# ARPA Waiver Guidance

Effective August 10, 2023

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# Overall Guidance

## Background

Oregon WIC has been working with policy exception guidance to keep staff and participants safe during the COVID-19 Public Health Emergency through use of remote services. The Public Health Emergency declaration ended May 11, 2023. This means the policy exceptions provided through the Families First Coronavirus Response Act waiver (FFCRA) expire August 9, 2023.

Starting August 10, 2023, USDA/FNS is making the ability to provide remote services for WIC participants available through the American Rescue Plan Act (ARPA) physical presence waivers. These waivers are different from the Families First Coronavirus Response Act waivers used during the Public Health Emergency.

<span style="color:red; font-weight:bold; text-align:center;">Please use this document for policy exceptions<br>starting August 10, 2023</span>

We are committed to supporting your organization's policies and requirements to include the option of remote WIC services remotely through ARPA physical presence waivers through September 30, 2026. Agencies across Oregon must have the ability to provide remote services when requested - even when the first offered appointment is in person – to ensure equitable service accessibility and reduce barriers to participation across the state. Therefore, all clinics need to be set up and able to provide both in-person and remote appointments or use a combination of in-person and remote appointments to complete certifications (see Split certification guidance) starting August 10, 2023. Local agencies should follow policies in the WIC Policy and Procedure Manual as of August 10, 2023 unless specifically outlined as an exception in this document.

A key change to providing remote services under the ARPA physical presence waivers is the requirement for WIC participant signatures on required documents. WIC staff may not sign or initial for participants for any required signatures after August 9, 2023. This applies to all appointments, including phone and virtual appointments.

The following sections outline the exceptions to the WIC Policy and Procedure Manual allowed under ARPA physical presence waivers.

## How long can we use this guidance?

This guidance exception will be in place starting **August 10, 2023, until September 30, 2026**, until policies are updated to include the guidance, or until the Child Nutrition Act Reauthorization occurs and provides additional guidance on physical presence requirements.

## Remote services as an option for WIC participants at your agency

The goal of ARPA physical presence waivers is to begin the process of modernizing WIC for participants by providing the option of remote and in-person services to WIC participants. Local agencies have the flexibility to decide how to incorporate in-person and remote services in an equitable and accessible manner to participants across the state. The purpose of  including the option for remote services in Oregon  through this physical presence waiver is to eliminate barriers participants can experience in accessing WIC services across the state. Your local agency has the flexibility to determine when and how in-person, remote or a combination of the two to create a split certification (see Split certification guidance) will be offered that will best meet the need of your participants.

## Documentation is extremely important

- Staff should document all contacts with participants thoroughly, including any follow-up action that needs to take place at the next appointment.
- Documentation requirements for specific items are listed in that area of the guidance.

## Saving electronic forms

- Electronic fillable forms may be easier to use for remote operations.
- Fillable versions for many common forms, including translated versions, are available on the WIC website.
  (https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Pages/wic_staff.aspx or https://tinyurl.com/WIC-Staff)

- It works best to download the forms to your computer before completing them.
- Completed electronic forms must be kept secure as they contain participant information (e.g. on a password protected flash drive or a flash drive stored in a secure location when not in use.)
- For archiving electronic forms, see policy 426: Record Retention for local agency policy and procedure guidance for storing electronic records.

## Contact your state nutrition consultant
- If you have questions or concerns.
- If you need to implement clinic operation procedures outside of policy or what is allowed in this guidance.

# Completing Certifications and Mid-certifications remotely

Certifications and mid-certifications can be completed remotely if the appropriate requirements can be met. A full assessment and nutrition education must be completed, regardless of what method (e.g. in-person, phone, or video) is used to conduct the certification, mid-certification, or recertification appointment.
- If the visit is not completed in person, you must document how the visit was completed in progress notes. See policy 840, section 3.2, For example: RP by Video.
- Anthropometric measurements **must be collected within 60 days of the certification.** Biochemical measurements (blood tests) **must be collected within 90 days after the certification appointment**. WIC staff must continue to attempt to obtain these values when not obtained within these timelines. See *Options to obtain anthropometric and blood work* for more information. These need to be completed by someone trained to collect measurements correctly. This could include WIC staff, a medical provider, another health professional, a public health nurse completing a home visit, or Head Start staff. Work with the participant to get this information before the appointment whenever possible. Some examples include:
  - Ask the participant to have the health care provider send anthropometric and biochemical measurements to the local agency before the appointment.

- o Include the request for measurements from the health care provider in appointment reminders.
  - o The participant can provide a screenshot of data from their electronic health portal via text or email.
- Staff must continue efforts to collect and document data if unable to collect the anthropometric measurements within 60 days. Staff should document all attempts to collect data from the participant.  The participant does not need to be terminated if the data is not collected within 60 days. See the Anthropometric and Blood Work sections for more information.

## Physical presence requirements

The requirement for participants to be physically present during certifications and re-certifications is waived to allow local agencies the ability to include remote and a combination of remote and in-person services (see Split certification guidance)  as an option for WIC participants. The state office requires local agencies to have the ability to provide in-person or remote services available as an option. You may use one of the following alternatives to participants physically coming to the clinic:

- Utilize video technology such as Teams or Zoom, as allowed by your agency, to complete certifications and re-certifications.
- If video technology is not an option, the State WIC office approves phone contact for appointments requiring physical presence.
- Under this waiver appointments are assumed to have been completed in person unless they are documented as a remote appointment.
- Mid-certification appointments (Mid-certs) do not require verification of physical presence.
  - o Mid-certs can be completed remotely using a phone or video conferencing.
  - o Mid-certs must still include a full assessment. This includes the health and diet questionnaires and all normal WIC services such as nutrition education. See guidance in this document for signatures, anthropometrics, and blood tests.
- Staff must document any certifications, re-certifications, or mid-cert health assessments completed using any method other than the participant coming into the clinic in progress notes. Progress notes must include:

- o Participant name
- o Method of the appointment (e.g., phone, or video)
- o Date of the appointment,
- o Name of staff who completed the appointment

For example, name and date is auto-filled by the system, followed by "RC on Zoom" in the note.

## Participant signature forms

Staff are not allowed to document participant acceptance on any required forms or sign or initial for the participant from August 10, 2023, going forward. The participant must verify acceptance and understanding in one of following ways:

- **Collect signatures directly on forms at your clinic**.
- **Collect signatures directly on forms by mail** by sending a hard copy or emailing forms to the participant to print. They can mail signed forms back to the clinic or email or text photos of the signed form back to WIC staff.
- **Capture signatures electronically** by sending the participant electronic fillable versions of the [Signature form](#) to the participant for them to sign electronically, save, and email or text back to the clinic. **Staff may not sign or initial for participants under this waiver**.
  - o Participants who do not have the ability to print or sign the signature electronically can provide permission by email, fax, or text at or before the appointment.
  - o Email or text responses must be kept on file with a signature form with the participant's name and WIC ID number.
    - The form- either electronic or hard copy together with the written acknowledgment from the participant, can be counted as the signed participant signature form.
    - Written acknowledgement must include a statement indicating they have read and understand the *Participant Rights and Responsibility Form.*

- Written acknowledgement texts or emails can be saved electronically with electronic forms or printed out and stapled to hard copy of signature forms.
- **Alternative acknowledgement procedures:** If your agency has another way it would like to collect participant acknowledgement that they understand their rights and responsibilities, please contact your assigned nutrition consultant for approval prior to implementation.

## Voter Registration

Participants must be offered the opportunity to register to vote when providing services remotely. **Staff cannot sign or initial any forms for participants**.

- Participants who would like to register to vote can be sent this link by text or email: https://sos.oregon.gov/elections/Documents/SEL500.pdf
- Participants who wish to decline the opportunity to register may do so by
  - Checking the appropriate box, signing, and returning the voter declination on the back of the Participant signature form. They may return signed forms by fax, email, a photo of the image in a text, or in person.
  - An email or text declination must be received. The text or email can say, "No" to voter registration.
  - A specific response from the participant must be received to be counted complete.
  - Attach the email or text response for voter registration to the participant signature form and keep on file.
- If using any type of response other than an electronic signature, please consult with your NC prior to implementation.

## Collecting proofs at remote certification appointments

See Policy 610 Required Proofs and Policy 616 Unavailable Proofs

**If the participant can provide proofs for staff to review** at the time of the certification appointment, then document them in the data system as usual. Options that meet the requirements for reviewing proofs include:

- Verify adjunct eligibility on the OHP web portal.
- Have the caregiver show the proofs during the video conferencing visit.
- Offer the participant a chance to mail, email, text, fax, or upload digital images of proofs depending on your agency's capability prior to their appointment.
- Review the proofs in the clinic at any time before the remote visit.

**Use of No Proof Form**
Return to using the No Proof Form (57-633) as outlined in Policy 616 Unavailable Proofs starting of August 10, 2023. Using COVID as a no proof reason is no longer allowed. No Proof form (57-633) Refer to the process for written acknowledgement above. **Staff may not use "No Proof logs" starting August 10, 2023.**

Participants who need to fill out the No Proof Form (57-633) may
- Complete the form, sign, and return to the WIC office by fax, email, a photo of the image in a text, or in person.
- Attach the mail, fax, email, or text response for voter registration to the participant signature form and keep on file.
- If using any type of response other than an electronic signature, please consult with your NC prior to implementation.

<span style="color:red">**No Proof logs may not be used in place of individual signature forms starting August 10, 2023.**</span>

## Options to obtain anthropometrics and blood tests

Ideally, review of anthropometrics and blood tests are part of a complete assessment done at every certification, recertification, or mid-certification health assessment. Policies 625 and 626 outline options for collecting this information either by WIC clinic staff or from another healthcare professional. Consider using split certifications to obtain data if effective for the participant. See Split Certification Guidance the end of this document for an example.

## Anthropometrics

- If the participant comes in for their certification visit, taking current measurements in the WIC clinic is optimal.
- For remote visits obtain length or height and weight values within 60 days (before or after) from a health care provider. This includes measurements completed for another program such as Head Start or a home visiting nurse. ([Policy 626](#))
    - Most providers will offer a printed "Visit Summary" to caregivers. Asking about this might help ensure the information is accurate.
    - For infants under two months of age, birth measurements can be used.
- Best practice for remote visits is to obtain length or height and weight values before the appointment. Some examples include:
    - Ask the participant to request the health care provider send anthropometric and biochemical measurements to the local agency before the appointment.
    - Include the request for measurements from the health care provider in appointment reminders.
- The data system does not require anthropometrics be entered at Mid-cert appointments, but they are considered part of a complete assessment. Every effort should be made to collect this information.
    - This is especially true for infants and participants who are high risk.
- Parents or caregivers can provide a screenshot of an electronic health record by text or email for anthropometric and biochemical measurements.
- Do not use measurements completed by parents or caregivers.

<div align="center">

**Measurements completed by parents or caregivers cannot be accepted or entered into the system starting August 10, 2023.**

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## Blood tests

When required, obtain hemoglobin or hematocrit values from the WIC office or health care provider as outlined in [Policy 626 Hemoglobin and Hematocrit Screening in WIC](#).

## Documentation related to anthropometrics and blood tests

Document the source of data and the date of measurement collection on the medical data screen. It is highly recommended to request blood test information before or at the WIC appointment. Blood test measurements may be collected before or within 90 days after the appointment. Referral bloodwork may be collected more than 60 days prior to the initial intake, but must be reflective of a woman applicant's current category and CDCs anemia screening schedule for infants and children.

Putting accurate measurements in the data system is the priority. Listed below are acceptable options if measurements cannot be taken at the WIC clinic in the order of preference:

1. Enter measurements from the healthcare provider.
    - Measurements from the healthcare provider must include the date of collection and the source. Document both in the data system.
    - There is no need to request verification from the healthcare provider if WIC staff view the electronic medical record or documents from the health care provider.
    - Caregivers can provide the measurements if they are reading it directly from the participant's electronic medical record or documentation from the health care provider.
        - WIC staff should use critical thinking to evaluate verbally reported data and ask for verification from the health care provider if needed.
        - WIC staff should follow procedures in Policy 626: Hemoglobin and Hematocrit Screening in WIC if data entered results in a nutrition risk.
        - Please refer to Policy 626 or the WIC Hemoglobin training module for information on documenting notes related to bloodwork.

2. A complete mid-certification health assessment appointment (MCHA) includes anthropometric measurements and blood test (when due). See Policy 646: Mid-Certification Health Assessment.
    - If measurements are not available at the MCHA, leave the fields blank and document the reason why measurements were not entered.

3. If you are unable to get any measurements and the appointment requires a measurement, fill the field completely with 9's and document the reason measurements were not entered.
   - For example: put 999 in the weight and 99 in the ounces field. This prevents the measurement from calculating risk or showing on the growth charts in the data system.
4. Once the measurements are obtained, enter them in the data system by adding a row and entering the data with the appropriate collection date.


## Follow-up on missing information

Work with the participant to make a plan to obtain measurements or blood work for certification or mid-certification health assessment. Document attempts and the plan in progress notes. Examples include, but are not limited to:
- Ask the participant to send you values from their next appointment with their health care provider.
- Ask the participant to send values from the next visit with the public health nurse.
- Participants can share a screenshot of their electronic health record by text or email for values.
- Values could be collected the next time the participant is in the clinic at the next mid-certification health assessment or the recertification appointment.
- A special appointment is not required to get measurements or complete bloodwork.
- If data obtained after the appointment results in a nutrition risk, staff should contact the participant and offer appropriate information and guidance. Document this interaction in the data system. See policy 626
- If data obtained after the appointment results in a high nutrition risk, staff should contact the participant and offer appropriate information and guidance. Additionally, staff will set the next participant appointment with the WIC Nutritionist or RD. Document this interaction and the appointment requirement in the data system. See policy 626

Please use the flexibilities in this guidance to document your agency's plan for obtaining bloodwork and measurements for remote or hybrid appointments when needed. Please document:

- Agency plan for obtaining missing measurements,
- Timelines related to implementing the plan,
- Situations that activate a call-back to the participant, and
- Methods of documenting the steps in the plan.

The State office recognizes these plans will need to be revised based on the experience of each local agency. These plans may be revised to improve and streamline the process for obtaining measurements for remote appointments. Plans will be reviewed with local agency staff and revised as needed through local agency monitoring.

# Quarterly contacts

## Guidance for follow-up appointments, quarterly nutrition education contacts

- Agencies can offer remote alternatives to nutrition education along with in-person individual or group options.
  - A remote option must be available to participants for whom in-person nutrition education is a barrier.
- Encourage online nutrition education and issue 3 months of benefits.
- Offer telephone quarterly contact or nutrition education visits for participants who are high-risk when it best meets the needs of the situation according to Policy 820 Quarterly Nutrition Education.
- Document remote nutrition education in progress notes including how the visit was conducted.
  Example: Telephone follow-up due to sick child

## Issuing benefits when a participant has missed their appointment

- You may reschedule an appointment if you are unable to get ahold of the participant.

- o Document it in their record via a rescheduled appointment in the data system.
- o Notify the participant of the new appointment date and time. You can use email, text, phone message, or printed appointment notices for appointment notices.
- You may issue 1 month of benefits at a time when rescheduling until the missed appointment has been completed.
- When a participant misses a recertification appointment, you may extend the certification period by one month in order to reschedule and issue one month of benefits as usual. This can be done one time only.
- Two-way communication is required for providing nutrition education, but not for rescheduling it.
- If needed, use the "No Benefits Issued" report to identify participants who have missed their appointments.

## Information on WICHealth.org access

- Resources for both participants and staff are posted on our website: https://www.oregon.gov/oha/ph/HealthyPeopleFamilies/wic/OnlineNutritionEducation/Pages/index.aspx
- Encourage staff to look at these resources first if help is needed to access WICHealth.
- For problems that cannot be resolved with this information, contact Lauren Simmons and provide details of the problem: lauren.simmons2@oha.oregon.gov (971-606-0473)

# Breast pumps

## Providing personal pumps instead of a multi-user pump

- Clinics may choose to provide a personal pump in lieu of loaning a Lactina or EnDeare. This simplifies clinic procedures since a personal pump will not have to be tracked, returned and sanitized.
  - o A personal pump may be issued to a breastfeeding mother who has a medical need for a pump. This includes mothers with a partial formula food package who are working to build up milk production.

# Other processes

## Transfers

- If you are having problems contacting other states for VOC cards, send a request to app support and they may be able to help.
- If that is not possible, it may be easier to enroll them as a new participant over the phone or  internet using technology such as Zoom regardless of video accessibility.

## Separation of duties and audit requirements

As of August 10, 2023, Separation of Duties and audit requirements must be followed as outlined in Policy 595, Program Integrity: Separation of Duties (SOD). This means returning fully to policy and guidance in Policy 595. This includes, but is not limited to:

- Audit every 2 weeks
- Review **all** certifications for non-breastfeeding infants
- Review 20% of the remaining certifications on the SOD report.

Please note that WIC staff cannot audit themselves. If a coordinator is on the SOD report, they need to have their administrator, or another supervisor complete the audit of their charts.

## Working remotely

- Access to the data system through Citrix is secure and can be conducted remotely, including for those working from home. App support can provide instructions on accessing Citrix if needed.
- The state cannot provide laptops for local agency staff to use to work remotely. If your agency allows, staff could take their work computers home.
- The state does not provide phones for local agencies. Your agency will make decisions about providing work phones for staff to use remotely, forwarding phones to personal phones, and remote access to work email.

## Protecting Personally Identifying Information and Personal Health Information

Protecting participant Personally Identifying Information (PII) and Personal Health Information (PHI) is essential regardless of how services are provided.

- PII and PHI needs to be transmitted in a secure way in accordance with your agency's policies.
- Staff may not use personal phones, computers, fax machines or receive US mail at their residence for the provision of WIC services.
- Staff should follow procedures related to PII and PHI as outlined in [Policy 596 Program Integrity: Acknowledgement of Employee Responsibilities](#) , [Policy 450: Confidentiality,](#) and your local agency's policies.

## Allowable expenses

WIC funds can be used to support staff working from home or to stay safe in the clinic. Allowable expenses include:

- Phones or phone systems (e.g. cell phones to use at home, apps for video contacts)
- Laptops, earphones, or computer cameras to facilitate video conferencing
- Software to confidentially collect documents (e.g. Salesforce, Docu-sign)
- Video technology as allowed by your agency rules and HIPAA requirements (e.g. Skype, Zoom, Doxy, Facetime)
- Personal protective equipment (e.g. masks, gowns, gloves, face shields, Plexiglas)
- Rolls of stamps or pre-paid envelopes for staff mailing out eWIC cards from home.

## Mailing eWIC cards

ARPA waivers allow for remote issuance of benefits (mailing of eWIC cards) through September 30, 2026. Please note the following:

1. Best practice is for replacement cards to be ordered by the card holder through the eWIC banking system.
2. Replacement cards for both the first and second cardholder may be mailed from the local agency to the first cardholder, if necessary.
3. eWIC cards for new participants can be mailed after enrollment is complete.

4. If a first cardholder requests a second cardholder, you may mail the new second cardholder's eWIC card to the first cardholder.
5. eWIC cards must be mailed in agency envelopes marked "Do Not Forward."
6. To limit liability, if your agency is closed and staff are working from their homes, the WIC coordinator must designate one staff person to mail the cards. They are the only person who can take eWIC cards off-site.
7. Track the numbers of the cards to be taken home and inventory the cards issued in this way.
8. Offer to mail the WIC Card or have the participant pick the card up at the clinic.
9. Let the participant know the card may take 5 – 7 days to arrive by mail.
10. If the participant prefers staff mail the card:
    a. Confirm the address in the participant's file is correct.
    b. Tape the eWIC card to a copy of the letter below (English or Spanish).
        i. Agencies may modify this letter as needed for local needs as long as the identified elements are included.
    c. Include a benefit list, a Food List, and a How to Shop brochure with the card.
11. Make sure the participant understands how to PIN the card and shop.
12. Make sure the envelope is well sealed or taped shut and has adequate postage. Ask the participant to notify you if they have not received the card within 7 days.
    a. If the card is not received, you may deactivate that card and reissue a new card.

# Forms, letters, cheat sheets

## Mailed eWIC Card Letter English

Date:

To:

Dear

We're mailing your eWIC Card to you as you requested.

--------------Tape card here----------------

Please remember these steps to use your WIC Card:

1. PIN the card before using it.
2. Check your WIC benefit balance.
   a. Use the WICShopper App.
   b. Look at the enclosed Benefit List.
   c. Ask at the store customer services.
   d. Call EBT
3. Make sure you know how to shop.

Please call the WIC clinic at the number below for any of the following reasons:
- Questions about your WIC Card or the foods available.
- Problems using the WIC Card at the store.
- You need to make or change your next WIC appointment.

Your WIC Clinic:

# Tarjeta de eWIC enviada por correo

Fecha:

Para:

 Estimada(o)

Le estamos enviando su tarjeta de eWIC por correo como usted lo pidió.

----------------------Tape card here----------------------

Por favor acuérdese de seguir estos pasos para usar su tarjeta de eWIC:

4.   Establezca un número de PIN antes de usar su tarjeta.
5.   Para revisar su saldo de beneficios de WIC:
   a.   Use la aplicación WICShopper en su teléfono celular.
   b.   Lea la lista de beneficios incluída con esta carta.
   c.   Pida ayuda en la tienda en el area de servicio al cliente.
   d.   Llame al número en la parte de atrás de su tarjeta.
6.   Asegúrese de saber cómo hacer las comprar con su tarjeta de eWIC.

Por favor llame a la clínica de WIC al siguiente número que se muestra abajo por cualquiera de estos motivos:

- Preguntas acerca de su tarjeta de eWIC o de sus beneficios de comida.
- Problemas usando la tarjeta de eWIC en la tienda.
- Necesita hacer o cambiar su siguiente cita de WIC.

Su clínica de WIC:

## Documentation requirement summary

| Requirement | Where | What | Examples |
|---|---|---|---|
| Certifications, recertifications, Mid-certifications, quarterly nutrition education not completed in person | Progress notes | Appointment type, method of contact (Date and name autofilled) | (11/1/2020 Joan M. autofilled)<br>• IE by phone<br>• RC by Facetime |
| Measurements not taken by WIC staff | Medical Screen notes | Actual date measurements were taken in row. In notes – who took measurements | • From PH Nurse<br>• From MD<br>• From Head Start |

# Split certification guidance

A "split certification" combines both remote and in-person appointments to complete a certification, recertification, or mid-certification health assessment using the flexibility of the ARPA physical presence waiver. Local agencies can use this as a guide when writing a split certification procedure for their agency. Work with your assigned nutrition consultant for feedback and approval.

## Split certification guidelines:

The purpose of a split certification is to allow participants to complete enrollment or certification through a combination of remote and in-person appointments. In-person appointments in a split certification would typically be used to collect measurements and bloodwork. However, some participants may find it easier to bring some or all documentation to the clinic in person to complete a certification.

There is flexibility in these guidelines for you to structure procedures for which activities to offer at each part of a split certification that best meets your agency and participant needs.

## Examples of when to offer a split certification:

- When a current participant walks in or contacts the WIC office to schedule an appointment and staff is unable to find an appointment that works for the participant
- When WIC staff determines that a full certification cannot be completed in the office either due to staff or participant's availability
- When WIC staff is informed of barriers to receiving services such as the parent's work and/or school schedule, unreliable transportation, or inconvenience of business hours
- After screening for medical status of participant, WIC staff determines that participant doesn't qualify for a home visit
- WIC staff offers a split certification where the family comes in as a walk-in to complete the enrollment and/or measurements/hemoglobin test and is contacted later to complete the certification over the phone. A mid-certification appointment can be split as well

- When a WIC participant requests to begin a certification remotely and offers to come to the clinic to provide measurement data.

## In-Person appointment

Physical presence is one component of a split certification. Activities that will be completed in person should be discussed with the participant before the appointment. These may include:

- Providing and signing documents for proof of identity, income and residence
- Signing participant signature form and participant rights and responsibilities are explained.
- Offering Voter registration
- Reviewing and documenting immunization records in the ALERT system or as provided by the caregiver
- Collecting and documenting anthropometric measurements for participants in the family
- Collecting and documenting blood work measurements as required for participants in the family
- If data obtained during the appointment results in a nutrition risk, staff should offer appropriate information and guidance and document it in the data system.
- If data obtained during the appointment results in a high nutrition risk, staff should offer appropriate information and guidance and document it in the data system. Additionally, staff set the next participant appointment with the WIC Nutritionist or RD. Document this interaction and the appointment requirement in the data system.
- Offering appropriate referrals to the participant

## Remote appointments

A remote appointment is one component of a split certification. All aspects of a certification, recertification, and mid-certification health assessment may be completed remotely or in person. Participants should be notified before the appointment of activities that will be completed in the remote appointment. This may include:

- Providing and signing electronic documents for proof of identity, income and residence
- Signing participant signature form and participant rights and responsibilities are explained.
- Offering Voter registration
- Reviewing and documenting immunization records in the ALERT system or as provided electronically by the participant by text, email, or fax. This can be a screenshot of a participant's electronic health record.
- Collecting and documenting anthropometric measurements for participants in the family by text, email, or fax. This can be a screenshot of a participant's electronic health record.
- Collecting and documenting blood work measurements as required for participants in the family by text, email, or fax. This can be a screenshot of a participant's electronic health record.
- If data obtained after the appointment results in a nutrition risk, staff should contact the participant and offer appropriate information and guidance. Document this interaction in the data system.
- If data obtained after the appointment results in a high nutrition risk, staff should contact the participant and offer appropriate information and guidance. Additionally, staff will set the next participant appointment with the WIC Nutritionist or RD.  Document this interaction and the appointment requirement in the data system.

## Important considerations
- Participants choosing this option need to be fully informed that the consequences of waiting to complete the certification may result in an issuance of a partial food package (e.g. the initial contact was conducted on the 15th and the phone consult with food benefit issuance occurs on the 20th resulting in a partial food package issuance)
- All aspects of the certification must be complete within the current month to avoid missing or loss of benefits.

- Staff and participant need to agree on a date and time to complete the phone certification based on counselor/RD availability at any of the offices by end of the calendar month.
- Staff informs the participant which phone number to expect (so that the call is not rejected as suspected spam).
- WIC staff will document attempts to contact in progress notes
- If unsuccessful, a postcard will be mailed to the participant indicating that they missed an appointment and need to reschedule
- Benefits cannot be issued until the certification is completed
- Agencies may plan times or days in their agency where participants can drop in a week or two before their appointment to provide proofs, get measurements completed, and/or get signatures.