is not in compliance.

The undersigned agrees to the conditions stated and declares that he/she is the duly authorized representative of the named shelter/facility, and as such, is authorized to enter into the agreement:

(Name of s	shelter/facility)
(Street addre	ess or P.O. Box)
10:1 - 0:-1	7. 0
(City, State	e, Zip County)
(Area code-telephone number)	(Hours of telephone coverage am to pm)
Signature (Authorized Representative)	Date
orginature (namenzou ntepresentative)	24.0
Title	

Please return completed and signed statement to:

Georgia WIC Program
Georgia Department of Public Health
Two Peachtree Street, NW
10<sup>th</sup> Floor, Suite 10-476
Atlanta GA 30303







# NOTICE OF FREE INTERPRETATION SERVICES Free services are required by Title VI of the Civil Rights Act of 1964, 42 U.S.C Sec. 2000.et.seq., Section 504

of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990.

English	Free Interpretation Services are available. Please ask at the front desk for assistance.
Arabic ةيبرعل	الأمر خدمات الترجمة الفورية متاحة، ويرجى التوجه إلى مكتب الاستقبال للمساعدة في هذا
Amharic ስ <i>ማርኛ</i>	በነጻ አስተርጓሚ ይመደብልዎታል. አባክዎን በመቀበያው ዴስክ ላይ ያሉትን ግለሰብ ይጠይቁ.
Chinese 中文	我們提供免費的口譯服務。 請詢問前臺。
French Français	Nous offrons des services gratuits en interprétation. Pour obtenir de l'aide veuillez vous rendre à la réception.
German Deutsch	Kostenloser Dolmetscherservice verfügbar. Informationen erhalten Sie am Counter.
Gujarathi ગુજાતી	અનુવાદક ની સેવા અર્ગે મફત માં આપવામા આવે છે. સ્વાગત–ક્ષ્ણ માં કોઈ કને પૂછવા વિનંતી !
Hindi हिन्दी	अनुवादक की सेवा यहाँ मुफ्त में मिल सकती है।. कृपया अगली मेज पर किसीसे पुछिये।.
Japanese 日本語	無料通訳サービスのご利用が可能です。ご依頼の際は、受付までどうぞ。
Korean 한국어	무료 통역 서비스가 제공됩니다. 안내 데스크에 문의하십시오.
Oromo Afaan Oromoo	Hikkaa afaanii (Turjumaana) kafaltii malee argattu. Yoo turjumaana barbaaddan bakka seennaa duraattii gargaarsa gaafadhaa.
Russian Русский	Мы предоставляем услуги переводчика бесплатно. Попроси об этом в приемной.
Spanish Español	Hay servicios gratis de interpretación disponibles. Por favor solicítele ayuda a la recepcionista.
Somali	Waxaad Heli Kartaa Turjubaan lacag la'aan ah. Fadlan tag miiska hore si laguu caawiyo
Swahili	Huduma ya mfasiri wa bure inapatikana hapa.Tafadhali eanda kwa deski ya mbele ili upate usaidizi.
<b>Vietnamese</b> Tiếng Việt	Dịch vụ thông dịch viên miễn phí. Để được hỗ trợ, vui lòng liên hệ bàn tiếp tân.

LEP/Si Program

OTHER LANGUAGES ARE AVAILABLE UPON REQUEST

06/06

# GEORGIA DEPARTMENT OF PUBLIC HEALTH WAIVER OF RIGHTS TO FREE INTERPRETER SERVICES

Free interpreter services are available through agencies or programs of the Georgia Department of Public Health (DPH). DPH will call an interpreter after identifying the primary language in which you are able to communicate. You are entitled to bring your own interpreter, however, DPH or its representative agencies will not authorize payment for interpreter services not secured or approved by DPH.

- 3		
l,(Client	, have been inform	ned of my right to receive free interpretive
services from	(Agency or Program)	I understand that I am entitled to
interpretive se	rvices at no cost to myself or to other f	amily members, but do not wish to receive
DPH's free se	rvices at this time. I choose	to act as my (Interpreter's Name)
interpreter from		atil
interpreter nor	(Start Date)	ntil (End Date)
	nat I may withdraw this waiver at any ti	·
interpreter, wh	ich will be paid for by	
,	ich will be paid for by	(DPH Agency or Program)
18. I understainterpreter to a secure a qua	and that this waiver pertains to interp ct as my Authorized Representative. I lified or certified interpreter to obser	o act as my own interpreter is over the age of reter services only and does not entitle my also understand that the service agency may we the interpreter of my choice during the mmunication and follow-up instructions.
	The interpreter indicated below ora	lly translated this form to me.
	(Client's Signature)	(Date)
	(Interpreter's Signature)	(Date)
	(Interpreter Printed or Typed Name)	(Date)

(Date)

(Staff Person's Signature)

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### I. GENERAL

Outreach activities are those promotional efforts designed to encourage and/or increase participation in the Georgia WIC Program. The purpose of outreach is to:

- 1. Increase public awareness of the benefits of the Georgia WIC Program.
- 2. Inform potentially eligible persons in order to encourage and promote their participation in WIC.
- 3. Inform health and social service agencies about WIC eligibility criteria for participation and to encourage referrals.
- 4. Ensure cooperation and coordination between WIC and other health-related and public assistance programs to benefit WIC applicants and participants.
- 5. Promote a positive image of the Georgia WIC Program.

Each local agency must conduct outreach and referral activities to coordinate the Georgia WIC Program with other health-related and public assistance programs that can serve potential WIC applicants. The outreach activities conducted must be documented and kept on file for three (3) prior years plus the current year. An Outreach Plan is required to be submitted to the State WIC office on a quarterly basis.

When funds are available, the Georgia WIC Program will develop and provide general outreach materials for use by other programs.

### II. METHODS OF OUTREACH

Outreach activities should be aimed directly at potentially eligible persons through the use of informational posters, brochures, displays in public places, presentations at meetings and clubs, and advertisements through local newspapers, radio, or television. If a local agency serves a significant number of applicants/participants whose primary language is not English, the local agency must make outreach materials available to this population in their language. Additionally, the State and local agencies must contact grass root organizations such as the Latin American Association, the National Association for the Advancement of Colored People (NAACP), or churches to provide outreach information. All outreach materials must include the USDA full non-discrimination statement as follows:

In accordance with Federal Law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

The WIC HOTLINE continues to be available for information on WIC services. The WIC HOTLINE was established to give vendors, clients, staff and the general public direct access to the Georgia WIC Program at no cost. This toll-free number, 1-800-228-9173, is available on printed materials and is provided during radio and television interviews about WIC.

The eighteen (18) Georgia Public Health Districts and one contracted WIC agency are encouraged to communicate regularly with other agencies that also provide services to families. These agencies are inclusive of governmental, quasi-governmental, private not-for-profit organizations, and citizen participation groups.

### III. AGENCIES TO CONTACT FOR OUTREACH

State and local agencies shall provide the Georgia WIC Program applicants and participants, or their designated proxies, with information on other health-related and public assistance programs and, when appropriate, shall refer WIC applicants and participants to such programs.

Examples of agencies, offices, and organizations that should be contacted regarding outreach, referral, and coordination of services include:

- 1. Alcohol/Drug Abuse Counseling and Treatment Centers
- 2. Family Planning Programs
- 3. Child Abuse Counseling Centers
- 4. Physicians, Obstetricians, Pediatricians, Family Practitioners, Nurses and Nurse Practitioners
- 5. Health and Medical Organizations, Hospitals, Community Centers and Clinics
- 6. Pharmacies
- 7. Public Assistance Offices
- 8. Unemployment Offices
- 9. Social Service Agencies
- 10. Religious and Community Organizations
- 11. Agencies offering services for Homeless Families and Individuals
- 12. Housing Authorities
- 13. School-Based Health Clinics
- 14. Migrant Health Centers, Migrant Offices, Logging, and Agricultural Communities
- 15. Military Bases
- 16. Department of Family and Children Services
- 17. Day Care Centers
- 18. Charitable Organizations (Goodwill, Salvation Army, etc.)
- 19. Head Start Programs
- 20. Department of Labor

### IV. PUBLIC NOTIFICATION

The State Agency, through the Department of Public Health Office of Communication, will distribute outreach information to every newspaper and radio station in Georgia, at least annually. All outreach materials must include the USDA full non-discrimination statement as follows:

In accordance with Federal Law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

### V. PUBLIC COMMENT PERIOD

Annually, the Georgia WIC Program has a Public Comment period. The purpose of the comment period is to solicit input from WIC participants, advocates, vendors and the general public. The comment period shall last one month. During that time, letters are mailed and e-mailed to WIC advocates and to the vendors. The advocates and vendors are given the opportunity to give their input by mail or electronically to <a href="www.wic.ga.gov">www.wic.ga.gov</a>. WIC participants are also given the opportunity to respond by mail, e-mail, or they may place their comments in a box located at all WIC clinics statewide. A poster is developed and placed in all clinics to announce when this comment period will take place.

During the comment period, the Georgia WIC Program regulations and guidelines will be made available to the public upon request. This includes Federal Regulations, the State Plan, the Procedures Manual and the Income Guidelines.

Once a year, the Office of Communications prepares News Releases to notify the general public of the Georgia WIC Program benefits and Notices soliciting public comments on WIC operations. The news releases are sent to newspapers statewide annually.

### VI. OUTREACH DURING A WAITING LIST

When a local agency is serving its maximum caseload of WIC participants, the local agency shall maintain a waiting list of individuals who express interest in receiving WIC and are likely to be served.

### A. Outreach

The USDA and DPH are fully committed to the principle of integrating WIC and health and social services while protecting an individual's right to privacy.

### B. Coordination With Government Entitlement Program

During the WIC application and certification process, WIC staff refers families as appropriate and collects data on participation in other governmental programs, e.g., Medicaid, Peachcare, SNAP and Temporary Assistance for Needy Families (TANF).

### VII. PROGRAM COSTS

Costs of promotional efforts designed to encourage and increase participation in the Georgia WIC Program are reimbursable to the local agencies. Outreach efforts should be consistent with the health-oriented nature of WIC.

### VIII. COORDINATION/INTEGRATION OF SERVICES

### A. Outreach

Integration of WIC services with other health clinic services has been a major thrust for the Georgia WIC Program and the Department of Public Health. All districts have taken positive steps toward decentralization and the corresponding integration of WIC with existing services (see Attachment OR-1).

### B. WIC/Medicaid Coordination

To date, several measures have been implemented statewide to address the coordination of the Georgia WIC Program and Medicaid Program. As results of these efforts:

- The WIC Certification process now uses the WEB portal for adjunctive eligibility. The toll free number for the Georgia WIC Program is 1-800-228-9173.
- 2. The State of Georgia "Right From The Start Medicaid" (RSM) program provides medical assistance to pregnant women and children ages 0 through 18 years. The toll free number for Georgia Medicaid Program is 1-800-809-7276.
- Community-based health centers supported by the Georgia Association for Primary Health Care Inc., provide health and nutrition services, including WIC services in some areas (see Attachment OR-2).

### C. WIC Coordination Strategies

### <u>Coordination Strategies Handbook – A Guide for WIC and Primary Care</u> Professionals

Development of this handbook was funded through a grant from the Food and Nutrition Service (FNS), U.S. Department of Agriculture, for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This project was one of a number of activities undertaken in response to the 1994 legislative mandate for enhanced coordination between WIC and health-related services. The legislation, the Healthy Meals for Healthy Americans Act of 1994 (P. L. 103-448), stipulated that the Secretaries of the U.S. Departments of Agriculture and Health and Human Services jointly establish and carry out initiatives to provide WIC services at substantially more Community and Migrant Health Centers (C/MHCS) (see Attachment OR-3) and improve coordination of WIC services with Indian Health Services (HIS) facilities. This publication can be found online at: http://www.fns.usda.gov/wic/resources/strategies.htm

#### D. WIC Works Resources Center

The WIC Works Resources Center is a USDA-sponsored site in which states share state-developed materials and best practices. This information can be accessed online at: http://wickworks.nal.usda.gov

The site consists of:

- WIC Learning Online a series of 18 on-line learning modules designed for all levels of staff working in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- WIC Database
- WIC Sharing Center
- WIC Learning Center
- WIC Topics A-Z
- WIC Talk

### E. Georgia WIC Program Fact Sheet

Why is WIC Important?

Georgia has one of the highest infant mortality rates in the nation. Good nutrition and regular prenatal care during pregnancy, and good nutrition and preventive healthcare for infants is key to preventing babies from dying or becoming ill.

 Low-income women in Georgia who receive both WIC and Medicaid have a significantly lower infant mortality rate than other low-income women in the State. They are more likely to get prenatal care early in their pregnancy and to seek preventive care, such as immunizations, for their children. • Every dollar spent on WIC saves up to three dollars in healthcare costs, according to a national study.

Who Gets WIC?

To be certified as eligible for WIC, infants, children, and pregnant, postpartum, and breastfeeding women must meet all of the following eligibility requirements:

- Categorical
- Residential
- Income
- Nutrition Risk

### **Categorical Requirement**

The following individuals are considered categorically eligible for WIC: prenatal women; breastfeeding women for up to one years' time; post-partum women for up to 6 months' time; children ages 1-5 years, and infants ages 0-12 months.

### **Residential Requirement**

Applicants must live in Georgia (see Attachment OR-4). Applicants served in areas where WIC is administered by an Indian Tribal Organization (ITO) must meet residency requirements established by the ITO. Applicants are not required to live in the state or local service area for a certain amount of time in order to meet the WIC residency requirement.

### **Income Requirement**

To be eligible for WIC, applicants and re-certifying participants must have income at or below an income level or standard set by the federal agency or be determined automatically income-eligible based on participation in other designated programs, (e.g., Medicaid, SNAP or TANF).

### **Nutrition Risk Requirement**

Applicants must be seen by a health professional, such as a physician, nurse, or nutritionist, who must determine the individual's nutritional risk. This is done in the WIC clinic at no cost to the applicant. In addition, health referral information can be obtained from another health professional, such as the applicant's physician.

"Nutrition risk" means that an individual has medical-based or dietary-based conditions. Examples of medical-based conditions include, but are not limited to, anemia (low blood levels), underweight, or history of poor pregnancy outcomes. A dietary-based condition includes, but is not limited to, inappropriate nutritional practices.

At a minimum, the applicant's height and weight must be measured and blood taken to check for anemia as part of the eligibility determination. An applicant must have at least one of the medical or nutritional conditions on the State's list

of WIC nutrition risk criteria. When no nutritional risks are evident, applicants who are otherwise eligible based on income, residency, identification, and category may be presumed to be at nutritional risk and assigned Risk Code 401 (Other Dietary Risk) *except* for infants who are less than four (4) months of age. Infants less than four (4) months of age cannot use Risk Code 401 to establish their nutritional risk.

Georgia residents wishing to apply for WIC benefits for themselves or their children should contact their local health departments. In Atlanta, WIC applicants may also apply at the Grady Health System.

### Income Eligibility Guidelines effective July 1, 2013 to June 30, 2014

Family Size	Yearly Income
<mark>1</mark>	<b>\$21,257</b>
2	28,694
<mark>3</mark>	<b>36,131</b>
4	43,568
<mark>5</mark>	<b>51,005</b>
<mark>6</mark>	58,442
<mark>7</mark>	<b>65,879</b>
8	<b>73,316</b>
<b>Each Additional Member Add</b>	+\$7,437

### Length of Participation

WIC is a supplemental food program that provides nutrition education, and referrals to enhance the nutritional and health status of women, infants, and children. A certification period is the length of time for which a WIC participant is determined to be eligible to receive benefits. An eligible individual usually receives WIC benefits from 6 months to a year, at which time she/he must reapply.

### Moving

WIC participants who move can continue to receive WIC benefits until their certification period expires, as long as there is proof that the individual received WIC benefits in another area or state. Before a participant moves, they should notify the Georgia WIC Program. In most cases, WIC staff will give the participant a Verification of Certification (VOC) Card, which enables the participant to continue receiving benefits at a new location. When the individual moves, they can call the WIC office in their new area or location for an appointment and take the VOC card to the WIC appointment for benefits.

### Waiting List / Priority System

Sometimes WIC agencies do not have enough money to serve everyone who needs WIC or wishes to apply. When this happens, WIC agencies must keep a list, called a waiting list, of individuals who want to apply and are likely to be served. WIC agencies then use a special system, called a Priority System, to

determine who will first get WIC benefits when more participants can be served. The purpose of the Priority System is to make sure that WIC services and benefits are provided first to participants with the most serious health conditions, such as low hemoglobin/hematocrit, underweight, breastfeeding women, or women with problems during pregnancy. WIC participants who move from one area of the state to another are placed at the top of a waiting list when they move and are served first when the WIC agency can serve more individuals.



IMPORTANT: Clinics vary in range of services provided. Please contact the main site or the clinic(s) in which you are interested to verify the type of services offered as well as location and hours of operation.

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Albany Area Primary Health Care, Inc	204 N. Westover Boulevard	Albany, GA 31707	(229) 888-6559	Admin Only	Primary Medical Care	CHC, ISDI
Clinics						
East Albany Medical Center	1712-A East Broad Avenue	Albany, GA 31705	(229) 639-3100	Year round		
East Albany Pediatric & Adolescent Center	1712-C East Broad Avenue	Albany, GA 31705	(229) 639-3103	Year round		
Rural HIV Model	2202 East Oglethorpe Boulevard	Albany, GA 31705	(229) 431-1423	Year		
Dawson Medical Center	420 Johnson Street, S.E.	Dawson, GA 39842-1523	(229) 995-2990	Year round		
Edison Medical Center	19519 West Hartford Street	Edison, GA 31746-0849	(229) 835-2238	Year round		
Lee Medical Arts Center	235 Walnut Street	Leesburg, GA 31705	(229) 759-6508	Year round		
Baker County Primary Health Care Center	100 Sunset Boulevard	Newton, GA 39870	(229) 734-5250	Year		
Dooly County Community Health Center	1212 E. Union Street	Vienna, GA 31092	(229) 268-8865	Year		

West End Medical Centers, Inc  868 York Avenue, Southwest  Atlanta, GA 30310  Admin/ Clinic  Admin/ Clinic  Dental Care Services, Enabling Services, Obstetrical and Gynecological Care, Other Professional Services, Primary Medical Care, Specialty Medical Care, Specialty Medical Care	Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
		Avenue,	GA	, ,		Services, Enabling Services, Obstetrical and Gynecological Care, Other Professional Services, Primary Medical Care, Specialty Medical	CHC, PH

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Med-Link Georgia	11 Charlie Morris Road PO Box 459	Colbert, GA 30628	(706) 788-3234	Admin/ Clinic	Primary Medical Care	СНС
Clinics					•	
Med-Link Bowman Medical Center	206 East Church Street PO Box 430	Bowman, GA 30624	(706) 245-7361	Year round		
Med-Link Gainesville Medical Center	1211 Sherwood Park Drive, NE	Gainesville, GA 30501	(770) 287-0290	Year round		
Med-Link Hartwell Medical Center	63 West Gibson Street	Hartwell, GA 30643	(706) 376-6100	Year round		
Med-Link Oglethorpe Medical Center	247 Union Point Street PO Box 264	Lexington, GA 30648	(706) 743-8171	Year round		
Med-Link Washington	123 B Gordan Street	Washington, GA 30673	(706) 678-1411	Year round		
Med-Link Winder	563 Jefferson Highway	Winder, GA 30680	(706) 867-6633	Year round		
Med-Link Royston	625 Cook Street	Royston, GA 30662	(706) 245-5050	Year round		
Med-Link Rabun	896 Hwy 441 South	Clayton, GA 30525	(706) 782-5991	Year round		
Med-Link Banks	1244 Historic Horner Highway	Homer, GA 30547	(706) 677-4568	Year round		

Ma	ain Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Valley Healthcare System, Inc		Building No 120 1440 Benning Drive 1315 Delaunay Suite 201 Columbus, GA 31901	Columbus, GA 31903	(706) 322- 9456	Admin/ Clinic	Dental Care Services, Enabling Services, Mental Health/Substance Abuse Services, Obstetrical and Gynecological Care, Other Professional Services, Primary Medical Care, Specialty Medical Care	СНС
Cli	Clinics						
	Valley Healthcare System, Inc	3473 N. Lumpkin Bldg C	Columbus, GA 31903		Year round		

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Georgia Highlands Medical Services, Inc	260 Elm Street PO Box 307	Cumming, GA 30028	(770) 887-1668	Admin/Clinic	Primary Medical Care	СНС
Clinics						

N	lain Site			City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
1 -	almetto Health ouncil, Inc	Suite 200 547 Ponce de Leon Ave	Atlanta, GA 30308-1880	(404) 929- 8824	Admin Only	Enabling Services, Obstetrical and Gynecological Care, Primary Medical Care		CHC
Clinics								
	Community Medical Center of Barnesville	Suite 1 101 Commerce Place	Barnesville, GA 30204	(770) 358- 4408	Year round			
	Community Medical Center of Hogansville	200 N Hwy 29	Hogansville, GA 30230	(706) 675- 3481	Year round			
	Community Medical Center of Palmetto	507 Park Street	Palmetto, GA 30268	(770) 463- 4644	Year round			
	Community Medical Center of Zebulon	1601 Barnesville Street	Zebulon, GA 30295	(770) 567- 3323	Year round			
	Community Medical Center of Carrollton	115 Ambulance Drive	Carrollton, GA 30117	(770) 834- 2255	Year round			

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Tendercare Clinic	803 South Main Street	Greensboro, GA 30642	(706) 453- 1201	Admin/Clinic		CHC, CHC
Clinics						

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs			
Georgia Mountains Health Services, Inc	75 Bypass Road PO Box 540	Morganton, GA 30560	(706) 374- 6898	Admin/ Clinic	Primary Medical Care	CHC			
Clinics	Clinics								
Georgia Mountains Health Services, Inc	Suite 101 526 Maddox Drive	Ellijay, GA 30540	(706) 635- 6898	Year round					

N	lain Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
C	linics						
	South Central Primary Care Center, Inc	2016 Ocilla Rd	Douglas, GA 31533	(912) 384-2252	Year round		
	South Central Primary Care Center No 3	200 South Cherry Street	Ocilla, GA 31774	(229) 468-5911	Year round		
	South Central Primary Care Center No 2	202 South Cherry Street	Ocilla, GA 31774	(229) 468-7762	Year round		
	South Central Primary Care Center	105 Fleet Wood Avenue	Willacooch ee, GA 31650	(912) 534-5993	Year round		

M	ain Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
W	tewart /ebster Rural ealth, Inc	220 Alston Street PO Box 357	Richland, GA 31825	(229) 887- 3324	Admin/ Clinic	Dental Care Services, Enabling Services, Mental Health/Substance Abuse Services, Obstetrical and Gynecological Care, Primary Medical Care	СНС
С	linics						
	Quitman Health Care	41 Old School Road	Georgetown, GA 39874	(229) 334- 9353	Year round		
	Plains Medical Center	107 Main Street PO Box 389	Plains, GA 31780	(229) 824- 7757	Year round		

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Oakhurst Medical Centers, Inc	770 Village Square Drive	Stone Mountain, GA 30083- 3380	(404) 298- 8998	Admin/Clinic	Primary Medical Care	СНС
Clinics						
Decatur Medical Office	1760 Candler Road	Decatur, GA 30032	(404) 286- 2215	Year round		

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
East Georgia Healthcare Center, Inc	316 North Main Street PO Box 807	Swainsboro, GA 30401	(478) 237- 2638	Admin/ Clinic	Dental Care Services, Mental Health/Substance Abuse Services, Primary Medical Care	CHC, MHC
Clinics						

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Primary Health Care Center of Dade, Inc	13570 North Main Street	Trenton, GA 30752	(706) 657- 7575	Admin/Clinic	Primary Medical Care	СНС
Clinics						

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs	
Tri-County Health System, Inc	1008 Atlanta Highway	Warrenton, GA 30828	(706) 465- 3253	Admin/ Clinic	Dental Care Services, Obstetrical and Gynecological Care, Primary Medical Care	СНС	
Clinics	Clinics						
Tri-County Health System, Inc	156 Alexander Street	Crawfordville, GA 30631	(706) 456- 2925	Year round			
Tri-County Health System, Inc	437-C East Main Street	Gibson, GA 30810	(706) 598- 3359	Year round			
Hancock County Primary Health Care	323 Hamilton Street PO Drawer J	Sparta, GA 31087	(706) 444- 5241	Year round			

21.Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
McKinney Community Health Center, Inc	218 Quarterman Street PO Box 1902	Waycross, GA 31501- 3547	(912) 287- 0301	Admin/ Clinic	Dental Care Services, Enabling Services, Other Profession al Services, Primary Medical Care	CHC, MHC
Clinics						
McKinney Community Health Center, Inc	122 North Main Street	Nahunta, GA 31553	(912) 462- 6222	Year round		
McKinney Community Outreach Center	935 McDonald Street	Waycross, GA 31501	(912) 285- 5080	Year round		

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Community Health Care Systems, Inc	508 West Elm Street PO Box 371	Wrightsville, GA 31096	(478) 864-2600	Admin/ Clinic	Obstetrical and Gynecological Care, Primary Medical Care	СНС
Clinics						
Tennille Community Health Center	116 Smith Street	Tennille, GA 31096	(478) 552-7384	Year round		

Related Primary Care References
Go to Bureau of Primary Health Care (BPHC)
Go to Health and Human Services (HHS) | Go to Health Resources and Services Administration (HRSA)

#### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL

## GEORGIA ASSOCIATION FOR PRIMARY HEALTH CARE, INC.

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44 Broad Street, N.W. Suite 410 Atlanta, GA 30303
404.659.2861/Phone – 404.659.2801/fax

Abany Area Primary Health Care, Inc. 204 N. Westover Blvd.
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(229) 436-4107/FAX
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Linda Leeson, COO
Bernard Scoggins, M.D., Medical Director Dougherty County

Baker County Health Center 100 Sunset Boulevard./P.O. Box 130 Newton, GA 31770 (229) 734-5250 (229) 734-5606/FAX Baker County

Dawson Medical Center 420 Johnson Street Dawson, GA 39842 (229) 995-2990 (229) 995-2993/FAX Terrell County

East Albany Medical Center 1712-A East Broad Avenue/ P.O. Box 50098 Albany, GA 31705/31703 (229) 639-3100 (229) 888-6516/FAX Dougherty County

East Albany Pediatric & Adolescent Center 1712-C East Broad Avenue/P.O. Box 50098 Albany, GA 31705/31703 (229) 639-3103 (229) 888-8935 Dougherty County

Edison Medical Center 19159 West Hartford Street/P.O. Box 849 Edison, GA 31746-0849 (229) 835-2238 (229) 835-3032/FAX Calhoun County

Lee Medical Arts Center 235 Walnut Street Leesburg, GA 31763 (229) 759-6508 (229) 759-9950/FAX Lee County Rural HIV Model

2202 E. Oglethorpe Blvd. Albany, GA 31705 (229) 431-1423 (229) 438-0738/FAX Dougherty County

Athens Neighborhood Health Center 675 College Avenue/P.O. Box 147 Athens, GA 30603 (706) 546-5526 (706) 546-5687/FAX Diane Dunston, M.D., Chief Executive Officer & Medical Director Clarke County

East Athens Satellite 402 McKinley Drive/ P.O. Box 81102 Athens, GA 30603/30608 (706) 543-1145 Clarke County

Community Health Care Systems, Inc. 508 West Elm Street/P.O. Box 371 Wrightsville, GA 31096 (478) 864-2600 (478) 864-2244/FAX Carla Belcher, Chief Executive Officer Dale Brown, M.D., Medical Director *Johnson County* 

Tennille Community Health Center 116 Smith Street Tennille, GA 31089 (478) 552-7384 (478) 552-1198/FAX Washington County

East Georgia Healthcare Center, Inc. 316 North Main Street/P.O. Box 807 Swainsboro, GA 30401 (478) 237-2638 (478) 237-9138/FAX Jennie Wren Denmark, Chief Executive Officer Sanjay Serrao, M.D., Medical Director *Emanuel County* 

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#### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment OR-2 (cont'd)

## GEORGIA ASSOCIATION FOR PRIMARY HEALTH CARE, INC.

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(770) 781-9937/FAX Carlos Stapleton, Chief Executive Officer

Ellie Campbell, D.O., Medical Director

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Hartwell Medical Center 127 West Gibson Street Hartwell, GA 30643 (706) 376-6100 (706) 376-3394/FAX Hart County

Oglethorpe Medical Center 247 Union Point Street/P.O. Box 264 Lexington, GA 30648 (706) 743-8171 (706) 743-3000/FAX Oglethorpe County

#### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment OR-2 (cont'd)

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Palmetto Health Council, Inc. Corporate Office 547 Ponce de Leon Avenue, Suite 200 Atlanta, GA 30308-1880 (404) 929-8824 (404) 929-9769 Jon Wollenzien, Jr., D.B.A., Chief Executive

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South Central Primary Care Center Fleetwood Avenue Willacoochee, GA 31650 (912) 534-5993 (912) 534-5703/FAX Atkinson County

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#### GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Attachment OR-2 (cont'd)

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Clinica de la Mama - Norcross 5139 Jimmy Carter Boulevard, Suite 205 Norcross, GA 30093 (770) 613-0070 **Gwinnett County** 

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Tri-County Family Medical Center 437 East Main Street/P.O. Box 234 Gibson, GA 30810 706) 598-3359 (706) 598-3403/FAX Glascock County

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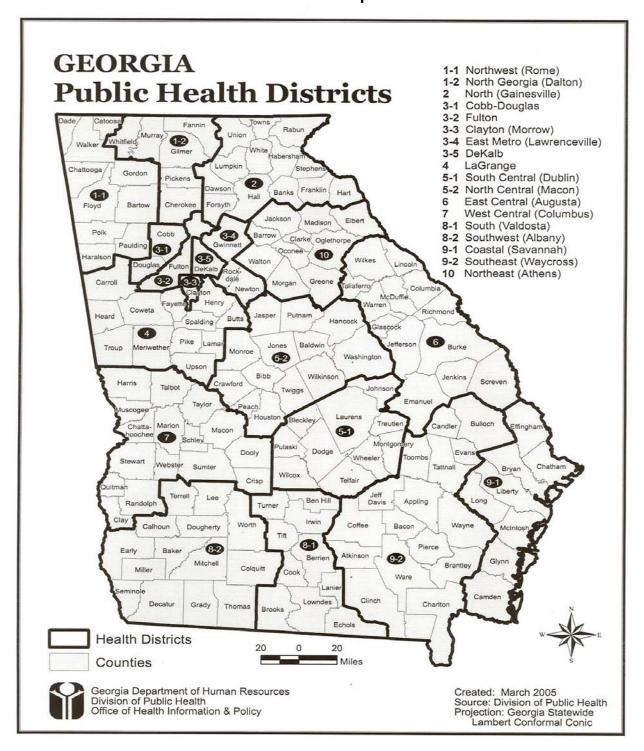
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# Georgia Farmworker Health Program Migrant Worker Health Clinic Sites

Project Site & Address	Project Coordinator	Contact Information
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Ellaville Primary Medicine Clinic 103 Broad Street PO Box 65 Ellaville, Georgia 31806-9428	Mary Anne Shepherd, RN-C, FNP	Tel: 229-937-3748 Fax: 229-937-2232 mshepherd@sumterregiona l.org
Ellenton Clinic 185 Baker Street PO Box 312 Ellenton, Georgia 31747	Cynthia Hernandez	Tel: 229-324-2845 Fax: 229-324-3383 cyhernandez@dhr.state.ga. us
Rochelle Healthcare Center 636 2 <sup>nd</sup> Avenue SW PO Box 481 Rochelle, Georgia 31079	H. Scott Jobe, MBA, CMPE	Tel: 229-365-2570 (Clinic) Fax: 229-365-2571 (Clinic) Scott Jobe: Tel: 229-271- 4676 hsjobe@crispregional.org
Reidsville East Georgia Healthcare Center 222 South Main Street Main Street Reidsville, Georgia 30453	Sandra Durrence, FNP	Tel: 912-557-3300 Fax: 912-557-3328 smdurrence@gdph.state.ga .us

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#### I. GENERAL

The Georgia WIC Program uses a uniform retail food delivery system. Participants are issued Food Instruments (FI) in the form of vouchers, which are redeemed at authorized vendors for WIC foods. Clinics issue vouchers to participants, or their proxies, on a one, two, or three-month interval. Georgia has a fully automated food delivery and management information system. The Georgia WIC Program contracts with a third party data processing firm, CSC Covansys. CSC Covansys maintains the participant master file, produces a wide range of monthly and quarterly reports, and performs reconciliation of all issued food instruments. Local agencies **must** electronically transmit WIC voucher issuance records to CSC Covansys daily.

Participants redeem the vouchers for specified types and quantities of foods at authorized vendors. Vendors deposit redeemed vouchers into their local bank accounts just as they would any other check. The vouchers proceed through the banking system to a central clearing bank where they are edited for missing or invalid information. Vouchers that are not paid are returned to the bank of first deposit and the vendor's account is reduced by the value of the vouchers. Vendors may request payment for returned vouchers by submitting them along with a completed Returned Voucher Payment log to the Georgia WIC Program. Vouchers paid, but flagged as suspect, are investigated by the state agency.

In February 2008, the Georgia WIC Program initiated the mandatory Automated Clearing House (ACH) process for making payments for vouchers presented with a requested value over the maximum allowable cost.

When such a voucher reaches the bank, it will be paid at a rate equal to the average for the vendor's peer group.

While those vouchers must still be returned to the bank of first deposit and a return check fee imposed, ACH greatly reduces the time and expense involved in paying over the maximum rejected vouchers.

CSC Covansys reconciles individually issued and redeemed vouchers as required by federal regulations and maintains a voucher master file that tracks the status of all vouchers. CSC Covansys also produces participation, financial, vendor, and other management reports at regular intervals for use by state and local agencies.

The Georgia WIC Program currently utilizes four (4) front-end clinic systems as well as CSC for data processing and voucher reconciliation.

The systems used by local agencies to produce FI as well as to complete all participant transactions are:

- Aegis: State-developed system designed to meet requirements of Y2K.
   Only front-end system authorized by FNS. Serves: Dublin (D/U 05-1);
   Valdosta (D/U 08-1) and contracted agency at Grady Hospital (D/U 12-0)
- Mitchell & McCormick: Contractor currently operating in the following areas: Rome (D/U 01-1); Dalton (D/U 01-2)' Gainesville (D/U 02-0) Cobb/Douglas (D/U 03-1); Fulton County (D/U 03-2); Clayton County

(D/U 03-3); Gwinnett/Newton/Rockdale (D/U 03-4); LaGrange (D/U 04-0); Macon (D/U 05-2); Augusta (D/U 06-0); Columbus (D/U 07-0); Albany (D/U 08-2); Coastal Health (D/U 09-1); and Waycross (D/U 09-2)

- Insight: Developed by NetSmart. Serves DeKalb County (D/U 03-5).
- HealthNet2 (HN2): Developed by Athens district (D/U 10-0).

The state-contracted data processor, CSC, also has the capability to produce vouchers for local agencies in an emergency situation.

Each local agency producing Food Instruments is responsible for ensuring data is backed up on a daily basis. Most systems are automated to perform this function at a specified time after normal work hours. For local agencies, the IT Directors and/or Clinic supervisors are tasked with ensuring backups are performed.

CSC has a sub-contract with Iron Mountain to perform backup and off-site storage of Georgia WIC data.

Local agencies are required to submit written confirmation to the state office that their clinical systems adhere to the provisions of the Functional Requirements document (FReD) as well as the WIC Systems Edits Manual/Data dictionary. Additionally all WIC Clinical systems are required to submit an electronic copy of the most recent User Manual for their system along with a detailed security plan for their system, including the name and contact information for the person responsible for the plan.

Manuals and security plans are to be updated and provided to the state office as needed.

Security reviews for computer systems, including backup of data, physical security of equipment, data integrity and security of users are a part of the bi-annual program review conducted by the Systems Information Section.

#### II. TYPES OF WIC VOUCHERS

A. Vouchers Printed On Demand (VPOD)

Vouchers Printed On Demand (VPOD) are produced on site by the clinic's automated system for each qualified participant (see Attachment FD-3). The receipts generated from printing these vouchers are maintained by the clinic. VPOD serial numbers must be entered into the VPOD inventory log within three (3) days of receipt (see Attachment FD-9). Voucher Management and Reporting System (VMARS) vouchers will be used in the same manner as VPOD vouchers with the exception of receiving serial numbers from the ADP contractor. The ADP contractor will be responsible for printing the vouchers and maintaining the serial numbers for each clinic. There will not be an inventory log used with VMARS vouchers.

#### B. Blank Manual Vouchers

Blank Manual Vouchers may be issued in cases when automated systems are

inoperable or otherwise unavailable. These vouchers may be completed for:

- 1.) New or transferring WIC participants;
- 2.) To replace voided computer printed vouchers;
- 3.) To adjust a food package in the event of late pick up by a participant;
- 4.) To supplement the preprinted manual voucher food package (see FD-V., Manual Vouchers and FD-V.,-F. Issuance of Manual Vouchers for procedures). The district/unit/clinic identification number is preprinted on blank manual vouchers (see Attachment FD-2 and FD-20). These vouchers must be stored in a secure location and must be logged in the Manual Inventory Log within three (3) days of receipt (see Attachment FD-8).

There are eight (8) types of Standard Manual Vouchers and two (2) types of Blank Manual Vouchers that may be issued to WIC participants:

#### C. Preprinted Standard Manual Vouchers

Standard Manual Vouchers are produced by CSC Covansys in separated sets of eight (8) food package types. These vouchers contain a preprinted standard food package (see Attachment FD-1). Standard manual voucher sets must not be broken to issue single vouchers. Use a blank manual voucher(s) when a partial food package needs to be issued. These vouchers must be stored in a secured location and must be logged in the Manual Inventory Log within three (3) days of receipt (see Attachment FD-8). The five types of food packages are:

- 1. <u>Infants</u> (Food Package A17, B17, D17).
- 2. Pregnant and Mostly Breastfeeding Women (Food Package W01).
- 3. Postpartum, Non-Breastfeeding Women (Food Package W21).
- 4. Children (Food Package C01, C21).
- 5. <u>Exclusively Breastfeeding Women and Prenatal Women Pregnant with Multiples</u> (Food Package W41).

Clinics must keep an adequate supply of all Manual Voucher sets. Hospital sites must maintain a one-month supply of blank manual voucher sets.

#### D. Vegetable and Fruit Voucher

Vegetable and Fruit Vouchers are part of the expanded food packages that became effective on October 1, 2009. The vouchers may be redeemed for fresh, frozen, or canned vegetables and fruit. A child or woman participant will receive a Vegetable and Fruit Voucher in the amount of \$6, \$7, \$8 or \$10. If the purchase amount exceeds the amount of the voucher, the participant will be allowed to use cash or other accepted forms of payment to make up the difference.

#### E. WIC Farmers Market Nutrition Program (FMNP)

FMNP coupons are printed in the WIC clinic and issued to participants to allow them to purchase fresh fruit and vegetables from participating Farmers Markets. Coupons Printed On Demand (CPOD) differs from Vegetable and Fruit Vouchers in appearance, value and redemption process (see Attachment FD-4). CPOD coupons may only be redeemed during the FMNP season which runs from approximately May to October of each year. They may not be used in grocery stores.

#### F. Senior Farmers Market Nutrition Program (SFMNP)

SFMNP coupons are either printed at the WIC clinic or may be pre-printed depending on the clinic's situation (see Attachment FD-5). SFMNP coupons are issued to Senior Citizens over the age of 60 years. This Program is run jointly with the Georgia Department of Aging.

#### III. VOUCHER ISSUANCE - GENERAL

#### A. Valid Certification Period

Vouchers may only be issued to participants who are within a valid certification period.

Valid Certification Periods					
Category	Valid Certification Period				
Pregnant	From the date of certification until six (6)				
	weeks after delivery				
Post Partum	From the actual date of delivery until six (6)				
	months after delivery				
Breast feeding	From the date of certification until the				
	infant's First (1st) birthday or breastfeeding				
	is discontinued (a mid-assessment must be				
	completed at six (6) months)				
Children	From the date of certification then every				
	year until five (5) years of age (a half-				
	certification must be completed every six (6)				
	months)				
Infants (< six (6) months)	From the date of certification until First (1st)				
	birthday				
	For a one-year period starting from the date				
Infants (≥ six (6) months)	of certification.				

Vouchers must not be issued past the end of the certification period. The issuance period is twelve (12) months of vouchers for women and children and up to twelve (12) months of vouchers for infants, e.g., if a participant is certified on January 15 and receives a 3b pickup code, (see Edit's Manual for pick-up codes, Field 58) he/she is entitled to receive vouchers through the month of December because he/she has received twelve (12) months of vouchers, January through December. An issuance month is defined by vouchers having been issued to a participant during the month regardless of the number of

vouchers. Children and Breast-feeding women must receive mid-assessments at six (6) months intervals.

Postpartum women who are due for recertification must not be over issued vouchers. Over Issuance occurs when women are issued vouchers during the prenatal period for one month plus forty-five day increments beyond their date of delivery. When participants are subsequently recertified as a postpartum woman, vouchers must not be issued for the postpartum period without first checking the last voucher issuance date. Retrieved vouchers must be voided in the system, stamped void, and returned to CSC for processing. Women must not be issued two sets of vouchers for the same month. This will prevent the woman from being over issued vouchers during the postpartum period.

#### B. Identification of Person Picking Up Vouchers

ID cards must be checked for signatures of participants/proxies (see Attachment FD-12):

The proxy/authorized representative must also present acceptable form of identification and the WIC ID Card to verify that he/she is the person authorized by the participant to pick up vouchers. (See Edits Manual, Table 31 for proof of identification.)

If a participant/parent/guardian /caregiver do not possess, or has lost his/her WIC ID card, other identification may be accepted as verification and a new ID card issued.

A proxy may not be issued WIC ID Card.

A proxy must be at least 16 years old.

If a child is placed in foster care, the foster parent must bring in guardianship papers from DFCS to confirm the child has been placed in their care before a new WIC ID card or vouchers can be issued. (See Edits Manual, Table 33 for proof of identification for Parent/Guardian/Caregiver.)

#### **Documentation of ID for Voucher Pickup**

Document the types of ID presented by the person picking up the vouchers, not the ID of the participant for whom the vouchers were issued.

- 1. Voucher Printed on Demand (VPOD) Document the proof code on the voucher receipt under the user's ID.
- 2. Manual Vouchers Document the proof code on the manual voucher under the date the vendor must deposit by on WIC clinic copy only.

#### C. Corrections

Vouchers must not be corrected or altered. If an error is made during issuance,

the voucher(s) must be voided. Correction fluid ("white-out") must not be used on vouchers for any reason.

#### D. Issuance

Local agencies have the option to issue vouchers to participants at a one, two, or three-month interval. With the two or three - month issuance, WIC clinic staff must explain to participants not to use vouchers prior to the "First Day to Use" date on the vouchers.

#### E. Categorically Ineligible

"Categorically ineligible" refers to the period of time a WIC client is no longer in a valid certification period and, therefore, is not eligible to receive WIC benefits. Participants who are categorically ineligible are postpartum women at six months postpartum, children who have reached their fifth (5<sup>th</sup>) birthday and breastfeeding women who stop breastfeeding and are greater than or equal to six (≥ 6) months postpartum or up to 12 months postpartum.

Benefit issuance periods are measured by month, one week at a time, starting with the first date of certification and ending with the last date of eligibility, i.e., the termination date. If the termination date occurs before a full week ends, the participant is eligible for benefits for that entire week. For example: If a participant is eligible for vouchers for one or more days within the week, the participants should receive vouchers for that entire week.

When a participant becomes categorically ineligible before the end of the month, they will only receive vouchers up to the categorical term date. For example, if a participant's category term date is January 15 and his/her pick-up is January 2, the participant will only receive two vouchers plus the produce/fruit vegetable voucher. If the participant's pick-up date is after the categorical term date, the participant will receive no vouchers. Vouchers must not be issued past the date of categorical eligibility. The categorical ineligible message will appear on the voucher receipt for the last set of vouchers one month prior to the termination date.

Category	Categorical Eligibility	Last Voucher Issuance
Postpartum Non-	Six (6) months postpartum	Up to week that includes
Breastfeeding Women	from delivery date	the categorical termination date.
Mostly and Exclusively Breastfeeding Women	Twelve (12) months postpartum or greater than six (6) months postpartum if breastfeeding stops.	Up to week that includes the categorical termination date.
Some Breastfeeding (SBF) Women	Twelve (12) months postpartum or greater than six (6) months postpartum if breastfeeding stops.	Receives a SBF Woman food package up to the week that she becomes 6 months postpartum. Then she receives a tracking food package (CPA FPC W80) without foods up to

		the week she becomes 12 months postpartum.
Children	Fifth (5) Birthday	Up to week that includes
		the categorical termination date.

Note: Children due to be recertified in the month of their fifth birthday must be recertified. Certification must be done prior to the date of the fifth birthday, and vouchers issued up to the week that includes the categorically termination date only. Vouchers must be prorated to last only through the end of the week in which the child turns age 5 years. For example, if there are only 2 weeks remaining in the month, the child is only allowed to be issued half of their food package (e.g., usually 2 vouchers plus the produce/fruit & vegetable voucher). Vouchers cannot be issued if the pickup code is after the birthdate. If the child's birthdate is in the first week of the month, he/she will only receive one voucher plus the produce/fruit and vegetable voucher.

#### F. Issuance of Vouchers to Family Members

An employee must never issue vouchers to family members or other persons residing in their household. Family members include:

1.	Children	8. Uncles
2.	Grandchildren	9. Parents
3.	Sisters	10. Spouses
4.	Brothers	11. First Cousins
5.	Nieces	12. In-laws
6.	Nephews	13. Grandparents
7.	Aunts	14. Individuals related by marriage

## IV. VOUCHER PRINTED ON DEMAND (VPOD) AND COMPUTER GENERATED VOUCHERS

#### A. Data Elements

The following data elements appear on the face of the vouchers:

- 1. <u>District/Unit/Clinic</u>. The district is represented by a two-digit number, the unit by a one-digit number, and the clinic by a three-digit number.
- 2. <u>WIC ID Number</u>. The participant's unique nine (9) digit identification number that corresponds to the number on the Turn-Around Document (TAD).

<u>Self-Check Digit</u>. Calculated by the ADP contractor or front end system.

<u>Participant Number (P)</u>. This is a one-digit number that specifies an individual family member in a multi-WIC participant family.

- 3. <u>Participant's Name.</u> The full name of the participant (last name, first name, middle initial).
- 4. <u>First Day to Use (MMDDYY).</u> The first valid date when the voucher may be used to purchase foods.
- 5. <u>Last Day to Use (MMDDYY).</u> The last valid date, after which the voucher can no longer be used by the participant. The voucher may be used on this date, but not after this date.
- 6. <u>Voucher Number</u>. A unique eight (8)-digit serial number printed on each voucher.
- 7. <u>Voucher Message</u>. A description of the food items and the quantities that may be purchased. Also, the food package and voucher codes are printed here.
- 8. <u>WIC Vendor Stamp</u>. Stamped by the vendor prior to deposit.
- 9. <u>Participant/Guardian/Proxy Signature</u>. The participant/proxy signs his/her name in this space when the voucher is redeemed at a WIC vendor.
- 10. The reverse side of the vouchers contains an area for endorsement by the authorized WIC vendor location.
- 11. Food Package Code
- 12. Rank

#### B. Voucher Cycles

The clinic staff and participant determine the voucher pickup day. This day is entered as a Pickup Code on the TAD.

Voucher interval codes are entered on the TAD (1= monthly; 2= two months even; 3 = two months odd; 4 = three months).

#### C. Voucher Packaging

In emergency situations where clinics are unable to print vouchers for more than 30 days, CSC Covansys has the capability of producing vouchers with the State WIC Office permission. In cases of emergency clinic closing due to natural or man-made disasters, vouchers will be delivered to the identified sites by overnight or ground postal delivery.

Computer printed vouchers are received by the clinic in alphabetical order of the last name of the lead family member within each Sort Code. The lead family member is the one with WIC type P, N, or B or with the lowest Participant ID Number (usually #1).

- 1. The following items will be transmitted to each clinic (or clinic package #1 if there is more than one [1]).
  - a. Voucher Cycle Packing List The (2-ply) Packing list provides the specific beginning and ending voucher numbers for all the computer printed and manual vouchers for the clinic. Two copies of the packing list are provided. The clinic must retain one copy and send one

signed copy to the district office as acknowledgement/proof of receipt of the vouchers (see Attachment FD-6).

#### D. Voucher Issuance

The following procedures must be followed when issuing vouchers:

- Identification. Verify the identity of the person picking up the vouchers. Please refer to FD-III.B. "Identification of Person Picking Up Vouchers," for procedures. Record the ID proof for the person picking up the vouchers in the appropriate place.
- Vouchers Issuance. Vouchers are only to be issued to participants who are in a valid certification period. (See FD-III. A. "Valid Certification Period").

The serial numbers on the VPOD/VMARS vouchers must match the serial numbers on the VPOD/VMARS receipt. The name on the vouchers and the receipt must be identical.

The following items must be completed on the VPOD/VMARS receipt, voucher register, or manual vouchers each time vouchers are issued:

- a. <u>Signature of Participant or Proxy</u>. The participant or proxy must sign his/her name on the signature line to indicate that the proper person has received those specific vouchers. This signature must match the signature of the participant or proxy on the ID card.
  - (1) Vouchers must **not** be issued until **after** the participant/proxy signs the receipt.
  - (2) If a participant or proxy leaves the clinic without signing the receipt, voucher copy, or voucher register, clinic staff must document the issuance by writing "Failed To Sign". "Failed To Sign" must not be abbreviated.
  - (3) During a monitoring review, if one (1%) percent or more "Failed To Sign" notations appear on the VPOD/VMARS receipts, voucher registers, or manual copies in a clinic, a corrective action will be issued to the clinic. Therefore, clinic staff must be extremely careful to ensure that participants sign the VPOD/VMARS receipt every time.
  - (4) If the participant or proxy is unable to write, he/she must enter his/her mark in lieu of a signature. Clinic staff will print the person's name next to the mark and initial and date the mark to indicate that it has been witnessed.

- 3. <u>Voucher Participant/Proxy Signature</u>. The participant or proxy must sign only manual vouchers in the left signature space, in the presence of the issuing staff person.
- 4. When VPOD or VMARS vouchers are printed, the printer produces a receipt along with the vouchers. The receipt contains the following information:
  - a. Client's WIC ID number
  - b. Name
  - c. Issue date
  - d. First date to use
  - e. Food package number
  - f. Voucher code
  - g. Voucher number(s)
  - h. Any appropriate message
  - i. Signature line for the client/proxy to sign
  - j. Initials of issuing clerk or user ID
  - k. Clinic/Sort Code

The receipt takes the place of the voucher register. The client signs the receipt(s) and only then is handed the vouchers. The receipt must then be immediately filed in numerical order. All receipts must be reconciled with the daily activity report. Any voucher numbers that are missing must have an explanation. "Failed To Print" is <u>not</u> an acceptable explanation. Documentation for missing voucher numbers must include the reason the numbers are missing, i.e. vouchers voided before printing, computer error, vouchers printed on wrong paper.

E. Transporting VPOD/VMARS Vouchers from a Site within a Site

When VPOD or VMARS vouchers are transported to a site that has no printer (voucher issuance clinic only), the vouchers must be printed the afternoon prior to going to the clinic or printed the day of the clinic visit.

Vouchers not issued on site must be voided immediately and voided in the system. (See transporting procedures in the Compliance Analysis Section of the Procedures Manual).

### V. MANUAL VOUCHERS (Blank and Standard)

Manual vouchers are different from VPOD or VMARS vouchers in the following ways:

- 1. Manual vouchers are three (3) part forms. The parts are color-coded for distribution as follows:
  - a. First copy (blue) Participant.

- b. Second copy (red) ADP contractor (or clinic copy if automated transfer is used.)
- c. Third copy (black) Serves as clinic proof of issuance.
- 2. All manual vouchers require completion of participant and issuance data
- 3. Blank manual vouchers require entry of food quantities. All blocks must be filled in with a number or an X for those items not assigned.
- 4. All manual vouchers must be entered into the computer for electronic submission. Log all serial numbers for each type of manual vouchers on the Manual Voucher Inventory Log, and a screen shot of the computer entry must be attached to the inventory log. Manual voucher cannot be mailed to the ADP contractor for processing.

#### A. Blank Manual Vouchers

Blank Manual Vouchers are issued for the following reasons:

- 1. To provide vouchers for a food package other than those provided by the preprinted manual vouchers.
- 2. To replace one or more vouchers that have been destroyed or damaged (see Lost, Stolen or Damaged Vouchers FD-XI.A.2.).
- 3. In the event of system failure, loss of power at the clinic or other condition when the clinic system is not available.

#### B. Preprinted Manual Vouchers

Preprinted Manual Vouchers are issued for the following reasons:

- 1. To provide vouchers for standard food packages.
- 2. In the event of system failure, loss of power at the clinic or other condition when the clinic system is not available.

#### C. Ordering Manual Vouchers

Local agencies must order manual vouchers from the ADP contractor. Orders must be made using the "Form and Manual Voucher Supply Order" Form (see Attachment FD-7) and must be received by the ADP contractor by the 10th or 25th of each month. The ADP contractor will fill manual voucher orders twice a month and will ship them with each cycle of computer printed vouchers.

#### D. Receipt of Manual Vouchers

1. Clinic

Clinics will compare beginning and ending voucher numbers to those on the Clinic Voucher Cycle Packing List. Any discrepancies must be reported to the ADP contractor and the Georgia WIC Program immediately. The packing list must be signed and dated to verify receipt. A copy of the signed/dated packing list must be mailed to the local agency/district office within five (5) days of receipt of the vouchers. The original must be retained by the clinic for one (1) year plus the current Federal Fiscal Year.

#### 2. District/Unit

The district/unit receives a copy of each detailed clinic packing list for control, and a summary copy showing total vouchers received from the ADP Contractor. Any discrepancies must be reported to the ADP contractor immediately. Missing shipments must also be reported to the Georgia WIC Program. All packing lists received by the district must be reconciled with the clinic's copy, and the district's copy must be signed and dated.

#### E. Inventory Control of Manual Vouchers

When manual vouchers are received, the serial numbers must be recorded in the "Received" column of the "Manual Voucher Inventory" Log (see Attachment FD-8). The numbers must be recorded exactly as is stated on the packing list. This documentation must be completed the same day the vouchers are received but no more than three (3) days after receipt by the responsible WIC staff person. Each clinic must log all manual vouchers in the computer the same day that they are received but, in any event, no more than three (3) days after receipt. A computer screen must be printed and stapled to the corresponding packing slip to show date of entrance. Vouchers must be used in the order in which they were received: first in, first out. All vouchers must be used in sequential order until depleted. Do not use two voucher batches at the same time. Complete one batch before using another.

#### 1. Perpetual Inventory (Weekly) (Manual Vouchers)

The perpetual inventory accounts for the voucher numbers issued, voided, and on hand. The perpetual inventory should be conducted daily, and must be done at a minimum weekly and documented on the Manual Voucher Inventory Log Sheet (see Attachment FD-8). If vouchers are issued during the month, a perpetual inventory must be conducted weekly. If no manual vouchers are issued, only a physical inventory is required. All columns of the log must be completed accurately, legibly, and initialed, by a responsible staff member. Always record the voucher numbers immediately after receiving them from the ADP contractor on the Log Sheet and enter them in the computer.

2. Physical Inventory (Blank and Standard Manual Vouchers)

A monthly physical inventory of all manual vouchers must be conducted. Another staff person must verify the inventory and initial the inventory log. Physical inventory documentation must include the serial numbers of the vouchers and the total number of vouchers on hand. The physical inventory must be documented on the "Manual Voucher Inventory Log" and labeled "Physical Inventory Conducted and Verified by." Two staff members must initial and date the physical inventory.

When discrepancies are discovered during a manual voucher inventory, they must be reported to the District Nutrition Services Director. Manual Voucher Inventory Logs must be retained for five (5) years plus the current Federal Fiscal Year. Inventories must be completed in black or blue ink.

#### F. Issuance of Manual Vouchers

Manual vouchers **must** be issued in complete sets, in consecutive order. When preparing manual vouchers, all items must be printed clearly and legibly, using a black or blue ballpoint pen. If an error is made on a voucher, void the voucher and issue a blank manual voucher.

The pickup code is generally the same day as the day on which vouchers are issued. The dates on the second and third set of vouchers must correspond to the pick-up code of the first set of vouchers.

Pre-printed standard/ blank manual vouchers must include the following information:

- 1. The participant's WIC ID number, including check digit and participant code.
- 2. Participant's name (last, first).
- 3. First Day to Use (MMDDYY).
- 4. Last Day to Use (MMDDYY), which is thirty (30) days from the "First Day to Use."
- 5. Vendor must deposit by (MMDDYY) which is sixty (60) days from the "First Day to Use."
- 6. CPA Food Package Code (FPC) internal (system), Food Package Code and Voucher Code. If blank manual vouchers are issued to replace damaged computer printed vouchers, the CPA Food Package Code (FPC), internal (system) Food Package Code and Voucher Code from the damaged VPOD vouchers must be written on the manual voucher to retain the original information.
  - On a blank manual voucher, the following additional information must be completed: Food Prescription Data blocks. Enter quantities for appropriate foods; enter an "X" in all unassigned blocks.
- G. Distribution of Manual Voucher Copies (Only when Handwriting Vouchers)

- 1. The red and black copy must be counted in numerical order, and filed in the clinic; the voucher numbers issued or voided must be submitted to the ADP contractor electronically.
- 2. Voucher copies must be retained for three (3) years plus the current Federal Fiscal Year.

#### H. Voided Manual Vouchers

Vouchers marked VOID must be submitted electronically. Void the vouchers in the computer and transmit to the ADP contractor. Attach the voided vouchers to receipt.

Voided Manual Vouchers

Manual vouchers, blank vouchers, or preprinted vouchers must be voided if:

- The participant's name is misspelled
- Any of the participant information is entered incorrectly
- Damaged during issuance
- Any voucher(s) is returned unused by participant
- There is a food package change
- 1. Voided Manual Vouchers that were reported to the ADP contractor as Issued The system contains an issuance record that must be voided. To accomplish this, the clinic must void the voucher in the computer and submit it to the ADP contractor. 2. Voided Manual Vouchers that were not reported to the ADP contractor as Issued. These voids are due to errors made while completing the voucher, which prevent the voucher from being issued. All three (3) manual voucher copies must be marked "VOID". Void these vouchers in the computer system and transmit to the ADP contractor.

Although there are no issuance records on these vouchers, the ADP contractor will input this voided information into the system to identify the disposition of the vouchers. All Voided and Destroyed vouchers must be reported to the ADP contractor's Bank. Do not send any manual vouchers back to the bank.

#### VI. VPOD PROCEDURES

#### A. General

Vouchers Printed on Demand (VPOD) are generated on site by the WIC clinic's automated system for participants on the Georgia WIC Program. The receipt generated as part of the printing process becomes the voucher register.

#### B. Receipt of VPOD Serial Numbers

VPOD serial numbers are sent from CSC Covansys. The confirmation notice for serial numbers sent from CSC Covansys will take the place of the Packing list but must be

maintained in the same manner as the Packing list (see Receipt of Manual Vouchers FD-V., D). Each clinic must log all numbers on the VPOD Inventory Log and in the computer the same day that they are received but no more than three (3) days after receipt. A computer screen must be printed and stapled to the corresponding packing slip to show date of entrance. The confirmation notice must be signed and dated and a copy sent to the district office within five (5) days of receipt. The confirmation notice must also be kept on file in the clinics in the same manner as the packing list. Voucher ranges or numbers not issued within thirteen (13) months of receipt will be automatically voided by the system.

C. Ordering VPOD Serial Numbers and/or Stock Paper.

Local agencies must order VPOD Serial Numbers and/or VPOD stock paper from the ADP contractor. Orders must be made using the "Form and Manual Voucher Supply Order Form" (see Attachment FD-7) and must be received by the ADP contractor by the 10th or 25th day of each month.

#### D. Issuing VPOD Vouchers

The following procedures must be followed when issuing VPOD Vouchers:

- 1. Identification Verify the identity of the person picking up the vouchers.
- Issuance Before vouchers are printed, the clerk must check the client's WIC
  History to determine if the participant is in a valid certification period, has a
  nutrition education appointment, or any other follow-up appointments; that the
  food package code is correct and that the correct number of vouchers will be
  printed.
- 3. The serial numbers on the VPOD vouchers must match the serial numbers on the VPOD receipt. The name of the participant will be compared to the participant's name on the WIC ID card and as it appears on the vouchers.
- 4. The client must sign the receipt before receiving the VPOD vouchers. Vouchers must not be issued until participant/proxy/parent/guardian signs the receipt
- 5. The receipt must be filed in numerical order immediately after issuing the vouchers

#### E. Voucher Reconciliation

At the end of each day, the WIC clinic staff must print a Daily Activity Report that includes:

- 1. Voucher numbers
- 2. Participant's name
- Issue date
- 4. Initials of issuing clerk
- 5. Status of voucher (Issued or Voided)

All receipts must be reconciled with the Daily Activity Report. The receipts must be filed in numerical order. Each clinic must maintain a file for the activity reports and keep it in the clinic. If vouchers are voided, they must be stamped "VOID" before filing them with the receipts. Clinic staff must staple or paperclip the voided vouchers to the back of the

receipt. If the voucher does not print or the receipt is lost, use a blank voucher receipt to write those numbers, the date, the participant's name, the participants WIC ID number and the clerk's initials on the receipt. Skipped Serial Numbers must be entered into the system as void and reconciled with the Daily Activity Report. The Daily Activity Report must be signed and dated to verify reconciliation each day.

# F. Voiding VPOD Vouchers

If it becomes necessary to void VPOD vouchers, the vouchers in question must be voided in the computer system. The information will be transmitted to CSC Covansys electronically.

DO NOT send the voided copies of those vouchers to the WIC banking center for further processing. Doing so will create a bank exception of PREVIOUSLY VOID.

If the VPOD vouchers have been voided in the system before batching, paper copies do not need to be sent to the banking facility. If the VPOD vouchers have been voided after the batch has been transmitted, the paper copies of the VPOD vouchers must be sent to the banking facility. Expired vouchers may not be sent back to the bank directly. Only those vouchers that are voided due to package changes, formula changes, etc., may be sent back to the bank directly.

# G. VPOD Inventory Log Sheets

The VPOD inventory log sheet must be completed daily, or at a minimum, weekly (only for those clinics who are open less than two days a week: all others must complete the log sheet daily). The log is used to keep track of the voucher numbers issued, voided or not printed. Always record the voucher numbers received from the ADP contractor on the log sheet. The top of the log sheet must reflect the packing list beginning and ending number for the series of vouchers being used. Separate log sheets can be used for each batch, but they must be kept in the inventory logbook. The confirmation notice of numbers sent will take the place of the voucher-packing list and should be maintained in the same manner. All columns of the log sheet must be completed accurately, legibly, and initialed by a responsible staff member. The bottom of the VPOD log must be completed with the remaining stock and clerk initials.

## H. Corrective Actions for VPOD is required for the following:

- 1. Missing receipts
- 2. Incomplete log sheets
- 3. More than one percent "Fail to Sign" on receipts
- 4. Vouchers issued during an invalid certification period
- 5. Missing and/or any incomplete Daily Activity reports
- 6. Any vouchers filed with receipts that do not have "VOID" stamped or written on them
- 7. Voucher printing problems that are not documented properly
- 8. Voucher numbers that did not print, and are not voided in the computer
- 9. Missing participant signatures

# VII. VMARS PROCEDURES

## A. General

The Voucher Management and Reporting System (VMARS) will centrally manage WIC data and voucher printing independent of the various MIS systems. This web service client will accept securely communicated front end system WIC data. The data will be validated in real time by the ADP contractor for use by the VMARS print queue system. The VMARS print queue system will print the Georgia WIC vouchers with a "uniform" appearance statewide. A complete and valid certification will be required to be on file with the ADP contractor before a voucher will be issued to a participant.

# B. Validating A Certification Record

The front end system will send certification and voucher information through the web service to the ADP contractor; the ADP contractor will break the string into the 131 current data elements and validate the record based on the current edits manual. The VMARS client will validate and cross edit the submission and respond with a pass/ fail message. A detailed message will be returned to explain any failed submissions, listing the data element(s) and reason(s) for the rejection. All required information must be corrected and submitted prior to vouchers being allowed to print.

# C. Voucher Printing VMARS\_Q

The clinic will submit a voucher request to the ADP contractor who will verify the participant is in a valid certification period. The vouchers will be printed by the ADP contractor managed print queue system "VMAR\_Q". All the vouchers will have an identical appearance due to a single system producing them. This will reduce the possibility of duplicate voucher numbers.

The ADP Contractor managed VMARS server will track and control the voucher numbers assigned to the clinics and coordinate with the backend system the voucher ranges used. Using this system will eliminate the use of an inventory log.

The print queue system will be installed on a dedicated computer/server that will allow all printers used to print the vouchers. The clerks will retrieve the vouchers from their assigned printer and ensure that all vouchers were printed accurately. When the vouchers print a receipt will be printed with the vouchers and the participant will need to sign acknowledging the receipt of the vouchers.

#### D. Issuing VMARS Vouchers

The following procedures must be followed when issuing VMARS Vouchers:

1. Identification - Verify the identity of the person picking up the vouchers

- Issuance- The ADP contractor will validate all certification and voucher information before any vouchers will be printed. The clerk may ensure their assigned printer or the default printer print the vouchers.
- 3. The name of the participant will be compared to the participant's name on the WIC ID card and as it appears on the vouchers.
- 4. The participant must sign the receipt before receiving the vouchers. Vouchers must not be issued until after the participant/proxy/guardian signs the receipt. The receipt must be reconciled with the daily activity report.

# E. Daily Reconciliation

Vouchers numbers will be controlled by the ADP contractor, unlike VPOD, a specific number range will not be assigned to each clinic. The serial numbers on the vouchers will be based on the next available number in the queue. The voucher number will be in sequential order by participant but not by clinic, for example: Participant A vouchers will be numbers 1-5, Participant B vouchers may be 10-15, therefore voucher receipts must be reconciled with the Daily Activity Report to ensure all receipts and vouchers are accounted for.

Each clinic must maintain a file for the Daily Activity Reports and keep it in the clinic.

If vouchers are voided, they must be stamped "VOID" before being filed with the receipts. Clinic staff must staple the voided vouchers to the back of the receipt. The Daily Activity Report must be signed and dated to verify reconciliation. At the end of each day, the WIC clinic staff must print a Daily Activity Report that includes:

- Voucher Numbers
- 2. Participants Name
- Issue Date
- 4. Initials of issuing clerk
- Status of voucher(Issued or Void)

# F. Voiding VMARS Vouchers

If it becomes necessary to void VMARS vouchers, the vouchers in question must be voided in the computer system. The voided vouchers must be submitted to the ADP contractor before replacement vouchers can be requested for the participant. The system will send a message stating this participant has received vouchers for this period. This will also alert the clerk if the participant has received vouchers from another WIC clinic to detect dual participation.

# G. Benefits of VMARS

As a real time system with immediate pass/fail of certification information at the front end, this should eliminate errors on the backend and virtually eliminate the

CUR report. "Real time" means all data submitted to the ADP contractor will be accepted or rejected as soon as it is received by CSC. All required certification information will have to be corrected prior to vouchers being allowed to print. The VMARS system will communicate with the ADP contractor via a web service over the internet.

Changing to a real time system will eliminate the daily batching process. The data will be captured during the validation and cross editing process and stored by the backend systems for the reconciliation process. With the elimination of the daily batching process, participant information will be added to the GWISnet system as it is received, and the twenty-four (24) hour delay will be eliminated. A reduction in the "Previously redeemed" bank exception report will occur because VMARS will not allow the front-end system to send the same voucher information repeatedly. The "Previously Void" will be reduced by requiring the front end systems to send voided, lost, stolen, and destroyed voucher information via the internet web service system and not mailing them to the ADP contractor for manual entry into the system.

This system will also reduce dual participation by verifying whether a participant has already been issued a voucher for a specific timeframe. It will also cross edit participant information with the current dual participation edits to ensure the participant is not enrolled in another WIC clinic. Voucher information will be displayed in GWISnet with the participant and voucher issuance information allowing clinics to review transferring participant's history and reduce dual participation. The system allows for multiple transactions to be completed in the same day so long as the previously sent information was accepted by CSC. An example of this is a participant who is transferring and need a certification; both transactions can be completed in the same day without receiving a critical error.

# H. System Failure

The VMARS system will require internet connectivity. Should the system lose connectivity, the current policy and procedures for issuing manual vouchers will apply (VPOD will not be operable once VMARS is in place; only manual vouchers can be issued). These vouchers will be submitted by inputting the information into the front end system when the system is available. This will allow a site to continue voucher issuance should a system or equipment failure occurs. In the event of a VMARS system failure, follow the manual certification and voucher issuance procedures currently in place. Once the system is functioning, all certification and voucher issuance information must be entered into the computer to be submitted via the web service system.

# I. Manual Voucher Submission

All manual vouchers must be transmitted to CSC via the web service system. Manual vouchers cannot be batched manually or sent to CSC for manual processing. The following procedures must be conducted when manual vouchers are received:

Each set must be entered in the computer using the previous VPOD procedures.

- Each clinic must log all numbers on the Manual Voucher Inventory Log and in the computer the same day that they are received but no more than three (3) days after receipt.
- A computer screen must be printed and stapled to the corresponding packing slip to show date of entrance.
- The packing list must be signed and dated and a copy sent to the district office within five (5) days of receipt. The packing list must also be kept on file in the clinics.

#### VIII MAILING/DELIVERY OF WIC VOUCHERS

- A. Conditions for Mailing/Delivering Vouchers
  - Vouchers may be mailed or otherwise delivered to participants on an individual hardship basis or, in special circumstances, may be mailed in mass. If vouchers are mailed to a participant for hardship reasons, they will be done so on a temporary/short-term basis. There is no standard, on-going reason to mail vouchers (i.e., permanent difficulty accessing the clinic(s)).
  - 2. Vouchers must not be mailed or delivered in the following situations:
    - a. Participant is due for re-certification
    - b. Participant is due for nutrition education
    - c. Participant is unable to offer a current address, e.g., homeless shelter participant.
- B. Acceptable Reasons for Mailing/Delivering Vouchers
  - 1. Difficulties of the participant and his/her proxy in obtaining vouchers for reasons such as illness
  - 2. Imminent or recent childbirth requiring bed rest and no proxy is available
  - 3. Environmental crisis as a result of a tornado, hurricane, flood, snowstorm, ice storm or other natural disaster
  - 4. Closure of clinic due to structural damage, relocation, etc...
  - 5. Other special circumstances approved by the Nutrition Services Director
- C. Mailing/Delivery Procedures

The procedures to be followed when mailing vouchers are as follows:

1. Prior to mailing/delivering vouchers, the issuing professional must obtain approval from the District Nutrition Services Director or a designated Competent Professional Authority (CPA). Written approval

must be maintained on file in the form of a local agency policy memorandum

When delivering vouchers, the participant must sign a copy of the voucher receipt. Once the receipt is signed by the participant, it must be returned to the clinic to be filed

Original copies of the receipt must not be taken from the clinic; a copy of the receipt must be taken to the participant to sign

Upon returning to the clinic, the copy must be attached to the original receipt

- 2. The hardship condition and the District Nutrition Services Director approval must be documented in the participant's health record. Once the initial hardship has been resolved, the mailing or delivery of WIC Vouchers must be discontinued and the action documented
- Confirm valid certification
- 4. Confirm the mailing address
- 5. Give the participant their next appointment
- 6. Each district or local agency must have a post office box as well as a return address for all vouchers mailed. The "return to sender name" on the mailing envelope must be a staff person other than the one who prepared the vouchers for mailing. The envelope must specify, "Do Not Forward, Return to Sender", and a return receipt must be requested on all vouchers sent by certified mail
- 7. A staff person other than the one who prepared and mailed the vouchers must pick-up returned vouchers from the post office box; and must note on the mail roster the participant's name, identification number and sequence of voucher numbers returned in the mail and a full signature of the person documenting this information
- 8. A roster must be maintained on a weekly basis by the local office noting all vouchers mailed and participant names and identification numbers. This roster should be mailed to the district office (see Attachment FD-13)

The procedures for delivering a voucher(s) are as follows:

- The vouchers and receipts (when transporting vouchers) must be copied
- The original receipt must be left in the clinic
- Once the participant signs the copied page, the copy must be attached to the original receipt
- The original receipt must have the statement "See Attachment" on the receipt
- D. Voucher Mailing Process
  - When mailing vouchers, the receipt or voucher copy must be documented with the disposition of the vouchers
  - The WIC official must document the signature line(s) with the statement "mailed vouchers" or "delivered vouchers"
  - The reason(s) for mailing, the date mailed, and the signature of the

person preparing vouchers for mailing

- Vouchers must be mailed via certified mail with return receipt
- · Mailed vouchers will not be replaced

#### E. Returned Vouchers

When vouchers are returned by the postal service, the following steps must be followed:

- 1. If the voucher(s) are still valid for redemption, the local agency must attempt to contact the participant in an effort to issue. The attempt to contact must be recorded on the voucher receipt. If the local agency is unable to contact the participant, "VOID" the voucher(s) immediately.
- 2. If the vouchers have expired, they must be stamped "VOID" and voided in the computer for transmission to the ADP contractor.

Note on the receipt, "returned by postal service" next to the corresponding voucher numbers and retain them on site. Voucher(s) must be stamped "VOID" immediately and processed in accordance with the procedures described above

#### IX. PRORATED VOUCHERS

The objective of prorated vouchers is to ensure that participants receive benefits only during a valid certification period. Vouchers are issued based on the number of weeks within a valid redemption time period. A voucher is only valid for thirty (30) days from the date of issuance.

Prorating is the issuance of partial food packages by eliminating one or more vouchers from the designated food package. Vouchers must be prorated when:

- (1) A participant is late picking up vouchers (procedures for voiding vouchers must be followed as outlined in FD-IX Late Pickup of Vouchers)
- (2) Vouchers are being replaced if they are damaged as a result of agency error.
- (3) A participant is categorically ineligible (see FD-III.-E.-Categorically Ineligible)

Note: The procedures in Section FD-XI. A must be followed when replacing vouchers.

Number of Days Late	Women & Children	<u>Infants</u>
Less than 7 days late	full package	full package
7-13 days late	Vouchers issued = 3/4 package plus Produce (Fruit/Vegetables) voucher	full package
14-20 days late	Vouchers issued = 1/2	(1/2) package (deduct

Number of Days Late	Women & Children	<u>Infants</u>
	package plus Produce (Fruit/Vegetables) voucher	one(1) half of formula vouchers plus one food voucher)
21-31 days late	Vouchers issued = 1/4 package plus Produce (Fruit/Vegetables) voucher	(1/2) package (deduct one(1) half of formula vouchers plus one food voucher)

\*Note: Cash Value Vouchers (Fruit/Vegetables) cannot be prorated. They must always be issued for the full value (e.g., \$6, \$7, \$8 or \$10) if the participant is eligible to receive any vouchers for that month.

Vouchers should be prorated following the rank order system in the Food Package Section. A voucher with a rank of "1" in a food package should be removed first. A voucher with a rank of "9" is never prorated; if the participant is eligible for any vouchers that month, a voucher with a rank of "9" must be issued. Cash Value/Produce (Fruit/vegetable) vouchers all have a rank of "9."

Ranks of 1-4 correspond to the week of the month, with "1" representing the voucher(s) to be prorated after the participant is late by 7-13 days, "2" representing the voucher(s) to be prorated (in *addition* to the rank "1" vouchers) after the participant is late by 14-20 days, and so on. Food packages containing more than 5 vouchers will have more than 1 voucher with the same rank; all vouchers with the same rank must be prorated at the same time. For example, if a participant is 2 weeks late, then all vouchers with ranks of "1" and "2" must be prorated and not issued, regardless of how many vouchers there are with ranks of "1" or "2." The vouchers were ranked based on the contents of the voucher to ensure as even a distribution of formula and/or foods removed per week as possible.

# X. LATE PICK-UP OF VOUCHERS

Participants who are late picking up their vouchers **must** be issued a prorated food package based on the schedule in FD-VIII. The food package must be prorated to reflect the period of time left until the participant's next scheduled pickup date. To determine the number of days that a participant is late for pickup, the following guidelines must be followed:

- 1. Count calendar days, including weekends
- 2. If the participant's *scheduled* pickup day was *before* the "First Day to Use" on the vouchers, begin counting days late from the "First Day to Use" date
- 3. If the participant's *scheduled* pickup day was *after* the "First Day to Use" on the vouchers, begin counting days late from the appointment date

The appointment date must be documented on the receipt in addition to the required pickup date.

# Change pickup interval code

When a participant is late picking up vouchers, the pickup code must not be changed to avoid prorating vouchers. When it becomes necessary to change the pickup code, the code is changed to the date the vouchers are picked up, and a full set of vouchers are issued with the current date. WIC clinic staff is not encouraged to change pickup codes because of the affects doing so may have on participation.

## Pickup codes should be changed during a valid certification period when:

- 1. Adding a new family member
- 2. A change in circumstances, such as a change in job or working hours, results in a hardship on the participant.

# The decision to change pickup codes will be based on district policy.

To change the participant's pickup code the clinic staff must:

- 1. Document the appointment date changes on the voucher receipt.
- Complete an update TAD to change the pickup code and submit to the dataprocessing contractor.
- 3. Immediately stamp or write "VOID" on the voucher(s).
- 4. Give the participant an appointment for next month's pickup with the new pickup date.
- 5. Document in participant's record the reason for change in pickup code.

#### XI. COORDINATION OF HEALTH SERVICES AND VOUCHER ISSUANCE

Every effort must be made to coordinate the issuance of WIC vouchers with the delivery of health services. (7C.F.R. §246.12(d); §§246.11 (a) (1) and (2)). Efforts must be made to provide health services so that the patients/families will not have to return more than once a month. However, vouchers may be issued for one month, if the participant/caregiver is to return for services at that time (This is the exception, not the rule).

Under no circumstances are vouchers to be withheld or denied nor are any services to be forced upon participant/caregiver (7C.F.R. §246.11 (a) (2)) Participants/caregivers have the right to refuse other health services, but we have the responsibility to frequently offer and strongly encourage the use of all available health services (7 C.F.R. §246.6 (6) (3) and (5); §246.7(j)(2)(iii); §§246.12(S)(7) and (8).)

## XII. LOST, STOLEN OR DAMAGED VOUCHERS

A. Replacement of Vouchers

- 1. Lost or Stolen vouchers will not be replaced.
- 2. Damaged Vouchers When a participant/parent/guardian/caregiver reports that their vouchers have been damaged, the following procedure may be implemented:
  - If vouchers are damaged, any pieces of the vouchers that can be salvaged should be brought to clinic. Vouchers that can be identified by voucher numbers may be replaced.
  - b. Vouchers destroyed due to fire will be replaced with a copy of the fire report.
- B. Replacement Vouchers Due to a Declared Emergency

Prior to reissuance of lost vouchers for those participants who live in a declared emergency area the clinic staff shall:

- 1. Determine if the participant resides in an area that has been designated as an area affected by a Declared Emergency
- 2. Determine which vouchers the participant has lost and need replacement.
- 3. Call the CSC Help Desk to determine which lost vouchers have been cashed and processed by the bank. Listed below is the information that staff will need to provide to CSC:
  - Voucher numbers
  - Participant ID number
  - · Name of participant
  - Clinic, County and District number
  - Name of staff member requesting the information
  - a. Phone number is 1-800-796-1850.
  - b. Hours of operation are from 7:30 am to 5:00 pm, Eastern Standard Time (EST).
- 4 Document the voucher information for lost vouchers that have **NOT BEEN CASHED** on the **Lost/Stolen/Destroyed Voided Voucher Report**, per family/participant (**see Attachment FD-18**). After receiving the verification information of lost vouchers that have been cashed or not cashed from the CSC Help Desk, use as many pages as necessary to document information.
- Issue Replacement vouchers only for vouchers that have NOT BEEN CASHED by the participant and document on all voucher receipts, "Replacement Vouchers-Declared Emergency."
- 6. Make and distribute up to four copies of the Lost/Stolen/Destroyed Voided Voucher Report:
  - a. Place original in the participant's file.

- b. Place one copy in the Lost/Stolen/Destroyed Voided Voucher file.
- c. Send one copy to your district office for their Lost/Stolen/Destroyed file.
- d. Send one copy to the State WIC Office to the Compliance Unit.
- e. Send one copy to the clinic that originally issued the vouchers if the participant picked up replacement vouchers at a different clinic.
- 7. Void all copies of previously issued vouchers that have been replaced (vouchers that have NOT BEEN CASHED) in the computer system.
- C. Lost/Stolen/Destroyed/Voided Voucher Report

When vouchers are reported as lost, stolen, or destroyed, complete the Lost/Stolen /Destroyed/ Voided Voucher Report (see Attachment FD-18) with the following items:

- 1. District/Unit/Clinic
- 2. Current Date
- 3. Beginning Voucher Number in Range\*
- 4. Ending Voucher Number in Range\*
- 5. Quantity of Vouchers in Range
- 6. Participant's WIC ID Number
- 7. Participant's Status Code
- 8. Participant's Last Name and Replacement Voucher Numbers in the "Comments" block.

\*If a participant reports that part of a voucher package was lost/stolen/destroyed and the other portion was cashed, but cannot determine which voucher serial numbers were lost/stolen/destroyed, include all of the voucher serial numbers on the form. Note in the comment section of the Lost/Stolen Destroyed Voided Voucher Report that between 1-4 vouchers may have been cashed.

Mail the completed Lost/Stolen/Destroyed Voided Voucher Report to the ADP contractor, retain a copy in the clinic, <u>and forward a copy to Georgia WIC</u>

<u>Program State Office-System Unit and a copy to the district office within five (5)</u>
<u>days of completion.</u> Upon receipt of the Report, the ADP contractor will enter this information into the system. If the contract bank subsequently pays the vouchers, they will be identified on the Bank Exception Report during the monthly reporting process.

The Georgia WIC Program cannot initiate "stop payments" on lost/stolen/destroyed vouchers. When fraud is suspected, the local agency should notify the Compliance Analysis Unit to request assistance with an investigation. To obtain copies of suspect vouchers, the local agency must submit a Georgia WIC Program Voucher Investigation Log (see Attachment CA-2) to the Compliance Analysis Unit (see Compliance Analysis Section, X).

D. Vouchers Lost, Stolen, or Destroyed Prior to Issuance

When a clinic determines that vouchers have been lost, stolen, or destroyed prior to issuance, the following procedure must be implemented:

- Complete the Lost/Stolen/Destroyed Voided Voucher Report (see Attachment FD-18) with the following items:
  - a. District/Unit/Clinic
  - b. Current Date
  - c. Beginning Voucher Number in Range
  - d. Ending Voucher Number in Range
  - e. Quantity of Vouchers in Range.
- 2. Mail the completed Lost/Stolen/Destroyed Voided Voucher Report to the ADP contractor, retain a copy in the clinic, and <u>forward a copy to the</u> <u>district office and Georgia WIC Program, System Information Unit, 2</u> <u>Peachtree Street, Suite 10.476 Atlanta, GA 30303 within five (5) days of</u> <u>completion.</u> Upon receipt of the Report, the ADP contractor will enter this information into the system. If the contract bank subsequently pays the vouchers, they will be identified on the Bank Exception Report during the monthly reporting process.

The System Information Unit will review Lost, Stolen, or Destroyed voucher reports in conjunction with the Cumulative Unmatched Redemption (CUR) report and Bank Exception report to identify potential fraud and refer findings to the Compliance Analysis Unit. The Compliance Analysis Unit will work in conjunction with the local agency to investigate potential fraud, when a block of 25 or more vouchers are missing (see "Compliance Analysis" at Section X).

# E. Security Destroyed Vouchers

When vouchers are security destroyed, the Lost/Stolen /Destroyed/ Voided Voucher Report must be completed (see Attachment FD-18) with the following information:

- 1. District/Unit/Clinic
- 2. Current Date
- 3. Beginning Voucher Number in Range\*
- 4. Ending Voucher Number in Range\*
- 5. Quantity of Vouchers in Range
- 6. Status Code
- 7. Total Amount of Vouchers Destroyed
- F. Change of Formula Order/Formula Purchased In Error

In the event that a formula order is changed after a participant has been issued vouchers for an original formula order, or formula was purchased in error, replacement vouchers must be issued if the original vouchers and/or incorrect formula purchased are returned. When vouchers are replaced within the same month of original issuance, the following procedures must be implemented:

Standard Formula, Special Formula

- 1. Participants must return unused formula to the clinic if available, and/or
- 2. Return unredeemed voucher(s) to the clinic for voiding.
- Supplemental vouchers issued must equal the amount of unused formula returned in reconstituted fluid ounces and vouchers voided for the current issuance period. Supplemental vouchers are issued on a reconstituted fluid ounce for a reconstituted fluid ounce basis.
- 4. Document the amount, type, and disposition of formula returned on the "Formula Tracking Log" located in the Food Package section of the WIC Procedures Manual.

# Hospital Based Formula

If a physician changes a formula, the participant must return all unopened cans of formula to the clinic.

The Clinic must then:

- 1. Issue supplemental vouchers equal to the reconstituted fluid ounces of formula returned in the issuance period.
- 2. Document the amount, type, and disposition of formula returned to the clinic on the Voucher Receipt or on the WIC clinic's copy of the manual voucher.
- 3. Document formula change and receipt of an updated written or verbal order from the physician in the participant's health record.
- 4. Document returned formula on the "Formula Tracking Log" located in the Food Package section of the WIC Procedures Manual. All returned formula must be accounted for when issued to another client, destroyed or returned to the manufacturer. The "Formula Tracking Log" will be monitored by the Nutrition Services Unit for accuracy during District Program Reviews conducted by the state.

# XIII. BORROWED VOUCHERS

Vouchers may be borrowed from another WIC clinic within the same district by a WIC clinic whose current stock is depleted (see Attachment FD-14). This applies to manual vouchers only. VPOD stock paper cannot be borrowed by one clinic from another.

Submitting the form in a timely manner is important. The ADP contractor must be notified of all manual voucher reassignments as soon as possible. Any borrowed voucher reassignments not received by the ADP contractor before reconciliation (usually around the eighth working day of the month) may result in new check issues received from clinics being rejected because the issue clinic fails to match the check issue master file. Accordingly, any of these vouchers that were cashed would result in unmatched redemption the first month and would be listed on the Cumulative Unmatched Redemptions Report if not corrected by the second month.

Those borrowed voucher reassignments that fail the required edits will also be subject to the unmatched redemption process described in the previous paragraph. If a borrowed voucher reassignment does fail the edits, the districts will be contacted to correct the discrepancy for the next reconciliation.

The ADP contractor will accept the new **Borrowed Voucher Report** input form from the districts, edit the required fields for validity, and reassign clinic numbers on the check issue master file on a monthly basis before reconciliation.

#### XIV. CRITICAL ERRORS

If a TAD or ETAD is submitted to the ADP contractor with a critical error, the system rejects the file and does not update the client master file. This will cause voucher(s) not to print when a request is made to the VMARS \_Q system or vouchers issued to that participant to show up on the Unmatched Redemption Report followed the next month by the Cumulative Unmatched Redemption (CUR) report if not corrected. Clinic staff must correct the error and re-submit the TAD or ETAD immediately. Failure to correct critical errors and unmatched redemptions may result in loss of funding to the district.

WIC clinic staff is encouraged to review critical error reports and batch rejection reports in GWISnet daily and resubmit a corrected TAD transaction or voucher issuance record as appropriate.

# XV. CUMULATIVE UNMATCHED REDEMPTION (CUR) REPORT

#### A. Introduction

The Cumulative Unmatched Redemption (CUR) report identifies redeemed VPOD and manual vouchers that have not matched a valid client or issuance record. Local agencies are required to review the redeemed manual vouchers appearing on the CUR Report monthly. The vouchers must be reconciled with the ADP contractor or a manual reconciliation must be performed with the Georgia WIC Program, depending on how much time has elapsed since the voucher was redeemed. The CUR Report has two parts:

- Part 1: A cumulative list of vouchers issued by clinics and cashed by the participant, when there is no record that the voucher was issued on the ADP contractor's mainframe computer system (see Attachment FD-15).
- Part 2: A cumulative list of vouchers issued by the clinics and cashed by the participants, which have not matched to a valid WIC ID number or participant certification record on the ADP contractor's mainframe computer system (see Attachment FD-16).

The local agency may correct a CUR that is over thirty (30) days old with the ADP contractor. The second month the item appears on the CUR Report, the local agency must manually reconcile the items described below. These manually reconciled items must not be submitted to the ADP contractor since the items are purged from the system after they are listed the second time.

#### B. Procedures for Reconciliation

Cumulative Unmatched Redemptions that have not matched to an issuance record.

CUR Part 1: Provides an example of vouchers that are not matched to an issuance record (see Attachment FD-15).

- Column 1: Voucher Number. This is the serial number of the voucher in question.
- Column 2: <Month> Amount. This column contains the redeemed amount for vouchers that are now in their 30-Day Month. Vouchers in this column can still be reconciled with the ADP contractor.
- Column 3: <Month> Amount. This column contains the redeemed amount for vouchers that are now in their Close-Out Month.
   Vouchers in this column have been purged from the ADP contractor's system and can only be manually reconciled with the state office.

To reconcile vouchers in the second column:

- 1. Look in the Clinic Feedback Batch Rejection Section of GWISnet to confirm that the batch containing vouchers appearing in Column 2 had not been rejected by the ADP contractor.
- If the batch is not showing as having been rejected, look in the Clinic Feedback – Batch Acknowledgement Section of GWISnet. If there is no acknowledgment from the ADP contractor that the batch was received, resubmit the entire batch to the ADP contractor.
- 3. If there is acknowledgement that the ADP contractor received the batch, the vouchers may have contained an error or been processed incorrectly by the bank. (For manual vouchers, photocopy the entire set of vouchers that were issued to that participant even if all the vouchers are not listed on the report, and make the necessary corrections on the photocopy.) Correct only those voucher(s) listed in Column 1 with the ADP Contractor.

The ADP contractor must receive corrections and resubmitted batches by the end of the month cut-off which is the seventh working day of the month following the month in which the report was received.

For paper vouchers: Complete a Batch Control Form. Batch and submit to the ADP contractor. **Do not submit copies of the CUR Report to the ADP contractor and do not send copies of those vouchers to the Georgia WIC Program.** 

C. Manually Reconciling CUR Part 1

Those voucher(s) listed in the second dollar amount column are too old to correct through the ADP contractor and must be manually reconciled by the clinic.

- 1. Locate a copy of the voucher(s) listed in the second dollar amount column.
- 2. Record the issue date only of the voucher (the actual date as it appears on the voucher) on the dotted line adjacent to the voucher number on the CUR Part 1 Report, sign and date the report. If there are no

vouchers appearing on the CUR Part 1 Report that have to be manually reconciled, the report should still be forwarded to the Georgia WIC Program. The CUR Report should always be submitted to the Georgia WIC Program in its entirety. **Do not send copies of vouchers to the Georgia WIC Program.** 

Cumulative Unmatched Redemptions that have not been matched to a valid certification record or valid WIC ID number:

CUR Part 2: Provides an example of a cumulative unmatched redemption that is not matched to a valid certification record or valid WIC ID number (see Attachment FD-16).

- Column 1: Voucher Number. This is the serial number of the voucher in question.
- Column 2: Issue Date. Date on which the voucher was printed.
  Usually coincides with the "First day to use" date on the voucher
  use.
- Column 3, 4, 5: WIC ID. Col 3: Family WIC ID number, Col 4: Check digit, Col 5: Participant number.
- Column 6: <Month> Amount. This column contains the redeemed amount for vouchers that are now in their 30-Day Month. Vouchers in this column can still be reconciled with the ADP contractor.
- Column 7: <Month> Amount. This column contains the redeemed amount for vouchers that are now in their Close-Out Month. Vouchers in this column have been purged from the ADP contractor's system and can only be manually reconciled with the state office.
- Column 8: Reconciliations. Provides space for clinic staff to indicate how the voucher was reconciled. This is only for vouchers appearing in the Close-Out Month.
- Column 9: Reason: Indicates the reason that the vouchers appeared on the CUR Part 2. This information is provided by the ADP contractor.
- Column 10: Total. Provides a count of the total number of vouchers (30-Day + Close-Out) that appear on the CUR Part 2 report.

To reconcile vouchers in the sixth column:

- 1. Refer to the Reason in Column 9. This will indicate why the voucher appeared on the report and will give the clinic staff a starting point for research.
- 2. If the reason for appearing on the report is "Issued After Term" check the Clinic Feedback Batch Acknowledgement Section in GWISnet. If the batch containing the voucher(s) in question does not appear, go to the Batch Reject Section. If the batch is not located in either section re-submit the batch to the ADP contractor.

- 3. If the batch appears in the rejected section look to determine the reason. If possible, correct the error and re-submit the batch.
- 4. In the case where the batch appears in the Acknowledgement Section review the critical errors for the time that the batch was sent. If the client's ETAD transaction appears, correct the error and re-submit only that transaction. Re-submitting the entire batch will result in numerous critical errors.
- 5. Verify that the issue date and/or the ID number are correct as it appears on the voucher and the CUR Report. If both or either the issue date or the ID number is incorrect, complete only the appropriate column of the CUR Part 2 Correction Form with the correct issue date and/or ID number for the entire set of vouchers listed. Mail the top copy of the form to the ADP contractor. Retain the bottom copy for your files. Do not submit a copy of the CUR Part 2 Correction Form to the Georgia WIC Program.
- 6. When the issue date and the ID number on the voucher(s) and the CUR Part 2 Report are correct:
  - Verify that the participant was in a valid certification period on the date the voucher was issuance. If the participant was not within a valid certification period when the voucher was issued, there is no correction to be made and the voucher will appear on the next CUR Report. Briefly document on the dotted line adjacent to the voucher number on the CUR Report why the vouchers were issued outside of a valid certification period.
  - If the vouchers were issued within a valid certification period, verify whether the TAD transaction creating the valid certification was batched and submitted to the ADP contractor (see above). If there is no batch acknowledgment, resubmit the entire batch to the ADP contractor.
  - If the TAD was submitted to the ADP contractor, it may have contained a critical error. Review critical error reports and resubmit a corrected TAD transaction as appropriate.
  - Correct only those voucher(s) listed in the 30-Day column (Column 4) on the report with the ADP contractor. The ADP contractor must receive corrections and resubmitted batches by the end of the month cut-off which is the seventh working day of the month following the month in which the report was received.
- D. Manually Reconciling CUR Part 2

Vouchers listed in the seventh column have expired and cannot be corrected through the ADP contractor. These vouchers must be manually reconciled to the Georgia WIC Program.

 Locate the copy of the voucher receipt and check the ID number, name, and issue date. If the issuance date or the ID number on the receipt or the CUR Part 2 report is erroneous, record only the corrected information on the dotted line adjacent to the voucher number on the CUR Part 2 report.

- If the issuance date and the ID number on the CUR Part 2 are correct, record briefly the reason the voucher(s) were issued.
- The first voucher of a set of vouchers issued to a participant appearing in the seventh column must be manually reconciled with the Georgia WIC Program (see Attachment FD-16).
- Sign and date the completed report and submit to Georgia WIC Program. If there are no vouchers on the report to be manually reconciled, the CUR Report should still be forwarded to the Georgia WIC Program in its entirety. Do not send CUR Reports to the ADP contractor.

# E. Procedures for Both Reports

- Clinics must submit the completed reports to the district office and the
  district office will submit all the reports in one batch to Georgia WIC
  Program by the 22nd of the month following the report's run date month
  (i.e., if the run date is 2/18/08, the manually reconciled CUR Report is
  due to Georgia WIC Program by 3/22/08). Clinics must not submit their
  reports directly to the state office.
- 2. If you are unable to locate a copy of a specific voucher or vouchers, send a memo to Georgia WIC Program requesting a copy of the voucher(s). Please include the redemption month along with the voucher number(s).

## XVI. UNMATCHED REDEMPTION REPORT

In order to reduce the cases of CUR's, Georgia WIC Program began issuing the Unmatched Redemption Report (see Attachment FD-19). This report acts as an issue month CUR.

Vouchers appearing without a participant's name have been cashed but no issue record has been received. These are potential CUR Part 1 vouchers. Vouchers with client information are potential CUR Part 2.

The Unmatched Redemption Report must be corrected monthly in the same manner as the CUR Reports.

# XVII. RECONCILIATION OF WIC REPORTS AND DAILY PROGRAM OPERATIONS

Nutrition Services Directors and Clinic Managers are responsible for ensuring daily verification, daily reconciliation of WIC reports and daily program operations for accuracy. Districts must immediately report discrepancies to Georgia WIC Program Systems Information Unit. Reconciliation includes, but is not limited to, conducting the following daily and monthly verifications.

# A. Daily Verifications

- 1. Verify vouchers issued.
- 2. Match numbers on the computer with vouchers issued.
- 3. Ensure all vouchers contain required voucher numbers.
- 4. Ensure that numbers received are properly entered into the system.
- 5. Ensure that vouchers do not skip numbers. If a number(s) is skipped,

- document the number on activity log and in the VOIDED section of the inventory log.
- 6. Verify that duplicate numbers have not been issued.
- 7. Batching must be done daily or on any day when vouchers have been issued.
- 8. Review and correct critical errors.

# B. Monthly Verifications

- 1. Ensure that all vouchers are appropriately issued and/or voided. "Did not print" is not an acceptable voucher status.
- 2. Review Unmatched and CUR Reports and reasons indicated.
- 3. Assure voucher redemption reports are verified and resubmitted in the required time frame.
- 4. Review the override reports at each clinic location

Clinic managers should report all discrepancies to the District Nutrition Services Director immediately. In addition, it is the responsibility of the District Nutrition Services Director to conduct periodic self-reviews as well as review any discrepancies or problems reported by the clinic manger.

# XVIII. VMARS Security

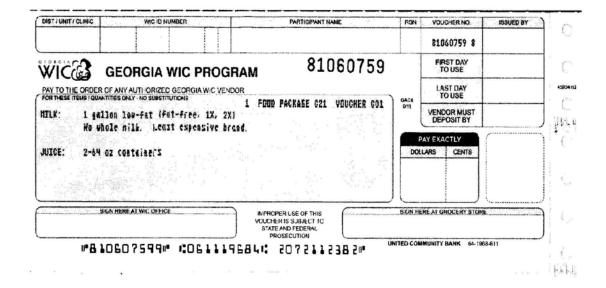
# General

Monthly, the clinic supervisor or Nutrition Service Director (NSD) must review the monthly override report to determine why the overrides are being used in the clinic. In addition, if a pattern is established, the supervisor or NSD must train staff on the issue or meet with system staff to make the needed changes in the system.

Each District Health Director must submit the names of staff that have permission for override to the state WIC Office. The names of these staff members shall remain on file at the SWO and have been sent to the ADP (CSC) for verification prior to an override.

In the event staff leaves, retires, etc., the District Health Director must submit the new name of staff to the System Unit Manager. It will take the SWO staff up to five (5) days to make the change because CSC must be contacted. Clinics must remove the name of the staff no longer authorized to perform override within three (3) days of this change.

## PREPRINTED STANDARD MANUAL VOUCHER

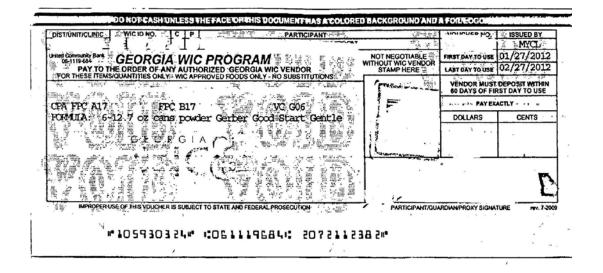


# **BLANK MANUAL VOUCHER**

WICE GEOR		C PROGRA					FIRST DAY TO USE	
FOR THESE ITEMS / QUANTITIES	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	SHOULD THE TOTAL STREET, STREE	V-30-59-50-51	FPC	VC		LAST DAY	
MILK (circle one): WHOLE	LOW FAT	GOAT MILK EVAP	12 oz cans	BEANS	14 to 16 oz canned	GAC9-EE	TO USE	
and a	gallon	SOY MILK	half gallon		16 oz dried		VENDOR MUST DEPOSIT BY	
MICK	half gallon	UHT MILK	8 oz boxes	JUICE	46 to 48 oz cans	,	DEPOSIT BY	
QUART POWDERED	boxes	CEREAL	OZ		64 oz containers	F	PAY EXACTLY	
EVAPORATED MILK	12 oz cans	CHEESE	16 oz package		11.5 to 12 oz cans frozen	DOL	LARS CENTS	
ACTOSE FREE,	galion	EGGS	dozen		11.5 oz cans pourable		1 74.	
ACIDOPHILUS, OR ACIDOPHILUS WITH	half gallon	TOFU	pounds	WHOLE GRAIN BREAD	16 oz package			
BIFIDUM	quart	FISH	oz .	TORTILLA	16 oz package			
SOAT MILK	quart	PEANUT BUTTER	16 to 18 oz	BROWN RICE	16 oz package			\

Revised 03/13 FD-35

# VOUCHER PRINTED ON DEMAND (VPOD VOUCHER)



Revised 03/13 FD-36

# WIC FMNP Check

GEORGIA FARMERS MARKET NUTRITION PROGRAM	UNITED COMMUNITY BANK KENNESAW, GEORGIA	64-1968	00000103
CID - 1/9999 0000000020933 Zar, Lomb		FIRST LAST VENDOR MUST	DAY TO USE:03/23/12 DAY TO USE:03/31/12 DEPOSIT BY:04/15/12
PAY TO THE ORDER OF GEORGIA AUTHORIZED FIFTEEN DOLLARS AND	FARMERS	NO/100	NO CHANGE PERMITTED
Good only for fresh fruits and vegetables. NOT valid only at Authorized Farmers' Markets.	GOOD AT GROCERY STORES.	NO/100	AUTHORIZED PROGRAM VENDOR NUMBER:
GEORGIA  WICE  Farmers' Morket	Participant/Guardian/	Proxy Signature	PAYMENT WILL BE DENIED WITHOUT GEORGIA

"00000103" "CG1119684" 2072112390"

# **Senior FMNP Check**

GEORGIA FARMERS MARKET NUTRITION PROGRAM	UNITED COMMUNITY BANK KENNESAW, GEORGIA	64-1968	00000103
CID - 1/9999 0000000020933 Zar, Lomb	1000	FIRST LAST VENDOR MUST	DAY TO USE:03/23/12 DAY TO USE:03/31/12 DEPOSIT BY:04/15/12
PAY TO THE ORDER OF GEORGIA AUTHORIZED	A CONTRACTOR OF THE LABOUR		NO CHANGE PERMITTED
TEN DOLLARS AND	NO/	100	AUTHORIZED PROGRAM
Good only for fresh fruits and vegetables. NOT Valid only at Authorized Farmers' Markets.  GEORGIA	GOOD AT GROCERY STORES.		VENDOR NUMBER!
Farmers' Market	Participant/Guardian	n/Proxy Signature	PAYMENT WILL BE DENIED WITHOUT GEORGIA AUTHORIZED VENDOR STAMP

"OOOOO 103" (CG1119684): 2072112390"

FD-38

# **VOUCHER CYCLE PACKING LIST**

PAGE 60			STATE OF	GEORGIA WIC PR SYSTEM	OGRAM	CLINIC PAGE 2
REPORT ENCR2006		VOUCHE	R CYCLE PACKING (CLINIC)	G LIST	D/U/CL	
			FOR THE S	SECOND CYCLE C	F JULY	
DIS	STRIBU <sup>-</sup>	TION:				
CL	INIC KE	EPS TOP COPY	CLINIC	RETURN SECONI	O COPY TO DI	STRICT/UNIT
(	)	VOUCHER REG	GISTER PGS	1508 – 1566		
( ) COMPUTER PRINTED VOUCHER FROM 1006547 TO 1008499						
I				HIPMENT DIFFER IMEDIATELY. TEL		
			CONTENT	S VERIFICATION		
WIC	C REPRE	ESENTATIVE SIGI	NATURE	DATE	COMME	ENTS
			CSC COVANS	SYS SHIPPING US	E	
NUI	MBER O	F PIECES FOR TH	HIS DISTRICT	/UNIT		
	C QUALI		TIALS			

# GEORGIA WIC PROGRAM FORM AND MANUAL VOUCHER SUPPLY ORDER FORM

Return to:	CSC Covansys 1499 Windhorst Way, Suite 240 P.O. Box 2507	Phone 1-800-8	99-7913	
	Greenwood, Indiana 46142	FAX: 1-317-859-7150		
Your District/	Jnit:	This order is for clinic #:_		
Clinic name:				
Address:				
Contact person				
Mailed/Faxed				
	Covansys processes Georgia WIC Program sys by the end of the business day on Frid			
	Manual Vouche	r Order		
Blank Manua	al Vouchers for Hand Completion			
Bl	ank Manual Vouchers for WIC Foods		GAC9-EE	
1000	ank Manual Vouchers for Formula, Infar	nt Foods, and Produce	GAC9-FIP	
Preprinted M	anual Voucher Package Sets for Han	d Completion	GAC6	
	ets of Prenatal/Mostly Breastfeeding Wo		P,B	
	ets of Postpartum/Non-Breastfeeding Wests of Evolutively Breastfeeding/Property		N,B	
	ets of Exclusively Breastfeeding/Prenata oman package (W41)	ii with iviuitiples	B,P	
Se	ets of Infant Birth - 3 Months Old Fully Fo	ormula Fed Package (A17)	1	
	ets of Infants 4 – 5 Months Old Fully For		I .	
	ets of Infant 6 – 11 Months Old Fully For ets of Child 1 – 2 Years Old Package (C		C	
	ets of Child 2 – 5 Years Old Package (C		Č	
Certification	Form (TAD) Order			
	ank TAD (with no preprinted ID number) enumbered TAD (with preprinted ID nu			
Other Forms				
	orm and Manual Voucher Supply Order I	Forms		
Lo	st/Stolen/Destroyed/Voided Voucher Re SC Return Envelopes (for mailing voided prowed Voucher Report Forms	eport Form		
VPOD Suppl	<u>ies</u>			
Vo	oucher Serial Numbers			
Revised 3/13				

# **MANUAL VOUCHER INVENTORY LOG**

STANDARD MANUAL	CLINIC	BALANCE BROUGHT FORWARD

DATE	DECINALING NO	ENDING NO	NO DECENTED	NO ICCLIED	NO VOID	NO ON HAND	INITIALO	INITIALO
DATE	BEGINNING NO.	ENDING NO.	NO.RECEIVED	NO. ISSUED	NO. VOID	NO. ON HAND	INITIALS	INITIALS

Revised 03/13

# **VOUCHER PRINTED ON DEMAND LOG SHEET**

DATE RECEIVED #	BEGINNING #		EN	ENDING #		REC'D
SERIAL NUMBER EXP	IRATION DATE					
DATE (when vouchers were printed.)	BEGINNING (the number of the first voucher printed for that day.)	ENDING (the number of the last voucher printed for that day.)	(the number of vouchers issued for that day.)	voided for that day.)	ON HAND (total amount of numbers on hand)	INITIALS (always sign your initials for that day.)
CP	AND TOTAL OF N	IIIMDEDO DEM	MAINING IN STO	OCK (After ea	mplating this for	m )
GRAND TOTAL OF NUMBERS REMAINING IN STOCK. (After completing this form.)  REMAINING STOCK						

INITIALS

Revised 3/12

# **BATCH CONTROL FORM**

		BATCH CONTROL FORM				
GEORGIA W	IC PROGE	RAM		DATE	NUMBER	
				1 1	1 1	
DISTRICT/UNIT	CLINIC					
	(CER	USE THIS FORM AS A COVER SHEET TO FORWARD ALL TADS     (CERTIFICATIONS, UPDATES, TRANSFERS AND TERMINATIONS)     AND ISSUED/VOIDED MANUAL VOUCHERS.				
	2. DO N	OO NOT BATCH TADS WITH MANUAL VOUCHERS				
3. SUBMIT THIS FOR VOUCHERS TO:			M WITH TH	E TADS ANI	D ISSUED MANUAL	
	CSC CO	VANSYS				
		P.O. BOX	〈 2507			
INSTRUCTIONS GREENWOOD, IN 46142						
	SUBMIT THIS FORM WITH THE VOIDED MANUAL VOUCHERS					
	TO:					
	CSC COVANSYS					
	1000 COBB PLACE BLVD					
	BUILDING 100, SUITE 190					
	KENNESAW, GEORGIA 30144					
	4. RETAIN A COPY OF THIS FORM IN THE CLINIC WITH COPIES OF THE TADS, ISSUED MANUAL VOUCHERS OR VOIDED MANUAL VOUCHERS, CREATING A BATCH CONTROL MODULE.				OR VOIDED MANUAL	
	TYPE OF	DOCUMENT		NUMBER I	N BATCH	
CSC COVANSYS	TURNAR	OUND				
INPUT SECTION	ISSUED I	MANUAL VOU	CHERS			
	VOIDED	MANUAL VOU	CHERS			
COMMENTS:						
DATE SENT BY DISTR	RICT/UNIT		PREPAREI	R'S SIGNATI	JRE	
DATE RECEIVED AT	CSC COVA	ANSYS	SIGNATUR	RE		
DATE ENTERED AT (	CSC COVA	NSYS	SIGNATUR	RE		

Revised 03/13

# BATCH CONTROL EXCEPTION REPORT

GEORGIA WIC PROGRAM			VOUCHER BATCH EXCEPTION FORM				
DICTRICT/LINE	F	CLINIC	NUMBER				
DISTRICT/UNIT		CLINIO					
-	THIS F	FORM HAS BEEN GEN	IERATED AS A RES	ULT OF:			
THE QUANTITY ON THE CLINIC COMPLETED BATCH CONTROL FORM DOES NOT AGREE WITH THE ACTUAL QUANTITY RECEIVED.							
1	THE V	OUCHERS WERE RE	CEIVED IN A BATCH	OF TADS.			
	ONLY ONE (1) COPY OF THE BATCH CONTROL FORM WAS RECEIVED WITH THE VOUCHERS.						
NO BATCH CONTROL FORM WAS RECEIVED WITH THE VOUCHERS.							
CSC COVANSYS		TYPE OF DOC	UMENT	APPROXIMATE NUMBER IN BATCH			
INPUT SECTION	ISSL	JED MANUAL VOUCHI					
OLOTION	VOIE	DED MANUAL VOUCH	ERS				
DATE BATCH F	RECE	IVED AT:					

Revised 03/13

# Georgia WIC Program Identification Card

# BRING THIS FOLDER FOR EACH VISIT TO THE GROCERY STORE AND CLINIC

# **APPOINTMENTS** SUBSEQUENT CERTIFICATION BRING YOUR THIRTY DAY PROOF MISSING EXP. CHILD(REN), PROOF OF I.D. PARENT/CHILD, DATE OF VOUCHER LAST ISSUED VOUCHERS APPT. DATE PICK-UP/ NUTR. ED. TIME RESIDENCY & CURRENT MEDICAID CARD OR INCOME PICK UP CODE: \_\_\_\_\_ VOUCHER INTERVAL CODE: \_\_\_ COMMENTS:\_\_\_ LOCAL AGENCY/CLINIC NAME: ADDRESS: PHONE: FAX:



#### Department of Public Health Georgia WIC Program 1-800-228-9173

WIC PROGRAM IDENTIFICATION CARD	EXP.	EXP.					
PARTICIPANTS	DATE	DATE					
ID# & NAME							
ID# & NAME							
ID# & NAME							
ID# & NAME							
ID# & NAME							
ID# & NAME							
AUTHORIZED PERSON: Cashier must enter price before you sign your voucher(s							
PARTICIPANT/PARENT/GUARDIAN SIGNATURE							
*SPOUSE/ALTERNATE PARENT/GUARDIAN S	IGNATUR	E					
Others authorized to pick up vouchers and food: *It is the responsibility of the participant to educate proxies on the proper use of WIC vouchers.							
1PROXY SIGNATURE: Must be 16 year	ars or olde	er					
2PROXY SIGNATURE: Must be 16 yes	ars or olde	er					
SIGNATURE OF WIC OFFICIAL	ISSUE [	DATE					
BRING THIS FOLDER FOR EACH VISIT TO THE GROCERY STORE AND CLINIC							

#### Department of Public Health Georgia WIC Program

#### RIGHTS AND OBLIGATIONS

- The rules for signing up and taking part in Georgia WIC Program are the same for everyone, regardless of race, color, national origin, sex, age, or disability.
- You may appeal any decision made by the WIC clinic about your eligibility for WIC or disqualification from WIC by asking for a fair hearing.
- The WIC clinic will give you information about food that is healthy for you. Health service referrals are also available to you. The clinic would like you to use these services.
- Information on your WIC form will be used to review WIC services and tell us how many people are on WIC.
- 5. The food you get from WIC is only for WIC participant(s).
- 6. You may be taken off WIC if:
  - You do not tell the truth about eligibility criteria.
  - You get vouchers from more than one (1) WIC clinic at the same time.
  - You do not keep your certification appointments. (Rescheduling WIC appointments may take from 7 to 20 days depending on the clinic schedule).
  - You do not get your vouchers for two (2) months in a row.
  - You sell or trade your WIC vouchers or WIC food for money or any product, good, or service not authorized by Georgia WIC Program.
  - You use your vouchers to buy food that is not on the authorized WIC food list.
  - You exchange your WIC food items after purchase for any item(s) not listed on the voucher.
  - You use abusive language with WIC clinic staff, store clerks, or managers.
  - You are physically violent with WIC clinic staff, other WIC clients, or store personnel.
  - If you do not keep your appointments, the number of vouchers issued to you or your child(ren) will be reduced.
- A proxy cannot provide services for more than two families.
- Lost and destroyed/stolen vouchers will not be replaced.

#### VOUCHER INFORMATION

- Failure to keep appointments will reduce the number of vouchers you receive.
- The fruit and vegetable/cash value voucher can not be prorated. It must always be issued and must be issued in full value (e.g., \$6, \$10, \$15).
- Food packages will be prorated based on the total number of vouchers in the package.

How to File a Complaint

If you feel you have been treated unfairly, please let us know by using the information listed below. Georgia WIC Program will assist you as well as notify the proper authorities if necessary.



#### ANY COMPLAINT

You may call Georgia WIC Program about any complaints at the toll free phone number below:

1-800-228-9173

and/or write about your complaint to the address below:

Georgia WIC Program Policy Unit 2 Peachtree Street, Suite 10-293 Atlanta, GA 30303

#### DISCRIMINATION AND/OR CIVIL RIGHTS

If you feel that you have been discriminated against or that your civil rights have been violated, you may contact Georgia WIC Program by calling the toll free number 1-800-228-9173, and/or write about your complaint to the address below:

Georgia WIC Program Policy Unit 2 Peachtree Street, Suite 10-293 Atlanta, GA 30303

And/or you may contact the Federal Office of Adjudication directly by calling the phone numbers below:

1-866-632-9992 and/or you may write the Office of Adjudication at the address below:

> Office of Adjudication 1400 Independence Avenue, SW Washington, DC 20250-9140

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice).

Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

#### Verification of Certification (VOC) Card

Please go by the local clinic and ask for a VOC Card if you are:

- Moving out-of-state
- A Migrant Farm Worker

The WIC Program is a Special Supplemental Nutrition Program for Women, Infants and Children (WIC) which improves the health and nutritional status of low-income, pregnant, breastfeeding and postpartum women, infants, and children up to age five (5).

Revised 06/12

# DAILY ROSTER/MONTHLY MAILED VOUCHER REPORT

	Participant's Name	I.D. Number	Voucher Number (Range)	Number of Vouchers Returned	Signature of CPA	Date Returned	Replaced Voucher Numbers Lost/Stolen	Redemption Value of Lost Vouchers
١								
D								
Α								
1								
L								
Υ								
l '								
End of Month Totals Date:	Total # of Participants:		Total # Issued:	Total # Returned:			Total # Replaced:	Total Redemption Value: \$

<sup>\*</sup>Redemption Rate must be completed by the District Office.

Revised 06/12

# BORROWED VOUCHER REPORT FORM

	GEORGIA WIC		BORROWED VOUCHER REPORT					
BORROWING DIST	RICT/UNIT:	CLI	VIC:	DATE: _				
INSTRUCTIONS  • USE FORM TO REPORT MANUAL VOUCHERS BORROWED FROM ANOTHER CLINIC  • RETURN TO CSC COV ANSYS AS SOON AS POSSIBLE.  • MAIL TO: CSC COV ANSYS  GEORGIA WIC PROGRAM PROGRAM UNIT  1000 N. MADISON AVENUE, SUITE  GREENWOOD, IN 48142  • OR FAX TO: (317)889-9485								
DISTRICT(S)	CLINIC(S)	BEGINNING V NO.		ENDING VOUCHER	QUANTITY			
$\perp$			$\perp \perp \perp$					
$\Box$								
$\sqcup \sqcup$								
$\Box$								
$\Box$								
$\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;$	$\Box$		$\perp \downarrow \downarrow$					
$\Box$	$\Box$							
$\Box$	$\Box$	шш			$\Box$			
$\Box$								
$\;\; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \;$	$\Box$	шш	$\perp$		$\Box$			
REASON(S):  INSUFFICIENT QUANTITY ORDERED LATE FROM CSC  COMMENTS:								
	APPROVAL DATE:	IOW COPY DIS	TRICT OFFICE	PINK COPY CLINIC - GO	LD COPY			

Revised 3/11

# <u>CUMULATIVE UNMATCHED REDEMPTIONS</u> <u>PART I</u>

PAGE 7
REPORT EWRR350G DALTON
STATE OF GEORGIA WIC PROGRAM SYSTEM CUMULATIVE UNMATCHED REDEMPTIONS FOR THE MONTH OF
FEBRUARY 2008
VOUCHER JANUARY DECEMBER
NUMBER S AMOUNT S AMOUNT
23377883 R 11.92

23378827 R 10.53 23382633 R 11.74 23384228 R 10.53 23385118 R 11.92

23391403 R 72.45

23393798 R 7.90

CLINIC PAGE 1 D/U/CL 01-2-061 RUN DATE 03/13/08

Revised 03/13

# **CUMULATIVE UNMATCHED REDEMPTIONS**

# PART II

PAGE 6 REPORT EWRR35 DALTON	PART 2 I RECORI	RE NO D	W S` JMU EDE F( FE T M	MPTIONS OR THE MO EBRUARY IATCHED T	AM IMATCHED	2008 FICATION	CLINIC PAD/U/CL (	)1-2-105	1
VOUCHER ISS		₹Y	DI	ECEMBER					
NUMBER DA	E FAMILY C SAMOUN	ΙT	5	S AMOUNT	RECONCILIATI	ONS	REASON	TOTAL	
31223943 02/01/	8 105012196 9 1 V 8 105012196 9 1 V 8 105012196 9 1 V 8 105012196 9 1 V						REC NO MA REC NO MA REC NO MA REC NO MA REC NO MA REC NO MA	ASTER ORD	
31224978 12/04/0	7 155308830 1 2		I	12.09	•		ISSUED AFTER	TERM	
31224979 12/04/0	7 155308830 1 2		I	14.85	·		ISSUED AFTER	TERM	
31224980 12/04/	07 155308830 1 2		I	16.90	·		ISSUED AFTER	TERM	
31224981 12/04/0	7 155308830 1 2		I	15.45	·		ISSUED AFTER	TERM	
31224982 01/01/	08 105012275 1 1R14.09							BEFORE RT	
31224983 01/01/	08 105012275 1 1R14.86						ISSUED	BEFORE	
	8 105012275 1 1R19.66						CE	BEFORE RT BEFORE	

Revised 03/13

# **UNMATCHED REDEMPTION REPORT**

PAGE REPORT	2 EWRR300G		SYST	E OF GEORGIA WIC F EM TCHED REDEMPTION R		C	CLINIC PAGE	/CT	1 01-1-023
ROME	EWICKSOOG		OINMA	FEBRUARY 2008	EFORT	F	270 RUN DATE 03/13/		01-1-023
							(ON DITTE 03/13/	00	
VOUCHER	ISSUE	WIC ID	~	DATE					
NUMBER	DATE	FAMILY	C P	REDEEMED	AMOUNT		STATUS		
19955351				02/29/08	78.65	F	REDEEMED		
19957683				02/29/08	12.76	F	REDEEMED		
19957686				02/29/08	16.26	F	REDEEMED		
19957713				02/29/08	12.76	F	REDEEMED		
19958770				02/29/08	8.48	F	REDEEMED		
19958772				02/29/08	12.27	F	REDEEMED		
19960920				02/29/08	8.68	F	REDEEMED		
22705948				02/29/08	78.63	F	REDEEMED		
22706194				02/29/08	13 .46	F	REDEEMED		
22707346				02/29/08	10.17	F	REDEEMED		
22707347				02/29/08	10.17	F	REDEEMED		
22707356				02/29/08	13 .16	F	REDEEMED		
22708545				02/29/08	78.63	F	REDEEMED		
22711805				02/29/08	76.04	F	REDEEMED		
22711810				02/29/08	8.48	F	REDEEMED		
22712915				02/29/08	15.75	F	REDEEMED		
22718917	02/01/08	146010279 9 1		02/26/08	9.93		REDEEMED-NO C	ERT	
22718918	02/01/08	146010279 9 1		02/26/08	17.65		REDEEMED-NO C	ERT	
22718919	02/01/08	146010279 9 1		02/26/08	11.21		REDEEMED-NO C	ERT	
22718920	02/01/08	146010279 9 1		02/05/08	10.45		REDEEMED-NO C	ERT	
22718921	02/01/08	146010279 9 1		02/14/08	11.52		REDEEMED-NO C	ERT	
27561122				02/29/08	76.17	F	REDEEMED		
27561126				02/29/08	80.82	F	REDEEMED		
27567877	02/01/08	023006381 0 1		02/14/08	15.89		REDEEMED-NO C	ERT	
27567878	02/01/08	023006381 0 1		02/07/08	11.86		REDEEMED-NO C	ERT	
27567879	02/01/08	023006381 0 1		02/22/08	11.22		REDEEMED-NO C	ERT	
27567880	02/01/08	023006381 0 1		02/27/08	16.59		REDEEMED-NO C	ERT	
27570243	02/01/08	023010507 4	1	02/05/08	17.17		REDEEMED-NO C	ERT	
27570244	02/01/08	023010507 4 1		02/05/08	21.21		REDEEMED-NO C	ERT	
27570247	02/01/08	023010507 4 1		02/20/08	16.56		REDEEMED-NO C	ERT	
27570452	02/01/08	023010027 3 1		02/06/08	11.59		REDEEMED-NO C	ERT	
27570453	02/01/08	023010027 3	1	02/26/08	10.73		REDEEMED-NO C	ERT	
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# **GEORGIA WIC PROGRAM** LOST/STOLEN/DESTROYED

#### **VOIDED VOUCHER REPORT**

	GEORGIA WIC	PROGRAI	VI		ST/STOLEN/DESTROYED DIDED VOUCHER REPORT
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BEGINNING VOUCHER NO.	ENDING VOUCHER NO.	QUANTITY	WIC I.D. NUMBER	STATUS	COMMENTS
TOTAL	VOUCHERS:				

REVISED 03/13

# Voucher Printed on Demand (VPOD) Receipt

	1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 1011 - 10	1   1   1   1   1   1   1   1   1   1	**************************************
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I CERTIFY THAT I H	AVE RECEIVED THE VOUC	CHERS LISTED ON THIS RECEIPT (	
	CONTRACTOR OF STREET		Participant/Guardian/Proxy Signature

#### **INFANT BLANK MANUAL**

or

## **VEGETABLE AND FRUIT VOUCHER**

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orm	Powder Concentrate	INFANT FRUITS AND VEGETABLES	4 oz jars	Fresh, frozen, or canned. No potatoes except sweet potatoes or yams. No products with added sugar, seasoning, fats, or			PAY EXACTLY LLARS CENTS	4.
ne)	Ready To Feed	INFANT MEATS	2.5 oz jars	oils. No crear	ned (	T 1		
ONTAINER SIZE NOTE: If using as a fruit and vegetable voucher then do not issue formula and/or infant foods.			vegetables. N stewed or dic tomatoes.		ed \$15.00		site.	

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#### I. INTRODUCTION

The Office of Inspector General (OIG) assesses programmatic compliance for all retail grocery stores that are authorized WIC Vendors in Georgia. OIG performs overt and covert investigations to deter potential abuse and to ensure the appropriate delivery of Georgia WIC Program approved food items.

OIG is responsible for the investigation of vouchers reported missing or stolen from WIC clinics.

OIG also investigates participant and employee fraud associated with Georgia WIC Program clinics. Report analysis is performed to determine dual participation and system related fraud and abuse.

OIG will forward substantiated fraud claims to the local agency for final disposition to include all supporting evidence and case findings. Local agency will be responsible for notifying the participant of the claim amount.

All DPH employees shall cooperate and assist the Inspector General as requested with any type of investigation regarding alleged misconduct or criminal offenses. Employees shall be available for interviews as requested, truthfully answer questions related to the performance of their duties and DPH business, produce documents, and submit to polygraph examination, as requested (HR 0360 6.1.13).

#### II. MONITORING

Clinic reviews are conducted to assess the security of WIC vouchers and voucher issuance materials in WIC clinics during issuance, staff breaks, and at the close of business.

- Annually, the local District Nutrition Services Director or designee will visit each WIC clinic for the purpose of reviewing clinical procedures, as outlined in the Self Review Monitoring Tool.
- 2. If the review of vouchers/voucher-related materials causes suspicion, and the District Nutrition Services Director determines that an investigation is needed, the District Nutrition Services Director shall notify the Director of the Georgia WIC Program and OIG. OIG may notify USDA-Food and Nutrition Services (FNS) of the impending investigation and keep them informed of case progress on a periodic basis or as requested.
- 3. The Closeout Reconciliation Report (see Attachment CA-1) is generated for the local agency and indicates the final disposition of all computer-printed vouchers. This report should be used to monitor the disposition of any vouchers that have a questionable status, e.g., voids, fail to sign, etc. If findings lead to suspicion and the District Nutrition Services Director determines an investigation is needed, the District Nutrition Services Director shall notify Georgia WIC Program and OIG
- 4. Georgia WIC Program shall retrieve voucher copies when the District Nutrition Services Director determines the need during an investigation. These vouchers will be reviewed by OIG for compliance prior to being forwarded to the local agency. A Georgia WIC Program Voucher Investigation Log should be used when requesting voucher copies from Georgia WIC Program (see Attachment CA-2).

- 5. Investigations may include, but are not limited to, review of the voucher inventory, cashed vouchers, certification records, employee/relative participation in Georgia WIC Program, and, if necessary, contacting WIC participants to verify that vouchers were picked up.
- 6. Investigative/monitoring clinical reviews will be conducted in conjunction with the monitoring team, and when deemed necessary.

#### III. PARTICIPANT ABUSE

**Report Analysis:** OIG conducts monthly reviews of Dual Participation Reports that may lead to the investigation of WIC participants. Financial penalties may be assessed to participants found guilty of violations. Other system reports, including system-generated reports, manual reports, and ad hoc reports, are also analyzed.

#### A. Dual Participation

Dual participation occurs when a participant concurrently receives services from one or more WIC clinics. The WIC automated data system generates a monthly "Dual Participation Report." This report specifies possible duplicate enrollment in alphabetic sequence (see Georgia WIC Program Reports on GWIS for details). The report data is compiled into a composite state report as well as a report for each local agency.

The ADP contractor downloads a Composite Dual Participation Report monthly to Georgia WIC Program, OIG and to each local agency. The local agency must investigate and reconcile each possible dual enrollment. The reconciled report must be submitted to OIG within fifteen (15) days from the run date of the report. The report must include the status of the participant (active or terminated), last voucher pickup date, participant's mother, guardian's or caregiver's name, and termination date, if applicable. The Dual Participation Report must be signed and dated by the person completing the report. The Dual Participation Report Investigation Form must be used (see Attachment CA-13) and attached to the Dual Participation Report. Upon receipt of these completed reports, OIG will eliminate obvious false duplicates by:

- 1. Transferring all actions taken by local agencies onto the statewide or composite report.
- 2. Notifying local agencies that have participants whose enrollment has not been reconciled.

The local agency must conduct further investigation until all alleged dual participation is resolved.

The following are examples of possible dual participation situations and the procedures for reconciliation:

1. Participant(s) enrolled in the same local agency at the same clinic site

Investigate to determine if there is any difference in the spelling of the first name. If so, twins may be enrolled. If the first names are spelled exactly the same, then investigate clinical records to determine if it is the same participant or different participants. Document dual

participation information obtained and the final action taken on each case in the participant's health and issuance records.

The current TAD field code #54 allows the system to identify multiple births. This should reduce, if not eliminate, twins from appearing on the dual participation report. If participant is a twin, indicate this by putting twin #1 or #2 after the first name on the TAD and the certification form.

2. Participant (s) enrolled in the same local agency at different clinic sites

Investigate to determine if the participant has received vouchers at both clinic sites. If not, it is possible that two turnaround documents (TAD's) were inadvertently printed. The TAD that is incorrect (based on the clinic site the participant is attending) must be deleted. If the participant has picked up vouchers in both sites for the same month, a possible case of participant abuse exists. Refer to the "Participant Abuses and Sanctions" section below for procedures regarding this type of abuse. Documentation must be forwarded to OIG as a part of the Dual Participation Report, and a copy of the same documentation must be placed in the participant's clinic file.

3. Participant Enrolled in Different Local Agencies

Contact the other local agency and together investigate the possibility of dual participation. Each local agency should review health and issuance records. If the participant has moved, the local agency from which the participant moved must terminate the participant. If dual participation and/or intentional fraud is involved refer to the section on Participant Abuses and Sanctions for procedures regarding how to proceed with this type of abuse. Documentation of dual participation information and final action on each case must become a part of the participant's clinic file and sent to OIG.

B. Duplicate Participation Verification Form

The Duplicate Participation Verification Form (see Attachment CA-10) is printed and distributed by the ADP contractor. The local agencies will use this form to notify the ADP contractor to terminate a dual participant from the specified clinic.

The Duplicate Participation Verification Form must be completed when dual participation has been verified by the local agency. The form should be mailed to the ADP contractor as soon as dual participation has been verified. Route the form as follows: white copy-ADP contractor, yellow copy-OIG, pink copy-district Office, gold copy-WIC Clinic.

#### C. VMARS Dual Participation Notification

Participants flagged by VMARS as a potential Dual Participant at the time of assessment should be investigated further by the local agency until all alleged dual participation is resolved. The local agency should contact the agency of issuance to verify the most recent certification, last voucher issuance and

supporting documentation. Identified matches should result in immediate participant notification that the certification cannot be processed, and no additional vouchers can be issued without a transfer or expiration of current Certification. Should the participant agree to the transfer, staff should adhere to the quidelines listed in **Certification XVII.C.** 

Participants who knowingly deny being active at another location or intentionally attempt to receive benefits in multiple locations must be notified in writing. The local agency must issue a Warning Notice (see Attachment CA-16) and notify the participant that WIC services cannot be assessed until all alleged dual participation is resolved. The local agency must make a referral to DPH OIG within 24 hours of discovery. The referral should include supporting documentation regarding the intent by the individual to be a dual participant. Referrals should be sent to the Deputy Inspector General onjennings@dhr.state.ga.us or faxed to 770-359-4593.

#### D. Detecting Dual Participation Along Bordering States

Georgia WIC Program has an agreement with states bordering Georgia to detect Dual Participation; these states are Alabama, Florida, North Carolina, South Carolina, and Tennessee. Georgia WIC Program will compare lists of WIC participants who live near the state line who may receive benefits from the program in both states. Georgia WIC Program will routinely exchange list of program participants in an electronic file format and coordinate punitive action against any individual who are determined to be dual participant in compliance with federal WIC regulations. This list will be exchanged quarterly.

#### E. Participant Abuses and Sanctions

Georgia WIC Program and OIG will assess claims and penalties against a participant when the participant has abused WIC guidelines. All actions taken as a result of participant abuse must be documented in the participant's health record. This includes, but is not limited to, verbal warnings, written warnings, suspensions, and terminations.

In all cases of suspension or termination from Georgia WIC Program, the participant must receive notice of suspension or termination. The Notice of Termination /Ineligibility/Waiting Form (see Attachment CT-14) must be completed. The specific WIC abuse must be entered in the appropriate space. A copy of the form must be filed in the participant's health record.

#### Exceptions

Before disqualifying a participant from WIC, the local agency may warn a participant (see Attachment CA-3) or decide not to impose a mandatory sanction if:

1. The case of an infant, child, or participant under the age of eighteen (18) years, and the local agency approves the designation of a proxy.

#### **Terminations**

The local agency may permit a participant to reapply for WIC before the end of a mandatory disqualification period if:

1. In the case of a participant who is an infant or child under age of eighteen (18) years, and the local agency approves the designation of a proxy.

At the time of disqualification, the local agency must advise the participant of the procedure to follow to obtain a fair hearing (see Rights and Obligations, Fair Hearing Section).

When appropriate, the local agency should refer participants who violate WIC requirements to federal, state, or local authorities for prosecution under applicable statues.

 <u>ABUSE</u>: Dual Participation – participation in more than one Georgia WIC Program clinic simultaneously

**SANCTION**: When dual participation is suspected, the state or local agency must take follow up action within one hundred twenty (120) days of detecting instances of suspected dual participation.

The local agency shall notify the state agency of any suspected dual participation, including dual participation resulting from a WIC participant's intentional misrepresentation to obtain improperly issued WIC benefits. All facts must be documented in writing. The local agency shall provide the state agency with the following information in writing:

- a. Copy of the front and back sides of the WIC Assessment/Certification Form signed by the WIC participant or authorized representative.
- b. The serial number of all WIC vouchers issued manually or by computer to the WIC participant or authorized representative within the certification period.
- c. Copy of all documentation used to certify the WIC participant, e.g., participant's ID, parent/guardian's ID, proof of residency and income, etc.
- d. A written summary of comparison between information that was provided by the WIC participant or authorized representative and what the actual information is believed to be, along with a statement from the Nutrition Services Director as to whether intentional misrepresentation is suspected.

Based upon information provided by the local agency, the state agency shall make a determination of dual participation and a determination of whether the WIC participant intentionally misrepresented information to participate in more than one WIC clinic simultaneously in order to obtain improperly issued WIC benefits.

If the state agency determines a violation of dual participation has occurred, a WIC participant who is otherwise eligible will be immediately

terminated from participation in all but one WIC clinic. An individual who is not otherwise eligible for WIC benefits will be immediately terminated from participation in any WIC clinic.

If the state agency determines that dual participation results from intentional misrepresentation, a claim shall be established against the WIC participant for the full value of improperly obtained WIC benefits, and the WIC participant shall be disqualified from participation in all WIC clinics for one (1) year if otherwise eligible to receive WIC benefits. An individual who is not otherwise eligible will be immediately terminated from WIC.

If the state agency determines that WIC benefits were improperly obtained as the result of a participant violation, such as dual participation, including intentional misrepresentation to participate in more than one WIC clinic simultaneously to obtain improperly issued WIC benefits, the state agency must establish a claim against the WIC participant for the full value of such benefits. To establish a claim, the state agency shall determine the total value of the cashed WIC vouchers from the contract bank and/or WIC banking and advise the local agency accordingly.

Within seven (7) days of advisement from the state agency as to the dollar amount of any dual participation, the local agency shall issue a letter by mail advising the WIC participant of the determination of dual participation and any intentional misrepresentation; the dollar amount of the improperly obtained WIC benefits; and a demand for repayment of the total dollar amount (see Attachment CA-11 and CA-12 for Sample Letters). The letter shall include advisement as to disqualification or denial/termination of WIC participation and as to the WIC participant's right to a fair hearing. In no instance will repayment arrangements be extended beyond ninety (90) days from the date of notification to the WIC participant.

The state agency shall maintain all records of WIC participant fraud or abuse, regardless of dollar amount. A list of dual participants will be distributed to Nutrition Services Directors monthly. The Nutrition Services Directors must distribute the list to their local agencies, which must review the list for all certified WIC participants to ensure they will not be enrolled in the local agency's WIC clinics.

Participant fraud and abuse, such as using WIC benefits in any way other than the method and purpose for which they were intended, violates WIC regulations and constitutes a participant violation under 7 CFR 246.2. Making a verbal offer of sale to another individual or posting WIC foods, benefits and/or EBT cards for sale in print or online, or allowing someone else to do so, is evidence that the participant committed a participant violation. The State Agency shall sanction and issue claims against participants for all program violations. Participant violations listed in CFR 246.2 is not an exhaustive list of participant violations.

2. <u>ABUSE</u>: Intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts. This

includes, but is not limited to, information concerning income, family size, personal ID, residence, diet intake, and medical history.

**SANCTION:** When proof of abuse has been established, the participant will be suspended from WIC for a period not to exceed one (1) year. The participant must be notified of his/her right to a fair hearing (see Rights and Obligation Section-Fair Hearing Procedures).

If the total value of benefits is \$100 or greater, the repayment procedures outlined above (Sanction #2C4) will be implemented.

3. ABUSE: Sale or exchange of vouchers or WIC food items with other individuals or parties. Making a verbal offer of sale to another individual or posting WIC foods and benefits for sale in print or online, or allowing someone else to do so, is evidence that the participant committed a participant violation.

**SANCTION:** When proof of abuse has been established, the participant will be suspended from WIC for a period not to exceed one (1) year. The participant must be notified of his/her right to a fair hearing (see Rights and Obligation Section Fair Hearing Procedures). If the total value of benefits is one hundred dollars (\$100) or greater, the repayment procedures outlined above (Sanction #2C4) will be implemented.

4. **ABUSE:** Receiving cash for vouchers from food vendors, or credit toward purchase of unauthorized food or other items of value in place of approved WIC foods.

**SANCTION:** When proof of abuse has been established, the participant will be suspended from WIC for a period not to exceed one (1) year. The participant must be notified of his/her right to a fair hearing (see Rights and Obligation Section-Fair Hearing Procedures). If the total value of benefits is \$100 or greater, the repayment procedures outlined above (Sanction #2C4) will be implemented. OIG must be notified if this abuse is occurring in order for appropriate action to be taken with the vendor.

5. **ABUSE**: Speaking to clinic staff, vendor personnel, and/or other WIC participants in an obnoxious, threatening, obscene or derogatory manner.

**SANCTION:** The participant should be warned, in writing, of the inappropriate behavior and the action that will be taken if the problem continues.

If the problem does continue, the participant may be suspended from WIC for a period not to exceed one (1) year.

6. <u>ABUSE</u>: Physically hurting, pushing, or inappropriate physical handling of clinic staff, vendor personnel or property, and/or other WIC participants in the clinic/store.

**SANCTION:** If local agency staff determines that the abuse is extensive and/or detrimental to clinic staff, the local agency may contact the local law enforcement authorities and may also suspend the participant(s) from WIC for a period not to exceed one (1) year

#### IV. PROCEDURES FOR REPAYMENT OF WIC FUNDS

- A. Repayments will be submitted to the local agency and *must* be in the form of a cashier's check or money order payable to: DPH/ Georgia WIC Program.
  - 1. The local agency will immediately forward all repayments received to OIG for processing.
  - 2. If total payment is not made within the ninety (90) day timeframe, the local agency will notify Georgia WIC Program, which will in turn, proceed with recovery actions prescribed under Georgia Statute. When appropriate, Georgia WIC Program must refer participants who violate Georgia WIC Program requirements to federal, state or local authorities for prosecution under applicable statutes (7 C.F.R. § 246.12(ii) (5).
  - Georgia WIC Program shall continue collection procedures until it determines it is no longer cost effective. Georgia WIC Program Abuse Claims Payment Report will be used to document repayment of funds (see Attachment CA-14).
  - 4. Georgia WIC Program will maintain records of all participant abuse regardless of dollar amount.
- B. Collection of claims for repayment of benefits is suspended if an appeal for a fair hearing is requested.
  - 1. The suspension remains in effect until a fair hearing decision is rendered.
  - 2. If a fair hearing decision at the local level is rendered in favor of the local agency, efforts to collect repayment must be resumed.
  - 3. Repayment efforts must be resumed even if the local level decision is being appealed to the next level.

#### V. GUIDELINES FOR INVESTIGATING EMPLOYEE ABUSE

Department of Public Health Policy 1201 Standard Code of Conduct states that any employee who violates WIC policies and procedures will be terminated required paying back funds to the agency, and facing possible prosecution.

When intentional employee abuse is found, it may be considered employee misconduct. Suspected intentional abuse shall be investigated by the Office of Inspector General.

Intentional abuse is a deliberate effort to defraud Georgia WIC Program (for example: illegally taking WIC vouchers; giving false/misleading information in order to become certified for WIC; etc).

- A. Employees participating in Georgia WIC Program shall have the same rights and obligations as any other WIC participant, however, employees are not allowed to issue vouchers or certify themselves or family members.
- B. Employees participating in Georgia WIC Program shall adhere to the rules and regulations for WIC participation and job responsibilities.
- C. Action to be taken as a result of OIG investigation findings shall be based on State Law and DPH policy.
- D. Prosecution shall be processed through the District Attorney's Office. The local agency requesting an order of prosecution, shall notify Georgia WIC Program and Georgia WIC Program shall notify USDA-FNS.
- E. Georgia WIC Program recommends that any employee found to be abusing Georgia WIC Program should be removed promptly from issuing or processing WIC vouchers, without reappointment rights.
- F. Georgia WIC Program shall inform USDA of WIC related employee fraud at the conclusion of the investigation.
- G. Georgia WIC Program will maintain all records of employee abuse regardless of dollar amount. Said records will be furnished to OIG during the course of an investigation.

#### VI. PROCEDURES TO REQUEST AN EMPLOYEE INVESTIGATION

- A. The District Health Director shall forward a letter requesting an investigation directly to the DPH-OIG and a copy of the letter must be forwarded to the Department of Public Health Director's Office and Georgia WIC Program.
- B. Contract agencies requesting an employee investigation shall submit their letter to the Department of Public Health Director's Office and a copy to Georgia WIC Program. The Director's Office shall then forward the request for investigation along with a cover letter to OIG.
- C. OIG investigation results will be forwarded to the employee's office director. OIG shall submit the results to the Nutrition Services Director, Program Manager, Health Director and a copy to Georgia WIC Program.

#### VII. VENDOR COMPLIANCE INVESTIGATION

Compliance investigations will be initiated by OIG.

Investigations will occur at stores that have been identified as "High Risk" by OIG through the use of ADP system reports, complaints, the Request for Investigation Forms received from the districts and random selection.

A Request for Investigation Form (see Attachment CA-5) should be completed on any store

or participant the local agency has reason to believe is violating WIC procedures. A copy of the Request for Investigation Form should be sent as soon as possible to OIG for investigation. (See "Complaints Against Vendors" in the Vendor Procedures section of this manual).

Vouchers to be used by OIG in compliance investigations will be generated by Georgia WIC Program and from the local agencies designated personnel. Investigations will be documented using a WIC Transaction Report (WTR) (see Attachment CA-6).

#### VIII. COMPLIANCE INVESTIGATION FOOD PURCHASES

WIC foods and other food items purchased as a result of compliance investigations must be donated to non-profit organizations. Such non-profit organizations include but are not limited to:

- 1. City and County Fire Department(s)
- City and County Police Department(s)
- 3. Retirement Homes
- 4. Battered Women Shelters
- 5. Church Organizations
- 6. Homeless Shelters
- 7. Salvation Army
- 8. Food Pantry (Bank)
- 9. Head Start Program
- 10. Boy Scouts
- 11. Girl Scouts

The compliance investigator must complete a Food Donation List (see Attachment CA-8) and submit it to a non-profit organization for verification. A representative of the non-profit organization must sign the donation list to confirm the receipt of foods and may obtain a copy of the list for their records.

#### IX. DISQUALIFIED VENDOR/PARTICIPANT ACCESS

If a vendor is found in violation of Georgia WIC Program policies and Federal WIC regulations following compliance investigation(s), the vendor will be assessed sanctions for violations occurring during each investigative visit. If a vendor accumulates the maximum allowable sanctions, the store shall be disqualified from Georgia WIC Program participation (see Vendor Sanctions-Vendor Section of the Procedure Manual). In the event a vendor disqualification creates inadequate participant access for WIC participants, procedures outlined in the Vendor Handbook (inadequate participant access cases) will be implemented. Procedures and guidelines for vendor disqualification as a result of an investigation are found in the Vendor Handbook-Terminations/Disqualification Section.

To assess inadequate participant access in obtaining WIC foods as the result of a vendor disqualification, Georgia WIC Program will initiate the verification process by completing the

Participant Access Form (see Attachment CA-7). The purpose of the "Access Form" is: (a) to verify if a disqualified vendor's absence will create inadequate access for WIC participants; and/or (b) to verify that there is adequate participant access. Verification of inadequate participant access will be in accordance with Inadequate Participant Access Procedures as stated in the Vendor Section.

#### X. INVESTIGATION OF MISSING VOUCHERS/VERIFICATION OF CERTIFICATION

#### CARDS (VOC)

Vouchers/VOC cards reported missing or stolen from WIC clinics will be investigated by OIG. Local agencies may be subject to corrective action(s) and/or financial penalties if WIC regulations are violated.

When twenty-five (25) or more WIC vouchers or five (5) or more VOC Cards are missing, the Notification Summary of Missing Vouchers/VOC Cards (see Attachment CA-9) must be completed. However, if five (5) or fewer cards are reported missing again from the same clinic, OIG will make a special site visit. When vouchers/VOC cards are discovered missing, immediately notify the supervisor, District Nutrition Services Director, and OIG.

The Nutrition Services Director or designee must submit the Notification Summary to Georgia WIC Program and OIG within three (3) working days of the discovery of missing vouchers/VOC cards. Immediately following initial contact from the local agency, Georgia WIC Program will notify WIC vendors and instruct the contract bank to place a stop payment on the missing vouchers. For additional instructions on VOC cards, refer to the Certification Section of the Procedures Manual.

#### A. MANUAL VOUCHER INVENTORY

Document the serial numbers of the vouchers that are lost or stolen on the manual voucher inventory.

#### B. GEORGIA WIC PROGRAM VOUCHER INVESTIGATION LOG

- 1. To request WIC voucher copies, complete the Georgia WIC Program Voucher Investigation Log (see Attachment CA-2) with the following:
  - a. District/Unit
  - b. Current date
  - c. Reason for investigation (suspected fraud, etc.)
  - d. List voucher numbers
  - e. Issue date (date missing if manual voucher)
  - f. Clinic number
  - g. Sign and date.

This form should be completed whenever <u>any</u> voucher copies are being requested with the exception of active OIG investigations.

2. Mail the completed Georgia WIC Program Investigation Log to Georgia WIC Program, OIG, along with the Lost/Stolen/Destroyed/Voided

Voucher Report. OIG will follow up with the local agency immediately on reports that indicate potential fraud.

- Upon receipt of special request voucher copies, the local agency should conduct a review to determine if potential fraud exists, and to notify OIG if further review or an investigation is required, within ten (10) days of receipt.
- 4. The local agency shall work in conjunction with OIG during an investigation of missing vouchers. When a determination has been made that potential employee fraud exist, OIG must be contacted (see Compliance Analysis Section V. and VI.).

#### C. STOP PAYMENT OF WIC VOUCHERS

Georgia WIC Program will immediately upon notification, place a stop payment on WIC manual vouchers reported stolen from WIC clinics by notifying the contract bank to stop payment.

#### XI. SECURITY OF ISSUANCE MATERIALS

- A. Georgia WIC Program Stamps
  - Georgia WIC Program stamps must be stored in a locked desk, cabinet, or closet. The key which locks the desk, cabinet, or closet must be stored in a secure location.
  - 2. Georgia WIC Program stamps must be stored in a location separate from WIC vouchers, ID cards, and VOC cards.

#### B. VOC Cards

- 1. VOC cards must be stored in a locked desk, cabinet, or closet. The key that locks the desk, cabinet, or closet must be stored in a separate and secure location.
- 2. VOC cards must be stored separately from the VOC card inventory log.

#### C. Georgia WIC Program ID Cards

- 1. ID cards must be stored in a locked desk, cabinet, or closet. The key that locks the desk, cabinet or closet must be stored in a separate and secure location.
- 2. ID cards must be stored separately from VOC cards, WIC vouchers, and Georgia WIC Program stamps.

Note: ID cards must not be pre-stamped for usage in the clinic.

#### XII. VOUCHER ISSUANCE SECURITY

#### A. WIC Vouchers

WIC vouchers are food instruments (checks, coupons, etc.) that are used by a

participant to obtain supplemental foods. Georgia WIC Program and the local agency have the responsibility to maintain control and provide accountability for the receipt and issuance of supplemental foods and food instruments. Georgia WIC Program and the local agency must also ensure that there is secure transportation and storage of unissued food instruments.

In the event that unused vouchers are lost or stolen as a result of failure to follow security regulations, the local agency may be issued a repayment letter for the value of the lost or stolen vouchers in question.

- 1. Only authorized WIC personnel will be given access to WIC vouchers and/or VPOD stock paper.
- 2. All vouchers and VPOD stock paper must be stored in a locked cabinet, desk, or closet, with the key stored in a secure location (change location of keys occasionally).
- 3. When issuing vouchers from a computer, the authorized WIC representative must log out before leaving the workstation.
- 4. When more than one person is using the same terminal, each person must log out upon completion of their printing job.
- 5. Passwords must be changed every ninety (90) days at a minimum.
- 6. When a WIC representative resigns or is no longer authorized to issue vouchers, the following procedures should be implemented:
  - a. Immediately delete employee's name from the system.
  - b. Change all passwords used by or accessed by the employee.
  - c. Change key to voucher security door (when applicable).
  - d. Change location of all security keys.

#### B. Voucher Security

Voucher stock must not be accessible to participants or other unauthorized persons. Except for the vouchers issued to the participant being served, multiple vouchers must not be placed on top of the issuance counter. One of the following methods must be used to assure at least minimum security for voucher issuance station(s):

- 1. **Service Delivery Counter**, which will provide a shield between the issuance clerk and the participant;
- 2. **Half Door** may be used in a small clinic with only one clerk;
- 3. Vouchers must be kept three (3) feet out of the reach of the participants, or there must be a physical barrier between the vouchers and the participant.

#### C. Voucher Storage

At a minimum, when WIC clinics are closed, districts must utilize at least one of the following voucher storage methods:

- 1. If vouchers are locked in a standard cabinet, the cabinet must be in a locked room, within a locked building;
- 2. A locked cabinet in a locked building with an alarm system;

- 3. A fire proof insulated security file cabinet with combination lock, securely attached to the floor, in a locked building;
- 4. A safe securely attached to the floor in a locked building;
- 5. A vault in a locked building.
- D. Voucher Printing on Demand (VPOD)

VPOD Printers must not be accessible to participants or other unauthorized personnel. The printers must be in a secure location and exclusively used to print VPOD vouchers.

E. Transporting Georgia WIC Program Vouchers

When transporting WIC vouchers, Georgia WIC Program stamps, and VOC cards, to a clinic site, they must be secured in a locked box or locked briefcase (see Food Delivery Section FD.IV.E). When vouchers are being delivered to a client in a hospital setting, the vouchers must be kept in a locked box, locked clipboard or locked brief case.

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#### **CLOSEOUT RECONCILIATION REPORT**

D/U #: \_ CL #: CLINIC PAGE 9 D/U/CL 09-1-259 RUN DATE 07/13/95

PAGE 20634 REPORT EWRR840G GRADY MATL & INFANT CARE STATE OF GEORGIA WIC PROGRAM SYSTEM CLOSEOUT RECONCILIATION REPORT FOR THE CLOSEOUT MONTH OF JUNE 1995

		WICI	<u> </u>	_	PARTIC	IPANT NAME					
VOUCHER NUMBER	REFERENCE NUMBER	<u>FAMILY</u>	<u>c</u>	므	LAST	<u>FIRST</u>	VCHR TYPE	REDMO AMT	DATE ISSUED	STATUS DATE	CMNTS
25709399	55236263	999054588	2	1			055	10.61	04/06/95	05/10/95	
26499328	48629635	697012089	2	1	F1		047	12.14	04/14/95	04/18/95	
26488329		697012089	2	1			039	.00	04/14/95		EXP
26488330	48629615	697012089	2	1			025	9.82	04/14/95	04/14/95	04/18/95
26488331	48629626	697012089	2	1			039	6.33	04/14/95	04/18/95	VOID
25709404	63771576	699126861	3	1			028	8.20	04/06/95	04/10/95	
25709405	63771588	699126861	3	1			031	8.92	04/06/95	04/10/95	
25709406	63771592	699126861	3	1			037	14.54	04/05/95	04/10/95	VOID
25709407	63771629	699126861	3	1			054	12.26	04/06/95	04/10/95	
25709412	63771624	999043937	5	1			047	12.14	04/06/95	04/10/95	
25709413	63771617	999043937	5	1			039	6.33	04/06/95	04/10/95	
25709414	63771570	999043937	5	1			025	9.82	04/06/95	04/10/95	
25709415	63771616	999043937	5	1			039	6.33	04/06/95	04/10/95	
25709420	52185535	697010260	1	1			047	12.22	04/12/95	04/19/95	
25709421	52185541	697010260	1	1			039	6.13	04/12/95	04/19/95	
25709422	52185557	697010260	1	1			025	10.37	04/12/95	04/19/95	
25709423	52185542	697010260	1	1			039	6.13	04/12/95	04/12/95	
26488336	63851783	697008023	7	1			031	8.92	04/11/95	04/13/95	
26488337	67212999	697008023	7	1			037	13.71	04/11/95	05/01/95	
26488338	63851787	697008023	7	1			039	6.33	04/11/95	04/13/95	
26488339	67213000	697008023	7	1			055	9.10	04/11/95	05/01/95	
26488344	67212970	699148954	0	1			028	7.18	04/06/95	05/01/95	
26488345	42701052	699148954	0	1			031	7.23	04/06/95	05/26/95	
26488346	63778323	699148954	0	1			037	14.54	04/06/95	04/10/95	
26488347	67212998	699148954	0	1			054	8.37	04/06/95	05/01/95	
26488352	63851800	695100454	5	1			068	58.87	04/11/.95	04/13/95	
26488353	63851799	695100454	5	1			072	51.40	04/11/95	04/13/95	
25709428	63867366	697004511	5	1			031	8.92	04/11/95	04/13/95	
25709429	63867371	697004511	5	1			037	14.54	04/11/95	04/13/95	
25709430	63867382	697004511	5	1			039	6.33	04/11/95	04/13/95	
25709431	63857574	697004511	5	1			055	9.91	04/11/95	04/13/95	
25488356	42501104	999051530	7	1			031	8.92	04/11/95	05/12/95	
26488357	68637805	999051530	7	-			037	14.54	04/11/95	05/05/95	
26488358	42502548	999051530	7	1			039	6.33	04/11/95	05/12/95	
26488359	68637825	999051530	7	-			055	9.91	04/11/95	05/05/95	
26488364	42501097	697009847	8	1			031	8.92	04/10/95	05/12/95	
26488365	68637806	697009847	8	1			037	14.54	04/10/95	05/05/95	
26488366	42502547	697009847	_	1			039	6.33	04/10/95	05/12/95	
26488367	68637826	697009847	8	-			055	9.91	04/10/95	05/05/95	
25709436	63827114	999047451	3	-			031	6.87	04/06/95	04/10/95	
25709437	63827113	999047451	3	-			037	6.95	04/06/95	04/10/95	
			۲				-				

	CLINIC TOT	TALS	
	VOUCHERS	AMOUNT	
TOTAL VOUCHERS CASHED	805	11,199.66	
TOTAL VOUCHERS EXPIRED	73		
TOTAL UNMATCHED TO CERT RECORDS	0	.00	
TOTAL VOUCHERS ISSUED	878	11,199.66	(TOTAL OF CASHED AND EXPIRED)
VOIDED	135		
UNCLAIMED	0		
TOTAL VOUCHERS CREATED	1,013	11,199.66	(COMPUTED AND MANUAL VOUCHERS)
Revised 06/12			

# GEORGIA WIC PROGRAM VOUCHER INVESTIGATION LOG

DISTRICT/UNIT: DATE:									
REASON FO	REASON FOR INVESTIGATION:								
STATE WIC OFFICE USE ONLY									
VOUCHER NUMBER	ISSUE DATE	CLINIC #	BOX #	PAID YES/NO	COMMENTS				
COMPLETED BY:									

Routing: White Copy - State WIC Program, Yellow - Local Agency

#### **Dual Participation Sample Warning Letter**

Dear Participant:
Our records show that you have participated in two Georgia WIC Programs. You were certified and enrolled on Georgia WIC Program on (date), and you were also certified and enrolled on Georgia WIC Program on (date)
As indicated on your Georgia WIC Program ID card, participating in more than one Georgia WIC Program violates programs regulations. Information concerning this will be forwarded to the Office of Inspector General to determine if you will be required to repay money back to the Georgia WIC Program.
Should you have any questions, contact me at
Sincerely,
District Nutrition Services Director

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)." USDA is an equal opportunity provider and employer.

#### **GENERAL APPOINTMENT LETTER**

Date:	
(Insert Responsible Party name)	
(Insert mailing address)	
(Insert city, state & zip)	
Dear	
Your record was selected for review as it per	rtains to your WIC benefits eligibility. Therefore, on
(insert day, date, and time)	, you are hereby requested to report to <u>(insert</u>
clinic or interview location name & address)	in order to resolve any
discrepancies. You must bring your WIC ID	card/folder to the appointment.
Please contact me at(insert phone #)	if you have any questions.
Sincerely,	
Nutrition Services Director District Unit	

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)." USDA is an equal opportunity provider and employer.

Rev 03/13

# **REQUEST FOR INVESTIGATION FORM**

OFFICE OF INSPECTOR GET	DATE:						
REQUEST FOR INVESTIGATION							
TO: Ondray Jennings, Deputy Inspector General 2 Peachtree Street NW, 9 <sup>th</sup> Floor Atlanta, GA 30303 onjennings@dhr.state.ga.us							
NAME AND ADDRESS OF STORE or	VENDOR N	UMBER					
AND COUNTY)	PARTICIPANT (INCLUDE STREET, CITY, STATE AND COUNTY)  WIC ID/PARTICPANT DOB/SSN						
NAME OF OWNER OR MANAGER	NAME OF OWNER OR MANAGER						
ETHNIC MAKEUP OF STORE'S CLIENTELE							
HAS STORE BEEN PREVIOUSLY INVESTIGATED?	? YES - NO -						
ARE THERE OTHER STORES UNDER THE SAME PARTICIPATION?	OWNERSHIP WHICH	ARE AUTHORIZED FOR					
If Yes, fill in their names and address.							
TYPES OF ABUSES/ALLEGATIONS FOR WHICH INVESTIGATION IS REQUESTED:							
OTHER INFORMATION USEFUL TO THE INVESTIGN NECESSARY)	GATOR <i>(PROVIDE AD</i>	DITIONAL SHEETS IF					

Vo	oucher Number				ortment of Publi			Vendor	
					•		[		
					ACTION REPO		2)		
Stor	e Name and Address:-			WTR	Returned to WIC	Agency:			
1.	At the Check-out counter ther The food instrument indicate plain view of the clerk who se	e (was/wer d above wa rved the in	e) persor is used for vestigator.	this transaction. The clerk s The price of the items(s) we	sold the item(s) below a ere marked on the item	ut I at a total cost o (s) or shelf, fo	entered the subject's store. I selected of (if available) \$ During c r item(s) not marked, they were verified	heckout, the vo	cified below. ucher was in
2.	Time Entered	Store:		Time Approa	ched Checkout:		Time	Left Store:	
3.	Check List	Ohalf	Y/N		Danie un Cala	Y/N	Advanced Complete (SMC F	and an Chalf	Y/N
	Prices Marked on Food Recorded Price or		$\vdash$	-	Rang up Sale Checked ID Cards	$\vdash\vdash\vdash$	Adequate Supply of WIC For Gave Receipt t		
4.	Comments	Voucher		I	Checked ID Calds		Gave Necessar (	o investigator	
5.	Description of Clerk	(Approxi							
	SEX		RACE	AGE	HEIGHT		WEIGHT	HAIR C	COLOR
	Identified During Transa BLE ITEMS SUMMARY QUANTITY  GIBLE ITEMS QUANTITY		HASE	AND NAME	TEM	ITEM		PRICE	
ITEMS	S REFUSED QUANTITY					ITEM			
I			0.00		, an investiga	or with the	Office of Inspector General ma	akes the abo	ve
State Name	ment freely and voluntari :	iy knowir	ng that th	iis statement may be ।	used as evidence.	Date:			
Title:	73 (06/12			Investigator Signatu	re:				

## Participant Access Verification Form

District/Unit:	Vendor Number:				
Name of Vendor under Investigation:					
Address:					
City:	State:	Zip Code:			
WIC Vendor(s) within ten (10) mil	es of investig	ated vendor:			
Name of Vendor:					
Address:					
City:	State:	Zip Code:			
Distance in Miles:					
List any Geographical Barriers:			_		
Comments:					
QA Investigator Signature		Date:			

## GEORGIA DEPARTMENT OF PUBLIC HEALTH GEORGIA WIC PROGRAM FOOD DONATION LIST

Vendor Number:			Date:		
Milk					
	Туре	Brand	Quan	tity/Size	Comment
 Cereal					
	Туре	Brand	Quan	tity/Size	Comment
Beans				<b> </b>	
Frozen	Туре	Brand	Quan	tity/Size	Comment
Canned					
Fresh					
Cheese					
	Туре	Brand	Quan	tity/Size	Comment
Juice					
Canned/	_	n 1		(6)	
Bottle	Туре	Brand	Quan	tity/Size	Comment
Frozen Pourable					
Bread				<b>_</b>	
Loaf	Tyrno	Brand	Ouan	tity/Cigo	Comment
Buns	Туре	Dianu	Quan	tity/Size	Comment
Tortilla					
Tortina					
Non-WIC Foods				<u> </u>	
Туре	Br	and Q	uantity/Size		Comment
Tuna/Salmon					
Туре	Br	and Q	uantity/Size		Comment
-71-		~			

Eggs				
	Туре	Brand	Quantity/Size	Comment

# **Baby Foods**

Foods	
Formula	
Cereal	

1	Туре	Brand	Quantity/Size	Comment
	•			

## **Peanut Butter**

Туре	Brand	Quantity/Size	Comment

### Fresh

Fruits

Vegetables

Туре	Brand	Quantity/Size	Comment

# **GEORGIA WIC PROGRAM DONATION LIST**

Organization Name:	
Organization Representative Signature:	_
Phone#:	
Address:	
City:	
Zip Code:	
WIC Representative:	
Revised 03/13	

#### Please use Ink

# Georgia WIC Program NOTIFICATION SUMMARY OF MISSING VOUCHERS/VOC CARDS

COMPLETE: When 25 or more WIC vouchers; 5 or more VOC cards; are missing.  (A lost/stolen/voucher report must be completed for all missing vouchers)  IMMEDIATELY: Notify Supervisor; Nutrition Services Director; and OIG.  Complete the following information: (ALL SECTIONS MUST BE COMPLETED)
SECTION I
Name of person who discovered the vouchers/VOC cards missing D/U/C
Name of person completing this form, if different from above
SECTION II
Name of person(s), who is responsible for vouchers/VOC cards at this clinic.
SECTION III
Number of Missing Voucher(s) Number of Missing VOC Cards
Use additional sheets of paper if needed, and attach
SECTION VI
Signature of person completing report:  (Submit completed report to the District Nutrition Services Director/Person in charge)  Person receiving the report: Title: Date:
(This signature is to verify receipt of this report, not to verify information on report) District Nutrition Services Director or designee shall submit a copy of this report to the State WIC Office and the Office of Inspector General within three (3) working days.

Note:

In the event that unused vouchers are lost or stolen as a result of an unsecured food instrument environment, thus resulting in USDA sanctions to repay the value of the lost or stolen vouchers in question, the Local Agency will be responsible for repaying the value of those food instruments.

Revised 03/13

GEORGIA WIC PROGR	Duplicate Participation  Verification Form				
DISTRICT/UNIT:         CLINIC:       DATE:					
INSTRUCTIONS	-	USE THIS FORM TO REMOVE PARTICIPANTS ROM THE DUPLICATE PARTICIPATION REPORT RETURN TO COVANSYS AS SOON AS OSSIBLE. MAIL TO: COVANSYS COMPUTING, INC. GEORGIA WIC PROGRAM Unit			
	-	1499 WINDHORST WAY, SUITE 240 GREENWOOD, IN 46142 OR FAX TO: (317) 889-9485			

THE FOLLOWING CLIENT(S) LISTED BELOW ARE LEGITIMATE PARTICIPANTS. PLEASE REMOVE THEM FROM SUBSEQUENT DUAL PARTICPATION REPORTS

PARTICIPANT ID NUMBER								JMB	PARTICIPANT NAME	

# Participant Repayment Letter SAMPLE LETTER

	Date:
Name Address City, Stat	e, Zip
	Dear:
Georgia \	Nomen, Infants & Children (WIC) determined as a responsible party you have:  A. Participated in dual clinics/counties/states
	<ul> <li>B. Intentionally made a false or misleading statement or intentionally misrepresented, concealed, or withheld facts</li> <li>C. Sold or exchanged vouchers or WIC food items with other individuals or parties</li> </ul>
	D. Received cash from food vendors or credit toward other non-WIC items  E. Other:
If you are	amount you owe is \$ during the time period from to  unable to make restitution for this amount within 30 days of receipt of the letter demanding repayment, se adhere to the attached repayment agreement. The repayment agreement cannot extend more than 90
You will	be disqualified from the WIC program for <u>12</u> months during the time period of to
	Please send a cashier's check or money order payable to:
	Georgia WIC Program (Insert Your Address)
	In accordance with Federal Law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.
	To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer
Sincerel	y,
District N	Nutrition Services Director's
Name	
Address	
Revised (	03/13

# Participant Repayment Schedule SAMPLE LETTER

		Date
CERTIFIED MAIL RETUR RECEIPT REQUESTED	<u>N</u>	
<mark>Mr. /</mark> Ms.		
Dear <mark>Mr. /</mark> Ms. :		
in monthly installmer the full amount will	nts of \$ If you fail	the Georgia WIC Program to make payments on time, following is the payment the full amount is recovered:
DATE AMOUNT	<u>DATE</u>	<u>AMOUNT</u>
		Total
	check or money order pay to the following address:	yable to the Georgia WIC
Georgia WIC Your address		
If you have any questions,	please call me at	
Sincerely,		
	District Nutrition Ser Address	vices Director's Name

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)." USDA is an equal opportunity provider and employer.

## **DUAL PARTICIPATION REPORT INVESTIGATION FORM**

Please complete and return the following information listed below. Please send the information to the requesting clinic as soon as possible.

DU/Clinic:
Name:
WIC ID:
Birth date:
Mother's Name:
Date of last voucher pickup:
Date of Issue:
Is this client active or terminated?  (If terminated, indicate term date and term code)
Termination Date: Term code:
Has the client transferred into your area recently?
(If yes, give date;)
Date of last certification:
Social Security number:

# Georgia WIC Program Abuse Claims Payment Report

Date fair hearing requested:  Durt mandate:  ale Agreement  mount Due:  Participant [ ] Vendor [ ]  : Initials
nount mandate:
nount mandate:
nount mandate:
nle Agreement  mount Due:  Participant [ ] Vendor [ ]
mount Due: ] Participant [ ] Vendor [ ]
] Participant [ ] Vendor [ ]
: Initials
NT FOR FARMER'S MARKET MATCH FUND
Initials
IO [ ]

### **Participant Violation Sample Warning Letter**

Date:

Participant Name Parent/Guardian Address City, State, Zip

It has come to the attention of the Georgia WIC Program that your behavior in (clinic name) on (Date) was in violation of the rules and Rights and Obligations of the Georgia WIC Program.

This letter serves as a warning for your behavior. **Use of abusive language** and/or physical abuse with WIC staff, other WIC clients, or store personnel is not an acceptable behavior. Failure to comply with the rules and Rights and Obligations of the program may cause you and your family members to be terminated from the program. Attached please find a copy of the Rights and Obligations. Please review this document.

If you have any questions, please contact <u>Name of Nutrition Services Director</u> at <u>phone number</u>.

Sincerely,

District Nutrition Services Director Title

c: Participant's record
Ondray Jennings, Deputy Inspector General

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)." USDA is an equal opportunity provider and employer.

Revised 03/13

# Georgia WIC Program VMARS Dual Participation Sample Warning Letter (Date)

Dear Participant:
Records indicate you have intentionally misrepresented your information in an attempt to participate in two Georgia WIC Programs. You were certified and enrolled on (clinic) Georgia WIC Program on (date), and you were also certified and enrolled on (clinic) Georgia WIC Program on (date)
As indicated on your Georgia WIC Program ID card, participating in more than one Georgia WIC Program violates programs regulations. Information concerning this action will be forwarded to the Office of Inspector General for further investigation to determine if you will be required to repay money back the Georgia WIC Program.
If you have any questions, contact me at .
Sincerely,
District Nutrition Services Director

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)."

USDA is an equal opportunity provider and employer.

Revised 06/13



# STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH Office of Inspector General



# **OIG REPORT OF WIC CLAIM DETERMINATION**

Date:				
Participant Name: Participant DOB:		Date of Discovery:		
WIC ID#:		Total Agency Loss:	\$ -	
Responsible Party Name: Responsible Party DOB: WIC ID# (if applicable):		Participant County: Participant Clinic #: Participant District:		
Proxy Name: Proxy DOB: WIC ID# (if applicable):				
Responsible Party Address: City, State, Zip:				
Vendor Information (Happlicable) Vendor ID: Vendor Name: Vendor Address: City, State, Zip:				
Type of Program Violation:				
Intentionally making a false or misleading is not limited to, information concerning				ncludes, but
Documentation of Improper Us	e of WIC Benefits:			
Investigator Signature:			Conclusion Date:	75
OIG12	<u> </u>			Rev.6/13

Responsible Party Name: 0 Total Agency Loss: \$ -

DOB: 1/0/1900

Presentment

Check Number Date Paid Amount

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### I. STATE AGENCY MONITORING

### A. Introduction

The State agency will conduct an on-site monitoring visit every two (2) years at each of the nineteen (19) local agencies, for the purpose of reviewing local WIC agency operation. Local agencies that are not monitored for the year will receive priority for on-site technical assistance. The purpose of the monitoring visit is to ensure local agency compliance with State WIC policies and Federal WIC regulations. The review will consist of an evaluation of program administration, staff training, voucher issuance, certification, clinic observation, record review, systems, equipment, food package assignment, nutrition education, and breastfeeding.

In order for the above areas to be thoroughly evaluated, it is necessary for the monitoring team to observe at least three (3) clinics in full operation. A minimum of three (3) certifications/subsequent certifications must be observed (one per clinic). If the monitoring team is unable to make these observations, they must reschedule that part of the review. The review cannot be closed until the clinic observations have been completed.

The monitoring team from the Georgia WIC Program and Department of Public Health Office of Inspector General (DPH-OIG) will complete the on-site visit. Every effort will be made to conduct Policy, Compliance Analysis, Nutrition and Breastfeeding portions of the review at the same time. Systems and Fiscal portions of the review are conducted individually.

District reviews may be conducted yearly for clinics with specific problems (See Monitoring Section, I. State Agency Monitoring, I. Special Site Visits).

### B. Monitoring Schedule

A schedule of on-site monitoring visits will be developed and coordinated by the Georgia WIC Program prior to the start of each Federal Fiscal Year (FFY). A statewide schedule containing the dates and monitoring teams for each review will be sent to all local agencies.

The Nutrition Services Director will be notified by phone, approximately one (1) month prior to the review. A letter will then be sent to the Nutrition Services Director and the District Health Officer to confirm the dates and specifics of the review, the time and place for the entrance and exit conferences, etc. All reviews will start at the District Office. A list of additional information that will be requested for the review (by the State) will be attached to the letter sent to the Nutrition Services Director. This list identifies "prior to" information that must be submitted to the appropriate unit of the Georgia WIC Program two (2) weeks before the scheduled review.

### C. Clinic and Health Record Selection

### 1. Clinic Site

Every two (2) years, twenty percent (20%) of the total number of clinics in the local agency are randomly selected for monitoring. The largest clinic in each local agency will be monitored during each WIC review.

- a. Each local agency may have a maximum of six (6) clinics selected for review. If more than six (6) clinics are randomly selected, those in excess will be eliminated from the selection.
- b. Clinics that have not been reviewed for at least four (4) years may be selected in place of randomly selected clinics, to ensure regular reviews of all clinics.

#### Record Selection

Health records monitored during the WIC reviews will be randomly selected. The following constraints will be applied to the random selection:

- a. Ten (10) records will be randomly selected for each clinic with caseloads of 500 or less, and additional two (2) records will be selected for each one-hundred (100) participants enrolled in a clinic with five hundred and one (501) up to one thousand participants. If a clinic has more than one thousand participants, an additional two (2) records will be selected for each five hundred (500) participants above one thousand. Note: a minimum of ten (10) records through a maximum of thirty-two (32) records will be reviewed in each clinic. All records must be located and given to State staff within two hours of receipt of the record list being given to staff. The time of issue will be recorded on the records list. In addition, all records must be returned to state staff with the list of record attached. Failure to follow these procedures will result in a corrective action.
- b. Due to the October 2009 food package implementation, the infant's chart must be pulled for each post-partum woman's chart and the post-partum woman's chart must be pulled for each infant on the Participants Records List.
- c. Fifty percent (50%) of the records selected must be women's records. The remaining fifty percent (50%) will include infants and children. **Note:** If a record selected for review cannot be located in the clinic the day of the review, the local agency will be cited for a corrective action. Each criterion will be marked as missing for each chart that is not located. If a significant number of selected records cannot be located during the day of the review, a financial penalty based on the cash value total amount of vouchers per client per certification could be assessed against the District/Agency. Please reference Annex I (Agreement between your District and the Georgia WIC Program) located in section AD-1 of the Georgia WIC Program Procedures Manual, Number 12, which states "the district must

provide the Georgia WIC Program immediate and complete access to all clinics and all records maintained by WIC clinics within the District". Records selected for review must be delivered to the reviewer as is without any corrections or modifications. Any corrections or modifications noted could be viewed as falsification of records. Falsification charges could lead to dismissal for the employee who modified or corrected the record. The only exception to the rules for not locating records the same day would be District who has off-site storage for non-active WIC participant. If off site storage is being used, the District has 24 hours to locate the record for the review team.

d. Records for the WIC review will be pulled based on the last day of the review or re-review plus a one hundred twenty (120) day grace period. Example: If a District's last day of the review was 07/24/04, the record to be pulled will be dated on or after 11/25/04 (calendar day).

Note: If the District has any controversy about dates, the State will continue to review based on the "five (5) year plus current" procedure. All records must remain on file for five (5) years plus current year for other audits (i.e., USDA, OIG, State, etc.).

### 3. Migrant Health Records

The Georgia WIC Program must review migrant health records during a local agency WIC review visit. The Georgia WIC Program will randomly select migrant health records for review.

- a. Where there is at least one clinic site with a minimum of twenty-five (25) migrants participating in the Georgia WIC Program, records are randomly selected according to the clinic and health record selection procedures (See MO-Section I.C.).
- If a clinic site serving a significant number of migrants is not selected for review, migrant health records will be selected and reviewed according to the clinic and health record selection procedures (See MO-Section I.C.).
- c. If a significant number of the migrant population is in a local agency service area and is not participating in the Georgia WIC Program, the state must evaluate the local agency's outreach efforts related to migrants. Prior to a review, the Georgia WIC Program will review the migrant report.

### D. Pre-Review Activities

Prior to the on-site visit, state staff will review local agency reports and files in the State office. The Nutrition Services Director will be contacted about materials

that need to be made available during the on-site review. (See I. State Agency Monitoring, B. Monitoring Schedule, second paragraph).

### E. Files

Documentation and files to be considered during an on-site review include, but are not limited to, the following areas:

- 1. Past WIC Review Reports and Responses
- 2. Clinic Self-Reviews
- 3. Health Department Employee WIC Participation Form
- 4. Ethnic Enrollment Participation Report
- 5. Clinic Schedules
- 6. Outreach Activities
- 7. Waiting List(s)
- 8. Georgia WIC Program Procedures Manual
- 9. Georgia WIC Program Policy Memorandums
- 10. Federal WIC Regulations
- 11. Fair Hearing and Civil Rights Complaints
- 12. Participant Abuse Reports
- 13. Manual Voucher Inventories
- 14. Verification of Certification (VOC) Cards and Inventory
- 15. Batch Control Modules
- 16. Completed Computer Voucher Registers
- 17. Voucher Packing Lists
- 18. Copies of Manual Vouchers
- 19. Daily Activity Reports
- 20. Demographic Information
- 21. Vouchers Printed On Demand (VPOD) Receipts
- 22. Ineligibility Files
- 23. District Specific Policies and Procedures
- 24. Local Agency Nutrition Education and Breastfeeding Plan
- 25. Nutrition Education Materials
- 26. Breastfeeding Education Materials
- 27. Class Outlines
- 28. Staff Training Files
- 29. Equipment Inventory (current year)
- 30. Voter's Registration Files
- 31. Agreements with Other Agencies (other than Health Departments) Where WIC is Located.
- 32. Temporary Thirty (30) Day Certification Files
- 33. Formula Tracking Logs

- 34. No Proof File
- 35. Prenatal Re-appointment Documentation
- 36. Initial Contact Date Log
- 37. Home Visit Approval Forms
- 38. Separation of Duties/District Office Forms
- 39. Complaint File
- 40. CPA Orientation Checklist
- 41. CPA and Nutrition Assistant Continuing Education Records
- 42. District/Clinic-Created 999 Food Packages
- 43. Voucher Print On Demand (VPOD) Inventories
- 44. Lost/Stolen/Destroyed Voucher Reports
- 45. Dual Participation File

### F. Timeframes

The program review process will be conducted within the following timeframes:

### **ACTIVITY** TIMEFRAME

Notification of intent to conduct a review, the Georgia WIC Program contacts the local agency to discuss possible review dates.	Thirty (30) days prior to the scheduled date
The Georgia WIC Program prepares and submits a report of program observation and review to the local agency after the site visit/exit interview.	Within sixty (60) days of the exit interviews
The local agency submits a corrective action report to the Georgia WIC Program.	Within sixty (60) days of the date of receipt of program review report is received
The Georgia WIC Program submits a written response to the local agency report.	Within thirty (30) days of the receipt of local agency response
The local agency submits a written response to the Georgia WIC Program requests for additional information.	Within thirty (30) days of the date of the written request
Program review is closed.	Within one-hundred eighty (180) days of the exit interview, unless an extension was negotiated

Note: Failure to resolve any outstanding deficiency found during the review could result in a delay of funding for the next fiscal year.

### G. On-Site WIC Review Visits

During the on-site visit, the local agency will provide the WIC staff immediate and

complete access to clinics and all records maintained by the WIC clinics within the local agency. Local agency staff will be asked to respond to questions asked by State staff. Staff must be available to answer questions during the clinic visit. The average review for a district will take three (3) to five (5) days.

### 1. Entrance Conference

An Entrance Conference may be requested by the district to officially begin the review. The District Health Director, Program Manager, Nutrition Services Director, and any other pertinent staff are invited to participate in the entrance conference. During this conference, District staff will have the opportunity to provide an overview of their district and ask questions of the state monitoring team. State staff will:

- a. Make introductions
- b. Explain the purpose of the visit
- c. Briefly explain what will take place during the review
- d. Discuss pertinent district specific information/data

### 2. Point Assignment

The District (Administrative and Clinics) will be reviewed using the attached Monitoring tool. Each clinic will have it own individual Monitoring tool and points assigned. The Monitoring tool is broken down into four sections. Each section of the tool has a certain amount of points assigned. The total amount of points per District is 1,000 (Administrative – 265 and District Clinic – 735). Each clinic reviewed has 735 points available. At the end of the review, the total points for each clinic will be added together and the average will be added to the Administrative score for the final District rating. The following is a break down for each section:

### Administrative

- 1. Nutrition Unit 170 Points
- 2. Policy Unit 55 Points
- 3. Compliance Analysis Unit 25 Points
- 4. Systems Unit 15 Points Total Points – 265

### District Clinic

- 1. Nutrition Unit 230 Points
- 2. Policy Unit 205 Points
- 3. Compliance Analysis Unit 155 Points
- 4. Systems Unit 145 Points Total Points – 735

The District ratings are listed below:

Exemplary (950 - 1000) – The District provides efficient and effective quality services in all areas. Training may be needed.

Excellent (900 – 949) – The District provides exceptional and proficient quality services. However, there are recommendations that should be implemented. Training may be needed.

Good (800-899) – The District has managed well. However, there are corrective actions that must be implemented. Training may be needed.

Fair (700 – 799) – The District needs to provide more management support and a correction action plan must be implemented. Training **must be** conducted.

Unsatisfactory (699 and below) – The District is not following policies/procedures in several areas. Training **must be** conducted.

A passing score still may result in a Revisit (see Monitoring Section I-H – Revisit WIC Review).

### 3. Exit Conference

An Exit Conference with clinic staff may be held in each clinic monitored (e.g., mini Exit Conferences) or at the District Office at the conclusion of the entire program review. Findings reported by the reviewers at the Exit Conference are preliminary. The final report will be forwarded to the local agency within sixty (60) days. The following will be discussed at this conference:

- a. Areas deserving commendation
- b. Achievements
- c. Corrective actions
- d. Recommendations

**Note:** A District-wide Corrective Action Plan is due to the Georgia WIC Program sixty days (60) from the date that the Program Review Plan of Correction Report was received. Below is a list of the Corrective Action Training Requirements:

- One clinic average < ninety percent (90%) requires clinic specific training
- Two highlighted clinics < one-hundred percent (100%) require clinic specific training
- Three or more highlighted clinics < one-hundred percent (100%) requires District-wide training and/or District-wide average < ninety percent (90%) requires District-wide training
- Highlighted black < one-hundred percent (100%)</li>
- Highlighted red requires corrective action training

### H. Revisit – WIC Review

A revisit may be necessary due to the results of a program review. Listed below are some of the criteria, which will determine that a revisit is necessary:

Revisit WIC Review List

- 1. Policy Unit
  - a. Processing Standards
  - b. No Proof Form

- c. Thirty-Day Form
- d. Missing VOC Cards
- e. Missing Signatures on Records
- f. Missing Participant Records

### 2. Nutrition Unit

- a. Secondary Nutrition Education
- b. Primary Nutrition Education
- c. Risk Criteria
- d. Missing Signatures or Documentation on Records
- e. Inappropriate Nutrition Practices

### 3. Compliance Analysis Unit

- a. Stolen or Missing Vouchers
- b. No Inventory
- c. Missing Signatures on Vouchers
- d. Security Measures
- e. Employee/Relative Certification/Voucher Issuance Process

Any other items as needed.

The District Nutrition Services Director will be notified by phone, approximately one (1) month prior to the re-visit. A letter will then be sent to the District Nutrition Services Director and the District Health Director's offices to confirm the dates of the revisit, the time and place for the exit conference, etc. An entrance conference will not be conducted. Revisits will start at the District office if the District office is being reviewed or a clinic scheduled for the revisit that is located near the District Office will be chosen as the starting point and the District Nutrition Services Director will be notified by telephone one (1) week before the revisit.

### I. Special Site Visits

The Georgia WIC Program, in accordance with Federal WIC regulations requirements, may make special site visits at any time.

### Special Site Visit Procedures:

In the event of a special site visit by the Georgia WIC Program the following procedures must be followed:

- 1. The Georgia WIC Program may contact the District Nutrition Services Director the day of visit.
- 2. After careful observation and investigation, a report will be generated and mailed to the District Nutrition Services Director within thirty (30) days of the site visit.
- Upon receipt of the report from the Georgia WIC Program, the District Nutrition Services Director must respond in writing to the Georgia WIC Program within thirty (30) days of receipt. All district responses must

provide a resolution to the existing problem. Supporting documentation must also be included in the plan:

- Submit an agenda with dates of training and a list of staff that have attended the training.
- Submit copies of all the memorandums sent out to local agency staff by the District Nutrition Services Director addressing problems found during the special site visit.
   Copies of any information that could not be located during the special site visit that relate to the specific corrective actions must be forwarded to the site.
- c. The District Nutrition Services Director using the Procedures Manual (for each clinic agency involved) must conduct training to close a special site visit. The District Nutrition Services Director may also contact the State Staff Development Training Coordinator for technical assistance.

# NOTE: The review will not be closed until all corrective actions have been completed.

Once the State agency has received the local agency response to the written report, it may elect to do one or more of the following, based on the action plan:

- a. Close the review after another site visit within thirty (30) days.
- b. Request additional information. This information will be due within thirty (30) days from the date of the request.
- Make all the follow-up monitoring visits within fifteen (15) days of the exit conference.
- Offer technical assistance to help develop a corrective plan or train local agency staff.

The local agency will receive written notification of the above from the state agency, within fifteen (15) days from the receipt of the action plan.

### J. Written Reports

The State will send an electronic report of the review to the District Health Director within sixty (60) days of the exit conference. The report will address areas of special achievement, recommendations, and corrective actions. The district will respond to all corrective actions within sixty (60) days from the date of the state agency report (see page MO-4, F. Timeframes).

A written plan of action must be developed for all program deficiencies identified during the program review. A District-wide Corrective Action Plan is due to the Georgia WIC Program sixty days from the date that the Program Review Plan of Correction Report was received. Below is a list of the Corrective Action Training Requirements:

- One clinic average < ninety percent (90%) requires clinic specific training
- Two highlighted clinics < one-hundred percent (100%) require clinic specific training

- Three or more highlighted clinics < one-hundred percent (100%) requires District-wide training and/or District-wide average < ninety (90%) requires District-wide training
- Highlighted black < one-hundred percent (100%)
- Highlighted red requires corrective action training

The plan must ensure that the questions Who? What? When? Where? and How? are addressed. For example: who will be trained, what will the training be on, when will they be trained, where will the training be held, and how will the training be conducted?

NOTE: All training must be performed within sixty (60) days from the date the WIC Review Report is received by the district. Contact the Staff Development Training Coordinator for technical assistance in conducting trainings.

All supporting documentation must be included in this plan. Supporting documentation includes:

- An agenda, dates of training and a list of staff that have attended the training.
- A copy of all the memorandums sent out to local agency staff by the Nutrition Services Director addressing problems found during the program review.
- 3. Copies of information that could not be located during the on-site monitoring visit that relate to specific corrective actions.

# NOTE: The review will not be closed until all planned trainings have been conducted.

Once the State agency has received the local agency response to the written report, it may elect to do one or more of the following, based on the action plan:

- 1. Close the review.
- 2. Request additional information. This information will be due fifteen (15) days from the date of the request.
- 3. Make a follow-up-monitoring visit within six (6) months of the exit conference.
- 4. Offer technical assistance to help develop a corrective action plan or train local agency staff.

The local agency will receive written notification of the above from the State agency, within fifteen (15) days from the receipt of the action plan.

### K. Close-Out Report

A written close-out report will be sent to the local agency upon the satisfactory resolution of all corrective actions. The close-out report is written documentation that the corrective action plan has been accepted and the program review is closed. All program reviews must be closed within one-hundred eighty (180) days of the exit interview.

### L. Establish New Clinic Procedures

See Establish New Clinic Procedure in the Administrative Section.

### II. QUALITY ASSURANCE SELF-REVIEWS

### A. Purpose

The purpose of Self-Reviews is to improve the quality of local agency program operations. Self-Reviews allow local agencies to assess compliance of program operations with the Georgia WIC Program policies and procedures. Early identification and resolution of non-compliance improves the quality and strengthens the operations of the local agency.

### B. Conducting Self-Reviews

Internal Self-Reviews must be conducted annually. Half of the District Clinics must be reviewed one year and all other clinics must be reviewed the following year. A schedule of review dates and clinics, and name of person conducting the self reviews, must be submitted to the Georgia WIC Program by September 30<sup>th</sup> of each year. A summary of all Self-Reviews and name of person conducting the self reviews, must be submitted to the Georgia WIC Program quarterly.

The assessment will include all phases of the program operations. The "State of Georgia WIC Program Local Agency Monitoring Tool" must be utilized to evaluate operations of each clinic in the district.

Note: The Financial Monitoring Tool must be used. The District is responsible for conducting Financial Annual Self-Reviews by June 30<sup>th</sup> of each year.

During the local agency Program Review, the State Review Team will review all documentation pertaining to the Self-Reviews. If repeated errors are found on a Self-Review, the District must conduct additional monitoring reviews and one-on-one training (e.g., errors in issuance of VOC Cards or the prorating of vouchers). Special attention must be given in the area of Voucher Registers and VPOD receipts. This is an area where the coordinator could detect potential fraud. USDA recommends that a Nutritionist be a member of the Local Agency Quality-Assurance team conducting Self-Reviews.

A list of sites that will be reviewed, the dates of the reviews, and the name of person conducting the reviews must be submitted to the Georgia WIC Program quarterly. Self-Reviews are not required on clinic sites that were monitored by the State during that same fiscal year.

Note: The Nutrition Services Director must request the names of employees and family members enrolled on the Georgia WIC Program for internal audit purposes. This information is confidential and must be seen by the Nutrition Services Director only.

# **STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH**

**GEORGIA WIC PROGRAM** 

**LOCAL AGENCY** FFY 2014 **MONITORING TOOL** 

**SECTIONS:** 

**POLICY UNIT** 

COMPLIANCE ANALYSIS UNIT (FOOD INSTRUMENT ACCOUNTABILITY) **NUTRITION SERVICES UNIT** 

**SYSTEMS INFORMATION UNIT** 

# MANAGEMENT EVALUATION TOOL FINAL SCORING SUMMARY

### **DISTRICT RATING**

**Exemplary (950 - 1000)** – The District provides efficient and effective quality services in all areas. Training may be needed.

**Excellent (900 – 949)** – The District provides exceptional and proficient quality services. However, there are recommendations that should be implemented. Training may be needed.

<u>Good (800- 899)</u> – The District has managed well. However, there are corrective actions that must be implemented. Training may be needed.

<u>Fair (700 – 799)</u> – The District needs to provide more management support and a correction action plan must be implemented. Training **must be** conducted.

<u>Unsatisfactory (699 and below)</u> – The District is not following policies/procedures in several areas. Training **must be** conducted.

be conducted.									
		ADMINI	STRATIVE						
DISTRICT:			į.	DATE:					
	POSSIBLE	POINTS		POSSIBLE	POINTS				
<b>5</b> "	POINTS	AWARDED	N1 4 242	POINTS	AWARDED				
Policy	55		Nutrition	170					
Compliance	25		Systems	15					
Total Possible F	Points: 265		Total Awarded	Points:					
		DISTRICT	CLINIC (S)						
1. Clinic:			4. Clinic:						
	POSSIBLE POINTS	POINTS AWARDED		POSSIBLE POINTS	POINTS AWARDED				
Policy	205		Policy	205					
Compliance	155		Compliance	155					
Nutrition	230		Nutrition	230					
Systems	145		Systems	145					
Total Score:	735		Total Score:	735					
2. Clinic:			5. Clinic:						
	POSSIBLE POINTS	POINTS AWARDED		POSSIBLE POINTS	POINTS AWARDED				
Policy	205		Policy	205					
Compliance	155		Compliance	155					
Nutrition	230		Nutrition	230					
Systems	145		Systems	145					
Total Score:	735		Total Score:	735					
3. Clinic:			6. Clinic:						
	POSSIBLE POINTS	POINTS AWARDED		POSSIBLE POINTS	POINTS AWARDED				
Policy	205		Policy	205					
Compliance	155		Compliance	155					
Nutrition	230		Nutrition	230					
Systems	145		Systems	145					
Total Score:	735		Total Score:	735					
FORMUAL FOR CLINIC AVERAGE SCORE:  CLINIC #1 + CLINIC #2 + CLINIC #3 + CLINIC #4 + CLINIC #5 + CLINIC #6									
CLINIC #1	+ CLINIC #2	+ CLINIC #3	+ CLINIC #4	+ CLINIC #5	+ CLINIC #6				
CLINICS:	DIVIDE BY (/)	# OF CLINICS REV	TIEVVED = AV	/ERAGE SCORE FO	יייייייייייייייייייייייייייייייייייייי				
Is follow-up req	uired? Yes	No (Please	review the Plan	of Correction Repor	rt)				

### POLICY UNIT "PRIOR TO" FORM - ADMINISTRATIVE MANAGEMENT EVALUATION

DISTRICT: DATE:	
-----------------	--

	S	SN	U	N/A	See Quality Assurance District Review Work Sheet
<ol> <li>Did the district conduct Self Reviews?</li> <li>Were copies of the Self Review submitted to the Georgia WIC Program quarterly?         Date</li></ol>					Self Review Section
Comments:					
3. Is documentation on file for any Fair Hearings?					Fair Hearing Section
Comments:				l	
4. Were complaints handled/ resolved according to program procedures?					Complaints Section
Comments:					
5. Were VOC cards ordered by the district/clinic since the last review?					VOC Card Inventory Section
6. Were any VOC cards report lost or stolen since the last review?					
Comments:					
7. Did the district receive an extension for Processing Standards? From to (document dates)					Clinic Review – Processing Standards
8. Did the district develop a quarterly Processing Standards plan and submit it to the Georgia WIC Program?					
9. Were Processing Standards met for each clinic the last reported quarter?					
<ul> <li>10. Was a Processing Standards Non-compliance letter sent to the district?</li> <li>11. If Processing Standards were not met for three months, did the district perform a PFA or were secret phone calls made?</li> </ul>					
Comments:					
12. Were any Civil Rights complaints on file?					Obditional Control
13. Were posters, brochures, pamphlets, and flyers in the district in compliance with the current Non-Discrimination statement?					Civil Rights Section
Comments:					

### POLICY UNIT "PRIOR TO" FORM - DISTRICT CLINIC EVALUATION

CLINIC: DATE:							
(S = Satisfactory, SN = Satisfactory Needs I	mprove	ement,	U = Ur	nsatisfa	actory a	nd N/A	a = Not Applicable)
				ic#			See Section:
1. Does the clinic have a waiting list?							Clinic Observation – Waiting List
Comments:							
			T		, ,		
2. Does the local population include migrants?							Clinic Staff Questions - Special Population
Comments:							
			T		, ,		
3. Does the population include Limited English Proficient (LEP) persons?							Clinic Staff Questions - Special Population
Comments:							
4. Are the race codes being utilized?							Clinic Observation – Check In Procedures
Comments:	l						onook iii i i oodaaroo
5. Are participants/applicants physically present for certification?							Clinic Observation – Check In Procedures
Comments:							
6. Does the clinic meet Staffing Standards? (Clinic staff ration is one (1) administrative support staff per every 800 clients served)							AD Section (IV) – no points at this time (Review summary submitted by district prior to visit)
Comments:							

	ADMINISTRATIVE FILES REVIEW						
(S = Satisfactory, S	N = Satisfactory Needs Improvement, U = Unsatisfactory	ctory	/ and	N/A	= N	lot Applica	ble)
	Total Points for District Review						•
	□ 55 - 50 Points (S)						
	□ 49 - 44 Points (SN)						
DISTRICT:	□ 43 - 0 Points (U)	DAT	· <b>c</b> ·				
				T		L	
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible	Points Awarded
						Politis	Awarueu
A. INTERNAL COMM	LINICATIONS	_		_	_		
Introduction Section	Is a copy of the current Procedures Manual	Π				1	
V.	located at the district office?					'	
٧.	Is a copy of the current fiscal year's Policy					1	
	and Action Memorandums located at the					'	
	district office?						
	Are staff meetings conducted?					1	
	Was an Organizational chart available?					1	
	(Attach a copy)						
Comments:							
B. HOME VISITS						1	
Certification Section	Were WIC Home Visits being made?					1	
XXVI.	(Request a copy of the approval forms).					_	
	Were procedures followed for vouchers					1	
•	that are issued to participants in the home?						
Comments:							
C. OUTREACH							
Outreach Section	Has the district or local clinic conducted					2	
	outreach activities within the last 12					_	
	months?						
	Were all outreach activities documented					2	
	and available for review?						
Outreach Section	3. Were grassroots organizations (Churches,					1	
II.	Boys and Girls Clubs, etc.) contacted?						
Comments:							
		_		_	_		
D. SEPARATION OF				1	1		
Certification Section	Was separation of duties practiced at each					2	
XXVI., B.	clinic in the district?					4	
	Was the Separation of Duties/District     Office form completed and received at the					1	
	Office form completed and received at the district office within 3 days? (See						
	documentation)						
	3 Was the Separation of Duties/ District					1	

Office Form completed by the Nutrition

	ADMINISTRATIVE FILES REVIEW						
(S = Satisfactory, S	SN = Satisfactory Needs Improvement, U = Unsatisfa		y and	N/A	= N	ot Applica	able)
	Total Points for District Review	_					
	□ 55 - 50 Points (S) □ 49 - 44 Points (SN)						
	□ 49 - 44 Folins (3N) □ 43 - 0 Points (U)						
DISTRICT:	E:						
REFERENCE	AREAS OF REVIEW	s	SN	U	NA	Possible Points	Points Awarded
				1	1		
	Services Director/Designee and located at the district office?						
	4. Was the documentation in compliance with WIC rules and regulations? (See logs and certification documents).					2	
Comments:	,		·				
E. TRAINING	14.15	_	ı		ı		ı
	Is Procedures Manual training conducted annually for WIC staff?					3	
	When?						
	By Whom?						
	,						
	<ol> <li>Is the documentation for in-service training for WIC and non-WIC staff available? (See documentation)</li> </ol>					2	
Comments:	(Occ documentation)						
F. SELF-REVIEWS							
Monitoring Section II., B.	Were Self Reviews conducted in the district? (See Policy Unit "Prior To" Form – Administrative Management Evaluation)					2	
	Was the Self Review Plan submitted to the Office of Nutrition and WIC quarterly?     (See Policy Unit "Prior To" Form – Administrative Management Evaluation)					2	
	Was the Monitoring Tool completed in its entirety?					2	
	4. Was the State's Monitoring Tool used?					1	
Comments:							
G. FAIR HEARING					1		1
Rights and Obligations Section V.	Is Fair Hearing documentation available for review at the district level? (See Policy Unit "Prior To" Form – Administrative  Management Evaluation)					2	
	Management Evaluation)  2. Were procedures followed?					2	
	2. Word production tollowed!	1			1		1

ADMINISTRATIVE FILES REVIEW								
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)  Total Points for District Review  □ 55 - 50 Points (S)  □ 49 - 44 Points (SN)  □ 43 - 0 Points (U)								
DISTRICT:		DAT	ΓΕ:			,		
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded	
	3. Were timelines met?					1		
Comments:	c. Word unicomico man							
H. COMPLAINTS				۰		-		
Certification Section XXV.	Were procedures followed for complaint resolution? (See Policy Unit "Prior To" Form – Administrative Management Evaluation)					2		
Comments:	,							
I. CIVIL RIGHTS								
Rights and Obligations Section IV., B.	Training  1. Were Civil Rights training conducted annually for local WIC staff? (district)  When?  By Whom?					2		
Rights and Obligations Section IV., B.	Did the district's Civil Rights training meet the subject matter requirements? (Review documentation)					3		
	Is Civil Rights training a part of new employee orientation? (Review list of new employees and documentation of Civil Rights Training).					2		
Administrative Section Three, XIII.	New Clinics  1. When local agencies open a new clinic, were Civil Rights Pre-Approved/Pre Award Compliance Review conducted by district office?					1		
	Was the documentation sent to the Georgia WIC Program? (Review documentation)					1		
	<ol> <li>Was the agreement(s) sent to the state for approval prior to the site visit? (Review documentation)</li> </ol>					1		
Rights and Obligations Section II.	Literature  1. Was the full Non-Discrimination statement on all district created materials? Effective May 1, 2009 (See Policy Unit "Prior To"					2		

	ADMINISTRATIVE FILES REVIEW						
(S = Satisfactory, S	N = Satisfactory Needs Improvement, U = Unsatisfa Total Points for District Review □ 55 - 50 Points (S) □ 49 - 44 Points (SN) □ 43 - 0 Points (U)		y and	N/A	= N	ot Applica	able)
DISTRICT:		DAT	ΓE:				
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
	Form – Administrative Management Evaluation).						
Comments:							
J. VOC CARD INVE	NTORY		-				
Certification Section XVII., F.	<ol> <li>Were VOC Cards ordered and distributed by the district office?</li> </ol>	Τ				1	
Certification Section	2. Was an inventory maintained?					1	
XVII., G.	3. Was the inventory accurate and contain all required components for receipt and distribution of VOC Cards?					1	
	4. Was the state's VOC Card Inventory Form utilized?					1	
Comments:							
K. LOCAL AGENCY	CONTRACTS/AGREEMENTS						
Administrative Section Three, XXX., D.	<ol> <li>Was Special Project (s) Agreement (s) available for review?</li> </ol>					1	
Comments:							
L. PROCESSING ST	ANDARDS						
State Plan - Goals	<ol> <li>Is the district quarterly monitoring Processing Standards? (Review documentation of method used).</li> </ol>					2	
Comments:							
Total Rating /Points						55	

	CLINIC EVALUATION						
(S = Satisfactory, S	SN = Satisfactory Needs Improvement, U = Unsatis Total Points for Clinic Review	sfact –	ory a	nd N	N/A =	Not Appli	cable)
	□ 205 – 184 Points (S)						
	□ 183 – 163 Points (SN)						
	□ 162 – 0 Points (U)						
Use Forms 1 – 8 to	determine awarded points for each section. Reco worksheet. Total worksheet to determine clinic s				n Fori	ms 1 – 8 d	on the
CLINIC:		DA.	TE: _				_
REFERENCE	AREAS OF REVIEW	s	SN	U	NA	Possible Points	Points Awarded
A. INELIGIBILITY/TE	RMINATION						
Certification Section XVI., A.	<ul> <li>Notice of Termination/Ineligibility Forms</li> <li>Was the Notice of Termination/ Ineligibility /Waiting List Form used appropriately if applicable? (See Form 1 – Chart Review for point assignment for this question)</li> <li>Were the Termination Notices and applicable documentation in the Ineligibility file present and completed per procedures? (See Form 1 – Ineligibility File Review for point assignment for this question)</li> <li>Notification of Termination</li> <li>Are participants who are terminated during a valid certification period notified prior to termination?</li> <li>Are participants notified that their WIC certification is about to expire before termination and how are they notified?</li> </ul>					1	
Comments:							
B. TRANSFERS/VOC	T						
Certification Section XVII., I.	Were the following items stored in a separate, secure location?     a. Program Stamp     b. VOC Cards     c. VOC Card Inventory					3	
	Were voided VOC cards marked VOID on the VOC Card Inventory Log?					1	

<ol> <li>Were procedures followed for VOC Card issuance and security? (See Form 2 for point assignment for this question)</li> </ol>		1	
Were procedures followed for VOC Card Inventory maintenance? (See Form 2 for point assignment for this question)		1	
5. Was the old stock of VOC cards security destroyed in the event VOC cards were revised?		1	
6. Were any VOC Cards missing? If so, were they reported to the Georgia WIC Program?		2	
<ol><li>Were procedures followed for EVOC Card issuance? (See Form 2 for point assignment for this question)</li></ol>		1	
<ol><li>Were procedures followed for EVOC Card reports? (See Form 2 for point assignment for this question)</li></ol>		1	
ATION			
Are Voter Registration Declaration forms available for each day certifications are conducted in the clinic?		1	
Were Voter Registration Batch forms completed and submitted to the Secretary of State's office?		1	
<ol> <li>Was the No Proof form used appropriately if applicable? (See Form 5 for point assignment for this question)</li> </ol>		5	
•			
Was the Thirty-Day form used		6	
appropriately if applicable? (See Form 6 for point assignment for this question)			
ERIALS			
Are Policy /Action memos current in the clinic?		1	
Is the current fiscal year Procedures     Manual in the clinic?		1	
	issuance and security? (See Form 2 for point assignment for this question)  4. Were procedures followed for VOC Card Inventory maintenance? (See Form 2 for point assignment for this question)  5. Was the old stock of VOC cards security destroyed in the event VOC cards were revised?  6. Were any VOC Cards missing? If so, were they reported to the Georgia WIC Program?  7. Were procedures followed for EVOC Card issuance? (See Form 2 for point assignment for this question)  8. Were procedures followed for EVOC Card reports? (See Form 2 for point assignment for this question)  4. Are Voter Registration Declaration forms available for each day certifications are conducted in the clinic?  2. Were Voter Registration Batch forms completed and submitted to the Secretary of State's office?  1. Was the No Proof form used appropriately if applicable? (See Form 5 for point assignment for this question)  1. Was the Thirty-Day form used appropriately if applicable? (See Form 6 for point assignment for this question)  1. Was the Thirty-Day form used appropriately if applicable? (See Form 6 for point assignment for this question)	issuance and security? (See Form 2 for point assignment for this question)  4. Were procedures followed for VOC Card Inventory maintenance? (See Form 2 for point assignment for this question)  5. Was the old stock of VOC cards security destroyed in the event VOC cards were revised?  6. Were any VOC Cards missing? If so, were they reported to the Georgia WIC Program?  7. Were procedures followed for EVOC Card issuance? (See Form 2 for point assignment for this question)  8. Were procedures followed for EVOC Card reports? (See Form 2 for point assignment for this question)  1. Are Voter Registration Declaration forms available for each day certifications are conducted in the clinic?  2. Were Voter Registration Batch forms completed and submitted to the Secretary of State's office?  1. Was the No Proof form used appropriately if applicable? (See Form 5 for point assignment for this question)  1. Was the Thirty-Day form used appropriately if applicable? (See Form 6 for point assignment for this question)  1. Was the Thirty-Day form used appropriately if applicable? (See Form 6 for point assignment for this question)	issuance and security? (See Form 2 for point assignment for this question)  4. Were procedures followed for VOC Card Inventory maintenance? (See Form 2 for point assignment for this question)  5. Was the old stock of VOC cards security destroyed in the event VOC cards were revised?  6. Were any VOC Cards missing? If so, were they reported to the Georgia WIC Program?  7. Were procedures followed for EVOC Card issuance? (See Form 2 for point assignment for this question)  8. Were procedures followed for EVOC Card reports? (See Form 2 for point assignment for this question)  1. Are Voter Registration Declaration forms available for each day certifications are conducted in the clinic?  2. Were Voter Registration Batch forms completed and submitted to the Secretary of State's office?  1. Was the No Proof form used appropriately if applicable? (See Form 5 for point assignment for this question)  1. Was the Thirty-Day form used appropriately if applicable? (See Form 6 for point assignment for this question)  1. Was the Thirty-Day form used appropriately if applicable? (See Form 6 for point assignment for this question)

Comments:		
G. RECORD REVIEW	V	
Certification Section	Were procedures appropriately applied for WIC certifications? (See Form 3 for point assignment for this question)	
Comments:		
H. CLINIC OBSERVA	ATION	
Certification Section	During the observation were appropriate procedures used to complete the certification process? (See Form 4 for point assignment for this question)  50	
Comments:		
I. PROCESSING ST	TANDARDS	
Certification Section IV., A.	Is there a system (a personal visit log, WIC Certification/Assessment Form or an appointment book) available for documenting and tracking initial contact dates and Processing Standards? Was the system/log completed in its entirety? (See Form 7 for point assignment for this question)	
Certification Section III., B.	Did the initial contact date recorded on the log and the Certification Form match?     (See Form 7 for point assignment for this question)	
Certification Section IV. A. and C.	3. Are Processing Standards being met? (See Form 7 for point assignment for this question) If not, was an extension requested by district? (See Policy Unit "Prior To" Form – Administrative Management Evaluation)	
Comments:		
J. MISSED APPOINT		
Certification Section III., G.	1. Was a Prenatal Missed Appointment Log maintained? Was the log completed in its entirety? (See Form 7 for point assignment for these questions)	
	Did the original prenatal certification appointment meet Processing Standards? (See Form 7 for point assignment for this question)	

Certification Section IV., A.	Were missed certification appointments rescheduled for prenatal women? (See Form 7 for point assignment for this question)	2	
	4. Did the rescheduled appointment meet processing standards for prenatal women? (See Form 7 for point assignment for this question)	2	
Administrative Section Three, VII.	5. If postcards are mailed to participants for any reason, are they in compliance with HIPPA regulations? View postcards or other documents mailed. (See Form 7 for point assignment for this question)	1	
Comments:	•	<u> </u>	
K. CIVIL RIGHTS			
Rights and Obligations Section IV., D.	Is the local agency in compliance with program policy regarding racial ethnic coding and filing of participants' records?  (Review Clinic Records)	2	
Rights and Obligations Section II.	Was the full current non-discrimination statement on all Clinics created materials?	1	
Comments:	,		
L. CLINIC STAFF QU	ESTIONS		
	Was the staff knowledgeable of the procedures required to serve WIC applicants/participants? (See Form 8 for point assignment for this question)	32	
Comments:			

# GEORGIA WIC PROGRAM 2014 PROCEDURES MANUAL Forms Section Attachment MO-1

### **POLICY EVALUATION FORMS**

Form 1	Ineligible Certification Work Sheet
Form 2	VOC/EVOC Security & Issuance Report
Form 3	Record Review
Form 4	Clinic Observation
Form 5	No Proof Monitoring Form
Form 6	Temporary Thirty (30) Day Certification Record Review
Form 7	Processing Standards / Prenatal Missed Appointment Logs
	Review
Form 8	Clinic Staff Questions

### **INELIGIBLE CERTIFICATION WORK SHEET**

Review five (5) records in each clinic of individuals found ineligible at the time of certification and/or of individuals who were terminated from the Program within the last year. *Note:* This information may be retrieved from the Ineligibility file.

□ 90 − 100% 6 Points (S) □ 50 − 79% 2 Points (U) □ 80 − 89% 4 Points (SN) □ 0 − 49% 0 Points (U)

CLINIC:				DATE	I:		
CHART REVIEW – N/A	(check N/A if ter	minations are	e not availabl	e for review t	ime period)	Possible %	% Awarded
Participant's Name						100	
Termination Date							
<b>COMPLETION OF TERMINATION</b>	N NOTICE						
1. Was the date documented?						2	
Was the demographic information recorded?						2	
3. Was "You are not eligible" or "You are being terminated" checked?						2	
4. Was the reason for termination checked?	n					2	
5. Was the Fair Hearing Section completed?	1					5	
6. Was the participant/parent/guardian signature recorded?						2	
7. Was the WIC representative's signature recorded?	3					2	
Comments:	•			•			
NOTIFICATION							
Was the Notice of Fair Hearing given?	9					10	
Comments:							
TERMINATION CODE							
What was the termination code submitted for ineligibility or termination? Was the code correct?						3	
Comments:							
<b>CERTIFICATION FORM &amp; SUPP</b>	ORTING DO	CUMENTA	ATION				
Was the income section of the Certification Form completed, dated and signed if the reason for termination or ineligibility						5	

was "A"?

2.	Did the Certification Form				5	
	contain the signature and date					
	of the person that determined					
	eligibility?					
3.	Was a copy of income proof				5	
	present with the Certification					
	Form if the reason for					
	termination or ineligibility was "A"?					
4.	Were proof copies stamped				5	
	with the date of receipt?					
Co	mments:		•	·		
	INELIGIBILITY FILE REVIEW	′ – N/A (check N/A if term Notices and applicable docur				
CO	MPLETION OF TERMINATION N		Hema	Yes/No/NA	Possible	<i>%</i>
	IN LETION OF TEXAMINATION I	OTICE		1 CS/NO/NA	%	Awarded
1.	Was the date documented?				2	711141404
2.	Was the demographic information	on recorded?			2	
3.	Was "You are not eligible" or "You		ed?		2	
4.	Was the reason for termination of				2	
5.	Was the Fair Hearing Section co				5	
6.	Was the participant/parent/guard	•			2	
7.	Was the WIC representative's si				2	
	nments:	gnature recorded:				
COI	innents.					
NO	TIFICATION					
1.	Was the Notice of Fair Hearing	given?			10	
Coi	nments:					
TE	RMINATION CODE					T
1.	What was the termination code s	• •			3	
_		code correct?				
Coi	mments:					
CE	RTIFICATION FORM & SUPPOR	TING DOCUMENTATION				
1.	Was the income section of the C	ertification Form completed, d	ated		5	
	and signed if the reason for term					
2.		•	<del>)</del>		5	
	person that determined eligibility		••		_	
3.	Was a copy of income proof pre		) if		5	
	the reason for termination or ine	<u> </u>			F	
	Were proof copies stamped with	the date of receipt?			5	
COL	mments:					

% Awarded -

### **VOC/EVOC SECURITY & ISSUANCE REPORT**

□ 90 − 100% 4 Points (S) □ 50 − 79% 1 Point (U) □ 80 − 89% 3 Points (SN) □ 0 − 49% 0 Points (U)

CLINIC: DATE: DISTRICT/CLINIC ISSUED VOC CARDS/PHYSICAL INVENTORY State/District Date VOC Cards on # of Requested 2 Staff District & ls Amount Issued VOC Issued Hand Cards Cards Initials Clinic #'s Inventory Issued Cards Accounted Recorded? Match? Accurate? on Hand For? 5% 10% Beg # | End # | Beg # End# 5% 5% Possible % – 25 Comments: % Awarded -VOC CARD SECURITY REPORT (Pull 5 Participant Records)- N/A (check N/A if VOC cards were not issued during review time period) Participant's Name Participant's Birth Date Date VOC Card was Issued Was the Parent/Guardian/Caregiver 5% Signature on the Log? Did the Signature on the Log and 5% Certification Form Match? Was the Termination Notice issued? 10% Did the Termination Notice contain 5% the required signatures? Comments: Possible % – 25 % Awarded -**CLINIC EVOC CARD REPORTS** Are the EVOC Reports printed quarterly and filed by year? N/A Yes No Possible % – 15 Comments: % Awarded -EVOC CARD SECURITY REPORT (Pull 5 Participant Records)- N/A (check N/A if EVOC cards were not issued during review time period) Participant's Name Participant's Birth Date Date EVOC Card was Issued Was a copy of the EVOC Card 5% Filed in the Participant's Chart? Was the Clinic Information 5% Stamped or Printed on the EVOC Card? Was the EVOC Card Signed by the 5% Participant/Parent/Guardian? Was the EVOC Card Signed by the 5% WIC Representative? Was the Termination Notice 10% issued? Did the Termination Notice contain 5% the required signatures? Possible % – 35 Comments:

### **RECORD REVIEW**

Review the following criteria in the records randomly selected.

Was the Medicaid number and eligibility date recorded?

□ 90 – 100% 70 Points (S)	□ 50 – 79% 50 Points (U)
□ 80 – 89% 60 Points (SN)	□ 0 – 49% 0 Points (U)

CLINIC:			DAT	ΓE:				
An average (~) of 90 - 100 for	each c	riteria r	eceive	s the as	ssigned	l po	ssible %.	
PARTICIPANT'S NAME & WIC ID Number						~	Possible %	% Awarded
CERTIFICATION DATE							100	
	DEMO	GRAPH	ICS					
Were the demographics (Name, Address, etc.) completed?							2	
2. If P.O Box was recorded as the address, was the form for Applicants with a P.O. Box completed and filed in health record?							2	
Comments:								
PROG	CESSIN	IG STA	NDAR	os				
Was the initial contact date recorded?							6	
<ul><li>2. Did a break in service occur?</li><li>If so, was the initial contact date changed?</li></ul>							9	
3. Were processing standards met?							10	
Comments:								
	PR	ROOFS						
<ol> <li>Was proof of residency recorded and a copy stamped dated and filed in the record?</li> </ol>							4	
Was proof of identification for the participant recorded and a copy stamped dated and filed in the record?							4	
3. Was proof of identification for the parent/ guardian recorded and a copy stamped dated and filed in the record?							4	
Comments:								
	IN	COME						
Was the date recorded for the income information?							1	
2. Was Medicaid eligibility recorded?							3	

4. Was TANF documented?						3	
5. Was the TANF verification filed in the						3	
record?							
6. Was SNAP documented?						3	
7. Was the SNAP verification filed in the						3	
record?							
8. Was the number in family recorded?						1	
9. Was income information recorded?						1	
10. Was zero income accepted?						2	
<ul> <li>If yes to the above, was the</li> </ul>							
following question answered?							
How do you obtain food, shelter,							
clothing and medical care?							
11. Was the income source recorded and a						<mark>2</mark>	
copy stamped dated and filed in the							
record?							
12. Was No Proof accepted as source of						2	
income? If so, was the form completed in							
its entirety and filed in the record?		ļ					
13. Was a letter from employer accepted as						2	
proof of income?							
If yes, was the letter from     If yes, was the letter from							
employer on letterhead or attached to a No Proof form?							
14. Were staff initials recorded for residency,						1	
identification and income verification?						4	
15. Was only one income reported checked?						<u>1</u> 1	
15. If no to the above, was the Income Calculation Form used?						Ţ	
Comments:							
CERT	FICAT	ION VA	ΙΙΝΔΤΙ	ON			
					_	2	
Was participant physically present?						2	
<ul> <li>If no, was the exempt reason documented in the record?</li> </ul>							
2. Was the printed name/title of staff person						3	
verifying the participant/parent/guardian							
signature recorded?		1			+	3	
3. Was the signature/title of staff person verifying the participant/parent/ guardian						S	
signature recorded?							
Was the participant/parent/guardian's		<del>                                     </del>			+	3	
printed name and date recorded?						J	
Was the participant/parent/guardian's		<del> </del>			+	3	
signature/date recorded?						•	
6. If proxy signed above, was proxy letter		1				2	
completed and filed in record?							
<u> </u>				•			

7. Was choice to authorize disclosure of sharing participant information initialed?							3			
Comments:										
						_				
	ELIC	BILIT	Y							
Was participant categorically eligible?							4			
Was it documented that participant was income eligible/ineligible?							4			
Comments:										
SUPPO	RTING	DOCUN	/IENTA	TION						
Was current immunization status recorded?							1			
Was the error correction procedure used?							1			
Was a VOC/EVOC card issued?     (Migrants only)							1			
Comments:										
Note: Make copies of this form for Record Review.										

CLINIC:	DATE:							
ı		- 100% 50 Points (S) □ 50 - 79% 0 - 89% 40 Points (SN) □ 0 - 49%						
Name of Person Obser	ved:							
REFERENCE		AREAS OF REVIEW	s	SN	U	NA	Possible %	% Awarded
A. ENVIRONMENT							100	
Special Population Section III.,E.	1.	Are WIC facilities accessible to persons with special needs (ADA)?					3	
Emergency Plan Section V., A. and B.	2.	Is this a new or renovated facility that is accessible and operational during power failures?					1	
Comments:					_	_		
B. CONFIDENTIALITY Certification Section VIII., A., 2.	1.	Does the clinic offer privacy for the certification process (income screening, health screening and counseling)?			Γ	Γ	10	
Comments:		G/						
C. SIGNS								
Certification Section I.	1.	Is the "No Charge for WIC Services" sign posted in the clinic?					5	
Rights and Obligations Section IV., F.	2.	Is the "How to File a Complaint" sign posted in the clinic?					5	
Administrative Section Three, IX.	3.	Are "No Smoking" signs posted? (N/A if a DPH Building)					5	
Special Population Section III., B.		Is the "Interpreter" sign posted in a visible place?					5	
Rights and Obligations Section IV., A.	5.	Is the "Justice for All" sign posted in a visible place?					5	
Comments:								
D. CUSTOMER SERVI	CE			T				
Administrative Section Three, XXVII.	1.	long periods of time? Is a Patient Flow Analysis required?					1	
Rights and Obligations Section I.	2.	Are all applicants treated the same?					4	
Comments:								

E. CERTIFICATION PI	ROCEDURES (CHECK-IN)	
Certification Section II., B.	Was the applicant present at certification?	2
Certification Section XXX.	Was the staff in the clinic using the     Interview Script to determine Race and     Ethnicity?	5
Rights and Obligations Section IV., D.	Are the current race codes being utilized? (See Policy "Prior To" Form – District Clinic Evaluation)	2
Certification Section XXVI., C., 6.	Were participants informed of their rights and obligations?	5
Certification Section XXV., B.	5. Were the applicants/participants informed on "How to File a Complaint" at the initial contact, certification, and/or recertification?	5
Rights and Obligations Section VIII.	Is each participant offered an opportunity to register to vote?	1
Comments:		
	TION/INTERPRETERS	
Special Population Section	Was the Interpreter sign discussed or shown to the applicant/participant?	2
III., B.	Were waivers completed when the applicant or participant brought their own interpreter?	1
	Were services available for LEP clients? (See Policy "Prior To" Form – District Clinic Evaluation)	2
Comments:		55.50
G. PROOFS		
Certification Section V.	1. Was proof of ID required for certification /re-certification or pickup?  Was it an approved form of ID? Was the proof copied and stamped with the date of receipt?  Woman Infant Child Type of proof accepted	4
Certification Section II., C.	Was proof of residence required for certification/re-certification? Was it an approved form of residency? Was the proof copied and stamped with the date of receipt?  Type of proof accepted	4
Certification Section II., D  Comments:	3. Was proof of income required for certification/re-certification? Was it an approved form of income? Was the proof copied and stamped with the date of receipt?  Type of proof accepted	4
Comments.		

H. INCOME						
Certification Section VIII., B.	1.	Was Medicaid/SNAP/TANF verified?			1	
Certification Section VIII., A., 3.	2.	Is income determined prior to nutritional risk assessment?			1	
Certification Section VIII., C., 3., m and n	3.	Was the correct form (Thirty–Day, Income Calculation and No Proof) used for income?			1	
Certification Section VIII., C.	4.	Was the income calculated according to procedures? Were the right questions asked?			1	
Certification Section VIII., A., 3.	5.	Was the applicant asked? (a) How many people are in the family? (b) Who contributed to the income of the family?			1	
Certification Section VIII., C., 3.	6.	Was income assessed according to the definition of family?			1	
Certification Section VIII.	7.	Was proof of income verified at certification/re-certification?			1	
	8.	Did the clinic staff ask the applicant to report income for the entire family?			1	
Certification Section VIII., B.	9.	Does the clinic determine an applicant/ participant to be income eligible based on presumptive eligibility requirements? Was a self-declared income required?			1	
Comments:						
I. CLOSURE OF CERT			1 1	П	T 4	T
Rights and Obligations Section I.	1.	Was the applicant asked to read the certification statement before signing?			1	
Certification Section XV., B., 18., g.	2.	Was the applicant asked to make a selection of their preference in authorizing disclosure of sharing participant information?			5	
Certification Section VII.	3.	Was the applicant offered the opportunity to have a proxy? If so, were procedures followed for documentation of proxies (i.e. Certification Form, Computer or Tickler File)?			1	
Comments:	•					•
J. CLINIC FLOW						
Administrative	1.	Were there any noticeable bottlenecks			2	
Section Three, XXVII.  Comments:	<u></u>	that interfered with the clinic flow?				
Comments.						

K. WAITING LIST					
Certification Section XXII., A.	Is there a current Waiting List since the last review?      If so, were procedures followed for maintaining a waiting list?			1	
Comments:					

## **NO PROOF MONITORING FORM**

□ 90 − 100% 5 Points (S) □ 50 − 79% 1 Point (U) □ 80 − 89% 3 Points (SN) □ 0 − 49% 0 Points (U)

CLINIC:	DATE:
In each clinic randomly select five (5) records,	, from the No Proof File, to review the following criteria:

CHART REVIEW - N/A (check N/A if No Proof is not available for review time period)							
CRITERIA T	O REVIE	EW					
PARTICIPANT'S NAME							
CERTIFICATION DATE							
MISSING PROOF(S) - Check all that apply	ID_ R_ INC_	ID R INC	ID_ R_ INC_	ID_ R_ INC	ID R INC		
COMPLETION OF NO PROOF FORM							
<ol> <li>Was the missing proof documented?</li> <li>Was the income information recorded?</li> <li>Was the reason for no documentation recorded?</li> <li>Was the list of family members applying</li> </ol>						5% 5% 5% 5%	
<ul> <li>completed?</li> <li>5. Was the applicant's signature and date recorded?</li> <li>6. Was the WIC representative's signature and</li> </ul>						5% 5%	
date recorded?  Comments:					Possible %		
COMPLETION OF THE CERTIFICATION FORM							
Was "NP" recorded on the Certification Form for the missing proof?						5%	
Was self-declaration allowed and documented on the Certification form if income was the missing proof?						5%	
3. Did the income recorded on the No Proof form equal the income recorded on the Certification form?						10%	
Comments:					Possible % % Awarde		
VALID USE							
Was the No Proof form used correctly?						10%	
Comments:					Possible %	<b>%</b> - 10	
					% Awarde	ed -	

NO PROOF FILE REVIEW - N/A (check N/A if No Proof is not available for review time period)									
COMPLETION OF NO PROOF FORM	Yes/No	Possible	%	% Awarded					
Was the missing proof documented?		5%							
2. Was the income information recorded?		5%							
3. Was the reason for no documentation recorded?		5%							
4. Was the list of family members applying completed?		5%							
5. Was the applicant's signature and date recorded?		5%							
6. Was the WIC representative's signature and date recorded?		5%							
Comments:			Pos	ssible % - 30					
			% <i>F</i>	Awarded -					
VALID USE									
Was the No Proof form used correctly?		10%							
Comments:			Pos	ssible % - 10					
			% <i>F</i>	Awarded -					

## **TEMPORARY THIRTY (30) DAY CERTIFICATION RECORD REVIEW**

	□ 90 – 100% 6 Points (S) □ 80 – 89% 4 Points (SN)	□ 50 – 79% 2 Point (U) □ 0 – 49% 0 Points (U)	
CLINIC:		DATE:	
Use one form per clin	ic in each clinic and randomly select five	e records from the Temporary Thirty (	30) Day Certification

Use one form per clinic in each clinic and randomly select five records from the Temporary Thirty (30) Day Certification Report to review the following criteria:

CHART REVIEW- N/A (check N/A if The	irty-Day is	s not availab	le for review	time period)		
PARTICIPANT'S NAME AND BIRTH DATE						
CERTIFICATION DATE						
	ID	ID	ID	ID	ID	
MISSING PROOF(S) - Check all that apply	R	R	R	R	ID R	
.,	INC_	INC_	INC	INC	INC	
COMPLETION OF THE THIRTY-DAY FORM						
1. Was the date recorded?						3%
2. Was the name, date of birth, address and telephone number completed?						3%
3. Was "You will be terminated from the Georgia WIC						3%
Program" checked?						
4. Was the date (that information is due back to the clinic) recorded?						3%
5. Was the type of proof(s) client is to bring back to the clinic checked?						3%
6. Were the date and the WIC Representative's signature completed?						3%
7. Was the Fair Hearing Section completed?						3%
8. Was the participant or parent/guardian/caregiver's signature completed?						3%
Was the WIC Representative's signature/title completed?						3%
Comments:				ole % – 27 arded -	,	
COMPLETION OF THE CERTIFICATION FORM						
1. Was "NO" placed in the missing proof(s) field?						3%
If income was the missing proof, is self-declared income documented?						3%
3. Did the participant or parent/guardian/caregiver sign the WIC assessment form?						3%
4. Did the WIC Representative sign and date the WIC assessment form?						3%
Comments:				ole % – 12 arded -		•
VOUCHER ISSUANCE						
Was the participant issued only thirty (30) days of vouchers?						5%

Did the temporary thirty (30) day certification end before or at the recorded return date (no extension and no extra vouchers			5%
issued?			
Comments:		Possible % % Awarded	-
WITHIN THE THIRTY-DAY PERIOD			
If the participant or parent/guardian/caregiver returned with the missing proof(s) was the actual document(s) presented recorded in the appropriate "UP" field?			5%
If income documentation was the missing proof, is the adjustment made on the WIC assessment form? (up field for income source/amount and Medicaid/SNAP/TANF eligibility/number)			3%
Did the WIC Representative date and initial the updated adjustment?			3%
4. Was the adjustment entered into the computer?			3%
Comments:	·	Possible % % Awarded	
TERMINATION			
If the participant is income ineligible, was "You are being terminated from the Georgia WIC Program" checked on the Thirty (30)-Day Form?			3%
2. Were the date and the WIC Representative's signature completed on the Thirty (30) -Day Form?			3%
3. If the participant or parent/guardian/caregiver did not return with the missing proof(s), was the participant terminated in the computer system?			4%
Comments:	·	Possible % % Awarded	
THIRTY-DAY FILE REVIEW- N/A (check N/A if Thirty-Day is	not available fo	r review time perio	od)
COMPLETION OF THE THIRTY-DAY FORM	Yes/No	Possible %	% Awarded
1. Was the date recorded?		3	
2. Was the name, date of birth, address and telephone number completed?		3	
3. Was "You will be terminated from the Georgia WIC Program" checked?		3	
4. Was the date (that information is due back to the clinic) recorded?		3	
5. Was the type of proof(s) client is to bring back to the clinic checked?		3	
6. Were the date and the WIC Representative's signature completed?		3	
7. Was the Fair Hearing Section completed?		3	
Was the participant or parent/guardian/caregiver's signature completed?		3	
Was the WIC Representative's signature/title completed?		3	
Comments:		Possible %	– 27
		% Awarded	-

#### PROCESSING STANDARDS / PRENATAL MISSED APPOINTMENT LOGS REVIEW

					7 Points (S)								
CLI	NIC:		□ 80 – 8	9% 12	Points (SN)		□ 0 <b>–</b> 49%		DAT	· <b>E</b> ·			
		orticinant N	lomosı I o	~ (	System Drine	10111	Dandom			ther			(
300	arce for P				System Print			names_		Yes/No	Do	ssible	(specify) %
		FROCES	SING STAI	IDANI	DS STSTEW!	/LOG I	VE AIL AA			163/110	FU	%	Awarded
1.	Is there a	system/log	available fo	or doci	umenting and	d tracki	ng initial co	ntact da	tes			10	7 tival dod
					mented proo								
		ig Standard:			•								
		system/log o										4	
		essing Stand	dards being	met f	or all WIC typ	es?						15	
Coı	mments:									Possible			
				DOCI	COINC CT	ANDAE	DC CILAT	T DEV	_\A/	% Award	ed -		
			P	ROCE	ESSING STA (Check two c		r each WIC ty		EVV				
	Participa	nt Name	WIC	Initi	al Contact		neduled		ial C	ontact Dat	es	١	Vere
	•		Туре		Date	Appo	ointment	Match	ո? (C	ertification	n	Pro	cessing
						l	Date	F				Stand	ards Met?
Coi	nments:							Possib	le %	<b>-</b> 5		Possil	ole % – 15
•								% Awarded -				% Awarded -	
	PRE	ENATAL MI	SSED APF	OINT	MENT LOG I	REVIE	N - N/A			Yes/No	Po	ssible	%
	(Check I	N/A if a prenata	al did not mis	s a certi	fication appoint	ment for	review time	period)				%	Awarded
1.	Was a Pro	enatal Misse	ed Appointr	nent L	og maintaine	ed?						10	
		og complete										4	
3.					for any reasc			npliance	with			2	
		gulations?	(View post	cards o	or other docu	ments	mailed)						
Coı	mments:									Possible % Award			
		"			SED APPOI al did not miss a			•	•				
Pai	rticipant	Initial	Schedu		Were		Date of C			eschedule	d	١	Vere
	Name	Contact	Appoint		Process		to Resci			ppointmen			cessing
		Date	• •		Standards	Met?	Miss	ed		Date		Stand	ards Met?
							Appoin	tment					
Co	mments:				Possible %	6 <b>–</b> 15			Pos	ssible % –	5	Possil	ole % – 15
-					I COSIDIC /	. I J			. 03	JUINIC /U —	-		J.

% Awarded -

% Awarded -

% Awarded -

## **CLINIC STAFF QUESTIONS**

CLINIC:			<b>\    E</b> : .							
(S = Satisfactory, SN	□ 90 − 100% 32	eeds Improvement, U = Unsati 2 Points (S)	6 Poi	nts (U	)	I/A =	Not Applic	cable)		
Name of Person Interviewed:										
REFERENCE	AREAS OF REVIEW S SN U NA Po						Possible %	% Awarded		
A. ENVIRONMENT										
Certification Section XXIV.		rvices coordinated or vith other health department					1			
Emergency Plan Section		nas power failure, what are ing procedures?					1			
V., A. and B.		ectronic door convert to a r in the event of a power					1			
Comments:			ı	1		1				
B. WAITING LIST										
Certification Section XXII.		e a waiting list? (See Policy o" Form – District Clinic					1			
Comments:										
C. SPECIAL POPULATI	N									
Certification Section II., C. and VII., C., 3., I.		ts being served? (See Policy To" Form – District Clinic					1			
		knowledgeable of procedures emigrant certifications?					5			
Special Population Section III., B.	<ol> <li>Are the Lar bilingual staclients, if ap</li> </ol>	nguage Lines interpreters or aff available for the LEP oplicable? (See Policy Unit Form – District Clinic					5			
		s completed when the r participant bring their own					5			
Comments:										
D. CERTIFICATION PRO		definition of "family "O				I				
Certification Section	1. What is the	definition of "family"?	1	1	1	l	1 1	Ì		

VIII., C., 3.			
Certification Section VII.	Under what circumstances are proxies allowed to bring a child in for recertification?	1	
Certification Section XVII., B.	Describe the process of accepting an out-of-state transfer (with a valid VOC card).	1	
Certification Section XXVI.	Do employees complete WIC certification or Referral forms with a home visit? (Request a copy of the procedures).	1	
Certification Section XXX.	5. How is the race of a participant determined?	1	
Comments:			
E. CIVIL RIGHTS			
Certification Section XXV.	How do you handle Civil Rights complaints?	10	
Comments:			
F. APPOINTMENTS			
	Do you contact all participants that miss a certification appointment? How are they contacted?	10	
Certification Section III., F.	2. Have special provisions been made for scheduling the Participants Who Work, Migrant or Rural Participants? Please explain your answer. (i.e. Saturdays or late clinic)  Hours of Operation  Extended Hours	10	
Certification Section IV., A.	3. When is the next available appointment for a walk-in applicant requesting WIC benefits? Women(P) Women(PP) Women(B) Infant Child	15	
Comments:			
G. PROCESSING STAN	DARDS	 	
Certification Section IV., A.	What are the processing standards time frames for each category below?  Prenatal  Breastfeeding	15	

	Postpartum Infants Children Migrants			
Certification Section XIII.	2. Is the staff knowledgeable of certification periods? (Staff interviews)  Women(P)  Women(B)  Women(PP)  Infant  Child		15	
Comments:		<u>.</u>		

#### ADMINISTRATIVE MANAGEMENT EVALUATION (S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not Applicable) Total Points for District Review □ 23-25 Points (S) □ 20-22 Points (SN) □ 19- 0 Points (U) DISTRICT **DATE** REFERENCE **AREAS OF REVIEW** S SN U NA Possible **Points Points** Awarded A. EMPLOYEE RELATIVE FORM (VOUCHER ISSUANCE EMPLOYEES/FAMILY MEMBERS) 1. What is the District's policy for issuing Certification 1 vouchers to eligible WIC employees and Section their family members? III.,E 2. Are any local agency staff receiving WIC Certification 1 benefits at the clinic site where they work? Section III.,E Certification 3. Are any family members of WIC staff 1 receiving benefits at the local clinic where Section the staff is employed? III..E 4. Are employees Disclosure forms completed Certification in its entirety and kept on file at the District Section III.,E office? Comments: **B. PACKING LIST/CONFIRMATION NOTICE** Food Delivery 1. Are signed, dated and reconciled voucher 2 V.,D.,2. Packing List/Confirmation Notice received by the District within five days of clinic verification? Comments: C. LOST/STOLEN/DESTROYED/VOIDED VOUCHER REPORT (MISSING VOUCHER/VPOD RECEIPT) Compliance 1. Has the District Office received notice of any 1 Analysis missing vouchers/VPOD receipts/VPOD stock paper from any WIC clinic since the Χ. last Program Review? Compliance 2. Are the Lost/Stolen/Destroyed/Voided 2 Analysis Voucher reports completed in its entirety? X. Compliance 3. Were Lost/Stolen/Destroyed/Voided 2 Voucher Reports investigated and sent to Analysis the Georgia WIC Program within five days of Χ. receipt?

Comments:

D. COMPLIANCE	E SELF REVIEWS				
State Agency Monitoring II.,B	Were Self Reviews conducted in the District?			1	
State Agency Monitoring II.,B	2. Was the Food Instrument Accountability Section completed in its entirety?			1	
State Agency Monitoring II.,B	3. Was the State's Monitoring Tool used?			1	
Comments:					
E. DUAL PARTIC	CIPATION/PARTICIPANT AND/OR EMPLOY	EE ABU	SE		
Compliance Analysis III.,A.	Has the District received any reports of program abuse by the participants and/or employees since the last Program Review?			1	
Compliance Analysis III.,A.	2. Was the report of abuse investigated?			1	
Compliance Analysis III.,A.	Was the report sent to the Georgia     WIC Program?			1	
	4. Does the district distribute the monthly Dual Participation List to clinics to prevent certifications and/or voucher issuance to dual participants?			2	
Comments:		,			
	UNMATCHED REDEMPTION REPORT (CU	R)			
Food Delivery XIV.,A.	Does the District monitor the     Unmatched Redemption and     Cumulative Unmatched Redemption     reports on a monthly basis?			1	
Food Delivery XIV.,A.	Does the District complete and/or monitor the Bank Exception Reports received from the Georgia WIC Program on a monthly basis?			1	
	3. Does the District monitor the voucher override report on a monthly basis?			2	
	4. Are findings from the override Report kept on file in the District Office			1	
Comments:		,		. '	

# **CLINIC EVALUATION** (S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not Applicable)

Total Points for Clinic Review \_ □ 139-155 Points (S) □ 138-124 (SN) □ 123-77 Points (U) □ 0-76 (U)

CLINIC	□ 0-76 (U	)			DATE		
CLINIC REFERENCE	ADEAS OF BEVIEW	<u> </u>	CNI		DATE		DOINTS
KEFEKENCE	AREAS OF REVIEW	S	SN	U	NA	POSSIBLE	POINTS
						POINTS	AWARDED
A. RECONCILE	D PACKING LIST/CONFIRMATION NOT	ICES	S				
Food Delivery	Is the Packing List/Confirmation					2	
V.,D.,1.	Notice verified, signed, and dated?						
Food Delivery	Are Packing List serial numbers					2	
V.,E.	recorded on the Manual Voucher Inventory Logs within three days of receipt?						
Food Delivery	3. Are Confirmation Notices serial					2	
VI.,A.	numbers recorded on the VPOD Inventory Logs within three days of receipt?						
Food Delivery	4. Was the computer screen printed					2	
VI.,A.	and stapled to the corresponding						
V 1.,7 \.	Confirmation Notice to show date of						
	entrance is within three days of receipt?						
Food Delivery	5. Are any Packing List/Confirmation					3	
VI.,D.1.	Notice missing?						
Comments:							
B. MANUAL VO	DUCHER INVENTOY LOG						
Food Delivery	1. Is the log completed in its entirety on					5	
V.,E.	all vouchers?						
Food Delivery	2. Are clerk initials present on the					2	
V.E.,1.	Manual Inventory Log(s)?						
Food Delivery	3. Are the beginning and ending					5	
V.,E.	numbers documented correctly on the log(s)?						
Comments:							
C. MANUAL VO	DUCHER PHYSICAL INVENTORY						
Food Delivery	Are the Physical Inventories					3	
V.,E.2.	conducted/verified monthly and match the inventory log?						

Food Delivery	2. Does the Manual Voucher Inventory	2	
V.,E.2.	Log contain second verifying initials for physical inventory?		
Food Delivery II.,C.	3. Does the clinic have an adequate supply of preprinted standard and blank Manual Vouchers?	3	
Food Delivery	4. Are any Manual Vouchers missing?	5	
V.,E.2.			
Comments:			
	OUCHER COPIES		
Food Delivery V.,G.2.	<ol> <li>Are Manual Voucher copies filed in serial number order?</li> </ol>	2	
Food Delivery	2. Are any Manual Voucher Copies	3	
V.,F.	Missing?		
Food Delivery	3. Have vouchers been altered with write over's or scratch-outs?	3	
V.,F.			
Food Delivery	4. Were Manual Voucher copies	3	
V.,F.	submitted to Covansys for processing?		
Food Delivery	5. Are Manual Vouchers completed	3	
V.,3.	accurately? (Demographics, appropriate food quantities and/or unassigned blocks marked with an "X"?)		
Food Delivery	6. Does the Manual Vouchers contain	3	
III.,B.,2.	the correct ID proof codes and/or any missing participant's signatures?		
Comments:			
E. VPOD INVEN	NTORY LOGS		
Food Delivery	<ol> <li>Is the VPOD/VMARS Inventory Log completed in its entirety?</li> </ol>	2	
VI.,D.	completed in its entirety!		
Food Delivery	2. Are the beginning and ending	2	
VI.,D.	numbers documented correctly on the log?		
Food Delivery	3. Are voucher override reports	3	
VI.,D.	maintained in the clinic and a copy sent to the district		
Food Delivery	4. Are voucher override request	3	
VI.,D.	approved by an authorized manager?		
Comments:		•	

F. VOUCHERS	S PRINTED ON DEMAND (VPOD VOUCHERS) RECEIPTS	
Food Delivery	Are receipts filed in serial number	
IV.,D.,4.	order, missing or misfiled?	
Food Delivery	· · · · · · · · · · · · · · · · · · ·	
IV.,D.,1.	proof codes and/or any missing participant signatures?	
Food Delivery		
IV.,D.,2.,(2)	contain the entry "Failed to Sign" more than 1% for the entire month?	
Food Delivery		
VI.,C.	and attached to the receipts?	
Comments:		
	TVITY REPORTS	
Food Delivery	Are Daily Activity Reports maintained correctly (gaps, missing numbers,	
VI.,C.	signatures, columns or dates)?	
Food Delivery		
VI.,E.	into the system as void and reconciled with the Daily Activity	
	Report.	
Comments:		
H. VOUCHER S		
Compliance Analysis	During office hours, are vouchers securely stored or in the possession	
	of authorized staff?	
XII.,A.1.		
Compliance Analysis	Is the key properly secured at all times only with authorized WIC	
XII.,A.1.	personnel?	
·		
Compliance Analysis	3. Are vouchers and VPOD/VMARS stock paper securely stored	
XI.,C.,2.	separately from ID cards and	
XI.,O.,Z.	voucher receipts?	
Compliance	4. Are WIC ID cards securely stored 1	
Analysis	separately from the WIC Stamp?	
XI.,C.,2.		
Compliance Analysis	5. Are WIC ID cards pre-stamped? 2	
XI.C.		
Compliance	6. What security measures are currently 1	
Analysis	in place to prevent voucher theft by participants?	
XII.,B.		

Compliance Analysis XII.,E.	7. Are manual vouchers borrowed within the district? If yes, how are they transported and by whom? (See transportation method).			1	
Compliance Analysis XII., E.	8. If vouchers are issued to participants in the home and/or hospital sites, how are they delivered and by whom?			1	
Comments:		•	•		
I. PRORATING	/VOUCHERS ISSUANCE				
Food Delivery VIII.	Were vouchers prorated accordingly for late voucher pick up and categorically ineligible participants?			3	
Food Delivery III.,A.	2. Were vouchers over issued to Prenatal women who are due for certification? (Vouchers issued in excess during the prenatal period for one month plus forty-five day increments beyond their date of delivery).			2	
Food Delivery III.,A.	3. Were vouchers issued to participants past the certification due date without a current certification completed?			2	
STAFF INTERV	IEW QUESTIONS				
Name of Dares	- Internal				
name of Perso	n Interviewed:				
	2. PRORATION			3	
Food Delivery VIII.				3	
Food Delivery	PRORATION     A. Is staff knowledgeable of the			3	
Food Delivery	PRORATION     A. Is staff knowledgeable of the proper procedures for prorating?			3	
Food Delivery	<ul> <li>2. PRORATION</li> <li>A. Is staff knowledgeable of the proper procedures for prorating?</li> <li>Less than 7 days late</li> </ul>			3	
Food Delivery	2. PRORATION  A. Is staff knowledgeable of the proper procedures for prorating?  • Less than 7 days late  (Women/Child/Infant)			3	
Food Delivery	2. PRORATION  A. Is staff knowledgeable of the proper procedures for prorating?  • Less than 7 days late  (Women/Child/Infant)  • 7-13 days late  (Women/Child/Infant)			3	
Food Delivery	2. PRORATION  A. Is staff knowledgeable of the proper procedures for prorating?  • Less than 7 days late  (Women/Child/Infant)  • 7-13 days late  (Women/Child/Infant)  • 14-20 days late			3	
Food Delivery	2. PRORATION  A. Is staff knowledgeable of the proper procedures for prorating?  • Less than 7 days late  (Women/Child/Infant)  • 7-13 days late  (Women/Child/Infant)  • 14-20 days late  (Women/Child/Infant)			3	
Food Delivery	2. PRORATION  A. Is staff knowledgeable of the proper procedures for prorating?  • Less than 7 days late  (Women/Child/Infant)  • 7-13 days late  (Women/Child/Infant)  • 14-20 days late			3	
Food Delivery	2. PRORATION  A. Is staff knowledgeable of the proper procedures for prorating?  • Less than 7 days late  (Women/Child/Infant)  • 7-13 days late  (Women/Child/Infant)  • 14-20 days late  (Women/Child/Infant)  • 21-31 days late			3	
Food Delivery VIII.  Comments:	2. PRORATION  A. Is staff knowledgeable of the proper procedures for prorating?  • Less than 7 days late  (Women/Child/Infant)  • 7-13 days late  (Women/Child/Infant)  • 14-20 days late  (Women/Child/Infant)  • 21-31 days late			3	

		1	1		1 -	T
Food Delivery III., F.	Were procedures appropriately applied for WIC certifications and voucher issuance? (See Form 2-				9	
	Chart Review for point assignment for this question)					
CLINIC STAFF	INTERVIEW QUESTION		I	ı		
Name of Perso	n Interviewed:			_		
Certification	3. LOCAL AGENCY POLICIES				1	
Section	A. What is your policy for issuing					
III., E.	vouchers to employees/family members?					
Comments:		ı		I	l	
K. VOUCHER I	SSUANCE (RECERT OVERDUE)					
Food Delivery	Were the demographics (Name,				4	
III., A.	Address, etc.) and supporting documents (Proof of Identification,					
	Residency and Income) appropriately					
	applied for the WIC certification? (See Form 1- Record Review for					
	point assignment for this question)					
Food Delivery	Are any participants issued vouchers				4	
III.,A.	past certification overdue date					
,	without a current certification completed? (See Form 1-Record					
	Review for point assignment for this					
	question)					
Food Delivery	3. Was current certification processed and sent to Covansys? (See Form 1-				4	
III.,A.	Record Review for point assignment					
	for this question)					
Comments:		1		I	1	
L. ISSUANCE I	PROCEDURES (CUR)					
Food Delivery	Were the demographics (Name,				4	
XIV.	Address, etc.) and supporting documents (Proof of Identification,					
	Residency and Income) appropriately					
	applied for the WIC certification? (See Form 3- Record Review for					
	point assignment for this question)					
Food Delivery	Are vouchers issued to participants				4	
XIV.	who were terminated for thirty-day					
	issues and/or categorically ineligible? (See Form 3- Record Review for					
	point assignment for this question)					
Food Delivery	Are vouchers issued to participants				4	
		1			1	1

XIV.	without a valid certification processed				
	with Covansys? (See Form 3-				
	Record Review for point assignment for this question)				
	ioi tilis question)				
Comments:					
	IT ABUSE/DUAL PARTICIPATION				
Compliance	Did the participant receive notice of			3	
Analysis	repayment, suspension and/or termination?				
III.,C.	terrimation:				
Compliance	2. Were participant's that were found to			3	
Analysis	be in violation of the Georgia WIC				
III.,C.	Program terminated for a period of				
	one year?				
	3. a. Does the clinic maintain the			1	
	monthly Dual Participation List to prevent certifications and/or voucher				
	issuance to dual participants?				
	<u> </u>				
	<ul> <li>b. Did the staff send a copy of the paperwork to OIG for any client who</li> </ul>				
	tried to be placed on two programs?			1	
Comments:					
Commission					
N. OBSERVAT	ON OF DUAL PARTICIPATION				
Rights and	Did staff emphasize dual		T	5	
Obligation	participation during certification and				
Section	re-certification?				
l.					
Comments:		l l	<u> </u>		
0.1.007/0701	EMPERED OVER VOLUMER REPORT				
Compliance	Were Lost/Stolen/Destroyed Voucher			4	
Analysis	Reports completed in its entirety for			7	
_	vouchers that were security				
XI.,C.	destroyed, lost, or damaged?				
Compliance	2. Was the Lost/Stolen/Destroyed			1	
Analysis	Voucher Report sent to the district				
_	office and Georgia WIC Program				
XI.,C.	within five days of completion?				
Comments:					

P. VOUCHER F	REGISTERS	
Emergency Plan XII., D.	1. Were Voucher Registers reconciled with the participant's signature and/or marked as void, followed by the clerk's initials and date?	
Comments:		

CLINIC.

#### **RE-CERT OVERDUE RECORD REVIEW FORM**

Select a random sample of at least eight (8) records for which the following message "RECERT OVERDUE MMDDYY" appears and to whom vouchers were issued. It is important that six-week postpartum women be in the sample.

DATE:

□ 90 − 100% =12 Points (S)
□ 80 − 89% =9 Points (SN)
□ 50-79% =6 Points (U)
□ 0-49% =0 Points (U)

oeimo.			DA	· <b>-</b> ·				<del></del>
CHART REVIEW - N/A (check N/A if Recei	rt Overdue	is not a	/ailable fo	or review	time perio	d)		
100% compliance = A	vailable	Possik	ole poir	nts for	each cr	iteri	a.	
PARTICIPANT'S NAME						%	Possible Points	Points Awarded
WIC STATUS							12	
DEMOGRAPHICS								
Were the demographics (Name, Address, etc.) and supporting documents (Proof of Identification, Residency and Income) appropriately applied for the WIC certification?							4	
Comments:								
CE	RTIFIC	ATION	DATES	•				
<ol><li>Were the participant's delivery and/or EDC date recorded?</li></ol>							1	
3. What is the participant's re-cert due date?							2	
<ol><li>What is the participant's re- certification date?</li></ol>							1	
Comments:								
V	OUCHE	R ISSU	ANCE					
5. Was the participant issued vouchers past the certification overdue date without a current certification completed?							3	
Was current certification processed and sent to Covansys?							1	
Comments:								

DATE: \_\_\_\_\_

#### **EMPLOYEE/RELATIVE RECORD REVIEW**

## Review the following criteria in <u>all</u> Employee/ Relatives records that receive WIC benefits

Note: Make copies of this for the Record Review as needed.

 $\Box$  90 - 100% =12 Points (S)  $\Box 80 - 89\% = 9 \text{ Points (SN)}$ □ 50-79% =6 Points (U) □ 0-49% =0 Points (Ù)

CLINIC:		_	DATI	E:					
CHART REVIEW	- N/A (check N/A if	Employee/Re	elative is no	ot available	for review ti	me period)			
100%	6 compliance = Availa								
PARTICIPANT'S NAME					%	Possible Points	Points Awarded		
CERTIFICATION DATE						12			
DEMOGRAPHICS									
Were the demograph Address, etc.) compared to the compare						1			
Comments:									
		PROOFS							
<ol><li>Was proof of reside a copy stamped da record?</li></ol>	ed and filed in the					1			
<ol> <li>Was proof of identif participant recorded stamped dated and record?</li> </ol>	d and a copy filed in the					1			
4. Was proof of identif parent/ guardian re- copy stamped date record?	corded and a					1			
5. Was proof of incom parent/guardian red stamped dated and record?	orded and a copy					1			
Comments:									
	CERTIFICA	ATION VA	LIDATIO	N					
<ol> <li>Was the signature/t verifying the particip guardian signature</li> </ol>	oant/parent/					1			
<ol><li>Was the participant recorded?</li></ol>	's signature/date					1			
<ol><li>If proxy signed aborabeted an</li></ol>						1			
Comments:									

SUPPORTING DOCUMENTATION								
9. Was a current Disclosure Form on file at the clinic?							3	
10. Did the staff member issue vouchers or process certification for themselves and/or family member?							1	
Comments:		•		•				

CLINIC: \_\_\_\_\_

DATE: \_\_\_\_\_

#### **CUR REPORT RECORD REVIEW**

## Select a random sample of at least eight (8) records from the most recent CUR Part II

 $\Box$  90 - 100% =12 Points (S)  $\Box 80 - 89\% = 9 \text{ Points (SN)}$ □ 50-79% =9 Points (U) □ 0-49% =0 Points (U)

CHART REVIEW - N/A (check N/A if CUR Report is not available for review time period)									
100% compliance = Available Possible points for each criteria.									
PARTICIPANT'S NAME						%	Possible Points	Points Awarded	
WIC STATUS							12		
	DEMO	RAPHI	cs						
<ol> <li>Were the demographics (Name, Address, etc.) completed?</li> </ol>							4		
Comments:									
CERTI	FICATIO	N PRO	CEDUR	ES					
2. Was valid certification processed and sent to Covansys?							4		
Comments:									
V	OUCHE	R ISSUA	NCE						
Were vouchers issued to a categorically ineligible participant?							2		
4. Were vouchers issued to a participant who was terminated for thirty-day issues?							2		
Comments:									

Nutr	ition Services:	400 points or 40% of Total Program Review Score		
A)	District Nutrition Office		Points Available for Each Section	Score Based on Points available/Total Nutrition points available (400)
		Secondary Nutrition Education Provided  Low Risk Secondary Nutrition Education High Risk Secondary Nutrition Education	70 (35) (35)	17.5%
		District Created Food Packages (999 Review) Breastfeeding Promotion and Support Nutrition Education Materials Nutrition Education Plan Orientation Checklist Continuing Education - CPA (% Meeting Standard) - Nutrition Assistant (% Meeting Standard)	15 20 15 15 5 20	3.75% 5% 3.75% 3.75% 1.25% 5%
			160	
В)	(Clinic) Breastfeedin g	Chart Review Percentage for documentation Assigned Breastfeeding Coordinator Clinic Environment supportive of breastfeeding Breastfeeding Referral system in place	30	7.5%
			30	
(C)	(Clinic) - Clinic Observation	Nutrition Education Observation (Certifications, low and high risk secondary contacts) Anthropometric Equipment / Hematological Equipment Anthropometric Observation	75 5 5 5	18.75% 1.25% 1.25% 1.25%
		Hematological Observation	90	
D)	(Clinic) Food Package	Formula Tracking Log High Risk / Special formulas/Medical Documentation	5 15 <b>20</b>	1.25% 3.75%
E)	(Clinic) Record Review	Record Review Summary - 100 Points Total per Chart.  - One highlighted clinic average <90% requires Clinic Specific Training  - Two highlighted clinics <100% requires Clinic Specific Training  - Three or more highlighted clinics <100% Districtwide and /or Districtwide average <90% requires District-wide Training  - Highlighted black <100%  - Highlighted red requires Corrective Action Training	100	25%
			100	
		Total Available (from each section above)	400	100%

#### OFFICE OF NUTRITION / WIC PROGRAM REVIEW

Date:			

**District Program Review Notes:** 

Notes:

**Clinic Program Review Notes:** 

Note: District, Clinic, and Office of Nutrition review questions are completed for background tracking and education.

District / Prior To Information								
AREAS OF REVIEW		ormat rovide		COMMENTS				
	S	U	NA					
<ol> <li>A copy of the Employee Orientation Checklist for all new employees hired after September 1, 2008.</li> </ol>				NE Section (V)				
<ol> <li>District training plan for Competent Professional Authorities (CPAs) and Nutrition Assistant (NAs).</li> </ol>				NE Section (VI) (Attachment NE-3 (IV) is training plan for NAs)				
<ol> <li>A list of all CPAs by Clinic (Nutrition and Nursing) and documentation of continuing education.</li> </ol>				NE Section (V), Attachment NE-6				
<ol> <li>A list of all Nutrition Assistants and documentation of continuing education.</li> </ol>				NE Section, Attachment NE-3 (IV), Attachment NE-6				
<ol><li>A copy of all class outlines for group facilitated classes offered in the District.</li></ol>				NE Section (VI), Breastfeeding Section (V)				
<ol> <li>A list of all nutrition education materials used by the local agency and District procedures used by clinics for ordering materials.</li> </ol>				NE Section (VIII)				
<ol><li>A current copy of all District /Clinic 999 food packages and voucher codes.</li></ol>				FP Section (References food package rules)				
<ol><li>Summary of nutrition-related findings from self reviews.</li></ol>				AD Section (IV)				
Summary of outreach activities.				Outreach Section (I)				
<ol> <li>Summary of all nutrition trainings/in-services provided by the District office since the last review.</li> </ol>				NE Section (V)				

<ul> <li>11. Nutrition Staffing Standards: Summary of current CPAs and how it relates to the district's ability to meet staffing standards. The information should include full time equivalents. (Part time staff as well as individuals that do not work in WIC full time should be considered in total numbers reported.) Manager's time should only be included in proportion to the amount of time they are providing direct services to participants.</li> <li>A. One (1) CPA per every 1,000 participants served.</li> <li>B. One (1) RD/LD per every 5,000 clients served.</li> </ul>	AD Section (IV)
<ol> <li>Documentation to support that all staff (Clerical and CPA) received yearly breastfeeding continuing education.</li> </ol>	BF Section
<ol> <li>A list of all Peer Counselors by Clinic and a summary of continuing education.</li> </ol>	BF Section
14. A copy of the district breast pump policy and procedures for issuing pumps.	BF Section
15. A copy of the District Breastfeeding Equipment inventory log.	BF Section

DISTRICT REVIEW QUESTIONS								
AREAS OF REVIEW	S	U	NA	COMMENTS				
FOOD PACKAGE ASSIGNMENT     Describe the protocol for infant food package changes from the contract formula to a noncontract formula.				Food Package Section (III, IV, V, VI)				
B. How are food packages assigned?				Food Package Section (III, IV, V, VI)				
C. What procedures are used for obtaining and tracking the use of prescription formulas/medical foods, and providing follow-up for participants on special formulas/medical foods?				Food Package Section (VIII)				
II. NUTRITION EDUCATION  A. Training  1. Describe the process for evaluating staff training needs.				AD (VII)				
How do you assess the effectiveness of the training over time?				AD (VII)				
B. Competent Professional Authority (CPA)								
Describe the process used to evaluate if CPA staff met the required 12 hours of continuing education yearly.				NE Section (V), Attachment NE-6				
Describe the process utilized when CPAs receive less than the required 12 hours of continuing education.				NE Section (V), Attachment NE-6				
C. Nutrition Assistants (NAs)     1. Describe how Nutrition Assistants are utilized in your District.				Not directly addressed NE (IV), NE-Attachment III				
Has the training plan for NAs been approved by the Office of Nutrition?  If yes, the date:				NE (VI)				
D. Participant Nutrition Education Contacts  1. Describe the system used to provide nutrition education quarterly for infants, children and breastfeeding women certified for > 6 month or to provide two (2) nutrition education contacts for non-breasting women and other participants certified for 6 months or less.				NE (VI)				
Describe the method used to document secondary nutrition education contacts.				NE (VI)				

DISTRICT REVIEW QUESTIONS								
AREAS OF REVIEW	S	U	NA	COMMENTS				
Describe how failed secondary nutrition education contacts are documented.				NE (VI)				
List nutrition references used by your     District. (e.g., ADA Nutrition Care Manual)				BF (V) Gives examples for BF NE Section				
<ol> <li>Describe the system used to provide secondary nutrition education contacts to participants identified as high risk.</li> </ol>				NE (VI)				
E. Nutrition Education Materials  Are adequate and appropriate nutrition education materials available?  • All participant groups represented (Woman/Infant/Child)  • Evaluate all District materials for meeting nutrition education guidelines.  • Compare topics available related to Nutrition Risk Criteria and nutrition education documentation topics.				NE Section (VIII)				
III. Breastfeeding Promotion and Support								
Breastfeeding Coordination				BF (IV), BF Attachment 3				
Describe the major responsibilities and activities of the Breastfeeding Coordinator.								
Does the Breastfeeding Coordinator conduct activities District-wide or primarily in one location?				BF (IV)				
3. How does the Breastfeeding Coordinator document participant contacts (i.e., counseling, classes)? What is the lag time between counseling and actual documentation, if any?				BF (IV)				
Encouragement to Breastfeed				BF (IV, V)				
Describe how breastfeeding is encouraged and documented during the prenatal period.				<b>,</b> . ,				

DISTRICT REVIEW QUESTIONS									
AREAS OF REVIEW	S	U	NA	COMMENTS					
C. Breastfeeding Education and Training									
Describe how clinic staff is kept abreast about current breastfeeding information.				BF (IV)					
<ol> <li>Describe the referral system for participants who request additional support/information or who require more in-depth counseling or assistance on breastfeeding.</li> </ol>				BF (IV)					
Describe what the local agency is doing to create a clinic atmosphere that is supportive of breastfeeding.				BF (IV)					
<ol> <li>Please describe any breastfeeding activities not addressed above (e.g., peer counseling, special projects, media exposure, etc.).</li> </ol>				BF (IV)					
IV. SPECIAL REQUESTS  A. What public health nutrition services are available in your local agency?				Looking for District best practices.					
B. Describe any special projects, initiatives, and/or accomplishments in the areas of breastfeeding, nutrition education and training being implemented in the local agency.				Looking for District best practices.					
C. Does your District have an agreement or partnership with services/programs that serve the WIC population?  Daycare  Head Start  Extension Services Other Health Services Programs / List if applicable.				Looking for District best practices.  Not required – no points					
D. How can the Office of Nutrition staff assist in improving or enhancing Nutrition Education and Breastfeeding Plans and providing nutrition services?				Looking for District best practices.  Not required – no points					

	CLINIC REVIEW QUESTIONS								
	AREAS OF REVIEW	S	U	NA	COMMENTS				
	<ul> <li>I. FOOD PACKAGE ASSIGNMENT</li> <li>A. How are food packages assigned to meet participant needs?</li> </ul>				Food Package Section (III, IV, V, VI)				
	<b>B.</b> Describe the protocol for infant food package changes from the contract formula to a non-contract formula.				FP (II)				
	C. What procedures are used for obtaining and tracking the use of prescription formulas/medical foods, and providing follow-up for participants on special formulas/medical foods?				FP (IV & VIII)				
II.	NUTRITION EDUCATION								
A.	<ol> <li>Participant Nutrition Education Contacts</li> <li>Describe the system used to provide two (2) nutrition education contacts for each six (6) month certification period or quarterly for certification greater than 6 months.</li> </ol>				NE (VI)				
	<ol> <li>Describe the method used to document secondary nutrition education contacts.</li> </ol>				NE (VI)				
	<ol> <li>Describe how failed secondary nutrition education contacts are documented.</li> </ol>				NE (VI)				
	4. List nutrition references used by your District. (e.g., ADA Nutrition Care Manual)				BF (V) Gives examples for BF NE section				
	<ol> <li>Describe the system used to provide secondary nutrition education contacts to participants identified as high risk.</li> </ol>				NE (VI)				
B.	<ul><li>Nutrition Education Materials</li><li>1. Describe the process for requesting and or replenishing nutrition education materials.</li></ul>				NE section (VIII)				
	<ol> <li>Are materials available that meet the needs of specific population groups? Describe how the materials available meet their needs.</li> </ol>				NE section (VIII)				

CLINIC REVIEW QUESTIONS								
AREAS OF REVIEW	S	U	NA	COMMENTS				
III. Breastfeeding Promotion and Support								
A. Encouragement to Breastfeed				BF (IV & V)				
Describe how breastfeeding is encouraged and documented during the prenatal period.  • Take into consideration individual contacts, prenatal/breastfeeding classes, or other (Please specify.)								
B. Breastfeeding Education and Training								
Describe how you kept abreast about current breastfeeding information.				BF (IV)				
Describe the referral system for participants who request additional support/information or who require more in-depth counseling or assistance on breastfeeding.				BF (IV)				
Describe how your clinic creates a supportive breastfeeding friendly atmosphere.				BF (IV)				

# Administrative Management Evaluation Nutrition Unit

(S – Satisfactory	Nutrition Unit SN = Satisfactory Needs Improvement, U = Unsatisf	facto	nrv and	4 NI/	Δ _	Not Applic	rahla)	
DISTRICT: DATE:								
REFERENCE: AREAS OF REVIEW								
A. Secondary Nutrit	s	SN		NI A	Possible	Points		
<del></del>	3	SIN		INA	Points	Awarded		
<ul> <li>NE (VI), CT Attachment VI</li> <li>% estimated from Program Review chart review</li> <li>OR</li> <li>District Total % from CSC data when available (Calculated from latest FFY total cumulative percentage)</li> </ul>	Secondary Nutrition Education Overall Rating:  1. Low Risk Secondary Nutrition Education Rate from Electronic Documentation.  %  90-100% 40 Points (S)  80-89% 35 Points (SN)  50-79% 20 Points (U)  0-49 % 0 Points (U)  2. High Risk Secondary Nutrition Education Rate from Electronic Documentation.  %  90-100% 40 Points (S)  80-89% 35 Points (SN)  50-79% 20 Points (U)  0-49 % 0 Points (U)					35		
Comments:  B. Breastfeeding Pr	omotion and Support:	S	SN	U	NA	Possible Points	Points Awarded	
BF (IV, V)	Breastfeeding Promotion and Support Overall					20	Awarded	
	Rating:  1. Is the assigned District Breastfeeding Coordinator a full-time position?					8		
	Is the District Breastfeeding Coordinator a     Certified Lactation Counselor (CLC) or     International Board Certified Lactation     Consultant (IBCLC)?					2		
	3. All staff interacting with WIC participants (CPAs, Nutrition Assistants, Peer Counselors, Clerical) receiving breastfeeding continuing education?					5		
	4. Does the District have Breastfeeding Peer Counselors supporting prenatal and breastfeeding women?					2		
	<ul><li>5. Local agency keeps:</li><li>a. An inventory of all breast pumps and kits?</li><li>b. Appropriate policies and procedures for issuing pumps?</li></ul>					2		

Has the local agency developed a breastfeeding resource list for prenatal and

	Administrative Management Evalua	tion					
	Nutrition Unit						
(S = Satisfactory.	SN = Satisfactory Needs Improvement, U = Unsatis	sfacto	orv an	d N/	/A =	Not Applic	able)
DISTRICT:	, , , , , , , , , , , , , , , , , , , ,		ATE:				<b>/</b>
REFERENCE:	AREAS OF RE breastfeeding women?	VIEV	V	1			
Comments:	breastreeding women:						
Comments.							
C. District-Created	d 999 Food Package Review:		011	Ι	NI A	Da a allala	Dainta
O. <u>District Oreates</u>	1 333 F GOOL F GORAGE REVIEW.	S	SN	١٠	NA	Possible Points	Points Awarded
FP (II), Attachments	District-Created 999 Food Package Review					Tomico	Awarueu
23-31	Overall Rating:					15	
	District / Clinic created food packages					2	
	available for review?					2	
	Food packages followed existing state and						
	federal guidelines?					10	
	<ul> <li>Food packages issued within existing minimums and/or maximums?</li> </ul>						
	Designated coordinator for District created						
	food packages and approval process. (Best					3	
	Practice)						
Comments:							
D. Nutrition Educa	ation Materials / Class Outlines:						
D. Nutrition Educa	ation Materials / Class Outlines.	S	SN	U	NA	Possible Points	Points Awarded
NE (VIII)	Nutrition Education Materials / Class Outlines					15	
	Overall Rating:						
	<ol> <li>Are class outlines available for review and did they include learning objectives?</li> </ol>					3	
	Are all participant groups represented by					3	
	available nutrition education materials						
	(Women / Infant / Child)?						
	*When applicable- some clinics serve only						
	specific populations.						
	Evaluate all District created Nutrition					3	
	Education materials for meeting nutrition education guidelines. (Full non-						
	discrimination statement on all district						
	created materials. Effective May 1, 2009)						
	Are appropriate and adequate variety of					3	
	nutrition education materials available to						
	meet participant category needs? (English,						
	Spanish, other)	-					
	5. All District created materials were approved by the Nutrition Services Unit and DPH.					3	
Comments:	by the Nuthtion Services Unit and DPH.		<u> </u>	<u> </u>			

#### **Administrative Management Evaluation Nutrition Unit** (S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable) DISTRICT: DATE: REFERENCE: AREAS OF REVIEW **Nutrition Education Plan:** U NA Possible SN **Points Points Awarded** NE (VI) Nutrition Education Plan Overall Rating: 15 1. Did the Nutrition Services Unit receive an 15 annual Nutrition Education Plan by the assigned deadline? Comments: F. **Orientation Checklist:** U NA Possible S SN **Points Points Awarded** NE (V) Orientation Checklist Overall Rating: 5 1. District CPA orientation includes all components of the "State Orientation 1 Checklist"? 2. Checklists on file for all CPAs hired since 2 last program review All components completed, initialed and checklist signed. Comments: G. **Continuing Education:** U NA Possible SN **Points Points Awarded** Continuing Education Overall Rating for CPA's or 18 NE (V), Attachment CPA's & NA's: NE-6 **Nutrition Assistant Observations** 1. % of CPA's Meeting Minimum Standard % • 90-100% 18 Points Information Needed: (S) a. Total number of CPA's evaluated for continuing education? • 80-89% 14 Points b. Number of CPA's that received the required 12 hours of (SN) nutrition specific continuing education? • 0-80% No Points Number of CPA's that received less than the required 12 hours of nutrition specific continuing education? d. Calculate the District average for CPA's receiving the required Nutrition Specific Continuing Education. Total CPA's meeting requirements ÷ CPA's = % of CPA's Meeting Minimum Standard Districts with Nutrition Assistants: % 2. % of CPA's & Nutrition Assistants (NA) Meeting Minimum Standard

# **Administrative Management Evaluation Nutrition Unit**

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

DISTRICT:	DATE:	
REFERENCE:	AREAS OF REVIEW	
	Information Needed:  a. Total number of CPA's & NA's evaluated for continuing education?  b. Number of CPA's & NA's that received the required 12 hours of nutrition specific continuing education?  c. Number of CPA's & NA's that received less than the required 12 hours of nutrition specific continuing education?  d. Calculate the District average for CPA's & NA's receiving the required Nutrition Specific Continuing Education.  Total CPA's & NA's meeting requirements ÷ CPA's & NA's = % of CPA's & NA's Meeting Minimum Standard	90-100% 18 Points     (S)     80-89% 14 Points     (SN)     0-80% No Points     (U)
	Were observations conducted as required for NA's?     Subtract 2 points if observations were not conducted as required.	2 points (If NA points automatically added to total)

Comments: (Required - 12 hours of nutrition specific continuing education yearly.)

H. <u>Breastfeeding Cli</u>	inic Evaluation:	S	SN	U	NA	Possible Points	Points Awarded
	Breastfeeding Clinic Evaluation Overall Rating:					30	
• NE (IV, V) • BF (IV, V)	<ul> <li>Encouragement to Breastfeed -</li> <li>Establish a clinic environment that clearly supports breastfeeding; breastfeeding friendly posters, bulletin boards, cups, pens, badge holders displayed throughout?</li> </ul>					10	
	<ul> <li>Designated private space for nursing mothers?</li> </ul>					5	
	<ul> <li>Breastfeeding Peer Counselors available to provide additional support to prenatal and breastfeeding women?</li> </ul>					4	
	<ul> <li>Prenatal /breastfeeding classes offered?</li> </ul>					4	
	Breastfeeding Referral System -     Clinic level staff accurately described district referral system. (Prenatal or breastfeeding woman needing additional support are referred to the designated breastfeeding person;					3	

# **Administrative Management Evaluation Nutrition Unit** (S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable) DISTRICT: DATE: **REFERENCE: AREAS OF REVIEW** Breastfeeding Coordinator, Nutritionist, Nurse, Peer Counselor.) 3. Breastfeeding Equipment -Local agency has written policies 2 and procedures for issuing breast pumps? Are local agency keeping inventory 2 of all breast pumps and kits? Comments:

# **Administrative Management Evaluation**

(S = Satisfactory,		/iew				.,,	
I. Nutrition Educa	SN = Satisfactory Needs Improvement, U = Unsatition Observation:	S	Г			NA Possible Points	Points Awarded
	Nutrition Education Overall Rating:			Ť		75	
	<ol> <li>Individual and Group observations are scored at 100 points for each observation.</li> <li>An average score of all observations conducted in a clinic will determine that clinics score.</li> <li>An average of clinic scores will determine the district nutrition observation score.         (Reference Excel worksheet for calculating observation score)     </li> <li>90-100% 75 Points (S)</li> <li>80-89% 65 Points (SN)</li> <li>50-79% 55 Points (U)</li> </ol>						
DATE:	ATION: INDIVIDUAL NUTRITION EDUCATION S	SES	SIO	N			
Service Type: Ce	or total contact: Time estimated for NE contribution □ <u>OR</u> Secondary NE: <b>(Low Risk</b> □		act:		<b>□</b> )	_	
Service Type: Ce	or total contact: Time estimated for NE contribution □ <u>OR</u> Secondary NE: <b>(Low Risk □</b> (Individual): P□ B□ N□ I□ C□		act:		<b>□</b> )	_	
Service Type: Ce	or total contact: Time estimated for NE contribution □ <u>OR</u> Secondary NE: (Low Risk □ (Individual): P□ B□ N□ I□ C□  AREAS OF REVIEW	Hig	act:	sk	□) N A	Points Available	Points Awarded
Service Type: Ce Participant status  A. Establishing Rap	or total contact: Time estimated for NE contribution □ <u>OR</u> Secondary NE: (Low Risk □ (Individual): P□ B□ N□ I□ C□  AREAS OF REVIEW	Hig	act: h Ri	sk	N		
Service Type: Ce Participant status  A. Establishing Rap  1. Made eye contact	or total contact: Time estimated for NE of trification	Hig	act: h Ri	sk	N	Available	
A. Establishing Rap  1. Made eye contact 2. Displayed respect 3. Used appropriate	r total contact: Time estimated for NE of trification □ OR Secondary NE: (Low Risk □ (Individual): P□ B□ N□ I□ C□ AREAS OF REVIEW Oport 10 Points  (when culturally Appropriate).  for other cultures and used translator appropriately. Inon-verbal communication.	Hig	act: h Ri	sk	N	Available 2	
A. Establishing Rap  1. Made eye contact 2. Displayed respect 3. Used appropriate 4. Ensured privacy (6)	r total contact: Time estimated for NE of trification □ OR Secondary NE: (Low Risk □ (Individual): P□ B□ N□ I□ C□ AREAS OF REVIEW  port 10 Points  (when culturally Appropriate). for other cultures and used translator appropriately. non-verbal communication. quiet enough to talk, adequate space, closed door,	Hig	act: h Ri	sk	N	Available 2 2	
A. Establishing Rap  1. Made eye contact 2. Displayed respect 3. Used appropriate 4. Ensured privacy (unobstructed view	r total contact: Time estimated for NE of triffication □ OR Secondary NE: (Low Risk □ (Individual): P□ B□ N□ I□ C□ AREAS OF REVIEW  oport 10 Points  (when culturally Appropriate).  for other cultures and used translator appropriately. Inon-verbal communication.  quiet enough to talk, adequate space, closed door, of participant)	Hig	act: h Ri	sk	N	Available  2 2 2 2 2	
A. Establishing Rap  1. Made eye contact 2. Displayed respect 3. Used appropriate 4. Ensured privacy (unobstructed view 5. Expressed apprec	r total contact: Time estimated for NE of trification □ OR Secondary NE: (Low Risk □ (Individual): P□ B□ N□ I□ C□ AREAS OF REVIEW  port 10 Points  (when culturally Appropriate). for other cultures and used translator appropriately. non-verbal communication. quiet enough to talk, adequate space, closed door,	S	act: h Ri	sk U	N A	Available  2 2 2 2 2 Points	Awarded
A. Establishing Rap  1. Made eye contact 2. Displayed respect 3. Used appropriate 4. Ensured privacy (unobstructed view 5. Expressed apprec  B. Completing Asse	r total contact: Time estimated for NE of trification □ OR Secondary NE: (Low Risk □ (Individual): P□ B□ N□ I□ C□ AREAS OF REVIEW  oport 10 Points  (when culturally Appropriate).  for other cultures and used translator appropriately. non-verbal communication. quiet enough to talk, adequate space, closed door, of participant) ciation for participant's time.	S	act: h Ri	sk U	N A	Available  2 2 2 2 2 2	Awarded
A. Establishing Rap  1. Made eye contact 2. Displayed respect 3. Used appropriate 4. Ensured privacy (   unobstructed view 5. Expressed apprec  B. Completing Asse  1. Thoroughly review Questionnaire.	r total contact: Time estimated for NE of triffication    Prince Secondary NE: (Low Risk   Continuous   Continuous	S	act: h Ri	sk U	N A	2 2 2 2 Points Available	Awarded
A. Establishing Rap  1. Made eye contact 2. Displayed respect 3. Used appropriate 4. Ensured privacy (unobstructed view 5. Expressed apprect B. Completing Asset 1. Thoroughly review Questionnaire. 2. Asked probing que Questionnaire. 3. Shared findings (gactivity).	rtotal contact: Time estimated for NE of prtification □ OR Secondary NE: (Low Risk □ (Individual): P□ B□ N□ I□ C□ AREAS OF REVIEW  port 10 Points  (when culturally Appropriate).  for other cultures and used translator appropriately. non-verbal communication. quiet enough to talk, adequate space, closed door, of participant) ciation for participant's time.  essment Forms 30 Points  ved participant's responses to the Nutrition	S	act: h Ri	sk U	N A	2 2 2 2 Points Available 10	Awarded

1.	Asked open- ended questions to gain information and determine					5	
	participant's concerns.						
2.	Praised participant for positive accomplishments.					5	
3.						5	
4.	Utilized reflective listening skills to clarify what was heard.					5	
5.	If nothing was offered by the participant, attempted to lead discussion based on nutrition risks while maintaining rapport.					5	
6.	Mandatory exit topics covered. Appropriate referrals made (TANF, Food Stamps, Medicaid, Housing Authority, Food Bank, etc)					5	
D.	Goal Setting 30 Points	9	SN	11	N	Points	Points
υ.	Soar Setting So I Sints	3	SIN	١	A	Available	Awarded
1.	Summarized the discussion					10	
2.	Worked with participant to create achievable goal(s) using client's					10	
	ideas and language.						
3.	Documented goal(s) on Nutrition Questionnaire or progress notes (electronic or paper)					10	
	(electionic of paper)	<del> </del>	401	200		100	
C	mments:	10	tal :	SCO	re:	100	
COI	minents.						
	<b>CLINIC OBSERVATION: GROUP NUTRITION EDUCATION SESS</b>						
	DATE: CLINIC: REVIEWER:						
	DATE: CLINIC: REVIEWER:_ Time estimated for total contact: Time estimated for		E co				
	DATE: CLINIC: REVIEWER:_ Time estimated for total contact: Time estimated for total contact: Time estimated for total contact: Time estimated for total contact: Participant status (Group – Check all that apply): P \_	В□	E co	ΛĊ	ct: _		
	DATE: CLINIC: REVIEWER:_ Time estimated for total contact: Time estimated for	В□	E co	ΛĊ	N		Points Awarded
Α.	DATE: CLINIC: REVIEWER:_ Time estimated for total contact: Time es	В□	E co	ΛĊ	N	□ C□ Points	
Α.	DATE: CLINIC: REVIEWER:_ Time estimated for total contact: Time estimated f	В□	E co	ΛĊ	N	Points Available	
Α.	DATE: CLINIC: REVIEWER: _ Time estimated for total contact: Time estimated for Participant status (Group – Check all that apply): P □  Group Nutrition Education Sessions 100 Points  1. Had outline of topic related questions/used topic suggested by participants.  2. Made introduction of self and topic of discussion.	В□	E co	ΛĊ	N	Points Available 10	
Α.	DATE: CLINIC: REVIEWER: Time estimated for total contact: Time estimated for Participant status (Group – Check all that apply): P□ Group Nutrition Education Sessions 100 Points  1. Had outline of topic related questions/used topic suggested by participants.  2. Made introduction of self and topic of discussion.  3. Invited questions and encouraged participation.	В□	E co	ΛĊ	N	Points Available 10 10	
Α.	DATE: CLINIC: REVIEWER: Time estimated for total contact:	В□	E co	ΛĊ	N	Points Available 10 10 10 10	
Α.	DATE: CLINIC: REVIEWER: Time estimated for total contact: Time estimated for Participant status (Group – Check all that apply): P□ Group Nutrition Education Sessions 100 Points  1. Had outline of topic related questions/used topic suggested by participants.  2. Made introduction of self and topic of discussion.  3. Invited questions and encouraged participation.	В□	E co	ΛĊ	N	Points Available 10 10	
Α.	DATE: CLINIC: REVIEWER: Time estimated for total contact: Time estimated for Participant status (Group − Check all that apply): P □ Group Nutrition Education Sessions 100 Points  1. Had outline of topic related questions/used topic suggested by participants.  2. Made introduction of self and topic of discussion.  3. Invited questions and encouraged participation.  4. Explained discussion ground rules.  5. Guided the group discussion (used open end-ended questions).  6. Gave accurate information and appropriate materials.	В□	E co	ΛĊ	N	Points Available  10  10  10  10  10  10  10  10  10  1	
A.	DATE: CLINIC: REVIEWER: Time estimated for total contact: Time estimated for Participant status (Group – Check all that apply): P□ Group Nutrition Education Sessions 100 Points  1. Had outline of topic related questions/used topic suggested by participants.  2. Made introduction of self and topic of discussion.  3. Invited questions and encouraged participation.  4. Explained discussion ground rules.  5. Guided the group discussion (used open end-ended questions).  6. Gave accurate information and appropriate materials.  7. Displayed respect for other cultures and used translator	В□	E co	ΛĊ	N	Points Available  10  10  10  10  10  10  10  10	
A.	DATE:	В□	E co	ΛĊ	N	Points Available  10  10  10  10  10  10  10  10  10  1	
A.	DATE: CLINIC: REVIEWER: Time estimated for total contact: Time estimated for Participant status (Group – Check all that apply): P□ Group Nutrition Education Sessions 100 Points  1. Had outline of topic related questions/used topic suggested by participants.  2. Made introduction of self and topic of discussion.  3. Invited questions and encouraged participation.  4. Explained discussion ground rules.  5. Guided the group discussion (used open end-ended questions).  6. Gave accurate information and appropriate materials.  7. Displayed respect for other cultures and used translator appropriately.  8. Used summary and closing.	В□	E co	ΛĊ	N	Points Available  10  10  10  10  10  10  10  10  10  1	
A.	DATE: CLINIC: REVIEWER: Time estimated for total contact: Time estimated for Participant status (Group – Check all that apply): P □ Group Nutrition Education Sessions 100 Points  1. Had outline of topic related questions/used topic suggested by participants.  2. Made introduction of self and topic of discussion.  3. Invited questions and encouraged participation.  4. Explained discussion ground rules.  5. Guided the group discussion (used open end-ended questions).  6. Gave accurate information and appropriate materials.  7. Displayed respect for other cultures and used translator appropriately.  8. Used summary and closing.  9. Is there an evaluation of learning included in the class? (Best	В□	E co	ΛĊ	N	Points Available  10  10  10  10  10  10  10  10  10  1	
Α.	DATE: CLINIC: REVIEWER: Time estimated for total contact: Time estimated for Participant status (Group – Check all that apply): P□ Group Nutrition Education Sessions 100 Points  1. Had outline of topic related questions/used topic suggested by participants.  2. Made introduction of self and topic of discussion.  3. Invited questions and encouraged participation.  4. Explained discussion ground rules.  5. Guided the group discussion (used open end-ended questions).  6. Gave accurate information and appropriate materials.  7. Displayed respect for other cultures and used translator appropriately.  8. Used summary and closing.	В□	E co	ΛĊ	N	Points Available  10  10  10  10  10  10  10  10  10  1	
A.	DATE:	S	E ccc SN	U	N A	Points Available  10  10  10  10  10  10  10  10  10  1	
Α.	Time estimated for total contact: Time estimated for Participant status (Group – Check all that apply): P □  Group Nutrition Education Sessions 100 Points  1. Had outline of topic related questions/used topic suggested by participants.  2. Made introduction of self and topic of discussion.  3. Invited questions and encouraged participation.  4. Explained discussion ground rules.  5. Guided the group discussion (used open end-ended questions).  6. Gave accurate information and appropriate materials.  7. Displayed respect for other cultures and used translator appropriately.  8. Used summary and closing.  9. Is there an evaluation of learning included in the class? (Best Practice)  10. Documented group education in the electronic medical record.	S	E co	U	N A	Points Available  10  10  10  10  10  10  10  10  10  1	
A.	DATE:	S	E ccc SN	U	N A	Points Available  10  10  10  10  10  10  10  10  10  1	
A.	Time estimated for total contact: Time estimated for Participant status (Group – Check all that apply): P □  Group Nutrition Education Sessions 100 Points  1. Had outline of topic related questions/used topic suggested by participants.  2. Made introduction of self and topic of discussion.  3. Invited questions and encouraged participation.  4. Explained discussion ground rules.  5. Guided the group discussion (used open end-ended questions).  6. Gave accurate information and appropriate materials.  7. Displayed respect for other cultures and used translator appropriately.  8. Used summary and closing.  9. Is there an evaluation of learning included in the class? (Best Practice)  10. Documented group education in the electronic medical record.	S	E ccc SN	U	N A	Points Available  10  10  10  10  10  10  10  10  10  1	
A.	Time estimated for total contact: Time estimated for Participant status (Group – Check all that apply): P □  Group Nutrition Education Sessions 100 Points  1. Had outline of topic related questions/used topic suggested by participants.  2. Made introduction of self and topic of discussion.  3. Invited questions and encouraged participation.  4. Explained discussion ground rules.  5. Guided the group discussion (used open end-ended questions).  6. Gave accurate information and appropriate materials.  7. Displayed respect for other cultures and used translator appropriately.  8. Used summary and closing.  9. Is there an evaluation of learning included in the class? (Best Practice)  10. Documented group education in the electronic medical record.	S	E ccc SN	U	N A	Points Available  10  10  10  10  10  10  10  10  10  1	
A.	Time estimated for total contact: Time estimated for Participant status (Group – Check all that apply): P □  Group Nutrition Education Sessions 100 Points  1. Had outline of topic related questions/used topic suggested by participants.  2. Made introduction of self and topic of discussion.  3. Invited questions and encouraged participation.  4. Explained discussion ground rules.  5. Guided the group discussion (used open end-ended questions).  6. Gave accurate information and appropriate materials.  7. Displayed respect for other cultures and used translator appropriately.  8. Used summary and closing.  9. Is there an evaluation of learning included in the class? (Best Practice)  10. Documented group education in the electronic medical record.	S	E ccc SN	U	N A	Points Available  10  10  10  10  10  10  10  10  10  1	Points
A. Cor	DATE:	Tot	E cc SN	U	N A	Points Available  10  10  10  10  10  10  10  10  10  1	Awarded

Mounting error ¼ inch or larger for length or height boards.     Scales not calibrated within last year.     Hematological:     Old Style Hemocue     Control log appropriately documented when equipment is in use     Equipment checked for accuracy using manufacturer's guidelines     Equipment checked by appropriate staff     New Style Hemocue     Equipment in good working order	• # • • • • • • • • • • • • • • • • • •	All equip 5 Points One (1) 4 Points Three (3 3 Points	oment in section (S) to two section (SN) section (S) to four section (U) or more	d on dian good (2) piecur (4) piece	working es of e	g order quipme equipn	nt with	h issue	S						
ANTHROPOMETRI															
(S = Satisfactory	, SN	= Sati	sfacto	ry Nee	eds Im	prove	ment,	U = L	Insatis	sfactor	y and	N/A =	Not A	Applica	able)
Clinic															
Date															
Reviewer															
Length Board:	Α	В	С	Α	В	С	Α	В	С	Α	В	С	Α	В	С
<ul> <li>Movable foot piece that slides easily</li> <li>Foot piece at 90 degree angle</li> <li>Fixed headboard</li> </ul>															
Height Board:	Α	В	С	Α	В	С	Α	В	С	А	В	С	Α	В	С
Fixed measuring device (fixed to vertical flat surface/no skirting)     Right angle head board     Accuracy of placement (for boards mounted to wall)	,														
Standing Scales:	Α	В	С	Α	В	С	Α	В	С	Α	В	С	Α	В	С
Calibrated in last 12 months (use scale test report or sticker) Beam (B) or Digital (D)															
Infant Scale:	Α	В	С	Α	В	С	Α	В	С	Α	В	С	Α	В	С
Calibrated in last 12 months (use scale test report or sticker) Beam (B) or Digital (D)										, ,					J
Hematological Equipment: Document Brand						l									
Number of units															
Rating-See above S / SN / U / NA															

•		ı								1	
Comments:											
								1			
K. Anthropometric	CObservation:					s	SN	U	NA	Possible	Points
										Points	Awarded
Recommendation:	Anthropometric	: Observa	tion Over	all Rating:						5	
<ul> <li>When possible</li> </ul>	Scoring is based					-					
complete five (5)	All observations										
observations per clinic	<ul> <li>5 Points (S)</li> </ul>		J								
At minimum complete	( )	(2) observa	tions with n	oted deficien	cies						
5 observations per District.	4 Points (SN)	(4)									
DISTRICT.	Three (3) to foundeficiencies 3		vations with	noted							
	• Five (5) or more		nns with no	ted deficienci	29						
	0 Points (U)	o observan	JIIS WILLTING	tod denoterior	03						
	, ,										
ANTHROPOMETRIC											
(S = Satisfactory	v, SN = Satisfacto	ry Needs	Improver	ment, $U = l$	Jnsatis	sfac	tory a	and I	<b>V/A</b> :	= Not App	olicable)
				VAVONATNI						CLIII D	
				WOMEN						CHILD	
Clinic:											
Date:											
Reviewer:											
Standing Height: Circle	Status or Enter Age		PBN	PBN	PB	N	Age	•	A	ge:	Age:
<ul> <li>Participant measured v</li> </ul>	vithout shoes										
<ul> <li>Proper stance used for</li> </ul>		nt									
<ul> <li>Headboard is level, tout</li> </ul>											
Measurement taken an	nd recorded accurately	y (to at									
least nearest 1/8 inch)	takan										
Two (2) measurements	s taken										
Standing Weight:											
<ul> <li>Participant dressed in r</li> </ul>	minimal clothing										
<ul> <li>Scale zeroed, prior to r</li> </ul>	measurement										
<ul> <li>Correct angle used for</li> </ul>											
Measurement taken an     least the page 1/2 page		y (to at									
<ul><li>least the nearest ¼ por</li><li>Two (2) measurements</li></ul>	•										
Comments:	taken										
Comments.											
ANTUDODOMETRIA		l. Infant									
ANTHROPOMETRIC			l ma m m a v a m	oo o o t II I	lo o o tic	400	40010	المصد	λ1/Λ	Not An	oliooblo)
(S = Salisfactory	v, SN = Satisfacto	ry needs	improver	nent, $U = 0$	Jnsaus	siac	lory a	ana	W/A	= Not Ap	olicable)
						ı	NFAN	Т			
							, •				
Clinic:											
Date:				1	1		1				
							-				
Reviewer:  Recumbent Length: Ent			Age:	Age:	Age:		Age			\ge:	Age:

<ul> <li>Participant measured with minimal clothing</li> <li>Body straight, lined up with measuring board</li> <li>Head is against headboard throughout measurement</li> <li>Footboard resting firmly against heels</li> <li>Proper stance used for reading measurement</li> <li>Measurement taken and recorded accurately (to at least nearest 1/8 inch)</li> <li>Two (2) measurements taken</li> </ul>			
Infant Scale Weight:			
<ul> <li>Participant dressed in minimal clothing (without wet diaper)</li> <li>Scale zeroed, prior to measurement</li> </ul>			
diaper)  Scale zeroed, prior to measurement  Correct angle used for reading measurement			
diaper) • Scale zeroed, prior to measurement			
diaper)  Scale zeroed, prior to measurement  Correct angle used for reading measurement  Measurement taken and recorded accurately (to at			

L. <u>Hemoglobin Dete</u>	rmination / Universal Precautions:	S	SN	U	NA	Possible Points	Points Awarded
Recommendation:  When possible complete five (5) observations per clinic.  At minimum complete 5 observations per District.  Looking For:  Staff observed using universal precautions?  Followed correct procedures for collecting hematological data?  Hemoglobin was collected when required?	Hemoglobin Determination / Universal Precautions Overall Rating:  Scoring is based on district summary:  • All observations conducted according to standards 5 Points (S)  • One (1) to two (2) observations with noted deficiencies 4 Points (SN)  • Three (3) to four (4) observations with noted deficiencies 3 Points (U)  • Five (5) or more observations with noted deficiencies 0 Points (U)					5	

## **Hemoglobin Determination / Universal Precautions:** (S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable) Clinic District Average: Date Reviewer Rating: (S / SN / U / NA)

Comments: (Note additional observations under comments if the clinic was rated as unsatisfactory)

Clinic Points Awarded:

M. <u>Formula Tra</u>	cking Log:	s	SN	U	NA	Possible Points	Points Awarded
Looking For:	Formula Tracking Log Overall Rating:					5	

Clinic scoring by the following criteria: • Does the formula inventory match • Formula Tracking logged according to standards current stock on hand? 5 Points (S) • One (1) to two (2) criteria with noted deficiencies Was the inventory log book completed 4 Points (SN) according to • Three (3) to four (4) criteria with noted deficiencies 3 guidelines? Points (U) Was inventory verified • Five (5) or more criteria with noted deficiencies 0 at least quarterly? Points (U) • Was there a procedure District points are assigned by averaging clinic in place for issuing scores according to the following. formula from stock • 4.5 – 5 average - 5 Points (S) intended to limit • 4.0 – 4.4 average - 4 points (SN) excess stock? • 3.0 – 3.9 average - 3 points (U) No expired formula in • < 3.0 - 0 points (U) inventory? • Is formula Recommendations for improving Formula Tracking Log. issued/exchanged (Note findings under comments for each clinic)

## fluid ounces? Formula Tracking Log: (S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable) Clinic: Date: District Average: Reviewer: Rating: (S / SN / U / NA) Clinic Points Awarded:

Comments:

based on reconstituted

	rt Evaluation / Special Formulas / Medical nentation:	S	SN	U	NA	Possible Points	Points Awarded
Looking For:  • Was nutrition	High Risk Chart Evaluation / Special Formulas / Medical Documentation Overall Rating:					15	
education completed as required?  • Was a care plan documented for clients identified as high risk?  • Was medical documentation, if required, accepted correctly? (Current form with all required information correctly completed)  • Were appropriate referrals completed? (Children 1st, etc)	<ol> <li>Charts randomly selected from total available R**, X**, 097, 098, 099, 199, 999 food packages. (999 Special Formulas / Emory Genetics / State Ordered 199)</li> <li>Review a minimum of five (5) charts for each clinic reviewed if available.</li> <li>Total points awarded per chart equals 15.</li> <li>All charts in a clinic are averaged to provide a clinic category percent as well as a clinic weighted average.</li> <li>District weighted average is calculated from all clinics reviewed.</li> <li>Points are awarded based on the overall District weighted score.</li> <li>District Score equals District weighted average. (Ex. Weighted average = 4 / Points awarded = 4)</li> <li>District points are assigned by averaging clinic scores according to the following.</li> <li>13 - 15 average - 15 Points (S)</li> <li>10 - 12 average - 10 points (SN)</li> <li>7 - 9 average - 5 points (U)</li> <li>7.0 - 0 points (U)</li> </ol>						

Clinic Record Review: High Risk Chart Evaluation / Special Formulas / Medical Documentation

DISTRICT: CLINIC: DATE: NUMBER RECORDS REVIEWED:	4	0		4			7			10	Total	Weight	Category Percent	Weighted Score
Participant Category	1	2	3	4	5	6	7	8	9	10				
(P/N/B/I/C)														
Nutrition Education/High     Risk Completed												1		
2. Care Plan												1		
Medical Documentation     Form Complete												2		
WIC Food Authorization     / Restriction is clear     without conflicting     information												2		
<ol><li>Medical Documentation in a valid date for intended certification.</li></ol>												1		
Diagnosis matches     Indicated Use for     Formula												1		
<ul><li>7. Issuance Matches Medical Documentation – Formula</li></ul>												2		
Issuance Matches     Medical Documentation     Food												2		
Appropriate Referrals     Made												1		
Food package changes adjusted correctly.												2		
Total Points												15		
Clinic Total % Awarded														
District Record Review Sum	Clinic		Risk	Chart Clini		uation / # Clinic		cial For inic #	mulas : Clinic		lical D	ocume	ntation	
DISTRICT: DATE:											Otal	Weight	Category Percent	Weighted Score
NUMBER RECORDS REVIEWED:											$\top$			
Nutrition Education/High     Risk Completed												1		
2. Care Plan Documented												1		
Medical Documentation     Form Complete												2		

4. WIC Food Authorization / Restriction is clear without conflicting information  5. Medical Documentation in a valid date for intended certification.												2		
Diagnosis matches     Indicated Use for     Formula												1		
7. Issuance Matches Medical Documentation – Formula												2		
Issuance Matches     Medical Documentation     Food												2		
Appropriate Referrals     Made												1		
Food package changes adjusted correctly.												2		
Total Points												15		
Clinic Total % Awarded														
O. Record Review Sum	mary:							S	SN	U	NA	Possil Poin		Points Awarded
I Record						- 4:						400		
1. 2. 3. 4. District (Ex. W 96)	Total   100. All cha provid as a c Distric from a Points Distric Score eighted	points  arts in le a clii linic wet weig all clinic s are avet weig equals	award a clinic nic cat eighte hted a cs revi warde hted s i Distri	c are a egory d aver verago ewed. d base core. ct wei	r char averaç perce rage. e is ca ed on ghted	t equal ged to ent as validated alculated the overage	well ed erall ge.					100		
1. 2. 3. 4. District (Ex. W	Total   100. All cha provid as a c Distric from a Points Distric Score eighted	points arts in le a clii linic w et weig all clinic are ar et weig equals avera	award a clinic nic cat eighte hted a cs revi warde hted s i Distri ge = 9	ed per c are a tegory d aver verage ewed. d base core. ct weig	r char average perce age. e is ca ed on ghted ints a	t equal ged to ent as validated alculated the overage	well ed erall ge.				Total	Weight	Category	Weighted Score
1. 2. 3. 4. District (Ex. W 96) Clinic Record Review Sum DISTRICT: CLINIC: DATE: NUMBER RECORDS	Total   100. All cha provid as a c Distric from a Points Distric Score eighted	points  arts in le a clii linic wet weig all clinic s are avet weig equals	award a clinic nic cat eighte hted a cs revi warde hted s i Distri	ed per c are a tegory d aver verago ewed. d base core. ct weig	r char averaç perce rage. e is ca ed on ghted	t equal ged to ent as validated alculated the overage	well ed erall ge.	8	9	10	Total			Weighted Score
1. 2. 3. 4. District (Ex. W 96) Clinic Record Review Sum DISTRICT: CLINIC: DATE: NUMBER RECORDS	Total   100. All cha provid as a c Distric from a Points Distric Score eighted	points arts in le a clii linic w et weig all clinic are ar et weig equals avera	award a clinic nic cat eighte hted a cs revi warde hted s i Distri ge = 9	ed pel c are a tegory d aver verage ewed. d base core. ct weige 16 / Po	r char average perce age. e is ca ed on ghted ints a	t equal ged to ent as validated the over average warded	well ed erall ge. d =	8	9	10	Total			Weighted
1. 2. 3. 4. District (Ex. W 96) Clinic Record Review Sum DISTRICT: CLINIC: DATE: NUMBER RECORDS REVIEWED: Participant Category	Total   100. All cha provid as a c Distric from a Points Distric Score eighted	points arts in le a clii linic w et weig all clinic are ar et weig equals avera	award a clinic nic cat eighte hted a cs revi warde hted s i Distri ge = 9	ed pel c are a tegory d aver verage ewed. d base core. ct weige 16 / Po	r char average perce age. e is ca ed on ghted ints a	t equal ged to ent as validated the over average warded	well ed erall ge. d =	8	9	10	Total			Weighted
1. 2. 3. 4. District (Ex. W 96)  Clinic Record Review Sum  DISTRICT: CLINIC: DATE: NUMBER RECORDS REVIEWED:  Participant Category (P/N/B/I/C)	Total   100. All cha provid as a c Distric from a Points Distric Score eighted	points arts in le a clii linic w et weig all clinic are ar et weig equals avera	award a clinic nic cat eighte hted a cs revi warde hted s i Distri ge = 9	ed pel c are a tegory d aver verage ewed. d base core. ct weige 16 / Po	r char average perce age. e is ca ed on ghted ints a	t equal ged to ent as validated the over average warded	well ed erall ge. d =	8	9	10	Total	Weight		Weighted

							_
4. Hct/Hgb Recorded						1	
5. Age Recorded						1	
All Nutritional Risks     Checked						10	
7. All Nutritional Risks Documented						10	
8. Priority Correct						2	
High Risk Identified     Correctly						3	
10. Food Package Assigned						2	
11. Ref/Enrollment Documented						3	
12. Today's Date						1	
13. Professional's Signature/Title (Certification Form &						1	
Nutrition Questionnaire)							
14. Breastfeeding Weeks Recorded						1	
15. Breastfeeding Encouraged						3	
16. Inappropriate Nutrition Practices (Evaluation / Documentation)						5	
17. Primary NE Contact						5	
18. Plan / Goal(s) Documented						10	
<ul> <li>19. Secondary NE Contact</li> <li>S = Satisfactory (Includes Only Kept Appointments)</li> <li>U = Unsatisfactory (Includes Missed, Failed &amp; Refused)</li> </ul>						15	
20. HR Follow-up Documented  S = Satisfactory (Care Plan / SOAP Note Required)  U = Unsatisfactory (Includes Missed,						15	
Failed & Refused)  21. Exit Counseling							
Documented  (Women / Infant / Child)						5	
22. Plotting (Infant/Child/Women)						4	
Total Points						100	
Clinic Total % Awarded							

District Record Review Sun	nmary									
DISTRICT: DATE:	Clinic #	Total	Weight	Category Percent	Weighted Score					
NUMBER RECORDS REVIEWED:										
Participant Category (P/N/B/I/C)										
Medical Data Date								1		
2. Length/Ht Recorded								1		
Weight Recorded								1		
4. Hct/Hgb Recorded								1		
5. Age Recorded								1		
All Nutritional Risks     Checked								10		
7. All Nutritional Risks Documented								10		
8. Priority Correct								2		
High Risk Identified     Correctly								3		
10. Food Package Assigned								2		
11. Ref/Enrollment Documented								3		
12. Today's Date								1		
13. Professional's Signature/Title								1		
(Certification Form & Nutrition Questionnaire)								'		
14. Breastfeeding Weeks Recorded								1		
15. Breastfeeding Encouraged								3		
16. Inappropriate Nutrition Practices (Evaluation / Documentation)								5		
17. Primary NE Contact								5		
18. Plan / Goal(s) Documented								10		
19. Secondary NE Contact  S = Satisfactory (Includes Only Kept Appointments)  U = Unsatisfactory (Includes Missed,								15		

Failed & Refused)								
<ul> <li>20. HR Follow-up         Documented</li> <li>S = Satisfactory (Care Plan         / SOAP Note Required)</li> <li>U = Unsatisfactory         (Includes Missed,         Failed &amp; Refused)</li> </ul>							15	
21. Exit Counseling Documented (Women / Infant / Child)							5	
22. Plotting (Infant/Child/Women)							4	
Total Points							100	
Clinic Total % Awarded								

## RECORD REVIEW: INTERPRETATION

Areas on the record review are classified **S** (Satisfactory), **U** (Unsatisfactory), or **NA** (not applicable). Corrective action must be taken for an area of review as described below under Record Review Evaluation. The satisfactory percentage is calculated for each individual area.

## Record Review Evaluation

- One clinic average <90% requires Clinic Specific Training
- Two clinics <100% requires Clinic Specific Training
- Three or more clinics <100% requires District-wide Training and/or District-wide average <90% requires District-wide Training

## Participant Category: CT (XI)

Document the participant category for each record reviewed.

1. Medical Data Date : CT-(IX)

The date must be recorded by mm/dd/yy.

The date recorded must be when the required anthropometric measurements (height/length, weight) were determined.

The date must not be more than 60 days prior to certification date.

The data must be reflective of the applicant's status at the time of the application.

2. Length/Height Recorded: CT (IX, X)

Length or Height must be entered to the nearest 1/8 of an inch.

3. Weight Recorded: CT (IX, X)

Weight must be entered in pounds and ounces.

4. Hematocrit/Hemoglobin Recorded: CT (IX, X)

Hematocrit/hemoglobin must be entered to one decimal place.

The date of the hematological measurement, if different than the medical data date, must be documented in the health record. The date must not be more than 90 days prior to certification date.

For women, the data must be reflective of the applicant's status at the time of the application.

5. Age Recorded: CT (Attachment VI, Appendix I)

The participant's birth date must be recorded on the WIC Assessment/Certification Form. Age calculation must be based on the birth date.

A woman's age need not be recorded.

Infant's and children's ages must be documented in their health records, preferably on the appropriate growth grids.

An infant's age may be entered in days, in months and days, or rounded appropriately. A child's age may be entered in years, months and days, or rounded appropriately.

6. All Nutritional Risks Checked: CT (Attachment VI)

All applicable nutritional risks must be evaluated during each certification appointment and at the infant's mid-certification nutrition assessment.

All evident nutritional risks must be checked YES on the WIC Assessment/Certification Form.

If a nutritional risk is not present, the risk category must be checked NO on the WIC

Assessment/Certification Form (except for systems in which only risks present are printed).

If a nutritional risk is not assessed/not applicable, a NA must be written/entered by the appropriate risk category on the WIC Assessment/Certification Form (except for systems in

which only risks present are printed).

If documentation for a nutritional risk is found in the health record, the risk must be checked on the WIC Assessment/Certification Form.

7. All Nutritional Risks Documented: CT (Attachment CT-6)

All nutritional risk criteria checked on the WIC Assessment/Certification Form must be supported by the appropriate documentation.

8. Priority Correct: CT XI (Attachment CT-6)

The correct priority must be assigned according to a participant's status and nutritional risks. A priority is determined to be incorrectly assigned if nutritional risks are present that would change the priority, even if these are not checked on the WIC Assessment/Certification Form.

- 9. High Risk Identified Correctly: A WIC participant who has any nutritional risk factors designated as high risk must have the "High Risk" box marked "Yes" unless the CPA documents the reason(s) why in his or her professional judgment that this client should not be categorized as high risk (e.g., long history of short stature, following established growth curve, parents of short stature [list heights], etc). Likewise, a WIC participant who does not have any nutrition risk factors designated as high risk must have the "High Risk" box marked "No" unless the CPA documents the reason(s) why in his or her professional judgment that this client requires high risk follow-up.
- 10. Food Package Assigned: FP (III-VI)

A food package must be assigned in a series that is appropriate to the participant's status. Appropriate documentation and prescriptions must be in the health record, for those food packages and nutritional conditions requiring them.

11. Referrals/Enrollment Documented: NE (VII), BF (VI)

All applicants to the WIC Program must be screened for referral to or enrollment in the Food Stamp Program, Medicaid and TANF. Applicants should also be referred to other appropriate health and social services.

Referrals to other programs or services, current enrollment in other programs or services and/or a decision not to refer must be documented in the **applicant's health record**.

12. Today's Date: CT (XII)

**Today's Date** corresponds to the date the certification process is completed.

**Today's Date** must be the same as or no more than 60 days later than the **Medical Data Date**.

13. Professional Signature and Title (Certification Form & Nutrition Questionnaire): CT (XI, XV, and CT Attachments 1-4)

The signature and title of the assessing professional must be entered accurately on the certification form and the nutrition assessment questionnaire.

An appropriate signature consists of first initial and last name or first and last names.

14. Breastfeeding Weeks Recorded: CT (XV)

The questions Ever Breastfed, Currently Breastfeeding, and Weeks Breastfed must be completed as follows:

- a. Breastfeeding women: initial and six-month certification visit (the weeks breastfed at six months after the initial certification must be more than the weeks breastfed at certification).
- b. Postpartum, non-breastfeeding women: certification visit.

- c. Infants: initial certification and mid-certification assessment visits (the weeks breastfed at mid-certification must be the same or more than the weeks breastfed at certification).
- d. Children: one year of age certification (11-16 months of age).
- e. Breastfeeding weeks should remain the same or increase with time.
- 15. Breastfeeding Encouraged: NE (IV, V)

All pregnant participants must be encouraged to breastfeed unless contraindicated for health reasons.

If a pregnant participant is not encouraged to breastfeed based on health reasons or the refusal of the participant to receive nutrition education, the reason(s) must be documented in the participant's health record.

It is not acceptable to **not** encourage a woman to breastfeed based simply on her answering no to whether she plans to breastfeed or is interested in breastfeeding.

Documentation must include all aspects of breastfeeding discussed (<u>not</u>, "Breastfeeding encouraged").

The breastfeeding education must follow the ADA Nutrition Care Manual or other state approved nutrition reference resources.

16. Inappropriate Nutrition Practices (Evaluation / Documentation)

Evaluation of Inappropriate Nutrition Practices: CT (Attachment VI, Appendix G)

If inappropriate nutrition practices are present, they must be correctly identified on the Nutrition Assessment Questionnaire or medical record. If no inappropriate nutrition practices and no other risk factors are identified, nutrition risk 401 (Other Dietary Risk/Failure to Meet Dietary Guidelines) must be assigned.

Documentation of Inappropriate Nutrition Practices: CT (Attachment VI, Appendix G)
All inappropriate nutrition practices must be correctly documented (e.g., describe the precise behavior that qualifies a participant as having the identified general Inappropriate Nutrition Practice category) on the Nutrition Assessment Questionnaire or medical record.

17. Primary Nutrition Education Contact, Current Certification: CT (VI) Individual nutrition education contacts must be documented in the participant's electronic health record (i.e., the front-end computer system used by the District).

Documentation of group classes may consist of a participant's signature on a class attendance sheet, voucher register or class roster which contains the lesson objective(s) and the original signature of the staff person conducting the class. The method used must have the approval of the Office of Nutrition.

The education must be appropriate to the individual participants' individual or group needs.

The primary nutrition education contact must be provided by a competent professional authority (CPA), not by a paraprofessional/Nutrition Assistant. Specific aspects of nutrition counseling must be documented (not "Nutrition education provided").

Missed appointments or refusal of nutrition education must be documented in the health record.

The nutrition education must follow the ADA *Nutrition Care Manual* or other state approved nutrition reference resources.

18. Plan/Goal(s) Documented [Nutrition Education Section, VI. B and Attachment NE-4]
All primary and high risk nutrition education contacts must conclude with documentation of an individualized care plan. This care plan must include a measurable participant centered goal, which encourages at least one change in current health and/or social behaviors.

19. Secondary Nutrition Education Contact, Current or Prior Certification: NE (III)

If a secondary contact is not documented for the current certification period, documentation must be present for a secondary contact provided during the previous period (infants, children, postpartum breastfeeding and non-breastfeeding women).

For infants, the mid-certification nutrition assessment will be equivalent to a certification visit for the purpose of evaluation of secondary contacts.

At least one secondary contact must be provided during each six-month certification period.

For certification periods that exceed six months (prenatal women), secondary contacts must be provided at a quarterly rate (i.e., a prenatal woman who is on the Program for greater than six months would have to receive a minimum of two secondary contacts) but not necessarily within each quarter.

Secondary contacts for prenatal women will be assessed when the expected date of confinement (EDC) has been reached or a delivery date has been recorded.

Individual and group nutrition education contacts must be documented in the participant's electronic health record (i.e., the front-end computer system used by the District).

Documentation of secondary nutrition education contacts must be completed in the participant's electronic record and include the date, topic(s), the title of the person providing the nutrition education, and method by which the nutrition education contact was provided (e.g., class, kiosk, individual counseling, etc.). Electronic documentation of all nutrition education contacts **is required.** 

The education should be appropriate to the individual participant's health needs, but must be client-led when determining discussion topics and setting goals.

Parents and/or caregivers of WIC infants and children must also be provided with information about abuse of drugs and other harmful substances during the nutrition education contact.

Nutrition education must be provided by a competent professional authority (CPA). Paraprofessional staff (i.e., Nutrition Assistants) can provide these low-risk contacts when nutrition education training approved by the Office of Nutrition has been received. The method used must have the approval of the Office of Nutrition.

Missed appointments or refusal of nutrition education must be documented in the health record. Failed, missed, and refused secondary nutrition education appointments do not count as providing secondary nutrition education. The expectation is that 100% of clients will receive secondary nutrition education.

Specific aspects of nutrition counseling must be documented (<u>not</u> "Nutrition education provided").

The nutrition education must follow the *ADA Nutrition Care Manual* or other state approved nutrition reference resources.

20. High Risk Follow-Up Documented: CT (Attachment VI, NE (VI)

A WIC participant who has any of the high risk factors identified in the Procedures Manual must receive an individual care plan that includes goal setting.

Documentation should indicate nutrition counseling specific to their nutritional condition and problems identified in their diet, but must be client led when setting goals.

Documentation of high risk secondary nutrition education contacts must be completed in the participant's electronic record and include the date, topic(s), care plan, the title of the person

providing the nutrition education, and method by which the nutrition education contact was provided (e.g., individual counseling, etc.). Electronic documentation of all nutrition education contacts is required.

Failed, missed, and refused secondary high risk appointments do not count as providing secondary high risk nutrition education. The expectation is that 100% of clients will receive secondary nutrition education.

The nutrition education must follow the *ADA Nutrition Care Manual* or other state approved nutrition reference resources.

## 21. Exit Counseling Documented: NE (VI)

From the prenatal through the postpartum (breastfeeding or non-breastfeeding) period, a woman participant must receive education at least one time on each of the following topics:

- a. Importance of folic acid intake
- b. Health risks of using alcohol, tobacco and other drugs
- c. Continued breastfeeding as the preferred method of infant feeding
- d. Importance of up-to-date immunizations

Parents and/or caregivers of WIC infants and children must also receive education at least one time on each of on the following topics during an infant/child's enrollment on the WIC program:

- a. Health risks of using alcohol, tobacco and other drugs
- b. Importance of up-to-date immunizations.

## 22. Plotting (Infant / Child / Women)

Length/Height Plotted: CT (Attachment VI, Appendix L, M)

The length/height for age must be plotted accurately by plotting as closely as possible to the exact age.

Length/height values must be plotted as accurately as possible.

Weight Plotted CT (Attachment VI, Appendix L, M)

Weight for age must be plotted accurately, by plotting as closely as possible to the exact age. Weight values must be plotted as accurately as possible.

Weight for gestational age must be plotted to the nearest completed week of gestation and nearest half pound.

Weight for Length/Height Plotted CT (Attachment VI, Appendix L, M)

Weight for length/height must be plotted as accurately as possible.

# ADMINISTRATIVE MANAGEMENT EVALUATION (S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not Applicable)

DISTRICT	Аррисаые)		D	AT	E		
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
A. ACCOUNTA	ABILITY						
	Inventory					0	
	Does the number of computers, printers and monitors in the clinic match the number on the inventory?					2	
	Are proper inventory records maintained?					1	
	Has a physical inventory been conducted within the last year?					1	
	Has USDA and / or the Georgia WIC     Program approval been obtained for     equipment purchase as required?					1	
	Are proper procedures followed to dispose of obsolete or damaged equipment?					1	
	Are proper procedures followed when equipment is discovered to be lost, or stolen?					1	
	7. Have any pieces of equipment been reported lost or stolen within the past 12 months?					1	
	In cases of stolen equipment, has a police report been filed?					1	
	9. Have Flash cards been removed from surplus or unused MICR printers? (Return surplus Flash cards to state office. If printer will be used again – store card in a secure location until needed).					1	
	Decals / Tags					4	
	1. Are inventory decals / tags in place?						
	Are Batch Acknowledgements reviewed by the District Office?					1	
Comments:	1		<u> </u>				

# **CLINIC EVALUATION** (S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not

Applicable)								
CLINIC					DAT			
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	POSSIBLE	POINTS	
						POINTS	AWARDED	
A. PAPER FOR	MS							
	TADs					5		
	<ol> <li>Does the clinic have an adequate supply of Pre- numbered and blank TADs?</li> </ol>							
	<ol><li>Are TADs kept in a secure area?</li></ol>					5		
	VPOD Stock/Numbers					6		
	<ol> <li>Does the clinic have an adequate supply of blank VPOD stock to operate for a minimum of 15 days?</li> </ol>							
	Is the VPOD stock kept in a secure area?					5		
	Voucher Reconciliation							
	Are Daily Activity Reports reviewed for accuracy?							
	2. Are System Issue Reports completed and sent to the SWO for skipped VPOD serial numbers?							
	3. Are System Issue Reports maintained at the clinic and district office?							
	4. Were skipped VPOD serial numbers entered into the system as void?							
	Standard Manual Package					5		
	<ol> <li>Does the clinic have an adequate supply of the Standard Manual Packages?</li> </ol>							
	Are the Standard Manual     Packages kept in a secure     area?					5		
	Blank Manual (999)					5		

	<ol> <li>Does the clinic have an adequate supply of Blank Manuals (999)?</li> </ol>				
	2. Are the Blank Manuals (999) kept in a secure area?			5	
Comments:					
B. CLIENT REG	SISTRY				
	<ol> <li>Does the process of searching for a client operate as it should?</li> </ol>			5	
Comments:					
C. ACCESSIBIL					
	<ol> <li>Has staff encountered difficulties in accessing client data necessary to perform their job?</li> </ol>			5	
Comments:					
D. CLINIC STA	FF QUESTIONS	1	1 1		
	<ol> <li>Is there an established and effective means for staff to address questions pertaining to their job duties and responsibilities?</li> </ol>			5	
Comments:			· ·		
E. PHYSICAL S	ECURITY				
	<ol> <li>Are PC's away from client traffic?</li> </ol>			5	
	2. Are printers away from client traffic?			5	
	Are computers connected to a UPS / surge protector?			5	
Comments:					
F. SYSTEM FU		, ,			
	<ul><li>EVOC</li><li>1. How many staff are authorized to print EVOC Cards?</li></ul>			N/A	
	Does review of EVOC log			5	

	indicate any irregularities?		
	ETAD		
	Have all work orders / ETAD changes been implemented?	N/A	
	2. Are they functioning properly?	N/A	
	Race / Ethnicity		
	1. Is a drop down box in place?	N/A	
	System Clinic Listing		
	Is the Systems Clinic Listing complete and accurate?	5	
	Income Guidelines		
	Does the system have the up- to date income guidelines?	5	
	Food Package Table		
	Is the FPC / VC table complete and accurate?	N/A	
	GWIS		
	Is GWISnet access available to staff?	2	
	Are clinic staff able to use GWISnet effectively?	2	
	Are batch acknowledgement/ rejections report reviewed daily?	2	
	Are batch acknowledgement/     rejection reports kept on file in     the clinic?	2	
	5. When a batch rejection is received, is the batch resent and reconciled in a timely manner?	2	
	Internet Access	N/A	
	Is internet access available in the clinic?		
	Batches (Voucher Serial Numbers)	5	
	Does the system contain old voucher batches that should have been used or VOIDED?		
	2. Have staff used more recent	10	
I	<u>l</u>	_1	

	voucher number batches when older batches or partial batches exist?		
Comments:			
G. SYSTEMATI	IC		
	Password Confidentiality		
	Are User Passwords kept confidential?	10	
	User Lists		
	Are former employees removed from the clinic system(s) immediately upon their departure?	5	
	2. Does a review of the system show users who are still active but are no longer employed by the clinic and/or health department?	5	
	System Back-Up		
	Is the system backed-up on a daily basis? (paper back-up)	5	
	Is a copy of the back-up kept in a secure, off-site location?	5	
Comments:		 1	1

# CLINIC OBSERVATION Georgia WIC Program Systems Information Unit Monitoring Tool

A. Preliminary Information Pre-Visit: (See Page 10 for list of items)

Date of Review://								
D/U:	Clinic:							
Clinic Information:								
Participation (Most recent Iss	Participation (Most recent Issue Month):							
Pre-natal:								
Non-Breastfeeding:								
Breastfeeding:								
Total Women:								
Infants:								
Children:								
TOTAL:								
Number of Critical Errors ove	er previous 4 months:							
Number of Critical Errors not	reviewed, previous 4 months:							
Critical Error Rate (Current m	nonth):							
Top 5 critical errors (field):								
(Current Month)								

# **CLINIC OBSERVATION**

# A. <u>Preliminary Information Pre-Visit</u>:

Top 5 critical errors (transaction):	
(Current Month)	
Number Un-Reviewed:	
Batch Rejections Previous 4 months:	
Number Un-reviewed:	
Unreconciled Original:	% (Current Close-Out Month)
Unreconciled Final:	% (Current Close-Out Month)
Unmatched Redemptions:	# (Current Issue Month)

# **CLINIC OBSERVATION**

# B: Background:

System:			
Version (if known):			
Web-based:	Υ	N	
Single Server:	Υ	N	
The following items are to be completed by a walk through the clinic with	the cli	nic superv	isor:
Number of WIC/WIC Related Work Stations:			
WIC Only			
WIC Related:			
Number of WIC/WIC Related Users:			
WIC Only			
WIC Related:			
Types/Number of Equipment:			
Computers:			
Monitors:			
CRT:			
Flat Screen:			
Dumb Terminals:			
VPOD Printers:			
Laser Printers:			
Dot Matrix Printers:			

# **CLINIC OBSERVATION**

# B: Background (cont'd):

Does Clinic provide FMNP?	Υ	N
Number of Personnel Authorized to Issue FMNP Coupons:		
FMNP Caseload:		
Does Clinic Have Internet Access?	Υ	N
Do Clinic Staff have access to GWISnet?	Υ	N
Authorized Users:		
-		
-		
-		

# CLINIC OBSERVATION Reports For Background Information

- 1. Participation: Report EWRR990G-045: Ethnic Participation By Priority Clinic. Located in GWIS or GWISnet under Caseload Management.
- 2. Critical Errors: Report CPRECCES-012: Critical Error Summary Located in GWIS or GWISnet under Operations.
- 3. Unreconciled Original/Final: Report EWER900G-051: System Maintenance Indicators. Located in GWIS or GWISnet under Operations.
- 4. Unmatched Redemptions: Report EWRR300G-030: Unmatched Redemptions. Located in GWIS or GWISnet under Food.
- 5. To review Critical Errors, Batch Rejections, and Batch Acceptance reports: Look under CLINIC FEEDBACK section of GWISnet. For each category select the date ranges and the clinic number, click on SEARCH. Look for items that have not been reviewed.
- 6. The Edits Manual is located at: K:\SystemWIC\Edits\_2008. Locate the page required in the table of contents, put the cursor over the items and press **CTRL+Click**. The program will take you to that page.
- 7. Download the following databases onto laptops:
  - FPC/VC database.
  - Inventory database
- 8. Generate Computer Issues report for the clinic(s) under review.

# STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH GEORGIA WIC PROGRAM

LOCAL AGENCY
FFY 2014
MONITORING TOOL
FINANCIAL REVIEW SECTION

## I. FINANCIAL REVIEWS

### A. Introduction

The Department of Public Health (DPH), Office of Audits, will conduct on-site Financial Reviews every two (2) years at each of the eighteen Public Health Districts and two contract agencies for the purpose of reviewing local WIC Financial Management. The purposes of the Financial Review are to determine the appropriateness of the WIC Grant expenditures, to reconcile the District and/or local agency (county) WIC allocations and to examine the intra/inter contracts of WIC funds to the counties within the District. The Districts that were not selected for review will have a follow-up visit to ensure that corrections stated in their Corrective Action Plans (CAP) were implemented.

### B. District Selection

## District Site

Every two (2) years, fifty percent (50%) of the Districts are selected by Office of Audits with concurrence from the Georgia WIC Program for financial review.

- a. The lead county in each District will always be reviewed during each financial site visit. In addition to the lead county three (3) counties within the District will also be reviewed. These counties will be reviewed to ensure that the intra/inter WIC contract requirements are being met, financial accountability of WIC funds is maintained and that all capital equipment is managed in accordance with DHR requirements for equipment accountability.
- b. Counties that have not been reviewed for at least four years may be selected in place of randomly selected counties to ensure regular reviews of all counties within the district.

## C. Pre-Review Activities

Prior to the on-site visit, the Office of Audits' staff will review district reports and files in the Georgia WIC Program. The Public Health District Administration will be contacted regarding materials that must be available for the on-site review.

## D. Financial Review Schedule

A schedule of on-site financial reviews will be developed and coordinated by the DPH, Office of Audits and the WIC Program prior to the beginning of each Federal Fiscal Year (FFY). A statewide schedule containing the dates of each financial review will be sent to all Public Health Districts.

#### II. FINANCIAL TIMEFRAMES

The financial review process will be conducted within the following timeframes:

# <u>ACTIVITY</u>

# **TIMEFRAME**

Notification of intent to conduct a review. Financial Review and mutually agreed review date.	20 days prior to the scheduled date
Financial Review	As Needed
Auditors will submit the Final Review Report to the Georgia WIC Program.	Within 10 days of Exit Conference
The Georgia WIC Program submits to the local agency a copy of the Financial Review. The Georgia WIC Program Financial Review Conference calls with the agency that was reviewed.	Within 20 days of Exit Conference
The local agency submits Corrective Action Plan to the Georgia WIC Program.	Within 30 days of Exit Conference
The Georgia WIC Program submits to DPH's Office of Audits Correction Action plan with recommendation.	Within 40 days of Exit Conference
DPH's Office of Audits disposes of review findings. If findings are monetary, execute letter-withholding funds from agency. Close Financial Review	Within 60 days of Exit Conference

## III. LOCAL AGENCY COLLECTIONS

Local agency collections are funds recovered through the collection of local agency claims. Under 7 CFR 246.19(b), the State agency is responsible for monitoring local agency operations, including financial management systems. If any food or NSA funds provided to a local agency was misused, diverted from program purposes, or lost as a result of thefts, embezzlements, or unexplained causes, the State agency should assess a claim against the local agency, as well as require the local agency to submit a corrective action plan.

## IV. FINANCIAL SELF REVIEWS

The District is responsible for conducting annual Self-Reviews by June 30 of each year using the Financial section of the monitoring tool. The review must be kept on file at the local agency and a copy forwarded to the Georgia WIC Program by September 30th annually.

# **GEORGIA WIC PROGRAM** FINANCIAL REVIEW FORM

AREAS OF REV	/IEW	YES	NO	NA	COMMENTS
A. Review of Previous Audit F					
Has an audit been per     by an independent acc	formed recently				
Were any findings not a copy of the audit cor findings.)					
B. General Accounting Practic	es				
<ol> <li>Are accounting records paid staff or by the dist personnel?</li> </ol>					
Does the local agency account for WIC funds:					
If not, is adequate dock     maintained to identify r     disbursements for WIC	evenues and				
Are revenues for the Winterest bearing account					
5. Are hard copies of all a transactions printed an reference?					
Is there a separation of various accounting task					
<ol> <li>Is the bank reconciliation         employee who is indep         disbursements or recei         ledger maintenance?</li> </ol>	endent of cash				
Is the signing of checks     the approval of invoice	•				
<ol><li>Is the preparation of chefrom the approval of in</li></ol>	voices?				
10. Are the receiving duties purchasing function?	s independent of the				
11. Is there a limitation on for checks which only r signature?	equire one				
12. Are invoices and support documentation examin signing and marked particular payment	ed at the time of id" to prevent				
13. Are records maintained length of time? (3years					

AREAS OF REVIEW	YES	NO	NA	COMMENTS
C. OPERATIONAL COST				
Does WIC pay a share of Administrative position salaries to a District budget through an Intra/Inter Agency Agreement?      Are administrative costs based on a logically developed cost allocation plan or methodology which provides fair and				
equable distribution of applicable costs?				
<ol> <li>Does the District have a Cost Allocation         Plan on file that has been approved by DPH within the last two years?     </li> </ol>				
<ol> <li>Does the District have a contract for WIC eligibility and enrollment processing?</li> </ol>				
5. What is the contract cost to WIC for computer services for enrollment and eligibility determination?				
6. How is WIC's share of the cost determined?				
D. EXPENDITURES				
1. General Review				
A. Are all WIC costs allowable under     USDA standards?				
B. Are there any incorrect charges?				
<ul> <li>C. Did any expenditures require prior approval of the State WIC Office, i.e.;</li> <li>1. Capital expenditure over \$5,000;</li> <li>2. Computer expenditure;</li> <li>3. Capital improvements</li> </ul>				
D. If yes, is there documentation of State WIC approval?				
E. Do all payments include adequate supporting documentation including: Nature of expenditure Amount Date service was provided Payee Date of Invoice				
F. Are unliquidated obligations being posted on MEIR each month?				
G. Have any MIERs been revised?				
Why?				
H. If applicable, is Program Income (i.e., interest) properly accounted for?				

	AREAS OF REVIEW	YES	NO	NA	COMMENTS
2.	301 - Cost Pool Budget				
	Are all salary expenses being charged to this budget?				
	Are all Intra/Inter Agency     Agreements     being charged to this budget?				
	C. Are copies of all Intra/Inter Agency Agreements on file?				
	D. Are other expenses being charged to this budget?				
	E. If yes, are these expenses a direct benefit to multiple programs other than WIC?				
3.	643 - Direct WIC Budget				
	Are costs that are a direct benefit to WIC being charged?				
	B. Are such items as rent, telecom and equipment being charged?				
4.	007 - Nutrition Education				
	<ul> <li>Are costs that are a direct benefit to WIC NE being charged?</li> </ul>				
5.	009 - Breastfeeding				
	A. Are costs that are a direct benefit to WIC Breastfeeding being charged?      B. Is a Breast Pump report being sent      to the Costain WIC Breastfeed.				
	to the Georgia WIC Program as required?				
6.	Self Review				
	A. Was a Financial Self Review conducted by June 30th?				
	B. By whom was the review conducted?				
	C. Was a Corrective Action plan required and developed?				

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#### I. INTRODUCTION

This section of the Procedures Manual defines the concept of breastfeeding promotion, education and support; and explains the requirements for providing lactation services to the Georgia WIC Program participants.

Health professionals recognize that, in almost all circumstances, breastfeeding is the optimal method for ensuring proper infant nutrition, while simultaneously benefiting the lactating mother. The advantages of breastfeeding range from biochemical, immunological, and endocrinologic to psychosocial, developmental, hygienic, and economic. Human milk contains the ideal balance of nutrients, enzymes, immunoglobulins, anti-infective agents, anti-allergic substances, hormones, and growth factors. Further, breastmilk changes to match the changing needs of the infant. Breastfeeding provides a time of intense maternal-infant interaction. Lactation also facilitates the physiologic return to the pre-pregnant state for the mother. <sup>1</sup>

Public Health staff have a responsibility to provide services designed to optimize the health of their clients. Through the Georgia WIC Program they have a unique opportunity to influence decisions on infant feeding. As stated in the Division of Public Health Position Paper on Breastfeeding (Attachment BF-1) a sound program of information and support is necessary to promote the successful establishment and maintenance of breastfeeding. Such a program should be integrated into the health care system and should encompass both the prenatal and postpartum periods.

#### II. DEFINITIONS

Breastfeeding promotion, education and support are components of a process through which individuals gain the understanding, skills and motivation necessary to be able to select breastfeeding as the preferred method of feeding, as well as to initiate and maintain breastfeeding for a significant period of time.

Federal Regulations (7 C.F.R.§246.2) define a woman as breastfeeding if she feeds breastmilk to her infant(s) on average at least once every 24 hours. Re-lactation/induced lactation after a period of not breastfeeding or lactation by a woman who is not the biological mother of the infant also qualifies the woman as a breastfeeding mother.

Exclusively Breastfed (EBF) Infant: An infant who is being fed breastmilk and mother that is exclusively breastfeeding and receives no formula (infant formula, exempt infant formula, or medical foods) from the Georgia WIC Program. Exclusively Breastfeeding Infant includes the breastfed infant that has not been released from the hospital. Reference the "Mother/baby breastfeeding dyad" in the Food Package Section for more information. (Section III infant part D Matching Mother/Baby Packages)

Mostly Breastfed (MBF) Infant: An infant being fed breastmilk and mother is mostly breastfeeding, receive from the Georgia WIC Program formula in amounts that do not

Healthy People 2020 National Health Promotion and Disease Prevention Objectives, U.S. Department of Health and Human Services, 2008.

exceed the maximum allowances for mostly breastfed infants which is approximately half (50%) of the formula allowance for fully formula fed (FFF) infants.

**Some Breastfed (SBF) Infant**: An infant being fed breastmilk from his/her some breastfeeding mother on an average of one (1) time per day and is accepting formula from the Georgia WIC Program that exceeds the maximum amount of formula allowed for mostly breastfed (MBF) infants.

<u>Fully Formula Fed (FFF) Infant</u>: An infant not receiving breastmilk from his/her mother and receiving formula from the Georgia WIC Program in amounts that exceed the maximum allowances for mostly breastfed (MBF) infants.

<u>Postpartum Woman</u>: A woman up to six (6) months postpartum who is not providing breastmilk to her infant (who is classified as a fully formula fed [FFF] infant).

<u>Mostly Breastfeeding Woman</u>: A woman up to twelve (12) months postpartum who is providing mostly breastmilk to her infant and whose infant receives formula from the Georgia WIC Program in amounts that do not exceed the maximum formula allowances for mostly breastfed (MBF) infants.

<u>Some Breastfeeding Woman</u>: A woman up to twelve (12) months postpartum who is providing breastmilk to her infant on average at least one (1) time per day and is accepting for her infant formula that exceeds the maximum amount of formula allowed for mostly breastfed (MBF) infants. Her infant is classified as a <u>some breastfed (SBF)</u> infant. After six (6) months postpartum, breastfeeding women described as doing "some breastfeeding" under this definition will not be issued WIC supplemental foods. However, such women are eligible to be recertified for the Georgia WIC Program as participants and to continue to receive nutrition education and breastfeeding support.

<u>Exclusively Breastfeeding Woman</u>: A woman up to twelve (12) months postpartum who is providing breastmilk to her infant and whose infant – classified as an exclusively breastfed (EBF) infant – is not receiving any infant formula, exempt infant formula, or medical foods from the Georgia WIC Program.

#### III. STATE AGENCY

#### A. Breastfeeding Coordinator

The responsibility for coordination of Statewide WIC breastfeeding activities is vested within the Georgia Department of Public Health, Nutrition Unit.

A qualified nutritionist or nurse is designated as the State WIC Breastfeeding Coordinator. The responsibilities of this person are to plan, direct and coordinate the breastfeeding promotion, education and support component of the Georgia WIC Program.

B. Breastfeeding Promotion, Education and Support Responsibilities

The following are the state agency responsibilities for breastfeeding promotion, education and support:

- 1. Develop, implement and evaluate the state breastfeeding promotion, education and support plan. Periodically monitor the local agencies progress through on-site visits and reports.
- 2. Develop and implement a plan for providing training and technical assistance for Competent Professional Authorities (CPAs), paraprofessional staff, and clerical staff at local clinics. Training and technical assistance provide CPAs with current information on the management of normal breastfeeding issues and special problems in lactation. It provides all staff with an understanding of the importance of promoting, and ways to promote, breastfeeding in a clinic setting.
- 3. Identify and develop resources and education materials for use by local agencies. Provide materials in languages other than English in areas where a substantial number of participants are non-English speaking.
- 4. Coordinate WIC breastfeeding promotion, education and support activities with related programs and professional groups such as hospitals, private medical organizations, the Cooperative Extension Service, professional organizations, advisory committees, La Leche League, and other breastfeeding support and advocacy groups, private lactation consultants, etc.
- 5. Develop and implement procedures to assure that encouragement to breastfeed is offered to all prenatal participants, unless medically contraindicated.
- 6. Perform and document evaluation of breastfeeding promotion, education and support activities for each local agency on an annual basis. The evaluations shall include an assessment of the participant's views concerning the effectiveness of the education they received.
- 7. Establish breastfeeding promotion, education and support standards that include, at a minimum, the following:
  - a. A policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding.
  - b. A requirement that each local agency designate a staff person to coordinate the breastfeeding promotion and support activities.
  - c. A requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients.
  - d. A plan to ensure that women have access to breastfeeding promotion, education, and support activities during the prenatal and postpartum periods.

#### IV. LOCAL AGENCY

A. Breastfeeding Promotion, Education and Support Responsibilities

The Georgia WIC Program is committed to the implementation of the *Position Paper* for Breastfeeding Promotion and Support in the WIC Program, developed by the National WIC Association (NWA) Breastfeeding Promotion Committee (http://www.nwica.org/?q=advocacy/positionpapers). The local agencies are encouraged to use the Position Paper in carrying out the following breastfeeding responsibilities:

- 1. Establish and maintain a positive clinic environment that clearly endorses and supports breastfeeding as the preferred method of infant feeding (NWA Recommendation #2,).
  - a. It is important to assure that relevant education materials available to participants portray breastfeeding as the preferred infant feeding method. The following items must be free of formula product names: print and audiovisual materials, and office supplies such as cups, pens, badge holders, pins, posters and note-pads.
  - b. Staff should be careful not to communicate overt or subtle endorsements of formula. Such messages may influence a mother's decision about infant feeding or her breastfeeding pattern. Once a mother initiates infant feeding, staff should support her decision, and provide appropriate information.
  - c. The local agency must minimize the visibility of formula and bottle-feeding equipment through storing supplies of formula, baby bottles and nipples out of view of participants.
  - d. Staff must not accept formula from formula manufacturer representatives for personal use.
  - e. Staff should make every effort to provide a supportive environment in which women feel comfortable breastfeeding their infants. The clinic waiting area should be used advantageously to motivate women to recognize breastfeeding as the "norm" rather than the exception. The clinic area should, where space permits, also be used to provide worksite support for staff who is breastfeeding.
- 2. Incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC participants (NWA Recommendation #1).
- 3. Develop a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods (NWA Recommendation #5, #7).

# B. Training

#### 1. Orientation

All staff that interacts with WIC applicants and participants must receive basic information on breastfeeding, during their orientation to the Georgia WIC Program.

- a. Clerical and other non-CPA staff must receive training on maintaining a positive clinic environment, a positive and supportive attitude towards breastfeeding, and what they can do to promote and support breastfeeding in the clinic.
- b. CPAs must receive, in addition to the above information, training on basic skills in getting women started with breastfeeding, assessment, problem solving, and follow-up and referrals.

#### 2. Continuing Education

- All staff must attend local, state or National workshops for the purpose of developing and updating skills and knowledge in lactation management.
- b. All breastfeeding training and continuing education activities conducted or attended by local staff must be recorded and kept on file by the local agency. The file should include the names and titles of the workshop participants, and the titles and dates of the workshops. See Attachment NE-4 for recommended forms.

#### C. Breastfeeding Promotion, Education and Support Plan

#### 1. Annual Plan of Activities

- a. The state agency, with participation from district staff, develops the Georgia WIC Program State Plan that is annually submitted to USDA no later than August 15 of each year. In order to integrate efforts being conducted at both the state and the local levels, local agencies shall submit to the state, a Breastfeeding Plan of activities based on the State Plan goals and objectives. The district or local agency Breastfeeding program plan must be submitted, as part of the district WIC and nutrition plan, to the Georgia WIC Program by May 31, unless another date has been designated as the due date for that year for inclusion in the annual state plan.
- b. In addition to the district or local agency annual plan, a Breastfeeding Peer Counselor plan is due from those districts or local agencies who have received designated Breastfeeding Peer Counselor funds. The plan must provide the number of Peer Counselors and their salaries, hours they work, trainings attended, activities the Peer Counselors have participated in and items purchased using Budget 329 for that

particular fiscal year. Districts must also provide the percentage of time the Breastfeeding Coordinator or designated supervisor spends on Peer Counseling responsibilities. The Breastfeeding Peer Counselor plan must be submitted in conjunction with the district or local agency Breastfeeding program plan and follow the same schedule.

#### V. PARTICIPANT EDUCATION

- A. Participant Education Requirements
  - 1. Each local agency must have an established reference guide for breastfeeding education. Examples of approved breastfeeding reference guides include, but are not limited to:
    - La Leche League International "The Breastfeeding Answer Made Simple"
    - "Breastfeeding and Human Lactation" by Jan Riodan
    - "Breastfeeding A Guide For The Medical Profession" by Ruth and Robert Lawrence
    - "Medications and Mother's Milk" by Thomas Hale, Ph.D.
  - 2. All pregnant participants must be encouraged to breastfeed unless contraindicated for health reasons. As recommended in the established reference materials, encouragement to breastfeed should continue throughout the prenatal period.

As stated in the Healthy People 2020 National Health Promotion and Disease Prevention objectives for breastfeeding, breastfeeding is not appropriate for infants whose mothers use drugs illicitly, or who receive certain therapeutic or diagnostic agents such as radioactive elements and cancer chemotherapy.<sup>2</sup> Women who are HIV positive, according to the Centers for Disease Control and Prevention guidelines, should also avoid breastfeeding.

- 3. As part of the prenatal breastfeeding education, the following information should be offered on WIC benefits for breastfeeding women:
  - a. Breastfeeding women are at a higher level in the priority system than non-breastfeeding postpartum women, and are more likely to be served than these women when local agencies do not have the resources to serve all qualified individuals.
  - b. Exclusively breastfeeding women may receive WIC supplemental food benefits for up to twelve (12) months postpartum. Nonbreastfeeding women and women classified as "Some Breastfeeding" are both receiving formula from the Georgia WIC Program that exceeds the maximum allowance for mostly

<sup>&</sup>lt;sup>2</sup> Healthy People 2020: National Health Promotion and Disease Prevention Objectives, U.S. Department of Health and Human Services, 2008.

breastfed (MBF) infants and thus are eligible for supplemental foods for only six (6) months postpartum.

- c. The Georgia WIC Program offers a greater variety and quantity of food to those breastfeeding participants who are classified as "mostly" or "exclusively" breastfeeding than to non-breastfeeding, postpartum participants and to women classified as doing "some breastfeeding."
- d. If a mother chooses to both breastfeed and formula feed her infant, powder formula is recommended. However, liquid concentrate formula is available. The CPA should assign a food package with only the amount of formula the infant requires (one can, two cans, or three cans powder). The CPA should reassess the infant's needs any time the mother requests more formula. Any problems with breastfeeding should be addressed at this time. Requests for increases in the amount of formula should not be honored without assessment and counseling of the mother/baby dyad. Refer to Attachment BF-7 to estimate how much formula a Mostly Breastfeeding Infant will need.
- 4. Breastfeeding women should be taught hand expression of breastmilk. All CPAs, breastfeeding counselors and nutrition assistants should be trained to teach hand expression of breastmilk. However, if a staff person is not skilled in this area, a referral should be made to trained staff or the local agency breastfeeding coordinator.
- 5. Breastfeeding women must be taught signs of adequate intake by the breastfed infant. Signs of adequate intake are:
  - a. baby is nursing 8-12 times per 24 hours
  - b. baby wets diaper at least six (6) or more times per 24 hours
  - c. baby has three (3) or more stools per 24 hours, in first month
  - d. baby has visible and audible signs of swallowing
  - e. mother's breasts feel softer after feeding
  - f. baby has adequate weight gain over time (for infants who are presented for weight checks)
- 6. Breastfeeding women will need to receive four educational contacts during their one year certification. These contacts must be provided by a nutritionist, registered dietitian, competent professional authority, other certified health professionals or a nutrition assistant who has been trained by the state or local agency. Peer Counselors can assist the instructor. When providing breastfeeding education contacts, the CPA must attempt to assess and solve the problem before automatically referring to the designated breastfeeding specialist or Peer Counselor. At the same time, it is important for the peer counselor or CPA to refer mom and baby to the breastfeeding coordinator or MD if the problem requires more expertise or medical treatment.
- 7. Local agencies are encouraged to use peer counselors trained by the state or local agency to provide encouragement, education, and support to

prenatal and breastfeeding women.

- 8. Nutrition assistants can also provide breastfeeding education and support when appropriate training has been received. The Nutrition Services Unit must approve the training plan (see Attachment NE-1) for the Guidelines for Nutrition Assistant Training and list of items to be submitted for approval.
- An individual care plan should be developed for a participant based on the need, as determined by the competent professional authority. The Care Plan should be written in the progress notes, preferably using the SOAP (Subjective - Objective - Assessment - Plan) note format.
- 10. Class outlines must be developed when group-facilitated classes are used to provide the breastfeeding education contact. Class outlines must be kept at the clinic site for use by clinic staff and provided to the State WIC Breastfeeding Coordinator at the time of program reviews.
- If the participant/caregiver is unable to receive services at the clinic for an extended period of time, home visits are the recommended method for providing breastfeeding education contacts.
- 12. Local agencies are also encouraged to provide ongoing lactation support for prenatal and breastfeeding women by telephone. If possible, a breastfeeding help line should be established to facilitate access to information and support services.
- B. Documentation of Breastfeeding Services
  - 1. All breastfeeding education and support contacts received by participants must be documented electronically in the participant's health record.
    - In order to facilitate continuity of care, documentation of encouragement to breastfeed should include all aspects of breastfeeding discussed with the participant (e.g., barriers to breastfeeding, emotional/nutritional advantages, positioning).
    - b. Documentation should follow the Nutrition Care Process. Approved formats include: ADIME (Assessment, Diagnosis, Intervention, Monitoring and Evaluation), and SOAP (Subjective Objective Assessment Plan) A flow sheet may be used as long as it contains all components of the Nutrition Care Process. ADIME format is the preferred method of documentation for Registered Dietitians.
    - c. Group-facilitated breastfeeding education classes must be documented in the participant's health record. The name and credentials of the staff member conducting the group-facilitated class must also be documented in the participant's health record.
  - 2. Missed appointments for breastfeeding education contacts and the refusal

of a participant/caregiver to receive breastfeeding education must be documented in the participant's health record. Documenting missed appointments and refusal to receive education is important for the purpose of monitoring and further education efforts. However, failed, missed, and refused breastfeeding education contacts do not count as having provided breastfeeding education or secondary nutrition education.

3. When an infant and mother comes in for midcerts, food package changes and high risk appointments breastfeeding weeks must be updated.

#### VI. PARTICIPANT REFERRAL

#### A. Referrals

- Prenatal or breastfeeding participants needing additional breastfeeding information, assistance or support should be referred to the appropriate person(s) designated through the local agency breastfeeding program.
   The referral must be documented in the participant's health record.
- 2. Referrals to and enrollment in other health services and programs must be documented in the participant's health record. A decision not to refer or a refusal by the participant must also be documented.
- Local agencies are encouraged to identify and develop a list of breastfeeding resources for prenatal and breastfeeding women. This list may include hospital staff, physicians, local support groups (both informal and organized, such as La Leche League), public health staff with expertise in handling breastfeeding questions, sources for breast pumps, peer counselors, etc.
- 4. When risk: 602 (Breastfeeding Complications or Potential Complications) is used, documentation of the guidance provided must be in the participant's health record.

#### VII. BREASTFEEDING MATERIALS AND RESOURCES

#### A. Printed and Audio-Visual Materials

Standards for the development and use of printed and audio-visual breastfeeding materials are the same as those used for Nutrition Education materials (see VIII. in the Nutrition Education Section for information). In addition:

- 1. It is important to assure that relevant educational materials available to participants portray breastfeeding as the preferred infant feeding method.
- 2. The following items must be free of formula product names: print and audiovisual materials, and office supplies such as cups, pens and notepads. Staff should be careful not to communicate overt or subtle endorsements of formula. Such messages may influence a mother's decision about infant feeding or her breastfeeding pattern.

3. Stored supplies of formula, baby bottles and nipple must be kept out of view anywhere WIC participants are served.

Attachment BF-2 provides a list of resources that are recommended for use by the Nutrition Services Unit.

#### B. Breastfeeding Equipment and Supplies

#### 1. Allowable Costs

Local agencies are encouraged to assess the need for breastfeeding equipment and supplies. Providing equipment and supplies should not generally be the primary means by which the state and local agencies meet their breastfeeding promotion and support target expenditures. Breastfeeding aids should be used in conjunction with appropriate counseling, education, and follow-up provided by trained staff.

Breast pumps and other breastfeeding aids may not be provided to all pregnant or breastfeeding women solely as an incentive to consider or to continue breastfeeding.

The policy on allowable costs for the promotion and support of breastfeeding is explained in VIII. below, and in the Administrative Responsibilities section of the Procedures Manual. Attachment BF-3 provides a list of allowable and unallowable costs, as specified in the Federal Regulations.

#### 2. Breast Pumps

Local agencies are encouraged to have a supply of manually operated and electric pumps on hand for situations that merit their use. It is neither necessary nor desirable to give breast pumps to every breastfeeding or potential breastfeeding mother. Some situations in which availability of a breast pump may be necessary to assure continuation of milk production are:

- Mothers who have temporary breastfeeding problems, such as engorgement. These are situations in which hand expression or a manual pump may be all that is needed.
- Mothers who are having difficulty in establishing or maintaining an adequate milk supply due to maternal illness or a premature/sick infant.
- c. Mothers with inverted/flat nipples that are having latch-on problems.
- d. Mothers attempting to build their milk supply for any reason.

e. Mothers choosing to express breastmilk for missed feedings due to work, school or maternal hospitalization, or if temporary weaning is necessary.

Breast pumps are not a direct program benefit that state agencies are required to provide but rather are aids that may be offered to certain WIC participants to facilitate breastfeeding. The pumps are to be offered free to WIC participants as a loan. Issues to consider when providing breast pumps are explained in **Attachment BF-4**.

3. Instructions for Breast Pump Use

Local agencies with breast pump loan and give-away programs must establish written policy and procedures regarding appropriate use, and instructions to be provided to breast pump recipients. The following must be included in the policy and procedures:

- A trained, designated staff person is to provide instructions to the breast pump recipient on the proper use, assembly and cleaning of the breast pump.
- b. The participant receiving the breast pump should be able to demonstrate the proper usage of the breast pump before leaving the issuing facility.
- c. Follow-up within a 24-hour period is recommended, to assure that the pump is operating correctly and that the mother is using it properly.
- 4. Computer Tracking of Breast Pump Issuance

Breast pumps can be tracked in the WIC system by using the fields Date Breast Pump Assigned, Date Breast Pump Returned and Type of Breast Pump Assigned.

Use codes to define the types of breast pumps assigned to a WIC participant:

Enter "N" (no tracking) if pump issued does not need to be returned (e.g., manual pump)

If the pump needs to be returned, enter appropriate code to identify type of pump

- a. **Date Breast Pump Assigned** is completed when a breast pump is issued to a participant..
- b. Date Breast Pump Returned is completed, when a WIC participant returns a breast pump. This filed can be completed even if the pump is returned during the next pregnancy. Local agencies must document the return pump on their breast pump inventory log.
- c. Type of Breast Pump Assigned is a list of codes. Choose

appropriate code. The list can be found in **Attachment BF-8**.

5. Equipment and Supplies Inventory

Local agencies must maintain an inventory of all breastfeeding equipment and supplies. It is recommended that the inventory be updated on a quarterly basis. During program reviews, districts will be required to provide an inventory list. A report of purchased breast pumps must be sent to the State WIC Breastfeeding Coordinator by December 31<sup>st</sup>, March 31<sup>st</sup>, June 30<sup>th</sup> and September 30<sup>th</sup> of each year. Local agencies can create monthly reports, maintain inventory of breastfeeding equipment by using the **Date Breast Pump Assigned field.** 

#### VIII. ALLOWABLE COSTS FOR THE PROMOTION AND SUPPORT OF BREASTFEEDING

A. Allowable Breastfeeding Promotion and Support Costs

The Georgia WIC Program expenditures that are classified and reported as breastfeeding promotion and support, and may count toward the BFPS spending requirement include, but are not limited to, the following:

#### Salaries:

- 1. Salary and other costs for time, including preparation and travel time, spent on BFPS training and consultations, both individual and group.
- 2. Salary and other costs, for staff to organize volunteers and community groups to support breastfeeding WIC participants.
- Salary and benefit expenses of peer counselors and individuals hired to undertake home visits and other actions intended to assist women to continue breastfeeding.
- 4. Salary and other costs incurred in developing the BFPS portion of the State Plan and local agencies' BFPS action plans.
- 5. Interpreter or translator services to facilitate breastfeeding promotion and support.

#### Training:

6. Costs of training BFPS educators, including costs related to conducting training sessions and purchasing and producing training materials.

#### **Space and Facilities:**

7. Costs of clinic space devoted to BFPS education and training activities, including space set aside for breastfeeding WIC infants.

#### **Materials and Equipment:**

- 8. Costs of procuring and producing BFPS materials and equipment.
- 9. Breastfeeding aids which directly support the initiation and continuation of breastfeeding. A list of allowable and unallowable breastfeeding aids. (See Attachment BF-3.)

#### **Monitoring and Evaluation:**

10. Costs of documenting, monitoring, and/or evaluating BFPS staff, activities, methods and materials. This includes the cost of collecting, analyzing and evaluating data concerning WIC participants' opinions on the effectiveness of the BFPS they received and the incidence and duration of breastfeeding for WIC participants, to assess the effectiveness of breastfeeding promotion, education and support efforts.

#### Travel:

11. Travel and related expenses incurred by WIC staff to conduct any BFPS activity.

#### Other Sources:

 Costs of reimbursable agreements with other organizations, public or private, to undertake training and direct service delivery to WIC participants concerning breastfeeding promotion and support.

#### B. Documentation of Costs

The state and local agencies must document all Federal WIC grant funds expended to meet the minimum BFPS requirement. Documentation is necessary so that the WIC state agency can clearly demonstrate the expenditure requirement has been satisfied. Salary costs identified and reported as being for BFPS activities must be supported with employee payroll and time distribution records. Costs such as equipment purchases and travel must be supported with accounting records, including source documents such as invoices and travel statements.

#### IX. DOCUMENTATION OF BREASTFEEDING RATES

The Georgia WIC Program documents breastfeeding rates by two different methods: percentage of women who are certified as breastfeeding (WIC Type B), and self-reported information on weeks breastfed (initiation & duration). It is important that documentation be accurate in both instances since they have a major impact on administration of the Georgia WIC Program. These two methods are described below:

#### A. Documentation of WIC Type

The state agency must have breastfeeding promotion and support expenditures which are based on the number of prenatal (WIC Type P) and breastfeeding women WIC Type B) on the Georgia WIC Program. In addition, the Southeast Regional

Office of USDA monitors changes in breastfeeding rates based on the number of women who are listed as breastfeeding (WIC Type B on the WIC System). Breastfeeding women should be entered into the system in the following ways:

- 1. <u>Status Change from Prenatal (P) to Breastfeeding (B) During Subsequent Certification:</u> A prenatal woman gives birth and is being certified as breastfeeding, within six weeks postpartum.
- 2. <u>Assignment of Breastfeeding Status During Certification:</u> A woman was not on the program while she was pregnant but is being certified as a breastfeeding woman.

**Note:** A woman and her infant(s) can be certified as breastfeeding: (1) if the definition of breastfeeding is met, and (2) the mother/baby dyad food package must agree ("Mother/baby dyad" refers to the process of thinking of a mother and her infant as a unit or pair rather than two)

#### B. Documentation of Weeks Breastfed

The state agency uses this information to monitor changes in breastfeeding initiation and duration rates by state, local agency and individual clinic sites. This information is very useful in program planning and targeting of resources. The Infant Breastfeeding Characteristics Report, which includes this information, is sent to the local agencies on a monthly basis.

It is critical that all staff that completes the WIC Assessment/Certification Forms and the Turnaround Documents be instructed on the importance of, and the process for, accurate documentation of weeks breastfed.

It is a requirement that the weeks breastfed be recorded on the WIC Assessment/Certification Form and the Turnaround Document for:

- 1. Breastfeeding women: initial and six-month certification visits
- 2. Postpartum, non-breastfeeding women: certification visit
- 3. Infants: initial certification and mid-certification assessment visits
- 4. Children:
  - one year of age subsequent certification visit (11-24 months of age), if they participated as infants
  - at initial certification (any age), if they did not participate as infants

Participants/caregivers should be asked about weeks breastfed, using the following, or similar words: "How long have you breastfed this baby/child?" or "How long has this baby/child been breastfed?" Also, refer to previous information documented in the medical record to improve consistency in data collected. The length of time breastfed must be entered in weeks. When the answer to the question is given in days or months, this information must be converted to weeks. Appropriate codes to use for weeks breastfed can be found in Attachment BF-6

#### POSITION PAPER ON BREASTFEEDING

If the children of Georgia are to be healthy and strong, it is essential that they receive the best possible nutrition when they are infants. Breast milk is the preferred first food for the human infant. In addition to the nutritional benefits for the infant, this method of feeding offers unique physiological and psychological advantages to both the mother and the infant. Every infant, therefore, should receive the benefits of this ideal choice for infant feeding. This paper presents the recommendations of the State of Georgia for encouraging breastfeeding and defines the advantages of breastfeeding for the health of mothers and infants.

No formula, no matter how "humanized", can take the place of human milk. Decreased infant mortality and optimum infant health are the most important goals of the Department of Public Health. Breastfeeding can contribute significantly to the achievement of these goals because:

- breast milk provides an ideal balance of nutrients for the human infant
- the nutrients in breast milk are easily absorbed and digested
- breast milk contains immune factors and anti-infective properties that protect against infections
- breastfeeding allows the satiety mechanism in the infant to develop naturally.
- infants who are breastfed have fewer allergies
- breastfeeding promotes increased bonding between mother and infant.
- breast milk is safe, sanitary food

A sound program of information and support is necessary to promote the successful establishment and maintenance of breastfeeding. Such a program should be integrated into the health care system and should encompass both the prenatal and postpartum periods. Based on the World Health Organization/United Nations International Children's Fund (WHO/UNICEF) 1979 meeting on Infant and Young Child Feeding, the WHO 1981 Resolution and the recommendation of the American Academy of Pediatrics Committee on Nutrition, the Georgia Department of Public Health recommends that:

- breast milk be the "house formula" in all hospitals in Georgia where maternity services are offered
- all expectant parents be informed of the numerous advantages (both to infant and mother) of breastfeeding
- every expectant mother receive practical information on how to initiate and maintain lactation
- obstetrical procedures and practices be consistent with the policy of promoting breastfeeding
- breastfeeding be initiated as soon as possible, preferably during the first hour after birth
- every hospital permit and encourage rooming-in and on-demand feeding of breastfed infants
- infant formulas not be marketed or distributed in ways that may interfere with the protection and promotion of breastfeeding
- places of business, including government offices, facilitate the maintenance of lactation through liberalized policies that would promote breastfeeding

All the available knowledge indicates that breastfeeding is the best choice for infant feeding and should be promoted for mothers and infants of the state. Breast milk as this choice for infant nutrition will promote optimum health for future generations of Georgians.

# BREASTFEEDING RESOURCES RECOMMENDED BY THE NUTRITION SERVICES UNIT

#### **PAMPHLETS & TEAR SHEETS**

Childbirth Graphics Ltd., P.O. Box 21207, Waco, TX 76702-1207 www.ChildbirthGraphics.com

- 20 Great Reasons to Breastfeed (English and Spanish)
- Breastfeeding: Getting Started in 5 Easy Steps (English and Spanish)
- Breastfeeding and Returning to Work
- Helpful Hints on Breastfeeding (English and Spanish)
- Positions for Breastfeeding
- ◆ The Diaper Diary Tear Pad
- How Long Should I Breastfeed My Baby? Tear Pad

#### **BOOKS AND MANUALS**

- ◆ Breastfeeding: A Guide for the Medical Profession, by Ruth Lawrence,
- C.V. Mosby Co., St. Louis, MO, 2011 7th Edition
- ♦ <u>Breastfeeding: A Parent's Guide</u>, 9<sup>th</sup> Edition, by Amy Spangler

Amy Spangler/Amy's Babies, Atlanta, GA, 2010; English & Spanish

- ♦ <u>Breastfeeding: Keep It Simple</u>, 3<sup>rd</sup> <u>Edition</u> by Amy Spangler
- Amy Spangler/Amy's Babies, Atlanta, GA, 2012; English & Spanish
- ♦ <u>Breastfeeding & Human Lactation</u>, by Jan Riordan and Kathleen Auerbach Jones & Bartlett, Publishers, Boston, MA, 4<sup>th</sup> Edition, November, 2010
- ♦ The Breastfeeding Answer Book, by La Leche League International

La Leche League International, Franklin Park, IL, 2012

- <u>Medications and Mothers' Milk</u>, by Thomas Hale, Hale Publishing, Amarillo, TX, 15<sup>th</sup> Edition, 2012
- ♦ <u>Nursing Mother's Companion</u>, by Kathleen Huggins Harvard Common Press, Boston, MA, 6<sup>th</sup> Edition, 2010
- ♦ <u>Pocket Guide to Breastfeeding and Human Lactation</u>, Second Edition, by Jan Riordan and Kathleen G. Auerbach, Jones and Bartlett Publishers, Sudbury, MA, 2002.
- ◆ <u>The Womanly Art of Breastfeeding</u>, La Leche League International, Franklin Park, IL, 8<sup>th</sup>
  <u>Edition 2010</u>
- ◆ <u>The Breastfeeding Answer Pocket Guide</u>, La Leche League International, Franklin Park, IL, 2005.
- ♦ Continuity of care in Breastfeeding: Best Practices in the Maternity Setting, by Karin Cadwell, Jones and Bartlett Publishers
- ♦ Ten Steps to Successful Breastfeeding, 3<sup>rd</sup> Edition, 2011 by Karin Cadwell, Jones & Bartlett
- ♦ <u>Breastfeeding A-Z: Terminology and Telephone Triage</u>, 2<sup>nd</sup> <u>Edition, 2013</u> by Karin Cadwell, Jones & Bartlett
- ◆ Impact of Birthing Practices on breastfeeding: Protecting the Mother and Baby Continuum, 2<sup>nd</sup> Edition, 2010 by Linda Smith & Mary Kroeger, Jones & Bartlett

#### **DVDs**

Better Breastfeeding: Your Guide to Healthy Start, Injoy Videos, 800-326-2082, Ext. 2, English & Spanish, 2009

- ♦ Better Breastfeeding: A Guide for Teen Parents, Injoy Videos, 800-326-2082, Ext. 2, English & Spanish, 2009
- ♦ Better Breastfeeding: PowerPoint© Presentation, Injoy Videos, 800-326-2082, Ext. 2, 2009
- ♦ Breastfeeding Best Practice: Teaching Latch and Early Management, (for staff training,) Injoy Videos, 800-326-2082, Ext. 2, video or DVD
- ♦ Breastfeeding for Working Mothers: Planning, Preparing and Pumping; Injoy Videos, 800-326-2082, Ext. 2, English & Spanish, 2009
- ◆ Managing Early Breastfeeding Challenges; Injoy Videos, 800-326-2082, Ext. 2, English, 2011
   ◆ Breastfeeding: A Guide for Success; 2010, Northwest Georgia Breastfeeding Coalition;
   English & Spanish
- ♦ Infant Cues: A Feeding Guide, Platypus Media, produced in association with Texas Department of Health, 10 minutes, Video/ DVD with English & Spanish subtitles

#### **TEACHING TOOLS**

Childbirth Graphics Ltd., P.O. Box 21207, Waco, TX 76702-1207 www.ChildbirthGraphics.com

- ♦ Breast Model
  Breastfeeding Chart Collection, 36 panels with presentation notes, English/Spanish
- ♦ Baby Model

#### TELEPHONE INFORMATION SERVICES FOR HEALTH PROFESSIONALS

◆ Georgia Poison Control Center Grady Memorial Hospital, Atlanta, GA (404) 616-9000 or (800) 222-1222

Service Provided: Answers to questions on Drugs and Lactation

Charge: There is no cost for this service

 Breastfeeding and Human Lactation Study Center University of Rochester School of Medicine & Dentistry,

Box 777, Rochester, New York, 14642 (585) 275-0088; www.bestfedbabies.org

Service Provided: Database to assist with questions about pharmaceutical drugs and

breastfeeding. Provides bibliographies on breastfeeding and lactation

Charge: None, beyond cost of telephone call

#### ♦ The Lactation Program

4600 Hale Parkway

Suite 140

Denver, CO 80220

(303) 377-3016

Service Provided: Phone consultation with lactation consultants for difficult breastfeeding

questions.

Charge: None, beyond cost of telephone call

# ALLOWABLE AND UNALLOWABLE COSTS OF BREASTFEEDING AIDS USED FOR THE PROMOTION AND SUPPORT OF BREASTFEEDING

The cost of breastfeeding aids that **directly** support the initiation and continuation of breastfeeding are allowable WIC nutrition services and administration (NSA) expenses. Such expenses can be applied to the state agency's breastfeeding spending target and/or its overall nutrition education expenditures.

Breastfeeding aids which are allowable NSA costs include:

- Breast pumps
- ♦ Breast shells
- Nursing supplementers
- Nursing bras
- Nursing pads
- Costs associated with the purchase and availability of breastfeeding aids through the Georgia WIC Program, such as insurance and service fees in providing breast pumps
- Items used for training and demonstration purposes to promote breastfeeding or assist participants in using breastfeeding aids. For example: breast models, breastfeeding aids, posters, videos or DVDs, and dolls to illustrate nursing, etc.
- Other items which can be shown to directly support the initiation and continuation of breastfeeding.

#### **UNALLOWABLE COSTS**

Breastfeeding aids that **do not** directly support the initiation and continuation of breastfeeding and are not within the scope of the Georgia WIC Program **cannot** be purchased with NSA funds. Such items include, for example: topical creams, ointments, Vitamin E, other medicinals, foot stools, infant pillows, blankets or nursing blouses.

#### ISSUES TO CONSIDER WHEN PROVIDING BREAST PUMPS

WIC state agencies are currently making breast pumps available to WIC participants in a variety of ways, including:

- a. Giving away manual breast pumps or electric pump attachment kits;
- b. Selling manual breast pumps or electric pump attachment kits for a nominal charge;
- Loaning hospital-grade electric breast pumps;
- d. Contracting with a third party to provide manual or electric breast pumps to WIC participants; and
- e. Referring WIC participants to providers who rent breast pumps directly to them for a fee.

While all of the above options are available to the Georgia WIC Program, the following issues should be considered in reference to each:

# **Giving Away Breast Pumps**

Local agencies may give away breast pumps without any reimbursement from participants. This option applies to inexpensive manual breast pumps, small electric pumps, or electric pump attachment kits which do not represent a significant investment of program resources.

# **Loaning Breast Pumps and Liability Issues**

Manual breast pumps, attachment kits for electric pumps and small electric or battery operated pumps should **not** be reused, due to the possibility of cross-contamination from improper sterilization. The possible liability cost is high when compared to the cost for a one-person use of a manual pump. In addition, the small electric/battery-operated pumps are often not durable enough to be used repeatedly and their cost is minimal.

Since hospital grade electric breast pumps represent a significant investment of WIC resources, loaning them is the only option. However, under this option, local agencies that directly purchase breast pumps for loan to participants may incur the financial liability of lost or damaged breast pumps. These pumps should be loaned in combination with some means to insure against loss or damage, such as:

- a. Establishing procedures to ensure that participants fully understand their rights and responsibilities when signing liability release forms:
- b. Developing an agreement between the program and the participant which stipulates the participant's responsibility to reimburse the program for the value of a lost or damaged pump:
- c. Monitoring through periodic visual inspection, frequent inventory counts and records, and telephone check-ins; or
- d. Limiting pump loans only to special circumstances, e.g., after a minimum duration of breastfeeding or for certain medical conditions

Participants may not be terminated or suspended for unreimbursed loss or damage to loaned pumps. While a financial penalty, if included in the original agreement, could be imposed on a participant for failure to return or damage to a pump, the Georgia WIC Program recommends that this approach not be taken. The resources required to recover the cost of the lost or damaged breast pump could easily exceed the value of the pump itself. Building a relationship of trust with WIC participants may minimize the risk of the participant not fulfilling the obligation to return the pump.

If the local agency provides breast pumps, the Georgia WIC Program may also be liable for injury to a WIC participant resulting from improper breast pump use, even when there is a signed release of liability. This is true whether pumps are given, sold, or loaned. **All participants provided with breast pumps by the Georgia WIC Program must be instructed on safe pump use, including proper cleaning of pump and attachment kits and milk storage guidelines.** 

## **Medicaid Reimbursement**

The cost of manual pump purchase and electric pump rentals are generally not covered as a separate benefit under the Medicaid Program. However, in Georgia, the state Medicaid Program; in some cases, do cover the rental of an electric pump and the price of an attachment kit. Coverage is based on the mother's Medicaid eligibility and is limited by the period of time the mother is covered by Medicaid in the postpartum period. In addition, coverage is provided for those cases in which the mother and infant are separated by hospitalization, i.e., premature birth.

The electric breast pump and attachment kit must be obtained by a Medicaid Durable Goods provider. It does not require that the provider give instructions to the client on proper use, maintenance and cleaning of the equipment. In these cases, the local agency staff should provide the necessary information and follow-up to the WIC participant. This includes instruction on safe pump use, including proper cleaning of pump and attachment kits and milk storage guidelines.

#### ASSIGNMENT OF PRIORITY TO BREASTFEEDING MOTHER AND INFANT

# I. Assignment of Priority to Breastfeeding Dyad

- A. When a breastfeeding infant is certified for, and enrolled in the Georgia WIC Program prior to its mother being subsequently certified, the infant may be assigned one of the following priorities:
  - 1. If the infant has a risk factor of its own that would result in it's being a Priority I, the infant **must** be assigned a **Priority I**.
  - 2. If the infant has only nutritional risk factor 701 (Infant of a WIC Mother or Mother with Nutritional Risk During Pregnancy), assign a **Priority II**. It may be helpful to "flag" the infant's name/record through an internal tracking system (tickler card, computer, voucher register, etc.) to alert staff to the need to re-evaluate the infant's priority at the mother's postpartum certification. Also, if a mother was on WIC during her prenatal period, assess her risk factors. For example; if risk 111 (Overweight) was used and the mother is <6 months Postpartum; than assign a Priority 1.
  - 3. If the infant's mother was assigned a Priority I based on documented postpartum breastfeeding risk factors, assign a **Priority I** to the infant.
- B. When the mother of a breastfeeding infant is certified at a **later time** than the infant, one of the following actions **must** be taken:
  - 1. If the mother is no longer breastfeeding, she must be assessed as a non-breastfeeding postpartum woman (status is changed from P to N), and she must be assigned the appropriate priority based on the assessment. Her infant retains the priority assigned at its enrollment.
  - 2. If the mother is still breastfeeding, she must be assessed as a breastfeeding woman (status is changed from P to B). The highest priority of either the mother or her infant(s) **must be** assigned to **both** the mother and her infant(s). This priority and the supportive risk criteria **must** be documented in the health record of **both** the mother and her infant(s).

#### **KEY FOR ENTERING WEEKS BREASTFED**

The number of weeks breastfed must be manually entered when completing paper WIC Assessment/Certification Forms and paper Turnaround Documents for:

- Breastfeeding Women: initial and six-month certification visits
- Postpartum, non-breastfeeding women: certification visit
- Infants: initial certification and mid-certification nutrition assessment visits
- ◆ Children: one-year of age certification visit (11 to 24 months of age)

Length of time breastfed **must be entered in weeks (two-digit)**. When the answer to the question "how long have you breastfed this baby/child?" or "how long has this baby/ child been breastfed?" is given in days or months, use the following key to determine appropriate codes:

#### I. Codes to Enter When Breastfeeding is Given in Days

Convert Days to Weeks

Fewer than 7 days = 00 weeks 7 - 13 days = 01 week 14 - 20 days = 02 weeks 21 - 27 days = 03 weeks 28 - 34 days = 04 weeks 35 - 41 days = 05 weeks 42 - 48 days = 06 weeks

Source: Georgia WIC Program ETAD Change Number 08-12b, 2008.

#### II. Codes to Enter When Breastfeeding is Given in Months

1 month	=	04 weeks	12 Months	=	52 weeks
2 months	=	08 weeks	13 Months	=	56 weeks
3 months	=	13 weeks	14 Months	=	61 weeks
4 Months	=	17 weeks	15 Months	=	65 weeks
5 Months	=	22 weeks	16 Months	=	69 weeks
6 Months	=	26 weeks	17 Months	=	74 weeks
7 Months	=	30 weeks	18 Months	=	78 weeks
8 Months	=	35 weeks	19 Months	=	82 weeks
9 Months	=	39 weeks	20 Months	=	87 weeks
10 Months	=	43 weeks	21 Months	=	91 weeks
11 Months	=	48 weeks	22.5 Months +	=	98 weeks or more

Source: Enhanced Pregnancy Nutrition Surveillance System User's Manual. Division of Nutrition, Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Public Health Service. February 2000.

<b>Estim</b>	atina	Formu	la N	leeds
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Feeding Type	Amount of Powder Formula to Issue	Daily Formula Intake	Weekly Formula Intake	Monthly Amount Needed
MBF	1 can	3 oz	14 – 20 oz	<mark>60</mark> - 90 oz
MBF	2 cans	6 oz	<mark>21</mark> – 41 oz	<mark>91</mark> - 180 oz
MBF	3 cans	9 oz	<mark>42</mark> – 62 oz	<mark>181</mark> - 270 oz
MBF	4 cans	12 oz	<mark>63</mark> – 83 oz	<mark>271</mark> - 360 oz
MBF	5 cans	16 oz	<mark>84</mark> – 104 oz	<mark>361</mark> - 450 oz
SBF	6 cans	<mark>18 oz</mark>	105 – 125 oz	451 – 540 oz
SBF	7 cans	<mark>21 oz</mark>	126 – 146 oz	541 – 630 oz

One can of powder formula equals approximately 3.5 cans of concentrate. One can of powder formula equals approximately 3 cans of ready to feed.

# Maximum Amounts Allowed for Standard Formula – Fully Formula Fed Infant

Age (months)	0-3	4-5	6-11	
Powder (12.7 oz)	9	10	7	
Concentrate (12.1 oz)	34	37	26	
Ready to feed (33.8 oz)	25	27	19	

# Maximum Amounts Allowed for Standard Formula – Mostly Breastfed Infant

Age (months)	0-1	2-3	4-5	6-11
Powder (12.7 oz)	1	4	5	4
Concentrate (12.1 oz)	3	15	18	13
Ready to feed (33.8 oz)	3	12	14	10

# **Types of Breast Pump Codes**

Type of Breast Pump	Input Code
No tracking required	N
Bailey Nuture III	В
Elite	E
Lactina	L
Pedal	P
Symphony	S
Purely Yours	Υ
Other	0

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## I. INTRODUCTION

The following information is provided to the districts for incorporation into the District Emergency Plan. In contrast to commodity distribution of food stamps, the Georgia WIC Program is a limited grant supplemental food program that serves a specific population with special nutritional needs. The Georgia WIC Program is not designed or funded to meet the basic nutritional needs of emergency victims who would not otherwise be eligible for the program. Unlike the distribution of commodities or the emergency issuance of food stamps, there is no legislatively mandated role for the Georgia WIC Program in emergency relief, nor is there legislative authority for using the Georgia WIC Program food funds for purposes other than providing allowable food benefits to categorically eligible participants.

No additional WIC funds are designated by law for WIC emergency relief, and WIC <u>must operate in an emergency situation within its current program context and funding.</u> For these reasons, WIC is not to be considered a first responder or first line provider of infant formula or the nutritional needs of emergency victims.

The Georgia WIC Program may briefly suspend WIC operations during some instances and rely entirely on other emergency relief feeding operations (e.g. American Red Cross, Salvation Army, churches, etc.) until it is feasible to operate a direct distribution system or until retail distribution returns to normal conditions.

The Georgia WIC Program staff should participate in Emergency Planning activities and exercises, including floods, tornadoes, hurricanes, etc; prior to a declared emergency if it benefits WIC and it is included in the State/District Emergency Plan(s). However, WIC staff can not perform non-WIC duties prior to an emergency being declared or after the emergency declaration is no longer in effect.

#### A. Purpose

The Purpose of this Emergency Plan is to:

- 1. Restore WIC services to current participants as soon as possible.
- 2. Expand services to the eligible population in emergency affected areas.
- 3. Respond in a manner consistent with the Georgia Department of Public Health.

#### B. Scope

These guidelines incorporate the Georgia Department of Public Health, Public Health Emergency Response Plan (PHERP), Georgia Public Health Internal Operating Procedures Volume I, and the Georgia WIC Program Operating Plan. These plans should be followed in the event of an emergency or emergencies that disrupts service delivery at local agency (ies). The actions of local agency WIC staff should be guided by the procedures developed within their respective county public health departments. Private agencies that contract to provide WIC services should follow the emergency plans consistent with those policies that have been developed by their parent agencies. The Georgia WIC Program guidelines will

reflect the purpose, authority, and responsibilities developed by Georgia Department of Public Health.

The Georgia WIC Program and local agency (ies) must also make an initial and on-going assessment as to the feasibility of distributing ready-to-feed infant formula. The decision to use ready-to-feed infant formula will be made on a day-by-day assessment of the situation and type of emergency.

# II. POLICIES

Concept of Operations: Operations will be conducted in three phases that may overlap as outlined in the Georgia Department of Public Health, Public Health Emergency Response Plan (PHERP). **Phase One** is Detection and Investigation. **Phase Two** is Assessment of Magnitude. **Phase Three** is Response to the Emergency. In all three phases, the order of preference for voice communications is landline, radio, and cellular communications. Voice communications may be supplemented by complementary and redundant e-mail, internet, or fax. When none of these are available, satellite communications or amateur radio systems may provide redundancy. Each agency is to provide an accurate and complete accounting of costs associated with the incident.

Phase One begins when a suspected or possible emergency having withstood clinical review is reported to the Commissioner of the Department of Public Health or detected by the public health system in Georgia. The Department of Public Health will contact and/or assist the Health District(s) in determining the nature of the emergency. Phase one is complete when the appropriate state or federal agency either confirms or refutes the emergency. For a natural emergency, Phase One will be complete when a determination is made of health consequences associated with the emergency. The Commissioner of the Department of Public Health will provide direction for the use of any public health assets involved in any investigation. District Health Directors are responsible for ensuring that the efforts of district and provider resources are managed effectively in the detection and investigation of the possible health emergency.

Phase Two begins with confirmation of the incident. It may begin before identification of the source or agent of the outbreak or incident. County, District and State Public Health with support from health provider organizations and others, will determine the potential scope of the emergency. The assessment will include determining the availability of facilities, staff and equipment. County Health Departments will determine local response status, needs and priorities. District and State Public Health Officials will do likewise for their respective levels. This phase will require close coordination between County, District and State Public Health, health care providers, mental health care providers and other.

Phase Three begins with allocation of additional resources (i.e. personnel, supplemental foods, and other resources). Phase Three will be completed when the emergency is contained and the community begins to return to normal functions as determined by local, District and State officials.

The District Nutrition Services Director or designee serves as the local lead and is responsible for coordinating local WIC responses to an emergency.

Specific decisions concerning the Georgia WIC Program actions during an emergency depends upon the duration and magnitude of the emergency, and upon specific

directions from the Georgia WIC Program Director. The focus of the Georgia WIC Program activity is to support local agency service delivery. These guidelines primarily reflect the Georgia WIC Program responsibilities in the event of disruption of services in one local agency. In the event of an emergency at the State agency, the Georgia WIC Program personnel will follow the rules developed by the State Health Director. In the event of an emergency or emergency involving both local and State agencies, the initial focus of the Georgia WIC Program will be to estimate the impact and determine the measures needed to support the restoration of services by the local agency. The State and local agencies will develop provisional operational policies following an emergency that respond to the specific needs created by the emergency.

# III. ASSESSING IMPACT OF THE EMERGENCY

The extent of damage caused by the emergency or emergencies must be assessed by the local agency. To determine if delivery of services is feasible, the following questions should be answered:

- 1. What type of assistance does the local agency need?
- 2. Are the issuance sites operational? How many participants are affected? Can participants reach food instrument issuance sites?
- 3. How many grocery stores are closed due to the emergency? Is retail purchase still feasible?
- 4. Are electric, water, communication, and/or transportation services disrupted?
- 5. How long will services be disrupted?
- 6. How best can the Georgia WIC Program assist with aiding the health district?
- 7. Has the area been declared a Federal emergency?

#### IV. CONCEPT OF OPERATION

#### A. General

The Georgia WIC Program Director and / or designee shall keep an Emergency Plan binder. The Emergency Plan binder provides the current home addresses and telephone numbers for the Georgia WIC Program staff, the Regional Food and Nutrition Services Offices, District/County Public Health Unit Emergency Planning Coordinators, State Health Office Emergency Planning Coordinators, District Nutrition Services Directors, statewide and local chapters of the American Red Cross, U.S. Department of Agriculture Food Distribution Program, and other non-profit and private programs. Home addresses and telephone numbers are confidential and will be used only in an emergency.

# B. Organization

# **Georgia WIC Program Director Responsibilities:**

- 1. Contact the Division of Public Health Emergency Coordinator.
- 2. Contact the Regional Food and Nutrition Services Office.
- 3. If needed, contact the formula manufacturers to secure ready to feed (RTF) formula with nipples and bottles.
  - Follow through on receipt and delivery of formula
  - b. Visit area to make on-site assessment of support staff, etc.

#### **State Level Responsibilities**

Various Georgia WIC Program staff members have responsibilities in the Georgia WIC Program Emergency Plan. The overall responsibilities for implementation and reporting on WIC's response to the emergency lies with the Georgia WIC Program Director. The Georgia WIC Program Director will use a telephone tree to notify staff of the emergency and provide instructions for responding to the emergency. The telephone tree is as follows:

- Georgia WIC Program Director calls all Unit Directors, WIC Legal Officer(s), Executive Secretary, and Breastfeeding Coordinator.
- 2. Each Unit Director and Executive Secretary calls each of their subordinate staff.

WIC Unit managers and consultants will be responsible for coordinating staff and analyzing the emergency as follows:

- Nutrition Services Directors) will be responsible for ensuring that infant formula contracts contain a clause addressing alternative measures for acquisition and distribution of infant formula in the case of an emergency, coordinating mass shipment of supplies, storage, and coordinating the issuance of food vouchers to participants, including remote printing, equipment issues and emergency procurement of vouchers
- The Financial Unit Manager will be responsible for tracking and reconciling emergency related costs
- The Compliance Analysis Unit Manager will be responsible for documenting the use of the vouchers, ensuring that inventories are used appropriately, and ensuring that manual vouchers are available
- The Vendor Management Unit Manager will be responsible for informing local agency (ies) of authorized WIC vendors open for business
- The Nutrition Services Unit Manager will be responsible for assisting in

certification and food package issuance, nutrition education, and food safety preparation information.

**The Breastfeeding Coordinator** will be responsible for assisting with breastfeeding education support information. Staff will be assigned to serve locations according to availability and needs.

## **State and Local Agencies**

The State and local agencies will coordinate efforts to determine the appropriate assignments of staff to assist the local agency in need. Staff may be assigned from within the county, from another county, from another district or from the State WIC Office to meet a specific county's needs during an emergency.

The State and local agencies may be asked to assign staff to designated emergency assistance location(s) (not always a health department facility) in order to provide WIC services more expediently.

When an emergency causes State or local agency offices to be closed, staff should contact one of their supervisors as soon as possible to report their situation and availability for duty. If none of the local agency's immediate supervisors can be reached, local agency staff can call the Georgia WIC Program at 1-800-228-9173 to report their status and phone number where they can be reached. **Attachment EP-1** is a form designed to collect data for this purpose.

#### **Staff Documentation Requirements:**

- Any office that has staff working on emergency activities must maintain a Staff Availability Form (see Attachment EP-1), Employee Personnel Time Tracking Form (see Attachment EP-2), and a current Communication Log (see Attachment EP-3). One log per office should be maintained per pay period and kept on file.
- 2. The Staff Availability Form (see Attachment EP-1) must show which employees are available for emergency operations and when they were notified.
- 3. Each employee should maintain and retain an Emergency Personnel Time Tracking Form (see Attachment EP-2) to document hours worked during an emergency. If the Federal Emergency Management Agency (FEMA) or other funding sources become available, the Emergency Daily Work Activity Logs will be used to help document hours worked (see Attachment EP-4).
- The Communication Log (see Attachment EP-3) should show the communication made with respect to and during the documented emergency.

#### **Contractors**

Each entity that has a contract with the Georgia WIC Program must have a Plan of Operation for Emergencies, including H1N1, and submit the plan by April 30 of each year. The plan must contain at least the following:

- 1. Assurance that notification will be provided to the Georgia WIC Program by contacting the following staff within 24 hours of an emergency situation occurring:
  - Georgia WIC Program Director, Debra L. Keyes at 404-657-3140: BB 404-274-7622; and
  - Emergency Plan Coordinators, Abeda Hannan at 404-656-9840 and Ricky Brown at 404-656-9842

The notice must include the reason for the emergency, and confirmation that the plan will be implemented.

- 2. A contact list with at least two persons listed with name, work phone number, cell or home phone number and work e-mail address included.
- Assurance that notification will be provided to the Georgia WIC Program of any services that will be delayed due to the emergency situation and the anticipated date or an assurance that those services will resume as soon as practicable.
- 4. Assurance that notification will be provided to the Georgia WIC Program that the emergency has ended, and that the Emergency plan is no longer in effect.

The status of emergency plans with contractors is listed below:

- 1. Fulton-DeKalb Hospital Authority (Grady): plan submitted and on file
- 2. CSC: plan submitted and on file
- 3. Federation of Southern Cooperatives: plan submitted and on file

#### C. Notification

Lines of communication during an emergency begin with local WIC offices contacting the main local agency office. Local agencies would contact their District Nutrition Services Director, who will contact the District Emergency Coordinator. The Georgia WIC Program Emergency Plan will be implemented following notification from the local District Nutrition Services Director, who has cleared these plans with his or her District Emergency Coordinator. The Georgia WIC Program will contact the State Health Office Emergency Coordinator and appropriate WIC retail vendors.

## V. RESPONSIBILITIES

#### A. Facilities

During an emergency, it is imperative that the safety of staff and participants be considered. Therefore, it may be necessary to move to another location. In the event of a move, an immediate survey should be taken of all State buildings and offices in the affected area(s) to identify damage or the nature of the incident. Necessary emergency action should be taken to protect the Georgia WIC Program property where State buildings or offices have been damaged. This may include, but is not limited to, moving contents and equipment files, acquiring security services, securing buildings, or any other necessary activities.

The records and invoices of any damage to facilities, equipment, supplies, repair or replacement should identify the site location address and identification numbers of the item(s) to assist in filing insurance claims. This information must be reported to the Georgia WIC Program Financial Unit, within seventy-two (72) hours after the emergency area returns to normal.

The Georgia WIC Program staff must respond to an emergency situation, in cooperation with the State Office of Emergency Preparedness, to assist the local agency to identify buildings, equipment, medical services, general supplies, and any other resources required to continue service delivery. Portable weighing and measuring equipment may be critical in an emergency situation. This will include assisting in finding potential locations for direct distribution of infant formula and food that are most accessible to participants. Whenever possible, the Georgia WIC Program will coordinate communications and services with other state program offices, such as Maternal and Child Health, TANF, SNAP, and Emergency Assistance Centers.

#### B. Issuance

During periods of an emergency, every effort will be made to continue issuance of food vouchers to participants. When adverse circumstances persist, such as the lack of available facilities, records or food instrument supplies, the Georgia WIC Program will coordinate efforts with the local agency to ensure that a minimum supply of food or food vouchers are available for participants if such action is Staff must maintain and update the number of infants on special necessary. formula at all times. Securing formula for WIC infants affected by the emergency is the top priority of any the Georgia WIC Program emergency relief plan. Readyto-feed formula may be necessary if the area's water supply is contaminated and/or electrical power is disrupted. State government and local agencies will collaborate daily (or as needed) to determine the most appropriate food distribution method. In the event that ready-to-feed infant formula is required, efforts will be made to order appropriate amounts (along with disposable nipples and bottles). As soon as the emergency area returns to normal or if another agency accepts responsibility for formula (e.g., American Red Cross), distribution of ready-to-feed formula will be discontinued. Adult and child participants will be directed to emergency food centers in the event that direct distribution is necessarv.

1. Retail Vendors (Grocery Stores): The State and local agency will share

information to establish and maintain a list of retail grocery stores that remain in operation following the emergency. The State and local agency will notify participants of available stores in their vicinity, hours of operation and a detailed listing of available WIC approved foods.

2. <u>Direct Distribution:</u> If retail purchase is not viable, then direct distribution measures will be considered. The local agency, state staff, and emergency coordinator will determine that retail purchase is not viable when a significant number of clients are unable to purchase WIC approved foods. This could be due to the closure of many retail stores, the inability of many clients to get to a retail store, or disruption of the supply of food to stores.

State and local agencies will coordinate efforts to contact the Red Cross and other relief agencies to arrange for methods of food distribution to current participants and to newly eligible participants. The Georgia WIC Program will arrange for the supply and distribution of food items and/or food vouchers to the local agency in need. For those local agencies in close proximity to the Georgia WIC Program, the State Agency may become directly involved with the distribution. If the District office is closer in proximity, efforts will be made by the Georgia WIC Program to coordinate distribution to the local agency through the District office. When District offices are affected by the emergency, the Georgia WIC Program may elect to take other appropriate measures to supply the local agency with infant formula, other food, e.g., alternate food packages or food vouchers. Ready-to-feed formula will be used if the water supply is contaminated or limited.

All contracts for formula procurement by the Georgia WIC Program will contain a clause addressing alternative measures for acquisition and distribution of infant formula in the case of an emergency.

- 3. Special Formula/Hospital Based Formula: The Georgia WIC Program and local agency (ies) will estimate the quantity of special formula and hospital based formula needed to sustain services until normal operations are restored. The Georgia WIC Program will then take measures to ensure that affected local agencies have supplies in the types and quantities needed. This may include the Georgia WIC Program contracts with manufacturers, wholesalers, suppliers, retailers, and other local agencies. Procurement, shipment, and local storage of infant formula will be the responsibility of the Georgia WIC Program.
- 4. <u>Food Vouchers</u>: Local agencies should maintain at all times a minimum back up supply of preprinted and blank manual food vouchers. These manual food vouchers should be secured in such a way that they will be safe and accessible during emergencies. Based on the local agency needs, the Georgia WIC Program will help to sustain the local agency's inventory of food vouchers. Local agency staff must complete an inventory of vouchers, at the end of each day, to account for usage.
- 5. <u>Food Package</u>: The WIC Competent Professional Authority (CPA) determines the type of food package to be issued consistent with the Food Package Section of the Georgia WIC Program Procedures Manual (see alternative food package section.) Local agencies have the

option of converting participants to a special food package (e.g., homeless package) under any of the following circumstances:

- a. Lack of refrigeration
- b. Lack of food preparation facilities (e.g., living in a shelter, motel, etc.).

#### C. Certification and Voucher Issuance

- 1. Depending upon the duration and severity of the emergency, appropriate measures will be taken by the Georgia WIC Program to minimize the disruption of certification services at the local agency.
- When facilities' medical services, equipment, general supplies and staff are available, the Georgia WIC Program will assist local agencies in maintaining services. When specific facilities, medical services, or staff is needed, the Georgia WIC Program will enact measures to meet those needs through other local agencies or the Georgia WIC Program resources.
- 3. Special provisions for expedited certifications may be authorized with approval from the Georgia WIC Program.
- 4. The Georgia WIC Program gives local agencies the right to extend the length of certification of applicants when no proof of residency or identity exists (such as when an applicant or an applicant's parent is a victim of theft, loss, emergency, or emergencies, a homeless individual, or a migrant farm worker). In these cases, the State or local agency must require the applicant to confirm in writing his/her residency or identity.
- 5. Districts/Clinics should consider requesting an extension of the processing standards for up to 15 days, for pregnant and breastfeeding women and infants.
- 6. Districts/Clinics should also consider implementing the thirty (30) day extension period for clients due for a recertification that have appointment scheduling difficulties. One month's worth of vouchers must be issued and a new recertification appointment must be provided to the participant.
- 7. Districts/Clinics should consider mailing one (1) month of vouchers to participants. (Refer to the Food Delivery Section of the Procedures Manual, VII. Mailing/Delivery of WIC Vouchers procedures).

#### D. Nutrition Education Contacts

Nutrition education may be provided in group or individual settings during certification and voucher issuance while in emergency situations.

Nutrition education during an emergency should address:

- 1. Food safety
- 2. Meal planning
- 3. Food preparation
- 4. Nutrition needs of the individual
- 5. Safe water supply
- 6. General sanitation
- 7. Relocation shelters for emergency purposes

#### VI. RESOURCE REQUIREMENTS

The requirements for providing services to the Georgia WIC Program participants during an emergency includes providing: staff, certification equipment, computers, voucher issuance printers, supplies, infant formula, manual vouchers, TADs (pre-numbered and blank), a data set and /or Masterfile list of participants available electronically or hard copy, and transportation. See the information below:

## A. Staff Requirements

- 1. Analyze the needs caused by the emergency as well as to monitor and control the response.
- 2. Coordinate the Georgia WIC Program staff and nutrition volunteers from around the state.
- 3. Schedule shifts for volunteers and help to obtain lodging at the emergency site.
- 4. Schedule and coordinate staff at the local office and the Georgia WIC Program.
- 5. Coordinate with local agency financial staff, as well as to monitor and track all emergency recovery related costs.
- B. Certification Equipment, Computers, Voucher Issuance Printers, and Supplies
  - 1. Plan to procure, borrow or reassign certification equipment, computers, voucher issuance printers and corresponding supplies for alternate location, if needed.
  - 2. Plan to provide an electronic or hard copy of all procedures, forms, and documents that an alternate location may need in order to provide services either electronically or manually.

## C. Infant Formula

 Obtain storage facilities near the affected emergency area for storing an extra supply of infant formula. Obtain manpower to move formula from trucks to storage to shelter.

- 2. Plan to procure, ship, store and distribute infant formula and food to emergency areas.
- 3. Contact distribution personnel (e.g., helicopters, airplanes, over land all terrain trucks).

## D. Food Vouchers and TADs

- 1. Obtain a supply of blank voucher paper stock for the Georgia WIC Program remote printing.
- 2. Obtain a supply of blank and manual food vouchers for issuance.
- 3. Print and ship pre-printed food vouchers to the emergency area.
- 4. Obtain a supply of both blank and pre-numbered TADs specific to the county or clinic.
- 5. Enter all manual vouchers and TAD information in the computer as soon as the emergency is over.

## E. Operational Retail Vendors

- 1. Local agencies should share information concerning which retail vendors are open or closed with the State office to ensure that up to date retail vendor information is available for participants.
- 2. The State office should share information concerning which retail vendors are open or closed with Local agencies to ensure that up to date retail vendor information is available for participants.

#### F. Clinic Data Set and/or Masterfile List

- If possible, create an electronic data set of all WIC participants for the District /County/clinics that includes the certification status, last date of voucher issuance, and voucher numbers for each participant to be used to continue certifications and voucher issuance.
- If an electronic data set is not possible, then ensure that the District and each County/clinic has a list of all WIC participants that includes certification status either in electronic or hard copy format. If necessary, pull the Masterfile list. However, understand that the Masterfile list is not an up to date report.
- 3. If possible, request your front end computer system contactor to generate these electronic data sets, lists, or hard copies for your District/Counties/clinics.

## G. Transportation

1. Arrange transportation for volunteer staff.

2. Arrange transportation for local distribution of infant formula.

## VII. TYPES OF EMERGENCIES

There are many types of emergencies that may occur in the State of Georgia. **Attachment EP-5** lists the type and probability of their occurrences.

## VIII. MANUAL CERTIFICATION WITH VPOD OR MANUAL VOUCHER ISSUANCE

- A. CPA manually completes the appropriate Certification Form (Pregnant, Postpartum, Breastfeeding, Infants and Children). Complete Demographic information, Proof fields and Income Information (see Income Guidelines).
  - 1. If an applicant does not qualify for WIC, have the applicant sign the Certification Form, and complete the Notice of Termination/Ineligibility/Waiting List form. Copy and date the proof and place them in the file.
  - 2. If a participant does qualify for the program, complete the same information above and begin to complete a Turnaround Document (TAD). Use a pre-numbered TAD for new participants and a blank TAD for participants being added to a family using an existing family number. Use the Edits Manual Data Dictionary to reference required fields for each transaction type.
- B. CPA manually completes the nutrition assessment, food package assignment, and nutrition education and record this information on the Certification Form, Nutrition Questionnaire, Nutrition Education Flow Sheet, Growth Chart, and any other documentation forms necessary.
  - 1. Infant
    - a. Calculate infant's age at first day to use for each food package to be issued (Coordinate CPA Food Package Code (FPC) and food package code (FPC)).
    - b. Confirm correct food package code (FPC) to issue.
    - c. Look up voucher codes and messages for food package.
  - 2. Women and Children
    - a. Look up voucher codes and messages for food package.
    - b. Watch for special situations Turning 1 year old, turning 2 years old, postpartum breastfeeding type, 6 months postpartum, and breastfeeding infants.
  - 3. Participants with qualifying conditions on special formulas

- a. Review that Medical Documentation is complete.
- b. Look up voucher codes and messages for both halves of food package when applicable.
- C. Complete the Turnaround Document (TAD). Enter all fields that must be completed for WIC type. Always complete Date Form Completed and Transaction Code.
- D. Issue VPOD or Manual Vouchers (Refer to Food Delivery Section).
- E. Issue WIC ID card and WIC Approved Food List.
- F. Explain Vouchers, Dual Participation, WIC Approved Foods List and location of grocery stores.

# IX. NUTRITION EDUCATION, FOOD PACKAGE CHANGE OR OTHER MANUAL CHANGES WITH VPOD OR MANUAL VOUCHER ISSUANCE

- A. Verify that a client is in a valid certification period and last date vouchers were issued using the data set or Masterfile list of participants.
- B. CPA performs assessment and/or provides nutrition education if needed and documents in record.
- C. Assign new food package code (FPC), if needed.
  - 1. Infant
    - Calculate infant's age at first day to use for each food package to be issued (Coordinate CPA Food Package Code (FPC) and food package code (FPC)).
    - b. Confirm correct food package code (FPC) to issue.
    - c. Look up voucher codes and messages for food package.
  - 2. Women and Children
    - a. Look up voucher codes and messages for food package.
    - b. Watch for special situations turning 1 year old, turning 2 years old, postpartum breastfeeding type, 6 months postpartum, and breastfeeding infants.
  - 3. Participants with qualifying conditions on special formulas
    - a. Review that Medical Documentation is complete.
    - b. Look up voucher codes and messages for both halves of food

package when applicable.

- D. Complete the Turnaround Document (TAD). Enter all fields that must be completed for WIC type. Always complete Date Form Completed and Transaction Code.
- E. Issue VPOD or Manual Vouchers (Refer to Food Delivery Section).
- F. Update WIC ID card and provide WIC Approved Food List, if needed.
- G. Explain Vouchers, Dual Participation, WIC Approved Foods List and location of grocery stores, if needed.

## X. VPOD OR MANUAL VOUCHER ISSUANCE ONLY

- A. Ask participant/parent/guardian for WIC ID Card and verify identity of the person picking up the vouchers.
- B. Verify that client is in a valid certification period and last date vouchers were issued using the clinic data set or Master file list of participants.
- C. Review food package to ensure correct package is issued.
  - 1. Infant
    - a. Calculate infant's age at first day to use for each food package to be issued (Coordinate CPA Food Package Code (FPC) and food package code (FPC)).
    - b. Confirm correct food package code (FPC) to issue.
    - c. Look up voucher codes and messages for food package.
  - 2. Women and Children
    - a. Look up voucher codes and messages for food package.
    - b. Watch for special situations Turning 1 year old, turning 2 years old, postpartum breastfeeding type, 6 months postpartum, and breastfeeding infants.
  - 3. Participants with qualifying conditions on special formulas
    - a. Review that Medical Documentation is complete.
    - b. Look up voucher codes and messages for both halves of food package when applicable.
- D. Issue VPOD or Manual Vouchers (Refer to Food Delivery Section, FD-9).

- E. Update WIC ID card and provide WIC Approved Food List, if needed.
- F. Explain Vouchers, Dual Participation, WIC Approved Foods List and location of grocery stores, if needed.

## XI. REPLACING LOST VOUCHERS

- A. Policy allows the reissuance of lost vouchers for those participants who live in a declared emergency area.
- B. Process for replacing lost vouchers:
  - 1. Determine if the participant resides in an area that has been designated as an area affected by a Declared Emergency:
  - 2. Determine which vouchers the participant has lost and need replacement.
  - 3. Call the CSC Help Desk to determine which lost vouchers have been cashed and processed by the bank.
    - a. Listed below is the information that staff will need to provide to CSC:
      - Voucher numbers
      - Participant ID number
      - Name of participant
      - Clinic, County and District number
      - Name of staff member requesting the information
    - b. Phone number is 1-800-786-7909.
    - c. Hours of operation are from 7:30 am to 5:00 pm, Eastern Standard Time (EST).
  - 4. After receiving the verification information of lost vouchers that have been cashed or not cashed from the CSC Help Desk, document the voucher information for lost vouchers that have NOT BEEN CASHED on the **Lost/Stolen/Destroyed Voided Voucher Report** (per family/participant). Use as many pages as necessary to document information.
  - 5. Replacement vouchers will only be issued for vouchers that have NOT BEEN CASHED by the participant and document on all voucher receipts, "Replacement Vouchers-Declared Emergency."
  - 6. Make and distribute up to four copies of the Lost/Stolen/Destroyed Voided Voucher Report:
    - a. Place original in the participant's file.
    - b. Place one copy in the Lost/Stolen/Destroyed Voided Voucher file.
    - c. Send one copy to your district office for their Lost/Stolen/Destroyed file.
    - d. Send one copy to the State WIC Office to the Compliance Unit.

- e. Send one copy to the clinic that originally issued the vouchers if the participant picked up replacement vouchers at a different clinic.
- 7. Void all copies of previously issued vouchers that have been replaced vouchers that have NOT BEEN CASHED) in the computer system.

## XII. VOUCHER ORDERING, RECEIPT, AND CLOSE-OUT OF ADP CONTRACTOR PRINTED VOUCHERS

- A. Ordering ADP Contractor Printed Vouchers
  - In emergency situations when clinics are unable to print vouchers for a period of time, the ADP contractor has the capability of producing vouchers. In cases of emergencies, vouchers can be ordered from the ADP contractor through the Georgia WIC Program.
  - 2. ADP contractor printed vouchers must be ordered through the Georgia WIC Program by contacting the Systems Information Unit Manager and copying the Georgia WIC Program Director.
  - 3. ADP contractor printed vouchers will be delivered to identified sites by overnight delivery.
- B. Receipt of ADP Contractor Printed Vouchers
  - ADP contractor printed vouchers will be delivered to each clinic (or box #1, if there is more than one (1) box) along with a Voucher Cycle Packing List and Voucher Registers.
  - 2. Clinics will compare beginning and ending voucher numbers to the ones on the Clinic Voucher Cycle Packing List.
  - Any discrepancies must be reported immediately by telephone to the ADP contractor and to a Systems Information Unit staff member of the Georgia WIC Program.
  - 4. The Packing List must be signed and dated to verify receipt. A copy of the signed/dated Packing List must be mailed to the District office within five days of receipt of the vouchers. The original must be retained by the clinic for one (1) year plus the current Federal fiscal year.
  - 5. The District receives a copy of each detailed Clinic-Packing List for control, and a summary copy showing total vouchers received within the District.
  - 6. All Packing Lists received by the District must be reconciled with the clinic's copy and the District's copy must be signed and dated. Any discrepancies must be reported to the ADP contractor and the Georgia WIC Program immediately. Missing shipments must also be reported to the ADP contractor and the Georgia WIC Program Director.

- 7. All vouchers must be stored in a locked cabinet, desk, or closet when not being issued. Voucher Registers and Computer Printed vouchers must be stored and locked in separate locations.
- 8. ADP contractor printed vouchers are received by the clinic in alphabetical order of the last name of the lead family member within each Sort Code. The lead family member is the one with WIC type P, N, or B or with the lowest Participant ID Number (usually #1).
- C. Issuing of ADP Contractor Printed Vouchers
  - 1. Ask participant/parent/guardian for WIC ID Card and verify identity of the person picking up the vouchers.
  - 2. Verify that client is in a valid certification period and status of last vouchers issued using the Masterfile List of participants.
  - 3. Pull participant vouchers and recheck that vouchers are the correct ones for the participant.
  - 4. Locate the participant's name and voucher numbers on the voucher register.
  - 5. Prorate if applicable:
    - a. Fruit and Vegetable Voucher **must** be issued (**Do not include in the proration**) This voucher code begins with a "P".
    - b. Write or stamp "VOID" on the prorated voucher(s) not issued.
    - c. Circle the corresponding voucher number(s) on the voucher register and write "VOID" near the circled voucher number(s) for the vouchers that were not issued.
    - d. Make a correction on the Voucher Register to reflect the number of vouchers issued for the month based on proration.
  - 6. Have the participant/parent/guardian sign the Voucher Register for each month of vouchers issued.
  - 7. Staff issuing the vouchers will initial and date the Voucher Register next to the participant/parent/guardian's signature.
  - 8. Document the ID proof code on the left side of the Voucher Register.
  - 9. Update ID Card and provide WIC Approved Food List, if needed.
  - 10. Explain Vouchers, Dual Participation, WIC Approved Foods List and location of grocery stores, if needed.

- D. End of Month Close-Out for ADP Contractor Printed Vouchers and Voucher Registers
  - When completing end of month closeout, the clerk must assure that all Voucher Register entries contain a participant's signature. Entries that are missing the participant's signature must be marked "Failed to Sign", followed by the clerk's initials and date.
  - 2. All vouchers not issued to participants must be voided during the end of the month close out and documented as "Void" on the voucher registers, followed by the clerk's initials and date.
  - All voided vouchers must be stamped "Void" and mailed to the ADP contractor. (These vouchers should not be batched) Mail all voided vouchers to:

CSC Covansys 1000 Cobb Place Blvd Building 100, Suite 190 Kennesaw, Georgia 30144

Attn: John Reynolds

- 4. Voucher registers **should not** be mailed to the ADP contractor and must be retained by the clinic for three years plus the current Federal fiscal year.
- 5. Close-out must be completed by the fifth working day of the following month.
- E. Batching and Processing Manual TADs
  - If a clinic can not enter TAD information into the front end computer system within fifteen (15) days of service, mail paper copies of TADs to the ADP contractor after receiving written approval from the Georgia WIC Program.
  - 2. Count completed paper TADs and separate copies.
  - Complete Batch Control Form (see Attachment EP-6) for TAD copies, do not batch TADs with Manual Vouchers.
  - 4. Mail top copy of TADs with Batch Control Form to:

Covansys/CSC P O Box 2507 Greenwood, IN 46142

 Create a Batch Control module with copies of the TADs and a copy of the Batch Control Form by date for future reference and verification.

- 6. When TADs are received in the clinic from the ADP contractor, clerk must verify information against clinic copy of TAD. Correct any errors and resubmit information electronically.
- F. Batching and Processing Manual Vouchers
  - 1. Count completed paper Manual Vouchers (both issued and voided) and separate copies.
  - 2. Complete Batch Control form for Manual Voucher copies, do not batch Manual Vouchers with TADs.
  - 3. Mail second copy of Manual Vouchers with Batch Control form to:

Covansys/CSC P O Box 2507 Greenwood, IN 46142

4. Create a Batch Control module with copies of the Manual Vouchers and a copy of the Batch Control form by date for future reference and verification.

## XIII. TIPS FOR OPERATING A MANUAL SYSTEM

- A. Verify the Manual Voucher beginning number daily to ensure that you start with the correct batch. (Remember that there are now eleven (11) sets of vouchers)
- B. Set up cycle vouchers and Manual Vouchers on a long table with labels and large signs (e.g., W01-Issue five vouchers per set) in a secure location that is out of reach of clients but easy for staff to use.
- C. Maintain voids and unissued vouchers in numerical order at all times.
- D. Separate voucher copies by using an organizer system to keep in numerical order.

## Staff Availability

Date	Time Call Received	District/Unit Clinic	Staff Name	Staff Telephone	Return to Work Date	Return to Work Time	Closure of Issue

Emergency Personnel Time Tracking Form						
Summarize incident related activities:						
Affected district/County(ies):						
Federal Disaster Declaration:						
		Leastion Danleyed	1			
Name/SSN	Dates	Location Deployed District/Unit/Clinic	Total Hours			
			Tiodio			
Total						
Form completed by:						
Date						

Retain to document future federal disaster relief claims

## **Communications Log**

Date	Time	Name of Communicator	Message	Person Receiving Communication	Action Taken	Lead Person	Closure of Issue

EMERGENCY DAILY WORK ACTIVITY LOG	PAGE OF			
DATE://_  NAME: OFFICE:				
AM NEW ACTIVITY TIME: : PM to : ACTIVITY LOCATION: Activity Description:	AM PM BLDG:	OTHER:		
NEW ACTIVITY TIME: : PM to :  ACTIVITY LOCATION: Activity Description:		OTHER:		
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SIGNATURE:  Note: MUST ATTACH TO DISASTER EMPLOYE		_		
RETAIN COMPLETED LOG FOR USE IN CLAIMS		TURE FEDERAL		

## **EMERGENCY PROJECTIONS AND PLANNING ASSUMPTIONS**

## Basic Disaster Plan Hazard Probability

Georgia is subject to many hazards, which could result in an emergency or disaster. The most current statewide composite hazards analyses follow:

	Pro	Probability of Occurrence		
	High	Moderate	Low	
Nuclear Attack			<b>X</b> ~	
Tornado	X	ì		
Flood	X			
Haz Mat Transportation	X			
Winter Storm	X			
Drought	X			
Power Failure			X	
Urban Fire		X		
Wild Fire		X		
Transportation Incident (air, rail, sea)			X	
Dam Failure			X	
Hurricane/Tropical Storms			X	
Haz Mat Fixed Facility		X		
Civil Disturbance		X		
Radiological Incident Fixed Facility	, .	X		
Radiological Incident Transportation			X	
Earthquake			X	
Landslide			X	
Subsidence (sink holes)			X	
Other Hazards			X	
*Repatriation	-			
*Heat Emergency				
*Airplane crash in a congested area				
*Train derailment in a congested area				
*Terrorist/bomb threat				

<sup>\*</sup>These hazards have not been considered by GEMA.

Source: GEMA GEOP, 1995

GEORGIA W		BATCH CONTROL FORM			
GEORGIA W		DATE	NUMBER		
			/ /	/ /	
DISTRICT/UNIT	CLINIC				
	1. USE THIS FORM AS A COVER SHEET TO FORWARD ALL TADS (CERTIFICATIONS, UPDATES, TRANSFERS AND TERMINATIONS) AND ISSUED/VOIDED MANUAL VOUCHERS.				
	2. DO NOT BATCH	TADS WIT	H MANUAL '	VOUCHERS	
	3. SUBMIT THIS FO VOUCHERS TO:	RM WITH	THE <u>TADS /</u>	AND ISSUED MANUAL	
	CSC COVANSYS P.O. BOX 2507 GREENWOOD, IN 46142				
INSTRUCTIONS	SUBMIT THIS FORM WITH THE <b>VOIDED MANUAL VOUCHERS</b> TO:				
	CSC COVANSYS 1000 COBB PLACE BLVD BUILDING 100, SUITE 190 KENNESAW, GEORGIA 30144 ATTN: JOHN REYNOLDS				
		SSUED MA	NUAL VOU	E CLINIC WITH COPIES CHERS OR VOIDED ATCH CONTROL	
	TYPE OF DOCUMEN	JT	NUMBER I	N BATCH	
	TURNAROUND				
CSC COVANSYS INPUT SECTION	ISSUED MANUAL VOUCHERS				
	VOIDED MANUAL VOUCHERS				
COMMENTS:	,				
DATE SENT BY DIS	PREPARER'S SIGNATURE				
DATE RECEIVED A	SIGNATURE				
DATE ENTERED AT	SIGNATU	RE			



# Georgia WIC Program GLOSSARY

**999 -** A food package number or voucher code within the range of 900-999 that is created by a WIC District or WIC clinic; also called a "District/Clinic-Created Food Package or Voucher Code."

**AAP** – American Academy of Pediatrics.

**Above 50% Vendors** – Authorized vendors who receive more than 50% of their annual sales revenue from the sale of WIC food instruments.

**Acceptable Proof** - Documentation reviewed by clinic staff to determine the qualification or disqualification of a WIC participant.

## **ADA** – American Dietetic Association

**ADIME** - An acronym for the steps of providing and charting nutrition care. A (nutrition Assessment), D (nutrition Diagnosis), I (nutrition Intervention), and ME (nutrition Monitoring and Evaluation).

Adjunctive Eligibility - Automatic income eligibility for WIC applicants (SNAP, TANF, and Medicaid).

Administrative and Program Service Costs Direct and indirect costs, exclusive of food costs, which State and local agencies determine to be necessary to support Program operations.

**Administrative Review** – A hearing process offered to a vendor to appeal adverse actions taken by the Georgia WIC Program. (See Georgia WIC Program **Vendor Handbook.**)

**Adopted Child** - Child who lives with a family that has court-ordered permanent legal custody and legal responsibility.

**ADP** – Advance Planning Documents.

**AEGIS** – The State-developed automated clinic computer system.

**Affiliates** – Any partner, member, owner, officer, director, employee, relative by blood or

marriage, heirs, or assigns. (See Georgia WIC Program Vendor Handbook.)

**Affirmative Action Plan** - Portion of the State Plan which describes how the Georgia WIC Program will be initiated and expanded within the State's jurisdiction.

**Age at Voucher Issuance** – An infant's age in months and days (based on calendar months) as of the "First Day To Use" date on each set of youchers.

**Agricultural Occupation** - Employment related to the production, growth, and harvesting of commodities grown in or on land, or an adjunct to a part of a commodity grown in or on land.

**ALJ** – Administrative Law Judge.

Allocation of Funds - The allocation of funds based on a methodology that includes an analysis of the district's participation at the beginning of the fiscal year by WIC type, within priority. The projected amount to be spent for the total fiscal year is then calculated and, based on priorities; the Allocation Advisory Committee determines which types will be served. The allocation of administrative funds is based on an average cost per participant and is distributed to the local agencies after state administrative costs have been deducted.

Alphabetic Client Master file - Enrollment report which lists selected participant information for all active participants.

**Alternate Parent** – The other parent of the child. A spouse and the biological parent can be an alternate parent.

**Alternative Food Packages** – Additional food package options available for homeless participants, migrants, and disaster situations.

**And Justice For All Poster** - Poster which must be displayed in a conspicuous location in each WIC Clinic site indicating the WIC non-discriminatory clause.

**Annual Training** – An annual mandatory participation for all vendors to receive program updates and reminders and verify their receipt and understanding for program updates and reminders. (See Georgia WIC Program Vendor Handbook.)

**Applicants** - Pregnant women, breastfeeding women, postpartum women, infants, and children who are applying to receive WIC benefits. Applicants include individuals who are currently participating in the program but are re-applying because their certification period is about to expire.

## ATVS - Automated TAD and Voucher System

Automated Termination Action - The system which automatically terminates a participant when a child reaches his/her fifth birthday, a non-breastfeeding woman at six months, a breastfeeding woman at twelve months from delivery, failure to pickup vouchers for two full consecutive months, transfer out of clinic or district/unit, terminated from waiting list, pregnant woman at EDC + 75 days, or overdue for certification. Participants are automatically terminated 45 days from the certification date.

Automatic Clearing House (ACH) – An electronic funds transfer network which enables participating financial institutions to distribute electronic credit and debit entries to bank accounts and to settle such entries. (See Georgia WIC Program Vendor Handbook.)

Automatic Update of Infant to Child - The system automatically updates an infant to a child when the infant reaches his/her first birthday.

**Auto Dialer System (IAS)** – A system that gives health providers technology tools to remind, schedule and call participants.

**BAQ** - Basis Allowance for Quarters – Housing allowance for military families living on base.

**BASD** - Basic Active Service Date for someone in the military.

Batch Control Form - A three-ply form which is completed for each transmitted batch of TADs and sent to the WIC contractor. A completed form contains the date the batch was assembled, and a four-digit sequence number assigned to this batch (cannot be duplicated within the same date). The date and the sequence number combined is the Batch Control Number. This number is printed on the computer printed TAD. The person who prepares the batch should sign and date the Batch Control Form upon completion (do not mix TADs and vouchers in a batch). The top copy of the form goes to the ADP contractor. The second and third copies are retained by the clinic. The form is rarely used but must be retained for emergency use.

**Blank Manual Vouchers** - Vouchers that require manual entry of certain information by the clinic prior to issuance. They are commonly used for issuance at times when clinic is unable to produce VPOD vouchers.

**BMI** – Body Mass Index.

**Break in Enrollment** – The period or lapse of time between a valid certification period and the subsequent certification.

Breastfeeding Women - Women up to one year postpartum who are breastfeeding their infants. Federal regulations (7 CFR 246.2) define a woman as breastfeeding if she feeds breastmilk to her infant(s) on average at least once every 24 hours. Re-lactation/induced lactation after a period of not breastfeeding or lactation by a woman who is not the biological mother of the infant also qualifies the woman as a breastfeeding mother for WIC.

**BRFSS** – Behavior Risk Factor Surveillance System.

**Budget** - Itemized summary of probable expenditures and income for a given period.

**Calendar Year** - Period of time between January 1st and December 31st.

**Caregiver** – The person who looks after an infant or child that they have taken into their household.

Case Worker – An individual certified by the Department of Family and Children Services (DFACS) to act on behalf of a guardian with legal rights given to them by the state.

**Cash Income** - Applicants/participants who are paid money on site for services rendered.

Cash Value Voucher – A fixed-dollar amount check, voucher electronic benefit transfer (EBT) card or other document which is used by a participant to obtain authorized fruits and vegetables. (See Georgia WIC Program Vendor Handbook.)

**Categorical Eligibility** - Woman, Infant and Child who meet the definitions of pregnant women, breastfeeding women, postpartum women, infants or children.

Categorical Termination - Child who has reached his/her fifth birthday; postpartum non-breastfeeding woman six months after delivery; postpartum breastfeeding woman twelve months after delivery.

**CAU** – Compliance Analysis Unit.

**CDC** – Centers for Disease Control and Prevention

## **CPA** – Certified Public Accountant

## Certification Period – Pregnant Women:

for the duration of their pregnancy and for up to six (6) weeks postpartum. There is no extension granted beyond the six (6) week postpartum cutoff. **Breastfeeding Women:** for six (6) months from the date of initial and/or subsequent certification as a postpartum, breastfeeding woman. Eligibility ends when the certification period is over, when the breastfed infant turns one (1) year old or when breastfeeding is discontinued,

whichever comes first. **Postpartum, Non-Breastfeeding Women:** for up to six (6) months from the termination of their pregnancy. **Infants:** certified at age six (6) months or younger: until their first birthday. **Infants:** certified at age greater than six (>6) months: for six (6) months from date of certification. **Children:** for six (6) months from the date of each certification may continue eligibility until they reach their fifth birthday, if assessed at nutritional risk.

**CDPHP** – Chronic Disease Prevention and Health Promotion Program.

**Certification** - Implementation of criteria and procedures to assess and document each applicant's eligibility for WIC.

CFO – Chief Financial Officer.

**Children** - Children who have had their first birthday but have not yet attained their fifth birthday.

**Civil Money Penalty (CMP)** - May be assessed in lieu of disqualification. The amount of the penalty will be established using a standard formula. CMPs cannot exceed \$10,000 per violation or \$40,000 per investigation.

**Civil Rights** –The personal rights of the individual citizen to have equal treatment and equal opportunities.

Client Staff Ratio - Clinic staff ratio is used for administrative purposes. It list the number of staff (CPA, administrative staff and RD LD) required for a set number of clients.

**Clinic** - A facility where WIC business is conducted (Certification and Voucher Issuance)

**Closeout Month** - Third month (sixty days) after youchers were issued.

**Closeout Reconciliation Report** - Report generated at the clinic level to give the final disposition of all VPOD vouchers.

**CMIA** – Cash Management Improvement ACT.

**Coding of Records** - Documenting special codes on records for special treatment for applicants/participants.

**Collections** - Repayment of WIC funds that were fraudulently obtained and must be paid by cashier's check or money order.

**Communal Feeding** - Group meals or food supplies.

Competent Professional Authority (CPA) -Individual on the staff of the local agency authorized to determine nutritional risk and prescribe supplemental foods. The following persons are the only persons the State agency and local agencies may authorize and train to serve as a competent professional authority: physicians, nutritionists, (Bachelors or Masters Degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics or, Public Health Nutrition), registered dietitians, licensed dietitians, registered nurses, LPNs, and physician assistants (certified by the National Committee on Certification of Physicians Assistants or certified by the State medical certifying authority), or State or local medically trained health officials. This definition also applies to an individual who is not on the staff of the local agency but who is qualified to provide data upon which nutritional risk determinations are made by a CPA on the staff of the local agency.

Computer-Generated Vouchers - These vouchers contain a specific food package, individually tailored for each participant's nutritional needs. These vouchers are produced by the ADP contractor and contain information based on the TAD submitted by the clinic. District/Clinic identification numbers are also printed on the vouchers. Rarely used since the inception of VPOD. Contractor must retain the ability to produce vouchers in case of emergency.

Computer-Printed Voucher Register -Listing of participants who have computergenerated vouchers produced during a cycle. The register provides space for the participant's signature upon distribution of vouchers.

**Computing Income** - Review documents (e.g., check stubs, IRS forms, etc.) to determine the income eligibility of the WIC participant.

Confidentiality - WIC may provide participant certification information to other Public Assistance providers to determine if the participant is eligible for services. No other information may be provided to any other person or entity without obtaining the participant's permission.

Contract Brand Infant Formula – All infant formula (excluding exempt infant formula) produced by a manufacturer awarded the infant formula cost containment contract by the State agency on a rebate basis.

**Corporate Vendor** – A WIC authorized vendor that has more than one store with the same FEIN. **(See** Georgia WIC Program **Vendor Handbook.)** 

**Cost Containment Measure** - Competitive bidding, rebate or direct distribution implemented by a State agency as described in its approved State Plan of operations and administration.

**Court Order** – Request by a judge or – requesting documents or physical presence of an individual in court.

Covert Compliance Investigation or Compliance Buy: A covert, onsite investigation in which a representative of the Georgia WIC Program poses as a participant, parent, or caregiver of an infant or child participant, or proxy, to transact one or more food instruments without revealing during the visit that he or she is a WIC representative. (See Georgia WIC Program Vendor Handbook.)

**CSC Covansys** – EDP firm contracted by the State Agency to manage all computer requests and data reports.

**CSFP** - Commodity Supplemental Food Program administered by USDA.

CPA FPC – Competent Professional Authority Food Package Code. Umbrella term for the food package code assigned by the CPA; reflects the types and quantities of foods to be issued over a certification period; may represent multiple internal food package codes (e.g., as in the case of infant participants who are assigned one CPA FPC but who are transitioned through multiple internal food packages with varying quantities of formula and supplemental foods from birth through age 11 months without making any change to the CPA FPC).

Cumulative Unmatched Redemption - Redeemed manual vouchers, which have not matched to either an issuance record (Part 1) or with a valid client ID number or valid certification. Local agencies are required to review the redeemed vouchers appearing on the CUR reports. The vouchers must be reconciled with the data processor or a manual reconciliation must be done, depending on how much time has elapsed since the voucher was issued.

**CUR Part 1** - Cumulative Unmatched Redemptions which have not been matched to an issuance record.

**CUR Part 2** - Cumulative Unmatched Redemptions which have not been matched to a valid certification record or valid WIC ID number.

**Customized Training** – training which vendors can request to suit their specific training needs. (See Georgia WIC Program **Vendor Handbook.)** 

**Days** – For WIC purposes it means calendar days, unless otherwise noted. **(See** Georgia WIC Program **Vendor Handbook.)** 

**Day Worker** - Individual who contracts for labor or services on a daily basis.

**DCH** – Department of Community Health.

**Declination Statement Forms** - Form used to document refusal to want to register to vote.

**Delivery** – The act of transferring a product from a seller to its buyer outside the confines of the retail food establishment.

**Delivery Date** - Date of actual delivery of an infant (or the date the pregnancy ended for a postpartum woman).

**Disability** - Physically incapacitating or disabling condition which prevents or restricts normal accessibility or activity; included are visual and hearing impaired individuals.

**Discrimination** - The act of treating someone differently on the basis of that individual's race, religion, ethnicity, national origin, age, physical ability, gender, or sexual orientation.

**Disqualification** - Act of ending WIC participation of a certified participant, authorized food vendor, or authorized State or local agency, whether as a punitive sanction or for administrative reasons.

**Disqualified Vendors** – Vendors whose WIC authorization ends as consequence of punitive sanction for violation of WIC regulations and policies or for administrative reasons.

**District / Clinic-Created Food Package or Voucher Code** – A food package number or voucher code within the range of 900-999; also called a "999" food package or voucher code.

**DHS** – Department of Human Services

**DMA** - Division of Medical Assistance.

**DPM** – Division of Payment Management

**DOAS** – Department of Administrative Services.

**Documentation** – The presentation of written or electronic documents which substantiate statements made by an applicant or participant or a person applying on behalf of an applicant.

**DOD** - Department of Defense.

**DOL** – Department of Labor.

**Donations** - WIC foods and other food items purchased as a result of the compliance investigations. These items are donated to non-profit organizations within the city(ies) where the purchases are made by the investigator.

**Dual Participation Report** – Report that specifies possible dual participants in alphabetic sequence, which must be investigated by the local agency and submitted to the Georgia WIC Program.

**Dual Participation** - WIC participants who receive benefits twice in the same clinic or from more than one clinic at the same time.

**EBT** - Electronic Benefit Transfer.

**EDC (Estimated Date of Confinement)** - Date of expected delivery for a pregnant woman.

**Education Level** - Highest level or grade completed, for women participants only.

**Enrollee** - Client who is active and in a valid certification period, but did not receive vouchers during the reporting month.

**Ethnicity of Participant** - 1=Yes, Hispanic/Latino, 2=No, Not Hispanic/Latino.

**Equipment Inventory** - Detailed listing of all computer equipment or property purchased with WIC funds and valued at a minimum of \$1000.00.

**EDP** – Electronic Data Processing.

**ETAD** – Electronic Turn Around Document.

**EVOC** – Electronic verification of certification: An electronic system for documenting the issuance of verification of certification. Produced by computer interface with the GWISnet masterfile. EVOC cards do not require inventories.

**Exclusively Breastfed (EBF)** – Infant feeding type; an infant who receives no formula from WIC.

**Exclusively Breastfeeding (EBF)** – Woman feeding method; a breastfeeding woman whose infant receives no formula from WIC.

**Exempt Infant Formula** - Infant formula designed for infants with medical conditions (e.g., prematurity, low birth weight, metabolic disorders, etc.). Some exempt infant formulas are also classified as medical foods. All exempt infant formulas require medical documentation for issuance by WIC.

**Fair Hearings** - Procedures which a person or his/her guardian uses to enact the right to appeal a decision or action by the State or local agency which results in the individual's denial of participation, suspension, or termination from WIC.

**Family** - Group of related or non-related individuals who are living together as one economic unit, except that residents of a homeless facility or an institution shall not all be considered as members of a single family.

**Department of Family and Children Services (DFACS)** – State government agency responsible for the welfare of children.

**Family Size** - Total number of individuals in a family unit (whether related or un-related as defined above).

**Fiscal Year** - WIC operates under the constraints of both the Federal Fiscal Year (October 1 through September 30) and the State fiscal year (July 1 through June 30).

**FMS** – Financial Management System.

**FNS** - Food and Nutrition Service of the United States Department of Agriculture.

**Food Delivery System** - Method used by State and local agencies to provide supplemental foods to participants.

**Food Costs** - Costs of supplemental foods.

**Food Instrument** - Voucher, check, coupon or other document, which is used by a WIC participant to obtain supplemental foods.

**Food Package I** – Federal food package designation for infants from birth to <6 months of age who do not qualify for Food Package III.

**Food Package II** – Federal food package designation for infants from 6 months to <12 months of age who do not qualify for Food Package III.

**Food Package III** – Federal food package designation for medically fragile women, infants, and children with qualifying medical conditions who are prescribed special formulas/medical foods.

**Food Package IV** – Federal food package designation for children ages one to five years who do not qualify for Food Package III.

**Food Package V** – Federal food package designation for pregnant and mostly breastfeeding women who do not qualify for Food Package III.

**Food Package VI** – Federal food package designation for non-breastfeeding postpartum women and women breastfeeding some who do not qualify for Food Package III.

**Food Package VII** – Federal food package designation for exclusively breastfeeding women (single or multiple infants), women pregnant with multiple fetuses, and women mostly breastfeeding multiples who do not qualify for Food Package III.

**Food Sales** – Sales of all SNAP eligible foods intended for home preparation and

consumption, including meat, fish, and poultry; bread and cereal products; dairy products; fruits and vegetables. Food items such as condiments and spices, coffee, tea, cocoa, and carbonated and noncarbonated drinks may be included in food sales when offered for sale along with foods in the categories identified above. Food sales do not include sales of any items that cannot be purchased with food stamp benefits, such as hot foods or food that will be eaten in the store. (See Georgia WIC Program Vendor Handbook.)

**Food Sales Establishment License** – A license granted by Georgia Department of Agriculture which permits the retail food vendor to sell food items. **(See** Georgia WIC Program **Vendor Handbook.)** 

Form#1 - Medical Documentation Form for WIC Special Formulas and Approved WIC Foods; form used to provide medical documentation for standard infant formulas requiring medical documentation (e.g., Similac Sensitive), exempt infant formulas and medical foods as well as any WIC supplemental foods issued to clients prescribed such products.

**Form#2** - Referral Form and Medical Documentation for Special Food Substitutions; form used to provide medical referral data and/or to authorize special milk substitutions for women and children.

**Foster Care** - A program that provides temporary substitute homes for children whose families cannot provide a safe and nurturing environment for them.

**Foster Child** - A child placed by a State agency or a court in the care of someone other than his or her natural parents.

Fraud - Intentional deception.

**FReD** – Functional Requirement Document for computer changes.

**Full Nutritional Benefit** – The maximum amounts of allowed WIC supplemental foods.

**Fully Formula Fed (FFF)** infants receive the full formula package and breastfed less than an average of once every 24 hours.

**GAAP** – Georgia Chapter American Academy of Pediatrics.

**Georgia WIC Program** – Special Supplemental Nutrition Program for Women, Infants and Children (WIC) that operates in Georgia.

**GPAN** – Georgia Coalition for Physical Activity and Nutrition

**GPHA** – Georgia Public Health Association.

**GRITS** – Georgia Registry of Immunization Transactions and Services.

**Grant Award (Formula Grant/Grant Allocation)** - Total (food and administrative) dollars allocated to the State for the Federal Fiscal Year based on funding formula.

**Guardian** - An individual who has been given legal responsibility for a minor child.

**GWIS** – Georgia WIC Information System. Desktop reporting system containing all of the monthly and quarterly reports produced by the State's data processing contractor as well as custom client reports.

**GWISnet** – Georgia WIC Information System-Network.

**GUI** – Graphic User Interface.

**Health Services** - Ongoing, routine pediatric and obstetric care (such as infant, children, prenatal and postpartum examinations) or referral for treatment.

**Height** - Vertical length (depending on the age) of a participant to the nearest eighth inch.

**Hematocrit** – Hematological measurement used to screen for nutritional risk of anemia.

**Hemoglobin** - Hematological measurement used to screen for nutritional risk of anemia.

**HN2** – Healthnet2. Automated Computer clinic/System used in D/U 10-0.

**High–Risk Vendor** – A vendor identified as having a high probability of committing a vendor violation through application of the criteria established in § 246.12(j)(3) and any additional criteria established by the State agency. (**See** Georgia WIC Program **Vendor Handbook.**)

HIPAA – (Health Insurance Portability and Accountability Act) Protects the privacy of individually identifiable health information, and the confidentiality provisions of the Patient Safety Act, which protects identifiable information being used to analyze patient safety events and improve patient safety.

**HMO** – Health Maintenance Organization.

**Home Visit Certification** – Certifications conducted in the applicant/participant's home.

Homeless Individual - Woman, infant or child who lacks a fixed and regular night time residence; or whose primary night time residence is: a supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designated to provide temporary living accommodation; an institution that provides a temporary residence for individuals intended to be institutionalized; a temporary accommodation in the residence of another individual; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Homeless Facility - Supervised publicly or privately operated shelter (including a welfare hotel or congregate shelter) designed to provide temporary living accommodations; a facility that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or

normally used as, a regular sleeping accommodation for human beings.

**Hospital Certification** - Reviewing hospital documentation for eligibility of applicants/ participants for receipt of WIC services and benefits.

**Hotline** – A phone line designated for WIC applicants/participants to request WIC services or to place a complaint or discuss discriminatory matters.

How to File a Complaint Flyer – A flyer given to the applicants and participants at the service delivery point that advises them of their rights to file a complaint, how to file a complaint, and the complaint procedures.

**ICD-9 / ICD-10 Codes** – Medical diagnostic coding system from the *International Classification of Diseases*, 9<sup>th</sup> Revision / 10<sup>th</sup> Revision.

**ICIV** – Internet Check Image Viewer.

**Identification** - Valid picture ID or other valid ID such as Driver's License, Birth Certificate, Immunization record. etc.

**ILSI** – International Life Science Institute.

**Immigrant** – A person who leaves one country to settle permanently in another.

**Immunization** - Vaccines that are given to children to help them develop antibodies as protection against specific infections.

**Inadequate Participant Access** - Condition that exists when the nearest authorized WIC vendor is ten (10) miles or more away from another authorized WIC vendor.

**Incident/Complaint Form** – A Form used to document complaints/incidents from participants, vendors, USDA, etc.

**Income** - Gross cash income before deductions for income taxes, employee's

social security taxes, insurance premiums, bonds, etc.

**Income Exclusion** - Income or benefits received that are not counted as income.

**Income Inclusion** - Monetary compensation for services including wages, salary, commissions or fees that <u>are</u> counted as income.

**Income Tax Form** - Legal statement of earnings and deductions as prescribed by the IRS Tax Codes.

**Ineligible** – Not eligible or disqualified for the Georgia WIC Program benefits on the basis of residency, category, income or nutritional risk

**Infant** – Participants from birth to less than 12 months of age.

**Infant Feeding Type** – Georgia WIC Program designation for the infant feeding method: Exclusively Breastfed (EBF), Mostly Breastfed (MBF), and Fully Formula Fed (FFF).

**Infant Food Fruit and Vegetables** – Jars of baby food fruits and vegetables issued to infant participants.

**Infant Meat –** Jars of baby food meat issued only to Exclusively Breastfed infant participants.

Infant Formula – A food which purports to be or is represented for special dietary use solely as a food for infants by reason of its simulation of human milk or its suitability as a complete or partial substitute for human milk.

Infant Mid-Certification Nutrition Assessment - Assessment to be completed between five and seven months of age for an infant. The infant's weight, height, nutritional practices, nutritional risk, and food package needs are evaluated during this assessment. This assessment ensures accessibility to quality health care services.

**Initial Contact Date** - Date an applicant first visits or calls the WIC clinic and requests WIC benefits.

**Institution** - Residential facility designed to provide meals and living accommodations for individuals intended to be institutionalized but excludes private residences or homeless facilities.

**Institutionalize** - Reside in, by choice or otherwise, an established residential facility that provides accommodations and meals.

## **Internal Food Package Code (Internal FPC)**

The system food package codes used within a CPA FPC for the computer system to automatically transition the participant between different food packages based on the infant participant's age or on the special food package situation (such as a woman exclusively breastfeeding multiple infants).

**Interpreter** - Someone who converts one spoken language into another.

**Interview Script** - Provides WIC applicants/participants with general WIC information.

**Inventory** - Detailed list of all goods and materials on hand.

Inventory Audit – The examination of food invoices or other proofs of purchase to determine whether a vendor has purchased sufficient quantities of supplemental foods to provide participants the quantities specified on food instruments redeemed by the vendor during a given period of time. (See Georgia WIC Program Vendor Handbook.)

**Issue Month** - Month in which voucher's "First Day To Use" date appears.

**Joint Custody** - Child who resides in more than one home as a result of a joint custody situation shall be considered part of the household of the parent who is applying on behalf of the child.

**LASP** – Local Agency Special Project.

Last Date of Use - The last date on which the food instrument may be used to obtain authorized foods. (See Georgia WIC Program Vendor Handbook.)

**Late Entry** – Missing documentation added to WIC records received from another clinic.

**LQA** - Living Quarter Allowance for military applicant/participant living off base.

**Leave and Earnings Statement (LES)** – Military paycheck stub.

**Legal Custody** - Court ordered custody of a person.

LEP - Limited English Proficient.

**Letter of Household Income** - Statement attesting to household income by wage earner(s).

**Local Agency** - A public or private, nonprofit health or human service agency, which provides health services, either directly or through contract.

**Logger** - Individual whose primary employment is the harvests of trees seasonally; and for such works the person establishes temporary residence.

**Mandatory Sanction** – Penalty imposed by USDA for certain violations of WIC regulations. **(See** Georgia WIC Program **Vendor Handbook.)** 

**Manual Voucher Inventory Log** - Documentation that vouchers are inventoried on a weekly and monthly basis.

MDF - Medical Documentation Form.

MDS - Minimum Data Set.

**Medical Care Start Date** - Month of pregnancy in which woman began receiving prenatal care.

**Medical Diagnosis** – Identification of a disease or condition by a scientific evaluation of physical signs, symptoms, history, laboratory test results, and procedures; the translation of data gathered by clinical evaluation into an organized, classified definition of the conditions present; can only be provided by a health care provider with prescriptive authority in the State of Georgia for use by the **Georgia WIC Program**.

**Medical Documentation** – Medical information provided by a health care provider with prescriptive authority in the State of Georgia; documents the medical need for and authorizes the use of special formulas, medical foods, special milk substitutions, and WIC supplemental foods that are not contraindicated by the participant's medical condition; can only be signed by physicians, physician assistants, or nurse practitioners.

Medical Food - A WIC-eligible medical food refers to certain enteral products that are specifically formulated to provide nutritional support for individuals with a diagnosed medical condition when the use of conventional foods is precluded, restricted, or inadequate. Such WIC-eligible medical foods may be nutritionally complete or incomplete, but they must serve the purpose of a food, provide a source of calories and one or more nutrients, and be designed for enteral digestion via an oral or tube feeding. All medical foods require medical documentation for issuance by WIC. Some medical foods are also classified as exempt infant formulas.

**Members of Populations** - Persons with a common special need who do not necessarily reside in a specific geographic area, such as off-reservation Indians or migrant farm workers and their families.

**Memorandum of Agreement** - Written operational agreement between the State of Georgia and the Health District or local agency where WIC services are delivered.

MIER (Monthly Income and Expense Report) - An itemized summary of all WIC

expenditures reported monthly by each local agency.

**Migrant Farm Workers** - Individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

**Migrant** - Seasonal farm or agricultural worker or family member who travels from place to place for the purpose of work and such work requires the establishment of temporary residence.

Minimum Inventory – Required inventory that all vendors must carry everyday at all times, including, but not limited to, fruits and vegetables, and whole grains. Pharmacies are exempt from keeping minimum inventory. (See Georgia WIC Program Vendor Handbook.)

**Minimum Inventory Requirement Waiver** - Waiver is granted to reduce the minimum inventory when a WIC vendor has difficulty selling WIC food items.

**M&M** – (Mitchell and McCormick) – Privately developed automated clinic computer system.

Mostly Breastfed (MBF) – Infant feeding type; an infant who receives formula from WIC that does not exceed the maximum monthly formula allowance for a Mostly Breastfed infant (up to approximately half the amount of formula issued to a Fully Formula Fed [FFF] infant).

**Mostly Breastfeeding (MBF) -** Woman feeding method; a breastfeeding woman whose infant receives a Mostly Breastfed food package.

Mother / Baby Dyad — The process of thinking of a mother and her infant as a single unit or pair instead of as two separate individuals for the purposes of assigning food packages and feeding methods. A mother's food package must be based upon her infant's

or infants' feeding method(s) and the amount of formula, if any, that the infant(s) receive from WIC.

**Motor Voter Act** - Act that mandates WIC's obligation to offer voter registration opportunities to anyone entering a clinic for WIC benefits.

**Motor Voter Forms** - Form issued to applicants who wish to register to vote.

**Native American** - Original inhabitants of America: an American Indian.

**Netsmart** – Privately developed automated clinic computer system used in D/U 03-5.

**Natural Disaster** – An occurrence in nature causing wide spread destruction (e.g., tornado, flood, hurricane, etc.)

**No Proof Form** - Form used when an applicant for WIC cannot provide documented proof of identification, residence or income.

**Non-Breastfeeding** - Postpartum woman who is not breastfeeding an infant.

Non-Contract Brand Infant Formula – All infant formula (including exempt infant formula) that is not covered by an infant formula cost containment contract awarded by the State agency and is not subject to rebates.

Non-Corporate Vendor – A WIC authorized vendor that has only one store or a vendor with more than one store, each with a different FEIN. (See Georgia WIC Program Vendor Handbook.)

**Non-Participation** – Participant in a valid certification period who did not pick up (manual or computer) vouchers is counted as a non-participant.

Non-Discrimination Statement – A statement used to ensure compliance with the law not to discriminate on the basis of race, color, national origin, sex, age or disability.

**Non-English Speaking** - Individual whose primary language is not English or who speaks little English.

**Non-profit Agency** - Private agency which is exempt from income tax under the Internal Revenue Code of 1954, as amended.

**Non-WIC Inventory** – Food items that are not a part of the WIC minimum inventory or the WIC Approved Foods List. (See Georgia WIC Program **Vendor Handbook.**)

**NPM** – National Performance Measure.

**NSA** – Nutrition Services and Administration.

**NSU** - Nutrition Services Unit.

NTD - Neural Tube Defect.

**NTIWL** - Notice of Termination/Ineligibility/Waiting List

Numeric Client Master file - Enrollment report, which lists all active participants by WIC ID number and by clinic within a District. This report is a cross reference for the Alphabetic Client Master file.

**Nutrition Assessment** - A systematic process of obtaining, verifying, and interpreting data in order to make decisions.

**Nutrition Care Process** - A systematic approach to providing high quality nutrition care.

**Nutrition Diagnosis** - nutrition problem the dietitian is responsible to treat.

**Nutrition Education** - Individual or group education sessions which include the provision of information and educational materials designed to improve health status, achieve positive change in nutritional habits, and emphasize relationships between nutrition and health.

**Nutrition Intervention** - Actions designed with the intent of changing a nutrition-related

behavior, risk factor, environmental condition, or aspect of health status.

## **Nutrition Monitoring and Evaluation -**

Comparison of current findings with previous status, goals, and/or reference standards.

**Nutritional Risk** - Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; other documented nutritionally related medical conditions; nutritional deficiencies that impair or endanger health; or conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.

Offense or Violation – A vendor's act against WIC rules, regulations, policies or procedures. (See Georgia WIC Program Vendor Handbook.)

**OFS** – Office of Financial Service.

**OIG** - Office of the Inspector General.

Overseas WIC Program - Program similar to the USDA-operated program that qualifies military persons, their dependents and government civilians for WIC benefits overseas.

Overt Monitoring or Routine Monitoring – Overt, onsite monitoring during which WIC representatives identify themselves to vendor personnel. (See Georgia WIC Program Vendor Handbook.)

**Parent** – The mother or father of an infant or child.

**Participant** - Person who has been issued at least one voucher during the reporting period.

**Participation** - Sum of the number of persons who have received supplemental foods or food instruments during the reporting period and the number of infants breastfed by participant breastfeeding women (and receiving no supplemental foods or food instruments) during the reporting period.

**Patient Flow Analysis** - Tool to analyze the time ranges for a certification, voucher issuance, appointments and challenges.

Patient Flow Form - Form used to collect data and measure patient flow from entry to exit.

**Paid Cash** - Applicant/Participant paid in cash for work or services rendered.

Pay Stub - Statement of paid income earned.

**PedNSS** - Pediatric Nutrition Surveillance System (PedNSS) is a national nutrition surveillance system administered by CDC.

**Peer Group** – Vendors' classification assignment based on square footage, the type of store, or other USDA-approved criteria determined by the State agency.

Pharmacy Vendor — A WIC authorized vendor that is only allowed to redeem exempt infant formulas and medical foods. No contract formula, standard infant formula requiring medical documentation (e.g., Similac Sensitive), or other standard WIC food sales are allowed for these vendors. (See Georgia WIC Program Vendor Handbook.)

PHSO - Public Health State Office.

**Physical Presence** - Applicant for WIC services must be present in the clinic to request WIC services unless a valid exemption is documented.

**PNSS** - Pregnancy Nutrition Surveillance System (PNSS) is a national nutrition surveillance system administered by CDC.

P.O. Box - Post Office Box.

**Policy** – A written document which explains procedures, principles or gives guidance.

**PSP** – Physician Sponsor Plan.

**Post Vendor Training Evaluation** - Test pertaining to WIC vendor requirements given to all vendors when attending the initial and annual vendor training.

**Postpartum Women** - Women up to six months after termination of pregnancy.

**Poverty Income Guidelines** - Guidelines prescribed by the U. S. Department of Health and Human Services that adjusts the guidelines annually. These Guidelines are effective July 1 of each year for WIC.

**PRAMS** – Pregnancy Risk Assessment and Monitoring System.

**Pre-Approval Visit** – An on-site visit to a vendor's retail food establishment to verify location and inventory. **(See** Georgia WIC Program **Vendor Handbook.)** 

**Pregnancy Outcome** - Results of the just ended pregnancy for the postpartum woman participant.

**Pregnant / Prenatal Women** - Women determined to have one or more embryos or fetuses in utero regardless of the woman's age.

**Prenatal Weight** - Prenatal woman's weight prior to delivery.

**Prescription** - Written instruction provided by a physician, physician assistant, or certified nurse practitioner for administration or preparation of medicine, infant formula, or medical food. See also medical documentation.

Prescriptive Authority – Health care provider licensed to write medical prescriptions according to State law. In Georgia, the only health care providers with prescriptive authority and who can sign medical documentation for the purposes of the Georgia WIC Program are doctors (e.g., MD, DO), nurse practitioners (e.g., NP, APRN, CNP, PNP, CPNP, CNNP, etc.) and physician assistants (e.g., PA, PA-C).

**Presumptive Eligibility** - Individual presumed eligible for Medicaid benefits based upon information presented.

**Price Adjustment** – An adjustment made by the State agency, in accordance with the vendor agreement, to the purchase price on a food instrument which complies with the State agency's price limitations. (See Georgia WIC Program Vendor Handbook.)

**Priority I** - Pregnant women, breast-feeding women, and infants at nutritional need determined by measuring height/weight, a blood test and by assessing nutrition status and nutrition related medical history.

**Priority II (Breastfeeding women)** - Women who do not qualify under priority I but who are breastfeeding Priority I infants.

**Priority II (Infants)** - Infants up to six months of age born to women who were WIC participants during their pregnancy, or infants born to women who were not WIC participants during their pregnancy but had a nutritional need.

**Priority III (Children)** - Children (under the age of five [5] years) with a nutritional need. This need is determined by measuring height/length, weight, a blood test and assessing nutrition status and nutrition related medical history.

**Priority III (Postpartum)** - Postpartum teenagers who are not breastfeeding and whose delivery date was prior to their being 18 years and 10 months of age.

**Priority IV** - Pregnant women, breastfeeding women, and infants with a nutritional need because of inappropriate nutrition practices or homeless/migrancy status.

**Priority V** - Children with a nutritional need because of inappropriate nutrition practices or homeless/ migrancy status.

**Priority VI** - Postpartum, non-breastfeeding women with a nutritional need or homeless/migrancy status.

**Privacy/Privacy Rights** – The condition of being secluded from view.

**Procedures Manual** - Document that lists Federal and State procedures for WIC.

**Processing Standards** - Period of time between an applicant's requesting WIC services in person or by telephone and the time he/she receives services.

**Product Yield -** The number of reconstituted fluid ounces of concentrate or powdered formula per container. For example, one 12.6 oz. can of powder Similac Sensitive, when mixed at standard dilution, yields 90 fluid ounces of reconstituted formula.

**Proof** - Documentation that identifies ID, Residency and income.

**Program** - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) authorized by section 17 of the Child Nutrition Act of 1966, as amended.

**Program Review** – Audit of Local Agency.

**Prorate** - Partial issuance of vouchers. The most common cause for the partial issuance of vouchers is missed appointments for voucher pick up. The number of vouchers withheld depends on the number of days the participant is late picking up their vouchers.

**Protective Services** – DFCS program that protects the rights of children.

**Proxy** - Responsible person whom the participant/ parent/guardian/caregiver chooses to act on his/her behalf. A participant may designate up to two persons to act as proxies. The proxies must sign the proxy space on the participant's WIC ID card. An authorized proxy may pick up or redeem vouchers and may bring the child in for subsequent certifications, in restricted situations.

**Public Comment Period** – A time required by federal regulation to offer the general public the opportunity to comment on the Georgia WIC Program.

**Purchase Price** – A space for the purchase price to be entered. **(See** Georgia WIC Program **Vendor handbook.)** 

Qualifying Medical Condition – Life-threatening disorders, diseases, or medical conditions that impair the ingestion, digestion, absorption, or utilization of nutrients that could adversely affect the client's nutritional status. Examples include – but are not limited to – premature birth, low birth weight, metabolic disorders, gastrointestinal disorders, immune system disorders, failure to thrive (FTT), and malabsorption syndromes.

**Racial Group of Participant** - 1=White, 2=Black/ African American, 3=Asian, 4=American Indian/ Alaska Native, 5=Native Hawaiian/Other Pacific Islander.

**RBB** – Results Based Budgeting

**RCCI** – Residential Child Care Institution.

**Ready-To-Feed Formula** – An infant formula or medical food that does not require the addition of water prior to consumption.

**Real time** – The data/information is accessible immediately by all clinics

**Reason for Certification** - Participant's nutritional need for WIC, based on the medical/nutritional data collected at the time of certification.

**Re-authorization Training** – A mandatory recertification training that all vendors participate in every three (3) years. **(See** Georgia WIC Program **Vendor Handbook.)** 

**Reconstituted Fluid Ounces** – The number of fluid ounces of concentrate or powdered formula after mixing with water.

**Redemption** - Exchange of WIC vouchers for supplemental foods at participating grocery stores. Only types and amounts authorized foods listed on the face of the voucher may be purchased.

Redemption Period – The date by which the vendor must submit the food instrument for redemption. This date must be no more than 60 days from the first date on which the food instrument may be used. (See Georgia WIC Program Vendor Handbook.)

## RD - Registered Dietitian

**Refugee** - Person who flees his or her native country due to persecution or well-founded fear of persecution because of race, religion, nationality, political opinion, or membership.

**Release of Information** – Legal document that gives staff permission to provide confidential WIC information.

**Residency** - Determined by using the applicant's documented proof of address.

**Residual Funds** - Funds available for allocation to State agencies after every State agency has received stability funding.

**Return Voucher Payment Form** - Form #3760 used by Vendor when sending vouchers that have been returned to them from the bank, to the State WIC Branch for payment.

RFP - Request for Proposal.

**RMSS** – Random Moment Sample Study.

**Sanction** – A penalty that is imposed when the Georgia WIC Program rules, regulations, policies or procedure are violated. **(See** Georgia WIC Program **Vendor Handbook.)** 

**Seasonal Farmworker** - Worker employed in agriculture occupation whose residence is temporary for the purpose of such work.

**Secretary** - The Secretary of Agriculture.

**SFF** – Stress free feeding.

**SFPD -** Supplemental Food Programs Division of the Food and Nutrition Service of the United States Department of Agriculture.

Sign and Signature – A handwritten signature on paper or an electronic signature. (See Georgia WIC Program Vendor Handbook.)

**SIU** – Systems and Information Unit.

**SNAP/SNAP Benefits** – (formerly Food Stamp Program/Food Stamps) Federal program that supplements the food-purchasing ability of low-income households through the distribution of electronic benefits transferring the funds of which can be used to purchase food for human consumption.

**Some Breastfed (SBF)** - infants receive formula in excess of the amount allowed for mostly breastfed infants in the federal regulations.

**Some Breastfeeding (SBF) -** Woman feeding method; a breastfeeding woman whose infant receives a Fully Formula Fed (FFF) food package in addition to breastmilk.

**Special Formula –** See "Exempt Infant Formula" in Glossary.

**Special Population** - Individual or a group of individuals with common needs who require special assistances or services to access and participate in WIC related services.

**Special Site Visit** - Official District/clinic visit requested by the Georgia WIC Program due to various clinic problems. A District/clinic may be called one day and a site visit may take place the next day due to the severity of the problem identified.

SPM - State Performance Measure.

**Spouse** – A marriage partner; husband or wife.

**Stability Funds** - Funds allocated to any State agency for the purpose of maintaining its preceding years' Program operating level.

**Staff Signature** - Official signature that verifies the income residency, identification and family size are correct as stated by the participant. The Staff signature also verifies/witnesses the participant signature and that the participant has been advised to read (or have read to them) their rights and obligations.

**Standard Dilution -** Following the regular mixing instructions for the preparation of concentrate or powdered formula (i.e., not adding more or less water than the standard mixing instructions). For example, the standard dilution of concentrate formula is to mix 13 ounces of water with 13 ounces of concentrate formula (i.e., one can of concentrate formula) to produce 26 ounces of reconstituted formula containing 20 calories/ounce.

**State** - Any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Northern Marinas Islands and the Trust Territory of the Pacific Islands.

**State Agency** - The health department or comparable agency of each State. In this instance, the Georgia WIC Program. (See Georgia WIC Program Vendor Handbook.)

**State-Created Food Package or Voucher Code** – A three-digit food package number or voucher code. State-created food package numbers and vouher codes can begin with either a letter (e.g., A-Z) or be within the numerical range of 000-999.

**Stimulus Check** – Money issued by the government to revitalize the economy.

**State Plan** - Plan of WIC operations and administration that describes the manner in which the State agency intends to implement and operate all aspects of WIC administration within its jurisdiction.

**Supplemental Foods** – WIC foods that promote health as indicated by relevant nutritional science, public health concerns, and cultural eating patterns containing nutrients determined to be beneficial for pregnant, breastfeeding, and postpartum women, infants, and children.

**TANF** - Temporary Assistance for Needy Families Program.

**TCOYH** – Take Charge of Your Health.

**Temporary Accommodation** - Public or private shelter or the residence of another person used for temporary living and sleeping accommodations.

**Temporary Relocation** - Establishment of a temporary residence for individuals whose primary place of residence is lost as the result of disaster, or other privation.

**Termination** – Discontinuance of vendor participation in the Georgia WIC Program. **(See** Georgia WIC Program **Vendor Handbook.)** 

**Thirty (30) Day Issuance** - Issuance of vouchers to participants for thirty (30) days until documentation is received.

**Transfers** – Act of moving a WIC participant currently receiving WIC services to another WIC location.

Turnaround Documents (TADs), Blank - TAD which only has the Clinic Code field preprinted on it. This TAD is used for enrolling any additional family members into the computer system through the use of either an Initial Certification, Waiting List, or Out of State Transfer input transaction. TAD may also be used to complete an in-state transfer or any time a Computer Printed TAD is not available.

**Turnaround Documents (TADs), Prenumbered** - TAD has the clinic code field and the complete WIC ID number field (with participant code 1) preprinted on it. The remainder of the form is blank. This TAD is

used for enrolling the first member of a family into the computer system through the use of either an Initial Certification, Waiting List, or Out of State Transfer input transaction. TAD may also be used to complete an in-state transfer or any tome a Computer Printed TAD is not available.

**Unemployed** - Individual who is not currently being paid for labor or services.

**Update** - Transaction used to change, correct, or update information for a participant already assigned an ID number on the computer system.

**USDA** - United States Department of Agriculture.

**USDHHS** – United States Department of Health and Human Services.

VC - Voucher Codes.

**VENA** – Value Enhanced Nutritional Assessment.

**Vendor** – A grocery store that provides WIC approved food items.

**Vendor Authorization** – The process by which the State agency assesses, selects and enters into agreements with stores that apply or subsequently reapply to be authorized as WIC vendors. **(See** Georgia WIC Program **Vendor Handbook.)** 

**Vendor Compliance Investigation** - Vendors that have been identified as "High Risk" by the Georgia WIC Program through the use of VIP'S, complaints, or request for investigation forms received from the districts.

**Vendor Identification** – A number assigned to all authorized vendors. Redemption activity must be identified by the vendor that submitted the food instrument. Each vendor operated by a single business entity must be identified separately. **(See** Georgia WIC Program **Vendor Handbook.)** 

**Vendor Materials** - List of resources available through the Georgia WIC Program that pertains to vendor management.

**Vendor Monitoring** - Overt compliance visit that is conducted on site by WIC representatives.

**Vendor Number** - A unique four-digit number that is used to identify vendors authorized to provide WIC food items. **(See** Georgia WIC Program **Vendor Handbook.)** 

**Vendor Overcharge** – Intentionally or unintentionally charging the State agency more for authorized supplemental foods than is permitted under the Vendor Agreement. It is not a vendor overcharge when a vendor submits a food instrument for redemption and the State agency makes a price adjustment to the food instrument. **(See** Georgia WIC Program **Vendor Handbook.)** 

**Vendor Peer Group System** – A classification of authorized vendors into groups based on common characteristics or criteria that affect food process, for the purpose of applying appropriate competitive price criteria to vendors at authorization and limiting payments for food to competitive levels. (**See** Georgia WIC Program **Vendor Handbook.**)

**Vendor Profile** - Summary of information about a vendor designed to show their overall standing within WIC.

**Vendor Registry Update** - Form used to update information regarding authorized WIC vendors.

**Vendors Review Form** - Tool used to document a vendor's shelf prices and inventory of WIC approved foods.

**Vendor Sanctions** - Penalties that are assessed against an authorized WIC vendor for violating WIC policy and/or regulations that may lead to disqualification.

**Vendor Stamp** - Uniquely numbered instrument that is used by vendors to prepare vouchers for payment.

**Vendor Training** – The procedures the State agency will use to train vendors in accordance with Federal regulations 246.12(i). (See Georgia WIC Program **Vendor Handbook.**)

**Vendor Training Checklist** - Form that lists topics which are covered during a training session.

**Vendor Training Sign-In Sheet** -Form used to document attendance at a training session.

**Vendor Violation** – Any intentional or unintentional action of a vendor's current owners, officers, managers, agents, or employees (with or without the knowledge of management) that violates the vendor agreement or Federal or State statutes, regulations, policies, or procedures governing WIC. **(See** Georgia WIC Program **Vendor Handbook.)** 

**Verbal Order** – Temporary medical documentation provided verbally (instead of in writing) from an authorized health care provider with prescriptive authority in the State of Georgia.

**VHA** - Variable Housing Allowance.

VIPS (Vendor Integrity Profile System) - Computerized database that contains information on all vendors in Georgia.

**VMU** – Vendor Management Unit.

**VOC** - Verification of certification confirming that all requirements for WIC participation have been met

**VOC Card** - Certification card from a WIC clinic verifying that the named person is a valid WIC participant entitling that individual to transfer certification to another WIC clinic.

**Vouchers** – Instrument used or issued by clinic staff to WIC participant s to acquire food from vendor/ grocery store.

**Voucher Management and Reporting System (VMARS)** – a real time system that manages WIC data and voucher printing.

Voided Vouchers - Computer generated and manual vouchers may be voided for a variety of reasons. There are three different categories of voids: Voided Computer Generated Vouchers; Voided but issued manual vouchers; and Voided but Unissued Manual Vouchers.

**Vouchers Printed On Demand (VPOD)** - Vouchers printed as the participant appears in the clinic.

Voucher Security - Vouchers are negotiable items, which are presented to the bank as a check for cash reimbursement. All vouchers must be securely protected as checks or cash in order to help prevent voucher theft, and deter WIC fraud.

**Voucher Number** - Serial numbers of the vouchers produced for a participant.

**VPOD** - Vouchers printed on demand/on-site.

Waiver – A decision to waive a minimum inventory requirement which will replace the vendor's basic WIC inventory requirements. (See Georgia WIC Program Vendor Handbook.)

**Weight** - Total weight in pounds and ounces of a participant.

**Weight, Prior to Delivery** - Woman's final pregnancy weight immediately prior to delivery.

**WIC** – The Special Supplemental Nutrition Program for Women, Infants and Children authorized by section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786. **(See** Georgia WIC Program **Vendor Handbook.)** 

**WIC Approved Foods** – Supplemental Foods containing nutrients determined to be beneficial for pregnant, breastfeeding, and postpartum women, infants and children. (See Georgia WIC Program **Vendor Handbook.**)

**WIC Caseload** - The total number of active participants on the Georgia WIC Program.

WIC Eligible Medical Foods - Certain enteral products that are specially formulated to provide nutritional support for individuals with a diagnosed medical condition, when the use of conventional foods is precluded, restricted, or inadequate.

**WIC Enrollment** - The total number of active WIC participants by category (prenatal women, post partum women, breastfeeding women, infants and children)

**WIC ID Folder** – Is completed and issued to any person who is enrolled in the Georgia WIC Program.

WIC ID Number – Number that uniquely identifies the participant consists of three data elements: A nine-digit family identification number, a one-digit check digit, and a one-digit participant code. All members of a family should be assigned the same family identification number to facilitate voucher distribution.

**WIC Participant** - A person who has met the income guideline and nutritional risk requirements of the program and issued at least one set of vouchers during the reporting period.

**WIC Type** - Classifies participants into 5 categories: P=Pregnant Woman (Prenatal), N=Non-breastfeeding postpartum woman, B=Breastfeeding postpartum woman, I=Infant, and C=Child.

**YRBS** – Youth Risk Behavior Survey.

**Zero Income** - Applicant/participant who receives no income from any source as defined at 246.7 d(2)(ii).



## Georgia Division of Public Health Statewide Standard List ABBREVIATIONS, ACRONYMS AND SYMBOLS

WEBSITE: http://www.health.state.ga.us/pdfs/nursing/final\_%20abbrev\_list\_10.04.pdf

### Georgia Division of Public Health Statewide Standard List ABBREVIATIONS, ACRONYMS, AND SYMBOLS

Abbreviation or Acronym	Definition
(L)	left
(R)	right
/hpf	per high power field
ā	before
A and O	alert and oriented
A and P	auscultation and percussion
aa	of each
AACRN	Advanced AIDS Certified Registered
	Nurse
AAHIVM	American Academy of HIV medicine
AB	abortion
abd	abdomen
ac	before meals
ACHES	Abdominal pain, chest pain, headache,
	eye problems, and severe leg pains
	(early danger signs of oral contraceptive
	adverse effects)
ACRN	AIDS Certified Registered Nurse
ACTG	AIDS Clinical Trial Group
ADA	American Dietetic Association
ADAP	AIDS Drug Assistance Program
ADC	AIDS Dementia Complex
ADLs	Activities of daily living
AED	automated external defibrillator
AETC	AIDS Education and Training Centers
AF	anteflexed
AFB	acid-fast bacilli
AGCUS	atypical glandular cells of undetermined
	significance
AGN	Acute glomerulonephritis
AHYD	Adolescent Health and Youth
AUD O	Development
AIDS	acquired immunodeficiency syndrome
AIN	anal intraepithelial neoplasia
AlkPhos	alkaline phosphatase
ALT	alanine aminotransferase
amb	ambulatory
AMBU	air-shields manual breathing unit
amnio	amniocentesis

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Abbreviation or Acronym	Definition
amt	amount
ant	anterior
Anti-HBc	Hepatitis B antibodies to the core
	antigen
Anti-HBs	Hepatitis B antibodies to the surface
	antigen
Anti-HCV	Hepatitis C Virus Antibodies
AP	antepartum
appt	appointment
APRN	Advanced Practice Registered Nurse
ARC	AIDS-Related complex
ART	antiretroviral therapy
ARV	antiretroviral
ASAP	as soon as possible
ASCUS	atypical squamous cells of
	undetermined significance
ASQ	Ages and Stages Questionnaire
AST (formally SGOT)	aspartate aminotransferase
AV	anteverted
AV nicking	arteriovenous nicking (or arterial
	narrowing)
AVN	avascular necrosis
BA	bacillary angiomatosis
bact	bacterial
BAMT	Blood assay for Mycobacterium
	tuberculosis
BBS	bilateral breath sounds
BBT	basal body temperature
BC	Board Certified
BCA	bichloroacetic acid
BCCP	Breast and Cervical Cancer Program
BCM	body cell mass
BCW	Babies Can't Wait
b-DNA test	branched DNA Assay
BF	breastfeeding
BFC	breastfeeding class
BFR syndrome	body fat redistribution syndrome
bid	twice a day
bilat	bilateral
bili	bilirubin
BM	bowel movement
BMD	bone mineral density
BMI	body mass index
BP	blood pressure

Abbreviation or Acronym	Definition
BRAIDED	benefits, risks, alternatives, inquiries,
	decision, explanation, documentation
BS	bowel sounds
BS and O	bilateral salpingectomy and
	oophorectomy
BSE	breast self exam
BTB	break through bleeding
BTL	bilateral tubal ligation
BTM	BreastTest and More
BUM	back-up method
BUN	blood urea nitrogen
BUS	Bartholin's, Urethral, and Skene's
	Glands
BV	bacterial vaginosis
Bx	biopsy
C	with
C	Celsius
C and S	culture and sensitivity
c/o	complains of
Ca	calcium
CA	carcinoma or cancer
CAD	
	coronary artery disease
caps	capsules catheter/catheterization
CBC	complete blood count clinical breast exam or Child Birth
CBE	
CBO	Educator (when used behind a name)
CC	Community Based Organization chief complaint
CCR5	•
CCR5	Cell surface molecule, which is needed
	along with the primary receptor, the
	CD4 cell, in order to fuse with the
CD4 percentage	membranes of the immune system cells.
CD4 percentage	percentage of T-lymphocytes with the
CD4:CD8 ratio	CD4 surface receptor
CD4.CD6 Tall0	ratio of CD4 T-lymphocytes to CD8 T-
CD4+ count	lymphocytes
CD4+ Count	CD4+ T-lymphocyte count, CD4+ T-
CD8 count	helper/inducer cells.
CD6 COUNT	CD8 T-lymphocyte count, CD8 T-suppressor cells
CDC	Centers for Disease Control and
	Prevention
CDC-NAH	Centers for Disease Control and
CDC-NAIT	Prevention National AIDS Hotline
	T TEVELLIOH MALIOHAL AIDS HOUILLE

Abbreviation or Acronym	Definition
cert	certification
CF	Children 1 <sup>st</sup>
CHD	coronary heart disease
CHF	congestive heart failure
chla	chlamydia
СНО	carbohydrate
chol	cholesterol
cig	cigarette
CIN I, II, or III	cervical intraepithelial neoplasia, grade
, ,	1, 2, or 3
circ	circumcision
CIS	carcinoma in situ
CKC	Cold-knife cone/conization
CLD	chronic lung disease
cm	centimeter
CME	continuing medical education
CMO	care management organization
CMT	cervical motion tenderness
CMV	cytomegalovirus
CMS	Children's Medical Services
CNM	Certified nurse midwife
CNS	central nervous system
colpo	colposcopy
cong	congenital
CoNM	county nurse manager
cont	continued
contra(s)	contraindication(s)
COPD	chronic obstructive pulmonary disease
ср	chest pain
СР	Cerebral Palsy
CPD	cephalopelvic disproportion
CPK	creatine phosphokinase
CPR	cardiopulmonary resuscitation
CrCl	creatinine clearance
cryo	cryotherapy
CS	cesarean section
CSF	cerebral spinal fluid
CT scan	computed tomography scan
CTA	clear to auscultation
CTL	Cytotoxic T Lymphocyte; also known as
	Killer T-cells
CVA	cerebrovascular accident
CVAT	Costovertebral angle tenderness
CVD	cardiovascular disease

Abbreviation or Acronym	Definition
CWSN	Children with Special Needs
СХ	cervix
CXR	chest X-ray
D	deltoid
D and C	dilation and curettage
D and E	dilation and evacuation
d/f	dark field
D/T	due to
DASH	Dietary Approaches to Stop
	Hypertension Meal Plan
DBP	diastolic blood pressure
del	delivery
dept	department
derm	dermatology
DFA	direct fluorescent antibody
DFCS	Division of Family and Children's
	Services
DHHS	Department of Health and Human
	Services
disc	discussed
dist	distilled
DJD	degenerative joint disease
dk	dark
dL	deciliter (100mL)
DM	diabetes mellitus
DMAC	Disseminated Mycobacterium Avium
	Complex
DNA	deoxyribonucleic acid
DNKA	did not keep appointment
DOB	date of birth
DOE	dyspnea on exertion
DOT	directly observed therapy
DRE	digital rectal exam
DSPS	Diagnostic, Screening and Preventive
	Services
DTR	deep tendon reflexes
DUB	dysfunctional uterine bleeding
DVT	deep vein thrombosis
DX	diagnosis
e.g.	for example
EAB	elective abortion
EBF	exclusively breastfed
EBV	Ebstein-Barr virus
EC	emergency center

Abbreviation or Acronym	Definition
ECC	endocervical curettage
ECG	electrocardiogram
ECHO	echocardiogram
ECP	emergency contraceptive pill
EDC	estimated date of confinement
educ	education
EEG	electroencephalography
EENT	ear, eyes, nose, throat
EFW	estimated fetal weight
EGA	estimated gestational age
EIA	enzyme immunosorbent assay
EL	early latent
elec	elective
ELISA	enzyme linked immunosorbent assay
EMS	emergency medical system
enc	encourage
ENT	ear, nose, throat
EOMI	extraocular movements intact
EPA	Environmental Protection Agency
EPI	epidemiology or epidemiologist
epith	epithelial
EPSDT	Early Periodic Screening, Diagnosis and
	Treatment (Program)
ER	emergency room
ESIP	engineered sharps injury protection
ESR	erythrocyte sedimentation rate
ET	estrogen therapy
ETOH	alcohol
eval	evaluation
ext	external
ext gen	external genitalia
F	fahrenheit
F#P#A#L#	full-term, pre-term, abortions, living
F and C	foam and condoms
FBG	fasting blood glucose
FDA	Food and Drug Administration
Fe	iron
FF	force fluids
FFF	fully formula fed
FH	Family Health
FHT	fetal heart tones
Fis	fusion inhibitors
fl	fluid
fm	family

Abbreviation or Acronym	Definition
FNP	Family Nurse Practitioner
FOB	father of baby
FOBT	fecal occult blood test
FP	family planning
FPC	food package code
FPS	family planning services
FS	food stamps
FSH	follicle stimulating hormone
FT	full term
F/T	full time
FTA	fluorescent treponema antigen (test for
	syphilis)
FTA-ABS	fluorescent treponemal antibody
	absorption
FTP	failure to progress
FTT	failure to thrive
F/U	follow-up
FUO	fever of unknown origin
F/V	fruits and vegetables
Fx	fracture
FYI	for your information
G#P#A#	gravida, parity, abortions
G6-PD	glucose 6 phosphate dehydrogenase
GA	Georgia
GB	gallbladder
GBHC	Georgia Better Health Care
GBS	group B strep
GC	gonorrhea (gonorrhea coccii)
G-CSF	granulocyte-colony stimulating factor
GE	gastroesophageal
GERD	gastroesophageal reflux disease
gest	gestational
GF	grandfather
GFR	glomerular filtration rate
GGT	gamma glutamic transpeptidase
GI	gastrointestinal
glu	glucose
gm	gram
gm/dL	grams per deciliter
GM-CSF	granulocyte macrophage-colony
	stimulating factor
GNID	gram negative intracellular diplococci
GNRH	gonadotropin releasing hormone
GP	glycoprotein

Abbreviation or Acronym	Definition
GRITS	Georgia Registry of Immunization
	Transactions and Services
GS	gram stain
GTT	glucose tolerance test
gtt	drop
ĞU	genitourinary
GYN	gynecology
H and P	history and physical
H. influenza	Haemophilus influenzae
H/A	headache
H <sub>2</sub> O	water
HAART	highly active antiretroviral therapy
HAD	HIV-associated dementia
HAV	hepatitis A virus
HbA1c	hemoglobin A1c
HBIG	hepatitis B immune globulin
HBP	high blood pressure
HBsAg	hepatitis B surface antigen
HBV	hepatitis B virus
HC	Health Check
HCG	human chorionic gonadotropin
Hct	hematocrit
HCV	hepatitis C virus
HD	health department
HDL	high density lipoproteins
HEENT	head, eyes, ears nose, & throat
Helper T Cells	Lymphocytes bearing the CD4 marker
	that are responsible for many of the
	immune responses.
Hg	mercury
Hgb	hemoglobin
HGH	human growth hormone
HGSIL	high grade squamous intra epithelial
	lesions
HHV-8	human herpesvirus-8
Hi-cal	high calorie
Hi-pro	high protein
HIV	human immunodeficiency virus
HIV-1 RNA	HIV viral load
HIVAN	HIV-associated nephropathy
Hi-vit	high vitamin
HLA	Human Leukocyte Antigen
HMO	health maintenance organization
H/O	History of

Abbreviation or Acronym	Definition
hosp	hospital
HPI	history of present illness
HPTN	HIV Prevention Trials Network
HPV	human papilloma virus
HR	heart rate
hr	hour
HRT	hormone replacement therapy
HRIFU	(High Risk Infant Follow-Up)
HRNE	high risk nutrition education
HRSA	Health Resources and Services
	Administration (U.S.)
HSV	herpes simplex virus
HSV 1 or 2	Herpes simplex virus 1 or 2
ht	height
HT	hormone therapy
HTLV 1 or 2	Human T Cell Lymphotropic Virus Type
	1 or 2
HTN	hypertension
HVTN	HIV Vaccine Trials Network
hx	history
I and D	incision and drainage
I and O	intake and output
IAS	International AIDS Society
IAS-USA	International AIDS Society-U.S.A
IBCLC	International Board Certified Lactation
	Consultation
ICS	intercostal space
ICTF	Indigent Care Trust Fund
ID	intradermal
IDDM	insulin-dependent diabetes mellitus
IDSA	Infectious Diseases Society of America
IDU	injection drug users
i.e.	that is
IFN-g	Interferon-gamma
Ig	Immunoglobulin
IgA	Immunoglobulin A
IgE	Immunoglobulin E
IgG	Immunoglobulin G
IgM	Immunoglobulin M
IGRA	Interferon-gamma release assay tests
IHD	ischemic heart disease
IHS	Indian Health Service
IL-2	Interleukin 2
IM	intramuscular

Abbreviation or Acronym	Definition
Imm	immunizations
in	inch
IN	intranasal
infl	inflammation
info	information
inst	instruction, instructed
int	internal
intravag	intravaginal
invol	involution
IOP	intraocular pressure
IRB	Institutional Review Board
irreg	irregular
ITP	Idiopathic Immune Thrombocytopenia
	Purpura
IUD	intrauterine device
IUFD	intrauterine fetal demise
IUFGR	intrauterine fetal growth restriction
IUI	intrauterine insemination
IUP	intrauterine pregnancy
IV	intravenous
IVDA	IV drug abuse
IVIG	intravenous immune globulin
JTPA	Job Training Partnership Act
JVD	jugular vein distention
kg	kilogram
KS	Kaposi's sarcoma
KUB	kidney, ureter, bladder (x-ray)
I	liter
L and D	labor and delivery
LA	left arm
lab	laboratory
lap	laparoscopy
Lat	lateral
LAT	left anterolateral thigh
lax	laxative
lb(s)	pound(s)
LCM	left costal margin
LD	left deltoid
LD	Licensed Dietitian (when used behind a
	name)
LDL	low-density lipoproteins
LE	lower extremities
LEEP	loop electro-excisional procedure
LF	low fat
LI	IUW IAL

Abbreviation or Acronym	Definition
LFA	left forearm
LFT	liver function test
LFTS	liver function test series
LG	left gluteal/gluteus
LGA	large for gestational age
LGM	left upper outer gluteus maximus
LGSIL	low-grade squamous, intra-epithelial
200.2	lesion
LGV	lymphogranuloma venereum
LH	luteinizing hormone
LL	late latent
LLE	left lower extremity
LLFA	left lower forearm
LLL	left lower lobe
LLQ	left lower quadrant
LLSB	left lower sternal border
LMP	last menstrual period
LNG IUS	a specific type of intrauterine system
LNMP	last normal menstrual period
LOC	level of consciousness
LPN	Licensed Practical Nurse
LR	low risk
LRNE	low risk nutrition education
LPC	lactation peer counselor
LRSB	lower right sternal border
LS	lumbosacral
LSB	left sternal border
LT	left thigh
LTBI	latent TB infection
LUL	left upper lobe
LUQ	left upper quadrant
LUT	left upper thigh
LVH	left ventricular hypertrophy
LVL	left vastus lateralis
LWA	last WIC appointment
M	murmur
m	meter
M. tb	Mycobacterium tuberculosis
M/C	Medicaid
M/S	musculoskeletal
MAC	mycobacterium avium complex
MAI	mycobacterium avium intracellular
MAL	mid-axillary line
mammo	mammogram

Abbreviation or Acronym	Definition
MAP	mean arterial pressure
mcg	microgram
MCL	mid-clavicular line
MCV	Mean corpuscular volume
MD	medical doctor
MDR	Multidrug-resistant
MDR-TB	multidrug-resistant tuberculosis
med	medicine, medication
mEq	milliequivalent
mg	milligram
mg/dL	milligrams per deciliter
MĞF	maternal grandfather
MGM	maternal grandmother
MH	mental health
MHC	major histocompatibility complex
MI	myocardial infarction
mid	middle
min	minute
ML	midline
mL	milliliter
MLE	midline episiotomy
mm	millimeter
mm <sup>3</sup>	cubic millimeter
mmHg	millimeters of mercury
MMWR	Mortality and Morbidity Weekly Review
mo	month
mod	moderate
MP	menstrual pain
MPC	mucopurulent cervicitis
MRI	magnetic resonance imaging
MRSA	methicillin-resistant Staphylococcus
	aureus
MSAFP	maternal serum alpha-fetoprotein
MSM	men having sex with men
MTD	amplified Mycobacterium tuberculosis
	direct test
mthy	monthly
multip	multipara
MVA	motor vehicle accident
MVP	mitral valve prolapse
N and T	nose and throat
N/A	not applicable
N/V	nausea and vomiting
Na	sodium

Abbreviation or Acronym	Definition			
NAAT	nucleic acid amplification tests			
NAEPP	National Asthma Education and			
	Prevention Program (U.S.)			
NB	newborn			
NDA	next doctors appointment			
NE	not evaluated/not examined			
NEFS	nutrition education flowsheet			
neg	negative			
NET	non emergency transport			
NFP	natural family planning			
NGU	non-gonococcal urethritis			
NHL	Non-Hodgkin's Lymphoma			
NHLBI	National Heart, Lung, and Blood			
	Institute			
NI	not indicated			
NIAID	National Institute of Allergy and			
	Infectious Diseases (U.S.)			
NIDDM	non-insulin-dependent diabetes mellitus			
NIH	National Institutes of Health (U.S.)			
NK Cells	natural killer cells			
NKA	no known allergies			
NKDA	no known drug allergies			
NKFA	no known food allergies			
NP	nurse practitioner			
NPNC	no prenatal care			
NPO	nothing by mouth			
NS	normal saline			
nsg	nursing			
NSR	normal sinus rhythm			
NSSP	normal size, shape, position			
NSU	non-specific urethritis			
NSV	non-specific vaginitis			
NSVD	normal, spontaneous, vaginal delivery			
NT	non-tender			
NUG	necrotizing ulcerative gingivitis			
nullip	nullipara			
NUP	necrotizing ulcerative periodontitis			
nut educ	nutrition education			
nutr	nutritionist (when used behind a name)			
NWA	next WIC appointment			
O/R	oral, rectal			
O <sub>2</sub>	oxygen			
ОВ	obstetrics or obstetrical			
OB-Gyn	obstetrics and gynecology			

Abbreviation or Acronym	Definition			
OC	oral contraceptive			
occ	occasional			
OD	overdose			
OGTT	oral glucose tolerance test			
OHL	oral hairy leukoplakia			
OI	opportunistic infection			
oint	ointment			
OM	otitis media			
OR	operating room			
OSHA	Occupational Safety and Health			
	Administration			
OTC	over the counter			
outpt	outpatient			
OZ	ounce			
Р	pulse			
p	after			
PA	physician's assistant			
рар	Papanicolaou smear			
path	pathology			
PBF	partially breastfed			
рс	after meals, after food			
PCM	Perinatal Case Management			
PCP	Pneumocystis jiroveci (carinii)			
	pneumonia			
PCR	polymerase chain reaction test			
PDR	Physician's Desk Reference			
PE	physical examination			
PEM/CAID	presumptive eligibility Medicaid			
PEP	postexposure prophylaxis			
PERRLA	pupils equal, round, react to light &			
	accommodation			
pg/mL	picogram per milliliter			
PGF	paternal grandfather			
PGL	persistent generalized			
	İymphadenopathy			
PGM	paternal grandmother			
pH	potential of hydrogen (measure of			
	acidity/alkalinity)			
PH	public health			
PHN	public health nurse			
PHP	primary health care provider			
PHT	Public Health Technician			
PI	present illness			
PID	pelvic inflammatory disease			

Abbreviation or Acronym	Definition			
PIH	pregnancy induced hypertension			
pks	packs			
PKU	phenylketonuria			
pm	afternoon, evening			
PMH	past medical history			
PML	Progressive multifocal			
	leukoencephalopathy			
PMS	premenstrual syndrome			
PN	prenatal			
PNC	prenatal care			
PO	by mouth, orally			
POS	problem oriented system			
poss	possible			
post	posterior			
post-op	after operation			
POTx	proof of treatment			
PP	post partum			
PPD	purified protein derivative (antigen used			
	for TB skin test)			
PPE	personal protective equipment			
PPNG	penicillinase producing Neisseria			
	gonorrhea			
pptl	post-partum tubal ligation			
PR	per rectum			
preg	pregnant			
preg prev	pregnancy prevention			
prep	preparation			
primip	primipara			
prn	as often as necessary			
prob	probably or probable			
PROM	premature rupture of membranes			
PRS	Pregnancy Related Services			
PSA	prostate specific antigen			
psych	psychiatry			
PT	prothrombin time			
PTL	preterm labor			
pt	patient			
PTT	partial thromboplastin time			
P/U	pick up			
PVC	premature ventricular contraction			
PWA	person with AIDS			
q	every			
q2h	every two hours			
q3h	every three hours			

Abbreviation or Acronym	Definition			
q4h	every four hours			
QFT	QuantiFERON - a type of blood assay			
	for Mycobacterium tuberculosis			
QFT-G	QuantiFERON Gold			
qh	every hour			
ghs	at bedtime			
qid	four times daily			
qn	every night or nightly			
qns	quantity not sufficient			
QPNG	quinolone-resistant Neisseria gonorrhea			
qs	quantity sufficient			
R/F	refill			
R/O	rule out			
R/S	reschedule			
R/T	related to			
RA	right arm			
RAT	right anterolateral thigh			
RBC	red blood cells			
RCM	right costal margin			
RD	Registered Dietitian (when used behind			
	a name)			
RD	right deltoid			
RDA	recommended daily allowance			
rec	recommend or recommended			
reck	recheck			
ref	referral/refer			
reg	regular			
rel	related			
REM	rapid eye movement			
resp	respiration(s)			
RF	retroflexed			
RG	right gluteal/gluteus			
RGM	right upper outer gluteus maximus			
Rh	Rhesus blood factor			
RIBA	recombinant immunoblot assay			
RLFA	right lower forearm			
RLL	right lower lobe			
RLQ	right lower quadrant			
RN	Registered Nurse			
RNA	ribonucleic acid			
RNC	Registered Nurse Certified			
ROI	Release of information			
ROM	range of motion			
ROS	review of systems			

Abbreviation or Acronym	Definition			
RPR	rapid plasma reagin			
RRR	regular rate and rhythm			
RSM	Right from the Start Medicaid			
RSR	regular sinus rhythm			
RSV	Respiratory syncytial virus			
RT	right thigh			
RTC	return to clinic			
RTF	ready to feed			
RTI	reverse transcriptase inhibitors			
RT-PCR	reverse transcriptase-polymerase chain			
TO TOR	reaction			
RUQ	right upper quadrant			
RUT	right upper thigh			
RV	retroverted			
RVT	right vastus lateralis			
Rx	therapy, treatment			
Ryan White CARE Act	Ryan White Comprehensive AIDS			
Tryan Wille OARE Act	Resources Emergency Act			
<u>s</u>	without			
S/P	status post			
S/S				
S=D	signs and symptoms			
SA	size equals date			
SAB	stomach ache			
SBP	spontaneous abortion			
SCJ	systolic blood pressure squamous columnar junction			
SCM	sternocleidomastoid			
SCr	serum creatinine			
SE	side effects			
SEATEC				
SEATEC	Southeast AIDS Education and Training			
sed rate	Center erythrocyte sedimentation rate			
SENDSS				
SENDSS	State Electronic Notifiable Disease			
SF	Surveillance System sugar free			
SGA				
SGOT	small for gestational age			
3601	serum glutamic oxaloacetic			
SGPT	transaminase			
SHAPP	serum glutamic-pyruvic transaminase			
SHAFF	Stroke and Heart Attack Prevention			
eine	Program			
SIDS	sudden infant death syndrome			
SIL	squamous intraepithelial lesion			
SI	slightly			
sm	small			

Abbreviation or Acronym	Definition			
SMBG	self monitoring blood glucose			
SOAP	Subjective, Objective, Assessment, Plan			
SOB	shortness of breath			
sono	sonogram			
sp	species			
spec	specimen			
SPF	sun protective factor			
SST	Social Services Technician			
staph	Staphylococcus aureus			
STAT	immediate and once only (latin:statim)			
STD	sexually transmitted disease			
STI	structured treatment interruption			
strep	Streptococcus			
STS	serological test for syphilis			
surg	surgery or surgical			
subQ	subcutaneous			
SVD	spontaneous vaginal delivery			
SVR	sustained virologic response			
sx	symptoms			
T-cell count	CD4+ T-lymphocyte count			
T and A	tonsillectomy and adenoidectomy			
TAB	therapeutic abortion			
tab	tablet			
TAH	total abdominal hysterectomy			
TAM	teenage mother			
TANF	Temporary Assistance for Needy			
	Families			
TB	tuberculosis			
TBW	total body weight			
TCA	trichloracetic acid			
TD	transdermal			
TE	toxoplasmic encephalitis			
temp	temperature			
TFZ	transformation zone			
TG	triglycerides			
TIA	transient ischemic attack			
tid	three times daily			
tl	tubal ligation			
TLC	total lymphocyte count			
TM	tympanic membrane			
TNF-a	Tumor Necrosis Factor - alpha			
TNTC	too numerous to count			
TOP	termination of pregnancy			
TPPA	Treponema pallidum particle			

Abbreviation or Acronym	Definition			
	agglutination			
TPR	temperature, pulse, respiration			
Trich	Trichomonas			
TSE	testicular self exam			
TSH	thyroid stimulating hormone			
TST	tuberculin skin test			
TU	tuberculin unit			
TUPP	Tobacco Use Prevention Program			
TVH	total vaginal hysterectomy			
tx	treatment			
UA	urinalysis			
UCG	urine chorionic gonadotropin			
ULNS	upper limits of normal size			
umb	umbilicus or umbilical			
UOQ	upper outer quadrant			
URI	upper respiratory infection			
US	ultrasound			
USPHS	United States Public Health Services			
ut	uterus			
UTD	up to date			
UTI	urinary tract infection			
UV	ultraviolet			
V and H <sub>2</sub> O	vinegar and water			
VAERS	vaccine adverse event reporting system			
vag	vagina or vaginal			
VAIN	vaginal intraepithelial neoplasia			
VC	voucher code			
VCF	vaginal contraceptive film			
VD	venereal disease			
VDRL	Venereal Disease Research Laboratory			
	flocculation test for syphilis, quantitative			
via	by way of			
VIN	vulvar intraepithelial neoplasia			
VIP	voluntary interruption of pregnancy			
Viral Load Test	Test that measures the quantity of HIV			
	RNA in the blood. Results are			
	expressed as the number of copies per			
\ r_1	millimeter of blood.			
Vit	vitamin			
VL	viral load			
VS	vital signs			
VS	versus			
VVC	vulvovaginal candidiasis			
VZIG	Varicella-zoster immune globulin			

Abbreviation or Acronym	Definition			
VZV	Varicella Zoster Virus			
WBC	white blood cells			
w/c	wheelchair			
WG	whole grain			
WH	women's health			
WHMP	Women's Health Medicaid Program			
WHNP	Women's Health Nurse Practitioner			
WHO	World Health Organization			
WIC	Women, Infants and Children			
wk	week			
WN	well nourished			
WNL	Within normal limits			
wt	weight			
y.o.	year(s) old			
yr	year			

Symbol	Definition
Ø	none
Ō	with no
Q	female
ď	male
$\uparrow$	increase
$\downarrow$	decrease
#	number
%	percent
Δ	change
$\infty$	infinity
1°	primary or first degree
2°	secondary or second degree
3°	tertiary or third degree
÷	divided by or division
~	approximately
(-)	negative
(+)	positive
0	degree
=	equals
<b>≠</b>	not equal to
X	times
<b>@</b> √	at
√	check or checked

#### **Patient Safety-Error Prone Abbreviations and Dose Expressions**

The table below contains a select number of common abbreviations and dose designations used in public health documentation that are associated with being "error prone" according to the Institute of Safe Medication Practices, the National Coordinating Council for Medication Error Reporting and Prevention, and the Joint Commission.

NOTE: These abbreviations and dose designations are not to be used in public health documentation.

Abbreviation	Intended Meaning
AD, AS, AU	right ear, left ear, each ear ▲
cc	cubic centimeter ▲
D/C	discontinue ▲
HS	half strength or hour of sleep ▲
IU	international unit * ▲
QD or qd	every day * 🛦
QOD or qod	every other day * 🛦
SC or SQ	subcutaneous ▲
TIW	three times a week ▲
U or u	unit * ▲
ug	microgram ▲
Dose Designations	Intended Meaning
Trailing zero after the	1 mg * ▲
decimal point (e.g. 1.0)	
No leading zero before a	0.5 mg * ▲
decimal dose (e.g.	
.5mg)	
Symbols	Intended Meaning
<	less than
<	less than or equal to
<u>&lt;</u> > > <u>&gt;</u> &	greater than
>	greater than or equal to
<u> </u>	and

<sup>\*</sup> Included on the Joint Commission's "minimum list" of dangerous, abbreviations, acronyms, and symbols that must be included on an organization's "Do Not Use" list, effective January 1, 2004. An updated list of frequently asked questions about this Joint Commission requirement can be found on their website at <a href="https://www.jointcommission.org">www.jointcommission.org</a>.

▲ Included on the chart of dangerous abbreviations from the National Coordinating Council for Medication Error Reporting and Prevention <a href="https://www.nccmerp.org/council/council2002-06-11.html">www.nccmerp.org/council/council2002-06-11.html</a>. The American Society of Health Care Pharmacists and the FDA endorse the recommendations from this council.

NOTE: Symbols listed on the "Do Not Use" list may only appear on laboratory generated reports and can not be documented in the clinical health record.

STATE PLAN



# Georgia WIC FFY 2014 State Plan



#### <u>Summary Georgia State Plan – Goals and Objectives</u>

Georgia WIC Program's overall goal is to fully utilize federal funds to support the local WIC districts program operations, nutrition, breastfeeding education and food delivery systems through WIC authorized vendors and Farmers' markets in the State of Georgia

#### The Goals for the Georgia WIC Program for FFY 2014:

#### 1. Program Administration Unit Goal:

Improve and increase the integrity and the efficiency of Program Operations.

#### 2. Program Operations and Nutrition Services Unit Goal:

Enhance the efficiency of the WIC program in serving women, infants and children throughout the state of Georgia.

#### 3. Vendor Management Unit Goal:

Strengthen and improve Vendor relationships, administration and oversight.

#### 4. Program Integrity & Strategy Unit Goal:

Implement Georgia WIC program's strategic direction to ensure compliance with Federal and State requirements.

To accomplish these Goals the Georgia WIC Program has established the following FFY 2014 program objectives, strategies and activities:

#### **Administration Goal:**

Improve and increase the integrity and the efficiency of Program Operations.

#### **Objective #1: ELECTRONIC BENEFITS TRANSFER (EBT)**

In accordance with USDA directives, Georgia WIC has begun preparations to become EBT compliant by April 1, 2020. This goal includes implementing a single clinic computer system throughout the state to replace the four (4) current front-end systems.

**Strategy:** Georgia WIC began the EBT exploration/education phase on June 1, 2012 and will be working to submit our APD or Planning Grant Request to the USDA by June 15, 2015. We plan to complete the Pre-Advanced Planning Document (PAPD) process by June 30, 2014 at which time the (Request For Proposal) RFP for a new system will be released for bids. Once the RFP has been released, we will begin the Implementation Advance Planning Document (IAPD) process on July 1, 2014.

Activities:	Implemented by:	Completed by:	Resources:
Begin EBT Explorations/Education	6/01/2012		State Staff
Submit Planning APD or Planning Grant Request	6/15/2015		Project Management Staff
Submit Implementation APD or Implementation Grant Request	1/15/2017		
Design/Development Time Period	7/01/2017		
EBT Pilot	3/31/2019		
Expansion Statewide	3/31/2020		
Start Date	4/01/2020		

#### **Objective #2: VOUCHER MANAGEMENT AND REPORT SYSTEM (VMARS)**

During SFY 2014, the Georgia WIC program plans to standardize the "Flash" file on all VPOD printers throughout the state in an effort to reduce fraud.

**Strategy**: To standardize WIC vendor printing throughout the state and establish tighter inventory controls on VPOD printers resulting in the reduced opportunity for fraud.

Activities: Phase I	Implemented by:	Completed by:	Resources:
The State will implement the VMARS System in all clinics statewide.	October 1, 2013		
The state will compile a list of all VPOD printers in the district offices and collect all relevant information (serial number, model number, etc.)	October 15, 2013		WIC Administration and district IT staff
Front End Systems vendor SourceTech will identify the printing issues and provide the SWO (State WIC Office) with a current version of Flash to correct printing errors in the districts. Test voucher printing and send to SWO for approval.	October 30, 2013		Source Tech & WIC Administration
The state will have the local IT groups install the latest Flash file on all printers (those in-use and in storage).	November 15, 2013		WIC Administration and district IT staff
Local IT will then do a test print using the new Flash and email a scanned copy of that test with the serial number of the printer used written on the test page.	December 15, 2013		

#### **Objective #3: VOUCHER MANAGEMENT AND REPORT SYSTEM (VMARS)**

Utilize the increased functionality of the VMARS system to improve overall clinic operations by reducing processing times.

Strategy: Upon completion of VMARS in September 2013, the state Systems' Unit will begin Phase II of VMARS and/or plan for a single system.

Activities: Phase II	Implemented by:	Completed by:	Resources:
The state will revise Dual Participation Methods Shortcut.	March, 2014		OIG Clinic Operations and CSC
The state will create an Electronic Patient Flow Analysis.	March, 2014		Financial Unit with CSC
The state will create a program in the existing Personal Activity Report System (PARS) called State Office.	March, 2014		Backend Vendor (Currently CSC)
Update VMARS software to enable vendor (currently CSC) to push out the current Flash to all remote printers.	July, 2014		

#### **Objective #4: FINANCE AND TECHNOLOGY**

During FFY 2014, the Georgia WIC program will review current clinic software functionality to determine if permission based client processing can be implemented to cut down on fraud.

**Strategy:** Work with the four (4) front-end system providers to determine the inability of permission based on client processing to ensure that one user cannot create, process, approve and print vouchers.

Activities: Phase 1	Implemented by:	Completed by:	Resources:
Review each of the four (4) systems currently in place to determine if permission based roles are present and if they can be "turned on".	January 31, 2014		WIC Administration & OIG
Research the possibility of adding biometric readers to the district computers to replace the use of passwords. This would eliminate people sharing their passwords with others.	May 31, 2014		
Review remote banking, including RDC (Remote Deposit Capture) and voucher processing.	August 31, 2014		

#### **Program Operations and Nutrition Services Goal:**

Enhance the efficiency of the WIC program in serving women, infants and children throughout the state of Georgia.

#### **Objective #1: PARTICIPATION**

To increase the number of Women, Infants and Children participating on the program by 10% by September 30, 2014. (Baseline FFY 2013 283,710)

**Strategy:** To increase caseload by working with the Outreach and Standards committees. In addition, review and monitor the no-show rate and 30 day files located in the clinics.

Activities:	Implemented by:	Completed by:	Resources:
The state WIC office will work in conjunction with the Outreach and Standards committees to drop ship flyers to all of the Department of Labor offices throughout the state of Georgia twice a year.	January 2014 July 2014		Video-Conferencing Call Centers Outreach Committee
The state WIC Office will meet monthly with the Standards Committee to work on five major issues:  Process Issues Processing Standards Participant Issues Staffing Issues Physical Plant of the Building	On-going		Standard Committee
The state and local agencies will distribute outreach materials through local agency networks (Headstart, Health Fairs, churches, etc	On-going		
The state will monitor No-Show rates.	Monthly		
The Program Review Team will monitor the 30-Day file to determine if staff are contacting WIC participants who already qualify for the program.	On-going and during Program Reviews		
Continue to utilize reports, call centers, and phone calls and reminder letters in order to increase caseload	On-going		

#### **Objective #2: SECONDARY NUTRITION EDUCATION**

Increase the percentage of participants receiving Secondary Nutrition Education (Low and High Risk) to at least 90% by September 30, 2014.

**Strategy:** To increase the percentage of participants receiving Secondary Nutrition Education (Low and High Risk) by providing districts with state, district and clinic level data allowing for pointed interventions intended to improve secondary contact rates.

Activities:	Implemented by:	Completed by:	Resources:
The state Nutrition Unit in coordination with the WIC Systems Unit and CSC (WIC Data Contractor) will establish nutrition education tracking reports.  • Establish state, district and clinic reports for Secondary Nutrition Education (Low and High Risk)  • Establish standardized district policies for monitoring reports once established	On-going		WIC Program Review Reports  CSC (WIC Data Processor)  Nutrition Education and Risk Committees  Nutrition Program Consultant Staff
The state WIC office will work with the Nutrition Education and Risk Committees in establishing standardized documentation procedures for Secondary Nutrition Education (Specifically High Risk Contacts).	On-going		
The Program Review team will monitor and estimate Secondary Nutrition Education contact rates based on program review findings. A summary of district Secondary Nutrition Education report findings will be shared at least yearly with district Nutrition Services Directors.	On-going		
Program Review Score Card: Incorporate yearly automated secondary contact reports into the program review score card.	Dependent on establishment of nutrition education tracking reports.		

#### **Objective #3: BREASTFEEDING**

Increase percentage of infants who initiate Breastfeeding from baseline 56.61% to at least 60% and increase percentage of infants who breastfeed for at least six months from baseline 36.07 to at least 40% by September 20, 2014.

**Strategy:** To increase the percentage of infants who initiate breastfeeding by providing the number of infants certified who ever breast fed/number of infants certified and number of one year olds breast fed for six months and greater/number of one year olds who ever breast fed.

Activities:	Implemented by:	Completed by:	Resources:  Using Loving Support to Grow and Glow  Peer Counseling Support Training  Outreach Committees  Performance Measurement
The state Nutrition Unit will offer breastfeeding specific training to all district/local agency staff that provides WIC services.  • How to Talk with WIC Mothers about Breastfeeding • How WIC Supports Breastfeeding • Strategies for Training WIC Staff	On-going		
Establish online Participant Breastfeeding Education Resources. The state Nutrition Unit is developing a breastfeeding continuing education component for the GAWICOnline Nutrition Program. Four learning activities will focus on "Getting started with breastfeeding", "Myths and Facts", "Going back to work or school", and "WIC breastfeeding Food Package".	On-going		
The state Nutrition Unit will continue to manage and coordinate peer counseling services throughout the state.	On-going		
Expand Peer Counseling to include all 18 health districts.	October 2014		
Coordinate, promote, educate and support activities with professional groups such as hospitals, physicians, medical organizations and other breast feeding support group.	On-going		

#### **BREASTFEEDING** (continued)

**Objective:** Increase percentage of infants who initiate Breastfeeding from baseline 56.61% to at least 60% and increase percentage of infants who Breastfeed for at least six months to at least 40% by September 20, 2014.

**Strategy:** To increase the percentage of infants who initiate breastfeeding by providing the number of infants certified who ever breast fed/number of infants certified and number of one year olds breast fed for six months and greater/number of one year olds who ever breast fed.

Activities:	Implemented by:	Completed by:	Resources:
Monitor progress in meeting breastfeeding objective monthly and provide Nutrition Services Directors a statewide summary yearly.	On-going		Using Loving Support to Grow and Glow  Peer Counseling Support Training  Outreach Committees  Performance Measurement
The Program Review Team will monitor compliance of WIC staff receiving yearly breastfeeding education as part of the regularly scheduled program reviews.	On-going		

#### **Objective #4: CONTINUING EDUCATION**

At least 90% of Competent Professional Authorities (CPA's) will receive 12 hours of nutrition specific Continuing Education yearly.

**Strategy:** As part of the state's workforce development; CPAs will receive the opportunity to participate in continuing education totaling at least 12 hours yearly. Training opportunities will vary from district to district.

Activities:	Implemented by:	Completed by:	Resources:
The state WIC Nutrition Unit will offer at least 12 hours of nutrition specific continuing education yearly to interested CPAs.	On-going		
District WIC Agencies will monitor CPA continuing education compliance. The Program Review team will monitor continuing education received by CPAs during scheduled WIC Program Reviews.	On-going		
A summary of CPA continuing education findings will be shared with District Nutrition Services Directors yearly.	On-going		
Conduct a statewide needs assessment yearly to identify:  Topics of interest by CPAs Trainings needs identified during Program Reviews District feedback on staff training needs Anticipated Changing Trends	On-going		

STATE PLAN

#### **Vendor Management Goal:**

Strengthen and improve Vendor relationships, administration and oversight.

#### **Objective #1: FRAUD AND ABUSE**

Investigate and monitor vendors annually according to federal regulations to ensure compliance and deter program fraud and abuse.

**Strategy:** Conduct covert investigations along with overt monitoring reviews.

Activities:	Implemented by:	Completed by:	Resources:
Conduct vendor monitoring and investigations on all high risk vendors.	On-going		VIPS generated Vendor High Risk List
Complete follow up overt monitoring visits on all vendors assessed warnings and sanctions.	Monthly case by case by		
Investigate all complaints received.	On-going case by case by		
Generate and analyze system reports related to fraud and abuse.	Monthly		
Conduct district/local agency quality assurance program reviews to assess voucher accountability and security.	Quarterly		
Refer vendors suspected of criminal activity to appropriate prosecuting agency.	On-going case by case bases		

#### Objective #2: COMMUNICATION

To develop formal communication forums to strengthen the relationships and better identify and respond to the needs of Vendors and Health Clinics throughout Georgia.

**Strategy:** Develop quarterly forums for each major constituent group.

Activities:	Implemented by:	Completed by:	Resources:
Re-establish the Georgia WIC Vendor Advisory Council as a venue for gathering issues/information on a broad array of WIC-related subjects that impact vendors, such as proposed regulations, policies, procedures and communications.	December 2013		Georgia Food Industry Association  La Unida  Georgia WIC Administration  Georgia DPH OIG Leadership
Establish a quarterly forum with the Nutrition Services Directors in order to establish rapport, identify and develop strategies to overcome any obstacles with the vendor community, and respond to any reporting needs	January 2014		Georgia Nutrition Services Directors

#### **Objective #3: VENDOR ADMINISTRATION**

During FFY 2014 Georgia will complete the feasibility study, research, planning, scope of work required to develop a formal request for approval to replace the Georgia WIC Program Vendor Integrity and Profile System (VIPS) with a web-based application.

**Strategy:** Submit a formal request for approval to replace the current VIPS.

Activities:	Implemented by:	Completed by:	Resources
Review history of past efforts to mechanize the current systems environment.	November 2013	December 2013	WIC Program Administration and Finance
Complete a feasibility study.	December 2013	January 2014	DPH IT VIPS
Research other state's applications as an option.	January 2014	February 2013	
Determine any budgetary constraints.	October 2013	On-going	
Establish a scope of work.	January 2014	April 2014	
Secure preliminary approval for plan of action.	May 2014	June 2014	
Develop an implementation plan with projected timeline in light of an available budget.	July 2014	August 2014	
Submit a request for approval to implement an RFP to build out via a contractor or with in-house development resources.	August 2014	September 2014	

**GEORGIA WIC PROGRAM 2014** 

#### **Program Integrity and Strategy**

Implement Georgia WIC program's strategic direction to ensure compliance with Federal and State requirements.

Objective # 1: COMPLIANCE					
Design by June 2014 a metric and establish monitoring	Design by June 2014 a metric and establish monitoring methods to ensure that Georgia WIC Operations are in accordance with USDA-FNS regulations.				
Strategy: Work in conjunction with the WIC Leadership team to develop a compliance metrics for each WIC unit.					
Activities:	Implemented by:	Completed by:	Resources		
To be determined once position is filled.					

Objective # 2: TRAINING			
Development and conduct annual compliance training for	or State WIC staff and Health	District WIC staff for FFY 20	014.
Strategy; Develop a training schedule for both the S	tate and District staff.		
Activities:	Implemented by:	Completed by:	Resources
To be determined once position is filled.			