

WIC Summary Page Print (Screen 24)

The participant's WIC Summary Page – screen 24 provides information from the participant's Patient Master (screen 01), WIC Certification (screen 20), Issuance (screen 21) and Appointments Records (screen 18) in one report.

NOTE: This HSIS Screen is under revision.

The Summary Page (Summary Sheet) currently includes these fields:

- Last Name = Participant's last name
- First Name = Participant's first name
- MI = Participant's middle initial
- ID # = Participant's Patient Master ID number
- DOB = Participant's date of birth
- RC = Race code
- HS = Hispanic
- SX = Participant's sex
- Cty = Participant's county of residence
- SW = Seasonal worker?
- ES = English Speaking
- RF = Refugee
- ORG = Participant's country of origin
- Street = Participant's street address
- City = Participant's city of residence
- State = Participant's state of residence
- Zip = Participant's resident 5-digit zip code
- Phone = Participant's phone number
- WIC ID = Participant's WIC ID number
- PG = WIC Program number
- Site = WIC Site number
- Date = Action date
- Action = Action code
- Reas = Reason Terminated
- Init Visit = Participant's initial visit
- Cert Date = Participant's certification date
- WIC = Participant's WIC status code
- MIG = Participant's migrant status
- HOML = Participant's homeless status
- RS = Participant's record status
- Action Due = Action due date and action due code
- Income Date = Date participant's income information was collected
- Household = number of members in participant's household
- Medicaid = Participant's Medicaid status
- Work First = Aid for Families with Dependent Children
- Food Stamps = Participant's Food Stamps status
- \$ Range = Participant's income range
- \$ Amount = Participant's income amount

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- Period = Participant's income period
- Date of Meas = Date participant's measurements were taken
- Ft = Participant's feet
- In = Participant's inches
- CM = Participant's centimeters
- LB = Participant's pounds
- OZ = Participant's ounces
- KG = Participant's kilograms
- Health Care = source of health care code and provider name
- Blood Work Date = date Participant's blood work was taken
- HGB = Participant's hemoglobin
- HCT = Participant's hematocrit
- EP = Participant's lead status
- Med/Nutrit. Risk = Participant's medical/nutritional risk codes
- Priority = Participant's priority status
- High Risk = Participant's high risk status
- Food = Participant's food package
- Formula = Participant's formula code
- ICT Food = Participant's infant child food transfer food package
- Issue Day = Participant's voucher issue date
- Odd/Even = Issuance cycle
- Proxy Until = Participant's proxy status
- Family ID = ID of participant's guardian's ID
- Guardian Name = name of participant's guardian
- Birthweight = Participant's weight at birth if an infant
- Breastfeeding = Participant's breastfeeding status
- Age Breastfeeding Ended = Age in weeks participant stopped breastfeeding
- Age Fst Formula Given = Age in weeks participant was first given formula
- Message = From Message field on screen 22
- Comment = From Comment field on screen 22
- Issuance Date = Date voucher was issued to participant
- Site = WIC agency site code
- Issue-Mo = Issuance month
- Issue-Day = Issuance day
- FI # = Food Instrument number
- Issued = Number of food instruments issued
- # of Voids = Number of food instruments voided in the system per issuance date
- Appt Date = Participant's appointment date
- Time = Participant's appointment time

For more information on these details, refer to Chapter 1, Section 10, Chapter 2, Section 1, and/or Chapter 2, Section 2.

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The user has two options; to view the Summary Sheet, by screen display or by printing.

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HSA240F  SCCA  NORTH CAROLINA HSIS - WIC SUMMARY PAGE
08/25/09                                SELECTION SCREEN

NEXT RECORD: COUNTY: 060  SCREEN: 24  ID:  DATE:  ACTION:
MESSAGE: 111 PRESS "ENTER" TO PRINT WIC SUMMARY PAGE -OR- ENTER NEXT KEY
        733 ENTER ACTION = S TO VIEW SUMMARY ON SCREEN

PRINTER: NAAP855E
  
```

To display the Summary Page or Summary Sheet, enter the following information on the fastpath line:

- Screen = 24
- ID = Participant's Patient Master ID number, or two-digit WIC program number plus 6-digit WIC ID number (with 9th position blank)
- Date may be left blank
- Action code = S
- Press the **ENTER** key
- Press PF8 to page down through the summary sheet.

Third Page of Screen 24 Summary Sheet Screen Display

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ISSUANCE DATE  SITE  ISSUE-MO  ISSUE-DAY  FI #  ISSUED  # OF VOIDS
08/10/09      15    09      10      12532745  3      0
08/10/09      15    10      10      12532748  3      0
08/13/09      15    08      10      12532834  3      0

APPT DATE     TIME  A/P  TYPE  ATTENDED
11/24/09     11:00  A    WCW

NOTICE TYPE  FAMILY MEMBERS  FIRST  WIC ID  ISS.  DUE
TEST        INFANT  NT1234  24  2  02/14/10
TEST        NEWBOR  NT5432  13  2  06/10/10
TEST        MOMMY   678237  10  2  06/10/10
TEST        CHILDE  023456  24  2  02/25/10

SUMMARY PRINTED 08/25

PRESS PF3 TO RETURN TO HS24          PRESS PF7 FOR PRIOR SCREEN
  
```

Chapter 2: WIC PROGRAM FUNCTIONS WITHIN HSIS
Section 5: WIC SUMMARY PAGE PRINT (SCREEN 24)

To print the Summary Page or Summary Sheet, enter the following information on the fastpath line:

- Screen = 24
- ID = Participant's Patient Master ID number, or two-digit WIC program number plus 6-digit WIC ID number (with 9th position blank)
- Date may be left blank
- Action code may be left blank
- Verify that the printer node name displayed in the center of the screen is the printer to which the summary sheet should print.
- If the printer node name is not correct, type in the correct node name.
- Press the **ENTER** key.

When the Summary Page is successfully printed, the message WIC Summary Page Printed will display at the top of the screen.

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HSA240F  SCCA  NORTH CAROLINA HSIS - WIC SUMMARY PAGE
11/20/07                               SELECTION SCREEN

NEXT RECORD: COUNTY: 085  SCREEN: 24  ID: _  DATE:  ACTION:
MESSAGE: 112 WIC SUMMARY PAGE PRINTED - ENTER NEXT KEY

PRINTER: NAAP854E
```

To facilitate the transfer of WIC participants within North Carolina, WIC Summary sheets may be printed to the new WIC agency to which the participant will be moving. Refer to the WIC Program Manual for policy and procedures associated with the transfer of participants from one agency to another.

To print a summary sheet in another local WIC program:

- Contact the new WIC agency to find out which report printer node name to use
- Update the report printer node name in screen 24 to match the printer in the receiving WIC agency
- Print the Summary Sheet to the new report printer node
- Contact the receiving new WIC agency to verify that the transferring participant's WIC Summary sheet printed successfully on their report printer.

Screen 24 Printed Summary Sheet Screen

LAST NAME	FIRST NAME	MI	ID #	DOB	RC	HS	SX	CTY	SW	ES	RF	ORG			
TEST	MOMMY		NT1025692H	10251969	1	N	2	060	N	N	N	09			
STREET				CITY		STATE ZIP			PHONE						
567 MILK LANE				SMALL TOWN		NC 27406			707-5334						
WIC ID	PG	SITE	DATE	ACTION	REAS	INIT	VISIT	CERT	DATE	WIC	HIG	HOHL	RS	ACTION	DUE
678237	03	15	08/24/09	C		08/10/09	08/10/09	08/10/09	1	2	2	A	06/10/10	T	
INCOME											PERIOD				
08/1											M				
Note: The WIC Summary Sheet is Currently Under Revision															
DATE C															
08/1															
BLOOD WORK	DATE	HGB	HCT.	EP	MED/NUTRIT. RISK				PRIORITY HIGH RISK						
08/10/09		13.1	.	G	10				1						
FAMILY ID		FORMULA		ISSUE DAY		ODD/EVEN		PROXY UNTIL							
NT1025692H				10		2									
EXP DELIV		DATE ENT.		PRE PREG.		3 MO. BEFORE PREG.		-----CURRENT-----							
DATE		PRENAT. C		LBS.		CIGS DAYS-DRK /DAY		DRK/ /WEEK		DRK/ /WEEK		DECR DAY			
06/10/09		04/10/09		200											
ACTUAL DELIVERY		DELIVERY WEIGHT		PREGN. # OF		BIRTH WT		Feeding Option		AGE B. F.		AGE FST FORMULA			
DATE		LBS.		OUTCOME		INF. LBS.OZS.GRAMS		Option		ENDED		GIVEN			
06/10/09		200		L		1 08 02 3686				00		00			
MESSAGE:															
COMMENT:															
ISSUANCE DATE	SITE	ISSUE-MD	ISSUE-DAY	FI #	ISSUED	# OF VOIDS									
08/10/09	15	09	10	12532745	3	0									
08/10/09	15	10	10	12532748	3	0									
08/13/09	15	08	10	12532834	3	0									
APPT DATE	TIME	A/P	TYPE	ATTENDED											
11/24/09	11:00	A	WCW												
NOTICE TYPE	FAMILY MEMBERS	FIRST	WIC ID	ISS.	DUE										
TEST		INFANT	NT1234	24 2	02/14/10										
TEST		NEWBOR	NT5432	13 2	06/10/10										
TEST		MOMMY	678237	10 2	06/10/10										
TEST		CHILDE	023456	24 2	02/25/10										
SUMMARY PRINTED 08/25/09															

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