Remote TWIST Training

Remote TWIST Resource Package

July 2025

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Contents

Income Guidelines

OREGON WIC PROGRAM

Income Eligibility Criteria

Effective May 1, 2025

The WIC income standard is 185% of the federal poverty level.

Number of Person(s) In Household	Gross Household Income				
	Annual	**Monthly**	**Twice Per Month**	**Every 2 weeks**	**Weekly**
1	$28,953	$2,413	$1,207	$1,114	$557
2	$39,128	$3,261	$1,631	$1,505	$753
3	$49,303	$4,109	$2,055	$1,897	$949
4	$59,478	$4,957	$2,479	$2,288	$1,144
5	$69,653	$5,805	$2,903	$2,679	$1,340
6	$79,828	$6,653	$3,327	$3,071	$1,536
7	$90,003	$7,501	$3,751	$3,462	$1,731
8	$100,178	$8,349	$4,175	$3,853	$1,927
Each additional household member add:	+$10,175	+$848	+$424	+$392	+$196

Household: A person or group of people, related or not, who usually (though not necessarily) live together, and whose income and consumption of goods or services are related and who are not residents of an institution. The key consideration in determining when individuals or groups are a household (or economic unit) is whether they generate the income which sustains them, i.e., room, board and medical care. When determining a household size of a pregnant person applying for WIC, first determine income eligibility by counting the pregnant person as one. If they do not meet income eligibility requirements, local program staff may count both the pregnant person and the unborn baby as members of the household. When the person is pregnant with multiple fetuses, count each fetus as an additional member of the household. The pregnant person may waive this increase in household size.

Income: means 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).

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 welfare 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.

Individuals who can prove they are certified as fully eligible and actively participating in Medicaid (the Oregon Health Plan), TANF, Food Stamps or FDPIR are considered automatically income eligible for WIC.

Participant signature form

WIC OREGON

Oregon Health Authority

Participant name(s)

....

....

....

WIC ID number(s)

....

....

....

My rights and responsibilities

I understand my rights and responsibilities under the WIC program. All the information I gave WIC is true, and WIC staff can check any of this information. I will follow the WIC program rules listed on the back of the **Rights and Responsibilities** form. If I don't follow the rules, I may face legal charges or be disqualified and have to pay money back to WIC for foods or formula I should not have received. I will be issued an eWIC card and am responsible for ensuring the security of my card and PIN.

My information will be protected

- The information I have given will be protected.
- Information about my participation in WIC may be shared with other state of Oregon public health programs and Oregon Head Start programs. This information will only be used to help me get other health services and learn how well these services meet my needs.
- My child's shot record may be shared with the statewide immunization registry.

Consent for services

I authorize the Oregon WIC Program to provide health screening for me and/or my child or children listed above throughout the length of WIC program service or eligibility. This consent shall remain in effect until revoked and applies to one or more of the following:

- Health and diet history
- Height and weight
- Blood test for anemia
- Nutrition counseling/education

Release of information

If I move to a different WIC service area, the eligibility information I have given will be shared with the WIC clinic in my new area so I can keep getting WIC benefits. WIC may release information about myself or my child to me (the participant/caretaker).

By signing this form, I agree to the information above.
All participants must sign this side of the form to receive WIC benefits.

....

Participant/caretaker/cardholder signature   Date

Voter registration

If you are not registered to vote where you live now, would you like to register here today?

☐ **Yes.** (Where you submit your registration is confidential.)

☐ **No.** (The fact that you have checked "no" is confidential.)

If you do not check a box, we will assume you choose not to register.

✎
....
Participant/caretaker signature   Date

Other voter registration information:

- Your county elections office will mail you a card to let you know your registration was received.
- You may ask for help to fill out this form or you may fill it out by yourself.
- The service or benefits you might receive from this agency will not be affected by your decision to register or not to register or to select a party preference.
- If you believe someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register, or your right to choose your political preference, you may file a complaint with the Secretary of State, Salem, Oregon 97310. Telephone 503-986-1518.

If you need this information in large print or other alternate formats, please call 971-673-0040 or TTY 1-800-735-2900.

www.healthoregon.org/wic   57-629-ENGL (9/2022)

My rights and responsibilities

WIC provides nutrition education, breastfeeding support, referrals and supplemental foods to help you stay healthy. WIC staff will ask about your health and eating habits so we can make WIC work for you.

When I am enrolled in WIC, I have the RIGHT

- ☑ Work with respectful WIC staff who listen to my needs.
- ☑ Nutrition education on topics that interest me.
- ☑ Referrals to other health services.
- ☑ Privacy. My information will be protected.
- ☑ An electronic benefit card (eWIC card) to buy nutritious foods that will supplement my diet. WIC foods have many important nutrients that help me stay healthy.
- ☑ Dispute an eWIC transaction within the benefit period of the transaction.
- ☑ Good service and fair and equal treatment at the WIC clinic and store.
- ☑ Request a fair hearing if I disagree with my WIC clinic's decision by contacting:

Oregon WIC Program
PO Box 14450
Portland, OR 97293-0450

Telephone: 971-673-0040
TTY: 800-735-2900
FAX: 971-673-0071

Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, handicap or sex. To file a discrimination complaint contact the **Oregon WIC Program** as shown above or follow the instructions below.

This institution is an equal opportunity provider. In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (833) 256-1665 or (202) 690-7442; or

(3) email: program.intake@usda.gov

Turn over ⤷

My responsibilities

As a WIC participant, I will:

☑ Bring proof of identity, residence (address), and all income for my entire household each time I am screened to be on WIC. (I **do not** have to be a US citizen to get WIC services.)

☑ Bring my proof of identity to all my WIC appointments.

☑ Tell WIC staff of any changes to the information I have provided.

☑ Keep my appointments or call the WIC clinic if I can't make it. If I do not keep my appointments and receive my food benefits, WIC services may be delayed or stopped.

☑ Reapply for WIC benefits at the end of each certification period.

☑ Let my WIC clinic know if I move to a different area so my records can be transferred.

☑ Purchase the correct foods and formula in the right amounts only at stores authorized by the Oregon WIC Program.

☑ Keep my eWIC card secure and my PIN confidential.

☑ Call the WIC clinic if I have questions, if I don't see the WIC foods or formula I need in the store or if I am getting more than I need.

WIC program rules

Follow these rules or you could be taken off the WIC program:

▶ Tell the truth about all the information you give to WIC.

▶ At the store, do not ask for foods or formula that are not available on your eWIC benefit balance. Substitutions or rain checks are not allowed.

▶ Never sell or attempt to sell, trade or give away your WIC foods, WIC-issued breast pumps, formula or eWIC card, online or by any other means.

▶ Do not return WIC foods or formula for cash, credit or other items.

▶ You cannot enroll in more than one WIC program at the same time.

▶ Never verbally abuse, harass, threaten or physically harm WIC, store or farmers' market staff.

If you need this information in an alternate format, please call 971-673-0040.

www.healthoregon.org/wic

Mis derechos y responsabilidades

WIC le ofrece educación sobre nutrición, apoyo a la lactancia, referencias y alimentos suplementarios para ayudarle a mantenerse en buen estado de salud. El personal de WIC le hará preguntas sobre su salud y sus hábitos alimentarios para ayudarle a aprovechar mejor los servicios del programa WIC.

Cuando estoy inscrita en WIC, tengo derecho a:

☑ Trabajar con personal respetuoso de WIC que haga caso a mis necesidades.

☑ Recibir educación sobre temas en nutrición que me interesen.

☑ Derivaciones a otros servicios de salud.

☑ Privacidad. Mi información estará protegida.

☑ Una tarjeta electrónica de beneficios (tarjeta eWIC) para comprar alimentos nutritivos que suplementen mi dieta alimenticia. Los alimentos WIC contienen nutrientes importantes que ayudan a conservarme sana.

☑ Disputar una transacción eWIC dentro del plazo de beneficios de la transacción.

☑ Una buena atención y trato justo e imparcial en la clínica de WIC y en las tiendas.

☑ Solicitar una audiencia imparcial si no estoy de acuerdo con la decisión de mi clínica de WIC. Para esto deberé comunicarme con:

Oregon WIC Program	*Teléfono:* 971-673-0040
P.O. Box 14450	*TTY* (personas con problemas auditivos): 800-735-2900
Portland, OR 97293-0450	*FAX:* 971-673-0071

Las normas de elegibilidad y participación en el Programa WIC son las mismas para todos, independientemente de su raza, color, procedencia nacional, edad, discapacidad o sexo. Para presentar una queja por discriminación, comuníquese con el **Programa WIC de Oregon (Oregon WIC Program)** como se indicó anteriormente o siga las instrucciones a continuación.

Esta institución es un proveedor que ofrece igualdad de oportunidades. De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles. La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339. Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: https://www.usda.gov/sites/default/files/documents/ad-3027s.pdf, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por: (1) correo: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) (833)256-1665 o (202) 690-7442; o (3) correo electrónico: program.intake@usda.gov.

Mis responsabilidades

Como participante de WIC, me comprometo a hacer lo siguiente:

☑ Presentar un comprobante de identidad, domicilio (dirección) y del total de los ingresos de mi familia completa cada vez que se tenga que determinar mi elegibilidad para WIC. (**No** tengo que ser ciudadana de los EE.UU. para recibir servicios de WIC.)

☑ Llevar conmigo un documento que compruebe mi identidad a todas mis citas de WIC.

☑ Informar al personal de WIC cualquier cambio a la información que proporcioné.

☑ Asistir a todas mis citas de WIC o llamar a la clínica de WIC si tengo que faltar. Si no me presento a mis citas y no recibo beneficios alimentarios, los servicios de WIC podrían demorarse o descontinuarse.

☑ Volver a presentar mi solicitud de beneficios WIC al final de cada período de certificación.

☑ Avisar a mi clínica de WIC si me mudo a otra área para que se transfieran mis registros.

☑ Comprar los alimentos y fórmulas para bebé correctos, en las cantidades correctas y solamente en las tiendas autorizadas por el Programa WIC de Oregon.

☑ Mantener mi tarjeta eWIC seguro y mi PIN confidencial.

☑ Llamar a la clínica de WIC si tengo preguntas, si no encuentro los alimentos o la fórmula WIC que necesito en la tienda, o si estoy recibiendo más de lo que necesito.

Reglas del programa WIC

Siga estas reglas, de lo contrario, podría ser retirado del programa WIC:

▶ Sea veraz al proporcionar información a WIC.

▶ En la tienda, no pida alimentos o fórmula para bebé que no estén disponibles en el saldo de su tarjeta de beneficios eWIC. Las sustituciones y los vales (*rain checks*) están prohibidos.

▶ Jamás venda ni intente vender, intercambiar o regalar sus alimentos WIC, extractores de leche o fórmula para bebé que le haya dado WIC o su tarjeta eWIC por Internet ni por ningún otro medio.

▶ No devuelva los alimentos o la fórmula para bebé que haya comprado con WIC a cambio de dinero en efectivo, crédito u otros artículos.

▶ No se inscriba en más de un programa WIC a la vez.

▶ Jamás maltrate verbalmente, hostigue, amenace ni dañe físicamente al personal de WIC, de una tienda o de un mercado de granjeros.

Si usted necesita esta información en otro formato, por favor llame al 971-673-0040.

www.healthoregon.org/wic

What proof to bring to WIC

OREGON
HEALTH
AUTHORITY

WIC OREGON

Each time you are screened to be on WIC, you must show proof of income, identity and residence. For information on other types of proof that WIC can accept, please call your local WIC clinic. Without proof you may get one month of benefits. You have **30 days** to show proof and get your next benefits

Examples of proof of income

You must show **proof of all income for your entire household.**

- Oregon Health Plan (OHP) enrollment letter
- SNAP (Food Stamps) award letter
- Food Distribution Program on Indian Reservations (FDPIR) enrollment letter
- 30 days worth of current pay stubs

- Most recent W-2 forms or tax return
- Temporary Assistance to Needy Families (TANF) "Notice of Approval" or most recent "Change Notice" letter
- Foster child/parent placement letter
- Signed letter from employer stating gross earnings

Examples of proof of identity

You must show proof of identity **every time** benefits are issued.

Examples of proof for women:
- Photo ID like driver's license, passport or state ID card
- Current WIC ID card
- Work or school ID
- OHP medical card
- Pay stubs
- Voter registration card

Examples of proof for infants and children:
- Birth certificate
- Current WIC ID card
- OHP medical ID card
- Immunization record
- Hospital birth record
- Social Security card

Examples of proof of residence

Residence means where you normally sleep at night. Proof of citizenship is not required.

- Oregon ID card or driver's license
- Current utility bills
- Letters or notifications addressed to you

- Bank statement/bank checks
- Rent receipt

57-632-ENGL (05/2025)

Non-discrimination statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https:// www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture
               Office of the Assistant Secretary for Civil Rights
               1400 Independence Avenue, SW
               Washington, D.C. 20250-9410; OR

(2) fax: (833) 256-1665 or (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

If you need this information in large print or an alternate format, please call 971-673-0040 or TTY 800-735-2900.

Temporary eligibility due to missing proofs

Oregon HEALTH AUTHORITY

WIC OREGON

Applicant/participant name(s): _____, _____, _____

WIC ID number(s): _____, _____ , _____

WIC is required to see proof of income, residency, and identity to provide WIC services. If you cannot show proof for income, residency, and/or identity, you may fill out this form with the required information. This allows you to receive food benefits for the current month.

Instructions: Please complete the section(s) marked below. If the section heading box is not marked, you do not need to fill out that section.

☐ **Proof of Income**
My household income before taxes is $ _____   ☐ **Weekly** ☐ **Monthly** ☐ **Other time frequency:**_____   I did not provide proof of income today. I understand that I must provide proof of our household income within 30 days from today or I will only receive WIC food benefits for the current month.

☐ **Proof of Residency**
My current address is _____   I did not provide proof of residency today. I understand that I must provide proof of our household residency within 30 days from today or I will only receive WIC food benefits for the current month.

☐ **Proof of Identity**
☐ **By checking the box to the left, I declare I did not provide proof of identity today for:**   _____, _____, _____   I did not provide proof of identity today for the people in my household listed above. I understand that I must provide proof of identity within 30 days from today or I will only receive WIC food benefits for the current month.

Please read and sign

When I complete, sign, and date this form I confirm the information I provided above is correct. I understand I need to provide the information listed above to <u>continue</u> to receive WIC benefits after 30 days.

I understand giving false information on purpose is considered abuse of the program and I may be required to pay WIC back the value of any WIC food benefits I receive.

Applicant/participant signature _____ **Date**_____

If you need this in an alternate format, please call Oregon WIC at 971-673-0040.
This institution is an equal opportunity provider.

Eligibilidad temporal por falta de pruebas

Oregon HEALTH AUTHORITY

WIC OREGON

Nombre del aplicante/participante(s): _____, _____, _____

Número(s) de identificación de WIC: _____, _____, _____

WIC requiere que se presenten comprobantes de ingresos, dirección e identidad para brindar servicios. Si no puede presentar comprobante de ingresos, dirección y/o identidad, puede llenar este formulario con la información necesaria. Esto le permitirá recibir beneficios alimentarios para este mes.

Instrucciones: Por favor llene las secciones marcadas abajo. Si el cuadro de la sección no está marcado, no es necesario llenar esa sección.

☐ **Comprobante de ingresos**

El ingreso de mi hogar antes de impuestos es $ _____

☐ **Semanal**   ☐ **Mensual**   ☐ **Otra frecuencia:** _____

No presenté comprobante de ingresos el día de hoy. Entiendo que debo proveer comprobante de ingresos de mi hogar en un plazo de 30 días, a partir de hoy, de lo contrario sólo recibiré beneficios de WIC para este mes.

☐ **Comprobante de dirección/domicilio**

Mi dirección actual es: _____

No presenté comprobante de domicilio el día de hoy. Entiendo que debo proveer comprobante de domicilio en un plazo de 30 días, a partir de hoy, de lo contrario sólo recibiré beneficios de WIC para este mes.

☐ **Comprobante de identidad**

☐ **Al marcar esta caja, declaro que no presenté comprobante de identidad el día de hoy para:**

_____, _____, _____

No presenté comprobante de domicilio el día de hoy para las personas indicadas arriba. Entiendo que que debo proveer comprobante(s) de identidad en un plazo de 30 días, a partir de hoy, de lo contrario sólo recibiré beneficios de WIC para este mes.

Por favor lea y firme

Al llenar, firmar y fechar este formulario, certifico que la información que he proporcionado es correcta. Entiendo que necesito proveer la información indicada arriba para continuar recibiendo beneficios de WIC después de los 30 días. Entiendo que dar información falsa intencionalmente se considerará un abuso del programa y podría exigírseme que le devuelva a WIC el importe de los beneficios alimentarios de WIC que haya recibido.

Firma del aplicante/participante _____ **Fecha_____**

Si necesita este formulario en un formato alternativo, por favor llame a Oregon WIC al 971-673-0040.
Esta institución es un proveedor que ofrece igualdad de oportunidades.

Unavailable proofs
due to special situation

Applicant/participant name(s): _____ , _____ ,_____

WIC ID number(s): _____, _____, _____

WIC is required to see proof of income, residency, and identity to provide WIC services. Completing this form meets the requirement for the certification period.

Instructions:

Please complete the section(s) marked below with the information and reason the proof is not available. Do not complete If the section heading box is not marked.

☐ Proof of Income

My household income before taxes is $ _____

☐ **Weekly** ☐ **Monthly** ☐ **Other time frequency:**_____

I cannot provide proof of income because:

☐ I am a survivor of disaster   ☐ I do not have stable housing   ☐ I have zero income

☐ I am a migrant farm worker   ☐ I am paid in cash   ☐ other: _____

☐ Proof of Residency

My current address is: _____

I cannot provide proof of residency because:

☐ I am a survivor of disaster   ☐ I do not have stable housing   ☐ other:_____

☐ I am a migrant farm worker   ☐ I recently migrated to the US

☐ Proof of Identity

I cannot show proof of identity for _____ , _____ ,

_____ **because:**

☐ I am a survivor of disaster   ☐ I do not have stable housing   ☐ other:_____

☐ I have recently migrated to the US

Please read and sign

When I complete, sign, and date this form, I confirm the information I provided is correct. I understand giving false information on purpose is considered abuse of the program and I may be required to pay WIC back for the value of any WIC food benefits I receive.

Applicant/participant signature _____   **Date** _____

If you need this in an alternate format, please call Oregon WIC at 971-673-0040.
This institution is an equal opportunity provider.

Falta de comprobantes debido a una situación especial

Nombre del aplicante/participante(s): _____ , _____ , _____

Número(s) de identificación de WIC: _____ , _____ , _____

WIC requiere que se presenten comprobantes de ingresos, dirección e identidad para brindar servicios. Completar este formulario cumple con los requisitos para el período de certificación.

Instrucciones:

Por favor llene las secciones marcadas abajo con la información y el motivo por el cual no dispone del comprobante. No llene la sección si la caja no está marcada.

☐ **Comprobante de ingresos**

El ingreso de mi hogar antes de impuestos es $ _____

☐ **Semanal** ☐ **Mensual** ☐ **Otra frecuencia:** _____

No puedo presentar un comprobante de ingresos debido a que:

☐ Sobreviví un desastre ☐ No tengo hogar fijo ☐ No tengo ingresos
☐ Soy trabajador agrícola migrante ☐ Me pagan en efectivo ☐ Otro: _____

☐ **Comprobante de dirección/domicilio**

Mi dirección actual es: _____

No puedo presentar un comprobante de domicilio debido a que:

☐ Sobreviví un desastre ☐ No tengo hogar fijo ☐ Otro:_____
☐ Soy trabajador agrícola migrante ☐ Recientemente emigré a los Estados Unidos

☐ **Comprobante de identidad**

No puedo presentar un comprobante de identidad para _____ ,

_____ , _____ **debido a que:**

☐ Sobreviví un desastre ☐ No tengo hogar fijo ☐ Otro:_____
☐ Recientemente emigré a los Estados Unidos

Por favor lea y firme

Al llenar, firmar y fechar este formulario, certifico que la información que he proporcionado es correcta. Entiendo que dar información falsa intencionalmente se considerará un abuso del programa y podría exigírseme que le devuelva a WIC el importe de los beneficios alimentarios de WIC que haya recibido.

Firma del aplicante/participante _____ **Fecha** _____

Si necesita este formulario en un formato alternativo, por favor llame a Oregon WIC al 971-673-0040.
Esta institución es un proveedor que ofrece igualdad de oportunidades.

This is a list of all approved nutrition risk criteria.

All applicable risks must be selected for each participant at each certification.

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Key Definitions

Risk Number: The USDA assigned number for each risk

Risk Name: The name of each risk criteria

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Risk Level: Low, medium or high indicates the seriousness of the risk

Additional Action/Documentation: Indicates when additional information must be documented and/or a high-risk referral needs to be made

How Assigned: How the risk gets assigned in the data system
- **TWIST-selected -** The data system assigns risk based on measurement data
- **CPA-selected** - The user assigns risk based on information provided by participant

Risk Number	Risk Name	Category	Risk Level	Additional Action/Documentation	How Assigned
101	Underweight Women	Women	Medium	No	TWIST-selected
103	Underweight Infants and Children	Infants, Children	High	Referral to the RD	TWIST-selected
111	Overweight Women	Women	Medium	No	TWIST-selected
113	Overweight Children – 2 to 5 years	Children (2 to 5 years)	Medium	No	TWIST-selected
114	At Risk for Overweight Children - 2 to 5 years	Children (2 to 5 years)	Medium	No	TWIST-selected
115	High Weight for Length Under Age 2 Years	Infants, Children (under 24 months)	Medium	No	TWIST-selected
121	Short Stature	Infants, Children	Low	No	TWIST-selected
131	Low Prenatal Weight Gain	Pregnant Women	Medium	No	TWIST-selected
133	High Maternal Weight Gain	Women	Medium	No	TWIST-selected
134	Failure to Thrive	Infants, Children	High	Referral to the RD	CPA-selected

Job Aid — Risk Summary

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Risk Number	Risk Name	Category	Risk Level	Additional Action/Documentation	How Assigned
135	Infant Weight Loss Birth to 6 months	Infants	High	Referral to the RD	TWIST-selected
141	Low Birth Weight	Infants, Children (under 24 months)	High	Referral to the RD	TWIST-selected
142	Preterm or Early Term Delivery	Infants, Children (under 24 months)	Medium	Document the weeks gestation	TWIST-selected
151	Small for Gestational Age	Infants, Children (under 24 months)	Low	No	CPA-selected
152	Low Head Circumference	Infants, Children (under 24 months)	Low	No	TWIST-selected
153	Large for Gestational Age Infants	Infants	Low	No	TWIST-selected
201	Low Hemoglobin or Hematocrit	ALL	Medium or High	Change risk level to HIGH when appropriate	TWIST-selected
211	Elevated Blood Lead Levels	ALL	High	Referral to the RD	TWIST-selected
301	Hyperemesis Gravidarum	Pregnant Women	High	Referral to the RD	CPA-selected

| Job Aid | Risk Summary |

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How Assigned: How the risk gets assigned in the data system

- **TWIST-selected -** The data system assigns risk based on measurement data
- **CPA-selected** - The user assigns risk based on information provided by participant

Risk Number	Risk Name	Category	Risk Level	Additional Action/Documentation	How Assigned
302	Gestational Diabetes	Pregnant Women	High	Referral to the RD	CPA-selected
303	History of Gestational Diabetes	Women	Low	No	CPA-selected
304	History of Preeclampsia	Women	Low	No	CPA-selected
311	History of Preterm or Early Term Delivery	Women	Low	No	CPA-selected
312	History of Low Birth Weight	Women	Low	No	CPA-selected
321	History of Fetal or Neonatal Loss	Women	Low	No	CPA-selected
331	Pregnancy at a Young Age	Women	Medium	No	TWIST-selected
332	Closely Spaced Pregnancy	Women	Low	No	CPA-selected
334	Lack of or Inadequate Prenatal Care	Pregnant Women	Low	Document the number of visits and weeks gestation	CPA-selected
335	Multiple Fetus Pregnancy	Women	Medium	Document number of fetuses	CPA-selected
336	Fetal Growth Restriction	Pregnant Women	Low	No	CPA-selected
337	History of a Birth of a Large for Gestational Age Infant	Women	Low	No	CPA-selected

Job Aid — Risk Summary

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Key Definitions

Risk Number: The USDA assigned number for each risk

Risk Name: The name of each risk criteria

Category: The category of WIC participant to which the risk can be applied

Risk Level: Low, medium or high indicates the seriousness of the risk

Additional Action/Documentation: Indicates when additional information must be documented and/or a high-risk referral needs to be made

How Assigned: How the risk gets assigned in the data system

- **TWIST-selected -** The data system assigns risk based on measurement data
- **CPA-selected** - The user assigns risk based on information provided by participant

Risk Number	Risk Name	Category	Risk Level	Additional Action/Documentation	How Assigned
338	Pregnant Woman Currently Breastfeeding	Pregnant Women	Low	No	CPA-selected
339	History of a Birth with a Congenital Birth Defect	Women	Low	Document specific condition	CPA-selected
341	Nutrient Deficiency or Disease	ALL	High	Document specific condition. Referral to the RD	CPA-selected
342	Gastrointestinal Disorders	ALL	High	Document specific condition. Referral to the RD	CPA-selected
343	Diabetes Mellitus	ALL	High	Referral to the RD	CPA-selected
344	Thyroid Disorders	ALL	Medium	Document specific condition.	CPA-selected
345	Hypertension and Prehypertension	ALL	High	Referral to the RD	CPA-selected
346	Renal Disease	ALL	High	Document specific condition. Referral to the RD	CPA-selected
347	Cancer	ALL	High	Document specific condition. Referral to the RD	CPA-selected
348	Central Nervous System Disorders	ALL	High	Document specific condition. Referral to the RD	CPA-selected
349	Genetic and Congenital Disorders	ALL	High	Document specific condition. Referral to the RD	CPA-selected
351	Inborn Errors of Metabolism	ALL	High	Document specific condition. Referral to the RD	CPA-selected

Job Aid	**Risk Summary**

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All assigned risks must be supported by documentation in the participant's record.

Key Definitions

Risk Number: The USDA assigned number for each risk

Risk Name: The name of each risk criteria

Category: The category of WIC participant to which the risk can be applied

Risk Level: Low, medium or high indicates the seriousness of the risk

Additional Action/Documentation: Indicates when additional information must be documented and/or a high-risk referral needs to be made

How Assigned: How the risk gets assigned in the data system

- **TWIST-selected -** The data system assigns risk based on measurement data
- **CPA-selected** - The user assigns risk based on information provided by participant

Risk Number	Risk Name	Category	Risk Level	Additional Action/Documentation	How Assigned
352A	Infectious Diseases - Acute	ALL	High	Document specific condition. Referral to the RD	CPA-selected
352B	Infectious Diseases - Chronic	ALL	High	Document specific condition. Referral to the RD	CPA-selected
353	Food Allergies	ALL	Medium	Document specific allergy.	CPA-selected
354	Celiac Disease	ALL	High	Referral to the RD	CPA-selected
355	Lactose Intolerance	ALL	Low	Document the symptoms caused by ingestion of dairy products.	CPA-selected
356	Hypoglycemia	ALL	Low	No	CPA-selected
357	Drug Nutrient Interactions	ALL	High	Document specific drug and symptom. Referral to the RD	CPA-selected
358	Eating Disorders	Women	High	Document specific condition. Referral to the RD	CPA-selected
359	Recent Major Surgery, Physical Trauma or Burns	ALL	Low	Document specific type of surgery, trauma or burns.	CPA-selected
360	Other Medical Conditions	ALL	High	Document specific condition. Referral to the RD	CPA-selected
361	Mental Illnesses	Women, Children	Medium	Document mental illness and treatment.	CPA-selected

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Additional Action/Documentation: Indicates when additional information must be documented and/or a high-risk referral needs to be made

How Assigned: How the risk gets assigned in the data system

• **TWIST-selected -** The data system assigns risk based on measurement data

• **CPA-selected** - The user assigns risk based on information provided by participant

Risk Number	Risk Name	Category	Risk Level	Additional Action/Documentation	How Assigned
362	Developmental, Sensory or Motor Delays Interfering with Eating	ALL	High	Document specific type of condition. Referral to the RD	CPA-selected
363	Pre-Diabetes	Postpartum Women	High	Referral to the RD	CPA-selected
371	Nicotine and Tobacco Use	Women	Low	Document type of nicotine or tobacco use	TWIST-selected
372	Alcohol and Substance Use	Women	Medium	Document specific type of alcohol or drug use.	TWIST-selected
381	Oral Health Conditions	ALL	Low	Document specific condition.	CPA-selected
382	Fetal Alcohol Spectrum Disorders	Infants, Children	High	Document type of disorder. Referral to the RD	CPA-selected
383	Neonatal Abstinence Syndrome	Infants	High	Document type of drug exposure and symptoms. Referral to the RD	CPA-selected
401	Presumed Dietary Eligibility for Women and Children 2 to 5 years	Women, Children (2 to 5 years)	Low	No; not to be assigned if any other risks have been assigned	CPA-selected
411.1	Use of Substitutes for Breast Milk or Formula	Infants	Low	Document specific substitute offered.	CPA-selected
411.2	Inappropriate Use of Bottles or Cups	Infants	Low	Document specific inappropriate use.	CPA-selected

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Additional Action/Documentation: Indicates when additional information must be documented and/or a high-risk referral needs to be made

How Assigned: How the risk gets assigned in the data system

- **TWIST-selected -** The data system assigns risk based on measurement data
- **CPA-selected** - The user assigns risk based on information provided by participant

Risk Number	Risk Name	Category	Risk Level	Additional Action/Documentation	How Assigned
411.3	Early Introduction of Beverages or Solid Foods	Infants	Low	No	CPA-selected
411.4	Inappropriate Feeding Practices	Infants	Low	Document specific inappropriate feeding practice.	CPA-selected
411.5	Feeding Potentially Harmful Foods	Infants	Low	Document specific food.	CPA-selected
411.6	Incorrect Dilution of Formula	Infants	Low	Document specific issue with formula dilution.	CPA-selected
411.7	Infrequent Breastfeeding	Exclusively Breastfed Infants	Medium	No	CPA-selected
411.8	Feeding Very Low Calorie or Nutrient Diet	Infants	Low	Document specific diet.	CPA-selected
411.9	Improper Handling of Expressed Breast Milk or Formula	Infants	Low	Document specific issue.	CPA-selected
411.10	Inappropriate Use of Dietary Supplements	Infants	Low	Document specific inappropriate use.	CPA-selected
411.11	Inadequate Fluoride or Vitamin D Supplementation	Infants	Low	No	CPA-selected
425.1	Inappropriate Beverages as Milk Source	Children	Low	Document specific beverage.	CPA-selected

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Additional Action/Documentation: Indicates when additional information must be documented and/or a high-risk referral needs to be made

How Assigned: How the risk gets assigned in the data system

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- **CPA-selected** - The user assigns risk based on information provided by participant

Risk Number	Risk Name	Category	Risk Level	Additional Action/Documentation	How Assigned
425.2	Feeding Sweetened Beverages	Children	Low	Document specific sweetened beverage	CPA-selected
425.3	Inappropriate Use of Bottles, Cups or Pacifiers	Children	Low	Document specific inappropriate use.	CPA-selected
425.4	Inappropriate Feeding Practices	Children	Low	Document specific inappropriate feeding practice.	CPA-selected
425.5	Feeding Potentially Harmful Foods	Children	Low	Document specific food.	CPA-selected
425.6	Feeding Very Low Calorie or Nutrient Diet	Children	Low	Document specific diet.	CPA-selected
425.7	Inappropriate Use of Dietary Supplements	Children	Low	Document specific inappropriate use.	CPA-selected
425.8	Inadequate Fluoride or Vitamin D Supplementation	Children	Low	No	CPA-selected
425.9	Pica - Child	Children	Low	Document specific non-food items eaten.	CPA-selected
427.1	Inappropriate Use of Dietary Supplements	Women	Low	Document specific inappropriate use.	CPA-selected
427.2	Eating Very Low Calorie or Nutrient Diet	Women	Low	Document specific diet.	CPA-selected
427.3	Pica - Women	Women	Low	Document specific non-food items eaten.	CPA-selected

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How Assigned: How the risk gets assigned in the data system

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- **CPA-selected** - The user assigns risk based on information provided by participant

Risk Number	Risk Name	Category	Risk Level	Additional Action/Documentation	How Assigned
427.4	Inadequate Iron, Iodine or Folic Acid Supplementation	Women	Low	No	CPA-selected
427.5	Eating Potentially Harmful Foods	Pregnant Women	Low	Document specific food.	CPA-selected
428	Presumed Dietary Eligibility for Infants and Children 4 to 23 months	Infants, Children (4-23 months)	Low	No; not to be assigned if any other risks have been assigned	CPA-selected
502	Transfer of Certification	ALL	Low	No	CPA-selected
601	Breastfeeding Mother of Infant at Nutritional Risk	Women	Low	No	CPA-selected
602	Breastfeeding Complications or Potential Complications for Woman	Women	Medium	Document the specific type of breastfeeding problem.	CPA-selected
603	Breastfeeding Complications or Potential Complications for Infants	Infants	Medium	Document the specific type of breastfeeding complication	CPA-selected

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How Assigned: How the risk gets assigned in the data system

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- **CPA-selected** - The user assigns risk based on information provided by participant

Risk Number	Risk Name	Category	Risk Level	Additional Action/Documentation	How Assigned
701	Infant Up to 6 months Old of WIC Mom or WIC Eligible Mom	Infants (under 6 months)	Low	If the mom was not on WIC during her pregnancy, document the risk(s) that would have qualified her for WIC.	CPA-selected
702	Breastfeeding Infant of Woman at Nutritional Risk	Breastfeeding Infants	Low	No	CPA-selected
801	Homelessness	ALL	Low	No	CPA-selected
802	Migrancy	ALL	Low	No	CPA-selected
901	Recipient of Abuse	ALL	Low	No	CPA-selected
902	Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions or Prepare Food	ALL	High	Document specific type of problem. Referral to the RD	CPA-selected
903	Foster Care	ALL	Low	No	CPA-selected
904	Environmental Tobacco Smoke Exposure	ALL	Low	No	CPA-selected

Job Aid

Ask before you assign: Do a complete assessment

Before you assign any food package and before you offer any NE or anticipatory guidance, make sure to do a complete **diet** assessment. (For more information see Lesson 1-5 and the job aids in the Dietary Risk Module.)

Complete assessments are as easy as ABCDE

A = Anthropometrics (weights, heights, percentiles)

B = Blood tests

C = Clinical (health questions)

D = Diet (nutrition and feeding)

E = Environmental (smoking, substance use, safety, living situation)

Five steps for completing a diet assessment

Step 1: **Ask** about feeding behaviors (attitudes, actions, supplementation)

🗨 **Open the conversation** about eating habits
  o Tell me about how you are eating.
  o Tell me about feeding your baby/child.

🗨 **Attitudes** (the participant/caregiver thoughts, feelings, or concerns)
  o What do you like about the way you/your child/your baby eats?

- o What concerns do you have about the way …eats?
- o How can you tell when …is hungry or full?

💬 **Actions** (what the participant/caregiver does)
- o What foods does….avoid? Or really like to eat?
- o What kind of milk does your child drink?
- o How often do you offer…meals or snacks? What do those look like?

💬 **Supplementation** (prescribed, over-the-counter, traditional, herbal)
- o What vitamins, minerals, or supplements does….take?

Step 2: Use **probing questions** to find out more information

Step 3: **Assign and document** any dietary risks

Step 4: Use **critical thinking to review** information and make sure assigned risks are correct.

Step 5: Answer the **mandatory diet questions** in TWIST

Now you are ready to provide the appropriate foods, NE, and anticipatory guidance!

Consider exploring these topics during step one of the diet assessment

For examples of questions to ask, see the job aids in the Diet Assessment Module.

	Women	**Infants**	**Children**
Opening the conversation	• Eating habits (Tell me how you are eating.)	• Feeding (How are you feeding your baby? Tell me about feeding your baby.)	• Eating habits (Tell me about feeding your child.)
Attitudes	• Eating issues • Interest in eating • Appetite • Nutrition knowledge	• Breastfeeding success/concerns • Feeding relationship • Recognition of feeding cues • Interaction during bottle feeding (propping, etc.)	• Feeding relationship • Feeding concerns • Support for independent eating • Division of responsibility • Recognition of hunger/fullness

	Women	Infants	Children
Actions	• Eating behaviors • Meal patterns • Food preferences • Food fads • Food avoidance • Cultural issues • Food safety • Milk type and intake • Food security	• Feeding behaviors • Developmental stages • Frequency of feeding • Breastfeeding skills • Preparation of formula • Formula type and tolerance • Appropriate introduction of solids/cup • Progression of textures/Finger foods • Food safety	• Feeding behaviors • Developmental stages • Meal patterns • Weaning, use of cup/bottle • Self-feeding • Food preferences • Food avoidance • Food safety • Milk type and intake • Food security
Supplementation	• Use of vitamin or mineral supplements • Herbal or traditional supplements	• Use of fluoride or Vitamin D supplements • Herbal or traditional supplements	• Use of fluoride or Vitamin D supplements • Herbal or traditional supplements

Next Step Statuses

Next Step statuses are found in a drop-down list on the "Next Steps" tab in TWIST. Following is the list of Next Step status choices, when to apply these statuses and whether or not applying the status will cause the system to enter today's date as the date closing out the step. If the status applied closes out the step, then no further follow-up is required for that step.

Status	Apply when…	Cause Close Out?
Achieved	Participant has completed the step identified.	Yes
Exceeded	Participant has reached and exceeded the step they identified.	Yes
In Progress	Participant is planning on starting or working on the step they identified.	No
Not Addressed	Participant is not going to continue to work on the step identified.	Yes
Not Ready	Participant is not ready/willing to identify a Next Step.	No
Ongoing	The step identified has become is a continuing lifestyle practice. Further follow-up is not required.	Yes
No Longer Applicable	The step identified no long applies to the participant's situation.	Yes

Resource: TWIST Manual, Chapter 3, Section 4, Lesson: Next Steps

Referral Statuses

Referral statuses are found in a drop-down list in the "Referrals" tab in TWIST. Following is the list of referral status choices, when to apply these referral statuses and whether or not applying the status will cause the system to enter today's date as the date closing out the referral. If the status applied closes out the referral, then no further follow-up is required for that referral.

Status	Apply when a referral is recommended and the participant…	Cause Close Out?
Applying	Is already in the process of applying for the referral agency benefits.	No
Completed	Obtains referral agency benefits as a result.	Yes
Not Achieved	Is not eligible to obtain referral agency benefits.	Yes
Participating	Is already obtaining the referral agency benefits.	Yes
Recommended	Has not taken any further steps.	No
Refused	Refused to apply for referral agency benefits.	Yes

Resource: TWIST Manual, Chapter 3, Section 4, Lesson: Referrals

Food Package and Module definitions

Every enrolled participant receives a food package. To assign those food packages foods are grouped into Modules in the data system. This job aid defines the types of Food Packages and the Modules used to assign them.

Food Packages

Every enrolled participant is assigned a food package. A food package is made up of a combination of foods, and formula that is appropriate for their age, participant category, nutrition risks, and preferences.

There are four types of food packages: Standard, Non-standard, Modified, and Partial.

Standard Food Package

Standard food packages are those food packages automatically assigned to a participant by the WIC data system. data system. The standard food package contains the monthly maximum amount (MMA) of foods allowed by federal regulations for the participant category.

Non-Standard Food Packages

A non-standard food package is a food package assigned using a template in the data system that is not the default template for Module A or Module B foods. For example:

- A soy or plant-based milk template is used to assign foods for Module A
- A no eggs template is used to assign foods for Module B.

All non-standard food package templates can be assigned and forecasted through the end of the current certification period for the participant.

Modified Food Packages

Modified food packages do not have a template that meets the participant's needs. A modified food package can be built from any of the templates available in the data system. This means the foods in a template have been changed. Examples include:

- Reducing milk by 1 quart (qt) to increase yogurt to 2 containers (ctrs)
- Reducing the amount of soy or plant-based beverages by 2 qts to add 2 ctrs of tofu.

A "modified" food package is created by using the "Modify" pop-up on the Food Package Assignment screen. Modified food packages cannot be forecasted.

Partial Food Packages

Partial food packages are issued for new participants starting on the 20th of the month. A partial food package has reduced amounts of food to reflect the partial month of issuance.
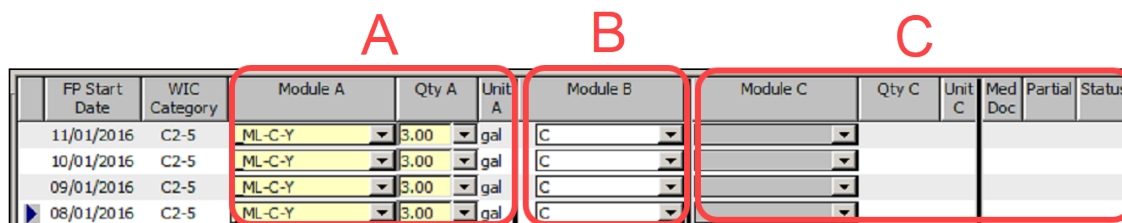
Food Package Modules in the data system

The WIC data system, TWIST, groups the foods in each food package together in smaller units called modules. These are found on the Food Package Assignment Screen in the data system. Each module contains a different group of foods. Modules A and B are used to manage standard, non-standard, and modified food packages. Module C works as a modified food package.

Module A: milk and milk equivalents or infant formula module.

Module B: food module

Module C: medical formula for adults and children

CPAs and Clerks work primarily with Modules A and B. Module C is most often used by the WIC Nutritionist to manage specialty formulas and supplements.

Information about assigning foods using Module A and Module B is available in the job aid for each module.

All Standard Food Packages

This job aid includes the information for standard food packages for each participant category. The column, "Maximum Possible with Swaps" reflects the most a participant can be issued for this category. It does **not** reflect the maximum amount in a "Standard Food Package."

Standard Template Code	Food Description	Full	Partial	Maximum Possible with Swaps
WP	**Pregnant Food Package**			
WP **ML-C-Y**	Fat Free or 1% Milk	3 gal (12 qt)	1.5 gal (6 qt)	16 qt, **if** no Yogurt or Cheese
	Cheese	1 lb	1 lb	1 lb
	Low or nonfat Yogurt	1 ctr	1 ctr	2 ctr
WP **Module B foods**	Eggs	1 doz	1 doz	1 doz
	Fruit and Vegetables	$50	$50	$50 FVB **or** $47 + 1 Juice
	Whole Grains	48 oz	24 oz	48 oz
	Peanut, Nut or seed butters or beans	1 ctr	1 ctr	2 ctr **if** swapping all Eggs

Standard Template Code	Food Description	Full	Partial	Maximum Possible with Swaps
WP Module B food (continued)	Beans	1 ctr	1 ctr	1 ctr
	Fish	10 oz	5 oz	10 oz
	Hot or Cold Cereal	36 oz	18 oz	36 oz
WPB	**Mostly Breastfeeding Pregnant with Multiples**			
WPB ML-C-Y	Fat Free or 1% Milk	3 gal (12 qt)	1.5 gal (6 qt)	16 qt, **if** no Yogurt or Cheese
	Cheese	1 lb	1 lb	1 lb
	Low or nonfat Yogurt	1 ctr	1 ctr	2 ctr
WPB Module B Foods	Eggs	1 doz	1 doz	1 doz
	Fruit and Vegetable	$55	$55	$55 FVB **or** $52 FVB + 1 Juice
	Whole Grains	48 oz	24 oz	24 oz

Standard Template Code	Food Description	Full	Partial	Maximum Possible with Swaps
WPB Module B Foods (continued)	Nut butters or beans	1 ctr	1 ctr	2 ctr **if** swapping all Eggs
	Beans	1 ctr	1 ctr	1 ctr
	Fish	15 oz	8 oz	15 oz
	Hot or Cold Cereal	36 oz	18 oz	18 oz
WN	**Some Breastfeeding Postpartum Non-Breastfeeding**			
WN **ML-C-Y**	Fat Free or 1% Milk	3 gal (12 qt)	1.5 gal (6 qt)	16 qt **if** no Yogurt or Cheese
	Cheese	1 lb	1 lb	1 lb
	Low or nonfat Yogurt	1ctr	1ctr	2 ctr
WN **Module B**	Eggs	1 doz	1 doz	1 doz
	Fruit and Vegetable	$50	$50	$50 FVB **or** $47 FVB + 1 Juice

Standard Template Code	Food Description	Full	Partial	Maximum Possible with Swaps
WN Module B (continued)	Whole Grains	48 oz	24 oz	48 oz
	Nut butters or beans	1 ctr	1 ctr	2 ctr **if** swapping all Eggs
	Fish	10 oz	5 oz	10 oz
	Hot or Cold Cereal	36 oz	18 oz	36 oz
WE	**Fully Breastfeeding** **Mostly Breastfeeding Multiples** **Pregnant and Fully or Mostly Breastfeeding**			
WE ML-C-Y	Fat Free or 1% Milk	3 gal (12 qt)	1.5 gal (6 qt)	16 qt, **if** no Yogurt or Cheese
	Cheese	1 lb	1 lb	2 lb
	Low or nonfat Yogurt	1ctr	1ctr	2 ctr

Standard Template Code	Food Description	Full	Partial	Maximum Possible with Swaps
WE **Module B Foods**	Eggs	2 doz	1 doz	2 doz
	Fruit and Vegetable	$55	$55	$55 FVB **or** $52 FVB +1 Juice
	Whole Grains	48 oz	24 oz	24 oz
	Nut butters or beans	1 ctr	1 ctr	3 ctr **if** swapping all Eggs
	Beans	1 ctr	1 ctr	1 ctr
	Fish	20 oz	10 oz	20 oz
	Hot or Cold Cereal	36 oz	18 oz	36 oz

Standard Template Code	Food Description	Full	Partial	Maximum Possible with Swaps
WE - M	**Fully Breastfeeding Multiples**			
WE-M **ML-C-Y**	Fat Free or 1% Milk	4.25 gal (17 qt)	2 .25 gal (9 qt)	6 gal (24 qt), **if** no Yogurt or Cheese
	Cheese	2 lb	1 lb	2 lb
	Low or nonfat Yogurt	1ctr	1ctr	2 ctr
WE-M **Module B foods**	Eggs	Odd month: 3 doz Even month: 3 doz	2 doz	3 doz
	Fruit and Vegetable	Odd month: $84 Even month: $81	$84	$84 FVB **or** Odd: $81 FVB + 2 Juice Even:$78 FV + 1 Juice
	Whole Grains	72 oz	36 oz	72 oz

Standard Template Code	Food Description	Full	Partial	Maximum Possible with Swaps
WE-M **Module B foods** (continued)	Nut butters or beans	Odd month: 2 ctr Even month: 1 ctr	1 ctr	5 ctr max (odd month) **if** swapping all Eggs
	Beans	2 ctr	1 ctr	1 ctr
	Fish	30 oz	15 oz	30 oz
	Hot or Cold Cereal	54 oz	27 oz	54 oz
C1	Child 13-23 months			
MW-C-Y	Whole Milk	2 gal (8 qt)	1 gal (4 qt)	12 qt **if** no Yogurt or Cheese
	Cheese	1 lb	1 lb	1 lb
	Whole Milk Yogurt	1 ctr	1 ctr	2 ctr

Standard Template Code	Food Description	Full	Partial	Maximum Possible with Swaps
C1 **Module B**	Eggs	1 doz	1 doz	1 doz
	Fruit and Vegetable	$29	$29	$29 FVB **or** $26 FVB + 1 Juice
	Whole Grains	24 oz	16 oz	24 oz
	Nut butters or beans	1 ctr	1 ctr	1 ctr 2 ctr **if** swapping all Eggs
	Fish	6 oz	3 oz	6 oz
	Hot or Cold Cereal	36 oz	18 oz	36 oz
C2	Child 24-60 months			
ML-C-Y	Fat free or 1% Milk	2.5 gal (10 qt)	1.25 gal (5 qt)	2.5 gal (10qt)
	Cheese	1 lb	1 lb	1 lb
	Low or nonfat Yogurt	1 ctr	1 ctr	2 ctr

Standard Template Code	Food Description	Full	Partial	Maximum Possible with Swaps
C2 **Module B**	Eggs	1 doz	1 doz	1 doz
	Fruit and Vegetable	$29	$29	$29 FVB **or** $26 FVB + 1 Juice
	Whole Grains	24 oz	16 oz	24 oz
	Nut butters or beans	1 ctr	1 ctr	2 ctr **if** swapping all Eggs
	Fish	6 oz	3 oz	6 oz
	Hot or Cold Cereal	36 oz	18 oz	36 oz

Standard Template Code	Food Description	Full	Partial	Maximum Possible with Swaps
IN	**Infant Non-Breastfeeding**			
IN 0-3 months SIA-P	Similac Advance Powder	9 cans	5 cans	9 cans
IN 4-6 months SIA-P	Similac Advance Powder	10 cans	5 cans	10 cans
IN 7-12 months SIA-P	Similac Advance Powder	7 cans	4 cans	7 cans
I-FVC Module B	Jarred infant fruits and vegetables	128 oz	64 oz	128 oz
	Infant cereal	8 oz		8 oz

Standard Template Code	Food Description	Full	Partial	Maximum Possible with Swaps
IBN	**Infants Some Breastfeeding**			
✱ There are no standard food template amounts for infant formula in the **Some** Breastfed category. The amount of formula each infant receives will vary based on the breastfeeding assessment and must be assigned by the CPA.				
IBN 0-3 months **SIA-P**	Similac Advance Powder	5 cans	*CPA assigns	8 cans
IBN 4-6 months **SIA-P**	Similac Advance Powder	6 cans	*CPA Assigns	9 cans
IBN 7-12 months **SIA-P**	Similac Advance Powder	5 cans	*CPA assigns	6 cans
I-FVC **Module B**	Jarred infant fruits and vegetables	128 oz	64 oz	
	Infant cereal	8 oz		

Standard Template Code	Food Description	Full	Partial	Maximum Possible with Swaps
IB	**Infant Mostly Breastfeeding**			
✱	There are no standard food template amounts for infant formula in the **Mostly** Breastfed category. The amount of formula each infant receives will vary based on the breastfeeding assessment and must be assigned by the CPA.			
IB 0-3 months **SIA-P**	Similac Advance Powder	1 cans	*CPA assigns	4 cans
IB 4-6 months **SIA-P**	Similac Advance Powder	1 cans	*CPA Assigns	5 cans
IB 7-12 months **SIA-P**	Similac Advance Powder	1 cans	*CPA assigns	4 cans
I-FVC **Module B**	Jarred infant fruits and vegetables	128 oz	64 oz	
	Infant cereal	8 oz		

Standard Template Code	Food Description	Full	Partial	Maximum Possible with Swaps
IE	Infant Fully Breastfeeding			
IE 0-3 months	N/A	N/A	N/A	N/A
IE 4-6 months	N/A	N/A	N/A	N/A
IE 7-12 months I-FVCM Module B	Jarred infant fruits and vegetables	128 oz	64 oz	128 oz
	Infant cereal	16 oz	8 oz	8 oz
	Jarred infant meat	40 oz	20 oz	40 oz

FVB Swaps for Infants 7-12 months

All Infants 7-12 months may swap half or all of the jarred infant fruits and vegetables with Fruit and Vegetable Benefit (FVB). The template codes and amounts are the same regardless of breastfeeding status. This is **not** a standard food package. The infant cereal and jarred infant meat amounts are unchanged with these templates.

Template Code	Food Description	Standard	Partial	Maximum
IN **IB** **IBN**	**Infants Non-Breastfeeding Some Breastfeeding Mostly Breastfeeding**			
I-FVC-$	Jarred infant fruits and vegetables	64 oz	32 oz	64 oz
	Fruit and Vegetable Benefit	$11.00	$11.00	$11.00
	Infant cereal	8 oz	8 oz	8 oz
I-C-$	Fruit and Vegetable Benefit only	$22.00	$22.00	$22.00
	Infant cereal	8 oz	8 oz	8 oz

FVB Swaps for Infants 7-12 months

All Infants 7-12 months may swap half or all of the jarred infant fruits and vegetables with Fruit and Vegetable Benefit (FVB). The template codes and amounts are the same regardless of breastfeeding status. This is **not** a standard food package. The infant cereal and jarred infant meat amounts are unchanged with these templates.

Template Code	Food Description	Standard	Partial	Maximum
IE	**Infants fully breastfeeding**			
I-FVCM-$	Jarred infant fruits and vegetables	64 oz	32 oz	64 oz
	Fruit and Vegetable Benefit	$11.00	$11.00	$11.00
	Infant cereal	8 oz	8 oz	8 oz
	Jarred infant meat	40 oz	20 oz	40 oz
I-CM-$	Fruit and Vegetable Benefit	$22.00	$22.00	$22.00
	Jarred infant meat	40 oz	20 oz	40 oz

Module A Templates and Codes

Using templates

Templates are pre-written combinations of commonly assigned foods that can be selected from the drop down in each module. When a template is used to assign a food package, the template can be forecasted for the length of the participant's certification. Forecasting saves the CPA time and reduces the clicking needed.

The data system automatically assigns the standard food package template for the participant category, or a non-standard template previously used for the participant. Only the templates appropriate for the participant category are available to choose in the drop-down.

Use the drop-down arrow to select a template in the module.

Codes used in templates

The templates in Module A use codes for the milk foods. These letters are combined to describe what foods the template provides. Template codes are a combination of three or four of these codes.

Module A - Milk Template Codes		
First Letter	**Second Letter**	**Extra Letters**
M Liquid Cow's Milk	**L** Nonfat, 1%	**C** Cheese is included
G Liquid Goat's Milk	**W** Whole milk only	**0** No Cheese included

Module A - Milk Template Codes		
First Letter	**Second Letter**	**Extra Letters**
S Soy and plant-based beverages	**2** 2% only	**T** Tofu included
L Lactose-free Milk		**Y** Yogurt
		YW Whole milk yogurt assigned to soy or plant-based beverage

Standard milk templates for adults and children

The default template for Module A is called the "standard milk template." Each participant type has a unique standard milk template. The amounts of milk will vary by participant category. When a different template is assigned, it is then considered a "non-standard" food package.

Standard milk template for adult and child 24 – 60 months	
ML-C-Y	• Liquid cow milk (nonfat or 1%) • Cheese • 1 container (ctr) lowfat or nonfat milk yogurt
Standard milk template for child 13 – 23 months	
MW-C-Y	• Liquid cow milk (whole) • Cheese • 1 ctr whole milk yogurt

Module A Templates

Module A Templates in the data system reflect common "swaps" or modifications used for participant food packages. Module A swaps include:

- Milk types
- Swapping Milk for Cheese
- Swapping Milk for Yogurt
- Swapping Milk for Tofu
- Combinations of these swaps!

Using templates can reduce the amount of work needed to tailor a food package to best meet the participant needs.

For example, a participant wants Soy Milk and Tofu in their food package and no Cheese or Yogurt. There's a template for that: "S-T" (Soy or Plant-based Beverage, Tofu). Here's what it does:

- Changes Milk to Soy and Plant-based Beverages
- Reduces 1 quart (qt) of Soy and Plant-Based Beverages and
- Adds 1 ctr of Tofu

If there are no other modifications to the food package, this can be forecasted for the length of the participant's certification.

Where do I find Module A templates in TWIST?

The templates are found on the Food Package Assignment screen

Module A Template List

Here is a list of the Module A templates available. They are listed in the order found in the drop-down menu.

Each template automatically modifies the foods included in the food package.

Module A Templates	
Template Code	**Foods Included**
_ML-C	Lowfat Milk and Cheese
_ML-C-Y	Lowfat Milk, Cheese, and lowfat or nonfat Yogurt
_ML-C-Y-T	Lowfat Milk, Cheese, lowfat or nonfat Yogurt and Tofu
GL-0	Goat Milk, no Cheese
GL-0-Y	Goat Milk, no Cheese, lowfat or nonfat Yogurt
GL-0-Y-T	Goat Milk, no Cheese, lowfat or nonfat Yogurt, Tofu
GL-C	Goat Milk, Cheese
GL-C-Y	Goat Milk, Cheese, lowfat or nonfat Yogurt
GL-C-Y-T	Goat Milk, Cheese, lowfat or nonfat Yogurt, Tofu
L2-C	Lactose Free 2%, Cheese
L2-C-Y	Lactose Free 2%, Cheese, lowfat or nonfat Yogurt
L2-C-Y-T	Lactose Free 2%, Cheese, lowfat or nonfat Yogurt, Tofu
LL-0	Lactose Free lowfat, no Cheese

Module A Templates	
Template Code	**Foods Included**
LL-0-Y	Lactose Free lowfat, no Cheese, lowfat or nonfat Yogurt
LL-0-Y-T	Lactose Free lowfat, no Cheese, lowfat or nonfat Yogurt, Tofu
LL-C	Lactose Free lowfat, Cheese
LL-C-Y	Lactose Free low-fat, Cheese, lowfat or nonfat Yogurt
LL-C-Y-T	Lactose Free lowfat, Cheese, lowfat or nonfat Yogurt, Tofu
M2-0	2% Milk, no Cheese
M2-0-Y	2% Milk, no Cheese, lowfat or nonfat Yogurt
M2-0-Y-T	2% Milk, no Cheese, lowfat or nonfat Yogurt, Tofu
M2-C	2% Milk, Cheese
M2-C-Y	2% Milk, Cheese, lowfat or nonfat Yogurt
M2-C-Y-T	2% Milk, Cheese, lowfat or nonfat Yogurt, Tofu
ML-0	Low-fat Milk, no Cheese
ML-0-Y	Low-fat Milk, no Cheese, lowfat or nonfat Yogurt
ML-0-Y-T	Low-fat Milk, no Cheese, lowfat or nonfat Yogurt, Tofu
ML-C-T	Low-fat Milk, Cheese, Tofu

Module A Templates	
Template Code	**Foods Included**
S-0	Soy and Plant-based Beverage, no Cheese
S-0-Y	Soy and Plant-based Beverage, no Cheese, lowfat or nonfat Yogurt
S-0-Y-T	Soy and Plant-based Beverage, no Cheese, lowfat or nonfat Yogurt, Tofu
S-C	Soy and Plant-based Beverage, Cheese
S-C-T	Soy and Plant-based Beverage, Cheese, Tofu
S-C-Y	Soy and Plant-based Beverage, Cheese, lowfat or nonfat Yogurt
S-C-Y-T	Soy and Plant-based Beverage, Cheese, lowfat or nonfat Yogurt, Tofu
S-T	Soy and Plant-based Beverage, Tofu
Module A Templates for Special and C1	
_MW-C	Whole Milk, Cheese
_MW-C-Y	Whole Milk, Cheese, whole milk Yogurt
_MW-C-Y-T	Whole Milk, Cheese, whole milk Yogurt, Tofu
GW-0	Whole Goat Milk, no Cheese
GW-0-Y	Whole Goat Milk, no Cheese, whole milk Yogurt
GW-0-Y-T	Whole Goat Milk, no Cheese, whole milk Yogurt, Tofu

Module A Templates	
Template Code	**Foods Included**
GW-C	Whole Goat Milk, Cheese
GW-C-Y	Whole Goat Milk, Cheese, whole milk Yogurt
GW-C-Y-T	Whole Goat Milk, Cheese, whole milk Yogurt, Tofu

Module A Templates for C-1 Only	
Template Code	**Food Included**
LW-0	Whole Lactose-Free, no Cheese, Milk
LW-0-Y	Whole Lactose-Free Milk, no Cheese, whole milk Yogurt
LW-0-Y-T	Whole Lactose-Free Milk, no Cheese, whole milk Yogurt, Tofu
LW-C	Whole Lactose-Free Milk, Cheese
LW-C-Y	Whole Lactose-Free Milk, Cheese, whole milk Yogurt
LW-C-Y-T	Whole Lactose-Free Milk, Cheese, whole milk Yogurt, Tofu
MW-0	Whole Milk, no Cheese
MW-0-Y	Whole Milk, no Cheese, whole milk Yogurt
MW-0-Y-T	Whole Milk, no Cheese, whole milk Yogurt, Tofu

Module A Templates for C-1 Only	
Template Code	**Food Included**
MW-C-T	Whole Milk, Cheese, Tofu
S-0-YW	Soy, no Cheese, whole milk Yogurt
S-0-YW-T	Soy, no cheese, whole milk Yogurt, Tofu
S-C-YW	Soy, Cheese, whole milk Yogurt
S-C-YW-T	Soy, Cheese, whole milk Yogurt, Tofu

Module B Templates and Codes

Module B Templates in the data system reflect common "swaps" or modifications used for the remainder of the foods in participant food packages. Module B foods include:

- Eggs
- Cereal (hot or cold)
- Peanut, Nut, Seed Butter/Beans dry or canned
- Beans, dry or canned
- Fish-tuna/salmon/sardines-can or pouch
- Baby foods: Cereal, Jarred Fruits and Vegetables and Meat
- Whole Grains
- Fruit and Vegetable Benefit (FVB) or Cash Value Benefit (CVB)
- Juice (bottled or frozen)

Using templates can reduce the amount of work needed to tailor a food package to best meet the participant needs.

For example, a participant is allergic to fish. The "w/o F" template removes fish from the food package for that participant.

If there are no other modifications to the food package, this can be forecasted for the length of the participant's certification.

Where do I find the templates in the data system?

The templates are found on the Food Package Assignment screen. The drop down shows templates appropriate for the participant category
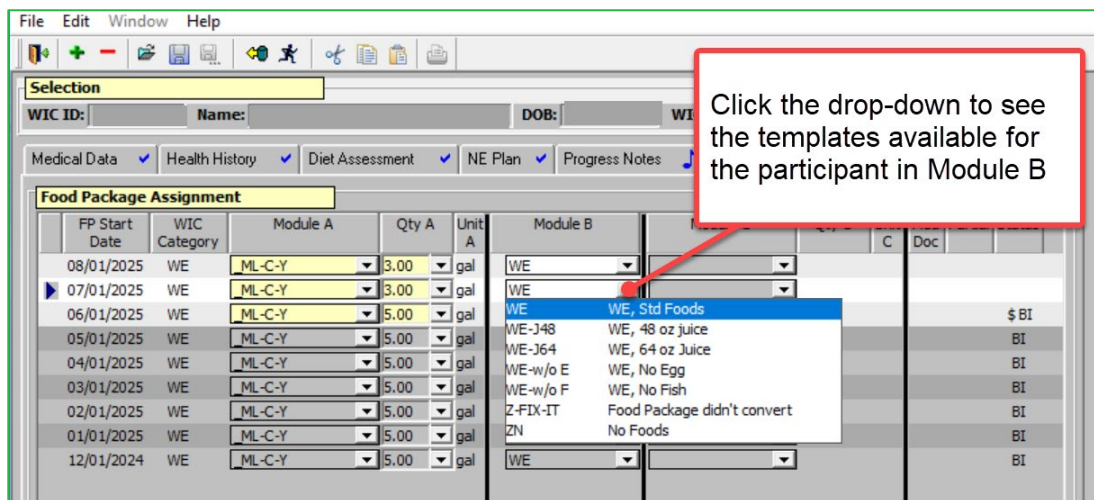
Module B Templates for adults and children

Each template automatically makes the modification in Module B for the foods included. The default template is the code for the participant food package. For example:

- WP shows as "WP, Std Foods."
  This is a pregnant adult receiving the default package for Module B.

Choosing a template below adds the template code after the participant code. The templates make changes to the Module B foods automatically for you. For example:

- WP-w/o E means a pregnant adult with no Eggs

If there are no other food category changes, the food package created with a template can be forecasted for the length of the certification.

Codes used in templates for adults and children

The foods in the Module B templates use codes to identify items in the template.

Code	Means	Code	Means
FVB	Fruit and Vegetable Benefit	**J48**	11.5-12 ounce frozen Juice
w/o E	Without Eggs	**J64**	64-ounce bottled juice
w/o F	Without Fish		

Module B Templates for Adults and Children	
Template	**What it does**
w/o E	1. Removes Eggs 2. Adds 1 ctr Peanut, Nut, Seed butter or beans, dry or canned
w/o F	Removes Fish (Tuna, Salmon, and Sardines)
J48	1. Reduces $FVB by $3 2. Adds 1 container (ctr) frozen juice
J64	1. Reduces $FVB by $3 2. Adds 64 oz bottled juice
ZN	No foods

Module B templates for infants

Module B templates for infants provide a streamlined method for replacing jarred infant fruits and vegetables with the Fruit and Vegetable Benefit for 7-12 month olds. The default, or standard food package for Infants 7-12 months old who are fully breastfeeding is I-FVCM (Infant – jarred fruits, vegetables, cereal, and meat). All other infants receive I-FVC (Infant – jarred fruits, vegetables, and cereal).

Codes used in infant templates

The foods in the Module B templates use codes to identify items in the template.

Code	Means	Code	Means
I	Infant	C	Infant Cereal
F	Jarred infant food: Fruit	M	Jarred infant food: Meat
V	Jarred infant food: Vegetable	$	Cash Value Benefit for eWIC card

Module B Templates for Infants	
Template	**What it does**
I-FVC	128 oz of jarred fruits and vegetables
I-FVCM	128 oz jarred fruits and vegetables, infant cereal, and meat
I-FVCM-$	Used with an infant who is fully breastfeeding and 7-12 months old 1. Reduces jarred fruits and vegetables to 64 oz 2. Adds $11 FVB
I-CM-$	Used with an infant who is fully breastfeeding and 7-12 months old 1. Removes all jarred fruits and vegetables 2. Adds $22 FVB
I-FVC-$	1. Reduces jarred fruits and vegetables to 64 oz 2. Adds $11 FVB
I-C-$	1. Removes all jarred fruits and vegetables 2. Adds $22 FVB

Food Package Assignment Screen Codes

Status Codes

This is the status of the food package on that row:

- BI = Benefits have been issued.
- $ = Benefits have been spent (any amount).
- FW = Some benefits are being provided by the Formula Warehouse.
- U = The food package has been updated from what was originally issued and needs to be reissued.
- FX = Spent formula benefits have been exchanged.
- FR = Spent formula benefits have been replaced.
- Blank = the food package has been assigned, but not issued.

Partial Check Box

- ☑ = partial package assignment (shows after 20th of the month)
- ☐ = full package assigned when issued after 20th of the month

Med Doc Codes

- Blank = No medical documentation needed
- R = Medical documentation required, but not yet received
- Y = Medical documentation has been received

Modified Indicators

- * = Less than the maximum foods are assigned in Module B
- Modified =
    - o The food package does not match a template,
    - o A formula without a template is selected, or
    - o There is more than one milk or formula assigned.

Split Row

- Mid-month category changes will show as two rows for the month (a split row). The row for the old category is grayed-out and the row for the new category has the current food package.

Resource: TWIST Manual, Chapter 3, Section 5, Lesson: Food Package Assignment Screen

Family Summary Screen codes

Status Codes

This is the status of the current certification period:

- EN = Enrolled
- IC = Incomplete Certification
- TM = Terminated
- If the field is blank, there is no current cert period for the participant.

Issuance Month Reason Codes

Codes that indicate why benefit issuance was limited to less than 3 months.

- BFPC = Missed Breastfeeding Peer Group
- BP = Breast Pump Overdue
- CUST = Custody
- FD = Missed High Risk Education
- FORM = Formula Trial
- FOST = Foster Child
- HIGH = High Risk
- HOME = Homeless
- GE = Missed Group Education

- IE = Missed Individual Education
- LACT = Lactina Breast Pump Issued
- NOTES = See WIC Notes
- MCHA = Missed Mid-cert Health Assessment
- MIGR = Migrant
- OTHR = Other
- PROG = Program Abuse
- WEB = Missed Online Education

Bars

- ☑▌ A solid black bar shows when a participant becomes categorically ineligible.
- ☑ A hollow bar shows when the participant's current certification ends.

Food Benefits (FB) Codes

- Checked box = Food benefits available to issue
- Unchecked box = User has unselected the box so will not issue food benefits
- No Checkbox = No benefits assigned on "Food Package Assignment" screen

Codes in the FB field will give the reason Checked FB boxes are not available.

- BI = Benefits have been issued
- E = Eligibility Pending
- M = Mismatched category or designation between mom and baby
- R = Medical documentation required

Resource: TWIST Manual, Chapter 3, Section 11, Lesson: Family Summary Screen

Appointment Types

There are many types of appointments used in the WIC MIS program. There are seven basic appointment types.

1. **N**: New appointment
2. **R**: Recertification appointment
3. **M**: Mid-Certification Health Assessment and Breastfeeding Check-up
4. **F**: Follow-up appointment
5. **G**: Group appointment
6. **PU**: Food instrument pick-up appointment
7. **_ R**: Any appointment type followed by **R** is a remote appointment

Tips:

- **N**ew, **R**ecertification, and **M**id-certification appointments are followed by one or two letters to identify the participants WIC Category. For example, "MC" is the code for **M**id-certification **C**hild.
- Remote appointments end in an **R**.
  For example, MCR is a **M**id-Certification appointment for a **C**hild done **R**emotely.
- Appointment requests made for the auto-scheduler are followed by an **-r** on the Family Appointment Record (FAR) and Family Summary Screen (FSS).

Appointment Types and Descriptions			
Appt Type Code Remote code	Appt Type Name	WIC Category	Other Information
AA AAR	**A**ny **A**ppointment	All	An available appointment slot that has not been designated as a specific appointment type.
NN NNR	A**n**y **N**ew	All	Generic appointment type for new enrollments
RR RRR	Any Recert	All	Generic appointment type for recertifications (recert)
NP NPR	**N**ew **P**regnant Woman Certification	WP	
NC NCR	**N**ew **C**hild cert.	C	
NW NWR	**N**ew postpartum **W**oman cert.	WE, WB, WN	
NI NIR	**N**ew **I**nfant cert	IE, IB, IN	
RC RCR	**R**ecert **C**hild	C	

Appointment Types and Descriptions			
Appt Type Code Remote code	Appt Type Name	WIC Category	Other Information
RI RIR	**R**ecert **I**nfant	IE, IB, IN	
RM RMR	**R**ecert Postpartu**m** Appointment – Woman Only	WN	This appointment type can be used for a postpartum participant who has experienced a miscarriage, or for a postpartum participant who currently doesn't have their infant with them (e.g. in hospital or in foster care). It is used to support trauma-informed services.
RP RPR	**R**ecert **P**ostpartum Participant	WP, WE, WB, WN	This is for a participant certified during pregnancy and is due for their **six-week** postpartum visit. **The participant's category may have been changed in the system, but they have not been recertified for the postpartum category.**

Appointment Types and Descriptions			
Appt Type Code Remote code	Appt Type Name	WIC Category	Other Information
MI MIR	Infant 6 to 8 Month Check-up	IE, IB, IN	This appointment is required to complete a **M**id-Certification (Mid-Cert) Health Assessment for **I**nfants who are enrolled in WIC before the age of 5 months and are already certified through their first birthday.
MW MWR	WIC Breastfeeding Check-up	WE, WB	Use to coordinate required NE for a BF **W**oman certified through their infant's first birthday with the infant's **M**id-Certification Health Assessment appointment.
MC MCR	**M**id-cert check-up for **C**hildren	C	Required appointment for the **M**id-Certification Health Assessment for **C**hildren at the 6 month point in their certification period.

Appointment Types and Descriptions			
Appt Type Code Remote code	Appt Type Name	WIC Category	Other Information
PU PUR	Benefit issuance **P**ick-**U**p	All	Used for picking up eWIC card, Farm Direct Vouchers, providing proofs or similar activities. This also applies to remote appointments.
IE IER	**I**ndividual Quarterly Nutrition **E**ducation (NE) contact	All	This appointment type is used for an individual quarterly NE contact.
F1 F1R	**F**ollow-up type **1**	All	Defined by each local agency
F2 F2R	**F**ollow-up type **2**	All	Defined by each local agency
F3 F3R	**F**ollow-up type **3**	All	Defined by each local agency

Appointment Types and Descriptions			
Appt Type Code Remote code	Appt Type Name	WIC Category	Other Information
FD FDR	**F**ollow-up with the **D**ietitian	All	Use for an individual follow-up appointment with a dietitian. This appointment type is optional.
GE GER	**G**roup **E**ducation	All	Group education conducted online or in person. This will be followed by the class topic. Such as "GE iron."
GS GSR	**G**roup **S**creening	All	Used for group screenings. A "group code" follows to identify what type of group screening. The "group code" is the type of appointment the group screening meets, such as "new child certification."

Resource:

TWIST Manual, Chapter 4, Section 4, Lesson: Understanding Appointment Types (https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Pages/twist.aspx)

Compare First and Second Cardholder

	First Cardholder	**Second Cardholder**
Required?	Required for every account	Optional
When	Must be added to TWIST and issued a card at first appointment	May be added to TWIST and issued a card at anytime
Who	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)
Address	Defaults to the family address in TWIST Client Master Demographics	Any address can be used

Roles	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

Helping families use the benefits list

When this list printed

The cardholder

WIC Benefits List
Benefits Available as of 07/11/2025 12:33 PM

WIC Family ID: 1130125

First Cardholder: Miles, Mom   Second Cardholder: No Second Cardholder

Benefits for: 07/01/2025 through 07/31/2025
Family Member/s: Miles, Mom - WP
Miles, Baby - C1

Which family members have benefits

Which months have benefits issued

Quantity	Unit	Food Item Description
79	$$$	Fruit and vegetables - fresh/frozen/canned
72	OZ	Whole grains
3	GAL	Fat free or 1% milk
2	GAL	Soy and plant beverage
2	LB	Cheese
1	CTR	Lowfat or nonfat yogurt
1	CTR	Tofu
2	DOZ	Eggs
2	CTR	Peanut, nut, seed butter / beans, dry or canned
1	CTR	Beans, dry or canned
16	OZ	Fish - canned tuna / salmon / sardines
72	OZ	Cereal - hot / cold
113	BTL	Boost High Protein 8 oz

Monthly food benefit categories

Future months of issued benefits

Benefits for: 08/01/2025 through 08/31/2025
Family Member/s: Miles, Mom - WP
Miles, Baby - C1

The unit type the food benefit amount is measured with

How much of each food they are getting

Note: benefits are combined for all eligible participants in the family.

Quantity	Unit	Food Item Description
79	$$$	Fruit and vegetables - fresh/frozen/canned
72	OZ	Whole grains
3	GAL	Fat free or 1% milk
2	GAL	Soy and plant beverage
2	LB	Cheese
1	CTR	Lowfat or nonfat yogurt
1	CTR	Tofu
2	DOZ	Eggs
2	CTR	Peanut, nut, seed butter / beans, dry or canned
1	CTR	Beans, dry or canned
16	OZ	Fish - canned tuna / salmon / sardines
72	OZ	Cereal - hot / cold
113	BTL	Boost High Protein 8 oz
113	BOX	Boost Kid Essentials 1.0 cal 8 oz

Your next appointment will be _____. Your WIC clinic phone number is (503) 555-5555 Ext. 5.

Participant's next appointment date

The WIC clinic phone number

Food item on benefits list	Longer description	Food item units and amounts
Cheese	Cheese	LB = pound
Eggs	Eggs	DOZ = dozen
Cereal – hot / cold	Hot or cold cereal	OZ = ounces
Peanut, nut, seed butter / beans, dry or canned	Peanut, nut, or seed butter **or** Dried beans, peas, or lentils **or** Canned beans	CTR = container and 1 container = • 16-18 oz nut or seed butter **or** • 15-16 oz dried **or** • (4) 16 oz canned
Beans, dry or canned	Dried beans, peas, or lentils **or** Canned beans	CTR = container and 1 container = • 16 oz dried **or** • (4) 16 oz canned
Fish – canned tuna / salmon / sardines	Tuna, salmon, or sardines in cans or pouches	OZ = ounces
Whole grains	100% whole wheat or gluten-free bread products, corn or whole wheat tortillas, bagged whole grains	OZ = ounces
Fruit and vegetables – fresh/frozen/canned	Fresh, frozen, or canned fruits and vegetables	$$$ = amount
Whole milk	Whole milk	GAL = 1.0 gallon
Fat free or 1% milk	Nonfat or 1% milk	GAL = 1.0 gallon

Food item on benefits list	Longer description	Food item units and amounts
Lowfat or nonfat yogurt	Lowfat or nonfat yogurt	1 CTR = container and 1 container = 32 oz. or 1 quart
Soy and plant beverage	Soy and plant-based beverages	GAL = 1.0 gallon
Tofu	Tofu	CTR = container and 1 container = 14 to 16 oz.
Frzn juice 11.5-12oz	Frozen juice	CTR = container and 1 container = 11.5 to 12 oz frozen
Juice 64 oz/16 oz	Bottled or frozen juice	CTR = container and 1 container = • 64 oz bottled **or** • 16 oz frozen
Formula	Varies by brand name	• Can = can • Btl = bottle • Box = box • Ctr = container • Ctn = carton
Baby cereal	Baby cereal	OZ = ounces
Baby food – fruit/veg	Jarred fruits and vegetables	OZ = ounces
Baby food – meat	Jarred infant meats	OZ = ounces

Common WIC Foods

WIC OREGON

Fruit and Vegetables

Fresh

Frozen Fruit

Frozen

Canned

100% Juice

100% juice

Juice

Yogurt and tofu

YOGURT

32 ounces

tofu

Milk or soy and plant beverages

SOY MILK

Plant based MILK
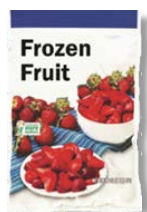
Whole grains

100% Whole Wheat

Gluten-Free

100% whole wheat or whole grain, gluten-free bread products

100% Whole wheat pasta

100% whole wheat pasta

Corn Tortillas
TORTILLAS DE MAIZ

100% Whole Wheat Tortillas
tortillas de trigo integral

Corn or 100% whole wheat tortillas

Whole Grain

Bagged whole grains

OATS

Oats

Common WIC Foods

WIC OREGON

Beans

Canned beans

Dry beans, peas or lentils

Cheese

Block

Sliced

Shredded

Eggs

Peanut, nut and seed butters

Cereal

Hot cereal

Cold cereal

Fish - cans or pouches

Tuna   Salmon   Sardines

Baby cereal

Baby food

Fruit/vegetables   Meat

I couldn't buy it with eWIC!

What should I do?

✓ Ask for a mid-transaction receipt. If a food isn't listed for WIC, you can ask the cashier to remove it so you aren't charged for it.

✓ Check the WIC Food List for brands and minimum sizes to be sure it is a WIC food.

✓ Check your benefit balance to be sure there is enough to buy this food.

✓ Save the receipt and bring it to the WIC clinic.

✓ Take a picture of the label of the food that didn't go through to give to your WIC clinic.

✓ Use the WICShopper App! Connect your eWIC card number to the app to keep track of your benefits.

WICShopper App

I couldn't buy it with eWIC!

What should I do?

✓ Ask for a mid-transaction receipt. If a food isn't listed for WIC, you can ask the cashier to remove it so you aren't charged for it.

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I couldn't buy it with eWIC!

What should I do?

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✓ Check your benefit balance to be sure there is enough to buy this food.

✓ Save the receipt and bring it to the WIC clinic.

✓ Take a picture of the label of the food that didn't go through to give to your WIC clinic.

✓ Use the WICShopper App! Connect your eWIC card number to the app to keep track of your benefits.

WICShopper App

¡No pude comprarlo con eWIC!

¿Qué debo hacer?

- ✓ Pida un recibo de transacción pendiente. Si hay alimentos que no figuran en la lista de WIC, puede pedir al cajero que los retire para no tener que pagarlos.

- ✓ Fíjese en las marcas y tamaños mínimos que figuran en la Lista de Alimentos de WIC para estar seguro de que se trata de un alimento cubierto por WIC.

- ✓ Verifique el saldo de sus beneficios para estar seguro de que es suficiente para comprar ese alimento.

- ✓ Guarde el recibo y llévelo a la clínica de WIC.

- ✓ Saque una foto del rótulo del alimento que no pasó y muéstrela al personal de su clínica de WIC.

- ✓ ¡Use la aplicación WIC Shopper! Conecte el número de su tarjeta eWIC a la aplicación para estar al tanto del estado de sus beneficios.

WICShopper App

Shopping Issues Job Aid

Troubleshooting

Use this checklist to gather information and identify the issue. This will help determine whether to provide shopper education or enter a complaint.

- ☐ Was the shopper **unable to buy a food**? What was it? (Ask for **UPC** and **description** of item.)
- ☐ Review the **Food List**. Is it an allowed product? (Check **brand**, **type**, **size**, and **flavor**. Was it in the **"Don't Buy"** section?)
- ☐ Review the participant's **benefits**. Did they have **enough or the right benefit** to buy it?
- ☐ Did the shopper **scan** the **UPC** using the **WICShopper app**? If so, did they scan the barcode on the product or the shelf tag? (Only the barcode on the product works.)
- ☐ Did the store have the **product on the shelf**? Was the item **out of stock**?
- ☐ Did the shopper try to **buy** the product **at the register**?
- ☐ Did the **cashier ring up** the item **or refuse** to ring it up?
- ☐ Did the shopper **swipe** their **eWIC card**? If so, what happened (error message, card declined, item not allowed)?
- ☐ Did this happen at **self-checkout**? (Check the online map for stores authorized to accept WIC at self-checkout.)
- ☐ **What else** happened during the transaction?
- ☐ Was the cashier or another store employee **rude**?

Shopper Education

- Review and offer a copy of the **"I couldn't buy it with eWIC"** (1/3 sheet - available in Oregon WIC Shopify)
- If a food isn't ringing up as WIC-approved at the register, encourage the shopper to use the **"I couldn't buy this!"** feature on the shopper app.
- Offer a copy of the **WIC Food List** to use at the store.

Enter a Complaint in TWIST

Include **as many details as possible** to help the WIC vendor team follow up thoroughly.

- Participant name/WIC ID, shopper name, and/or eWIC card number
- Date and time of incident (approximate is OK)
- Store name and location
- Under the **Complaint Description** section, enter the following:
    - **Information** gathered during troubleshooting (see above)
    - If the shopper provided pictures of the item and/or **receipts**
    - Type these phrases to let the Vendor team know if **specific follow up** is being requested.

Phrase	Meaning
"Contact participant"	• If the participant wants someone from the Vendor Team to contact them
"FYI only"	• If the complaint is for the Vendor Team's tracking purposes only and no follow up is needed
"Contact staff"	• If agency staff want to be contacted about the outcome of the complaint

- In the **Persons Involved** section, enter the name and/or description of the **cashier or store employee.**
- Let the shopper know that someone from the Vendor Team might contact them for more information.
- <u>Optional</u>: **Write down** the "**Complaint ID**" to look up the complaint later.
    - Complaint follow up actions are noted by the Vendor Team on the **Notice Text (State Use Only)** box.
    - Allow at least a week for the Vendor Team to investigate.

☺ Job Aid: How to Make an Individual Appointment

Chapter 4: Appointment Scheduler
Section 4: Scheduling Appointments
Lesson: Schedule Appointment Now

INDIVIDUAL APPOINTMENT – Four ways:

1) Thru NE Plan:	2) Thru Family Appts:	3) Thru Daily Clinic Schedule:	4) Thru Family Summary Screen:
Client Processes	Appointment Scheduler	Appointment Scheduler	Client Processes
⬇	⬇	⬇	⬇
Certification (retrieve client)	Scheduling	Scheduling	Lookup
⬇	⬇	⬇	⬇
NE Plan (top tab)	Family Appt Record	Daily Clinic Schedule	Family Summary Screen (retrieve client using blue folder icon)
⬇	⬇	⬇	⬇
Next Appt (bottom tab)	"Select" WIC ID (can select multiple family members)	Select Clinic & Date	Select Client
⬇	⬇	⬇	⬇
"Schedule Appt"	"Find Appt." (can fill-in Search criteria to define search results)	"Display Schedule"	Find Appointment Button
⬇	⬇	⬇	⬇
Family Appt. Record	"Find Appt."	Enter WIC ID _or_ Fast Path to Client Master "Return w/Client"	Fill in Dates and Appointment Type
	⬇	⬇	⬇
	"Select Appt" (fill-in specific appt type if appt was generic)	SAVE	"Find Appt"
	⬇		⬇
	"BOOK"		"Select Appt" (fill-in specific appt type if appt was generic)
	⬇		⬇
	Close		"BOOK"
			⬇
			Close

Chapter 4: Appointment Scheduler
Section: Scheduling Appointments
Lesson: Special User – Group scheduling

GROUP APPOINTMENT – Four Ways:

1) **Thru Group Education Classes**	2) **Thru Daily Clinic Schedule**	3) **Thru Family Appointment Record**	4) **Thru Family Summary Screen:**
Appointment Scheduler	Appointment Scheduler	Appointment Scheduler	Client Processes
⬇	⬇	⬇	⬇
Scheduling	Scheduling	Scheduling	Lookup
⬇	⬇	⬇	⬇
Group Maintenance	Daily Clinic Schedule	Family Appt Records (retrieve client using blue folder icon)	Family Summary Screen (retrieve client using blue folder icon)
⬇	⬇	⬇	⬇
Group Education Classes (retrieve class using blue folder icon)	Select Clinic & Date	Select WIC ID #	Select Client
⬇	⬇	⬇	⬇
Select Group Ed Class (fill-in search criteria)	"Display Schedule"	"Find Appt" Button	Find Appointment Button
⬇	⬇	⬇	⬇
"Retrieve"	Double-click in the "Group/Class" field	Fill in Dates & Appt type as GE/GS	Fill in Dates and Appointment Type
⬇	⬇	⬇	⬇
Insert New Row	Enter WIC ID #	"Find Appt"	"Find Appt"
⬇	*or*	⬇	⬇
Enter WIC ID #	Fast Path Client Master & Return with Client	Select Class (WIC ID Autofills)	"Select Appt" (fill-in specific appt type if appt was generic)
or	⬇	⬇	⬇
Fast Path Client Master & Return with Client	[Save]	"Book"	"BOOK"
⬇	⬇	⬇	⬇
[Save]	Tab thru or use "Insert Icon" to add more clients.	Close	Close
⬇			
Tab thru, or use "Insert Icon" to add more clients.			

Chapter 3: Client Processes
Section 8: Other Client Processes
Lesson: Immunization Status Button

Policy 481: Immunization Screening and Referral Protocol
Clients between the ages of 3-23 months must be screened for immunizations and referred if not up-to-date on their shots. Screening must be done at every certification and at the mid-cert health assessment for infants.

When to Refer a Client for Immunizations

If Immunizations Status pop-up says:	Referral needed?	Shows list of shots needed and given as of x date
Immunizations are due as of x date	Yes	Yes
New WIC Client. Immunization data not available.	Yes	No
Immunizations are up-to-date as of x date.	No	Yes

When using the WICIMM Status letter for the parent/guardian it is important to:
- Provide a referral when needed. Printing the letter is optional.
- Print the letter for the parent/guardian if they have questions about the referral or shots needed or given.
- Ask the parent/guardian to take the referral letter to their next visit with provider (Do not just hand them the letter without any explanation of the letter or what you are suggesting they do).
- Explain that the information on the letter is reflecting what provider offices have entered into the database as of the date on the letter and if they have seen their providers since then shots may not be reflected in today's letter.
- Explain this document to non-English speaking parent/guardians carefully.

WIC Immunization Status Letter

Child's name and date of birth

List of shots due as of date listed

Client Processes - [Immunizations Status Letter]

File Edit View Window Help

Child's Name: SUZIE QUE
Date of Birth: 08/25/2009
Age of Child: 3 year(s)

04/23/2012

Keeping SUZIE healthy is very important, and up-to-date immunizations play a big part in protecting SUZIE. SUZIE's immunization history and immunizations currently due are listed below. Please call your healthcare provider today to make an appointment to fully protect SUZIE from childhood diseases.

Immunizations Due* as of 3/27/2012

DTaP	Flu	Hep A
Hib	MMR	Pneumococcal
Polio	Varicella	

History of Immunizations Received by Series

Vaccine Series					
DTaP	11/16/2009	4/21/2010			
Hep B	8/27/2009	11/16/2009	4/21/2010		
Hib	11/16/2009	4/21/2010			
Pneumococcal	11/16/2009	4/21/2010			
Polio	11/16/2009	4/21/2010			
Rotavirus	11/16/2009				

*Immunizations due are based only on doses that meet minimum age and spacing requirements. By 22 months, most children should have received these doses: 4 DTaP, 3 Polio, 1 MMR, 3 or 4 Hib, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal, 2 or 3 Rotavirus, 2 Hepatitis A and annual Influenza.

English and Spanish message telling parents where to call with questions

ALERT
IMMUNIZATION INFORMATION SYSTEM

Any questions about SUZIE's Immunizations?
Please call 1-800-980-9431.

¿Tiene preguntas sobre las vacunas de SUZIE?
Por favor llame al 1-800-980-9431.

Oregon WIC Program   Page 2 of 2   1/30/2013

☺ Job Aid: Growth Charts

Chapter 3: Client Processes
Section 3: Assessment
Lesson: Anthropometric/Biochemical for an Infant/ Child

Growth charts are an important resource for assessing the growth and weight gain of infants and children. A variety of chart options are available for viewing in TWIST when the "View Graphs" button is selected on the Medical Data tab in the Infant/Child certification section.

Participant Age	Charts	When would these charts be plotted by TWIST?
Birth through 23 months	Head Circumference (0-36 months) WHO Length for age (0-23 months) WHO Weight for age (0-23 months) WHO Weight for length (0-23 months)	• WHO graphs for everyone • WHO adjusted age for preterm infants • Head circumference when measurement taken
24 to 36 months	BMI for age (2-6 years) Head circumference (0-36 months) Height for Age (2-6 years) Length for Age (0-36 months) Weight for Age (0-36 months) Weight for Age (2-6 years) Weight for Length (0-36 months) WHO Weight for Age (0-23 months) WHO Length for Age (0-23 months) WHO Weight for Length (0-23 months)	• BMI and CDC height for age with standing heights • CDC length for age and weight for length with recumbent lengths • CDC weight for age for everyone • WHO graphs when data from birth through 23 months is available • Head circumference when measurement taken
36 to 60 months	BMI for age (2-6 years) Height for Age (2-6 years) Weight for Age (2-6 years) Weight for Height (2-6 years) WHO Length for age (0-23 months) WHO Weight for age (0-23 months) WHO Weight for length (0-23 months)	• BMI with standing height • CDC height for age with standing or recumbent lengths • CDC weight for age and weight for height for everyone • WHO graphs when data from birth through 23 months is available

Oregon WIC Program   Page 1 of 1   December 1, 2011

Modifying Food Packages

Example of Modifying a Food Package

Screen	Action	Amount of Food	Notes
FPA	View assigned package	10 cans Similac Powder	
Modify	Reduce amount of unwanted formula	0 cans Similac Powder	
Modify	Insert row Choose new Formula	28 bottles Special RTF formula	
FPA/Modify	Repeat for future months	28 bottles Special RTF formula	Can't forecast modified packages
FPA	Save	28 bottles Special RTF formula	
FSS	Issue	28 bottles Special RTF formula	

Example of Modifying a Food Package with Spent Benefits

Participant was issued 4.5 gallons of milk and has spent 1 gallon. They have 3.5 gallons of milk remaining for the month. They now need soy beverage instead of cow milk.

Screen	Action	Amount of Food	Notes
Modify	View remaining unspent	3.5 gallons milk	4.5 gal (maximum shown) minus 1 gal spent (maximum shown)
Modify	Reduce amount of unwanted milk to minimum shown	1 gallon milk	Spent benefit shows as minimum
Modify	Insert row Choose new milk	3.5 gallons soy	Replaces the unspent milk
FPA/Modify	Select new template for future month Forecast	4.5 gallons soy	Future months only
FPA	Save	3.5 gallons soy and 4.5 gallons soy	Current month and future months
FSS	Issue	3.5 gallons soy and 4.5 gallons soy	Current month and future months

☺ Job Aid: One-Year Certifications and the Mid-Certification Health Assessment

Chapter 3:   Client Processes
Section 8:   Other Client Processes
Lesson: 803   Updating Client Information Mid-Certification

Policy 645 – Certification Periods
- Breastfeeding women can be certified up to one year from their baby's date of birth.
- Infants enrolled from 0 to 6 months of age will be certified until the month of their 1st birthday. Infants enrolled from 7 to 12 months of age will be certified for 6 months.
- Children will be certified for 12 months until the month of their 5th birthday.
- NE must be provided on the average of quarterly during these certification periods.

Policy 646 – Mid-Certification Health Assessment (MCHA)
- Breastfeeding women and infants will be scheduled for a MCHA between 5 and 8 months after delivery.
- Children will be scheduled for a MCHA 6 months after the certification start date.
- An appointment request will be automatically generated by TWIST for a **MW** (mid-cert for women), **MI** (mid-cert for infants) or a **MC** (mid-cert for children).
- The MCHA is an expanded NE appointment and does not impact eligibility.
- Food benefits cannot be withheld if the MCHA is not attended or refused.

Category/Age at Initial Certification	Timing for 2nd NE Contact	Timing for MCHA	Timing for Additional 2nd NE	Timing for Recertification
Breastfeeding woman	3 - 4 months postpartum (pp)	6 months pp	8 - 9 months pp	None, graduate at one year pp
Infant, birth - 2 months	3 - 4 months of age	6 months of age	8 - 9 months of age	12 months of age
Infant, 3 - 4 months	4 - 6 months of age	8 months of age	9 - 10 months of age	12 months of age
Infant, 5 - 6 months	8 - 9 months of age	None	None	12 months of age
Infant, 7 - 12 months	3-4 months after cert start date	---	---	6 months after cert start date
Child, 13 - 60 months	3-4 months after cert start date	6 months after cert start date	8-9 months after cert start date	12 months after cert start date

Sample Nutrition Education and Multiple Month Benefit Issuance
for Low Risk Infant, Breastfeeding Mother and Child

Scenario: Mom was on WIC while pregnant. Mom fully breastfeeds until infant begins supplemental formula at age 3 months. Mom continues to mostly breastfeed to 1 year postpartum. Mom enrolls 2 year old child the month that baby was born.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Infant Age (in months): 0	1	2	3	4	5	6	7	8	9	10	11	12
Baby Born Mom is already enrolled as WP and has benefits issued	Appt. Types: **NI** (enroll infant) **RP** (recert mom as WE) **NC** (enroll child) During RP, mom's food package saved as WE Benefits issued for: February March April		Appt. Type: **GE** (group education) Group session: Introducing Solid Foods Infant starts supplemental formula Change mom to WB and baby to IB and save new food packages Benefits issued for: May June July			Appt. Types: **MI** (Infant Mid Cert Health Assessment) **MW** (Woman Mid Cert Breastfeeding Check) **MC** (Child Mid Cert Health Assessment) Benefits issued for: August September October			Appt. Type: **GE** (group education) Group Session: Family Mealtimes Benefits issued for: November December January			Appt. Type: **RC** (recert for infant and child) Mom's certification ends Benefits issued for: February March April

Three Steps to assigning an infant Fruit and Veggie Benefits (FVB) 7-12 months

Complete the following steps to assign fruit and vegetable benefit to infants 7-12 months during the mid-cert health assessment done at about 6 months:

Step 1: Complete a diet assessment

- Complete a TWIST infant diet assessment questionnaire, including the question on the plan for introducing finger foods.
- Assess the readiness and interest of the family:
    - Is the infant developmentally on track to transition food types and proceed to finger foods (e.g. prematurity, sitting up, grabbing the spoon, putting things in their mouth)?
    - Is the parent or caregiver able to provide developmentally appropriate food in a safe and appropriate manner?
    - Is the parent or caregiver interested in receiving benefits for fruits and vegetables in place of some or all of the baby food starting at 7 months?

Step 2: Provide anticipatory nutrition education to the parent or caregiver

These steps are also found in Policy 769 section 15.2

- At a minimum, offer information on the safe and appropriate use of fruits and vegetables:
    - Safe food preparation
    - Fruit and vegetable storage techniques
    - Developmental readiness for progression of infant feeding practices
- Offer appropriate nutrition education materials that cover these topics . (e.g. *It's Time to Eat* - 57-709)
- Document NE provided in one of the following locations in TWIST:
    - NE Topic dropdown (preferred method)
        - Infant FVB: this means the certifier covered <u>all</u> the required topics listed above.

- o Combination of NE topics: Finger foods/Progression of texture or Feeding Guide for Age **and** Food Safety or Homemade Baby Foods.
- o Progress notes may be used to document a narrative of the nutrition education provided during the appointment for this topic.

Step 3: Use the appropriate template from Module B   7-12 months

In Module B on the Food Package Assignment tab, select the appropriate option in the table below:

Template	What it does
I-FVCM-$	• Used with an infant who is fully breastfeeding and 7-12 months old • Reduces jarred fruits and vegetables to 64 oz (**half**) • Adds $11 FVB
I-CM-$	• Used with an infant who is fully breastfeeding and 7-12 months old • Removes **all** jarred fruits and vegetables • Adds $22 FVB
I-FVC-$	• Reduces jarred fruits and vegetables to 64 oz (**half**) • Adds $11 FVB
I-C-$	• Removes **all** jarred fruits and vegetables • Adds $22 FVB

The fruit and vegetable (FVB) benefit may only be assigned for the infant's 7th month food package or later.

Keeping your baby food safe

The safest way to feed your baby is to put the amount of food your baby will eat into a small bowl. Throw away anything that is left in the bowl.

Feeding your baby directly from the container will cause the food to spoil quickly.

Storing

- Leftover baby food can be stored in the refrigerator for up to two days in a container with a tight-fitting lid.

- To keep baby food longer, you can then put the container in the freezer for about 3 months. Write the date on the container to remind you when you put it in the freezer.

- One good way to store baby food in individual portions is to freeze it in an ice cube tray. Once it is frozen, transfer the cubes to a plastic bag and return them to the freezer. Write the date on the bag to remind you when you put it in the freezer.

Oregon WIC Program • www.healthoregon.org/wic

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It's time to eat!

Food for your baby

OREGON HEALTH AUTHORITY

WiC OREGON

Feeding your baby

- Most babies are ready to try pureed foods when they are around **six months old.** Begin with single vegetables, fruits, and infant cereals with smooth textures.

- Offer your baby only one new food every five to seven days. You can mix foods together when baby has eaten each one on it's own.

- You can mix two foods together after your baby eats a food without other foods.

  - If you are buying baby food, look for single ingredient foods. Avoid baby food dinners, desserts and those that have additives and fillers.

  - Around **eight to ten months**, babies are able to pick up and hold food. They can handle a variety of soft food in small pieces.

  - Let your baby decide what they like or dislike. Sometimes it takes a few tries before your baby will like a new food. Just because you don't like it does not mean that your baby won't!

  - By **ten to twelve months**, babies will be able to eat most soft table foods, when they are cut into bite size pieces.

Making your own baby food is easy

Homemade baby food is good for your baby. It will help your baby get used to the foods your family eats, and you always know what is in it!

You can help your baby get a good start with purees using the foods and utensils you already have at home.

Try these simple steps:

1 You will need a clean fork, potato masher, food processor or blender.

2 Make sure your fresh fruits and vegetables are clean and safe. Scrub them, peel off the skin and remove stems, pits and seeds.

3 Prepare meats by removing bones, skin and visible fat.

4 Cook hard or tough foods until soft.

5 Cool to room temperature.

6 Mash, puree or blend food. Add small amounts of cooking water, breast milk, or formula until mixture is smooth.

Even if you like your foods sweet or salty, your baby will prefer the natural flavor of foods. Avoid adding sugar, salt or syrups to baby's food.

Never use honey in your baby's food. Honey can make your baby very sick.

WIC OREGON

Women, Infants and Children (WIC)
Medical Documentation Form

Local WIC Clinic:
Phone #:
Fax #:
Contact Name:

- This request is subject to WIC approval per policy and procedure.
- Please fax or return the completed form to your local WIC clinic.
- Patient must be under the medical supervision of the provider signing this form.
- Medicaid is the primary payor for medical formulas. WIC can provide this until OHP issuance is established.

A. Patient information

Patient's name (Last, First, MI): DOB: OHP#

Parent/Caregiver's name (Last, First, MI): Phone #:

☐ Provide WIC Dietitian consult ☐ Patient on tube feeding (provide name of formula, enteral company in section C)

B. Medical formula - Check all that are acceptable

❶ ► Medical diagnosis or qualifying condition:

❷ ► Length of issuance: ☐ 3 months ☐ 6 months ☐ until 12 months of age ☐ other:_____ (not to exceed 12 months)

❸ ► Prescribed amount: ☐_____ per day *OR* ☐ maximum allowable

INFANTS/CHILDREN			CHILDREN		
Prematurity:	☐ EnfaCare	☐ Neosure	**Similac infant:**	☐ Advance ☐ Soy ☐ Sensitive ☐ Total Comfort	
Extensively Hydrolyzed:	☐ Nutramigen ☐ Extensive HA	☐ Pregestimil ☐ Alimentum	**Milk-based, lactose free:**	☐ PediaSure ☐ Nutren Jr. ☐ Boost Kid Essentials 1.0 ☐ Boost Kid Essentials 1.5	
	☐ *Allow store brand Alimentum*		**Extensively Hydrolyzed:**	☐ PediaSure Peptide ☐ Peptamen Jr. 1.0 ☐ Peptamen Jr. 1.5	
Added rice starch:	☐ Enfamil AR		**ADULTS ONLY**		
	☐ *Allow store brand Enfamil AR*		☐ Ensure ☐ Ensure Plus ☐ Boost Plus ☐ Boost High Protein		

☐ OTHER (ONLY formulas listed on page 2 can be issued): _____

C. WIC Supplemental foods

☐ Check here to request WIC Nutritionist determine supplemental foods.

Infants 7-12 months Omit:
☐ Infant cereal
☐ Infant jarred fruits/vegetables

Children older than 12 months and adults: Omit: ☐ Milk ☐ Cheese ☐ Eggs ☐ Peanut butter ☐ Other _____

Include: ☐ Infant cereal in place of breakfast cereal ☐ Jarred infant fruit and vegetable in place of cash produce benefit
☐ Plant-based alternatives (beans, nut, seed butters) for eggs ☐ Plant-based milk alternative

Changes to milk-fat:
☐ Low/nonfat milk and yogurt for children 12-23 months
☐ Whole milk and yogurt for adults and children older than 23 months receiving formula from WIC or Medicaid (no exceptions)

Additional Instructions:

D. Health care provider information

Signature of health care provider: Date:

Provider's name (please print): ☐ MD ☐ DO ☐ NP ☐ PA ☐ ND ☐ CNM

Medical office/clinic: Clinical RD name:

Phone #: Fax #: Email:

WIC USE ONLY	Date form received:	Exp. Date:	RDN review (signature & review date):	☐ FW order	WIC ID:

Oregon WIC Approved Contract and Non-Contract Formulas

The Oregon WIC Nutrition Program is federally required to obtain a contract for standard infant formulas for cost containment. The current contract is with Abbott Nutrition for milk-based and soy-based formulas until 2025.

Infant Formulas	Contract 20 kcal/oz formulas: Do not require medical documentation
Similac Advance	Milk-based, 100% lactose
Similac Soy Isomil	Soy-based, lactose free. Appropriate for vegetarian diet. Not indicated for premature infants
Similac Sensitive	Milk-based, 2% lactose. Similar to Gentlease
Similac Total Comfort	Milk-based, 100% whey protein, partially hydrolyzed, 2% lactose. Similar to Gentlease, Soothe

WIC participants with a qualifying medical condition are eligible to receive formulas listed below:

Noncontract Infant Formulas	Product characteristics/medical reason for request
EnfaCare, Neosure	22 kcal/oz. Prematurity, birthweight <2000g. Not indicated after 1-year corrected age
Nutramigen, Alimentum Pregestimil, Extensive HA	20kcal/oz. Extensively hydrolyzed protein. Protein allergy, multiple food allergies. Nutramigen powder contains probiotic LGG, Pregestimil 55% MCT (medium chain triglycerides), Alimentum 33% MCT, Nutramigen has no MCT
Elecare Infant, PurAmino, Alfamino, Neocate: Infant, Syneo, Nutra	20kcal/oz. Free amino acid. Severe malabsorption, protein/multiple food allergy, GERD, eosinophilic esophagitis (EOE), short bowel syndrome, necrotizing enterocolitis. Neocate Nutra: 22/kcal/scoop. Semi-solid, amino acid based first food.
Enfamil AR	20kcal/oz. Added rice starch. Uncomplicated GERD. Thickened formulas are not appropriate for premature infants <38 weeks. 20% whey, trace lactose.
EnfaPort	30 kcal/oz. Chylothorax or LCHAD deficiency 84% MCT
Similac PM 60/40	20kcal/oz. 60% whey, low in iron. Lowered mineral level. Renal conditions, neonatal hypocalcemia
Noncontract Adult & Child Formulas	**Product characteristics/medical reason for request**
Nutren Jr, PediaSure, Boost Kid Essentials (BKE) 1.0, 1.5	30kcal/oz. Milk-based. BKE 1.5 is 45kcal/oz. Chronic illness, oral motor dysfunction, conditions increasing caloric needs beyond what is expected for age with functional gut status.
PediaSure Peptide Peptamen Jr 1.0, 1.5	30kcal/oz. Extensively hydrolyzed whey protein. Peptamen Jr 1.5 is 45kcal/oz. Protein/multiple food allergies
Elecare Jr, Neocate Jr Syneo, Alfamino Jr, Neocate Splash	30kcal/oz. 100% free amino acid. Severe protein/multiple food allergy. Splash is lactose, whey, soy and milk protein free. Severe malabsorption, food allergies, multiple protein intolerance, GI impairment (EOE, short bowel syndrome and/or GERD)
Compleat Pediatric	30kcal/oz. Blenderized foods for tube feeding-refer patients to Medicaid. WIC to provide only temporarily until Medicaid coverage for the tube feeding is set up, same as all non-bid formulas administered by tube feeding.
Ketocal 3:1 and 4:1	Nutritionally complete, high fat, low carbohydrate (CHO). Seizure disorders
Duocal	42 kcal/Tbsp powder. CHO, fat (35% MCT), no protein, sucrose, fructose or lactose. Not complete.
Monogen, Portagen	Monogen may be mixed to 22kcal/oz. Lactose free, 85-90% MCT oil. Chylothorax
Liquigen	Liquigen 50/50 MCT/Water, 4.5 kcal/ml. Fat malabsorption, ketogenic diet, chylothorax, short bowel syndrome
Ensure Clear	18 kcal/oz, milk-based, lactose and fat-free, clear liquid, nutritionally incomplete; not for tube feeding 8 g whey protein/10 oz. Malabsorption, GI impairment, increased calorie needs, oral motor feeding issues/ aversions
Ensure, Ensure Plus, Boost: Plus, High Protein	Adults only. 30kcal/oz. Plus versions: 45 kcal/oz. Boost High Protein provides 15 grams protein per serving. Conditions requiring increased protein: illness, cancer, wounds, recovering from surgery
Glucerna	Adults only. 24kcal/oz. Blend of low glycemic CHO, 10 g protein, 6 g sugar per svg. Diabetes
Suplena CarbSteady	Adults only. 54 kcal/oz. Low in protein, lactose free for chronic kidney disease (stage 3, 4)

Medical Formulas

Number of containers allowed by age and/or category

Medical Formulas in WIC refer to any formula other than the current milk-based or soy-based bid formula

Definitions:

IB: Infant who is **mostly** breastfeeding

IBN: Infant who is **some** breastfeeding

IN: Infant who is **non**-breastfeeding

Maximum ounces allowed for age and category listed

Formula: Name of medical formula.

Cont. Size: the size of the container, in ounces unless noted, the formula comes in.

Reconstitution: Number of fluid ounces of formula that can be made from this can size using   manufacturer's guidelines for dilution. For formulas with varying caloric density values (e.g. Ketocal) maximum issuance is based on a dilution value of 20 Kcal/oz.

FW?: Indicates if this formula is available for ordering from the Formula Warehouse.

Subcategory: Number assigned to the formula in TWIST. Used for running reports on participant use of subcategory.

Number of containers for mostly breastfeeding infants (IB)

Formula	Cont. Size	FW?	Sub category	Re-constitution	0-3 mo	4-6 mo	7-12 mo
Powder					*435 oz*	*522 oz*	*384 oz*
Alfamino	14.1	Yes	31-093	94	1-4	1-5	1-4
Alimentum	12.1	Yes	31-033	87	1-3	1-4	1-3
Duocal	400g	Yes	41-074	98	4	5	3
Elecare for Infants	14.1	Yes	31-042	95	1-4	1-5	1-4
Enfacare	12.8	Yes	31-067	82	1-5	1-6	1-4
Enfamil AR	12.9	Yes	21-013	93	1-4	1-5	1-4
Extensive HA	14.1	Yes	31-091	90	1-4	1-5	1-4
Neocate Infant	14	Yes	31-072	85	1-5	1-6	1-4
Neocate Syneo Infant	14.1	Yes	31-102	95	1-4	1-5	1-4
Neocate Nutra	14.1	No	41-252	36	0	0	1-10
Neosure	13.1	Yes	31-030	87	1-5	1-6	1-4
Nutramigen with Enflora	12.6	Yes	31-004	87	1-5	1-6	1-4
PurAmino	14.1	Yes	31-069	98	1-4	1-5	1-3
Pregestimil	16	Yes	31-009	112	1-3	1-4	1-3
Similac PM 60/40	14.1	Yes	31-036	102	1-4	1-5	1-3

Formula	Cont. Size	FW?	Sub category	Re-constitution	0-3 mo	4-6 mo	7-12 mo
Concentrate					*388 oz*	*460 oz*	*315 oz*
Nutramigen	13	No	31-005	26	1-14	1-17	1-12
Ready to Feed					*384 oz*	*474 oz*	*338 oz*
Alimentum		Yes	31-032				
Neosure	32	No	31-031	32	1-12	1-14	1-10
Nutramigen		Yes	31-006				
Enfamil Enfacare	Six pack of 8 oz bottles	No	31-067	48	1-8 6-pcks	1-9 6-pcks	1-7 6-pcks

Number of containers for some breastfed infants (IBN)

Formula	Cont. Size	FW?	Sub category	Re-constitution	0-3 mo	4-6 mo	7-12 mo
Powder					*776 oz*	*866 oz*	*603 oz*
Alfamino	14.1	Yes	31-093	94	5-8	6-9	5-6
Alimentum	12.1	Yes	31-033	115	4-6	5-7	4-5
Duocal	400g	Yes	41-074	98	7	8	6
Elecare for Infants	14.1	Yes	31-042	95	5-8	6-9	5-6
Enfacare	12.8	Yes	31-067	82	5-9	7-10	5-7
Enfamil AR	12.9	Yes	21-013	93	5-8	6-9	5-6
Extensive HA	14.1	Yes	31-091	90	5-8	6-9	5-6
Neocate Infant	14	Yes	31-072	85	6-9	7-10	5-7
Neocate Syneo Infant	14.1	Yes	31-102	95	5-8	6-9	5-6

Formula	Cont. Size	FW?	Sub category	Re-constitution	0-3 mo	4-6 mo	7-12 mo
Neocate Nutra	14.1	No	41-252	36	0	0	11-16
Neosure	13.1	Yes	31-030	87	6-8	7-9	5-6
Nutramigen Enflora	12.6	Yes	31-004	87	6-8	7-9	5-6
PurAmino	14.1	Yes	31-069	98	5-7	6-8	4-6
Pregestimil	16	Yes	31-009	112	4-6	5-7	4-5
Similac PM 60/40	14.1	Yes	31-036	102	5-7	6-8	4-5
Concentrate					*751 oz*	*823 oz*	*557 oz*
Nutramigen	13	No	31-005	26	15-28	18-31	13-21
Ready to Feed					*736 oz*	*812 oz*	*544 oz*
Alimentum	32	Yes	31-032	32	13-23	15-25	11-17
Neosure		No	31-031				
Nutramigen		Yes	31-006				
Enfamil Enfacare Enfamil AR	Six pack of 8 oz bottles	No	31-067	48	9-15 6-pcks	10-16 6-pcks	7-11 6-pcks

Formula	Cont Size	FW?	Sub category	Re-constitution	0-3 mo	4-6 mo and 7-12 mo "special" (no infant foods)	7-12 mo	13-24 mo (C-1)
Number of Containers for Non-breastfeeding infants (IN) and Children up to 24 months (C-1)								
Powder					870 oz	960 oz	696 oz	910
Alfamino	14.1	Yes	31-093	94	9	10	7	9
Alimentum	12.1	Yes	31-033	87	10	11	8	10
Duocal	14	Yes	41-074	98	8	9	7	9
Elecare for Infants	14.1	Yes	31-042	95	9	10	7	9
Enfacare	12.8	Yes	31-067	82	10	11	8	11
Enfamil AR	12.9	Yes	21-013	93	9	10	7	9
Neocate Infant	14	Yes	31-072	85	10	11	8	10
Extensive HA	14.1	Yes	31-091	90	9	10	7	10
Neocate Syneo Infant	14.1	Yes	31-102	95	9	10	7	9
Neocate Nutra	14.1	No	41-252	36	0	0	19	25

Number of Containers for Non-breastfeeding infants (IN) and Children up to 24 months (C-1)								
Formula	**Cont Size**	**FW ?**	**Sub category**	**Re-constitution**	**0-3 mo**	**4-6 mo and 7-12 mo "special" (no infant foods)**	**7-12 mo**	**13-24 mo (C-1)**
Neosure	13.1	Yes	31-030	87	10	11	8	10
Nutramigen Enflora	12.6	Yes	31-004	87	10	11	8	10
PurAmino	14.1	Yes	31-069	98	8	9	7	9
Pregestimil	16	Yes	31-009	112	7	8	6	8
Similac PM 60/40	14.1	Yes	31-036	102	8	9	6	8
Concentrate					*823 oz*	*896 oz*	*630 oz*	*910 oz*
Nutramigen	13	No	31-005	26	31	34	24	35
Ready to Feed					*832 oz*	*913 oz*	*643 oz*	*910*
Alimentum		Yes	31-032					
Neosure	32	No	31-031	32	26	28	20	28
Nutramigen		Yes	31-006					

Number of Containers for Non-breastfeeding infants (IN) and Children up to 24 months (C-1)								
Formula	Cont Size	FW?	Sub category	Re-constitution	0-3 mo	4-6 mo and 7-12 mo "special" (no infant foods)	7-12 mo	13-24 mo (C-1)
Enfamil Enfacare Enfamil AR	8	No	31-067	48	17 6-pcks	19 6-pcks	13 6-pcks	18 6-pcks
EnfaPort	6	Yes	31-075	6	138	152	107	N/A
KetoCal 4:1 vanilla	8	Yes	41-276	8	104	114	80	113

Medical Formulas for Children 12-60 months (C-1 and C-2)						
Formula	Cont Size	FW?	Sub category	Case size	Re-constitution	Maximum containers allowed
Powder						*910 oz*
Duocal	400 g	Yes	41-074	4/case	98	9
Elecare Jr	14.1	Yes	31-073	6/case	62	14
Monogen	14	No	41-248	6/case	76	11

Medical Formulas for Children 12-60 months (C-1 and C-2)

Formula	Cont Size	FW?	Sub category	Case size	Re-constitution	Maximum containers allowed
Neocate Jr.	400g (14.1)	Yes	41-063	4/case	60	15
Ready to Feed						*910 oz*
Boost Kid Essentials 1.0	8	Yes	41-207	27/case	8	113
Boost Kid Essentials 1.5	8	Yes	41-208	27/case	8	113
Compleat Pediatric	8.45	Yes	41-181	24/case	8.45	107
Neocate Splash	8	Yes	41-066	27/case	8	113
Liquigen	8.45	Yes	41-327	4/case	8.45	107
Nutren Jr	8.45	Yes	41-142	24/case	8.45	107
PediaSure 6-Pack **Note:** 6-pack retail version not available from FW	8	No	41-036	Four 6-packs per case	48	108 (eighteen 6-packs) *Note:* maximum issuance is not possible with 6-packs

Medical Formulas for Children 12-60 months (C-1 and C-2)

Formula	Cont Size	FW?	Sub category	Case size	Re-constitution	Maximum containers allowed
PediaSure **Institutional** **Note:** Not available in retail stores. Order from FW	8	Yes	41-036	24/case	8	113
PediaSure Enteral **Note:** Not available in retail stores. Order from FW	8	Yes	41-037	24/case	8	113
PediaSure Peptide 1.0	8	Yes	41-228	24/case	8	113
PediaSure Peptide 1.5	8	Yes	41-234	24/case	8	113
Peptamen Jr 1.0	8.45	Yes	41-153	24/case	8.45	107
Peptamen Jr 1.5	8.45	Yes	41-234	24/case	8.45	107

Medical Formulas for Women						
Formula	**Cont Size**	**FW ?**	**Sub category**	**Case Size**	**Re-constitution**	**Maximum containers allowed**
Powder						*910 oz*
Duocal	400 g	Yes	41-074	4/case	98	9
Ready to Feed						*910 oz*
Boost Plus, 6-pack **Note:** 6-pack retail version not available from FW	8	No	41-172	Four 6-packs per case	48	108 (eighteen 6-packs) *Note:* maximum issuance is not possible with 6-packs
Boost High Protein, 6- pack **Note:** 6-pack retail version not available from FW		No	41-225			
Boost Plus **Institutional** **Note:** Not available in retail stores; order from FW	8	Yes	41-172	24/case	8	113

Medical Formulas for Women

Formula	Cont Size	FW?	Sub category	Case Size	Re-constitution	Maximum containers allowed
Boost High Protein **Institutional** **Note:** Not available in retail stores; order from FW	8	Yes	41-225	24/case	8	113
Ensure with or w/o fiber, 6-pack **Note:** 6-pack retail version Not available from FW	8	No	41-005	Four 6-packs per case	48	108 (eighteen 6-packs) *Note:* maximum issuance is not possible with 6-packs
Ensure Plus, 6-pack **Note:** 6-pack retail version Not available from FW	8	No	41-012	Four 6-packs per case	48	108 (eighteen 6-packs) *Note:* maximum issuance is not possible with 6-packs

Medical Formulas for Women						
Formula	**Cont Size**	**FW ?**	**Sub category**	**Case Size**	**Re-constitution**	**Maximum containers allowed**
Ensure **Institutional** **Note:** Not available in retail stores	8	Yes	41-005	24/case	8	113
Ensure Plus **Note: Institutional** Not available in retail stores	8	Yes	41-012	24/case	8	113
Ensure Clear	10	No	41-289	4 pk	10	
Glucerna Shake	8	No	41-019	Four 6-packs per case (24 bottles)	8	108 (eighteen 6-packs) *Note:* maximum issuance is not possible with 6-packs
Liquigen	8.45	Yes	41-327	4/case	8.45	107
Suplena CarbSteady	8	No	41-050	Four 6-packs per case (24 bottles)	8	108 (eighteen 6-packs) *Note:* maximum issuance is not possible with 6-packs

Retail vs. Institutional

Some nutritionals are packaged differently for stores-retail sales versus what is known as institutional sales (e.g. PediaSure, Boost, and Ensure). Containers sold in the stores in six containers per package do not allow for the maximum issuance (e.g. 113 containers vs. 108 containers). When the Medical Documentation Form requests the full issuance, ordering from the Formula Warehouse can fulfill this request. The product is the same, the packaging will look different.

Medical Formulas not provided by WIC

The Oregon Health Plan (OHP) is the primary payer of formula needed to treat infants and children who are participating in both OHP and WIC. Oregon WIC does not provide medical formula in the following situations:

- Medical formula or nutritional provided by tube feeding (e.g. gastrostomy tube or nasogastric tube)
- Metabolic formulas for inborn errors of metabolism

Please contact your assigned Nutrition Consultant regarding the payment of these formulas by Medicaid.

Replacement of Unavailable/Stolen Formula

Participant Name	
WIC ID Number or eWIC Card PAN	
Formula Name	
Number of Containers Reported as Unavailable/Stolen	
Number of Containers Replaced	

I am reporting the above formula has been stolen or cannot be safely retrieved. I understand that if the original formula is found that I must return the replacement formula to the WIC Program. If I don't follow the rules, I may be disqualified and have to pay money back to WIC for formula I should not have received.

Signature of Participant or Guardian: _____

Date Signed: _____

For Agency Use Only

For additional information, refer to Policy 561.
Send completed forms to the State WIC Office within three days.
Fax: 971-673-0071 Attention: WIC Compliance Coordinator

WIC Local Agency	
WIC Staff Name	

57-912 (7/2018)

Transaction type for adult returning with a new pregnancy

A participant comes into the office who is newly pregnant and is currently enrolled in WIC or as been in the past. Do not change the participant category. Use the "Reinstate" process to choose the correct transaction type.

How to Choose the Correct Transaction Type

Step 1: Determine the participant's status in the system.
The transaction type for a new pregnancy depends on the participant's current status in the system.
- Is the participant active in WIC now or terminated?
- What is the most recent certification end date?

**Step 2:** Select which scenario matches her situation:
- Active in WIC now
- Terminated – cert end date in the past
- Terminated – cert end date in the future
- Terminated – last cert she was a child

Use the chart below to choose the correct transaction type for the situation for the participant who is returning to WIC with a new pregnancy.

In most cases "Re-instate" is the correct choice.
There are two exceptions:

1. Terminated with a cert date in the future
2. Terminated. The participant was a child the last time they were certified in the system.
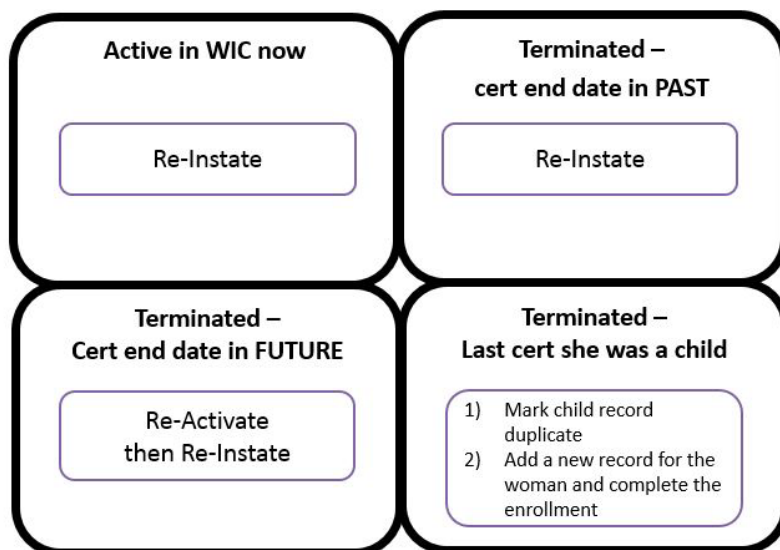
The **Re-instate** transaction type takes the place of a new enrollment or using recertification transaction type to start the new pregnancy certification. The the income screens and all certification screens must be completed before issuing new benefits.

References:

Video: Which transaction type for a returning participant with a new pregnancy.
https://youtu.be/qeNnCy4iZao

TWIST Manual Chapter 3, Section 8: Lessons: Re-activate and Re-instate, Transaction Types.

Postpartum adult and infant category definitions

Postpartum adult categories

Fully Breastfeeding

A breastfeeding participant who is up to one year postpartum and whose infant does not receive infant formula from WIC.

TWIST Code – **WE**

Mostly Breastfeeding

A breastfeeding participant who is up to one year postpartum and whose infant receives infant formula from WIC up to the maximum provided for a mostly breastfed infant.

TWIST Code – **WB**

Some Breastfeeding

A breastfeeding participant who is up to one year postpartum, whose infant receives more than the maximum amount of infant formula from WIC provided for a mostly breastfeeding infant, but less than the amount provided for a non-breastfeeding infant.

TWIST Code – **WBN**

Non-Breastfeeding

A participant who is not breastfeeding and is less than 6 months postpartum.

TWIST Code – **WN**

Infant categories

Fully Breastfeeding:

A breastfeeding infant who is up to one year of age and does not receive infant formula from WIC.

TWIST Code – **IE**

Mostly Breastfeeding:

A breastfeeding infant who is one month to one year of age and receives infant formula from WIC up to the maximum provided for a mostly breastfed infant.

TWIST Code – **IB**

Some Breastfeeding:

A breastfeeding infant who is one month to one year of age and receives more than the maximum amount of infant formula from WIC provided for a mostly breastfed infant, but less than the amount provided for a non-breastfed infant for the infant's age.

TWIST Code – **IBN**

Non-Breastfeeding:

An infant who is not breastfeeding and is up to one year of age and receives infant formula from WIC.

TWIST Code – **IN**

Postpartum adult and infant categories and age ranges in TWIST

Month	Jan	Feb	Mar	April	May	June	July
	0	1	2	3	4	5	6

TWIST calculates month based on calendar month, rounded to the end of the month. Categories are based on calendar month, except birth to one month and changing from infant to child.

	Months 0-3			Months 4-6		
Example:	Born Jan 5th	1 month 2/5	2 months 3/5	3 months 4/5	4 months 5/5	5 months 6/5	6 months 7/5

WE	Eligible until month baby turns 1 year old. Gets normal food package.
IE	0 through 6 months gets breast milk only

WB	Eligible until month baby turns 1 year old. Gets reduced food package.	
IB	Breast milk + 1-4 cans formula	Breast milk + 1-5 cans formula

WBN	Eligible to 1 year – Gets food package equal to WN through month baby turns 6 months	
IBN	Breast milk + 5-8 cans powder	Breast milk + 6-9 cans powder

WN	Eligible until baby completes their 6th month of age – gets WN food package	
IN	9 cans powder	10 cans powder

C1	

Adult and infant categories must match in TWIST:
WE/IE = Fully Breastfeeding
WB/IB = Mostly Breastfeeding

WBN/IBN = Some Breastfeeding
WN/IN = Non-Breastfeeding

Postpartum adult and infant categories and age ranges in TWIST

Month	August	Sept	Oct	Nov	Dec	Jan	Feb
	7	8	9	10	11	12	13

TWIST calculates month based on calendar month, rounded to the end of the month. Categories are based on calendar month, except birth to one month and changing from infant to child.

Example:	Months 7-12						
	7 months 8/5	8 months 9/5	9 months 10/5	10 months 11/5	11 months 12/5	12 months 1/5	
WE	Eligible until month baby turns 1 year old. Gets full breastfeeding food package.						
IE	7 months to 1 year of age – breast milk + infant cereal, fruit/vegetable puree and meat; eligible for FVB in place of purees						
WB	Eligible until month baby turns 1 year old. Gets reduced breastfeeding food package.						
IB	Breast milk + 1-4 cans of powder + infant cereal and fruit/vegetable purees; eligible for FVB in place of purees						
WBN	No food package, receives all other WIC services						
IBN	Breast milk + 5-6 cans powder + infant cereal and fruit/vegetable purees; eligible for FVB in place of purees						
WN	No longer categorically eligible, graduated from program						
IN	7 cans of powder + infant cereal and fruit/vegetable purees; eligible for FVB in place of purees						
C1						*See note	C1 Child Fd Pkg

Adult and infant categories must match in TWIST:
WE/IE = Fully Breastfeeding
WB/IB = Mostly Breastfeeding
WBN/IBN = Some Breastfeeding
WN/IN = Non-Breastfeeding

*Child Food Package in 12th month: If requested and developmentally appropriate, infant food package can be converted to child package on or after actual birthday if benefits have not been spent.
For this example, it could be requested on or after January 5th.

Category and Food Package options for Postpartum Adults

WIC's goal is to support breastfeeding. That goal determines our actions with postpartum moms.

Categories available for women between delivery and one month postpartum:

WP - Pregnant (infant will not receive formula from WIC)

WE - Fully Breastfeeding (infant will not receive formula from WIC)

WN - Non Breastfeeding (infant can receive formula from WIC any time after delivery)

TWIST Rules

- The infant category must match mom's category and will guide the provision of formula for the infant. Mom and baby must match in order to be able to issue benefits.
- TWIST will not allow you to assign the WB/IB or WBN/IBN category/designation in the <u>calendar</u> month of the infant's birth.

Steps to follow for an adult participant in the first month postpartum

Step 1: Determine if there are any category change or appointment needs

You may leave her as a WP and schedule her for her postpartum appointment. You may pre-screen the infant when she calls.

OR

You may schedule the pair for this month to enroll the baby as an IE or IN and complete the postpartum recertification appointment for the mom, making her category match her infants.

OR

You may follow the temp newborn process, enrolling the baby as an IE or IN and changing mom's category to match. You would then schedule the pair for their recertification.

Step 2: Issue Benefits if needed

If mom remains a WP, she may continue to use her WP benefits. No benefits are issued for the baby at this time.

If mom becomes a WE, you may issue additional benefits for any months she already has WP food package issued. No benefits are issued for the baby at this time.

If the mom and baby change to WB/IB or WBN/IBN after the baby is one month old, the future months of benefits with the WE food

package will change and benefits appropriate for her new category must be reissued.

If mom becomes a WN, you must reissue benefits appropriate for her WN category. You may issue benefits for the baby.

If the mom and baby change to WB/IB or WBN/IBN after the baby is one month old, benefits appropriate for their new categories must be issued.

Refer to Food Package Module Lesson: Food package issues based on participant category.

Breast pump release form

WIC OREGON

FOR STAFF USE ONLY

Type of pump issued

❏ Hygeia ❏ Medela Manual pump — 2 handed
❏ Hygeia ❏ Medela Manual pump — 1 handed
❏ Hygeia ❏ Medela Personal double electric pump
    Medela Lactina   Serial # _____

Reason for issuance

❏ Work ❏ School ❏ Other _____

Comments _____
_____
_____

Reviewed with WIC participant

❏ Breast pump assembly   ❏ Pumping plans   ❏ Written information or
❏ Breast pump use   ❏ Storage of breast milk   manufacturer website
❏ Breast pump cleaning   ❏ Other _____   link provided

Issued by: _____   **Follow up date (within 48 hours):** _____

Please read each statement, initial the box, and sign below:

✓ I have not received a breast pump from my health care provider / insurer. [____]

✓ I have received a breast pump from WIC. The use of the pump has been explained to me and I fully understand how to use it.

✓ I understand that this breast pump is for my use only. I will not sell this pump, give it away, or share it with anyone else because it is against WIC rules. I will keep it in a safe place for future use, as personal double electronic breast pumps are only provided once every 3 years. I will return this pump if WIC asks me to do so.

✓ I understand that using street drugs or legal substances such as alcohol, marijuana, or certain medications is not safe while breastfeeding because they may harm my baby.

✓ I agree not to make a claim against any local or state WIC Program or their employees for any damages or expenses that come from borrowing or using this breast pump.

✓ I have been offered a copy of this form.

✓ I have read this form and fully understand it.

Call your WIC clinic at _____ if you have any questions or problems with this pump.

_____   _____   _____
WIC participant name   Infant DOB   WIC ID number

_____   _____   _____   _____
WIC participant signature   Phone number   Message phone   Date

WIC is an equal opportunity program and employer.
This form is available in alternate formats by calling 971-673-0040.

57-751-ENGL (06/2025)

Multi-user electric breast pump loan agreement

WIC OREGON

WIC Clinic: _____ **Hospital partner site:** _____ **Date:** _____

Participant information ⇩

_____
Name   WIC ID

_____
Infant's name   Infant's DOB

_____
Address   City   ZIP

_____
Home telephone   Work/message telephone

_____
Alternate contact person   Relationship   Telephone

_____
Address   City   ZIP

FOR STAFF USE ONLY

Type of pump issued:
❑ Lactina   ❑ EnDeare
❑ Double pumping kit
❑ Other: _____

Pump serial #: _____

Reason for loan:
_____
_____

Follow-up Date (within 48 hours):
_____
_____
_____

Loan Conditions

Read each statement, initial each box, and sign below.

- I have **not** received a breast pump from my health care provider / insurer. ▢

- I understand that this breast pump is the property of the WIC program and is on loan to me. I will protect the pump from theft or loss by keeping it in a secure location at all times. I will not smoke around the pump. I will not sell the pump, give it away, or let anyone else use it.

- I will return the breast pump in clean condition to the location stamped on the pump. I will return the pump by the following date: _____ or earlier if I no longer need the pump, if I leave Oregon, or if WIC asks me to do so. **If I fail to return the breast pump, I agree to pay the WIC program back for the cost of the pump.** ▢

- I have received instruction on the assembly, use, and cleaning of the pump, and I understand how to safely store my breast milk. I will use the breast pump according to the instructions provided. I will call _____ if the pump is not working properly, if parts break, or to report any loss, theft, or damage to the pump.

- I understand WIC may contact me to provide breastfeeding support and assess my continued need for the breast pump. I will maintain enrollment in WIC. I will notify WIC if I change my name, address, or phone number. I give clinic staff permission to contact my alternate contact listed above if I cannot be reached.

- I understand that using street drugs or legal substances such as alcohol, marijuana, or certain medications is not safe while breastfeeding because they may harm my baby.

- I agree not to make a claim against any local or state WIC program or their employees for any damages or expenses that come from borrowing or using this pump.

_____   _____
Participant signature   Date   Staff signature   Date

Sign below when pump is returned ⇩

_____
Condition of returned pump

_____   _____
Participant signature   Date   Staff signature   Date

57-750-ENGL (11/2024)

Job Aid — Standard Infant Formulas

Number of cans allowed by age and category

Key:

Maximum formula ounces allowed for age and category listed

Reconstitution = Number of fluid ounces of formula that can be made from one can using standard dilution (20 kcal/oz).

Formula codes:

Similac Advance = SIA
Similac Soy Isomil = SOY
Similac Sensitive = SSF
Similac Total Comfort = STC

Example: SIA-P = Similac Advance powder

Mostly breastfed (IB)

Formula	Can Size	Sub-category	Reconstitution	<1mo	1-3 mo	4-6 mo	7-12 mo
Powder					*435 oz*	*522 oz*	*384 oz*
Similac Advance	12.4	21-082	90	0	1-4	1-5	1-4
Similac Soy	12.4	21-031	90				
Similac Sensitive	12.0	21-034	90	0	1-4	1-5	1-4
Similac Total Comfort	12.0	21-088	90	0	1-4	1-5	1-4
Concentrate					*388 oz*	*460 oz*	*315 oz*
Similac Advance	13	21-083	26	0	1-14	1-17	1-12
Similac Soy	13	21-032	26				
Ready to Feed					*384 oz*	*474 oz*	*338 oz*
Similac Advance	32	21-084	32	0	1-12	1-14	1-10
Similac Soy	32	21-033	32				
Similac Sensitive	32	21-036	32	0	1-12	1-14	1-10

Job Aid — Standard Infant Formulas

Some breastfeeding (IBN)

Formula	Can Size	Sub-category	Reconstitution	<1mo	1-3 mo	4-6 mo	7-12 mo
Powder					*776 oz*	*866 oz*	*603 oz*
Similac Advance	12.4	21-082	90	0	5-8	6-9	5-6
Similac Soy	12.4	21-031	90				
Similac Sensitive	12.0	21-034	90	0	5-8	6-9	5-6
Similac Total Comfort	12.0	21-088	90	0	5-8	6-9	5-6
Concentrate					*751oz*	*823 oz*	*557oz*
Similac Advance	13	21-083	26	0	15-28	18-31	13-21
Similac Soy	13	21-032	26		15-28	18-31	13-21
Ready to Feed					*736 oz*	*812oz*	*544 oz*
Similac Advance	32	21-084	32	0	13-23	15-25	11-17
Similac Soy	32	21-033	32		13-23	15-25	11-17
Similac Sensitive	32	21-036	32	0	13-23	15-25	11-17

A "some" breastfeeding infant receives more formula than the mostly breastfed infant and up to the equivalent of one can powder less than a non-breastfeeding infant (or less 3 cans concentrate or less 3 cans ready to feed)

Non-breastfeeding infants (IN) and Children receiving infant formula (C-1)

Formula	Can Size	Sub-category	Reconstitution	0-3 mo	4-6 mo & 7-12 mo "special" (no infant foods)	7-12 mo	13-24 mo (C1)
Powder				*870 oz*	*960 oz*	*696 oz*	*910*
Similac Advance	12.4	21-082	90	9	10	7	10
Similac Soy	12.4	21-031	90				
Similac Sensitive	12.0	21-034	90	9	10	7	10
Similac Total Comfort	12.0	21-088	90	9	10	7	10
Concentrate				*823 oz*	*896 oz*	*630 oz*	*910*
Similac Advance	13	21-083	26	31	34	24	35
Similac Soy	13	21-032	26	31	34	24	35
Ready to Feed				*832 oz*	*913 oz*	*643 oz*	*910*
Similac Advance	32	21-084	32	26	28	20	28
Similac Soy	32	21-033	32	26	28	20	28
Similac Sensitive	32	21-036	32	26	28	20	28

Termination reasons and benefit issuance

Term Reasons in TWIST	Remove Current Benefits?	Removes Future Benefits?	When it happens
Automatic TWIST Terminations			
Child has reached age 5			End of month
Family does not use any benefits for two consecutive months	Yes	Yes	7th of month
Participant is marked as deceased in the participant master	Yes	Yes	Daily
Participant is not issued any benefits for six consecutive months			15th of month
Participant is one month overdue for recertification			End of month
Participants did not provide proof of eligibility - identity, residence, or income (eligibility pending)	No		Daily
Participant breastfeeding more than 12 months postpartum	No		End of month

Term Reasons in TWIST	Remove Current Benefits?	Removes Future Benefits?	When it happens
Participant non-breastfeeding more than 6 months postpartum	No	Yes	End of month
Incomplete diet assessment, health history, income, intake, medical data, or NE plan			Weekly
Manual Terminations			
Income ineligible			
No risk assigned			
Priority frozen	No	Yes	
Abuse of program	Yes	Yes	
Custody change	Yes	Yes	
Dual participation	Yes	Yes	
Exceeds income level allowed on program	No	Yes	
Lower priority medical/nutritional risk	No	Yes	
Moved from clinic area	No	Yes	

Term Reasons in TWIST	Remove Current Benefits?	Removes Future Benefits?	When it happens
Moved out of state	No	Yes	
Not at medical/nutritional risk	No	Yes	
Terminated voluntarily	No	Yes	
Participant has been on the wait list for more than the allotted time frame			
Other	No	Yes	

Assigning dry and evaporated cow and goat milk

The size of container for dry and evaporated cow or goat milk is **not** printed on the receipt for cow and goat dry and evaporated milk products. The size of container for these milks is also not mentioned when participants call the Customer Service number on their eWIC card.

WIC allows only one size of container when purchasing cow and goat dry or evaporated milk products.

Here are the container sizes:

- Cow milk: 25.6 oz pouch or box.
- Evaporated cow milk: 12 oz can.
- Myenberg goat milk evaporated and powdered: 12 oz can.

```
Example Receipt

Benefits Expire on XX-XX-20XX

01 CTR NONFAT DRY MILK
24 CAN EVAP FAT FREE MILK
16 CAN EVAPORATED WHOLE MILK
28 CAN EVAP WHOLE GOAT MILK
04 CAN PWD WHOLE GOAT MILK
07 CAN PWD NONFAT GOAT MILK
```

WIC Benefits List

Quantity	Unit	Food Item Description
01	CTR	Non fat dry milk 25.6 oz
24	CAN	Evaporated fat free milk 12 oz.
16	CAN	Evaporated whole milk 12 oz.
28	CAN	Evap whole goat milk 12 oz.
04	CAN	Powdered whole goat milk 12 oz.
07	CAN	Powdered nonfat goat milk 12 oz.

The WIC Benefits List does list the container size. Print the participant's Benefit List and point out the container size they must choose at the store to buy with their eWIC card. The container size is also shown in the Food List and the WICShopper app in the WIC Allowable Foods button.

When a participant prefers dry or evaporated milk, consider the reconstitution amounts of the box or can when issuing.

Dry milk

Powdered cow milk is only available in a 25.6 oz pouch or box of nonfat dry milk. Powdered goat milk is available in a 12 oz can. Here is the amount each will make when mixed with water according to the directions on the container:

- 25.6 oz. container of dry cow milk = 2 gallons milk
- 12 oz. can of powdered goat milk = .75 gallons milk

To assign the maximum milk benefit, most participants would be assigned a few quarts of liquid milk in addition to the dry milk.

Evaporated milk

Evaporated goat or cow milk is only available in a 12 oz. can.

One 12 oz. can of evaporated milk mixed with 12 oz. of water reconstitutes to 24 oz. or 3 cups of milk (.75 quart). Milk is assigned in quarts. Consider issuing in multiples of four cans. Every 4 cans of evaporated milk provides 3 quarts of milk.

Amounts of milk provided from cans of evaporated milk		
4 cans evaporated milk	= .75 gallon milk	(3 qts)
8 cans evaporated milk	= 1.5 gallons milk	(6 qts)
12 cans evaporated milk	= 2.25 gallons milk	(9 qts)
16 cans evaporated milk	= 3 gallons milk	(12 qts)

Amounts of milk provided from cans of evaporated milk
20 cans evaporated milk = 3.75 gallons milk   (15 qts)
24 cans evaporated milk = 4.5 gallons milk   (18 qts)
28 cans evaporated milk = 5.25 gallons milk   (21 qts)
32 cans evaporated milk = 6 gallons milk   (24 qts)
36 cans evaporated milk = 6.75 gallons milk   (27 qts)
40 cans evaporated milk = 7.75 gallons milk   (31 qts)

To reach the maximum milk benefit for the participant, it may be necessary to assign quarts of liquid milk, along with the evaporated milk.

Steps to assign food package for a participant who is pregnant and breastfeeding

There are specific steps to assign food packages for participants who have a new pregnancy and continue to breastfeed an infant up to 12 months of age. Follow these steps to assign the correct food package only when a participant is fully or mostly breastfeeding and pregnant.

The participant will receive the Full Breastfeeding Food Package (WE) until the breastfeeding infant turns 1 year. The WIC data system will automatically update the pregnant participant's food package at that time.

TWIST steps

1. Go to Enrollment/Intake
2. Click on Change Transaction Type button
   - Choose Reinstate
3. Change the participant category to Woman, Pregnant
4. Enter the EDD (Expected Delivery Date)
5. Complete Income Eligibility
6. Go to Certification, Woman
7. Complete all certification tabs
   - Assign Risk 338: Pregnant Woman Currently Breastfeeding
   - Assign Risk 332: Closely Spaced Pregnancies
8. Click the WP + BF box on the Food Package Assignment screen.

9. **Save**.
   - Food quantities will change to the appropriate amounts for the new category

10. Document in **Progress Notes** of the infant's record the enrolled parent is pregnant and breastfeeding. A change in breastfeeding status to some or non-breastfeeding for the infant requires a change in food package for the parent.

    TWIST will automatically update the pregnant participant's food package to the Pregnant food package when the Infant turns 1 year old.

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☺ Job Aid: Application Support

Chapter 1: TWIST Overview
Section 3: Equipment
Lesson: Equipment

Application Support ("App Support") can help in the daily operations of TWIST when any issues come up with processing participant or cardholder data, notifications and/or reports and you are unable to resolve it in your agency.

Action Steps for a TWIST problem

Examples: Slower-than-normal response time,
TWIST database not accessible,
Unable to enter certain data elements

Step 1. Look up the process in your TWIST Training Manual or Job Aid.
Step 2. Contact your Local Agency Expert User (*other staff within your agency*).
Step 3. Contact the State WIC Program TWIST Application Support at
  ▸ **866-865-2953** (toll free); **971-673-0068** (local)
  ▸ **Monday through Friday – 8:00 a.m. to 5:00 p.m.**

   Please provide the following information:
   - name
   - agency
   - phone number
   - description of problem (*menu/screen you were in when error occurred*).

♫ NOTE: If possible, call Application Support from a phone near the equipment for which you are having a problem. This will make it easier for us to assist you, and for you to follow any step-by-step instructions.

Action Steps for PC/Keyboard/Mouse, Server, Laptop, Laser Printer problems

Step 1. Contact your Local Agency Expert User (*other staff within your agency*).
Step 2. Contact your internal Information System Staff (*if available*).
Step 3. Follow your agency procedures for equipment repair or replacement.

☺ Job Aid: TWIST Troubleshooting

Chapter Appendices

Here is a list of common user errors. Have you made sure you have checked all of these items to avoid errors?

Possible Problem	Common errors	Correct action
Can't find the participant	Correct search method?	First 3 letters of the first and last name and date of birth. Use a broader search if you think the participant is in the system but don't find them.
Participant shown twice	Participant in system, but may be duplicate or is termed?	Review the "AP Enroll Status" screen in Client Demographics to see what other programs they are in and decide course of action.
Can't issue benefits	Are you using the correct transaction type?	Search for participant correctly, then make sure you use the correct transaction type for the participant's enrollment status. See Transaction Types and Deciding Which Transaction Type to Use Job Aids.
	Is record terminated? Is the cert end date in the future or within current month? Did you select reinstate as the transaction type?	In a terminated record, when the cert end date is in the future or the current month, select <u>REACTIVATE</u> as the transaction type and save.
	Is the "CPA Reviewed" check box checked on the "Health History" screen?	Go back and check the box and Save. You should see the blue check appear on the tab.
	On the FSS screen there is a letter showing instead of a check box.	See the Family Summary Codes Job Aid for what each code means.
	Does the mom's category match the baby's? FSS will show an M in the FB field.	TWIST will not allow you issue benefits if there is a mismatch between mom and baby category.
	Is the "Eligibility Pending" box checked on the Intake screen? FSS will show an E in the FB field.	You will have to wait until proofs have been entered on the intake screen and the Eligibility Pending box is unchecked to issue the next month's benefits.

Possible Problem	Common errors	Correct action
	The Fd Pkg field on the FSS is blank. Did you extend the cert end date? Did you save the new dates on the FPA tab?	Whenever the cert date is extended, you must go to the FPA tab and click save, even if there is already a check mark on the tab.
	Have you saved the mandatory data on the "Medical Data," "Health History," "Diet Assessment," "NE Plan," "Food Package Assignment" screens?	You will have a blue check mark on the tabs.
	Are the Certification Start and End Dates correct on the "Intake" screen?	Do these need to be changed? Check to see if dates are passed by more than thirty days. Are cert dates still valid? Does this impact the correct Transaction type or food package assignment?
Food Package Assignment tab is grayed out	Is there a risk assigned? Is the participant eligible?	Click on the Determine Eligibility button in certification and find out why the participant is not eligible. Participant cannot receive benefits if not eligible.
Wrong Food package showing	Did you change the participant category? Did you save the changes to the food package? Did you forecast the correct package for future months?	Make sure that food package assignment changes have been forecast correctly and saved.

☺ Job Aid: Process Summary

Chapter Appendices

Process: Check-in

Situation	Correct Process
New Any, w/ appointment:	✖ Client Processes ☛ Enrollment ☛ Open Folder ☛ 3+3 ☛ Check AP/Enroll ☛ Retrieve ☛ Enter Income info ☛ Verify **correct transaction type** for this visit ☛ Save and **Exit** ☛ Pass on to certifier.
New Child or Woman on phone, w/o appointment:	✖ Client Processes ☛ Pre-screen ☛ Search ☛ 3+3 ☛ Add new client ☛ Exit out door ☛ Highlight ☛ Return with client ☛ Enter info ☛ Schedule appt.
New Any, walk-in:	✖ Client Processes ☛ Enrollment ☛ Search ☛ 3+3 ☛ Add new client ☛ Exit out door ☛ Highlight ☛ Return with client ☛ Enter info.

Active, walk-in:
 	
    Add into correct time slot:
 	
    Add at the end of day:
	
	✖ Appt. Scheduler ☛ Scheduling ☛ Daily Clinic Schedule ☛ Select clinic, day, staff and Display Schedule ☛ Insert a row ☛ Set start time for new appt ☛ SAVE ☛ Change End time of appt. just before new ☛ Enter WIC ID in new appt. ☛ Select appt. type for new appt. ☛ Adjust Start time for appt. just after new appt. ☛ Save ☛ Set status to "WI" Save and Exit ☛ Refresh to view in FAR.
	
	✖ Appt. Scheduler ☛ Scheduling ☛ Daily Clinic Schedule ☛ Select clinic, day, staff and Display Schedule ☛ Insert a row ☛ Set start time after last appt. of day ☛ enter WIC ID ☛ Enter Appt. Type ☛ Select "WI" ☛ Save and Exit ☛ Refresh to view on FAR ☛ continue with cert process.

New Any, previously in another agency, termed:	✖ See "Transfers."

Situation	Correct Process
New Any, previously in same agency, termed:	✖ Client Processes ☛ Search and Double click ☛ Verify demographics ☛ Exit ☛ Return with client ☛ change transaction code to "Reinstate" (if >30 days from cert end date or new pregnancy) **or** "Reactivate" (if <30 days from the cert end date).
Entered Duplicate Client in Client Primary (not in TWIST yet):	✖ Insert word "Duplicate" in the first name field after the actual first name ☛ Save ☛ Exit ☛ Search for existing Client Master record ☛ Return with client and continue with cert process.
Entered Duplicate client in TWIST: E.g. First: Sasha Duplicate Middle: A Last: Seaside	✖ If two records exist <u>with completed cert screens</u>, keep the most current ☛ Term and insert "Duplicate" in the first name field after the actual first name. ✖ If two records exist and you have not completed cert screens, Stop! ☛ Term and insert "Duplicate" in the first name field after the actual first name. ☛ Search for existing Client Master record ☛ Return with client and continue with process. ✖ Option: Follow the steps outlined above. ☛ Change the WIC ID of the record to be terminated. ☛ Make a note of the ID number in the WIC notes of the active client. ☛ This keeps the duplicate record from showing on the FAR or FSS screens.
Alias names: **[eg. woman gets married]** **If you accidentally put the new name as an alias:**	✖ Client Processes ☛ Search by previous (maiden) name and Double Click on client name ☛ Enter new name ☛ Check "Create Alias name" box ☛ Save. ✖ Client Processes ☛ Search by previous (maiden) name and Double Click on client name ☛ Enter correct name ☛ Check "Create Alias name" box ☛ Save ☛ Go to "Alias" tab ☛ remove row with new name (row with previous or maiden stays).

Process: Certifications and Recertifications

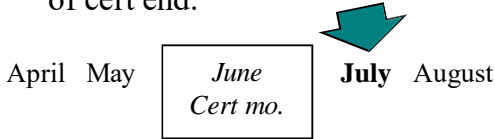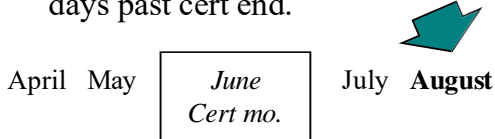| Situation	Correct Process
Recert child:	✖ Client Processes ☛ Search ☛ Verify demographics ☛ Exit ☛ Return with client ☛ Verify cert end date is +/- 1 month ☛ Transaction Type to "R" (recertify) ☛ Save ☛ Exit.
Recert Prenatal to Postpartum:	✖ Client Processes ☛ Search ☛ Verify demographics ☛ Exit ☛ Return with client ☛ Verify cert end date is +/- 1 month ☛ Verify category <u>is Prenatal</u> ☛ change category ☛ Enter "ADD" ☛ Transaction Type to "R" (recertify) ☛ Save ☛ Exit.
Certifiers: Starting the cert:	Client Processes ☛ Certification ☛ Woman or Infant/Child ☛ Search and Retrieve Client. ✖ If check marks are present, incorrect data was entered on the Intake and Eligibility screens. <u>Exit</u> to Enrollment ☛ Check cert dates ☛ change EDD, ADD, or category ☛ Verify correct transaction type was selected ☛ Fast Path to Certification and complete certification. ✖ If checkmarks are not on tabs ☛ Verify transaction type and continue with certification.
Entering information from the Data Entry Document (Paper Cert):	✖ Client Processes ☛ Enrollment ☛ Search and Retrieve client ☛ Follow check-in procedures ☛ Follow steps in "Starting the cert" ☛ Transaction Type may not be correct on the DED, Verify ☛ Continue entering certification info ☛ Issue benefits.

Process: Foster Children

Situation	Correct Process
New foster parent, new foster child (Never been on WIC before):	✖ Client Processes ☞ Enrollment/ Prescreen ☞ Search and Add ☞ Client family status to "client" ☞ Family of "1" (continue with cert).
New foster parent, active child, same agency: **Address changes will not reflect in all foster children with same foster parent unless WIC IDs are connected.	✖ Client Processes ☞ Enrollment/Prescreen ☞ Search and Retrieve ☞ Generate new WIC ID ☞ Change client family status to "client" ☞ Family of "1" (continue with cert) ☞ Change other family members to "No" ☞ Change address and guardian info ☞ Do not allow address to cascade to other family members ☞ Schedule appt, issue benefits as needed.
Foster child termed in same agency, within cert end date:	✖ Client Processes ☞ Enrollment ☞ Search and Retrieve ☞ Change transaction code to "Reactivate" ☞ same step as "New foster parent, active child, same agency."

Process: Issuing Benefits

Situation	Correct Process
Issuing a partial package:	✖ System automatically selects preferred partial package starting the 20th of the month until end of month.

Process: Transfers

Situation	Correct Process
Transfer from within Oregon: ✖ Active, TWIST agency	✖ Client Processes ☛ Transfer from within Oregon ☛ Search ☛ Retrieve ☛ Select Clinic for each family member ☛ Click on "Transfer" Button ☛ Continue with appropriate process
✖ Termed, agency, before cert end date. Eg. **April May** | June Cert mo. | July August	✖ Client Processes ☛ Transfer from within Oregon ☛ Search ☛ Retrieve ☛ Select Clinic for each family member ☛ Click on "Transfer" Button ☛ Fast Path to Enrollment ☛ Search and Retrieve client ☛ Change transaction type to "Reactivate" ☛ Continue with process.
✖ Termed, agency, within 30 days of cert end. April May | June Cert mo. | **July** August	✖ Client Processes ☛ Transfer from within Oregon ☛ Search ☛ Retrieve ☛ Select Clinic for each family member ☛ Click on "Transfer" Button ☛ Fast Path to Enrollment ☛ Search and Retrieve client ☛ Change transaction type to "Recert" ☛ Continue with process.
✖ Termed, agency, more than 30 days past cert end. April May | June Cert mo. | July **August**	✖ Client Processes ☛ Transfer from within Oregon ☛ Search ☛ Retrieve ☛ Select Clinic for each family member ☛ Click on "Transfer" Button ☛ Fast Path to Enrollment ☛ Search and Retrieve client ☛ Change transaction type to "Reinstate" ☛ Continue with process.
Transfer from outside of Oregon: ✖ Never on Oregon WIC	✖ Client Processes ☛ Transfer from Outside Oregon ☛ Search ☛ Add new client

Process: Miscellaneous

Situation	Correct Process
eWIC card was lost or stolen:	✖ Family Cardholder Screen ☞ Card Actions ☞ Select "Stolen" or "Lost/Unavailable" ☞ Issue new card if appropriate
Phone Call: I have a future appt but need to reschedule:	✖ Client Processes ☞ Family Summary Screen (FSS) ☞ Fastpath to Family Appt. Record (FAR) ☞ Search and Retrieve Client ☞ Select client for appt. ☞ Select the "Reschedule" button ☞ Select a clinic ☞ Click the "Find appt" button ☞ locate the time, date and type of appt. and "Book."
Phone Call: I missed my appt and need to reschedule:	✖ Client Processes ☞ Family Summary Screen ☞ Search and Retrieve client ☞ Fast Path to Family Appt. Record ☞ Make new appt.
Phone call: I had a miscarriage: (active client)	✖ Client Process ☞ Enrollment ☞ Search and Retrieve client ☞ Enter ADD ☞ Change category to "non-breastfeeding ☞ Continue with scheduling an appt. ☞ Use RM appt type ☞ Change transaction type to "recert" ☞ When client comes <u>in</u> for appt. ☞ Change transaction type to "recert" and continue with recert process.
Phone call: I had my baby and I am breastfeeding	✖ Enrollment☞ Intake Tab☞ Search and Retrieve mom's record ☞ On Intake tab, change category to "WE" ☞ Enter ADD ☞ Save ☞ Fast Path to Cert☞ FPA Tab☞ Verify appropriate food package☞ Save ☞ Go to the FSS☞ Issue benefits.
Phone call: I need an appointment – (staff not sure why or which family member):	✖ Client Processes ☞ Family Summary Screen ☞ Search and Retrieve client ☞ Did they miss an appt.? ☞ may need to Fast Path to FAR for additional information about Appts ☞ Continue with appropriate process