

## **4-3 Job Aids**



**Local WIC Staff**

**WIC Groups**

**Referrals**

**Overview of WIC Certification**

**WIC Income**

**Steps for Determining Income Eligibility**

**Helping Families Use the Benefits List**

**Compare first and Second Cardholders**



# Job Aid

# Local WIC Staff

*Use with Lesson 1-2*

Name	WIC Job	Work Phone Number or Extension	E-mail



*Use with Lesson 2-1*

<b>WIC Group Name</b>	<b>Type of Group</b>	<b>Languages Offered</b>



# Job Aid

# Referrals

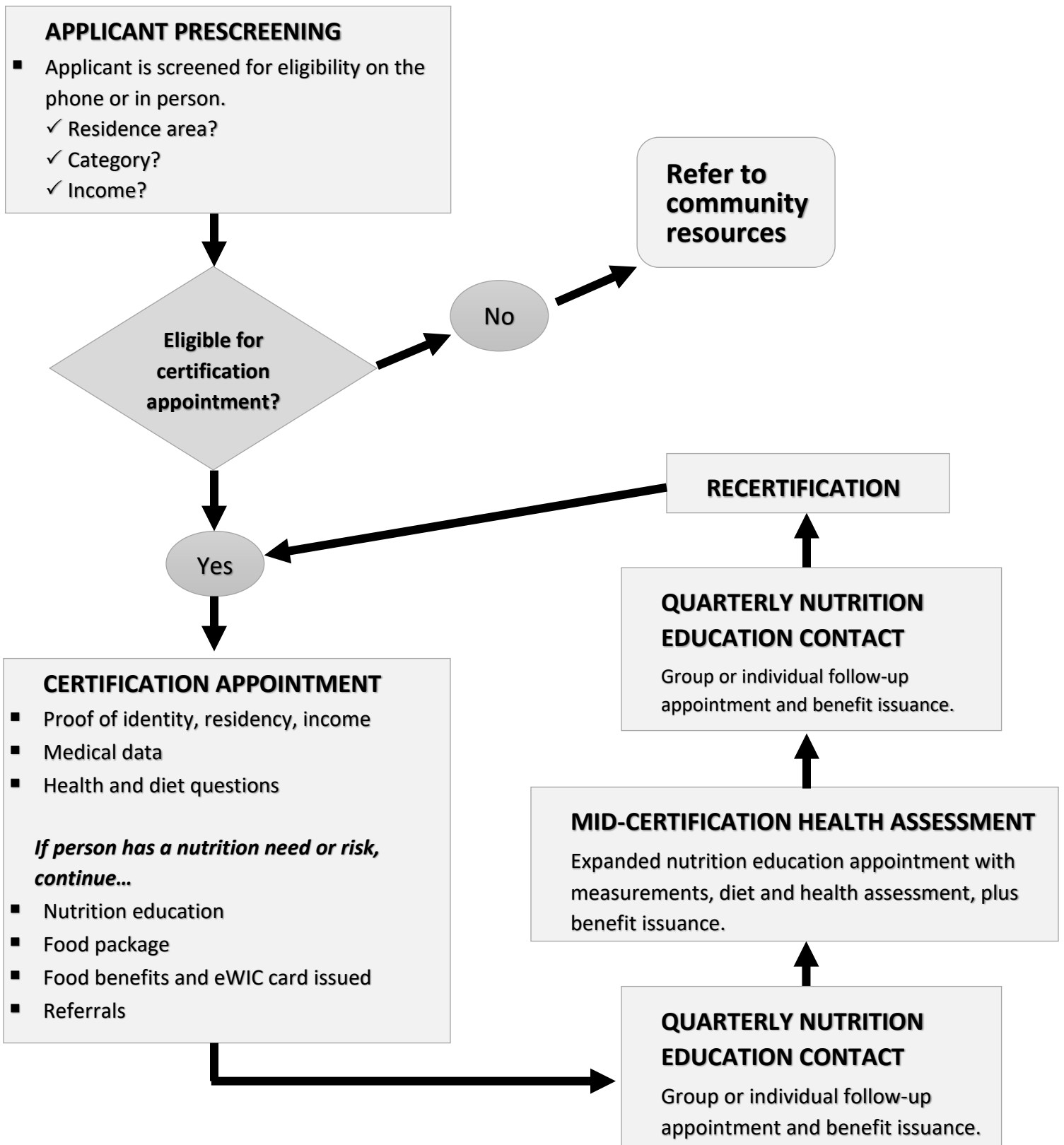
*Use with Lesson 2–4*

Referral Topic	Name of Agency in Your Community	Contact Information
Alcohol Use / Rehabilitation		
Breastfeeding / Lactation Services		
Domestic Violence		
Drug Use / Rehabilitation		
Emergency Shelters		
Food Bank		
SNAP (Food Stamps)		
Health Clinics / Physicians		
Head Start		
Housing		
Immunizations / Children's Shots		
OHP / Medicaid		
Smoking Cessation		
TANF / Welfare		





Use with Lesson 3-1





**Household**

- ◆ A person or group of people, related or not, who usually (though not necessarily) live together and whose income and consumption of goods and services are related.
- ◆ When determining the size of household for a pregnant WIC applicant, count each fetus as an additional household member, unless the woman specifically waives the increase in number.

**Income**

- ◆ Gross income, including overtime, before deductions for income taxes, employees' social security taxes, insurance premiums, bonds, etc.
- ◆ The determination of the amount of a household's gross income shall not be considered reduced for any reason (e.g., financial hardships, medical bills, child support).
- ◆ Individuals who can prove they are certified as fully eligible for Medicaid (the Oregon Health Plan), TANF, SNAP or FDPIR are considered automatically income eligible for WIC.

**Income Includes:**

1. Cash from salary (including overtime), wages, fees.
2. Net income from farm and non-farm self-employment.
3. Social security.
4. Dividends or interest on savings or bonds, estates, trusts, or net rental income.
5. Public assistance or TANF payments.
6. Unemployment compensation.
7. Government civilian employee or military retirement payments, or veteran's payments.
8. Private pensions or annuities.
9. Alimony or child support payment.
10. Regular contributions from persons not living in the household.
11. Net royalties.
12. Student loan amounts in excess of attendance costs. Attendance costs are regular tuition and fees for students carrying at least a half-time workload as determined by the institution, and allowance for books, supplies, and transportation required by the course of study.
13. Other cash income or allowances from any resources that are readily available to the household.

See WIC Policies 610 – 616 for more information about income eligibility.



# Job Aid

## Steps for Determining Income Eligibility

Use with Lesson 3-3

The screenshot shows the TWIST 'Income Eligibility' screen. At the top, there is a 'Selection' box. Below it, fields for 'WIC ID: 00753245-01', 'Name: Seaside, Samantha A', 'DOB: 03/01/1990', 'WIC Cat.: WOMAN, PREGNANT', and 'Tr.Type: C' are visible. The 'Income Eligibility' section has three callouts: 1 points to the 'Calculate Income For:' dropdown (set to 'FAMILY'), 2 points to the 'Proof of ID:' dropdown (set to 'DRIVERS LICENSE'), and 3 points to the 'Proof of Residency:' dropdown (set to 'UTILITY BILL'). Other fields include 'No In Family: 4', 'Unborn Counted: 1', 'New Income Date: 04/06/2016', and 'Participates In' with 'SNAP: YES', 'Oregon Health Plan: YES', and 'TANF: YES'. A table at the bottom lists income providers: HUSBAND, with a monthly amount of 832.00 and an annual total of 9,984.00.

Income Provider	Interval	Amount	Source	Proof of Income	Monthly	Annual
HUSBAND	MONTHLY	832.00	WAGES	PAY STUB	832.00	9,984.00
<b>Totals:</b>					832.00	9,984.00

Follow these steps when entering information on the TWIST “Income Eligibility” screen.

**Step 1** Is this income for a “family” or for a foster child “client?”

**Step 2** What is their proof of ID and residency?

What proof of ID and address do you have today?

**Step 3** What is their household size?

◆ For prenatal women, enter number of fetuses in “Unborn Counted” field.

How many people live with you?

**Selection**

WIC ID: 00753245-01 Name: Seaside, Samantha A DOB: 03/01/1990 WIC Cat.: WOMAN, PREGNANT Tr.Type: C

Income Eligibility  WIC Intake  WIC Notes

**Income Eligibility**

Calculate Income For: FAMILY Proof of ID: DRIVERS LICENSE Proof of Residency: UTILITY BILL  
 No In Family: 4 Unborn Counted: 1 New Income Date: 04/06/2016

Participates In: SNAP: YES Oregon Health Plan: YES TANF: YES  
 Income Completed By: Eligibility Pending:  Eligibility Pending Date:

Income Provider	Interval	Amount	Source	Proof of Income	Monthly	Annual
HUSBAND	MONTHLY	832.00	WAGES	PAY STUB	832.00	9,984.00
<b>Totals:</b>					832.00	9,984.00

**Step 4 Does the participant participate in an adjunctively eligible program? Note the programs the participant uses.**

- ◆ If there is proof that the participant is currently participating in one of the programs, the participant is income eligible.

Do you or your child receive TANF, SNAP, or OHP?

Did you bring proof of participation in that program?

**Step 5 What is the monthly income for the household?**

- ◆ Enter the income from all sources.
- ◆ Enter declared income for adjunctively eligible participants.
- ◆ TWIST calculates total monthly income and compares it to the WIC Income Guidelines.
- ◆ TWIST allows you to continue with certification only if the participant is income eligible.

What is the monthly income of your household?

What proof of income do you have?

**Step 6 Does the participant need to bring back proof later?**

- ◆ Use the “Eligibility Pending” checkbox and complete a “No Proof” form if participant does not have proof of ID, residency or income.
- ◆ Make sure they know what proof to bring back and the date it needs to be returned by.

# Job Aid

# Helping Families Use the Benefits List

## How would you use the Benefits List to help WIC families?

Who is the cardholder?

### WIC Benefits List

Benefits Available as of 09/04/2020 1:17 PM

When was this list printed?

WIC Family ID: 2100181

FirstCardholder: SAMPLE, SARA

SecondCardholder: SAMPLE, STEVE

Benefits for: 09/04/2020 through 09/30/2020

Family Member/s: Sample, Sara – WB

Sample, Sam – C1

Sample, Suzy – IB7-12

Which months have benefits issued?

Quantity	Unit	Food Item Description
20	\$\$\$	Fruit and vegetables –fresh / frozen
48	OZ	Whole grains
4.5	GAL	Fat free or 1% milk
3.25	GAL	Whole milk
2	LB	Cheese
1	CTR	Lowfat or Nonfat yogurt
2	DOZ	Eggs – large
2	CTR	Peanut butter/dry or canned beans
1	CTR	Beans, dry or canned
72	OZ	Cereal – hot / cold
2	CTR	11.5 to 12 ounce frozen juice
3	CTR	64oz bottle juice
128	OZ	Baby food – fruit / vegetables
24	OZ	Baby cereal
2	CAN	Simillac Advance powder

Which family members have benefits?

How much of each food are they getting?

What foods are they getting?

Benefits for: 10/01/2020 through 10/31/2020

Family Member/s: Sample, Sara—WB

Sample, Sam – C1

Sample, Suzy – IB7-12

How many future months of benefits are issued?

Quantity	Unit	Food Item Description
20	\$\$\$	Fruit and vegetables –fresh / frozen
48	OZ	Whole grains
4.5	GAL	Fat free or 1% milk
3.25	GAL	Whole milk
2	LB	Cheese
1	CTR	Lowfat or Nonfat yogurt
2	DOZ	Eggs – large
2	CTR	Peanut butter/dry or canned beans
1	CTR	Beans, dry or canned
72	OZ	Cereal – hot / cold
2	CTR	11.5 to 12 ounce frozen juice
3	CTR	64oz bottle juice
128	OZ	Baby food –fruit / vegetables
24	OZ	Baby cereal
2	CAN	Simillac Advance powder

Are family members benefits combined?

Your next appointment will be \_\_\_\_\_ . Your WIC clinic phone number is (503) 988-3503.

When should they come back to the clinic?

## Types and Units of Foods

Food Category	Short Description	Long Description	Unit of measure	Measure Description
<b>Cheese</b>	Cheese	Cheese	LB	pound
<b>Eggs</b>	Eggs- large	Eggs – large	DOZ	dozen
<b>Cereal</b>	Cereal – hot/cold	Cereal – hot/cold	OZ	ounce
<b>Peanut butter or beans, dry or canned</b>	Peanut butter/beans	Peanut butter/dry or canned beans	CTR	container 1 CTR=16-18 oz. PB or 16 oz. beans
<b>Dry beans or peas, Canned beans</b>	Beans, dry or canned	Beans, dry or canned	CTR	Container 1 CTR=16 oz.
<b>Fish</b>	Fish – canned	Fish – canned tuna/salmon/sardines	OZ	ounce
<b>Bread or whole grains</b>	Whole grains	100% whole wheat bread or whole grains	OZ	ounce
<b>Fruit and vegetables</b>	Fruit and vegetables	Fruit and vegetables – fresh/frozen	\$\$\$	Amount in dollars and cents example: \$10.00
<b>Whole fluid milk</b>	Whole milk	Whole milk	GAL	1.0 = 1 gallon
<b>Fat free or 1% Milk</b>	Lowfat milk	Lowfat or fat free milk	GAL	1.0 = 1 gallon
<b>Soy beverage</b>	Soy beverage	Soy beverage	GAL	1.0 = 1 gallon
<b>Juice – 11.5-12 oz.</b>	Frzn juice 11.5-12 oz.	11.5 to 12 ounce frozen juice	CTR	container 1 CTR = 11.5-12 ounces frozen
<b>Juice – 64 oz.</b>	Juice 64 oz.	64 oz. bottle juice	CTR	container 1 CTR = 64 oz. plastic bottle
<b>Formulas</b>	Varies	Varies	CAN, BTL, CTR, BOX, CTN	Can, bottle, container, box, carton
<b>Baby cereal</b>	Baby cereal	Baby cereal	OZ	ounce
<b>Baby food fruits and vegetables</b>	Baby food – fruit/veg	Baby food – fruit/vegetables	OZ	ounce
<b>Baby food – meat</b>	Baby food – meat	Baby food – meat	OZ	Ounce
<b>Lowfat or nonfat yogurt</b>	Low or nonfat yogurt	Lowfat or nonfat yogurt	CTR	1 CTR = 32 oz.
<b>Whole milk yogurt</b>	Whole milk yogurt	Whole milk yogurt	CTR	1 CTR = 32 oz.
<b>Tofu</b>	Tofu	Tofu	LB	16 oz. (1 lb.)



# Job Aid

## Compare First and Second Cardholders

	<b>First Cardholder</b>	<b>Second Cardholder</b>
<b>Required?</b>	Required for every account	Optional
<b>When</b>	Must be added to 'TWIST' and issued a card at first appointment	May be added to 'TWIST' and issued a card at anytime
<b>Who</b>	Must be the adult participant or the parent/caretaker of infant/child participants	Can be whomever the first cardholder selects
	Must be a part of the participants' household	Does not need to be a part of the participant's household
	Cannot also be second cardholder	Cannot also be first cardholder
	Cannot be a WIC staff person (unless they are a participant or family member of the participant)	Cannot be a WIC staff person (unless they are a participant or family member of the participant)
<b>Address</b>	Defaults to the family address in 'TWIST' Client Master Demographics	Any address can be used
<b>Roles</b>	Can bring in infant/child for recerts and follow up appts	Can bring in infant/child for recerts and follow up appts
	Can make and change appts	Can make and change appts
	Can attend NE	Can attend NE
	Can make changes to food package	Can make changes to food package
	Can purchase WIC foods with eWIC card	Can purchase WIC foods with eWIC card
	Can report their own card lost, stolen, or damaged	Can report their own card lost, stolen, or damaged
	Can access account benefit balance and transaction information from the customer service line or cardholder website	Can access account benefit balance and transaction information from the customer service line or cardholder website
	Can select and change the second cardholder	Cannot make any changes to cardholders
	Can transfer participants to another agency or out of state	Cannot transfer participants
	Can discontinue WIC services for family	Cannot discontinue WIC services for family

