



**Remote TWIST Training**



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## Welcome!

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Training is from 8:30 a.m. to 5:00 p.m. with an hour for lunch  
There will be a morning and afternoon break each day.

## Agenda

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### Day 1

Activity 1	Intro to WIC <ul style="list-style-type: none"><li>○ Welcome and introductions</li><li>○ Overview of WIC</li></ul>
Activity 2	Getting Started <ul style="list-style-type: none"><li>○ Log into Citrix, FamilyNet and TWIST</li></ul>
Activity 3	Applicant prescreening (self) <ul style="list-style-type: none"><li>○ Client search and client demographics</li><li>○ Income eligibility</li></ul>
Activity 4	New enrollment of a pregnant woman (self) <ul style="list-style-type: none"><li>○ Enrollment screen</li><li>○ Rights and Responsibilities and Signature Forms</li><li>○ Woman certification screens</li><li>○ Food package assignment</li><li>○ FSS - Schedule nutrition ed and issue benefits</li><li>○ Issuing eWIC cards on the Family Cardholder Screen</li></ul>

Activity 5	Appointment scheduling – Family Appointment Record and Daily Clinic Schedule <ul style="list-style-type: none"> <li>○ Appointment types</li> <li>○ Making individual and group NE appointments</li> <li>○ Rescheduling or canceling appointments</li> <li>○ Appointment requests</li> <li>○ Printing appointment notices</li> <li>○ Documenting appointment attendance</li> </ul>
Activity 5.5	Enter a complaint into TWIST

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**Day 2**

Activity 6	New enrollment of a child (Jorge Salem) <ul style="list-style-type: none"> <li>○ Immunization status</li> <li>○ Child certification screens</li> <li>○ Modifying food packages</li> </ul>
Activity 7	Mid-certification health assessment (Christina and Christopher Cheyenne) <ul style="list-style-type: none"> <li>○ Updating client records mid-certification</li> <li>○ Infant fresh fruit and vegetables</li> </ul>
Activity 8	Individual follow-up of a pregnant woman (Sophie Bates) <ul style="list-style-type: none"> <li>○ Documentation of individual follow-up appointments</li> </ul>

Activity 9	<p>Recertifying child (Levi Lexington)</p> <ul style="list-style-type: none"> <li>○ Transaction Types</li> <li>○ Recertification</li> <li>○ Special and Medical Documentation</li> </ul> <p>Modify after spent benefits (Levi Lexington)</p> <ul style="list-style-type: none"> <li>○ Modify spent benefits</li> </ul> <p>Formula exchange/formula return</p> <p>Formula Warehouse</p>
Activity 10	<p>Recertifying a postpartum mother/enrolling her infant (Lexi Lexington)</p> <ul style="list-style-type: none"> <li>○ Options for postpartum moms</li> <li>○ Recertifying mom</li> <li>○ Breastfeeding tracking</li> <li>○ Coordination of mom/baby appointments</li> </ul>
Activity 11	<p>Infant/mom category changes (Sondra Spokane)</p> <ul style="list-style-type: none"> <li>○ WBN/IBN</li> <li>○ Change in breastfeeding level</li> </ul>
Activity 12	<p>What's Left</p> <ul style="list-style-type: none"> <li>○ End of month issuance</li> <li>○ Termination reasons and Benefits Issuance</li> <li>○ Where to get help</li> </ul>

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## Activity 1: Introduction to WIC

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**WIC's Goal**

**WIC services**

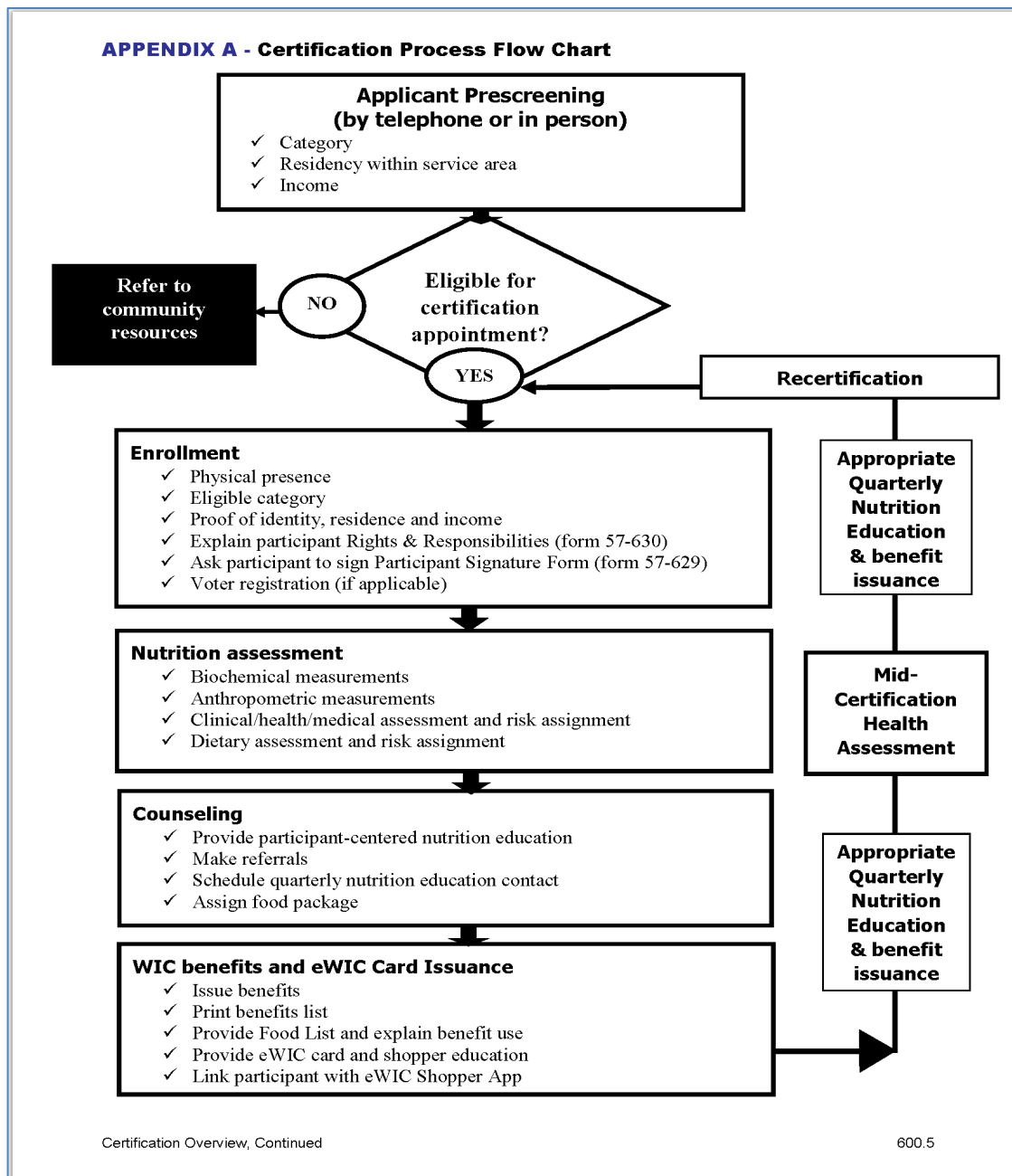
**WIC does**

**To be on WIC**

**Certification includes:**

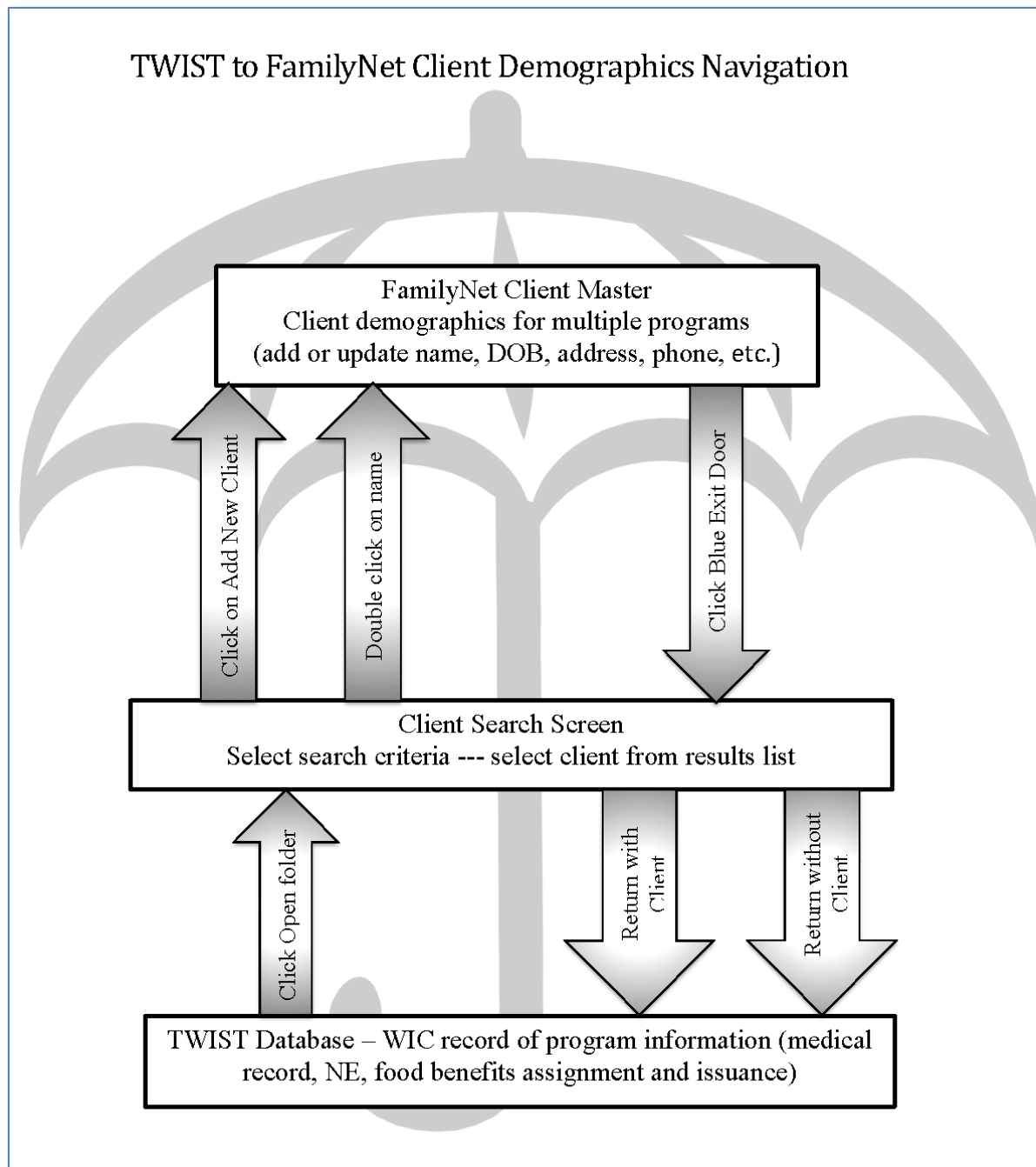
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## Certification Process Flow Chart



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## TWIST to FamilyNet Client Demographics Navigation



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## Activity 2: Getting Started

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Let's get logged into Citrix and the TWIST Practice Database.

### Practice Information

#### ➡ Open Citrix and Log in

Login	Your P number
Password	Your normal password

#### ➡ Log in to FamilyNet Practice

Login	local#
Password	local#
Agency	Ford

#### ➡ Finding your participant

- Practice database has a set of 14 participants with the same first and last name. For example, Samantha Seaside.
- Each participant has a different letter for the middle initial. For example, Samantha A Seaside.

Search by Agency	Ford
Participant name	Type in the first 3 letters of the first and last name of the participant
Middle initial	Type in your assigned middle initial

Note: You can use the Practice Database after this training. Ask your training supervisor for your agency login and password, then look for your agency name in the middle name field (e.g. Samantha Baker-A Seaside).



## Activity 3: Applicant Prescreening

### Practice Information



#### ➤ Client Search and Client Demographics

(Searching for a Participant Already in the Database)

- › From the “Applicant Prescreening” screen, search for **your own name**.
- › Enter her information on the “Client Primary” Screen.

Name	<b>Use your own name</b>
Date of Birth	<b>Use your own birthday (birth year needs to be after 1965)</b>
Sex	Female
Address/Phone Confidential	No
Home Address	14444 SW Terrace Drive Grants Pass, OR 97526
Contact by mail?	Yes
Contact you by phone?	Yes
Phone	(541) 773-9902 (cell)
Phone Options	Both voice and text
WIC ANSWR	Both voice and text
Race/Ethnicity	White/Not Hispanic

Language	English (spoken and written)
Alternate Format	No
Medicaid # and SSN	not collected in WIC

- › Review the [Income Guidelines Job Aid](#) (Resources p. 7)
- › On the “Applicant Prescreening – Income Eligibility” screen, using yourself as the participant, enter the following information.

Calculating Income for	Family
Proof of ID	Not Available, on phone
Proof of Residency	Not Available, on phone
No. in Family	3
Unborn counted	1
New Income Date	Defaults to today
SNAP, OHP, TANF	No
Income Provider	Self
Income	\$1000/mo wages from Safeway
Proof of Income	Not Available, on phone

- On the “Applicant Prescreening – WIC Intake” screen, enter the following information.

Other Family Members on WIC?	No
WIC Clinic	Master
WIC Category	Woman, pregnant
EDD	7 months from today
Are you a migrant?	No
Contact type	phone

- Generate WIC ID and **Save**

**✓ Skill Check Information**

Now you can practice prescreening a participant on your own using the scenario below. **Make up any additional information needed.**

**Mary** [ middle initial ] **Malheur** has called your office to find out if she is eligible for WIC.

- Prescreen her for eligibility.
  - Her address and cell number are:  
14320 NW Computer  
Court Beaverton, OR 97006  
(503) 779-9977
- She is Hispanic and writes and speaks English.
- She lives alone and currently works at a day care center and reports she earns \$550 per month. She will be applying for OHP tomorrow.
- She is pregnant and her EDD is 6 months from today. She will attend the Master clinic.
- She has not been on WIC before and has no family members on WIC.

## Activity 4: New Enrollment of a Pregnant Woman

The pregnant woman you prescreened earlier is here for her new enrollment appointment.

### Practice Information

#### ➤ WIC Enrollment

- On the “Enrollment” screen, search for and enroll the same participant you prescreened earlier.



Name	<b>Your own name</b>
DOB	<b>Your own birthday</b>

- Review the [Rights and Responsibilities form](#) (Resources p. 13)
- Review the [Participant Signature form](#) (Resources p. 11)
- On the “Enrollment – WIC Intake” screen, using yourself as the participant, verify and/or enter the following information.

Other Family on WIC?	No
Clinic	Master
WIC Category	Pregnant
Migrant?	No
Homeless?	No
Auto Scheduler, OK?	Yes

Voter Registration Offered?	Yes
Marital Status	Single
Education	High School Diploma
EDD	7 months from today
Referrals from WIC	OHP
Medical Provider	Kathie Scott, CNM, (541) 839-9930

- Review [What Proofs to Bring](#) (Resources p. 17)
- Review [Temporary Eligibility due to missing proofs](#) (Resources p. 19)
- Review [Unavailable proofs due to special situation](#) (Resources p. 21)
- On the “Enrollment – Income Eligibility” screen, verify and/or enter the following information.

Proof of ID	Driver’s License
Proof of Residency	Utility Bill
Income Provider	Self
Income	\$1242/month from Safeway
Proof of Income	Pay stub

- On the “Enrollment – WIC Notes” screen, enter a note and check the “Reminder” box.
- Fastpath to “Certification, Woman”
- Review [Ask Before You Assign: Do a Complete Assessment Job Aid](#) (Resources p. 45)

### ➤ **Anthropometrics and Biochemical for Women**

- On the Medical and Data screen, enter the following information:

Collection Date	Today
Weight	154 pounds
Height	60 inches
Pre Pregnancy Weight	150 pounds
Hemoglobin	11 (taken today)

- Save and view the graph.

### ➤ **Health History**

- On the “health History – Questionnaire” screen, enter the following information:

CPA Reviewed?	Yes - check box
---------------	-----------------

Tell me about ....	[Open ended conversation starter]
First pregnancy?	Yes
When start going to a doctor?	2 <sup>nd</sup> month
Medical problems?	No
Medications?	No
Smoke now?	No
Anyone smoke inside the home?	No
Drink now?	No
Used drugs?	No
Anyone physically hurt you?	No
How you will feed your baby?	Breastfeed.

- Review the [Risk Summary job aid](#) (Resources p. 23)

### ➤ Risk Criteria and Risk Level

- On the “Health History – Risk Factors” screen, enter the following information:
  - Assign the risk “Lack of or Inadequate Prenatal Care.” Then remove the risk “Lack of or Inadequate Prenatal Care.”



### ➞ Diet Assessment

- On the “Diet Assessment – Questionnaire” screen, enter the following information.
- Answer “all” questions from today’s visit.

What changes have you made to your eating habits?	[Open ended conversation starter]
What have you heard about...?	Drink more milk
On a typical day...?	Not much of an appetite
Run low on food?	No
Feel about weight changes?	None
Discomforts with eating during this pregnancy?	Nausea, vomiting
Avoiding foods?	Onions
Special diet?	No
Eating non-food items?	No
Eating raw or undercooked meat?	No
Unpasteurized dairy or juice?	No
Vitamins or supplements?	No

➤ **Nutrition Education Risk/Interventions**

- On the “NE Plan - Risks/Interventions” screen, view an intervention for the participant.
- Add any risk to the participant’s record.

➤ **Nutrition Education Provided**

- On the “NE Plan - NE Provided” screen, record that today you provided education on “Prenatal Nutrition.” You also provided a handout on “Eating Well During Pregnancy.”

➤ **Next Steps**

- Review the [Next Steps Statuses job aid](#) (Resources p. 49)
- On the “NE Plan – Next steps” screen, record that today the participant set two steps they plan to take: 1) Have a bedtime snack every night and 2) to drink milk at every meal.

➤ **Referrals**

- Review the [Referral Statuses job aid](#) (Resources p. 50)
- On the “NE Plan – Referrals” screen, record that today you completed a referral for the participant to Emergency Food Services.

➤ **Progress Notes**

- Type a sensitive progress note and save.

### ➤ **Standard Food Packages**

- Review the [Food Package Definitions job aid](#) (Resources p. 51)
- Review the [Standard Food Packages job aid](#) (Resources p. 55)
- Review the [Module A Templates and Codes job aid](#) (Resource p. 71)
- Review the [Module B Templates and Codes job aid](#) (Resources p. 81)
- Review the [Food Package Assignment Screen Codes job aid](#) (Resources p. 87)
- On the "Food Package Assignment" screen, if needed, select a different food package and forecast it for her entire certification period.
- **Save**

### ➤ **Family Summary Screen – Scheduling NE and Issuing Benefits**

- Review the [Family Summary Screen Codes job aid](#) (Resources p. 89)
- Click the Find Appointment button and schedule for a Prenatal Group NE class in 2 months.
- Click the Create Request button and add the appropriate appointment requests for the remainder of the certification period.
- Issue 3 months of benefits.
- View Benefits List.
- Review the [Helping Families Use the Benefits List job aid](#) (Resources p. 99)

## Watch a demonstration of Family Cardholder Screen

### ➤ Add First Cardholder

- › Fastpath to the Family Cardholder Screen
- › Complete the following information for the First Cardholder:

Cardholder Name	Your name
Date of Birth	Your date of birth
Relationship	Mom
eWIC card number	<i>Swipe practice card and save</i>

- › Review the [Compare First and Second Cardholders job aid](#) (Resources p. 97)

### ➤ Add Second Cardholder

- › Complete the following information for the Second Cardholder:

Cardholder Name	Carder, Jimmy
Date of Birth	07/07/1977
Relationship	Father of baby
eWIC card number	<i>Enter practice card and save</i>

### ➡ Change Address

- › Fastpath to the "Client Demographics" screen to change the address. Use the following information:

Home Address	1234 N. Oak St. Cannon Beach, OR 97110
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### ➡ Removing Second Cardholder

- › Click on the "Remove Second Cardholder" button.
- › **Save** and view "Card History"

### ➡ Second Cardholder

- › Add a Second Cardholder. Use the following information:

Name	Tidewater, Teddy
Relationship	Grandpa
Address	1212 East Main Newport, OR 97365
DOB	05071957
Card number	<i>Swipe practice card and save</i>

### ➡ Second Cardholder becomes First Cardholder

- › Click on Change to First Cardholder

### Deactivating and Replacing Cards.

### ➡ **Deactivate and Replace**

- › Click on First Card Actions button, then Deactivate and Replace Card.
- › Reason- "Lost or Unavailable". Enter a new practice card number.

### ➡ **Deactivate Only**

- › Click on First Card Actions button, then Deactivate (Status) Card.
- › Reason- "Stolen".
- › Click on First Card Actions again- only option is to replace the card.

### ➡ **Shopper Education**

- › Review the [WIC Food List](#)
- › Review the videos on the [Shopping with your eWIC card](#) webpage
- › Review the handout [Using Your Oregon eWIC Card](#)
- › Review the [Common WIC Foods](#) handout (Resources p. 103)
- › Review the [I Couldn't Buy It With eWIC](#) handout (Resources p. 106)
- › Review the [Shopping Issues](#) job aid (Resources p. 107)

### ➡ **Encourage use of WICShopper App**

- › Review the [WICShopper App](#) flyer
- › If possible, download app to your phone for demo purposes
- › Register card #**6102870000115055** and review benefits
- › Find Scan function
- › Find Calculator function for fruits and vegetables



### ✓ Skill Check Information

Now you can practice enrolling a pregnant woman on your own using the scenario below. Make up any information needed.

The same **Mary** [ *middle initial* ] **Malheur** you prescreened earlier has come into your clinic for her enrollment appointment. Enter information for her enrollment.





## Activity 5: Appointment Scheduling: Family Appointment Record and Daily Clinic Schedule

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### Family Appointment Record Practice Information

Using **yourself** as the participant recently enrolled, make the following appointment changes on the **Family Appointment Record**. Use your assigned staff person.

- Review [Understanding Appointment Types job aid](#) (Resources p. 91)
- Review [How to Make an Individual Appointment job aid](#) (Resources p. 109)
- Review [How to Make a Group Nutrition Ed Appointment](#) (Resources p. 110 )

#### ➤ **Schedule Appointment Now**

- On the “Family Appointment Record” screen (FAR), schedule a high-risk follow-up appointment for yourself next month.

#### ➤ **Reschedule an Appointment**

- On the FAR, reschedule the follow-up appointment.

#### ➤ **Canceling an Appointment**

- On the FAR, cancel the follow-up appointment.
- Review the “Cancel/Reschedule History” information for your participant.

➤ **Appointment Requests**

- Create a follow-up appointment request for two months from now.
- Modify the request to the next month.
- Delete the appointment request.

➤ **Scheduling a Participant into a Nutrition Education Group Appointment**

- On the FAR, schedule yourself for a prenatal class for next month.

➤ **Scheduling a Participant into an Online Nutrition Education Group**

- On the FAR, schedule yourself for an online course.

➤ **Appointment Notice**

- On the FAR screen, view the appointment notice for the prenatal class.

➤ **Document Appointment Attendance**

- Make an appointment for today for yourself
- On the FAR, mark the attendance for this month's appointments.

## Daily Clinic Schedule Practice Information

This practice will cover a variety of appointment functions using the "Daily Clinic Schedule Screen. Use your assigned staff.

### ➤ **Daily Clinic Schedule (View a Staff Member's Schedule)**

- ▶ Use the certifier name provided by your instructor for this practice.
- ▶ View today's schedule, "Master" clinic.
- ▶ Click "Display Schedule" to view.

### ➤ **Access a Nutrition Education Class**

- ▶ View a Nutrition Education Class

**Use yourself for the following practice activities.**

### ➤ **Schedule Appointment Now**

- ▶ Use the "Master" clinic in the "Ford" agency.
- ▶ Schedule a follow-up appointment this month.
- ▶ Schedule an individual educational appointment.

### ➤ **Reschedule an Appointment**

- ▶ Using the "**Reschedule**" Button, reschedule the follow up appointment to a different time this month.

### ➤ **Cancel an Appointment**

- ▶ Cancel the individual education appointment.

### ➤ **Documenting Appointment Attendance**

- ▶ Document that you have attended your appointment.

➡ **Use the Output (Report) to see the Daily Clinic Schedule**

- Output → Daily Clinic Schedule.
- Use today's date, "Master" clinic.
- Choose which format for the schedule to print.

## Activity 5.5: Entering A Complaint

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### Entering a complaint

A participant calls to tell you when he went to the store with his wife, the clerk was rude to them and made a comment about WIC participants. The clerk was an older white man with a mustache.



#### ➔ Enter a complaint

- Access the "Complaint" screen through Operation Management ⇒ Compliance ⇒ Complaints
- On the "Complaint" screen, enter the following information:

Against	<b>Vendor</b>
Event Date	Yesterday
Complain Source	Client
WIC ID	Search for <b>Sophie</b> [ <i>middle initial</i> ] <b>Bates</b> to obtain WIC ID number
Vendor Name	Albertsons Test
Issue	Rude behavior by checker

- In the “Complaint Description” field, enter information about the complaint.
- Although this is a white-colored field, you must double click to open the text box.
- Complete the “Person Involved” fields: Title = checker; Role = offender; Description of person = physical description
- Review [Shopping Issues](#) job aid (Resources p. 107)

## Activity 6: New Enrollment of a Child

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### Introduction:

A migrant family arrives at your clinic with a child who needs to be enrolled. They would like to be enrolled today so that they can go buy more milk. You have time on your schedule to see them this morning.



### Practice Activities Information

#### ➤ Client Search and Client Demographics

- From the "Enrollment" screen, search for the child. Enter his "Client Primary" information on the client demographic screen.

Name	<b>Jorge [ middle initial ] Salem</b>
Date of Birth	15 months ago
Home Address	13300 N. Emily Ct., Apt. 3 The Dalles, OR 97058
Contact by Mail?	Yes
Contact by Phone?	No
Phone, phone options, ANSWR	None
Email	None
Guardian	Maria Salem (mother)
Race/Ethnicity	White/Hispanic

Language	Spanish (spoken and written)
Medicaid/SSN	Not collected by WIC

### ➤ **WIC Enrollment**

- › On the “Enrollment – WIC Intake” screen, using Jorge Salem as the participant, enter the following information.

Other Family on WIC?	No
Clinic	Master
Category	Child, 13-23 months
Migrant?	Yes
Homeless?	No
Auto Scheduler, OK?	Yes

- › Review the [Using the Immunization Status Function job aid](#) (Resources p. 111)



- › On the “Enrollment – Income Eligibility” screen enter the following information.

Calculate Income for:	Family
Proof of ID	Birth Certificate
Proof of Residency	Utility Bill
No. in Family	4
Unborn Counted	0
New Income Date	Today
SNAP	No
OHP	No* (return to WIC Intake to document referral)
TANF	No
Income	Dad and Mom each earn \$250 a week picking fruit.
Proof of Income	Pay stubs

### ➤ **Anthropometric/Biochemical for an Infant/Child**

- ▶ On the “Medical Data” screen, use the following information.

Current Weight	19 pounds 5 ounces
Current Length	29 ½ inches
Birth Weight	5 pounds 6 ounces
Birth Length	18 inches
Hemoglobin	12.0
Head Circumference	17½ inches
“Gestation Age Adjust” button	Premature - Yes Weeks Gestation - 37 weeks

- ▶ Review the [Growth Charts job aid](#) (Resources p. 113)
- ▶ View the graphs.

### ➤ **Complete the assessment - ABCDE**

- ▶ On the “Health History – Questionnaire” screen, use the following information to determine which questions to answer and what your responses should be.
  - Even though he was tiny at birth he has been really healthy.
  - Jorge is up-to-date on his immunizations according to the shot record mom has with her. Typically you can select the

- “Immunizations Status” button to verify (though not in TWIST Practice).
- Mom says no one smokes in the house and no one has been violent.
  - Jorge is not on any medications.
- › On the “Diet Assessment – Questionnaire” screen, use the following information to determine which questions to answer and what your responses should be.
- Mom breastfed for 6 months but supplemented with formula starting at one month.
  - He doesn’t eat very much but he does feed himself. Mom can’t really tell when he is full or hungry.
  - He is using a cup for water, juice, sweet tea, and Koolaid, but uses a bottle of milk when he goes to bed.
  - Mom is not sure if her water is fluoridated or not.
  - Jorge loves yogurt!
  - Members of the household are allergic to eggs, so they do not have any eggs in their home. The default child package includes eggs, though can be substituted. This will be a change made to the food package when you get to that screen.

### ➤ **NE Plan**

- On the “NE Plan – Risks/Interventions” screen:
  - add any risk to the participant’s record, and,
  - view the risk level.
- On the “NE Plan – NE Provided” screen record that today you provided education on “portion size” and reviewed “feeding relationship” information.
- On the “NE Plan – Next steps” screen record that today the participant’s mom identified 2 steps to take: 1) Offer three meals and two snacks, at about the same time each day and 2) Allow child to decide when to stop eating at meals and snacks.
- On the “NE Plan – Referrals” screen, note that during intake a referral was completed for the participant to the Oregon Health Plan.

### ➤ **Progress Notes**

- On the “Progress Notes” screen, enter the following information.
- Subjective – “In area for 2 months. Living in migrant camp. Brother allergic to eggs.”

### ➤ **Food Package Assignment**

- On the “Food Package Assignment” screen, select a food package without eggs that is appropriate for the child, then save.

➞ **Family Summary Screen – Offering Second Nutrition Education**

- On the “Family Summary Screen” determine the appropriate appointment request and put it in.
- Issue 3 months of benefits.

➞ **Client Processes – Outputs – Documents – VOC Card**

- Issue a Transfer (VOC) card to this migrant family.

**NOTE:** For an actual participant, you would also issue an eWIC card and provide shopper education to this family.

✓ **Skill check information**

Now you can practice handling a walk-in participant and enrolling a child on your own using the scenario below.

➞ **Skill Check Scenario:**

- NOTE: You may make up any information that is not included.
- **Joshua** [ *middle initial* ] **Sisters** is here today with his mom, Sissy Sisters, asking to be enrolled on WIC.
- Give Joshua a birth date about 15 months ago.
- His mom has brought with her:
  - Joshua’s OHP card;
  - a letter showing their income from TANF (\$401/month),
  - a copy of his birth certificate, and

- a phone bill showing their address and phone number:

232 North Diane Court,  
Portland, OR 97232  
(503) 938-0920.

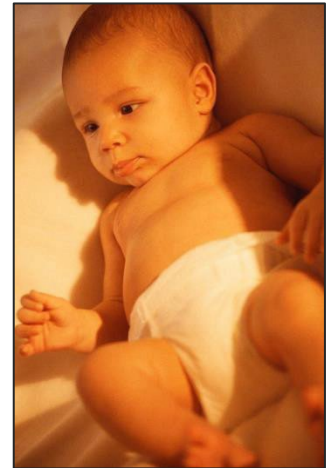
- They just moved to town – she just left her husband who was physically abusive to her and Joshua.
- Joshua has not been on WIC before.
- You may make up his current medical, health, and diet information and select the appropriate second nutrition education to offer.
- Sissy tells you that Joshua loves yogurt. On the Food Package Assignment screen, adjust the yogurt quantity to 2 per month.
- You may issue benefits and provide the appropriate participant education.

## Activity 7: Mid-certification health Assessment

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### Introduction

A fully breastfeeding mom and her infant are here for their mid-certification health assessments. During the appointment, you collect the infant's length and weight measurements and complete the health and diet assessments to determine age appropriate nutrition education and dietary recommendations, then document any referrals made. You also provide support and encouragement for continued breastfeeding.



### Practice Activities Information

- Review the [One-year Certs and Mid-Cert Health Assessment job aid](#) (Resources p. 117)

### ➡ Family Summary Screen

- Use **Christopher** [ middle initial ] **Cheyenne**.
- Select Christopher and Fast Path to Certification, Infant/Child.
- Enter his information on the "Medical Data" screen.

Weight	17 lbs., 8 oz.
Length	27 inches

- View Graphs

- On the “Health History” screen, add a new Questionnaire.
  - Answer the questionnaire given the following information:
    - Christopher has been healthy and safe, and mom is pleased with his growth.
    - His immunizations are up to date.
- ➡ On the “Diet Assessment” screen, add a new Questionnaire.
- Answer the questionnaire given the following information:
    - Christopher is showing signs of developmental readiness for solid foods.
    - Mom is still fully breastfeeding and has just begun to introduce infant cereal mixed with breastmilk.
    - Mom is interested in making her own baby foods.
    - She has a plan for the introduction of finger foods.
  - On the “NE Plan - NE Provided” tab, document the education provided by selecting “Infant FVB Ed”.
  - On the “NE Plan - Next Steps” tab, add a new next step for offering age appropriate texture of foods.
  - Check his immunization status and document a referral to his health care provider on the “NE Plan – Referrals” tab.
  - On the “Food Package Assignment” screen, change Module B so Christopher will receive fresh fruits and vegetables when he is 7 months old.



- Review the [“Steps to Assign an Infant Fresh Fruits and Veggies at 7 Months job aid”](#) (Resources p. 119)
- Review the [It’s Time to Eat! Food for Your Baby handout](#) (Resources p. 121)
- Forecast the food package for the rest of his certification period.
- Save.
- Return to the “Family Summary Screen”

### ➤ Family Summary Screen

- Select Christina and Fast Path to “Certification, Woman”.
- On the “Medical Data” screen enter the following information.

Weight	194 pounds
Hemoglobin	14.1

- On the “Health History” screen, add a new Questionnaire.
- Answer the questionnaire given the following information:
  - Mom has no concerns with her energy levels and doesn’t smoke.
  - Mom is having problems with lactose intolerance.
- Assignment of Risk 355 is appropriate if lactose intolerance has been diagnosed by a health care provider.
- On the “Diet Assessment” screen, add a new Questionnaire.
- Answer the questionnaire given the following information:
  - Mom says her appetite is good except

- she has not been drinking milk.
- Food security is not an issue for the family.
- Mom is still taking her prenatal vitamin and will continue as long as she is breastfeeding.
- ▶ On the “NE Plan – NE Provided” tab, document the nutrition education you provided for her mid-cert health assessment.
- ▶ On the “Food Package Assignment” screen, assign lactose-free milk with cheese and yogurt and forecast for the rest of her certification.
- ▶ Return to the “Family Summary Screen”
  - Schedule the appropriate NE
  - Issue benefits.

## Activity 8: Individual Follow-Up of a Pregnant Woman

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### Introduction

A pregnant woman comes in for a follow-up appointment. At the appointment, she will have a weight check due to high weight gain. While at the appointment, she reports that she has been diagnosed with Gestational Diabetes and is having twins.



### Practice Information

#### ➤ Individual Follow Up

- ▶ Use **Sophie** [middle initial] **Bates** as the participant.
- ▶ On the “Medical Data” screen, enter the following information.

Today's Weight	240 pounds
Twins or more	Check the box

- On the “Health History – Risk Factors” screen, enter the following information.

New Risks	She now has gestational diabetes.
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- › On the “Nutrition Education” screens, enter the following information.

Risks/Interventions	Check Risk Level – Should be “High”
NE Provided	Counseling on healthy snacks.
NE Next steps	Follow diabetic diet plan.
Referrals	None
Progress Notes	She is trying not to eat candy and soda because of the diabetes.
	Refer to RD, Document new diagnosis of gestational diabetes and twin pregnancy.

### ➤ **Food Package Assignment**

- › On the “Food Package Assignment” screen, select “WPB-M” for Module B.
- › Forecast the appropriate food package for future months.
- › Save.

### ➤ **Family Summary Screen**

- › Consider how to coordinate the family’s appointments. Schedule a follow up with the RD and any other necessary appointments.
- › Set issue month to 2 months for High Risk.
- › Go to the Family Summary Screen and issue the updated benefits.

### ✓ Skill Check Information

Now you can practice a complete individual follow up appointment for a child participant on your own using the scenario below.

#### Skill Check Scenario

- A child, **Darla** [middle initial] **Dayton**, has come in for an individual follow up appointment.
- She has cerebral palsy and was hospitalized last month for leg surgery.
- Review [Risk 359 info sheet](#)
- You may make up any information needed to complete the follow up.
- Darla's mother would like to change her to goat's milk.
- Make any necessary appointments and issue the updated benefits.

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## Activity 9: Recertifying a Child, Changing Food Packages, Formula Exchange and Formula Warehouse

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### Introduction

A four-year-old child is returning for recertification. He is here one month early. The child was recently in an accident and the resulting jaw surgery has made it very difficult to eat. Mom is blending his food for him to drink with a straw. She has a completed medical documentation form from the doctor for 3 bottles per day of PediaSure for this month and the next two months to supplement the WIC food package.

### Practice Activities Information

#### Recertification

##### ➔ Client Search and Demographics

- On the "Enrollment – WIC Intake" screen, search for and return with the participant, **Levi** [ middle initial ] **Lexington**.
- Fastpath to the "Client Primary" screen, update his address to:

Home Address	523 NE Forest Dr. Portland, OR 97232
Phone	(503) 222-1995 (text)
WIC ANSWR	Voice and text
Email	Lexington@gmail.com

➡ Starting a Recertification of a Child

- Return with your participant to the "WIC Intake" screen.
- Shorten the cert end date to the end of this month and save.
- At the "Go to FPA" pop-up, select "No."
- Change the "Transaction Type" to recertification.
- Check the "Check If No Changes" box.

On the "Income Eligibility" screen, verify and/or enter the following information.

Proof of ID	Birth Certificate
Proof of Residency	Utility Bill
No. in Family	4
Participates in	SNAP-Yes, OHP-Yes, TANF-No
Income Provider	Leroy Lexington - father
Proof of Income	Pay stub
Income amount	\$445 every week



On the “Medical Data” screen, enter the following information.

Date of collection	Today
Weight	35 pounds 6 ounces
Height	40 inches
Hematocrit/hemoglobin	Lab values from hospital 2 weeks ago – 12.9
Head Circumference	not available

- On the “Health History – Questionnaire” screen, use the following information to determine which questions to answer and what your responses should be.
  - Mom reports that Levi was recently in an accident and the resulting jaw surgery has made it very difficult to eat.
    - Review [Risk 359 info sheet](#)
  - Mom says their house is a safe, smoke-free environment.
- On the “Diet Assessment – Questionnaire” screen, use the following information to determine which questions to answer and what your responses should be.
  - Mom reports that because Levi’s surgery has made it very difficult to eat she is blending his food for him to drink with a straw.
  - The doctor has her giving Levi a bottle of PediaSure 3 times a day for the next two months in order to make sure he is getting enough calories.
  - Levi gets a fluoride supplement daily.

- On the “NE Plan – NE Provided” screen, select “Increase calories/protein” to document that today you provided education about ways to help keep Levi’s calories and nutrients adequate.
- On the “NE Plan – Next steps” screen, Update the current step status to “Achieved.” Record that today Levi’s mother set a new next step: “Work with RD on blended diet”.
- On the “Progress Notes” screen, enter the following information.
  - Subjective – “Mother states Levi was recently in an accident and the resulting jaw surgery has made it very difficult to eat. Mom is blending his food for him to drink with a straw. She is supplementing with 3 bottles per day of PediaSure for the next two months.”
  - Plan – “Refer to RD for nutrition counseling about blended diet.”

### ➡ **Food Package Assignment**

- Review the [Medical Formulas job aid](#) (Resources p. 125)
- On the “Food Package Assignment” screen:
  - Use the Medical Documentation Form to assign a food package.
  - Dr. Salmon has requested 3 bottles per day of PediaSure for 3 months along with the full provision of foods.

Special	Mark the Special checkbox
Module A	Keep the standard milk module
Module B	Keep the standard food module
Module C	Select 96 bottles of PediaSure for this month and the next 2 months. For the remaining months select “ZN.”

- Complete the Med Doc Screen
- Review the [Medical Documentation Form](#) (Resources p. 123)

Start date	Today
End date	One month from the end of this month
Providers Name	Ramon Salmon
Supplemental foods	Issue full provision

### ➡ Family Summary Screen

- Schedule to see the High Risk RD next month.
- Issue benefits.
- Click the Benefits List button and review.

### ➡ **Take a break while we shop for *WIC benefits***

- We will purchase 12 bottles (two six packs) of PediaSure and some other foods.

## Modifying food Package after Spent Benefits

Now Levi and his mom come back to the clinic and want to change his food package. They want Levi to change to goat milk.

- Review Job aid: [Food Package Modules and Definitions](#) (Resources p. 51)

### ➡ Family Summary Screen

- Find your **Lexington family**.
- Click on the Benefits List and review balance.

### ➡ Food Package Assignment Screen – Infant/Child

- Select Levi and fastpath to the Certification, Infant/Child screen, then select the Food Package Assignment screen.
- Click on the Modify button.
- Reduce the cow's milk to the amount already spent which is the lowest number you can select.
- Insert a row, search for low-fat goat milk and click "OK".
- On the FPA, go to next month's row and select a template for low-fat goat milk.
- Forecast module A and save.

**Formula Exchange:**

They also have a new Medical Documentation form. His medical formula has changed. He will now get 81 bottles per month of Boost Kids Essentials 1.0. His mom brought 6 bottles of PediaSure to the clinic to exchange.

- Review the [Replacement of Unavailable/Stolen Formula form](#) (Resources p. 139)

**➞ Food Package Assignment Screen**

- Click on the Formula Replacement /Formula Exchange (FR and FX) button and exchange 6 cans of the formula purchased, click "OK".
- Click on the Modify button.
- Reduce the PediaSure to the amount spent and not exchanged (6 bottles).
- Insert a row for the new formula, Boost Kid Essentials 1.0 and select the correct amount. Click "OK".
- On the FPA, go to next month's row and select a template for Boost Kid Essentials 1.0, adjust the amount to 81 bottles.
- Update the Med Doc with the new formula information.
- Save.
- Go back out the blue door to the Family Summary Screen.
- Issue the benefits.

**Formula Warehouse**

Levi's Mom has asked to have the Formula Warehouse mail the formula.

**➤ Family Summary Screen**

- Select Levi and click on Formula Warehouse button.
- On the first month select "Other" on address field, add:

Other Address	4444 N. Maple Ave. Oceanside, OR 97999
Other Phone	503-555-5555
Note	Please do not leave package on doorstep.

- For the remaining months, select Home address and phone.
  - ▶ Save then review the Benefits list.

### ✓ Skill Check Information

Now you can practice recertifying a child on your own using the scenario below.

#### Skill Check Scenario:

NOTE: You may make up any information that is not included.

- A 4-year-old child, **Sasha** [middle initial] **Seaside** is here for her recertification appointment.
- Her mother has brought in:
  - Sasha's birth certificate
  - Sasha's OHP card
  - a utility bill showing their address
- Sasha is drinking a special formula, Neocate Junior, because she has been diagnosed with severe food allergies. The doctor wants her to continue on the formula for another 6 months and Sasha's mother has a new completed med doc form from the doctor. The doctor says she can have the supplemental foods except for milk and cheese. You will also need to remove yogurt from the food package because this is a milk allergy.
- Assign the appropriate food and formula modules and complete the medical documentation screen.
- You may make up any other current medical, health and diet information.
- You may select the appropriate nutrition education and appointment scheduling for her.

- Issue benefits.
- Send a Formula Warehouse order for her.

## Activity 10: Recertifying a Postpartum Participant and Enrolling an Infant

The Lexington family is in the clinic for appointments. You will be selecting the correct transaction for each family member.

### Practice Information: Recertification of an adult participant

- Review [Postpartum Adult and Infant Category Definitions job aid](#) (Resources p. 143)
- Review [Category and Food Package Options for Postpartum Moms](#) handout (Resources p. 147)



Lexi, is a fully breastfeeding postpartum mom who had her baby. She needs to be recertified as a postpartum woman and have her new baby enrolled.

### ➡ Recertification of Lexi, a Postpartum adult

- From "WIC Intake," search for and return with the mom,
- **Lexi** [ middle initial ] **Lexington**.
- On the "WIC Intake" screen, enter the following information

Category	Woman, fully breastfeeding
ADD (Actual Delivery Date)	14 days ago
<b>Save</b>	(Must save before selecting



	transaction type.)
“Go to FPA” pop-up	Select “no”
Transaction Type	Recertification
Check the “No Changes” box	

- On the “Income Eligibility” screen, still using Lexi Lexington as the participant, verify income changes entered for Levi and enter the following information.

Proof of ID	WIC ID
Proof of Residency	Utility Bill

- Save and exit.
- Fastpath to “Certification, Woman” and enter the following information.

Medical Data	<ul style="list-style-type: none"> <li>• Weight – 189</li> <li>• Height – 68 inches</li> <li>• Total weight gain – 34</li> <li>• Hemoglobin – 9.2</li> <li>• <a href="#">Risk 201</a> Info Sheet</li> </ul>
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Health History	<ul style="list-style-type: none"> <li>• She had a cesarean delivery.</li> <li>• She doesn't smoke or drink.</li> </ul>
Diet Assessment	<ul style="list-style-type: none"> <li>• She is eating mostly snack foods since she is so busy.</li> <li>• She is still taking her prenatal vitamins.</li> </ul>
Nutrition Education	<ul style="list-style-type: none"> <li>• She had questions about breastfeeding because her baby is still having problems latching.</li> <li>• She will be going back to work next week.</li> </ul>
Food Package Assignment	Assign the appropriate food package.
Check Risk Factors	Ensure risk assignments are correct.
Breastfeeding Tracking	<ul style="list-style-type: none"> <li>• Baby is having problems latching. She will be working 8 hours a day 3 days a week.</li> <li>• She is issued a Lactina breast pump.</li> <li>• Enter serial number for Lactina given by your TWIST trainer.</li> </ul>

- Review the [Breast Pump Release Form](#) (Resources p. 151)
- Review the [Multi-User Breast Pump Loan Agreement](#) (Resources p. 152)

➤ **Enroll the infant, Lonnie Lexington**

- From the “Enrollment” screen, search for the infant. Enter her “Client Primary” information.

Name	<b>Lonnie [middle initial] Lexington</b>
Gender	female
DOB	14 days ago
Address/Phone Confidential	No
Home Address	Select “unknown”
Contact by Mail?	Yes
Contact by Phone?	Yes
Phone	Select “unknown”
Email	Leave blank and select when cascades
Guardian	<b>Lexi [ middle initial ] Lexington</b> (mom)
Race/Ethnicity	Pacific Islander
Language	English
SSN	none

- On the “Enrollment – Intake Eligibility” screen, using Lonnie Lexington as the participant, enter the following information.

Other Family on WIC?	Yes
Clinic	Master
Category	Infant, fully breastfed
Migrant?	No
Homeless?	No
Auto Scheduler, OK?	Yes

- Use “Search for family members” button and select Lexi [middle initial] Lexington.
- Select the correct address, phone, and email information when cascades.
- On the “Enrollment – Income Eligibility” screen, using Lonnie Lexington as the participant, verify or enter the following information. Information from sibling and mother will cascade to this screen.

Calculate Income for:	Family
Proof of ID	Birth Certificate
Proof of Residency	Utility Bill
<b>Verify</b>	
No. in Family	4
Unborn Counted	0
New Income Date	Today
SNAP	Yes
OHP	Yes
TANF	No
Income	\$445 per week
Income Provider	Father
Proof of Income	Pay stub

○ **Save**

- On the Certification screens, enter the following information.

Medical Data	6 pounds 3 ounces 19 inches Birth: 6 pounds 2 ounces 18 inches
Health History	Baby's health is good. She is worried she isn't getting enough milk.
Diet Assessment	She is only breastfeeding. She feeds about every 2 hours, but she is still having some problems with latch.
Nutrition Education	Discussed milk supply and pumping.
Food Package Assignment	Assign appropriate package.

- Go to the Family Summary Screen.
  - Remove future month benefits for Levi to coordinate issuance.
  - Coordinate and schedule mom and baby's appointments.
  - Issue benefits.
  - View Benefits List to see the combined benefits.

## Activity 11: Infant Changing Category

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### Introduction

A mom who was partially breastfeeding her 4-month-old infant calls the clinic because she needs more formula. You will change both the infant's and mom's categories and issue the infant additional formula.



### Practice Activities Information

- Review the [Standard Infant Formulas job aid](#) (Resources p. 153)
  
- ➔ From the "Family Summary Screen" (FSS), search for and open **Sondra [middle initial] Spokane** record.
  
- ➔ **Designation change from mostly breastfeeding to some breastfeeding (WB to WBN and IB to IBN)**
  - Select the mother (**Sondra Spokane**) on the FSS and Fast Path to "Women Certification" then select "Food Package Assignment" screen, mark the WBN check box.
  - Verify that mom has only a ZN food package past 6 months.
  - Save and return to the FSS.
  - Select the infant (**Sparky Spokane**) on the FSS and Fast Path to "Certification-Food Package Assignment" screen, mark the IBN check box.

- Increase his amount of formula for in Module A to a higher amount. (formula won't forecast from IB4-6 age to IB7-12 age).
- **Save** and return to the FSS.
- Issue benefits.

➤ **Category Change – Breastfeeding to Non-Breastfeeding**

- Select the mother (**Sondra Spokane**) on the FSS and Fast Path to "Enrollment – WIC Intake" screen, change the category of the mother to "WN."
- **Save.**
- Select "yes" on the Go to FPA pop-up, then fastpath to "Certification, Woman" and tab to the "Food Package Assignment" screen.
- Save the new food package.
- Return to the FSS.
- Select the infant on the FSS and Fast Path to "Enrollment – WIC Intake" screen, change the category of the infant (**Sparky Spokane**) to "IN."
- **Save.**
- Select "yes" on the Go to FPA pop-up, then fastpath to "Certification, Infant/Child" and tab to the "Food Package Assignment" screen.
- **Save** the new food package.
- Return to the FSS.
- Issue the updated benefits.



### ✓ Skill Check Information

Now you can practice changing the infant's category using the scenario below.

#### Skill Check Scenario:

- A participant calls your clinic because she has stopped breastfeeding. She wants to know if she can get more formula for this month for her baby who is four (4) months old.
  - Mom - **Belinda** [ *middle initial* ] **Billings**
  - Baby – **Billy** [ *middle initial* ] **Billings**
  - Change the mom's category to indicate that she is no longer breastfeeding and update her food package.
  - Change the baby's category to indicate that he is no longer breastfed and update his food package.
  - Issue updated benefits.

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## Activity 12: What's Left?

### Unusual Food Packages

- Review the [Assigning Evaporated and Dry Milk job aid](#) (Resources p. 161)
- Review the [Steps to assign food package for a participant who is pregnant and breastfeeding](#) (Resources p. 161)



### End of month issuance

Benefits issued in the last 5 days of the month have at least 5 days to be used, so the last date to use may be in the next month. This may result in overlapping benefits.

Look at the sample Benefits List and determine what would be important to point out to the cardholder.

WIC Benefits List		
Benefits Available as of 07/30/2015 10:26		
<b>WIC Family ID: 1122259</b>		
First Cardholder: No Cardholder		Second Cardholder:
<b>Benefits for:</b> 7/30/2015 through 8/4/2015		
<b>Family Member/s:</b> Test Client, Training - C2-5		
Quantity	Unit	Food Item Description
1	LB	Cheese
1	DOZ	Eggs - large
18	OZ	Cereal - hot / cold
1	CTR	Peanut butter / dry beans / peas / lentils
16	OZ	100% Whole wheat bread/corn tortillas/brown rice
8	\$\$\$	Fruit and vegetables - fresh / frozen
1.75	GAL	Fat free or 1% milk
1	CTR	64oz bottle / 16oz frozen juice
<b>Benefits for:</b> 8/1/2015 through 8/31/2015		
<b>Family Member/s:</b> Test Client, Training - C2-5		
Quantity	Unit	Food Item Description
1	LB	Cheese
1	DOZ	Eggs - large

## Termination Reasons and Benefits Issuance

- Review the [Termination Reasons and Benefit Issuance job aid](#) (Resources p. 157)

## Where to get help

### App Support

- Review the [Application Support job aid](#) (Resources p. 167)

## Remote TWIST Training Manual

[Remote TWIST Workbook](#)

[Remote TWIST Resource Packet](#)

- Review the [TWIST Troubleshooting job aid](#) (Resources p. 168)
- Review the [TWIST Process Summary job aid](#) (Resources p. 170)

## For Oregon WIC Staff webpage

[https://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/wic\\_staff.aspx](https://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/wic_staff.aspx)