Remote TWIST Training

Welcome!

- Training is from 8:00 a.m. to 5:00 p.m. with an hour for lunch.

Agenda

Day 1

Activity 1	Intro to WIC ○ Welcome and introductions ○ Overview of WIC
Activity 2	Getting Started ○ Log into Citrix, FamilyNet and TWIST
Activity 3	Applicant prescreening (self) ○ Client search and client demographics ○ Income eligibility
Activity 4	New enrollment of a pregnant woman (self) ○ Enrollment screen ○ Rights and Responsibilities and Signature Forms Woman certification screens ○ Food package assignment ○ FSS - Schedule nutrition ed and issue benefits ○ Issuing eWIC cards on the Family Cardholder Screen
Activity 5	Appointment scheduling – Family Appointment Record and Daily Clinic Schedule ○ Appointment types ○ Making individual and group NE appointments ○ Rescheduling or canceling appointments ○ Appointment requests ○ Printing appointment notices ○ Documenting appointment attendance
Activity 5.5	Enter a complaint into TWIST

Day 2

Activity 6	New enrollment of a child (Jorge Salem)
	    o Immunization status
	    o Child certification screens
	    o Modifying food packages

Activity 7	Mid-certification health assessment (Christina and Christopher Cheyenne)
	    o Updating client records mid-certification
	    o Infant fresh fruit and vegetables

Activity 8	Individual follow-up of a pregnant woman (Sophie Bates) o Documentation of individual follow-up appointments

Activity 9	Recertifying child (Levi Lexington)
	    o Transaction Types
	    o Recertification
	    o Special and Medical Documentation
	Modify after spent benefits (Levi Lexington)
	    o Modify spent benefits
	Formula exchange/formula return
	Formula Warehouse

Activity 10	Recertifying a postpartum mother/enrolling her infant (Lexi Lexington)
	    o Options for postpartum moms
	    o Recertifying mom
	    o Breastfeeding tracking
	    o Coordination of mom/baby appointments

Activity 11	Infant/mom category changes (Sondra Spokane)
	    o WBN/IBN
	    o Change in breastfeeding level

Activity 12	What's Left
	    o What you can do on the phone
	    o End of month issuance
	    o Where to get help

Activity 1 – Introduction to WIC
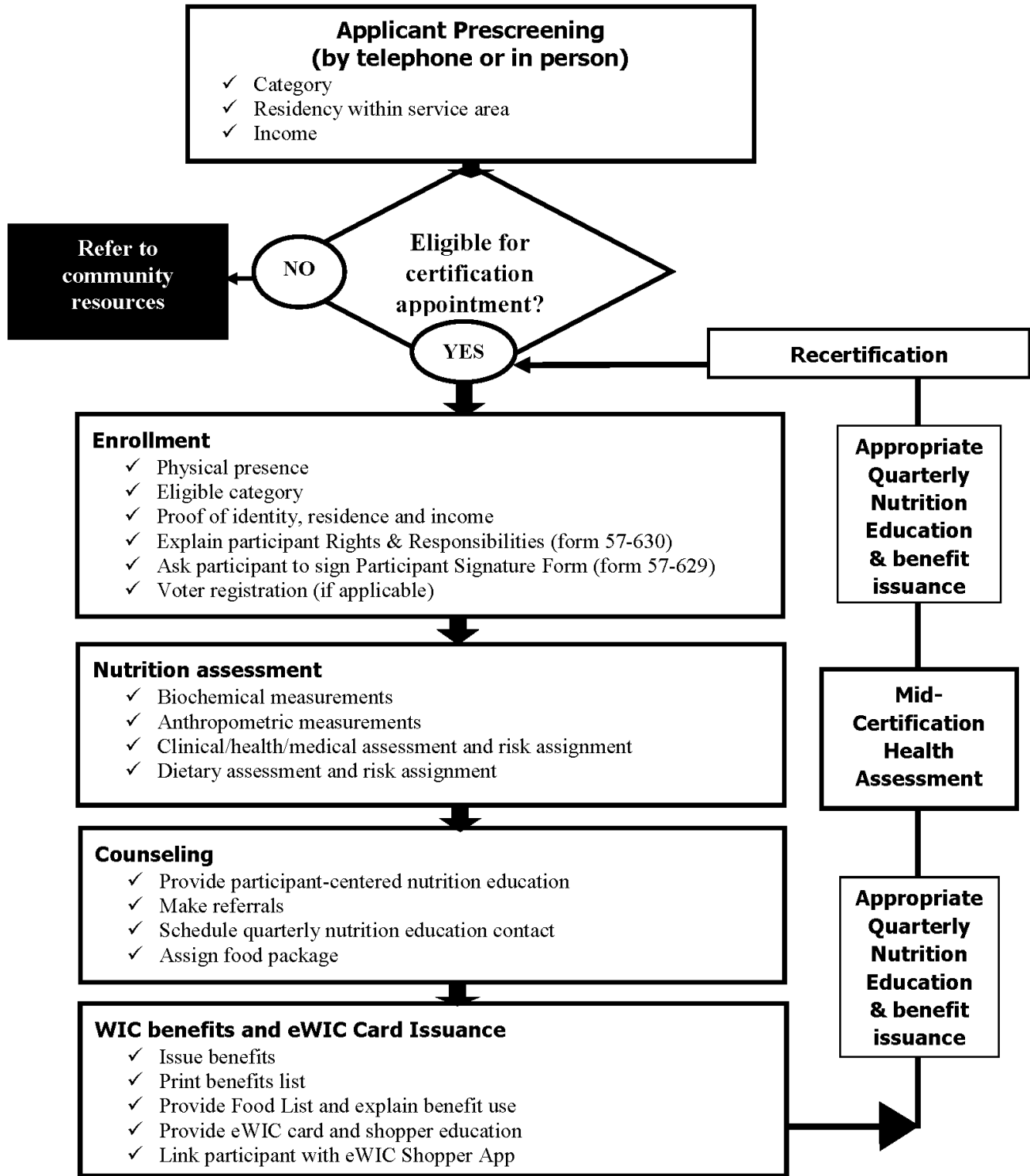
WIC's Goal:

WIC Serves:

WIC Does:

To be on WIC:

Certification Includes:
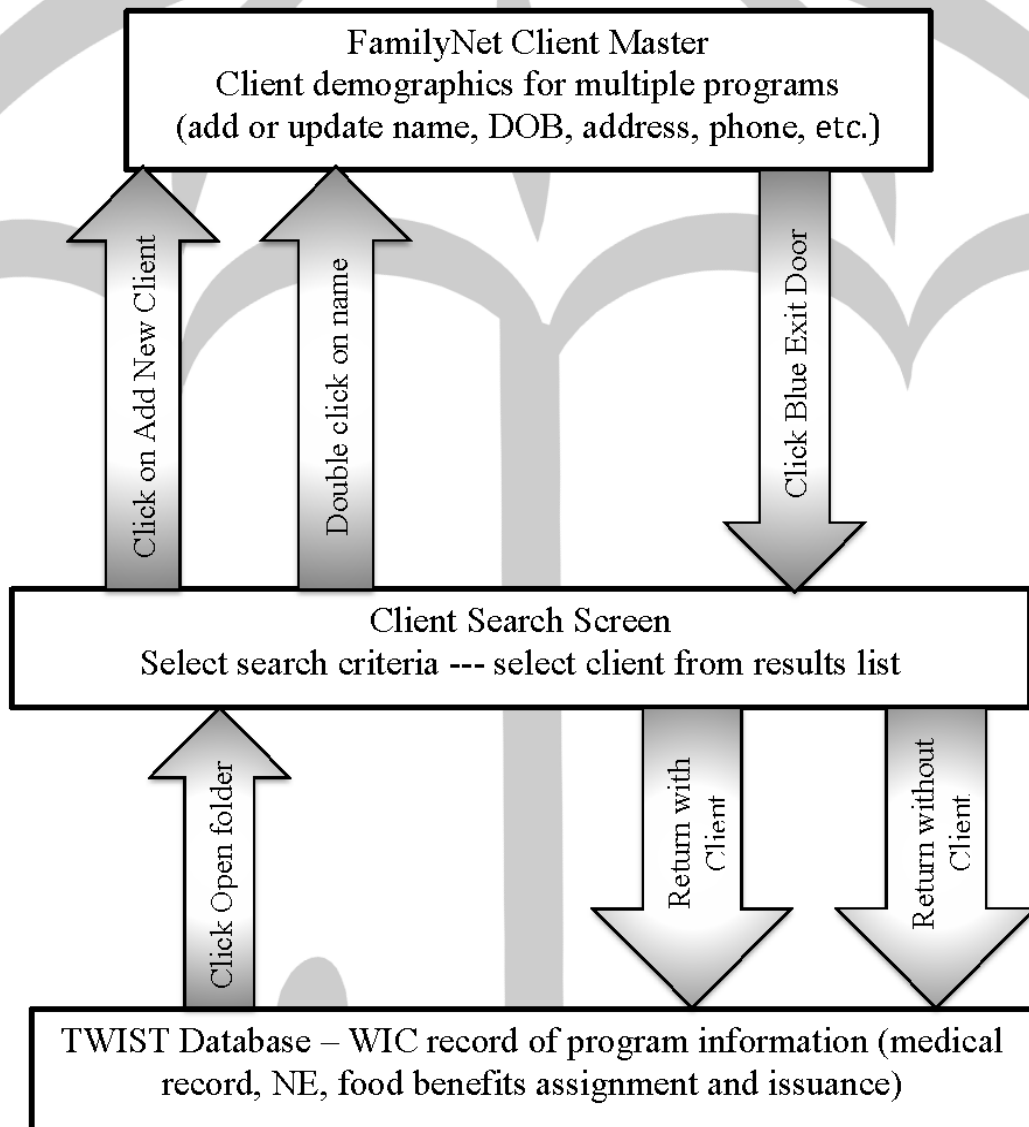
APPENDIX A - Certification Process Flow Chart

**Applicant Prescreening
(by telephone or in person)**
- ✓ Category
- ✓ Residency within service area
- ✓ Income

Eligible for certification appointment?

NO → **Refer to community resources**

YES

Recertification

Enrollment
- ✓ Physical presence
- ✓ Eligible category
- ✓ Proof of identity, residence and income
- ✓ Explain participant Rights & Responsibilities (form 57-630)
- ✓ Ask participant to sign Participant Signature Form (form 57-629)
- ✓ Voter registration (if applicable)

Appropriate Quarterly Nutrition Education & benefit issuance

Nutrition assessment
- ✓ Biochemical measurements
- ✓ Anthropometric measurements
- ✓ Clinical/health/medical assessment and risk assignment
- ✓ Dietary assessment and risk assignment

Mid-Certification Health Assessment

Counseling
- ✓ Provide participant-centered nutrition education
- ✓ Make referrals
- ✓ Schedule quarterly nutrition education contact
- ✓ Assign food package

Appropriate Quarterly Nutrition Education & benefit issuance

WIC benefits and eWIC Card Issuance
- ✓ Issue benefits
- ✓ Print benefits list
- ✓ Provide Food List and explain benefit use
- ✓ Provide eWIC card and shopper education
- ✓ Link participant with eWIC Shopper App

Certification Overview, Continued

600.5

TWIST to FamilyNet Client Demographics Navigation

FamilyNet Client Master
Client demographics for multiple programs
(add or update name, DOB, address, phone, etc.)

Click on Add New Client

Double click on name

Click Blue Exit Door

Client Search Screen
Select search criteria --- select client from results list

Click Open folder

Return with Client

Return without Client

TWIST Database – WIC record of program information (medical record, NE, food benefits assignment and issuance)

Activity 2 – Getting Started

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

➥ *Practice Information*

➲ *Open Citrix and login*

Login	Your P number
Password	Your normal password

➲ *Login 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 (e.g. Samantha Seaside).
‣ Each participant has a different letter for their middle initial (eg. 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	**Use your own name**
Date of Birth	**Use your own birthday**
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. 1)

▸ 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

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	**Your own name**
DOB	**Your own birthday**

- ‣ Review the Rights and Responsibilities form (Resources p. 5)
- ‣ Review the Participant Signature form (Resources p. 3)

- ‣ 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. 7)
- Review [No Proof form](#) (Resources p. 9)

‣ 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. 19)

➲ *Anthropometric and Biochemical for Women*
‣ On the Medical 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.

‣ 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?	2nd 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. 11)

⮩ 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 Risks / 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. 21)
  ‣ 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. 23)
  ‣ 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 [Standard Food Packages job aid](#) (Resources p. 33)
  ‣ Review the [Food Package and Template Codes job aid](#) (Resources p. 25)
  ‣ Review the [Food Package Assignment Screen Codes job aid](#) (Resources p. 39)
  ‣ 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. 41)
  ‣ Click the Find Appointment button and schedule for a Prenatal Group NE class in 3 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. 49)

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	*Swipe practice card and save*

➲ *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	*Swipe practice card and save*

‣ Select copy address from first cardholder

➲ *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

➲ *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	*Swipe practice card and save*

➲ *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. 51)
‣ Review the I Couldn't Buy It With eWIC handout (Resources p. 53)
‣ Review the Troubleshooting Shopper Issues job aid (Resources p. 55)

➲ 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

➥ *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 <u>Understanding Appointment Types job aid</u> (Resources p. 43)
- ‣ Review <u>How to Make an Individual Appointment job aid</u> (Resources p. 60)

⮞ *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.

➲

➲ *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 education appointment.
➲ Reschedule an Appointment
  ‣ Using the "**Reschedule**" button, reschedule the follow-up appointment to a different time this month.
➲ Canceling an Appointment
  ‣ Cancel the individual education appointment.
➲ Documenting Appointment Attendance
  ‣ Document that you have attended your appointment.
➲ Handling Walk-Ins
  ‣ Schedule a walk-in appointment today.
➲ *Use the Output (Report) to see the Daily Clinic Schedule.*

  ‣ Use today's date, "Master" clinic

Activity 5.5 Entering a Complaint

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.
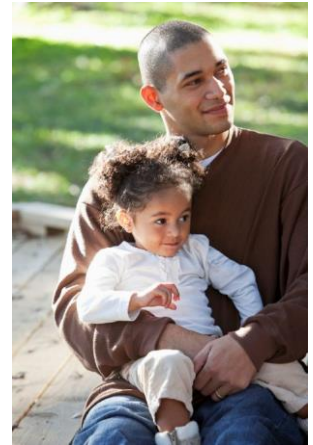
➲ **Enter a complaint.**
- ‣ Access the "Complaint" screen through Operation Management ⇨ Compliance ⇨ Complaints
- ‣ On the "Complaint" screen, enter the following information.

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

- ‣ In the "Complaint Description" field, enter information about the complaint.
- ‣ Complete the "Person Involved" fields: Title = checker; Role = offender; Description of person = physical description

Activity 6 – New Enrollment of a Child

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. You will need to begin the enrollment before you can document the walk-in appointment.

➥ *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	**Jorge** *[middle initial]* **Salem**
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 de la Cruz 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
Referrals	Refer to OHP

‣ Review the Using the Immunization Status Function job aid (Resources p. 61)

‣ 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
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. 63)
‣ 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.
  o Even though he was tiny at birth he has been really healthy.
  o Jorge is up-to-date on his immunizations according to the shot record mom has with her. Click "immunizations Status" button to verify.
  o Mom says no one smokes in the house and no one has been violent.
  o 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.
  o Mom breastfed for 6 months but supplemented with formula starting at one month.
  o He doesn't eat very much but he does feed himself. Mom can't really tell when he is full or hungry.
  o He is using a cup for water, juice, sweet tea, and Koolaid, but uses a bottle of milk when he goes to bed.
  o Mom is not sure if her water is fluoridated or not.
  o Jorge loves yogurt!
  o His brother is very allergic to peanuts, so they never have nuts in the house.

➲ *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 nuts."

➲ *Food Package Assignment*
- On the "Food Package Assignment" screen, select a food package with yogurt and without peanut butter 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.
  - ‣ You may issue benefits and provide the appropriate participant education.

Activity 7: Mid-certification Health Assessment

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.
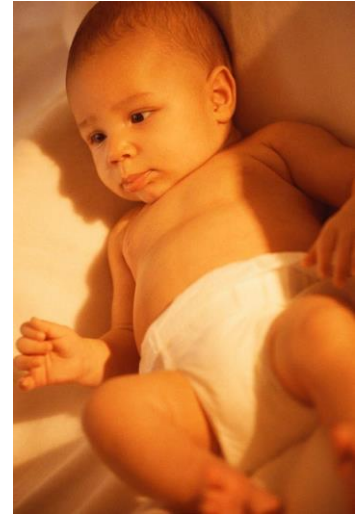
➥ Practice Activities Information

‣ Review the One-year Certs and Mid-Cert Health Assessment job aid (Resources p. 75)

➲ 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:
  o Christopher has been healthy and safe, and mom is pleased with his growth.
  o His immunizations are up to date.

On the "Diet Assessment" screen, add a new Questionnaire.

> ‣ Answer the questionnaire given the following information:
>> o Christopher is showing signs of developmental readiness for solid foods.
>> o Mom is still fully breastfeeding and has just begun to introduce infant cereal mixed with breastmilk.
>> o Mom is interested in making her own baby foods.
>> o 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 9 months old.
> ‣ Review the 3 Steps to Assigning an Infant Fresh Fruits and Veggies at 9 Months job aid (Resources p. 79)
> ‣ Review the It's Time to Eat! Food for Your Baby handout (Resources p. 79)
>
> ‣ 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.
- 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-reduced 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

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 Activities 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.

- ‣ 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, update the quantity of milk and cheese on her food package to the increased amounts for twins.
‣ 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.
‣ 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.
• 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.

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

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.
   o Mom reports that Levi was recently in an accident and the resulting jaw surgery has made it very difficult to eat.
   o 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.
   o 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.
   o 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.
   o 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. 87)
- 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. 85)

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 the [Modifying Food Packages job aid](#) (Resources p. 65)

➲ *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 lowfat 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 and 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. 93)

➲ *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 her 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 with the exception of milk and cheese.
- 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 Woman 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 Mom*
  ‣ Review Postpartum Women and Infant Category Definitions job aid (Resources p. 99)
  ‣ Review Category and Food Package Options for Postpartum Moms handout (Resources p. 101).

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 Woman*
  ‣ 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)	4 days ago
Save	(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	Weight - 189 Total weight gain – 34 Hemoglobin – 9.2
Health History	She had a cesarean delivery. She is still taking her prenatal vitamins. She doesn't smoke or drink.
Diet Assessment	She is eating mostly snack foods since she is so busy.
Nutrition Education	She had questions about breastfeeding because her baby is still having problems latching. She also will be going back to work next week.
Food Package Assignment	Assign the appropriate food package.
Breastfeeding Tracking	Baby is having problems latching. She will be working 8 hours a day 3 days a week. She is issued a Lactina breast pump. Enter serial number for Lactina given by your TWIST trainer.

‣ Review the Breast Pump Release Form (Resources p. 103)
‣ Review the Multi-User Breast Pump Loan Agreement (Resources p. 105)

➲ *Enroll the infant, Lonnie Lexington.*
‣ From the "Enrollment" screen, search for the infant. Enter her "Client Primary" information.

Name	**Lonnie** [middle initial] **Lexington**
Gender	female
DOB	4 days ago
Address/Phone Confidential	No
Home Address	Select "unknown" and choose correct address when cascades

Contact by Mail?	Yes
Contact by Phone?	Yes
Phone	Select unknown and choose correct phone number when cascades
Email	Leave blank and select when cascades
Guardian	**Lexi** *[middle initial]* **Lexington** (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

Verify	
No. in Family	4
Unborn Counted	0
New Income Date	Today
SNAP	Yes
OHP	Yes
TANF	No
Income	$445 per month
Income Provider	Father
Proof of Income	Pay stub

‣ Save.

‣ On the Certification screens, enter the following information.

Medical Data	7 pounds 8 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.
  o Set Issue Month for 1 month for return of Lactina.
  o Remove future month benefits for Levi to coordinate issuance.
  o Coordinate and schedule mom and baby's appointments.
  o Issue benefits.
  o View Benefits List to see the combined benefits.

Activity 11 – Infant Changing Category

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. 107)

➲ 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.

Activity 12 – What's Left?

What can you do over the phone?

‣ Review the *What Can Happen Over the Phone* job aid (Resources p. 113)

‣ What information is considered "security data" when verifying the identity of someone on the phone?

‣ What are the 3 things you cannot do over the phone?

Unusual Food Packages

‣ Review the Issuing Evaporated and Dry Milk job aid (Resources p. 115)
‣ Review the Assigning Food Packages for Fully Breastfed Twins job aid (Resources p. 117)
‣ Review the Assigning Food Packages to Women Who are Pregnant and Breastfeeding job aid (Resources p. 121)

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

WIC Family ID: 1122259

First Cardholder: No Cardholder              Second Cardholder:

     Benefits for: 7/30/2015   through 8/4/2015
  Family Member/s: 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

     Benefits for: 8/1/2015    through 8/31/2015
  Family Member/s: Test Client, Training - C2-5


           Quantity     Unit    Food Item Description
                  1      LB      Cheese
                  1      DOZ     Eggs - large
```

Where to Get Help

➲ App Support
  ‣ Review the Application Support job aid (Resources p. 123)

➲ TWIST Training Manual
https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Documents/
twist/twist-remote-training-workbook-and-resources.pdf

  ‣ Review the TWIST Troubleshooting job aid (Resources p. 125)
  ‣ Review the TWIST Process Summary job aid (Resources p. 127)

➲ For Oregon WIC Staff webpage
https://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/wic_staff.aspx

Insert colored separation sheet
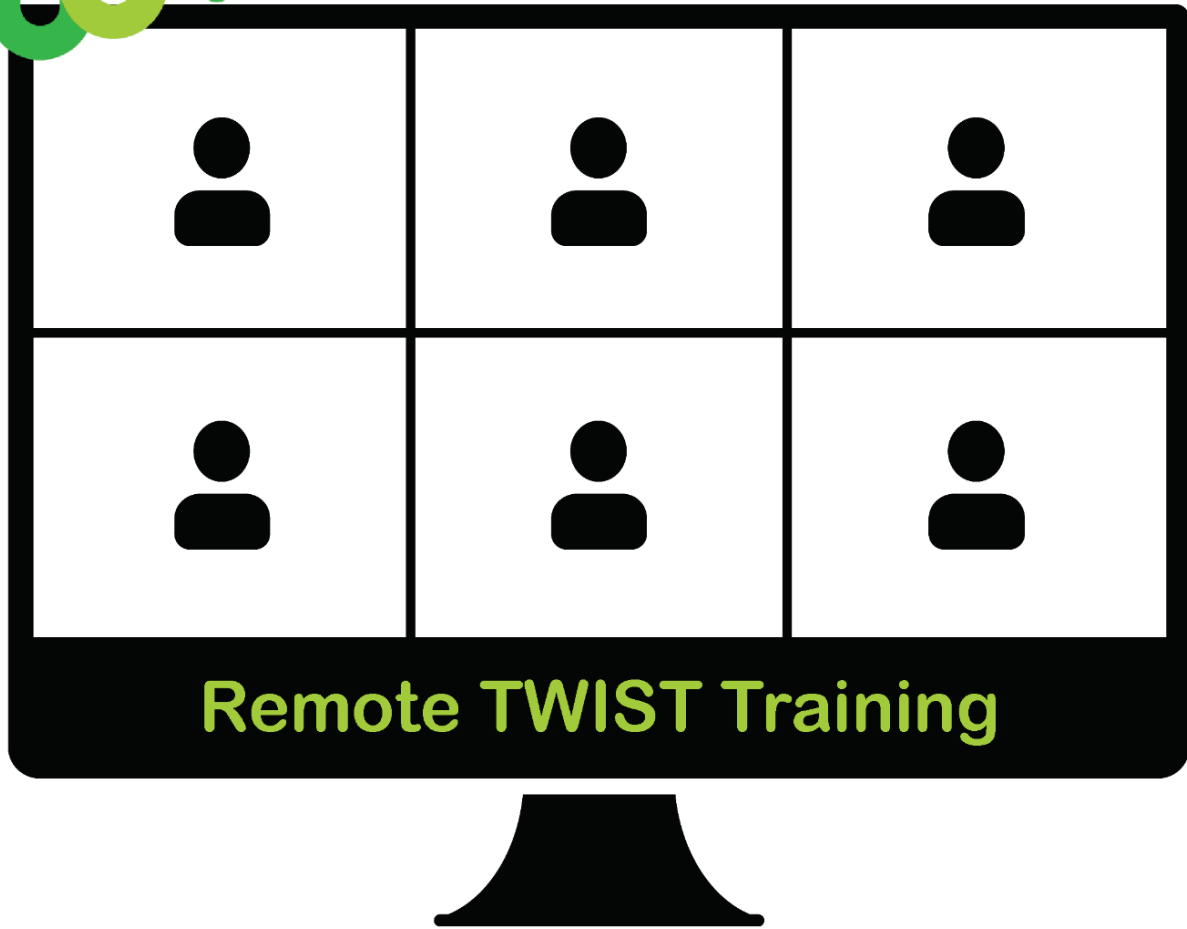
Resources and Job Aids

TWIST Training Resource Packet Table of Contents

Alphabetical List of Resource Documents

☺ Job Aid: Income Guidelines

Chapter 3: **Client Processes**
Section 1: **Intake**
Lessons: **Applicant Prescreening; Enrollment**

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OREGON WIC PROGRAM
Income Eligibility Criteria
Effective May 1, 2021

</div>

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

Number of Person(s) in Household	Gross Household Income		
	Annual	*Monthly*	*Weekly*
1	23,828	1,986	459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
For each additional household member add:	+ 8,399	+ 700	+ 162

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, count all pregnant women as two, or more, for expected multiple births, unless a woman specifically waives the increase in number.

☺ Job Aid: Income Guidelines

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 for Medicaid (the Oregon Health Plan), TANF, Food Stamps or FDPIR are considered automatically income eligible for WIC.

Participant signature form

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.

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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture   *(2) fax:* (202) 690-7442; or
Office of the Assistant Secretary for Civil Rights   *(3) email:* program.intake@usda.gov
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

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 (11/2015)

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 to:

☑ 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　　　　　*Telephone:* 971-673-0040
PO Box 14450　　　　　　　　　　*TTY:* 800-735-2900
Portland, OR 97293-0450　　　　　*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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture　　　　*(2) fax:* (202) 690-7442; or
Office of the Assistant Secretary for Civil Rights　*(3) email:* program.intake@usda.gov
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

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

What proof to bring to WIC

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
- SNAP (Food Stamp Program) documents

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

- Bank statement/bank checks
- Rent receipt

Non-discrimination statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

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

    (2) <u>fax</u>:   (202) 690-7442; OR

    (3) <u>email</u>:   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.

No proof form

Complete this form if no proof of income, residence or identity is available. This form must be signed and dated by the applicant or participant and a WIC staff member.

Applicant/participant name(s): _____

WIC family ID number: _____

Proof of income

I declare my total gross household income is $ _____ per _____

Check the reason no proof is available:

❑ I did not bring proof of income today. The income information I am declaring is correct. I must bring proof of our household income within 30 days of today or my certification will end, and I will not get any more WIC benefits.

❑ I cannot provide proof of income because I am:
    ❑ a disaster victim   ❑ a migrant farm
    ❑ homeless   worker
    ❑ paid in cash   ❑ have zero income
    ❑ other: _____

Proof of address/residence

I declare my current address is: _____
_____

Check the reason no proof is available:

❑ I did not bring proof of address today. The address information I am declaring is correct. I must bring proof of our address within 30 days of today or my certification will end, and I will not get any more WIC benefits.

❑ I cannot provide proof of address because I am:
    ❑ a disaster victim   ❑ a migrant farm
    ❑ homeless   worker
    ❑ other: _____
    _____

Proof of identity

Check the reason no proof is available:

❑ I did not bring proof of identity for _____ today. I must bring proof of identity within 30 days of today or my certification will end, and I will not get any more WIC benefits.

❑ I cannot provide proof of identity because I am:
    ❑ a disaster victim
    ❑ other: _____
    _____

Please read and sign

I understand that by completing, signing and dating this form, I am certifying that the information I have provided is correct. I understand that if I give false information on purpose it is considered abuse of the program and I may be required to pay back WIC for the amount of my WIC food benefits.

Applicant/participant signature _____ **Date** _____

Staff signature _____ **Date** _____

If you need this in an alternate format, please call 971-673-0040.
WIC is an equal opportunity program and employer.   57-633 ENG/SPAN (12/2015)

Formulario para la falta de comprobante

Llene este formulario si no dispone de un comprobante de sus ingresos, residencia o identidad. El formulario debe ser firmado y fechado por el solicitante o participante y por uno de los miembros del personal de WIC.

Oregon Health Authority

WIC Oregon

Nombre(s) participante: _____

Núm. de identificación de familia de WIC: _____

Comprobante de ingresos

Afirmo que los ingresos totales brutos de mi unidad familiar son de $_____ por _____

Marque la razón por la cual no dispone del comprobante:

❑ No traje conmigo un comprobante de los ingresos el día de hoy. La información sobre los ingresos que estoy proporcionando es correcta. Deberé traer conmigo un comprobante de los ingresos de nuestra unidad familiar en un plazo de 30 días, a partir de hoy, o mi certificado será anulado y ya no recibiré más beneficios de WIC.

❑ No puedo presentar un comprobante de ingresos debido a que:
   ❑ soy víctima de un desastre
   ❑ no tengo donde vivir
   ❑ me pagan en efectivo
   ❑ soy trabajador agrícola migrante
   ❑ no tengo ingresos
   ❑ otro: _____

Comprobante de dirección/ residencia

Afirmo que mi dirección actual es: _____
_____

Marque la razón por la cual no dispone de un comprobante:

❑ No traje conmigo un comprobante de mi dirección el día de hoy. La información sobre mi dirección que estoy proporcionando es correcta. Deberé traer conmigo una constancia de mi dirección en un plazo de 30 días, a partir de hoy, o mi certificado será anulado y ya no recibiré más beneficios de WIC.

❑ No puedo presentar un comprobante de mi dirección debido a que:
   ❑ soy víctima de un desastre
   ❑ no tengo donde vivir
   ❑ otro: _____
   ❑ soy trabajador agrícola migrante

Comprobante de identidad

Marque la razón por la cual no dispone de un comprobante:

❑ No traje conmigo un comprobante de la identidad de _____ el día de hoy. Deberé traer conmigo un comprobante de mi identidad en un plazo de 30 días, a partir de hoy, o mi certificado será anulado y ya no recibiré más beneficios de WIC.

❑ No puedo presentar un comprobante de mi identidad debido a que:

   ❑ soy víctima de un desastre
   ❑ otro: _____

Lea y firme

Entiendo que al llenar, firmar y fechar este formulario, certifico que la información que he proporcionado es correcta. Entiendo que si proporciono 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 yo recibido.

Firma del participante _____ **Fecha** _____

Firma del miembro del personal _____ **Fecha** _____

Si necesita este formulario en un formato alternativo, llame al 971-673-0040.
WIC es un programa y empleador que ofrece oportunidades equitativas.

57-633 ENG/SPAN (12/2015)

Job Aid	**Risk Summary**

This is a list of all approved nutrition risk criteria.

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

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
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

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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
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

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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
301	Hyperemesis Gravidarum	Pregnant Women	High	Referral to the RD	CPA-selected
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

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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
337	History of a Birth of a Large for Gestational Age Infant	Women	Low	No	CPA-selected
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

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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
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
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	ALL	Low	Document specific type of surgery, trauma or burns.	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
	Trauma or Burns				
360	Other Medical Conditions	ALL	High	Document specific condition. Referral to the RD	CPA-selected
361	Depression	Women	Medium	Document type of depression and treatment.	CPA-selected
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	Women, Children (2 to 5 years)	Low	No; not to be assigned if any other risks have been assigned	CPA-selected

	Job Aid	**Risk Summary**

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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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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
	2 to 5 years				
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
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

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Key Definitions

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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
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
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

Job Aid	Risk Summary

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Key Definitions

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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
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
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	Women	Medium	Document the specific type of breastfeeding problem.	CPA-selected

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

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Risk Number	Risk Name	Category	Risk Level	Additional Action/Documentation	How Assigned
	Woman				
603	Breastfeeding Complications or Potential Complications for Infants	Infants	Medium	Document the specific type of breastfeeding complication	CPA-selected
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	ALL	High	Document specific type of problem. Referral to the RD	CPA-selected

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Risk Number	Risk Name	Category	Risk Level	Additional Action/Documentation	How Assigned
	Decisions or Prepare Food				
903	Foster Care	ALL	Low	No	CPA-selected
904	Environmental Tobacco Smoke Exposure	ALL	Low	No	CPA-selected

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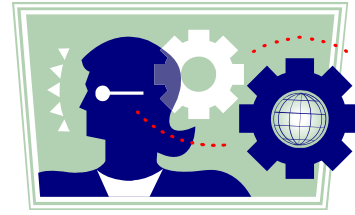
Before you assign any food package and before you offer any NE or anticipatory guidance, make sure to do a complete **diet** assessment. (For more information see Lesson 1-5 and the job aids in the *Dietary Risk Module*.)

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 ❶   **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 ❷   Use **probing questions** to find out more information
Step ❸   **Assign and document** any dietary risks
Step ❹   Use **critical thinking to review** information and make sure assigned risks are correct.
Step ❺   Answer the **mandatory diet questions** in TWIST

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

TWIST CPA Training Handout – 8/25/2014

Consider exploring these topics during Step ❶ 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
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

TWIST CPA Training Handout – 8/25/2014

☺ Job Aid: Next Steps Statuses

Chapter 3: Client Processes
Section 4:   First Nutrition Education Contact
Lesson: Next Steps

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

☺ Job Aid: Referral Statuses

Chapter 3: Client Processes
Section 4: First Nutrition Education Contact
Lesson: Referrals

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

Job Aid	Food Packages and Template Codes

Types of Food Packages

Every participant is assigned a food package made up of a combination of milk, foods, and formula that is appropriate for their age, category, and designation.

Standard Food Packages

Standard food packages are the food packages automatically assigned by TWIST for each participant. They contain the maximum amount of foods allowed by federal regulations.

Non-Standard Food Packages

Non-standard food packages are food packages that are slightly changed by the CPA. For example, the CPA might select a template with no eggs or reduce the quantity of milk in a package.

Modified Food Packages

If the CPA cannot find a non-standard template to meet the participant's needs, a "modified" food package can be created by using the "Modify" pop-up on the *Food Package Assignment* screen.

Partial Food Packages

Partial food packages are issued starting on the 20th of the month. They have reduced quantities of food to reflect the partial month of issuance.

Job Aid	Food Packages and Template Codes

Modules on the "Food Package Assignment" Screen

The foods in each food package are grouped together in smaller units called modules. Each module contains a different group of foods.

FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
11/01/2016	C2-5	ML-C-Y	3.00	gal	C						
10/01/2016	C2-5	ML-C-Y	3.00	gal	C						
09/01/2016	C2-5	ML-C-Y	3.00	gal	C						
08/01/2016	C2-5	ML-C-Y	3.00	gal	C						

Module A ➔ milk or infant formula module
Module B ➔ food module
Module C ➔ medical formula for women and children module

Foods in each module are selected by using the drop down arrow to select a template. **Templates** are combinations of commonly assigned foods that can be selected from the drop down in each module. Only templates appropriate for the participant are available to choose. During certification, TWIST defaults to the standard templates or to templates previously used by the participant.

A **food package** refers to all of the participant's foods and formula together. Most participants will receive foods from two different modules. Women and children with special dietary needs may receive foods from all three.

Job Aid	Food Packages and Template Codes

Module A - Milk Templates – Women and Children

Standard Milk Templates

ML-C-Y = Woman or Child 24-60 mo: liquid cow's milk (non-fat, 1%); cheese;
1 qt. lowfat yogurt.
MW-C = Child 13-23 mo: liquid cow's milk (whole); cheese.

Non-Standard Milk Templates

The non-standard milk templates offer different choices for types of milk. You can also choose templates with less cheese and more milk.

Module A - Milk Template Codes		
First Letter	**Second Letter**	**Extra Letters**
M - Liquid Cow's Milk	**L** - Non-fat, 1%	**C** - Cheese is included
G - Liquid Goat's Milk	**W** - Whole milk only	**0** - No Cheese included
S - Soy Milk Beverage	**2** - 2% only	**T** - Tofu included
L - Lactose-free Milk		**Y** - Yogurt included
A - Acidophilus Milk		**YW**- Whole yogurt assigned to soy beverage

Examples:
S-0 = Soy milk beverage; no cheese.
GL-C = Goat's milk (non-fat or 1%); cheese included.

NOTE: Evaporated or dry powdered versions of milk do not have templates. They are assigned from the "Modify" screen.

Job Aid	Food Packages and Template Codes

Module B - Food Templates – Women and Children

Standard Food Templates

Standard Food Templates include eggs, cereal, peanut butter, beans, 100% whole wheat bread or whole grains, juice, fish, fruit and vegetables. The templates have the foods and quantities appropriate for each category.

C = Children
WE = Fully breastfeeding women
WPB = Pregnant women or mostly breastfeeding women
WN = Non-breastfeeding women or women doing some breastfeeding and infant receives formula exceeding the IB maximum
WPB-M = Woman (pregnant or mostly breastfeeding, with multiples)
WE-M = Woman fully breastfeeding multiples

Non-Standard Food Templates

The non-standard food templates offer different choices for changing or removing some foods. The second part of the template tells what food has been changed.

Module B - Food Template Codes	
First Part (standard)	**Second Part (what is different)**
C	**w/o PB** – Without peanut butter
WE	**w/o E** – Without eggs
WPB	**w/o F** – without fish (tuna, salmon, sardines)
WN	**J48** – Contains frozen juice which reconstitutes to 48 oz. juice, rather than bottled juice
WPB-M	**J64** – Contains 64 oz. bottled juice
WE-M	

Examples:
C w/o E = The standard child foods without eggs.
WPB-M-w/o F = The standard foods for a pregnant woman with multiples, without fish.

Module A – Formula Templates - Infant

Standard Infant Formula Template

The Standard Formula Template for infants is for the bid formula.

SIA-P = Similac Advance Powder

Non-Standard Infant Formula Templates
All formulas have a three letter abbreviation.
- One word formulas will use the first three letters.
  - *Example: Nutramigen=NUT*
- Two word formulas use the first two letters of the first word and the first letter of the second word.
  - *Example: Similac Advance=SIA*
- Three word formulas use the first letter of each word.
  - *Example: Bright Beginnings Soy=BBS*
  - *Exception: The Similac Soy Isomil template is **SOY**.*

Module A – Infant Formula Template Codes	
First Part **(abbreviation of name of formula)**	**Second Part** **(type of formula)**
Examples: **SIA**	**C** – Concentrate
NUT	**P** – Powder
SOY	**R-** Ready to Feed

Examples:
SIA-C = *Similac Advance, concentrate or*
NEI-P = *Neocate Infant, powder*

NOTE: Some formulas will include additional letters or numbers to differentiate similar items. *Example: PEP 1.0 or PEP 1.5 indicates two kinds of Pediasure Peptide.*

Module B - Food Templates - Infants

Standard Food Templates for Infants

I-FVC – Foods for non-breastfeeding and some or mostly breastfeeding infants include baby food fruits, baby food vegetables, baby cereal

I-FVCM – Foods for exclusively breastfeeding infants include baby food fruits, baby food vegetables, baby cereal, baby food meat

Non-Standard Food Template for Infants

Module B – Infant Food Template Codes	
First Part	**Second Part**
I - Infant	**FVC-$4** – replaces 64 ounces of the baby food fruits and vegetables with cash value of $4 for fresh fruits and vegetables
	FVCM-$8 - replaces 128 ounces of the baby food fruits and vegetables with cash value of $8 for fresh fruits and vegetables

Example:
I-FVCM-$8 = Cash benefit for fresh fruits and vegetables, baby food fruit, baby food vegetables, baby food meat and baby cereal.

| Job Aid | **Food Packages and Template Codes** |

Module C – Formula Templates – Special Women and Special Children

Standard Formula Template – Women and Children

There is not a Standard Formula Template for women and children. Formula selected in Module C must be prescribed by a Health Care Provider and requires Medical Documentation.

Non-Standard Formula Templates – Women and Children

NOTE: Formulas not available as a template can be added using the "Modify" screen.

All formulas have a three letter abbreviation.
- One word formulas will use the first three letters.
  - *Example: Nutramigen=NUT*
- Two word formulas use the first two letters of the first word and the first letter of the second word.
  - *Example: Similac Advance=SIA*
- Three word formulas use the first letter of each word.
  - *Example: Bright Beginnings Soy=BBS*
  - *Exception: The Similac Soy Isomil template is **SOY**.*

| Module A – Infant Formula Template Codes ||
First Part (abbreviation of name of formula)	Second Part (type of formula)
Examples: **SIA**	**C** – Concentrate
NUT	**P** – Powder
SOY	**R-** Ready to Feed

Any Module – "Z" or "No Food" Templates

Template codes which begin with **Z** indicate the participant is not receiving milk, formula or foods in that module.

"No Food" Templates

Z –
The "Z" package defaults in Module A for fully breastfed infants who do not receive any formula.

ZN –
The "ZN" package defaults for WBN women after 6 months postpartum.
You may also select the "ZN" package for any participant who is not receiving foods in a module.

Examples:
- *Participant is unable to eat or tolerate a particular group of foods, such as dairy products.*
- *Participant declines foods offered.*

Category/ Designation	Template Codes	Description	Full	Partial
Woman Pregnant, Woman Mostly Breastfeeding	ML-C-Y	Low fat milk Cheese Lowfat or nonfat yogurt	4.5 gal 1 lb 1 ctr	2.25 gal 1 lb 1 ctr
	WPB	Eggs - large Cereal - hot/cold 11.5-12 ounce frozen juice 100% Whole wheat bread or whole grains Beans, dry or canned Peanut butter/ dry or canned beans Fruit and vegetables - fresh/frozen	1 doz 36 oz 3 ctr 16 oz 1 ctr 1 ctr 11.00 $	1 doz 18 oz 2 ctr 16 oz 1 ctr 1 ctr 11.00 $
Woman Pregnant with Multiples, Woman Partially Breastfeeding Multiples, Woman Mostly Breastfeeding and Pregnant	ML-C-Y	Low fat milk Cheese Lowfat or nonfat yogurt	5.0 gal 2 lb 1 ctr	2.5 gal 1 lb 1 ctr
	WPB-M	Eggs - large Cereal - hot/cold 11.5-12 ounce frozen juice 100% Whole wheat bread or whole grains Beans, dry or canned Peanut butter/ dry or canned beans Fish - canned tuna/salmon/sardines Fruit and vegetables - fresh/frozen	2 doz 36 oz 3 ctr 16 oz 1 ctr 1 ctr 30 oz 11.00 $	1 doz 18 oz 2 ctr 16 oz 1 ctr 1 ctr 15 oz 11.00 $

Category/ Designation	Template Codes	Description	Full	Partial
Woman Fully Breastfeeding	ML-C-Y	Low fat milk Cheese Lowfat or nonfat yogurt	5.0 gal 2 lb 1 ctr	2.5 gal 1 lb 1 ctr
	WE	Eggs - large Cereal - hot/cold 11.5-12 ounce frozen juice 100% Whole wheat bread or whole grains Beans, dry or canned Peanut butter/ dry or canned beans Fish - canned tuna/salmon/sardines Fruit and vegetables - fresh/frozen	2 doz 36 oz 3 ctr 16 oz 1 ctr 1 ctr 30 oz 11.00 $	1 doz 18 oz 2 ctr 16 oz 1 ctr 1 ctr 15 oz 11.00 $
Woman Postpartum Non-Breastfeeding, Woman Some Breastfeeding	ML-C-Y	Low fat milk Cheese Lowfat or nonfat yogurt	3.0 gal 1 lb 1 ctr	1.5 gal 1 lb 1 ctr
	WN	Eggs - large Cereal - hot/cold 11.5-12 ounce frozen juice Peanut butter/ dry or canned beans Fruits and vegetables - fresh/frozen	1 doz 36 oz 2 ctr 1 ctr 11.00 $	1 doz 18 oz 1 ctr 1 ctr 11.00 $

Category/ Designation	Template Codes	Description	Full	Partial
Child 13-23 months	MW-C	Whole milk Cheese	3.25 gal 1 lb	1.75 gal 1 lb
	C	Eggs - large Cereal - hot/cold Peanut butter/ dry or canned beans 100% Whole wheat bread/ or whole grains 64 oz bottle juice Fruits and vegetables - fresh/frozen	1 doz 36 oz 1 ctr 32 oz 2 ctr 9.00 $	1 doz 18 oz 1 ctr 16 oz 1 ctr 9.00 $
Child 24-60 months	ML-C-Y	Lowfat or fat free milk Cheese Lowfat or nonfat yogurt	3.0 gal 1 lb 1 ctr	1.5 gal 1 lb 1 ctr
	C	Eggs - large Cereal - hot/cold Peanut butter/ dry or canned beans 100% Whole wheat bread/ or whole grains 64 oz bottle juice Fruits and vegetables - fresh/frozen	1 doz 36 oz 1 ctr 32 oz 2 ctr 9.00 $	1 lb 18 oz 1 ctr 16 oz 1 ctr 9.00 $
Infant Non-BF 0-3 months	SIA-P	Similac Advance powder	9 can	5 can
Infant Non-BF 4-6 months	SIA-P	Similac Advance powder	10 can	5 can

Category/ Designation	Template Codes	Description	Full	Partial
Infant Non-BF 7-12 months	SIA-P	Similac Advance powder	7 can	4 can
	I-FVC or	Baby food - fruit/ vegetables Baby cereal	128 oz 24 oz	64 oz 12 oz
	I-FVC-$4	Baby food - fruit/ vegetables Baby cereal Fresh fruits and vegetables	64 oz 24 oz 4 $	32 oz 12 oz 4 $
Infant Mostly or Some BF 7-12 months *There are no standard food template amounts for partially (Mostly or Some) breastfed infants. The amount of formula each infant receives will vary and must be assigned by the CPA.	SIA-P	Similac Advance powder	CPA assigned *	CPA assigned *
	I-FVC or	Baby food - fruit/ vegetables Baby cereal	128 oz 24 oz	12 oz 64 oz
	I-FVC-$4	Baby food - fruit/ vegetables Baby cereal Fresh fruits and vegetables	64 oz 24 oz 4 $	32 oz 12 oz 4 $
Infant Fully BF 0-6 months	Z	No WIC foods		
Infant Fully BF 7-12 months	I-FVCM or	Baby food - fruit/ vegetables Baby food - meat Baby cereal	256 oz 77.5 oz 24 oz	128 oz 39 oz 12 oz
	I-FVCM-$8	Baby food - fruit/ vegetables Baby food - meat Baby cereal Fresh fruits and vegetables	128 oz 77.5 oz 24 oz 8 $	64 oz 39 oz 12 oz 8 $

Category/ Designation	Template Codes	Description	Full		Partial
Woman Fully Breastfeeding Multiples See **Job Aid: Food Package for Fully BF Twins** for special instructions when assigning. † These foods are manually modified every other month.	ML-C-Y		**Month 1**	**Month 2**	
		Low fat milk	8.0 gal	8.0 gal	4.0 gal
		Cheese	3 lb	2 lb †	2 lb
		Lowfat or nonfat yogurt	1 ctr	1 ctr	1 ctr
	WE-M	Eggs - large	3 doz	3 doz	2 doz
		Cereal - hot/cold	54 oz	54 oz	36 oz
		11.5-12 ounce frozen juice	5 ctr	4 ctr †	2 ctr
		100% Whole wheat bread or whole grains	32 oz	16 oz †	16 oz
		Beans, dry or canned	2 ctr	2 ctr	1 ctr
		Peanut butter/ dry or canned beans	1 ctr	1 ctr	1 ctr
		Fish - canned tuna/salmon/sardines	45 oz	45 oz	25 oz
		Fruit and vegetables - fresh/frozen	16.50 $	16.50 $	16.50 $

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☐ **Job Aid: Food Package Assignment Screen Codes**

Chapter 3: Client Processes
Section 5: Food Packages
Lesson: Food Package Assignment Screen

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.

☺ Job Aid: Family Summary Screen Codes

Chapter 3: Client Processes
Section 11: Family Summary Screen
Lesson: Family Summary Screen

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.
- BP = Breast Pump Overdue
- CUST = Custody
- FORM = Formula Trial
- FOST = Foster Child
- HIGH = High Risk
- HOME = Homeless
- LACT = Lactina Breast Pump Issued
- MCHA = Missed Mid-cert Health Assessment
- MIGR = Migrant
- NE = Missed Nutrition Education Appointment
- PROG = Program Abuse
- OTHR = Other

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

☺ Job Aid: Understanding Appointment Types

Chapter 4:   **Appointment Scheduler**
Section 4:   **Scheduling Appointments**
Lesson: **Understanding Appointment Types**

There are six basic appointment types:

- New appointments – begin with an "**N**"
- Recertification appointments – begin with an "**R**"
- Follow-up appointments – begin with an "**F**"
- Group appointments – begin with a "**G**"
- Food instrument pick-up appointments are coded "**PU**"
- Mid-Certification Health Assessment & Breastfeeding Check-up – begin with an "**M**"

New certification, recertification and mid-certification appointment types consist of a two-character code that refers to appointment type and WIC category.

The table below provides an explanation of all appointment types.

Appt. Type Code	Appointment Type Description	For WICS Categories	Other Descriptive Information
AA	**A**ny **A**ppointment	All	Indicates an available appointment slot that has not been designated as a specific appointment type.
NN	**A**ny **N**ew	All	Generic appointment type for new enrollments
RR	Any Recert	All	Generic appointment type for recertifications
NP	**N**ew **P**regnant Woman Certification	WP	
NC	**N**ew **C**hild cert.	C	
NW	New postpartum **W**oman cert.	WE, WB, WN	
NI	**N**ew **I**nfant cert.	IE, IB, IN	

☺ Job Aid: Understanding Appointment Types

Appt. Type Code	Appointment Type Description	For WICS Categories	Other Descriptive Information
RC	**R**ecert **C**hild	C	
RI	**R**ecert **I**nfant	IE, IB, IN	
RM	**R**ecert Postpartu**m** Appointment – Woman Only	WN	This is an optional appointment type that can be used for a postpartum woman who has experienced a miscarriage, or for a postpartum woman who currently doesn't have her infant with her (e.g. in hospital or in foster care).
RP	**R**ecert **P**ostpartum Woman	WP, WE, WB, WN	This is for a woman who was certified during pregnancy and is due for her **six-week** postpartum visit. *Her category may have been changed but she has not been recertified postpartum.*
MI	Infant 6 to 8 Month Check-up	IE, IB, IN	Required appointment for the **M**id-Cert Health Assessment for **I**nfants certified through their first birthday who are enrolled in WIC before 5 months of age.
MW	WIC Breastfeeding Check-up	WE, WB	This can be used to coordinate the required NE for a BF **W**oman certified through their infant's first birthday with the infant's **M**id-Cert Health Assessment appointment.
MC	**M**id-certification check-up for **c**hildren	C	Required appointment for the **M**id-Cert Health Assessment for **C**hildren at the 6 month point in their certification period.
PU	Benefit issuance **P**ick-**U**p	All	This appointment type can be used to schedule benefit issuance times.

☺ Job Aid: Understanding Appointment Types

Appt. Type Code	Appointment Type Description	For WICS Categories	Other Descriptive Information
IE	**I**ndividual 2nd Nutr. **E**d. contact	All	This appointment type is used for an individual 2nd NE contact.
F1	**F**ollow-up type **1**	All	Local agency defined
F2	**F**ollow-up type **2**	All	Local agency defined
F3	**F**ollow-up type **3**	All	Local agency defined
FD	**F**ollow-up with the **D**ietitian	All	Can be used to specifically identify an individual follow-up appointment with a dietitian. The appointment type is optional.
GE	**G**roup **E**ducation	All	While the appointment type is GE, the **topic** of the class identifies what type of class it is. The title will further define the class.
GS	**G**roup **S**creening	All	This appointment type is used for group screenings. A "group code" is used to identify what type of group screening. That code mirrors the individual appointment types of recertification and new.

♫ NOTE: Appointment types F1, F2 and F3 have been designed for each local agency to have some appointment types that are local agency defined. The local agency **will not** be able to enter a meaning on the table itself. The definition of these codes are kept at the local agency or simply understood by all local agency staff members.

☺ Job Aid: Understanding Appointment Types

	First Cardholder	Second Cardholder
Job Aid	**Compare First and Second Cardholders**	

	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

Page **1** of **2**

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| **Job Aid** | **Helping Families Use the Benefits List** |

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

Who is the cardholder?

WIC Benefits List
Benefits Available as of 09/04/2019 1:17 PM

When was this list printed?

WIC Family ID: 2100181

FirstCardholder: SAMPLE, SARA   SecondCardholder: SAMPLE, STEVE

Benefits for: 09/04/2019 through 09/30/2019
Family Member/s: Sample, Sara – WB   Sample, Sam – C1
                              Sample, Suzy – IB7-12

Which family members have benefits?

Which months have benefits issued?

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

What foods are they getting?

How much of each food are they getting?

Benefits for: 10/01/2019   through   10/31/2019
Family Member/s: Sample, Sara—WB   Sample, Sam – C1
                              Sample, Suzy – IB7-12

How many future months of benefits are issued?

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

Are family members benefits combined?

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

When should they come back to the clinic?

Types and Units of Foods

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

Oregon WIC Training ❖Introduction to WIC Module

Common WIC Foods

WIC OREGON

Whole grains

Oats

100% whole wheat bread

Corn or 100% whole wheat tortillas

Bulgur

Brown rice

Fruit and Vegetables

Fresh

Frozen

Whole grain pasta

Juice

100% juice

Yogurt and tofu

Milk

Common WIC Foods

Cheese

Eggs - large

Canned beans

Dry beans, peas or lentils

SPLIT PEAS
NET WEIGHT 1 LB. (453 g)

BEANS
NET WEIGHT 1 LB. (453 g)

LENTILS
NET WEIGHT 1 LB. (453 g)
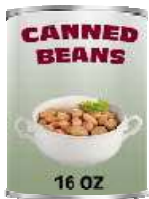
Peanut butter

Cereal

hot cereal   cold cereal

Fish - canned

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.

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

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✓ 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.

✓ 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

¡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.
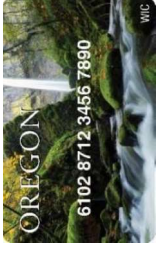
WICShopper App

Troubleshooting shopper issues

Ask participants to:

- **Know their balance** before they shop
- **Take a Food List** when they shop
- **Ask for a mid-transaction receipt** to check their WIC purchases before they use any other payment type
- **Save the receipt** from any transaction they have a problem with
- **Take pictures** of the items they thought they could buy with WIC

How to investigate common shopping issues

#	If this is the issue:	Ask about this:	Consider these possibilities:	Offer this next step:
1.	A food doesn't ring up as a WIC food (can't get the juice, milk, baby food, etc. they want)	• What was their current benefit balance for that food? (Check app, TWIST, receipt, WIC Direct) • Is the food assigned to the participant? (Check TWIST) • Is the brand, flavor, and size on the Food List? (Check app or food list) • Is there a 2nd cardholder that may have shopped?	• Store may say not enough money or benefits when it is another issue • You may not have enough information about the food to determine if it is correct • It could be a non-WIC food, seasonal or new fruit or vegetable, a food they are not assigned (e.g. juice)	• Review food list and provide shopper education if tried to purchase an incorrect food • Bring specific food information next time if inadequate information • Submit information about the food if you determine there was adequate balance and you have specific info about the food (UPC, etc.) • Change food package in TWIST (e.g. Juice)

2.	They had to purchase WIC foods with their own money	• Same as above
		 • Did they get a mid-transaction receipt?
		 • Did they ask to return it?
		 • Review final receipt to check if ending balance was adequate to buy the item
				• Same as above
				 • Shopper education on use of mid-transaction receipt
				 • Shopper education on options:
				   ○ Void foods that didn't ring up before approving the purchase
				   ○ Return items purchased with other payment types to customer service for a refund

3.	Their card doesn't work at the store	• What is the status of the card and cardholder in TWIST? (Check TWIST FCS)	• PIN entered incorrectly or not set • Card is "locked" (4 tries rule)	• Call customer service, reset the PIN and then try again after midnight • Issue a new card

Document what you learn from the cardholder in ONE of these locations

Enter a complaint in TWIST	Document in the participant's chart
a) If the vendor treats the cardholder poorly. b) If a cashier doesn't know how to complete a WIC transaction. c) If there is a problem with the store's point of sale device. d) If a food didn't ring up as WIC **and** you determine there was adequate balance **and** you have specific information about a food that is **WIC approved.** You **must** have: • WIC ID # and/or eWIC card # • Name and location of store • Date and approximate time of store visit • Description of what happened • Brand, size, and flavor of food • 12 digit UPC number	If there is not enough information to enter a complaint, document shopper education on a particular issue in TWIST, especially if it was due to "cardholder error".

What can the store cashier do?

1. The shopper can ask the cashier to void the item or transaction before the transaction is complete, if a food won't be paid for by WIC.
2. Once the transaction is completed, the shopper can return any foods not paid for by WIC to customer service for a refund.

The store cashier only knows this:

1. The UPC scanned is either in their system or not;
2. There is balance for that benefit or not;
3. The eWIC card and PIN either works or not; and,
4. They cannot change any of those things for the participant.

Job Aid

eWIC Shopper Functions Cheat Sheet

This chart identifies what resources are available for families to perform important eWIC related functions.

Task	WIC office	Phone[1] – 1-844-234-4946		Website ebtEDGE	Store			WICShopper Smartphone App
		Automated System	Live customer service representative		Register	Customer service desk	Receipt	
Set up PIN		✔		✔				
Change PIN[2]		✔		✔				
Check current benefit balance	✔	✔	✔	✔	✔	✔	✔	✔
Check future months benefit balance	✔			✔				✔
Check transaction history		✔	✔	✔				
Check expiration date of current benefits	✔	✔	✔	✔		✔	✔	✔
Check items purchased during or immediately after the transaction					✔ – ask checker		✔	
Address change for first or second cardholder	✔							
Request a second cardholder	✔							
Reporting a card lost or stolen	✔		✔					
Requesting a replacement card	✔		✔					
Deactivate second cardholder (by either first or second cardholder)	✔		✔					
Locate a WIC authorized store	✔							✔

Note 1: Both phone options are accessed with the same phone number. Within the automated system there are options that will transfer participants to the live customer service representative. **Note 2**: The eWIC card is locked after the fourth incorrect PIN try. It will be locked until midnight. If the cardholder remembers the original PIN, they can wait until after midnight and that PIN can be used to access the account. If they do not remember the original PIN, they can wait until after midnight and then change the PIN.

eWIC Shopper Education Materials List

Item/#	Language(s)	Format avail.	
		Print	**Web**
• eWIC Participant Signature form 57-629	English	✓	✓
• Rights and Responsibilities 57-630	Spanish	✓	✓
• Using your eWIC Card 57-1008	Russian		✓
• How to shop with your eWIC card 57-1002	Vietnamese		✓
• Food List 57-1001	Chinese		✓
	Somali		✓
	Arabic		✓
WIC ID card	English	✓	
WIC folder	English	✓	
	Spanish	✓	
Replacement of unavailable/stolen formula 57-912	English		✓
Participant videos (available on DVD also)	English		✓
	Spanish		✓
WIC foods graphic	Pictorial		✓

☺ How to Make a Group NE Appointment

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.			

☺ 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	Fill in Dates and Appointment Type
	⬇	_or_	⬇
	"Select Appt" (fill-in specific appt type if appt was generic)	Fast Path to Client Master "Return w/Client"	"Find Appt"
	⬇	⬇	⬇
	"BOOK"	SAVE	"Select Appt" (fill-in specific appt type if appt was generic)
	⬇		⬇
	Close		"BOOK"
			⬇
			Close

<div style="border: 2px solid black; padding: 10px;">

☺ Job Aid: Using the Immunization Status function

</div>

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

English and Spanish message telling parents where to call with questions

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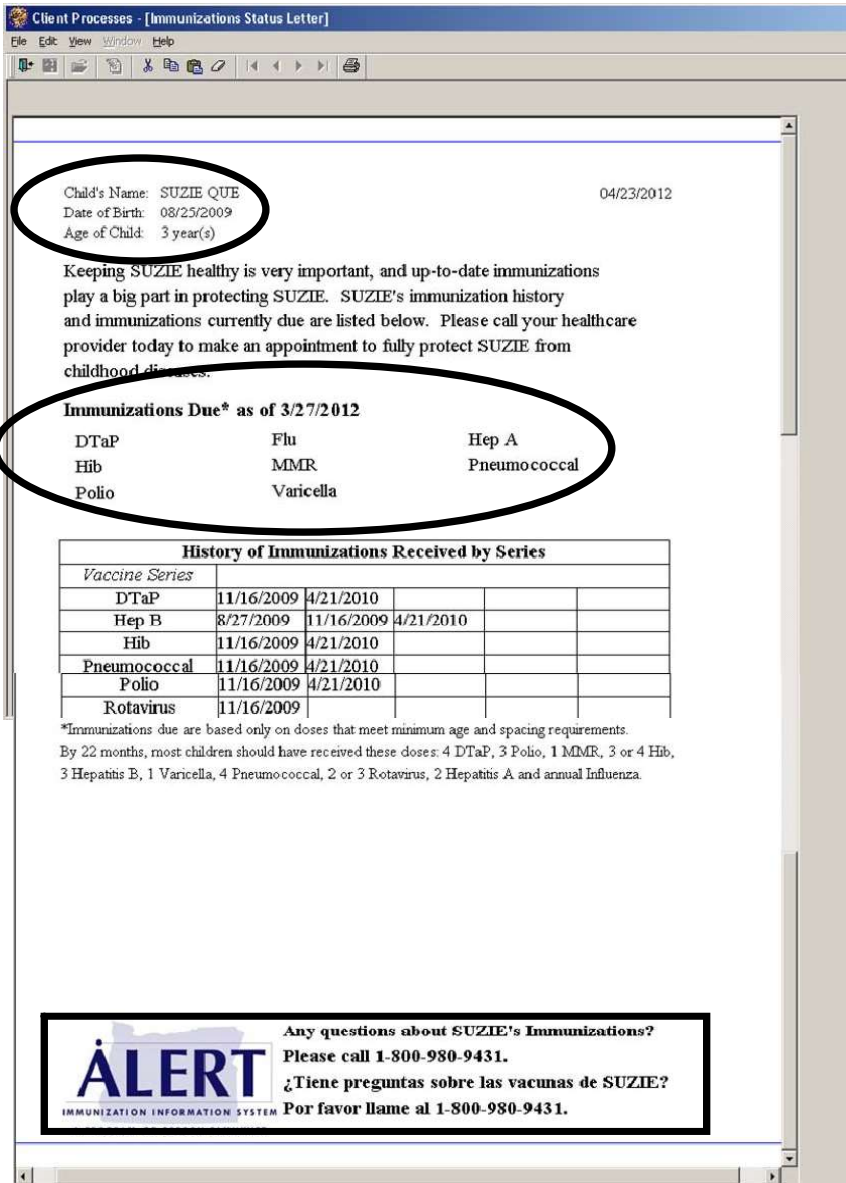
☺ Job Aid: Growth Charts

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

Chapter 3: Client Processes
Section 5: Food Packages
Lesson: Modifying Food Packages

Standard • Assigned by TWIST

Non-Standard
• Change template on FPA
• Change amount of milk or formula up or down

Modified • Use the modify pop up to make changes
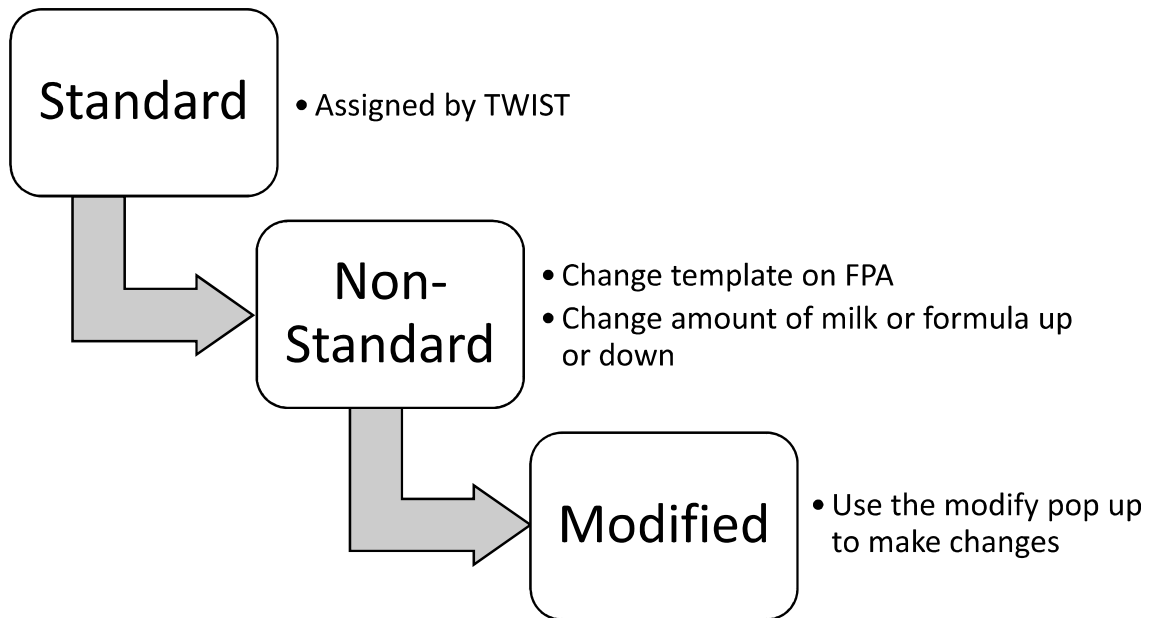
Steps to Modifying a Food Package

1.
• Reduce amount of unwanted items to the amount needed
• TWIST will not let you reduce below any amount already spent

2.
• Insert a row
• Select an item (e.g. new milk or formula type)

3.
• Adjust amounts as needed
• TWIST will combine like items (e.g. milks, formulas), spent and assigned, and will not allow you to assign more than the participant is eligible to recieve
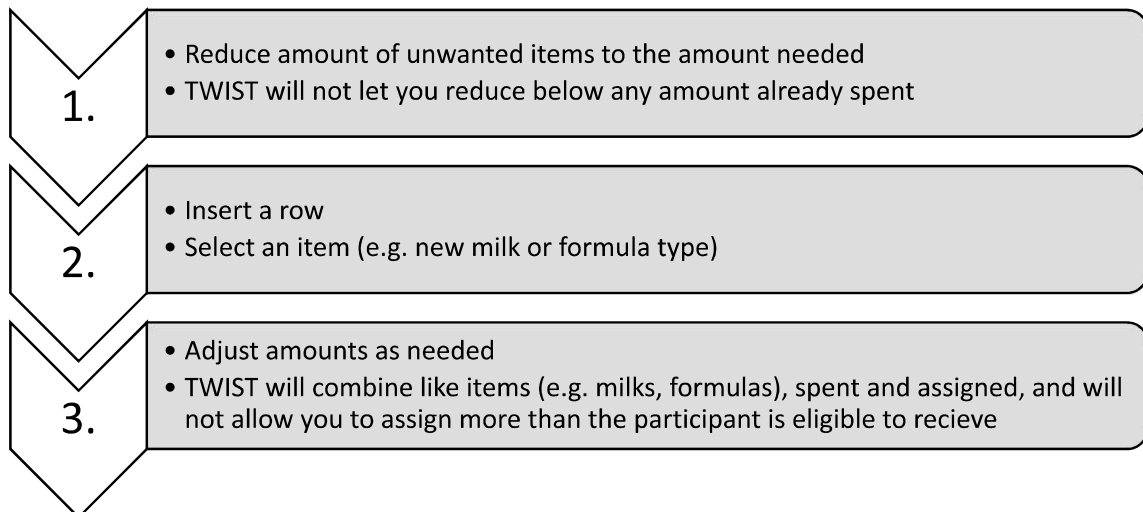
☺ Job Aid: Modifying Food Packages

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

Client was issued 4.5 gallons of milk and has spent 1 gallon. She has 3.5 gallons of milk remaining for the month. She now needs soy milk instead of cow's milk.

Screen	Action	Amount of Food	Notes
Modify	View remaining unspent	3.5 gallons milk	4.5 gal (maximum shown) minus 1 gal spent (minimum 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	Select new template for future month and 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: Milk-Cheese-Yogurt-Tofu Templates

Most important!

Use templates when assigning yogurt and tofu to participants!

Would you like to add yogurt or tofu to your foods?

YES!

Does the participant have spent benefits in the current month?

Yes

No

FOR THE CURRENT MONTH:
Use the modify pop-up to decrease the milk and add the yogurt and/or tofu

.25 gal milk = 1 CTR yogurt or tofu (You can add both!!)

FOR THE CURRENT MONTH:
Select a new template and forecast.

FOR THE FUTURE MONTHS:

Select a new template and forecast.

What is in the milk/yogurt/tofu templates?

- In addition to cow milk, there are templates for yogurt and tofu with soy beverage, lactose-reduced milk, and goat milk.
- Yogurt and/or tofu replaces some milk.
  - 0.25 gal milk = 1 CTR yogurt
  - 0.25 gal milk = 1 CTR tofu
  - Maximum of 1 yogurt and 1 tofu for each participant.
- There are two sets of soy beverage templates.
  - S-C-Y templates contain low/ non-fat yogurt and are available for all children and women categories.
  - S-C-YW templates contain whole yogurt and are available for children under age two.

Child (12-13 months) - Examples of food amounts in templates

Template	Milk	Cheese	Yogurt	Tofu	
MW-C	3.25	1	0	0	←Standard Food Package
MW-C-Y**	3.00	1	1	0	
MW-C-Y-T	2.75	1	1	1	
MW-0-Y-T	3.50	0	1	1	

**There are limited brands of whole milk yogurt available – review brands listed in the Food List.

Child (2-5) - Examples of food amounts in templates

Template	Milk	Cheese	Yogurt	Tofu	
ML-C	3.25	1	0	0	
ML-C-Y	3.00	1	1	0	←Standard Food Package
ML-C-Y-T	2.75	1	1	1	
ML-0-Y-T	3.50	0	1	1	

WP (pregnant) and WB (breastfeeding) - Examples of food amounts in templates

Template	Milk	Cheese	Yogurt	Tofu
ML-C	4.75	1	0	0
ML-C-Y	4.50	1	1	0	← Standard Food Package
ML-C-Y-T	4.25	1	1	1
ML-0-Y-T	5.00	0	1	1

WE (Exclusively Breastfeeding), WP Twins, WB Twins, Breastfeeding while Pregnant- Examples of food amounts in templates

Template	Milk	Cheese	Yogurt	Tofu
ML-C	5.25	2	0	0
ML-C-Y	5.00	2	1	0	← Standard Food Package
ML-C-Y-T	4.75	2	1	1
ML-0-Y-T	5.50**	0	1	1

**These packages originally have 2 pounds of cheese, but only 1 pound can be converted to milk, yogurt, and tofu. The other pound can either be issued or not issued.

WE Twins- Examples of food amounts in templates

Template	Milk	Cheese	Yogurt	Tofu
ML-C	8.25	3 (adjusted to 2 every other month)	0	0
ML-C-Y	8.00	3 (adjusted to 2 every other month)	1	0	← Standard Food Package
ML-C-Y-T	7.75	3 (adjusted to 2 every other month)	1	1
ML-0-Y-T**	8.5	0	1	1

**This package originally has 3 pounds of cheese, but only 1 pound can be converted to milk, yogurt, and tofu. The other 2 pounds can either be issued or not issued.

Use the Templates!

Using the templates is important! It will be confusing later when looking at the FPA or FSS if you don't use the templates.

Example:

- In November, Susie Certifier assigns the ML-C-Y-T package to a client, and forecasts it through March.
- Later, Cylvia Certifier uses the modify screen to remove the tofu for **December.** Since it is just a change in the amount of milk, she forecasts that change through March. The FPA still shows the ML-C-Y-T package (rather than "modified"), even though the participant isn't receiving tofu.
- In February, Kal Klerk gets a call from the client. Looking at the FPA and FSS, it looks like the client was issued the ML-C-Y-T package and is confused about why the client doesn't have the tofu.
- This problem could have been avoided if Cylvia had just selected the ML-C-Y template in December when the client requested no tofu.

☺ Job Aid: Missed Nutrition Education Appointments and Nutrition Education Refusal

Chapter 3: Client Processes
Section 9: Second Nutrition Education Contact
Lesson: Nutrition Education Refusal

Policy Summary 810: Nutrition-focused Counseling and Education

Participants shall not be denied food benefits for failure to attend or participate in nutrition education activities.

Follow these steps when a participant is unable to attend their scheduled nutrition education:

1. Try to reschedule the participant for another nutrition education appointment within the same month and issue food benefits at that appointment.

2. If it is not possible to reschedule the participant within the same month, allow the participant or caretaker to be issued one month of food benefits and reschedule the participant for their second NE activity the following month.

3. One month of food benefits may be issued if there is 2-way contact between the WIC clinic and the participant.

4. Continue to issue one month of benefits at a time until they either complete NE activity or they are due for a certification appointment.

5. If the participant refuses any 2nd nutrition education offered during the initial or subsequent certifications, they must contact the clinic the month their food benefits end to be issued additional benefits. Document NE refusal in the participant's record in TWIST.

Documentation for Nutrition Education (NE) Offerings, Refusals, Reschedules and No Shows

(Refer to Policy 840: Documentation of Nutrition-focused Education and Counseling)

Process	Flow	Documentation
1. **WIC Staff Offer Client NE**	Offer and encourage attendance at quarterly NE* at <u>every</u> cert/recert appointment. (Regardless of whether participant has refused NE in the past).	Document in Family Appt record: An NE request or booked NE appointment for each family member
2. **Client Refuses NE***	Only occurs at cert/recert visit when participant refuses to attend <u>any</u> quarterly nutrition education (this should happen very rarely). Let the participant know which month they need to contact the WIC clinic to be issued more benefits.	Document in FAR using the NE Refusal button. Write the month to contact the clinic on the participants Benefits List, ID card, or other document.
3. **Client Reschedules Quarterly NE**	Participant calls <u>before</u> scheduled quarterly NE to say they can't attend. Offer to reschedule. If cannot reschedule, issue one month of benefits and schedule for NE next month.	No additional documentation needed – this is not a "refusal
4. **Client No Shows Scheduled Second NE**	Participant does not attend quarterly NE. Make effort to contact family to reschedule NE. If reach family but they are unable to reschedule NE this month, issue one month of benefits and reschedule NE for next month.	Unattended scheduled appts. are marked "no show" by End of Day. No other documentation is needed.

*Second Nutrition Education Contacts may include the following appointment
     types: F1, F2, F3, FD, IE, MI, MW, MC, GE.
** PU ("Benefit Pick-up") appointments do not qualify as second NE contacts.
***In this scenario, a participant may receive up to 3 months of benefits.

♫ NOTE: NE Refusal documentation can be viewed on the Family Appointment Record by selecting client and clicking on the "**NE Refusal**" button. Documentation of refusal will remain in the system unless or until user chooses to remove it.

Critical Thinking – Rescheduling Appointments After Missed Nutrition Education

Scenario 1: Missed mid-cert health assessment and NE

Sara is a fully breastfeeding mom who was scheduled this month for a mid-cert health assessment with her son Andrew. Her daughter Liz was scheduled for an individual nutrition education appointment at the same time. She calls to tell you she can't come in for her appointment tomorrow and needs her benefits. Use the information from the Family Summary Screen to decide what to offer Sara.

Name	Month 1 (this month)			Month 2			Month 3			Month 4			Month 5			Month 6		
	Appt	Fd Pkg	FP	Appt	Fd Pkg	FP	Appt	Fd Pkg	FP	Appt	Fd Pkg	FP	Appt	Fd Pkg	FP	Appt	Fd Pkg	FP
Sara	MW	ML-C-Y WE	BI		ML-C-Y WE			ML-C-Y WE		NE-r	ML-C-Y WE			ML-C-Y WE			ML-C-Y WE	■
Liz	IE	ML-C-Y C	BI		ML-C-Y C			ML-C-Y C		RC-r	ML-C-Y C	□						
Andrew	MI	I-FVCM	BI		I-FVCM			I-FVCM		NE-r	I-FVCM			I-FVCM		RC-r	I-FVCM	□

Scenario 2: Missed NE last month

Kim says that she missed her NE last month and really needs benefits for her baby girl Lauren and her son Brant. Use this information from the Family Summary Screen to decide what steps to take next and how to help Kim.

Name	Month 1 (this month)			Month 2			Month 3			Month 4			Month 5			Month 6		
	Appt	Fd Pkg	FP	Appt	Fd Pkg	FP	Appt	Fd Pkg	FP	Appt	Fd Pkg	FP	Appt	Fd Pkg	FP	Appt	Fd Pkg	FP
Kim																		
Brant		ML-C-Y C			ML-C-Y C		RC-r	ML-C-Y C	□									
Lauren		SIA-P I-FVC-$4			SIA-P I-FVC-$4			SIA-P I-FVC-$4		RC-r	SIA-P I-FVC-$4	□						

What if this was the second time they had missed and rescheduled their NE appointment?

Handout

8/18/2016

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

3 Steps to assigning an infant fresh Fruit and Veggie Benefits (FVB) @ 9 months or older

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:
    o Is the infant developmentally on track to start solid foods and proceed to finger foods (e.g. prematurity, sitting up, grabbing the spoon, putting things in their mouth)?
    o Does the parent/caregiver have the ability to appropriately and safely provide finger foods?
    o Is the parent/caregiver interested in receiving benefits for fresh fruits and vegetables in place of some of the baby food starting at 9 months?

Step 2: Provide anticipatory nutrition education to the parent/caregiver
- 🗨 At a minimum, offer information on the safe and appropriate use of fresh fruits and vegetables:
    o Safe food preparation
    o Storage techniques
    o 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:
    o NE Topic – select "Infant FVB ed."
    o Next Steps
    o Progress notes

Step 3: Assign the I-FVC-$4 or I-FVCM-$8 food module from 9-12 months
- 💻 In Module B on the Food Package Assignment tab, select:
    o For partial or non-BF infant: I-FVC-$4
    o For fully BF infant: I-FVCM-$8
- 💻 The fresh fruits and veggies may only be assigned for the infant's 9th month food package or later.

TWIST CPA Training Handout – 5/10/2016

It's time to eat!

Food for your baby

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 over in the bowl.

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

Storing

- If you have any baby food leftover, you can store it in the refrigerator for up to two days in a container with a tight-fitting lid.

- If you want to keep your baby food longer, you can then put the container 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.

Oregon WIC Program • www.healthoregon.org/wic

Feeding your baby

- Around **six months of age,** most babies are ready to try solid foods, starting with single vegetables, fruits and infant cereals with smooth textures.

- Offer your baby only one new food every five to seven days. After they have been eaten separately, then you can mix two foods together.

- 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 she likes and dislikes. 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, as long as they are cut into bite size pieces.

- Eat with your baby and make feeding time fun and relaxed. Your baby will like eating at the table with the rest of the family.

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!

Did you know that you can help your baby get a good start with solids 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 To 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 by adding 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.

☺ Job Aid: Considerations for Scheduling and Benefit Issuance

Chapter 3: Client Processes
Section 11: Family Summary Screen
Lesson: Family Summary Screen

When deciding how many months of benefits to issue and what to schedule, consider the following things.

First Consider:

- ❑ What are the cert period start and end dates for all family members?

- ❑ Are there recertifications due in the next 3 months?

- ❑ Are there any limitations to the number of months of benefits you can issue? (e.g. proofs pending, medical documentation required)

Then Consider:

- ❑ Are there any limitations indicated from your agency's policy? (e.g. pumps due, compliance issues)

- ❑ Are there any high risk participants in the family?

- ❑ What are the nutrition education needs of the family members, starting with the highest priority participant?

- ❑ What nutrition education is available in the participant's clinic?

- ❑ When and where would the participant prefer to attend nutrition education?

- ❑ What nutrition education choice is the participant's preference?

- ❑ Are there adequate appointments or requests to cover all family cert periods and ensure that they get benefits issued when needed?

☺ Job Aid: Transaction Types

Chapter 3: Client Processes
Section 8: Other Client Processes
Lesson: Transaction Types

Transaction Type	Code	More Information About Transaction Types
Prescreening	P	✦ **P** displays during Prescreening.
New Enrollment	N	✦ **N** displays during a new Enrollment. ✦ Automatically changes from **N** to **C** when all certification tabs are complete.
Recertification	R	✦ After selecting "Recertification," **R** is displayed. ✦ Automatically changes from **R** to **C** when all recertification tabs are complete. ✦ User can select "Recertification" within 30 days of the Certification End Date.
Display only	D	✦ **D** displays after a participant has been terminated and the information saved. See also Termination transaction type.
Change	C	✦ **C** displays for all active participants. ✦ Can make changes on a participant record in the "Enrollment" or "Certification" function when **C** displays.
Re-Activate	A	✦ After selecting "Re-Activation," **A** is displayed. ✦ Used for participants who have been terminated and are still within a current certification period. ✦ Automatically changes from **A** to **C** when record is saved.
Transfer-In Within Oregon	I	✦ **I** displays with using the "Transfer-In Within Oregon" function. ✦ If the participant transferred-in was terminated before transferring and is still within a current certification, choose Re-activate after transferring.
Transfer-In Outside Oregon	O	✦ **O** displays when using the "Transfer-In Outside Oregon" function.

Transaction Type	Code	More Information About Transaction Types
Terminate	T	✦ After selecting "Termination," **T** is displayed. ✦ The system automatically changes the **T** to **D** after exiting the record.
Reinstate	X	✦ After selecting "Re-Instate," **X** is displayed. ✦ Used for terminated participants more than 30 days past their certification end date. ✦ Used for women who are termed or within a current cert period who come in to be certified for a new pregnancy. ✦ Automatically changes from **X** to **R** when "Enrollment" tabs are complete. ✦ All certification tabs must be completed in order to issue benefits.

For help deciding which transaction type to select, use the following resources.

☺ **See Job Aid "Choosing the Correct Transaction Type for Returning Woman with a New Pregnancy"**

☺ **See Job Aid "Choosing the Correct Transaction Type for Children"**

☺ **See the *Video* Job Aids:**

***Video*: "Which Transaction Type for a Returning Woman with a New Pregnancy"**
https://youtu.be/qeNnCy4iZao

***Video*: "Which Transaction Type to Use to Recertify a Terminated Child"**

https://youtu.be/HhXiUnIGZCM

![WIC Oregon logo]

Women, Infants and Children (WIC)
Medical Documentation Form

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

- This request is subject to WIC approval and provision based on program policy and procedure.
- Please fax or return the completed form to your local WIC clinic.

A. Patient information

Patient's name (Last, First, MI):	DOB:
Parent/Caregiver's name (Last, First, MI):	Phone number:

☐ I am requesting a nutrition assessment and consult by the WIC Dietitian/Nutritionist for this patient.

B. Medical formula

❶ Name of formula:	☐ some or all the formula is to be provided via tube feeding (Refer to Medicaid)

❷ Medical diagnosis or qualifying condition:

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

❹ Prescribed amount: ☐ _____ per day **OR** ☐ maximum allowable

C. WIC supplemental foods

All WIC foods will be provided unless indicated below: **OR** ☐ **request WIC Nutritionist to determine foods**

Infants, 7-12 months	Children older than 12 months and adults:
Omit: ☐ Infant cereal ☐ Infant jarred fruits/vegetables	**Omit:** ☐ Milk ☐ Cheese ☐ Eggs ☐ Peanut butter ☐ Other:_____ **Include:** ☐ Infant cereal in place of breakfast cereal ☐ Jarred infant fruits/vegs in place of fresh produce ☐ Whole milk in place of lower fat for adults and children older than 23 months with qualifying medical diagnosis (must be receiving formula--no exceptions) **Additional instructions:**

D. Health care provider information

Signature of health care provider:					
Provider's name (please print):	☐ MD	☐ DO	☐ NP	☐ PA	☐ ND
Medical office/clinic:					

Phone #:	Fax #:	Date:

WIC USE ONLY	Date form received	Exp. date:	RDN review (signature & review date):	Formula Warehouse 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.

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 (standard dilution is 20 kcal/oz unless otherwise noted)
EnfaCare/Neosure	22 kcal/oz. Prematurity, birthweight <2000g. Not indicated after 1-year corrected age
Nutramigen/Alimentum Pregestimil/Extensive HA	Extensively hydrolyzed protein. Protein allergy, multiple food allergies. Nutramigen powder contains probiotic LGG, Pregestimil 55% MCT, Alimentum 33% MCT, Nutramigen has no MCT
Elecare Infant/Neocate Infant/Neocate Syneo/ PurAmino	Free amino acid. Severe malabsorption, protein/multiple food allergy, GERD, eosinophilic esophagitis (EOE), short bowel syndrome, necrotizing enterocolitis
Similac for Spit Up/Enfamil AR	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	60% whey, low in iron. Lowered mineral level for renal conditions, neonatal hypocalcemia
Neocate Nutra	22 kcal/scoop. Semi-solid first food, amino acid based. Malabsorption, allergies. Not complete.
Noncontract Adult & Child Formulas	**Product characteristics/medical reason for request (30 kcal unless otherwise noted)**
Nutren Jr/ PediaSure/ Boost Kid Essentials (BKE) 1.0, 1.5	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.
Bright Beginnings Soy	Soy-based, lactose free. Same medical reasons as listed above
PediaSure Peptide Peptamen Jr (1.0, 1.5)	Extensively hydrolyzed protein. 1.5 version=45kcal/oz. Protein/multiple food allergies
Elecare Jr., Neocate Jr, Neocate Splash	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	Blenderized foods for tube feeding-refer patients to Medicaid
Ketocal 3:1 and 4:1	Nutritionally complete, high fat, low carbohydrate (CHO). Seizure disorders
Duocal	42 kcal/Tbsp powder. CHO and fat (35% MCT), no protein, sucrose, fructose or lactose
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/Boost High Protein	Adult only. 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	Adult only. 24kcal/oz. Blend of low glycemic CHO, 10 g protein, 6 g sugar per svg. Diabetes
Suplena CarbSteady	Adult only. 54 kcal/oz. Low in protein, lactose free for chronic kidney disease (stage 3, 4)

57-636-ENGL (11/2020)

Job Aid | Medical Formulas

Number of containers allowed by age and/or category

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

IB = Infant who is **mostly** breastfeeding

IBN = Infant who is breastfeeding **some**

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.

<1 mo, etc. = the number of containers that can be provided for that age range.

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 breastfed infants (IB)								
Formula	**Cont. Size**	**FW?**	**Sub category**	**Re-constitution**	**<1mo**	**1-3 mo**	**4-6 mo**	**7-12 mo**
Powder						*435 oz*	*522 oz*	*384 oz*
Alimentum	12.1	Yes	31-033	87	0	1-3	1-4	1-3
Duocal	400g	Yes	41-074	98	0	4	5	3
Elecare for Infants	14.1	Yes	31-042	95	0	1-4	1-5	1-4
Enfacare	12.8	Yes	31-067	82	0	1-5	1-6	1-4
Enfamil AR	12.9	Yes	21-013	93	0	1-4	1-5	1-4
Extensive HA	14.1	No	31-091	90	0	1-4	1-5	1-4
Neocate Infant	14	Yes	31-072	85	0	1-5	1-6	1-4
Neocate Syneo Infant	14.1	Yes	31-102	95	0	1-4	1-5	1-4
Neocate Nutra	14.1	No	41-252	36	0	0	0	1-10
Neosure	13.1	Yes	31-030	87	0	1-5	1-6	1-4
Nutramigen with Enflora	12.6	Yes	31-004	87	0	1-5	1-6	1-4
PurAmino	14.1	Yes	31-069	98	0	1-4	1-5	1-3
Pregestimil	16	Yes	31-009	112	0	1-3	1-4	1-3
Similac PM 60/40	14.1	Yes	31-036	102	0	1-4	1-5	1-3
Similac for Spit-Up	12.0	No	21-085	90	0	1-4	1-5	1-4
Concentrate						*388 oz*	*460 oz*	*315 oz*
Nutramigen	13	No	31-005	26	0	1-14	1-17	1-12

Job Aid	Medical Formulas

Number of containers for mostly breastfed infants (IB)

Formula	Cont. Size	FW?	Sub category	Re-constitution	<1mo	1-3 mo	4-6 mo	7-12 mo
Ready to Feed						*384 oz*	*474 oz*	*338 oz*
Alimentum		No	31-032					
Enfamil AR		No	21-014					
Neosure	32	Yes	31-031	32	0	1-12	1-14	1-10
Nutramigen		Yes	31-006					
Enfamil Enfacare	Six pack of 8 oz bottles	Yes	31-067	48	0	1-8 6-pcks	1-9 6-pcks	1-7 6-pcks

Number of containers for some breastfeeding infants (IBN)

Formula	Cont. Size	FW?	Sub category	Re-constitution	<1 mo	1-3 mo	4-6 mo	7-12 mo
Powder						*776 oz*	*866 oz*	*603 oz*
Alimentum	12.1	Yes	31-033	115	0	4-6	5-7	4-5
Duocal	400g	Yes	41-074	98	0	7	8	6
Elecare for Infants	14.1	Yes	31-042	95	0	5-8	6-9	5-6
Enfacare	12.8	Yes	31-067	82	0	5-9	7-10	5-7
Enfamil AR	12.9	Yes	21-013	93	0	5-8	6-9	5-6
Extensive HA	14.1	No	31-091	90	0	5-8	6-9	5-6
Neocate Infant	14	Yes	31-072	85	0	6-9	7-10	5-7
Neocate Syneo Infant	14.1	Yes	31-102	95	0	5-8	6-9	5-6
Neocate Nutra	14.1	No	41-252	36	0	0	0	11-16
Neosure	13.1	Yes	31-030	87	0	6-8	7-9	5-6
Nutramigen Enflora	12.6	Yes	31-004	87	0	6-8	7-9	5-6
PurAmino	14.1	Yes	31-069	98	0	5-7	6-8	4-6
Pregestimil	16	Yes	31-009	112	0	4-6	5-7	4-5
Similac PM 60/40	14.1	Yes	31-036	102	0	5-7	6-8	4-5
Similac for Spit-Up	12.0	No	21-085	90	0	5-8	6-9	5-6
Concentrate						*751 oz*	*823 oz*	*557 oz*
Nutramigen	13	No	31-005	26	0	15-28	18-31	13-21
Ready to Feed						*736 oz*	*812 oz*	*544 oz*
Alimentum		No	31-032					
Enfamil AR		No	21-014					
Neosure	32	Yes	31-031	32	0	13-23	15-25	11-17
Nutramigen		Yes	31-006					
Enfamil Enfacare	Six pack of 8 oz bottles	Yes	31-067	48	0	9-15 6-pcks	10-16 6-pcks	7-11 6-pcks

Medical Formulas

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)
Powder					*870 oz*	*960 oz*	*696 oz*	*910*
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	No	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
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
Similac for Spit-Up	12.0	No	21-085	90	9	10	7	10
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	32	No	31-032	32	26	28	20	28
Enfamil AR		No	21-014					
Neosure		Yes	31-031					
Nutramigen		Yes	31-006					
Enfamil Enfacare	8	Yes	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	
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
Bright Beginnings Soy, 6-pack	8	Yes	41-092	Four 6-packs/case (24 bottles)	48	108 (eighteen 6-packs)
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/case	48	108 (eighteen 6-packs) *Note:* maximum issuance is not possible with 6-packs
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

Job Aid	**Medical Formulas**

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 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/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
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/case	48	108 (eighteen 6-packs) *Note:* maximum issuance is not possible with 6-packs

Job Aid	**Medical Formulas**

Medical Formulas for Women						
Formula	**Cont Size**	**FW ?**	**Sub category**	**Case Size**	**Re-constitution**	**Maximum containers allowed**
Ensure Plus, 6-pack **Note:** 6-pack retail version Not available from FW	8	No	41-012	Four 6-packs/case	48	108 (eighteen 6-packs) *Note:* maximum issuance is not possible with 6-packs
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/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/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

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)

☺ Job Aid: Choosing the Correct Transaction Type for Women Returning with a New Pregnancy

Chapter 3: Client Processes
Section 8: Other Client Processes
Lessons: Re-activate and Re-instate, Transaction Types

When a woman *who was on WIC in the past, or is on WIC now*, comes in for a new pregnancy, choose the correct transaction type to start a new certification for her new pregnancy - Do NOT just change her category!

Returning Woman?
New Pregnancy?

Just say NO to Category Change

How to Choose the Correct Transaction Type

1. Determine her status in TWIST.
   When a returning woman has a new pregnancy, which transaction type you choose depends on her current status in TWIST.

   - Is she active in WIC now or terminated?
   - What is her most recent certification end date?

2. Select which scenario matches her situation:
   a. Active in WIC now
   b. Terminated – cert end date in the past
   c. Terminated – cert end date in the future
   d. Terminated – last cert she was a child

3. Use the chart below to choose the correct transaction type for the situation of the woman who is returning to WIC with a new pregnancy.
   a. While in most cases you will use the transaction type "Re-instate," there are 2 exceptions.

☺ Job Aid: Choosing the Correct Transaction Type for Women Returning with a New Pregnancy

Active in WIC now

> Re-Instate

Terminated – cert end date in PAST

> Re-Instate

Terminated – Cert end date in FUTURE

> Re-Activate then Re-Instate

Terminated – Last cert she was a child

> 1) Mark child record duplicate
> 2) Add a new record for the woman and complete the enrollment
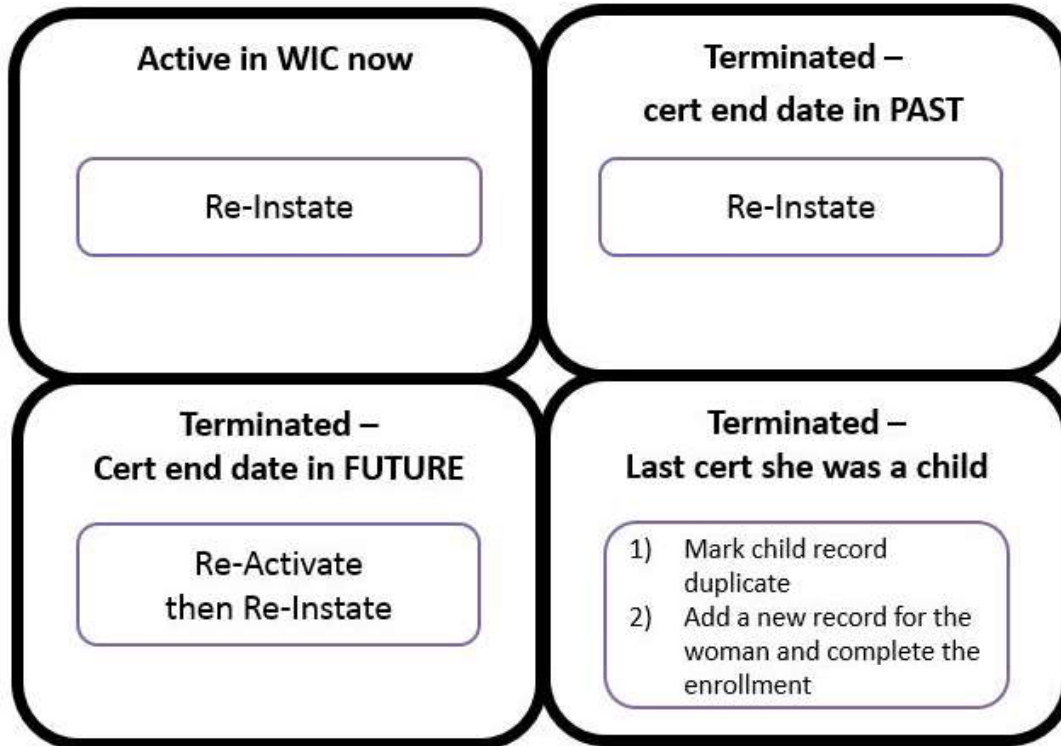
Using the **Re-instate** transaction type will take the place of a new enrollment or using Recertification transaction type to start her new pregnancy certification. You must complete the income screens and all certification screens before you can issue her new benefits.

> **For more information, see the *Video* Job Aid:**
>
> ***Video*: "Which Transaction Type for a Returning Woman with a New Pregnancy"**
> **https://youtu.be/qeNnCy4iZao**

☺ Job Aid: Choosing the Correct Transaction Type for Children due for Recertification

Chapter 3: Client Processes
Section 8: Other Client Processes
Lessons: Re-activate and Re-instate, Transaction Types

When a child comes in for a recertification appointment, you'll need to select a transaction type on the "WIC Intake" screen to start the appointment. The most common choice will be "Recertification," but there are situations where you might need to choose "Reinstate" or "Reactivation" instead.

How to choose the correct transaction type

1. Determine the child's status in TWIST.
   a. Are they active in WIC now?
   b. What is their certification end date?

2. Is the child ACTIVE status in TWIST now?
   a. If a child comes in for a recertification appointment and is ACTIVE in WIC now, then choose the transaction type "Recertification."

3. Is the child TERMINATED status in WIC now?
   a. If a child comes in for a recertification appointment, and their current status in TWIST is terminated, then look at their **certification end date** to determine the correct transaction type.

If the child is terminated and their certification end date is:	Then:
• today, or the last day of the current month	▪ Select "Reactivation." ▪ Once the record is reactivated, then select "Recertification"
• the last day of **LAST** month	▪ Select "Recertification."
• the last day of the month, 2 months ago or older	▪ Select "Reinstate." (instead of Recertification).

Note: If the child is terminated and their certification end date is in a future month, you will reactivate their record to issue benefits, then wait until that future month to complete the recertification.

Transaction Types for Children due for Recertification
Terminated status in WIC now
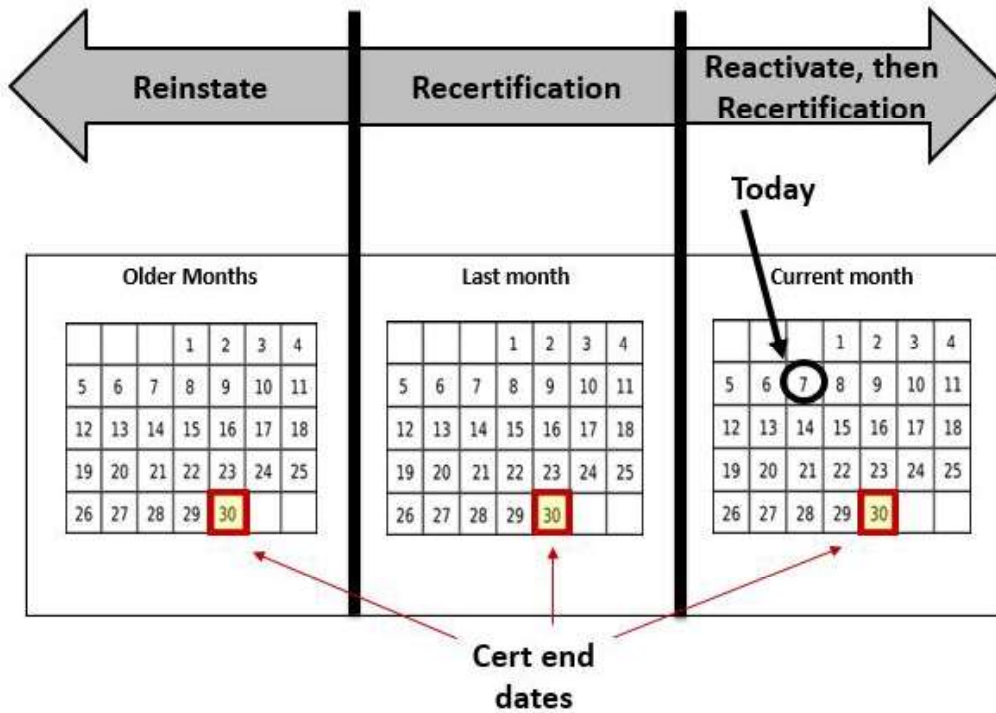
For more information, see the *Video* Job Aid:

***Video*: "Which Transaction Type to Use to Recertify a Terminated Child"**

https://youtu.be/HhXiUnIGZCM

Postpartum Women Categories

Fully Breastfeeding: A breastfeeding mother who is up to one year postpartum, whose infant does not receive infant formula from WIC.
TWIST Code – **WE**

Mostly Breastfeeding: A breastfeeding mother who is up to one year postpartum, whose infant receives infant formula from WIC up to the maximum provided for a mostly breastfeeding infant.
TWIST Code – **WB**

Some Breastfeeding: A breastfeeding mother 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 mother 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 breastfeeding infant for the infant's age.
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 breastfeeding infant, but less than the amount provided for a non-breastfeeding 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 Women and Infant Categories and Age Ranges in TWIST

Month	Jan	Feb	Mar	Apr	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb
No.	0	1	2	3	4	5	6	7	8	9	10	11	12	13

0-1 month, Birth month | After 1st month through 3 months | 4 months through 6 months | 7 months to 1 year of age

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 an infant to a child.

Example: Infant born Jan '15 | Turns 1 mo. 2/15 | Turns 2 mo. 3/15 | Turns 3 mo. 4/15 | Turns 4 mo. 5/15 | Turns 5 mo. 6/15 | Turns 6 mo. 7/15 | Turns 7 mo. 8/15 | Turns 8 mo. 9/15 | Turns 9 mo. 10/15 | Turns 10 mo. 11/15 | Turns 11 mo. 12/15 | Infant turns 1 year on Jan 15

WE — Eligible until month baby turns 1 year old - Gets normal food package

IE — 0 through 6 months gets breast milk only | 7 months to 1 year of age - breast milk + baby cereal, fruits/veggies, and meat

WB — Eligible until month baby turns 1 year old - Gets reduced food package

IB — Breast milk only | 1-3 month - breast milk + 1-4 cans powder | 4-6 months - breast milk + 1-5 cans powder | 7 months to 1 year - breast milk + 1-4 cans of powder + baby cereal and fruits/veggies

WBN — Eligible to 1 year - Gets package equal to WN thru month baby turns 6 months | Gets no food package, receives all other WIC services

IBN — Breast milk only | 1-3 months - breast milk + 5-8 cans powder | 4-6 months - breast milk + 6-9 cans powder | 7 months to 1 year - breast milk + 5-6 cans of powder + baby cereal and fruits/veggies

WN — Eligible until baby completes their 6th month of age - Gets WN food package

IN — 0-3 months - 9 cans powder | 4-6 months - 10 cans powder | 7 months to 1 year - 7 cans of powder + baby cereal and fruits/veggies

c — Can receive child package after 1/14. Child

TWIST will not allow IE, IB, or IBN infants to receive formula during birth month.
Policy will instruct to not give formula to IE, IB or IBN infants until after the date they turn 1 month old. Example: IB and IBN infants eligible for supplemental formula after 2/14.
Mom and baby category must match:
WE/IE = Fully breastfeeding
WB/IB = Mostly breastfeeding
WBN/IBN = Some breastfeeding
WN/IN = Non-breastfeeding

Oregon WIC Program · Page 2 of 2 · December 2015

Category and Food Package Options for Postpartum Moms

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.

If a woman contacts you during her first month postpartum, follow these steps:

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

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

<div align="center">OR</div>

B) 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.

<div align="center">OR</div>

C) 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.

Page 1 of 2   March 23, 2016

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.
    - o 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.
    - o 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, Chapter 2, Lesson 2-1 *Food package issues based on participant category*.

Breast pump release form

WIC OREGON

FOR STAFF USE ONLY

Type of pump issued
- ❑ Manual pump — 2 handed
- ❑ Manual pump — 1 handed
- ❑ Personal double electric pump

Reason for issuance
- ❑ Work ❑ School ❑ Other _____

Comments _____

_____

Reviewed with WIC participant
- ❑ Breast pump assembly ❑ Pumping plans
- ❑ Breast pump use ❑ Storage of breast milk
- ❑ Breast pump cleaning

Pamphlets reviewed
- ❑ Pumping and storage
- ❑ Other _____

Issued by: _____   **Follow up date:** _____

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 been given 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 only **one** personal double electric breast pump will be given to me by the Oregon WIC Program. I will discard this pump when I no longer need it.

- ✓ 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 (10/2015)

Multi-user electric breast pump loan agreement

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
○ Double pumping kit
○ Other: _____

Pump serial #: _____

Reason for loan:

_____

_____

Follow-up Notes:

_____

_____

_____

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 (10/2015)

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)

| Job Aid | **Standard Infant Formulas** |

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

☺ Job Aid: Termination Reasons and Benefit Issuance

Chapter 3: Client Processes
Section 8: Other Client Processes
Lesson: Terminations and Ineligibility

Term Reasons in TWIST	Remove Current Benefits?	Removes Future Benefits?	When occurs
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
Client is marked as deceased in the client master	Yes	Yes	Daily
Client is not issued any benefits for two consecutive months			15th of month
Client is one month overdue for recertification			End of month
Clients did not provide proof of eligibility - identity, residence, or income (eligibility pending)	No		Daily
Woman breastfeeding more than 12 months postpartum	No		End of month
Woman 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	

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

| **Job Aid** | **What can happen over the phone?** |

Determine what actions can happen over the phone, which WIC staff can do it, and what documentation will be required. Staff will need to determine if the caller is authorized to request these actions by requesting the appropriate security data from the caller. The security data in TWIST may include WIC ID number, child's name and DOB, cardholder DOB/zip, or other reasonable combination of data matched to what is found in TWIST.

Action	By phone?	Staff?	Security?	Documentation	Policy
Change appointments	Yes	All	Security Data from TWIST	FAR	
Change address and phone numbers for participants and first cardholder	Yes	All	Security Data from TWIST	Client Master Demographics	510
Change address for second cardholder	Yes	All	Security Data from TWIST	FCS	510
Report card lost, stolen, deactivated	Yes	All	Security Data from TWIST	FCS	510
Remove second cardholder	Yes	All	First cardholder DOB, ZIP	FCS	510
Change food package/benefits • Add foods to existing food package • mid-cert FP changes • Category changes (e.g. WP-WE) • Additional cans of formula • Infant to Child change	Yes	CPA	Security Data from TWIST	FPA	769 660
Change form of milk, formula, or juice	Yes	All	Security Data from TWIST	FPA	660
Transfers in from in-state	Yes	All	Security Data from TWIST	Transfers	654
Missed NE – issuing a month of benefits and rescheduling NE	Yes	All	Security Data from TWIST	FAR	830 835 860 511

Job Aid	**What can happen over the phone?**

Action	By phone?	Staff?	Security?	Documentation	Policy
Issuing benefits to participant when report completion of online NE	Yes	CPA or trained clerical -with discussion	Security Data from TWIST + CPA finds record of completion online	Document in Online Group or as NE topic in Participant's record	823
Issuing benefits to participant by RD after phone high risk follow up	Yes	RD – after appt.	Security Data from TWIST	Document HR care plan – Issue from FSS	661 821 822
Issue or Replace eWIC cards	**No**			Inform of process (either ebtEDGE or in-person at clinic)	510
Custody changes	**No**				510
Transfer in from out-of-state	**No**				510
Add a new second cardholder	**No**				510

Job Aid	Assigning Dry and Evaporated Cow and Goat Milk

For both cow and goat, dry and evaporated milk, the size of the container is **not** printed on the receipt or the Food List or when Customer Service is contacted.

In addition, only one size of container can be used when purchasing these products. For dry cow milk, it is the 25.6 oz. pouch or box. For evaporated cow milk, it is the 12 oz. can. Meyenberg goat milk is the only authorized brand, and both evaporated and powdered goat milk are packaged in a 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
```

The WIC Benefits List does have the container size, so it will be important to give the participant their WIC Benefits List and point out the container size they must use to purchase these products with WIC.

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

```
                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.
```

Dry Milk

For cow milk, the only dry milk option available is a 25.6 oz. pouch or box of nonfat dry milk. The powdered goat milk option is a 12 oz. can. When mixed with water as directed on the container, each will make:

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

In order 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). We cannot assign in increments that are smaller than a quart, so when determining how many cans of evaporated milk to assign, consider issuing in increments of 4 cans. Every 4 cans of evaporated milk provides 3 quarts of 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)
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.

Women who are fully breastfeeding multiples receive a package that is 1.5 times the fully breastfeeding package. To provide the maximum food package, quantities will be averaged over two months for those foods whose packaging does not accommodate the 1.5 amount.

Women's Food Package Assignment Screen

TWIST will automatically assign the food package with the larger amount of foods for the entire certification. The CPA must make modifications to three foods every other month in the certification.

Food Packages for Women Fully Breastfeeding Twins

1. Click on the second row of the certification, then click on the Modify button.

2. Make the following modifications to the food package:
   Cheese- decrease from 3 pounds to 2 pounds
   Whole grains- decrease from 32 ounces to 16 ounces
   Juice- decrease from 5 containers to to 4 containers

3. Repeat these changes for every other month of the certification.

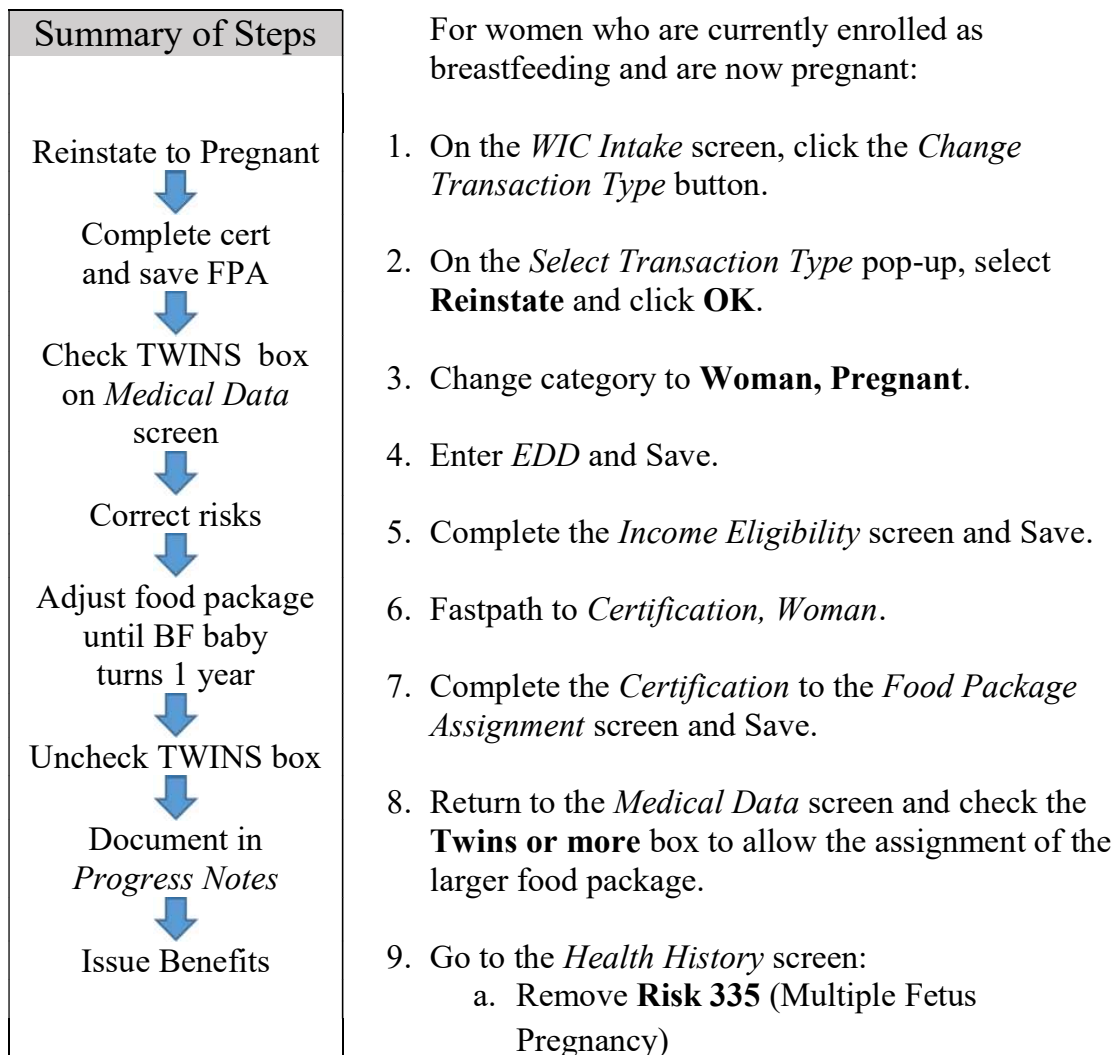*This page intentionally left blank.*

☺ Job Aid: Assigning the Correct Food Package to Women who are Pregnant *and* Breastfeeding

Chapter 3: Client Processes
Section 5: Food Packages

Pregnant *and* Breastfeeding - Assigning the Correct Food Package

Women who have a new pregnancy and CONTINUE to breastfeed need special processing. Only follow these steps to assign the correct food package to women who are "**Fully**" or "**Mostly**" breastfeeding (WE or WB) **and pregnant** and will receive a larger quantity of food. Women who are "**Some**" breastfeeding (WBN) **and pregnant** are assigned a pregnant woman food package and do not need the additional foods.

Summary of Steps
Reinstate to Pregnant
⬇
Complete cert and save FPA
⬇
Check TWINS box on *Medical Data* screen
⬇
Correct risks
⬇
Adjust food package until BF baby turns 1 year
⬇
Uncheck TWINS box
⬇
Document in *Progress Notes*
⬇
Issue Benefits

For women who are currently enrolled as breastfeeding and are now pregnant:

1. On the *WIC Intake* screen, click the *Change Transaction Type* button.

2. On the *Select Transaction Type* pop-up, select **Reinstate** and click **OK**.

3. Change category to **Woman, Pregnant**.

4. Enter *EDD* and Save.

5. Complete the *Income Eligibility* screen and Save.

6. Fastpath to *Certification, Woman*.

7. Complete the *Certification* to the *Food Package Assignment* screen and Save.

8. Return to the *Medical Data* screen and check the **Twins or more** box to allow the assignment of the larger food package.

9. Go to the *Health History* screen:
   a. Remove **Risk 335** (Multiple Fetus Pregnancy)

      b. Correct any inappropriate weight gain risks assigned due to checking the "Twins" box.

      c. Add **Risk 338** - Pregnant Woman Currently Breastfeeding

      d. Add **Risk 332** - Closely Spaced Pregnancies

10. Go to the *Food Package Assignment* screen and change the food package to the maximum for woman pregnant with twins.

      a. Only change the months until the breastfed baby turns one year old.

      b. Use the *Modify* popup to adjust to 2 pounds of cheese, 1 CTR yogurt and 5 gallons of milk.

      c. In Module B, select template WPB-M.

11. Return to *Medical Data* screen and uncheck the **Twins** box.

12. Document in *Progress Notes* in both the woman's and the infant's chart.

      a. In the woman's chart, indicate the month the infant will turn one year.

      b. In the infant's chart, document that mom is pregnant and breastfeeding, so if baby changes to "Some" or "Non-Breastfeeding" the mom's food package will need to change.

13. Fast Path to the *Family Summary* screen and issue benefits.

14. Ask the mom to let you know if she stops breastfeeding.

☺ 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 REACTIVATE 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:**	✖ 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.
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 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

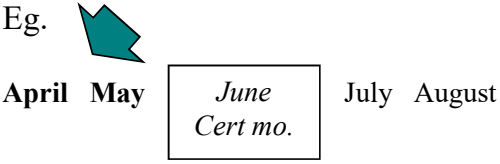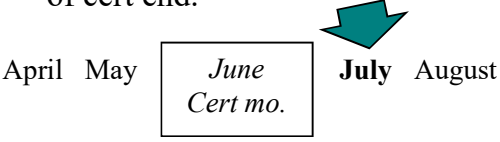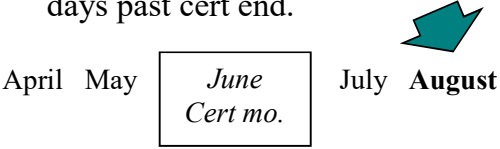| Situation	Correct Process
Recert child:	✖ Client Processes ☞ Search ☞ Verify demographics ☞ Exit ☞ Return with client ☞ Verify cert end date is +/- 1 month ☞ Transaction Type to "R" (recertify) ☞ Save ☞ Exit.
Recert Prenatal to Postpartum:	✖ Client Processes ☞ Search ☞ Verify demographics ☞ Exit ☞ 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

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