

Chapter 1 Introduction to WIC

Table of Contents

This chapter introduces the WIC Program and information on the required local agency policies, staff conflict of interest, management of program policies and procedures, and resources available from the Nutrition Services Branch to support program activities.

Section 1.	Overview of WIC.....	1
	▪ Introduction	
	▪ WIC Program Benefits	
	▪ Eligibility for WIC	
	▪ Participation in WIC	
	▪ Impact of WIC on Health Status	
	▪ WIC in North Carolina	
Section 2.	Program Policies and Procedures.....	5
	▪ Distribution of The Program Manual	
	▪ Updating Program Policy	
	▪ Local Agency Policies and Procedures	
Section 3.	No Smoking Policy in Local Agency Facilities.....	7
Section 4.	Staff Conflict Of Interest	9
	▪ Certifying And Issuing Food Benefits To Self, Relatives, Or Close Friends	
	▪ Separation of Duties During Eligibility Determination	
	▪ WIC Staff And WIC Vendors	
Section 5.	Breastfeeding-Friendly Workplace Policy.....	11
	▪ Support Breastfeeding-Friendly Workplace Policy	
Section 6.	Disaster Policy and Procedures.....	13
	▪ Eligibility Criteria for Evacuees and Others Impacted by Disasters	
	▪ Flexibility in Operations	
	▪ Food Benefits	
	▪ Supporting Breastfeeding	
	▪ Local Agency Disaster Policy	
Section 7.	Program Materials Available from the Nutrition Services Branch.....	17
	▪ Ordering Materials	
	▪ Receiving Materials	

Attachments:

Attachment 1.	Log of WIC Program Numbered Memos (<i>sample</i>)
Attachment 2.	Separation of Duties Log

- Attachment 3. Affidavit Attesting to WIC Food Benefit Loss
Attachment 4. Continuity of Services Form
Attachment 5. NC WIC Program: Business Continuity Plan

Required Local Agency Written Policies and Procedures

- Local Agencies must have a written policy to ensure separation of duties that address strategies implemented when separation of duties is not possible due to limited staff (Section 4, page 9)
- Local Agencies must have a written policy consistent with the Breastfeeding-Friendly Workplace Policy. (Section 5, page 11)
- Local Agencies must have a written disaster policy consistent with local and State operations. (Section 6, page 15)

Overview of WIC

The **Special Supplemental Nutrition Program for Women, Infants, and Children**, commonly known as WIC, is a federal program administered by the United States Department of Agriculture (USDA). The WIC Program is designed to provide supplemental foods, health care referrals, and nutrition education to low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. Additional information on WIC can be found at <http://www.fns.usda.gov/wic/>.

■ Introduction

The purpose of the WIC Program is spelled out in Section 17 (a) of Public Law 95-627 (Child Nutrition Amendments of 1978).

The Congress finds that substantial numbers of pregnant women, infants, and young children are at special risk in respect to their physical and mental health by reason of poor or inadequate nutrition or health care, or both. It is, therefore, the purpose of the program authorized by this section to provide supplemental nutritious foods and nutrition education as an adjunct to good health care during critical times of growth and development in order to prevent the occurrence of health problems and improve the health status of these persons.

To fulfill the legislated purpose of the Program in North Carolina, the following must be present at the level of implementation:

- Integration of WIC with established health services
- WIC food packages that are tailored as a prescription for individual participants
- Tailored nutrition education services for participants

■ WIC Program Benefits

- **WIC Food Prescription.** The foods available through WIC are foods containing nutrients determined to be beneficial for pregnant, breastfeeding, and postpartum women, infants and children. Refer to Chapter 7 for information on the specific types and quantities of supplemental foods as part of the WIC food prescription WIC Program participants.
- **Nutrition Education.** Nutrition and physical activity education is an integral part of the WIC Program and is designed to improve health status, achieve positive change in dietary habits, and emphasize relationships between nutrition and health, all in keeping with the individual's socioeconomic situation as well as personal and cultural preferences. Refer to Chapter 5 for information on the nutrition education benefit of the WIC Program.
- **Breastfeeding Promotion and Support.** Pregnant and postpartum women who participate in WIC receive comprehensive breastfeeding education and support. Refer to Chapter 9 for information on the breastfeeding associated benefit of the WIC Program.

- ▶ **Referrals to Health Care and Public Assistance Programs.** WIC Program applicants and participants receive referrals and information about other relevant health care services (e.g., immunization services, prenatal care, well child health care), appropriate public assistance programs (e.g., Food and Nutrition Services, Medicaid), and potential sources for food assistance.

■ Eligibility For WIC

To qualify for the North Carolina WIC Program, an applicant must meet four eligibility criteria. Refer to Chapter 6 for additional information about each of these criteria.

- ▶ **Categorical eligibility.** A participant must be a pregnant woman, a non-breastfeeding postpartum woman up to six months after the birth of the infant or the end of the pregnancy, a breastfeeding woman up to one year postpartum, an infant up to the first birthday, or a child up to the fifth birthday.
- ▶ **Residential eligibility.** A participant must live in the State of North Carolina and in the health services delivery area of the local agency.
- ▶ **Income eligibility.** A participant must have a gross annual income at or below 185% of the federal poverty line. All Medicaid, TANF (Work First), and Food and Nutrition Services recipients are automatically income-eligible for WIC (i.e., adjunctively eligible).
- ▶ **Nutrition risk eligibility.** A participant must have at least one identified nutrition risk as related to medical or dietary-based conditions and as assessed by a competent professional authority (CPA). Nutrition risks include but are not limited to: anemia, poor growth, previous poor pregnancy outcome, inadequate diet, and other nutrition-related problems.

■ Participation In WIC

Over 250,000 North Carolina women, infants, and children receive WIC Program services each month. Monthly participation in WIC is defined as the sum of:

- ▶ The number of pregnant women, breastfeeding women, postpartum women, infants and children who received food benefits or cash-value benefits during the reporting period;
- ▶ The number of breastfeeding infants who did not receive food benefits, but whose breastfeeding mother received food benefits or cash-value benefits during the reporting period; and
- ▶ The number of breastfeeding women six months or more postpartum who did not receive food benefits or cash-value benefits, but whose breastfed infant(s) received food benefits during the reporting period.

Refer to Chapter 7 for more information on the food benefits of WIC and to Chapter 8 for information on the issuance of food benefits.

■ **Impact Of WIC On Health Status**

Over the years, USDA has conducted extensive evaluations of the WIC Program as have a variety of other groups, including the federal General Accounting Office (GAO). WIC provides quality, cost-effective care to thousands of families across North Carolina. Evidence demonstrates that women who participate in WIC have improved pregnancy outcomes, resulting in healthier babies. There are numerous benefits to women, infants and children who participate in WIC. Studies show that:

- **WIC reduces infant mortality.** WIC connects pregnant women to prenatal care, provides nutritious foods and encourages health-promoting behaviors. These factors are linked to positive birth outcomes (USDA, 2012).
- **WIC saves public health care dollars.** Women who participate in WIC are less likely to have pre-term or low-birth weight babies, contributing to healthier babies and reduced medical costs (Institute of Medicine, 2006).
- **WIC improves children’s health.** Children who participate in WIC are more likely to receive regular preventive health services and are better immunized than other low-income children who do not participate in WIC (USDA, 2012).
- **WIC improves infant feeding practices and diet quality.** WIC promotes and supports breastfeeding as the standard method of infant feeding. In addition, revisions to the WIC Food Package have resulted in increased intake of fruits, vegetables, whole grains and low-fat dairy among WIC participants (USDA, 2012; Center on Budget and Policy Priorities, 2015).
- **WIC supports cognitive development.** Research shows that WIC services can mitigate the harmful effects of poor nutrition during critical periods of growth and development, leading to lifelong cognitive gains (USDA, 2012).

■ **WIC In North Carolina**

WIC is administered at the State level by the NC Department of Health and Human Services, Division of Public Health, Women’s and Children’s Health Section, Nutrition Services Branch. Locally, the WIC Program is administered by public health agencies (e.g., county health departments and community and rural health centers) serving all 100 counties. Additional information about the North Carolina WIC Program can be found at www.nutritionnc.com.

In addition to the WIC Program federal regulations (<http://www.fns.usda.gov/wic/wic-laws-and-regulations>) program activities are governed by rules outlined in the **North Carolina Administrative Code (NCAC), Title 10A Health and Human Services, Chapter 43, Subchapter D**. The NCAC can be accessed online at <http://www.oah.state.nc.us/rules/> At this website, select **NC Administrative Code** to access the NCAC Table of Contents. Once at the NCAC Table of Contents, complete the fields at the top of the web page as noted below and click “Look Up”

10A	NCAC	43D		Look-Up
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Program Policies and Procedures

The North Carolina policies and procedures are described in writing in the WIC Program Manual. All staff working with the WIC Program must have ready access to the WIC Program manual.

■ Distribution Of The WIC Program Manual

Each Local WIC Program receives at least one paper copy of the WIC Program Manual and may request additional copies. The complete NC WIC Program Manual is also available on the website: www.nutritionnc.com. The Local WIC Director is responsible for:

- ▶ making staff aware of the manual's contents;
- ▶ assuring that all copies of the WIC Program Manual in the local agency are updated when manual revisions are received; and
- ▶ providing staff with ready access to a program manual.

■ Updating Program Policy

The Nutrition Services Branch periodically issues a numbered memorandum to reflect changes in federal and state regulations, rules, and/or policies and procedures.

Numbered memos contain policy changes which may be short-term solutions to temporary challenges or permanent policy changes such as a WIC Program Manual revision. Staff should maintain a log of numbered policy memos and file the policy memos, so they can be easily retrieved. A sample numbered memos log is found in Attachment 1.

Manual revisions contain changes/clarifications which become part of the North Carolina WIC Program Manual. When staff receives a manual revision, they should follow the guidance in the correspondence for inserting the revision into the manual as well as for reviewing, distributing, and implementing changes in policies and procedures.

■ Local Agency Policies And Procedures

Local Agencies must develop several written policies and procedures specific to the agency. Sections within the WIC Program which require a local agency written policy and procedure to be kept on file are listed in the “Table of Contents” of each chapter within the NC WIC Program Manual.

Staff is encouraged to develop the written policies and procedures using a format consistent with that used by other programs within the agency, to have the written policies and procedures signed and dated by the WIC Director (and any other staff per agency protocol), and to review policies and procedures at least every two years and update as needed.

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No Smoking Policy in Local Agency Facilities

To receive WIC administrative funds, local agencies and WIC clinics must have an announced public policy that prohibits smoking. This policy applies to any space where staff conducts WIC activities including accepting WIC applications, certifying participants, and issuing food benefits.

This prohibition against smoking applies only to those times when the WIC Program is operating. Satellite operations, that offer WIC services once or twice a week, are not required to announce and implement the non-smoking policy when the WIC Program is not operating.

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Staff Conflict of Interest

To preserve the integrity of the certification and food benefit issuance processes, and to minimize the potential for staff fraud and program abuse, federal regulations require the implementation of policies and procedures that prevent conflict of interest or the appearance of conflict of interest by local agency staff. Refer to Chapter 8 for information on providing food benefits issuance.

- **Certifying And Issuing Food Benefits To Self, Relatives Or Close Friends.** To prevent the appearance of conflict of interest, local agency staff must not participate in any component of the certification process or food benefits issuance to herself/himself, relatives, or close friends.
 - *Relatives* include spouse, parents, children, grandchildren, grandparents, brothers, sisters, aunts, uncles, nieces, nephews, first cousins, stepparents, stepchildren, stepbrothers, and stepsisters by blood or marriage.
 - *Close friends* cannot be defined in a way that fits every situation; therefore, local agencies have authority to determine if a WIC applicant or participant is a close friend of a local agency WIC staff.

WIC staff who is scheduled or who has a relative or close friend scheduled for a certification or an appointment that includes food benefit issuance shall notify the WIC Director or clinic supervisor, so that arrangements can be made for other staff persons to certify and issue food benefits.

- **Separation of Duties During Eligibility Determination**
 - **Separation of duties.** There must be a separation of duties among local agency staff so that the same person does not complete both income eligibility determination and medical or nutritional risk eligibility determination for the same participant. It is acceptable however, for one staff member to conduct part of the certification (i.e., determine nutrition eligibility) and a different staff member determine income eligibility; either of the staff members may issue food benefits in this situation.
 - **When separation of duties is not possible due to limited staff.** Each local agency must have a written policy that describes how the local agency ensures separation of duties that addresses strategies implemented when separation of duties is not possible due to limited staff. The local agency policy must make it clear that the guidelines below are followed:
 - Staff completing the certification when separation of duties is not achieved must complete the first five columns of the Separation of Duties Log (Attachment 2).
 - The local agency will designate staff other than the certifier (e.g., local agency WIC Director, Health Director, or designee) to review selected certification records (see below) for which separation of duties was not achieved.

- Using the last five columns on the Separation of Duties Log, designated staff will conduct a review of all non-breastfeeding infant certification records and at least 20 percent of the remaining certification records for which separation of duties was not achieved. This review must occur within 14 calendar days of the certification.
 - The completed Separation of Duties Log must be filed at the local agency in a secure and retrievable manner and shall be made available for review during state agency monitoring events and local agency self-assessments.
 - The Separation of Duties Log must be retained in consecutive order by date.
 - The local agency WIC Director or designee must contact the agency's Regional Nutrition Consultant immediately if the local agency review of the Separation of Duties Log suggests irregularities in WIC certification activity.
- **WIC Staff And WIC Vendors.** To ensure there is no appearance of conflict of interest regarding the relationship of local agency staff and WIC Vendors, the policies below must be followed.
- Local agency staff whose salary is paid in whole or any part by WIC Program funds are prohibited from having financial ownership in any authorized WIC Vendor.
 - Local agency staff whose salary is paid in whole or any part by WIC Program funds shall not be employed by and handle or transact WIC food benefits or cash-value benefits for a WIC vendor in the same county served by the local WIC Program. Likewise, local agency WIC staff must not have a spouse, child, or parent who is employed by and handles or transacts WIC food benefits or cash-value benefits for a WIC vendor in the same county served by the local WIC Program.

Breastfeeding Friendly Workplace Policy

Support Breastfeeding-Friendly Workplace Policy

The local agency must have written breastfeeding/lactation policy for WIC staff. The policy at a minimum must:

- ▶ Provide a reasonable amount of break time for employees to express breastmilk or breastfeed throughout the work day.
- ▶ Provide a private and functional space for expressing their breastmilk. The space should be free from intrusion from co-workers or the public, such as a lock on the door. The space must have access to an electrical outlet for powering an electric breast pump. This space may not be a bathroom.

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Disaster Policy and Procedures

The WIC Program is a supplemental food and nutrition program that serves specific categorically eligible persons with special nutritional needs; it is not designed to meet the basic nutritional needs of disaster victims who would not otherwise be eligible for the program.

A disaster situation for purposes of this section is an event that threatens to or has already interrupted the provision of WIC services and caused the relocation of WIC participants. Examples of these types of events include floods, wildfires, and hurricanes. WIC's role in responding to disasters is minimal; however, there are ways the Program can contribute to relief efforts. As the disaster coordinator, the Nutrition Services Branch Head or designee plans, coordinates, and activates the NC WIC Program disaster response.

■ Eligibility Criteria For Evacuees And Others Impacted By Disasters

New applicants/participants who are victims of a disaster may be considered special at nutritional risk and, as such, must receive expedited certification processing ahead of others receiving WIC benefits.

- ▶ The LA must make every effort to certify these individuals immediately or within 10 days of their request for WIC benefits.
- ▶ If a disaster victim moves in with another household, the displaced individual(s) will be considered homeless and treated as a separate economic unit.
- ▶ A disaster victim may not have access to proofs of identity, residence, or income and requirement of documentation for determination of eligibility would present an unreasonable barrier to participation. As such, it is appropriate to utilize a signed affidavit for proof of identity, residency, and/or income (with self-declared income) for WIC Program certification.
 - During times of an officially declared "State of Emergency", the Nutrition Services Branch Head or designee will provide additional guidance for the verification and documentation of required proofs during modified Program Services.
- ▶ Each disaster victim must be provided Verification of Certification (VOC) information to assure continuation of benefits should the individual relocate to another state. For further guidance on the provision of a VOC, see *Chapter 6E, Section 1: Transfer of Certification*.
- ▶ Displaced disaster victims are at nutritional risk since they are considered homeless.
 - Blood test for anemia may be deferred for up to 90 days.
 - Measurements for height or length and weight must be taken onsite at the initial visit.
 - Pregnant women who are income eligible, may be considered presumptively eligible to participate in the program, and may be certified immediately without an evaluation of nutritional risk for up to 60 days.

■ Flexibility In Operations

WIC Program regulations provide flexibility with physical presence, certification periods and issuing eWIC benefits. Approved flexibilities should be exercised to the fullest extent

allowed and reasonable to meet the needs of individuals affected by the disaster and minimize disruption to services.

- ▶ For the Affected Individual
 - Persons with a serious illness that may be exacerbated by coming into the WIC clinic may be exempt from the physical presence requirement.
 - Local agencies may extend the certification period for infants and children up to 30 days to accommodate difficulty in scheduling appointments.
 - Local agencies may issue electronic food benefits to participants when not physically present if allowed by policy as indicated in *Chapter 8, Section 3 “Issuance when Cardholder is Not Physically Present”*.
 - The Nutrition Services Branch Head or designee has the authority to determine if an emergency or disaster situation necessitates State-Assisted Issuance of food benefits to eligible participants.
 - During State-Assisted Issuance, the Nutrition Services Branch will communicate to the Local Agencies the time frame for this process in addition to communicate participants to whom food benefits were issued.
- ▶ For the Local Agency
 - Address possible operation of alternative certification and benefit issuance sites.
 - Notify participants of any variance in normal program operations.

■ Food Benefits

- ▶ The full maximum monthly allowance of all prescribed supplemental foods, in all food packages, must be made available to participants if medically or nutritionally warranted.
 - If an evacuated participant is unable to provide medical documentation for WIC-eligible infant formula/nutritional and Local Agency staff are unable to externally verify a medical condition that indicates need, one-month issuance of the WIC-eligible infant formula/nutritional may be issued following assessment and documentation.
- ▶ Adjustments should be made to food prescriptions to accommodate participants that are homeless or lack food storage or preparation areas.
- ▶ Redeemed food benefits for the current benefit period that were destroyed in the disaster may be eligible to be replaced.
 - Only the food benefits damaged or destroyed as a result of a disaster may be replaced.
 - Replacement does not result in the replacement of prior month benefits.
 - Quantity of replacement food benefits reflects the portion of food benefits for which the participant would still be eligible.
 - Participant/parent/guardian/caretaker signs the ‘Affidavit Attesting to WIC Food Benefit Loss’ (Attachment 3).
 - North Carolina WIC requires participants to sign a statement attesting that their food benefits have been damaged or destroyed as a result of a disaster.
- ▶ The LA notifies the NSB Customer Service Desk to assist with replacement.
- ▶ Vendors will not have the option to accept out-of-state WIC benefits.

■ **Supporting Breastfeeding**

WIC encourages breastfeeding as the standard method of infant feeding. During a disaster, some things that WIC can do to help support breastfeeding mothers include:

- ▶ Meet with the local emergency preparedness team to convey the importance of continued breastfeeding during emergencies and contribute to a plan that supports breastfeeding mothers and infants during disasters.
- ▶ Raise awareness among new mothers of the benefits of continued breastfeeding.
- ▶ Promote breastfeeding as the safest food in an emergency.
- ▶ Replace destroyed breast pumps or breastfeeding supplies:
 - Every effort should be made to replace the destroyed items as quickly as possible.
 - Document both the loss and the replacement of the breast pump in the mother's record in Crossroads. If Crossroads is not available, document on the 'Continuity of Services Form' (Attachment 4) and enter into the participant's care plan in Crossroads when available.
 - The staff member who issues the breastfeeding supply must also sign the 'Breastfeeding Supplies Release of Liability and Loan Agreement'.
 - If a breastfeeding woman has transferred from another agency and is seeking assistance, staff should assess the need for a breast pump and/or supply and issue in accordance with the NC WIC Program policy. While the WIC Program Manual (Chapter 9, Section 4) prohibits replacement of a single user electric breast pump, this policy is temporarily waived to allow replacement of a pump that was destroyed due to a disaster.

■ **Local Agency Disaster Policy**

Advanced planning for disaster situations promotes a more organized and constructive relief response. Local agencies are required to develop and maintain a written disaster policy consistent with local and State operations. The policy should contain, at a minimum, the following components:

- ▶ Steps the agency will take to minimize potential impacts to the WIC clinic and services when a disaster situation is predicted,
- ▶ Plan for communicating with participants and the public when a disaster has occurred and impacted local operations,
- ▶ Plan for contacting the Nutrition Services Branch if services are impacted by a disaster,
- ▶ Designation of a disaster contact within the local agency,
- ▶ Alternate procedures including a plan for providing services when computer systems are down, alternate locations for services, and use of mobile equipment to provide services

(Attachment 5),

- Include the consideration for extending the certification period for infants and children up to 30 days to accommodate difficulty in scheduling appointments

- Plan to determine impacts to WIC vendors and appropriate response.

- Address processes for once Crossroads service is restored.

Note: Parts Taken from California WIC Policy and Procedure Manual

Program Materials Available From The Nutrition Services Branch

The Nutrition Services Branch (NSB) stocks a wide variety of materials used by Local Agency staff for WIC Program activities including breastfeeding education and support, program outreach, nutrition education, and vendor management.

A complete list of available materials can be found on the Nutrition Services Branch Requisition Form (DHHS 2507). The requisition form can be downloaded from the NSB website www.nutritionnc.com under local agency resources.

■ Ordering Materials

To order materials from the NSB, local agencies should use the NSB Requisition Form (DHHS 2507). Staff should complete the form and mail or fax it to: Nutrition Services Branch, 1914 Mail Service Center, Raleigh, NC 27699-1914; 5601 Six Forks Rd., Raleigh, NC, 27609; fax: 919-870-4818.

When ordering materials, local agencies are requested to:

- ▶ coordinate orders with other staff in the agency who use NSB materials;
- ▶ submit no more than one order a month to help with NSB efficiency in serving all agencies submitting orders; and
- ▶ do not order more than a 3-month supply

■ Receiving Materials

The Nutrition Services Branch will fill an order in its entirety and ship requested materials within two to three (2-3) weeks of receiving a requisition form with the following exceptions.

- ▶ **Materials in Limited Supply.** When an item(s) is in limited supply, the NSB will ship only a portion of the quantity ordered. Your agency will receive notification that NSB has a low stock of that item, and the difference will be shipped when the stock of that item(s) is replenished.
- ▶ **Materials on Back-Order.** When an item(s) is temporarily out-of-stock, the NSB will provide notification to the agency that the item is on back-order. The item does not need to be re-ordered; the NSB will keep the agency's requisition on file and fill as per the original request when the item is re-stocked.

Chapter 1: INTRODUCTION TO WIC
Section 7: PROGRAM MATERIALS AVAILABLE FROM THE NUTRITION SERVICES
BRANCH

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Instructions for Completing Separation of Duties Log

For the certifier:

1. When separation of duties is not possible, complete the first five columns (1 through 5) on the date that the certification occurs.
2. Enter the date of certification, Crossroads participant ID number, and participant category.
3. Answer the question regarding whether the participant is a non-breastfeeding infant (The policy memorandum does not define non-breastfed infant. For the post record review requirement, all food packages containing infant formula must be reviewed).
4. Sign in the staff name column.

For the reviewer:

1. Within 14 days of the certification date, the designated reviewer will conduct a post review of all non-breastfeeding infants' certification records and at least 20 percent of the remaining certification records by completing the remaining five columns (6 through 10).
2. Log into Crossroads and navigate to Income Information under Certification quick links. Expand Income History and review Selected Row Details for the date of the certification being reviewed. Determine if income eligibility was determined appropriately by checking for verification details of adjunctive eligibility; identifying the source, proof, frequency, amount, and duration if not adjunctively eligible; viewing the scanned affidavit if no proof of income exists; or viewing the reason for zero income if zero income was documented. Assess for unexpected or irregular patterns among the certification records reviewed, such as frequent use of zero income or frequent round or repeated numbers in income amounts. Indicate yes or no based on whether income appears to be determined appropriately. (See the WIC Program Manual, Chapter 6B and Attachment 1 for more information.)
3. Navigate to the Care Plan Summary under Care Plan quick links. Expand the care plan for the participant's record being reviewed. View the assigned risk codes for the certification being reviewed and determine if they are valid. Document findings on the log.
4. Navigate to the Care Plan Detail under Care Plan quick links. Expand the care plan for the participant's record being reviewed and determine if the correct food package was prescribed by examining the current food prescription. Determine if the prescription consistent with participant category and documentation in the nutrition assessment. Document findings on the log.
5. Sign in the reviewer name column, and enter the date the record was reviewed in the date column.
6. If the reviewer answered no to any questions, notify the agency's Regional Nutrition Consultant immediately or no later than within one business day of identification.

Chapter 1: INTRODUCTION TO WIC

Attachment 3

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el [Formulario de Denuncia de Discriminación del Programa del USDA](#), (AD-3027) que está disponible en línea en: [How to File a Complaint](#), y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

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

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Demographics

Applicant Client Present Not Present Justification _____

Name: _____
Last First MI

DOB: _____

Proof of identification _____

Ethnicity: Declared Observed Hispanic/Latino Not Hispanic/Latino

Race: American Indian or Alaskan Native Asian Black or African American

Address: _____
Street

City Zip Code

Proof of residence _____

Foster care Homeless Migrant

Proof of identification: _____

Telephone #: (____) _____
 Home Work Cellular

Preferred method of contact: _____

Language: Read: _____ Spoken: _____

Voter Registration:

Declined Form provided Ineligible Registered

Family Assessment:

Does anyone smoke inside the home? Yes No

Income

Adjunct program participation: SNAP Medicaid TANF **Family size:** _____ **Number of expected infants:** _____ **TOTAL family size:** _____

Self-declared income or range: \$ _____ Zero-Income Declaration

Source	Amount	Frequency
	\$	
	\$	
	\$	

Verification Document: _____

Income Eligible Yes No

Income Verification completed _____
Staff Signature/Title Date

Certification Signature

I understand that by signing and dating this form, I am certifying that the information I am providing is correct, that I understand my rights and responsibilities as related to the WIC program, and that I understand my right to a fair hearing.

Entiendo que al completar, firmar y fechar en esta forma, certifico que la información que proveo es correcta; que entiendo mis derechos y responsabilidades en relación con el programa WIC; y que entiendo mi derecho a una audiencia justa.

Applicant/Parent/Guardian/Caretaker Signature

Date

Anthro/Lab

Height: _____ **Weight:** _____ **Date:** _____ **Collected by / source:** _____

BMI: _____

Hgb / Hct: _____ **Deferred/Exempt Reason:** _____ **Date:** _____

Collected by / source: _____

Health Information

Pre-pregnancy weight: _____ **Pre-pregnancy BMI:** _____ **Delivery date:** _____ **Weight at delivery:** _____

Multiple gestation: # of fetuses this pregnancy: _____

Outcome: _____ **Delivery type:** Vaginal Cesarean **Gravida:** _____ **Para:** _____

Health Conditions	Medications and Supplements

Pregnancy-induced Health Conditions

Cigarettes per day: three months prior to pregnancy _____ **Drinks per week: three months prior to pregnancy** _____

last trimester _____

last trimester _____

postpartum _____

postpartum _____

Name: _____ Date of Birth: _____

Health Info

Are you breastfeeding? No Yes Breastfeeding Frequency: _____

If no, have you ever breastfed? No Yes Age infant stopped breastfeeding _____

Reason infant stopped breastfeeding _____

Do you give your baby any formula? No Yes Amount in 24-hr period: _____

Dietary & Health

WIC Nutrition Risk Criteria Codes (Identify all that apply) _____

Care Plan

Nutrition Education: Immunizations Tobacco, alcohol and illegal drugs Folic acid Breastfeeding basics/anticipatory guidance
 Other _____

Referrals: _____

Goals: _____

Food Prescription Standard Modified _____

Follow-up / Next Appointment: _____

Certifier/CPA _____
Signature Title

AFFIDAVIT FOR PROOF OF IDENTITY, RESIDENCY, and / or INCOME

The following is to be completed for certifications when proof of identity, residency, and/or income does not exist, obtaining proof places undue burden to or harm on applicant, or an individual declares that their economic unit has no income.

I understand that by completing, signing and dating this form, I am certifying that the information I am providing is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the food benefits improperly received.

Entiendo que al completar, firmar y fechar en esta forma, certifico que la información que proveo es correcta. Entiendo que proveer información incorrecta intencionalmente puede resultar en tener que devolver a la agencia estatal, en efectivo, el valor de los beneficios de comida recibidos indebidamente.

	<i>Reason for lack of proof OR zero income declaration</i>
ID	
Residence	
Income	

Applicant/Participant/Caretaker Signature/Firma

Date/Fecha

Staff Signature

Date



Department of Health and Human Services • Division of Public Health • Nutrition Services Branch

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Demographics

Applicant Client Present Not Present Justification _____

Name: _____
Last First MI

DOB: _____ **Sex:** Male Female

Proof of identification _____

Ethnicity: Declared Observed Hispanic/Latino Not Hispanic/Latino

Race: American Indian or Alaskan Native Asian Black or African American

Address: _____
Street

City Zip Code

Proof of residence _____
 Foster care Homeless Migrant

Parent/Guardian 1 2 Caretaker

Name: _____
Last First MI

DOB: _____

Relationship to applicant: _____

Proof of identification: _____

Telephone #: (____) _____
 Home Work Cellular

Preferred method of contact: _____

Language: Read: _____ Spoken: _____

Voter Registration:
 Declined Form provided Ineligible Registered

Family Assessment:
Does anyone smoke inside the home? Yes No

Income

Adjunct program participation: SNAP Medicaid TANF **Family size:** _____ **Number of expected infants:** _____ **TOTAL family size:** _____

Self-declared income or range: \$ _____ Zero-Income Declaration

Source	Amount	Frequency
	\$	
	\$	
	\$	

Verification Document: _____

Income Eligible Yes No

Income Verification completed _____
Staff Signature/Title Date

Certification Signature

I understand that by signing and dating this form, I am certifying that the information I am providing is correct, that I understand my rights and responsibilities as related to the WIC program, and that I understand my right to a fair hearing.

Entiendo que al completar, firmar y fechar en esta forma, certifico que la información que proveo es correcta; que entiendo mis derechos y responsabilidades en relación con el programa WIC; y que entiendo mi derecho a una audiencia justa.

Applicant/Parent/Guardian/Caretaker Signature

Date

Anthro/Lab

Length / Height: _____ **Weight:** _____ **Date:** _____ Collected by / source: _____

BMI (\geq age 2) _____ **% BMI / Age:** _____ **OR % Weight / Length** (< age 2) _____

Hgb / Hct: _____ **Deferred/Exempt reason:** _____ **Date:** _____

Collected by / source: _____

Health Information

Birth weight: _____ **Birth length:** _____ **Weeks gestation:** _____ Multiple gestation

Hospital discharge weight: _____ **Date:** _____

Medical Conditions	Medications and Supplements

Immunizations: Up-to-date Not up-to-date Unknown Referred

Feeding complications: _____

Name: _____ Date of Birth: _____

Health Info

Are you breastfeeding? No Yes Breastfeeding Frequency: _____

If no, have you ever breastfed? No Yes Age infant stopped breastfeeding _____

Reason infant stopped breastfeeding _____

Dietary & Health

WIC Nutrition Risk Criteria Codes (Identify all that apply) _____

Care Plan

Nutrition Education: Tobacco, alcohol and illegal drugs Other _____

Referrals: _____

Goals: _____

Food Prescription Standard Modified _____

Follow-up / Next Appointment: _____

Certifier/CPA _____

Signature/Title

Date

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ID	
Residence	
Income	

Applicant/Participant/Caretaker Signature/Firma

Date/Fecha

Staff Signature

Date



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Demographics

Applicant Client Present Not Present Justification _____

Name: _____
Last First MI

DOB: _____ **Sex:** Male Female

Proof of identification _____

Ethnicity: Declared Observed Hispanic/Latino Not Hispanic/Latino

Race: American Indian or Alaskan Native Asian Black or African American

Address: _____
Street

City Zip Code

Proof of residence _____
 Foster care Homeless Migrant

Parent/Guardian 1 2 Caretaker

Name: _____
Last First MI

DOB: _____

Relationship to applicant: _____

Proof of identification: _____

Telephone #: (____) _____
 Home Work Cellular

Preferred method of contact: _____

Language: Read: _____ Spoken: _____

Voter Registration:
 Declined Form provided Ineligible Registered

Family Assessment:
Does anyone smoke inside the home? Yes No

Income

Adjunct program participation: SNAP Medicaid TANF **Family size:** ____ **Number of expected infants:** ____ **TOTAL family size:** ____

Self-declared income or range: \$ _____ Zero-Income Declaration

Source	Amount	Frequency
	\$	
	\$	
	\$	

Verification Document: _____

Income Eligible Yes No

Income Verification completed _____
Staff Signature/Title Date

Certification Signature

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Applicant/Parent/Guardian/Caretaker Signature

Date

Anthro/Lab

Length: _____ **Weight:** _____ **Date:** _____

Collected by / source: _____

Hgb / Hct: _____ **Deferred/Exempt reason:** _____ **Date:** _____

Collected by / source: _____

Health Information

Birth weight: _____ **Birth length:** _____ **Weeks gestation:** _____ Multiple gestation

Hospital discharge weight: _____ Date: _____

Medical Conditions	Medications and Supplements

Immunizations: Up-to-date Not up-to-date Unknown Referred

Feeding complications: _____

< 6 wet diapers per day Inadequate stooling (as determined by physician/health professional)
 Difficulty latching on to mother's breast Jaundice Weak or ineffective suck

Name: _____ Date of Birth: _____

Health Info

Are you breastfeeding? No Yes Breastfeeding Frequency: _____

If no, have you ever breastfed? No Yes Age infant stopped breastfeeding _____

Reason infant stopped breastfeeding _____

Do you give your baby any formula? No Yes Amount in 24-hr period: _____

Dietary & Health

WIC Nutrition Risk Criteria Codes (Identify all that apply) _____

Care Plan

Nutrition Education: Tobacco, alcohol and illegal drugs Other _____

Referrals: _____

Goals: _____

Food Prescription Standard Modified _____

Follow-up / Next Appointment: _____

Certifier/CPA _____

Signature/Title

Date

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Applicant/Participant/Caretaker Signature/Firma

Date/Fecha

Staff Signature

Date



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eWIC card # _____

Continuity of Services Form
WIC: PREGNANT WOMAN

Certification

Application Date: _____

Demographics

Applicant Client Present
 Not Present Justification: _____

Name: _____
Last First MI

DOB: _____

Proof of identification _____

Ethnicity: Declared Observed Hispanic/Latino Not Hispanic/Latino

Race: American Indian or Alaskan Native Asian Black or African American

Address: _____
Street

City Zip Code

Proof of residence _____

Foster care Homeless Migrant

Proof of identification: _____

Telephone #: (____) _____
 Home Work Cellular

Preferred method of contact: _____

Language: Read: _____ Spoken: _____

Voter Registration:

Declined Form provided Ineligible Registered

Family Assessment:

Does anyone smoke inside the home? Yes No

Income

Adjunct program participation: SNAP Medicaid TANF **Family size:** ____ **Number of expected infants:** ____ **TOTAL family size:** ____

Self-declared income or range: \$ _____ Zero-Income Declaration

Source	Amount	Frequency
	\$	
	\$	
	\$	

Verification Document: _____

Income Eligible Yes No

Income Verification completed _____

Staff Signature/Title

Date

Certification Signature

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Applicant/Parent/Guardian/Caretaker Signature

Date

Anthro/Lab

Height: _____ **Weight:** _____ **Date:** _____ **Collected by / source:** _____

Weeks gestation: _____ **Expected weight gain:** _____ **Actual weight gain:** _____

Hgb / Hct: _____ **Deferred/Exempt Reason:** _____ **Date:** _____

Collected by / source: _____

Health Information

Pre-pregnancy weight: _____ **Pre-pregnancy BMI:** _____

Expected Delivery date: _____ **First Prenatal Visit Date:** _____ **Medical Home:** _____

Multiple Gestation: # of fetuses this pregnancy: _____ **Gravida:** _____ **Para:** _____

Health Conditions	Medications and Supplements

Pregnancy-induced Health Conditions

Cigarettes per day: 3 months prior to pregnancy _____

Drinks per week: 3 months prior to pregnancy _____

Today: _____

Name: _____ Date of Birth: _____

Health Info	Pregnancy History										
	Date (mm/yy)										
	Outcome										
	Weeks gestation										
Birth weight/length											

Dietary & Health

WIC Nutrition Risk Criteria Codes (Identify all that apply) _____

Care Plan

Nutrition Education: Tobacco, alcohol and illegal drugs Folic acid Breastfeeding basics/anticipatory guidance
 Healthy eating during pregnancy Other _____

Referrals: _____

Goals: _____

Food Prescription Standard Modified _____

Follow-up / Next Appointment: _____

Certifier/CPA _____
Signature/Title Date

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Income	

Applicant/Participant/Caretaker Signature/Firma _____ Date/Fecha _____ Staff Signature _____ Date _____



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NC WIC Program: Business Continuity Plan

In the event a Local WIC Agency is unable to access the Crossroads system and the duration of interruption is uncertain, the Business Continuity Plan should be put into effect to continue serving WIC participants.

Note: In the event of a statewide outage, business operations will cease until such a time that Crossroads is restored.

Planning

It is critical to plan ahead for potential disruptions to Local Agency access to Crossroads by:

- Maintaining an updated Local Agency Disaster Policy (WPM, Chapter 1, Section 6),
- Establishing working partnerships with neighboring Local WIC Agencies that may be able to assist in providing participant services during disruption,
- Considering the purchase and maintenance of technology that may serve as back-up during an outage including a work-assigned cell phone or laptop for critical WIC Program staff
- Ensuring that the LA has on-hand the following resources from the NSB website (www.nutritionnc.com) or ordered from the NSB:
 - 'Continuity of Services Form' (DHHS 3302, 3303, 3304, 3305)
 - 'NC WIC Program Guidance: Emergency and Disaster Situations'
 - Growth charts and prenatal weight gain charts
 - Required Notifications Template

Provision of WIC Services

If Crossroads is NOT available in the Local WIC Agency, immediately:

- Check with local IT support to determine if the interruption is a local problem
- Notify the RNC
- Notify the NSB Customer Service Desk (CSD)

If phone and fax service are available:

- The CSD provides the following information to the Local Agency (LA) via fax:
 - Detail Clinic Daily Appointment Schedule
- The LA faxes the completed 'Continuity of Services Form' to the CSD who shares with NSB staff .
- NSB staff enter information provided on the 'Continuity of Services Form' in order to:
 - Certify participants
 - Update the demographic or personal information of the applicant / participant
 - Prescribe or revise the WIC food prescription of the applicant / participant
 - Activate and/or replace an eWIC card to a family
 - Apply the "Extend Certification" feature as appropriate
- The CSD will then:
 - Issue participant food benefits
 - Print the 'Shopping List Remaining Benefits' and fax to the LA
- The LA provides the Shopping List and all required notifications to the participant

NC WIC Program: Business Continuity Plan

If phone and fax service NOT available:

- LA notifies the RNC and CSD to update WIC Director contact information
- Provide services as able, documenting services provided using the 'Continuity of Services Form'.
- Issuance will be delayed
- If local outages extend beyond five days, local agencies follow their written disaster policy (WPM Chapter 1, Section 6) which should include alternate procedures for providing services.

Crossroads Service is Restored

When the service to the Crossroads system is restored, the LA must:

- Enter data documented on the Continuity of Services Forms into the Crossroads participant record,
- Scan the Continuity of Services Form into the Crossroads participant record,
- Contact participants to schedule future appointments.