ICDS USER MANUAL

SECTION 35 - DATA ENTRY

SOUTH DAKOTA DEPARTMENT OF HEALTH HEALTH AND MEDICAL SERVICES OFFICE OF FAMILY HEALTH WOMEN, INFANTS & CHILDREN PROGRAM	POLICY: COMPUTER SYSTEM OVERVIEW

PURPOSE: To describe the computer system used for WIC participants.

PROCEDURE:

A. The WIC software operates in a Windows based Visual Basic System. The WIC software is linked to the Department of Health "hub" system called Integrated Client Data System (ICDS).

B. The field level Integrated Client Data System (ICDS) computer software system is a software program developed to collect basic demographic client information of all individuals receiving services at Local Agencies. In addition, a WIC component of the software is for data collection, report generation, benefit issuance and State Office financial and administrative reporting abilities.

C. The ICDS computer software system is accessed through the LAUNCHPAD program. Refer to User Login Policy for directions for accessing ICDS.

PURPOSE: To provide Local Agencies with the WIC Clinic Codes in South Dakota.

PROCEDURE:

A. Every WIC Local Agency in South Dakota has an assigned Clinic Code. Following is a table of the codes:

CLINIC NAME	ID
Aurora/Plankinton	AUX
Beadle/Huron	BEX
Bennett/Martin	BNX
Bon Homme/Tyndall	BHX
Brookings/Brookings	BRX
Brown/Aberdeen	BOX
Brule/Chamberlain	BUX
Brule/Kimball	BUK
Buffalo/Ft. Thompson	BFX
Butte/Belle Fourche	BTB
Butte/Newell	BTN
Charles Mix/Wagner	CMW
Charles Mix/Lake Andes	CML
Charles Mix/Platte	CMP
Clark/Clark	CLX
Clay/Vermillion	CYX
Codington/Watertown	CDX
Corson/McLaughlin	COX
Custer/Custer	CUX
Davison/Mitchell	DVX
Day/Webster	DAX
Deuel/Clear Lake	DUX
Dewey/Isabel	DWI
Dewey/Timber Lake	DWT
Douglas/Armour	DOX
Edmunds/Bowdle	EDB
Edmunds/Ipswich	EDI
Fall River/Hot Springs	FRX
Faulk/Faulkton	FAX
Grant/Milbank	GRX
Gregory/Bonesteel	GGS
Gregory/Burke	GGB
Haakon/Philip	HAX
Hamlin/Hayti	HMX
Hand/Miller	HDX
Hanson/Alexandria	HNX
Harding/Buffalo	HRX
Hughes/Pierre	HUX
Hutchinson/Freeman	HTF
Hutchinson/Parkston	HTP

CLINIC NAME	ID
Hyde/Highmore	HYX
Jackson/Kadoka	JAK
Jackson/Wanblee	JAW
Jerauld/Wessington Springs	JEX
Jones/Murdo	JOX
Kingsbury/Desmet	KIX
Lake/Madison	LAX
Lawrence/Deadwood	LWD
Lawrence/Spearfish	LWS
Lincoln/Canton	LIX
Lyman/Lower Brule	LYL
Lyman/Kennebec	LYK
Marshall/Britton	MAX
McCook/Salem	MCX
McPherson/Eureka	MPE
McPherson/Leola	MPL
Meade/Faith	MDF
Meade/Sturgis	MDS
Miner/Howard	MIX
Minnehaha	MNX
Moody/Flandreau	MOX
Pennington/Ellsworth	PNE
Pennington/Rapid City	PNR
Perkins/Bison	PRB
Perkins/Lemmon	PRL
Potter/Gettysburg	PTG
Potter/Hoven	PTH
Roberts/Sisseton	ROX
Sanborn/Woonsocket	SAX
Shannon/Kyle	SHK
Shannon/Pine Ridge	SHP
Shannon/Porcupine	SHQ
Spink/Redfield	SPX
Stanley/Ft. Pierre	STX
Tripp/Winner	TRX
Turner/Parker	TUP
Turner/Viborg	TUV
Union/Elk Point	UNX
Walworth/Mobridge	WAM
Walworth/Selby	WAS
Yankton/Yankton	YAX
Ziebach/Dupree	ZIX

PURPOSE: To provide Local Agency with general guidelines regarding computer input and working with the WIC software.

PROCEDURE:

A. **Security Assignments:** To provide security in operation of the WIC software, assignments are made by the WIC program to allow Local Agencies to have access only to data needed in that agency/site. Security is assigned in several areas of the WIC software, i.e. certification data, FI data, and reports. Each staff member is assigned a User ID and a Password; User IDs and Passwords are not to be shared among staff.

B. **Hour Glass Symbol**: When the hour glass symbol is visible, that indicates that the computer is working to complete the command. Sometimes the computer is working even when the hourglass is not visible. Move the cursor to a gray area of a screen for the hourglass to become visible.

C. **Click**: When the instructions say "click", it means to single or double click on the left side of the mouse. The right side of the mouse is clicked to accomplish certain actions as well. If the click is to be done with the right side of the mouse, it will be specified in the directions.

D. **Using a Mouse:** Basic guidelines for using the mouse.

1. **Point:** To roll the mouse on your desk until the tip of the mouse pointer touches the desired object or command.

2. **Click:** To press and release the left mouse button once without moving the mouse. Usually clicked to highlight something.

3. **Right-Click**: To press and release the right mouse button once without moving the mouse. Right clicking on an area of the screen or an object displays a shortcut menu to provide a list of commands selected to affect the object.

4. **Double-Click**: To press and release the left mouse button twice quickly without moving the mouse. Usually used to select something.

5. **Drag**: To hold down the left mouse button and move the mouse. Usually used to move an object or draw a line or shape.

E. **Movement from one entry field to another:** Use the tab key to move from one entry field to the next or use the mouse to click on the field to be used.

F. **No data for entry field:** If no data is available to be entered in a field, tab through that field. This will not work on all fields as some fields require an entry. Refer to Client Entry, Family Entry and Add a Certification policies for woman, infant and child.

G. **Computer Window Labels**: Every computer window in the WIC software is labeled at the top of the window. This allows for easy identification of location in the software.

H. **Certification Window Color Coding:** The certification windows are color coded for easy identification. The correct color of window will pop up determined by the age of the participant as entered in the Client /Family Information area.

1. Woman: blue

2. Infant: yellow

3. Child: green

I. **Opening Multiple Windows**: the Windows software allows for opening more than one window at a time to allow for working in multiple program areas at one time.

1. Identification of what is open: To identify what windows/programs are open, go to the gray taskbar at the top of the screen and double click on Window. A drop down menu will appear that will list the different programs open. Left click on the file name of the window to be brought up to the top of the screen so it can be viewed and worked with.

2. Quick sizing a window: There are several options for sizing a window when there is more than one window open. These different options allow you to easily have access to all windows that are open. To do this, go to the upper right hand corner of the window in the blue title bar area. There are three small boxes. Click on the box to accomplish the view of the window that is needed:

   a. (_): Minimizing the window makes it into an icon format that places the icon with the window name in the gray bar at the bottom of the screen. To maximize that window for full view, click on the icon.

   b. (box): Maximizes the window to full screen size. This is the position that makes it easiest to work in that window.

   c. (double box): is a restore button that is visible when the window is maximized. Click on this button to return a maximized window to its previous size.

   d. (X): Closes the window and exits the program. To reopen, go back through the open file option.

J. **Deletion of error in entry field:** To delete an error in an entry field:

1. If still in the field: Use your delete or backspace key

2. If need to return to the field: Use the mouse or the arrow keys to get to the field. Enter the new data.

3. Use mouse to highlight: Highlight the incorrect information by left clicking and holding down the left mouse button and dragging it over the information to be deleted. The information will be highlighted in blue. Either hit the delete key to delete old information and enter the new or enter the new data and the old will be deleted.

K. **Lower case font**: Use proper name, lower case for all data entry. I.e. Jane Doe. Do not use all capital letters.

L. **Computer Edits/Data Parameters:** Some fields have computer edits/data parameters. These parameters are listed in the appropriate fields in the Add Certification Woman, Infant and Child data entry policies. Refer to Add Certification Woman, Infant and Child policies. The intent of the edits of the system is to catch obvious errors. The computer will not recognize all input errors. The Local Agency is responsible to assure all data entered is correct whether the computer indicated a possible error or not.

1. There are two types of edits/ data parameters that may be set. They are:

    a. Warning for narrow parameters set: There are narrower parameters set at which you will receive a warning. The words in the left gray column will appear in red to note the data entered appears to be wrong. Check to assure data is correct. If not correct, enter correct data. If it is correct, the computer will allow you to continue with entry.

    b. Outside of widest parameters set: If the data is outside of the widest parameters set, a box will pop up and tell you the lowest and highest allowable parameter that has been set. You will need to enter new data within the allowable range before you can continue with entry of other data.

M. **Activated Button:** Buttons are activated when they appear dark and are easily seen. If a button is not easily visible it is not activated and will not function.

N. **Dates and Number Entry:** All dates are entered in the six digit format i.e. mmddyy. The year is the last two digits of the year. Example: August 9, 2000 would be 080900. The computer will automatically enter the slashes, 08/09/00. However, all birth dates prior to 1930 must have four digits (mmddyyyy) entered, i.e. 1929. If all four digits are not entered, the birth date will show as 2029. After entry review the data to assure it is correct. All other one digit numbers can be entered as one digit and do not need a 0 in front of them. I.e. # of pregnancies, enter as 1.

O. **Save Button:** Entry of all data must be completed in a specific data collection area i.e. WIC Certification, Client Entry or Family Entry before it can be saved. Saving cannot be done until the Save button is activated. If the Save button is not activated it means that there is data missing that must be entered. When saving a certification, a message will pop up that will tell what required information is missing.

P. **Add Button:** Select to enter data on a new client or a client recertification. The computer will allow you to enter recertification data in the last month of eligibility of an existing client without having to terminate the client.

Q. **Edit Button:** Select to enter updated information on an existing client during a certification period. I.e. updating an EDD delivery date.

R. **Entry of Participant Data:** Data regarding every WIC Participant must be entered on the ICDS computer.

1. Basic Demographic Data: Enter basic demographic data such as name, address, race, sex, income through the Client/Family Entry areas. Refer to Client Entry and Family Entry policies.

2. WIC Certification Form Entry: Every participant's WIC certification data must be entered through the WIC Certification Area. Refer to Add Certification for Woman, Add Certification for Infant and Add Certification for Child policies.

S. **Data Carried Forward:** some fields of data have been programmed to gather information from other areas and default that information into an entry field. This data carried forward cannot be changed. I.e.: some basic demographic data is carried forward from the Client/Family Entry areas into the Certification area. This data cannot be changed in the certification area. Return to the Client/Family area to edit this information. Data carried forward from the Client/Family Entry area to the certification form is:

1. Client Name
2. Family ID
3. Client ID
4. Sex
5. Date of Birth

T. **Search options:** A client search can be done by:

1. Client Name: Last name only preferred, unless it is a common name. If so, it will speed up the search process by entering the first name or first letter of the first name.

2. Client ID: if known

3. Family ID: if known

U. **Food Instrument Generation:** After eligibility is determined, food instruments are printed. There are two options for printing food instruments. They are:

1. Certification area: Refer to Printing Food Instruments from Certification Area policy.

2. Batch Print: Refer to Batch Printing of Food Instruments policy.

PURPOSE: To define the common terms and commands related to the computer.

PROCEDURE:

A. **Computer Terms:**

1. **Cursor:** The blinking line that shows where the data will appear
2. **Default:** The automatic entry of data
3. **Display:** The area that shows some data and can not be entered
4. **Field:** A specific area where data is entered
5. **Key Search:** The method used to locate an alpha entry by selecting the first key
6. **Menu:** The listing of what programs or actions can be selected from the computer
7. **Monitor:** The viewing screen of the computer; like a T.V. screen
8. **Pick List:** The listing of all possible choices from which to select
9. **Drop Down Arrow:** An arrow to the right of a field that when clicked will pop up a pick list
10. **Screen:** The picture that appears on the computer monitor
11. **Search String:** The entry of a letter or number that will quicken the search for a specific entry
12. **Window:** Is an opening to a work area such as WIC Certification, Client Entry, Family Entry, etc. More than one window can be open at one time.
13. **Taskbar:** Gray bar at the bottom of the screen to the right of the START button that will display the names of all of the programs currently being used. Click on a program name to go to it quickly. The highlighted name is the program currently being worked in.

A. **Computer Commands:** On the screens throughout the ICDS software system, the same commands are used. Communication with the computer occurs when a specific command is selected. The definition of commands are as follows:

1. **Select:** Selects the participant on the screen
2. **Cancel:** Abandons this procedure and returns to the previous menu
3. **Tab or Arrow:** Moves cursor between functions

4. **CTRL + Enter:** Same as selecting save
5. **Search:** Allows for search of data base for the information entered
6. **"OK":** Accepts the participant displayed on the screen
7. **Save Changes:** Allows entered data to be saved

SOUTH DAKOTA DEPARTMENT OF HEALTH HEALTH AND MEDICAL SERVICES OFFICE OF FAMILY HEALTH WOMEN, INFANTS & CHILDREN PROGRAM	POLICY: COMPUTER DATE

PURPOSE: To assist the Local Agencies with assuring the correct date is on the computer.

PROCEDURE:

A. **Accuracy:** The date on the computer must be accurate as it is used in the printing of WIC food instruments and the generation of reports.

B. **Correction of date:** If the date on the computer is wrong, use the following procedure to correct the date.

1. My Computer icon: On the main computer screen click on the My Computer icon

2. Control Panel: Click on Control Panel icon

3. Date/Time: Click on the Date/Time icon

4. Date/Time Change: Enter changes in the date/time as appropriate. Click "OK". This will exit you out of the date/time change area.

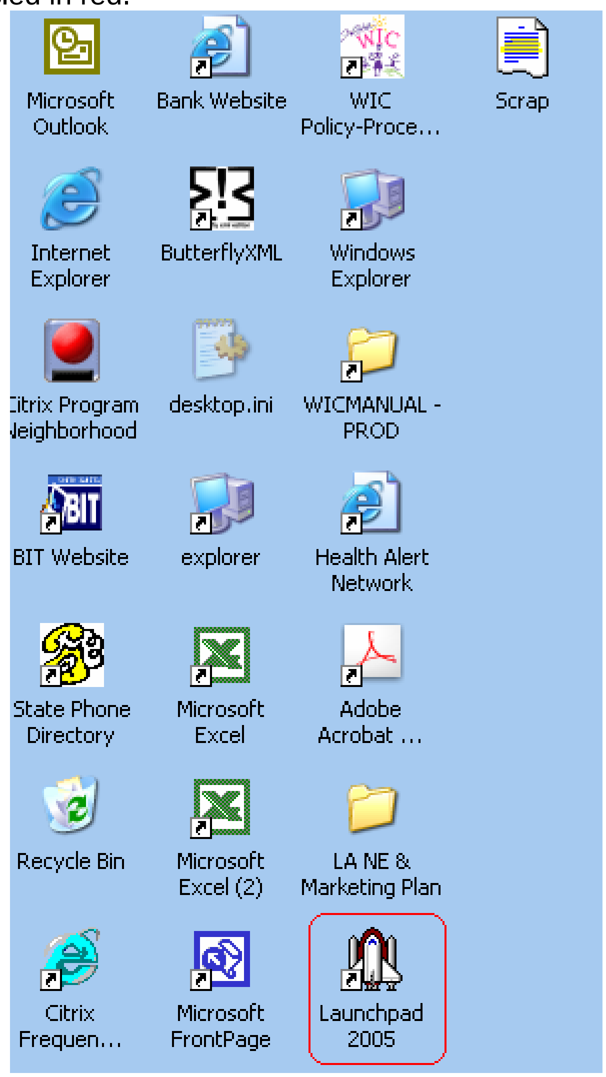
SOUTH DAKOTA DEPARTMENT OF HEALTH HEALTH AND MEDICAL SERVICES OFFICE OF FAMILY HEALTH WOMEN, INFANTS & CHILDREN PROGRAM	POLICY: USER LOGIN

PURPOSE: To explain the process to follow to gain access to the ICDS software.

PROCEDURE:

A. **<u>User ID:</u>** is an identification by name of the staff person entering into the system. The User-ID's are both added and removed from the ICDS system by the State Office. It is the responsibility of the Local Agency to assure the User ID is current. Requests for changes should be made through the Regional Manager. User IDs are not to be shared among staff. Regional Manager must notify the State WIC Office of any Logon changes so that check stock numbers may be assigned.

B. **<u>LAUNCHPAD:</u>** The ICDS computer software system is accessed on the computer through the LAUNCHPAD icon found on the opening computer screen shown below circled in red.

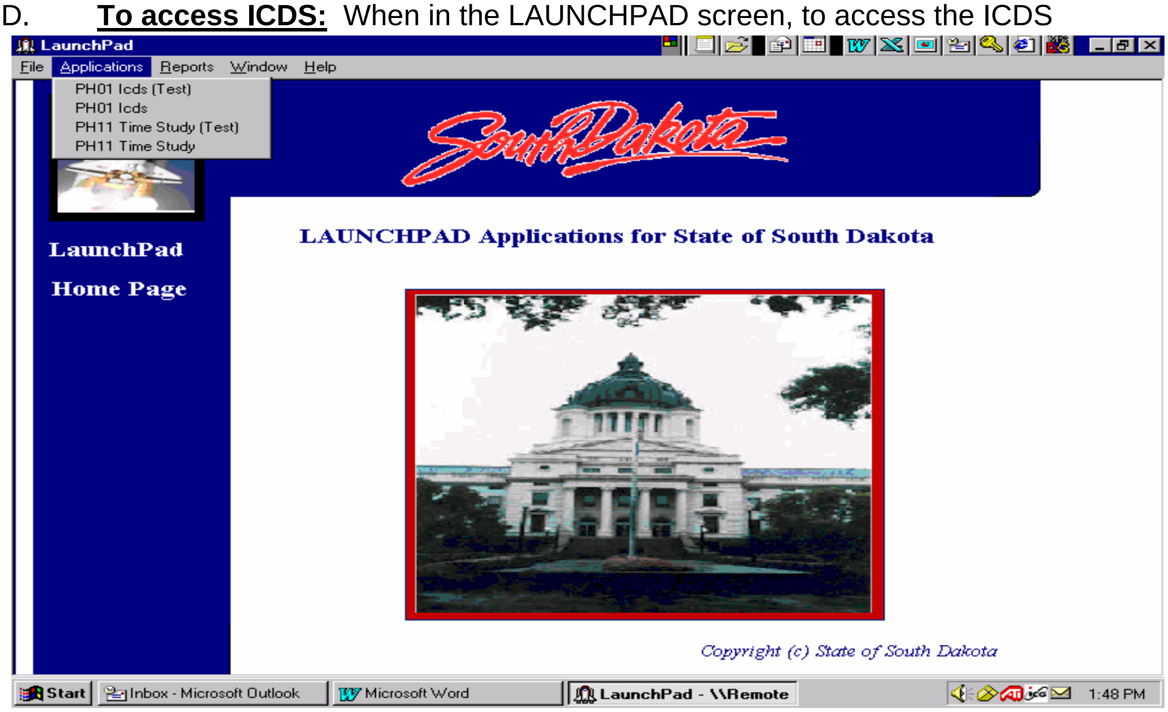


1. Left double click with the mouse only once on the LAUNCHPAD icon to open the program.

2. The Citrix system through which LAUNCHPAD works may be slow going into the LAUNCHPAD area. Be patient. If you double click on the LAUNCHPAD icon more than once, LAUNCHPAD will be opened one time for each double click. A small white ICDS box will appear in the lower right corner of the computer screen and moves to show that the computer is working to hook up to the ICDS system.

C. **<u>LAUNCHPAD SCREEN:</u>** Following is the LAUNCHPAD SCREEN that will pop up:

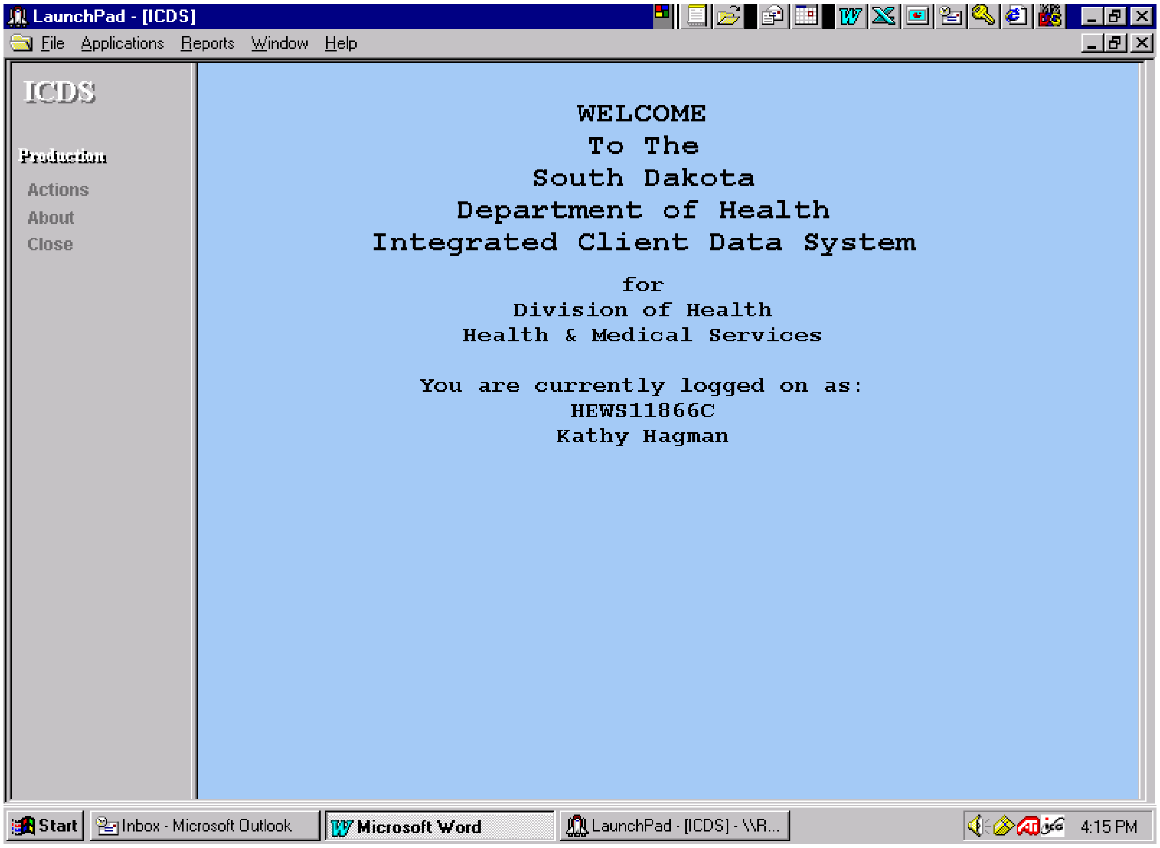
D. **<u>To access ICDS:</u>** When in the LAUNCHPAD screen, to access the ICDS



software, go to the top of the screen and left double click on Applications. The following screen will pop up:

1. Left double click on ICDS and the ICDS screen will pop up with some menu choices.

E. **ICDS Screen:**



1. The ICDS Screen has a list of selections on the left side of the screen. They are:

   a. Actions

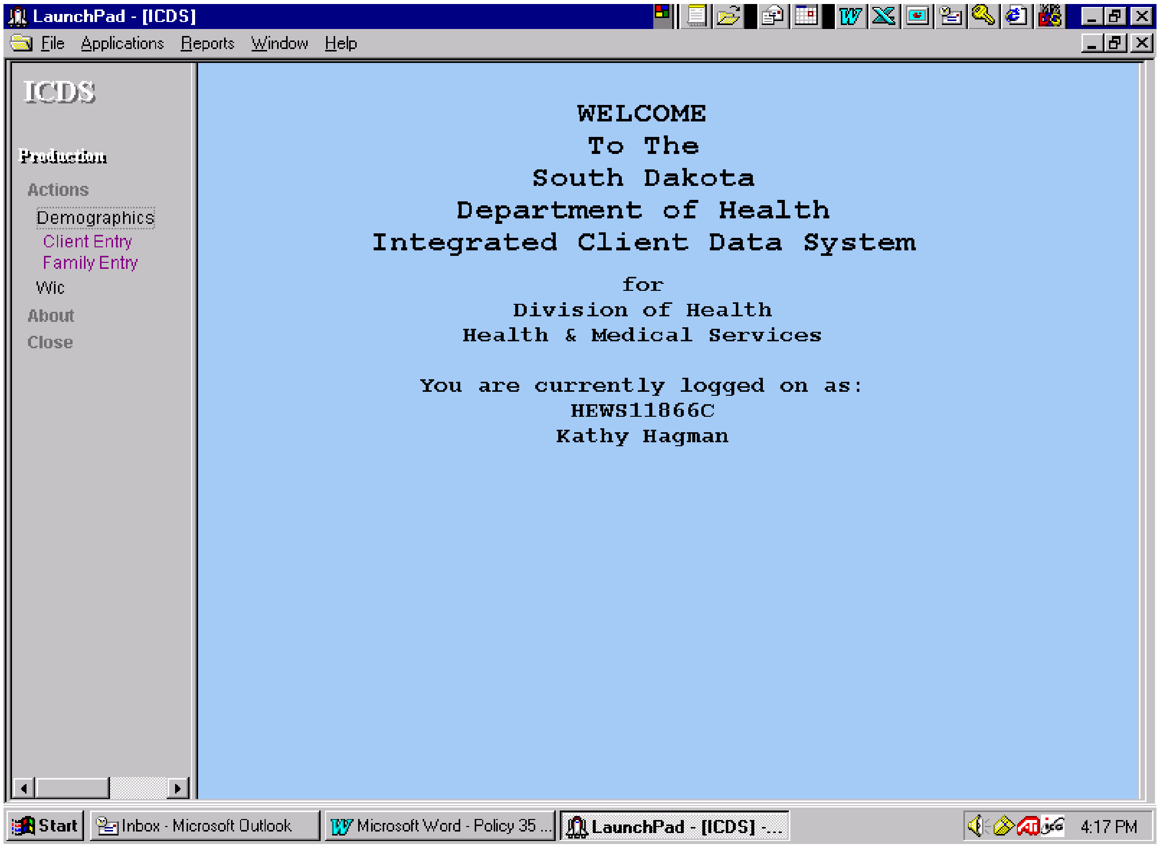
   b. About

   c. Close

2. It is from this screen that you will have access to all of the various functions of the WIC software.

3. Click on Actions and the following screen will pop up.

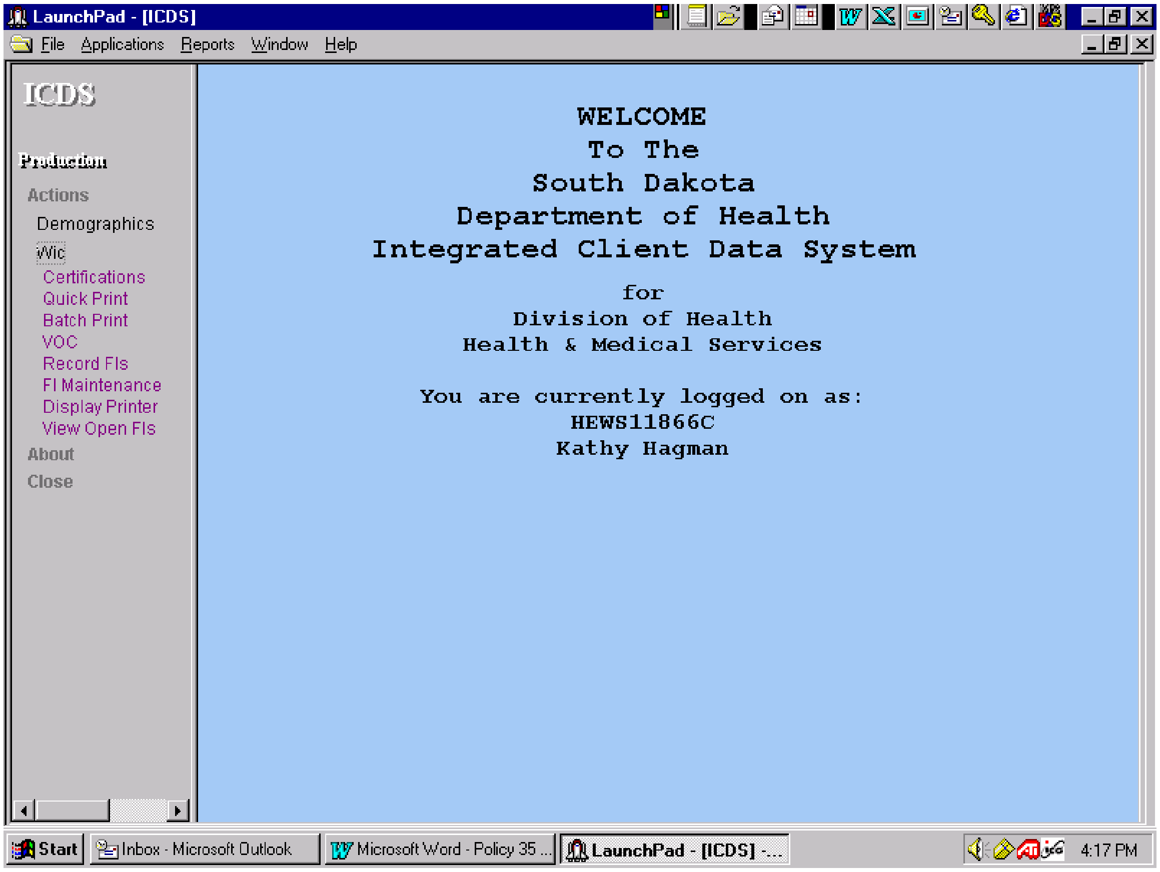
1. **Actions:** Select actions by left double clicking with the mouse. The following drop down menu will become visible.



a. Demographics:

1. Client Entry: used to enter client data. Refer to Client Entry policy.

2. Family Entry: used to enter family data. Refer to Family Entry policy.



b. WIC:

1. Certification: used to enter certification data. Refer to Add Certification Woman, Infant or Child policies, as appropriate.

2. Batch Print: for batch print of family food instruments. Refer to Batch Printing Food Instruments policy.

3. Transfer (VOC): for issuance of a Transfer (VOC). Refer to Transfer (VOC) policy.

4. Record FI's: for recording FI's that were manually written and given to a participant. Refer to WIC Record Food Instruments policy.

5. FI Maintenance: access to food instruments for completion of changes that need to be made such as from issued to void status or to view food packages issued on food instruments. Refer to FI Maintenance policy.

6. Display Printer: Allows for access to printer assignments.

7. View Open FI's: Displays inventory of food instruments in a Local Agency that have not been used. Refer to FI Maintenance policy.

c. About: Will not be used by Local Agency.

d. Close: Will not be used by Local Agency.

2. ICDS Actions is the area that Local Agencies will be using the most. All Local Agency data entry for WIC is completed through this area.

PURPOSE: To provide guidelines for basic demographic and income information about a client into the computer through the Client Entry area.

PROCEDURE:

A. **Client Entry DataBase:** The Client Entry database will include names of all clients on the statewide database.

B. **Family and Client cards**: Cannot be loaded at the same time. This is because the Family card requires more information. Therefore, if you have started to enter data on the Family card and realize you are missing a family member, you must save the Family Card before going to enter the Client card. If you don't, all of the Family Card information will be lost.

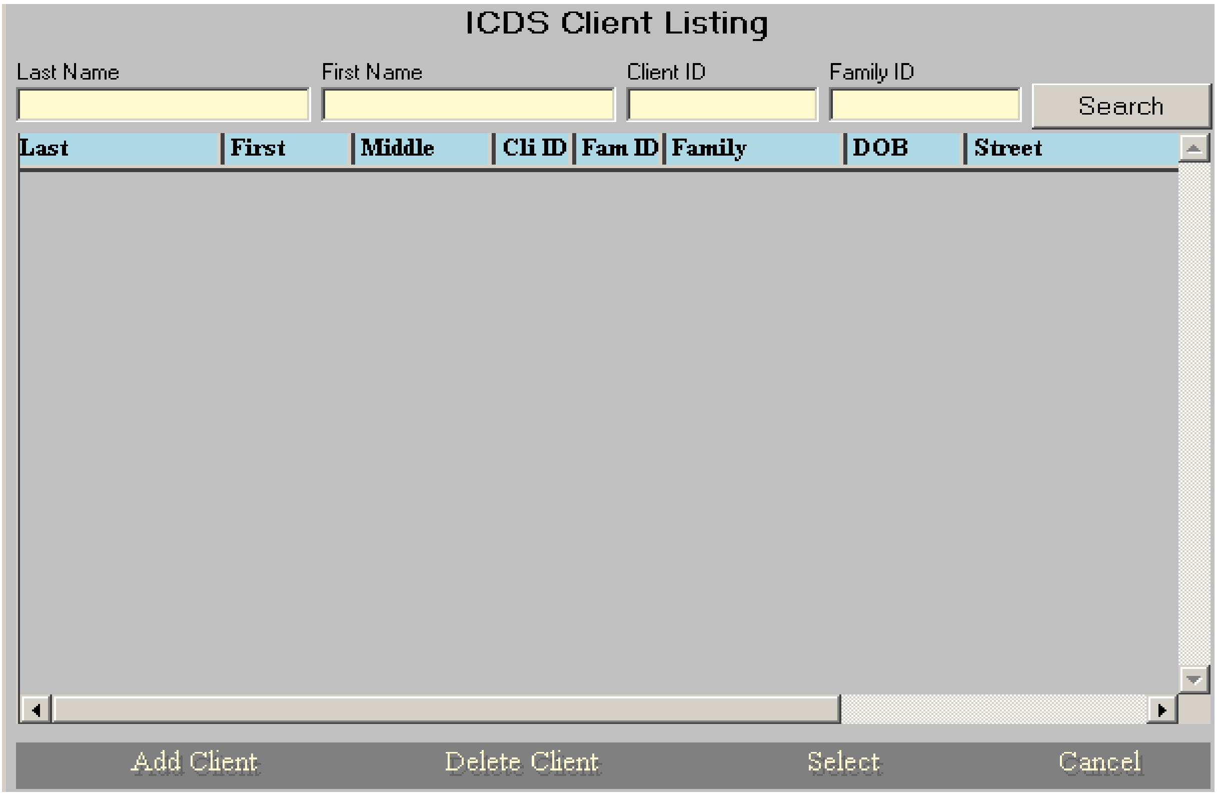
C. **Search database:**

Search, Search, Search: Note: Always remember to "search" the Client/Family Entry area before adding an individual or family on the statewide database. This is to avoid duplication.

1. Prevent duplication: The first and most important step in entry of data in the Client/Family Entry areas is to initiate a search to determine if the client is already on the statewide database. If the search is not initiated, and the client is entered again, the client will be given another Client ID number and will appear on the statewide database more than once.

2. Assure correct spelling of name: When initiating a search, be sure the name being searched for is spelled correctly. After a list comes up, make sure to check the unique identifying information such as date of birth or address for each name listed to determine if the same person is on the list with some variation in the way the name was entered. I.e. middle initial was entered before and you have not entered a middle initial or Bill Smith is not already there as William Smith. It is best to search by the last name only and then review all the entries with the same last and similar first name. If last name is common, it could cause time-out problems. i.e. Names like Smith, Johnson. Then enter the first name initial to narrow the search.

3. Client Entry/Family Entry Sort: The Client/Family list comes up sorted in alphabetical order by last name, first name. Client/Family list in the Client/Family Entry areas can be sorted alphabetically by last name, by Client/Family ID number in numerical order, or by any other column noted at the top of the list. To sort by a column, click on the blue box at the top of the screen by the title of the column. With the first click, the data will be sorted in descending order. With the second click, the data will be sorted in ascending order.



4. Last Name: Enter the last name of the person.

5. First Name: Can be entered, if available. If this is entered it will take you directly to that client or all clients with that same name. Saves searching through long lists of names.

6. Client ID: The client ID number should be entered instead of the name, if available. The ID number will take you directly to the specific client.

7. Family ID: The family ID number can be entered instead of the name, if available. The ID number will take you directly to the specific family.

8. Search button: Click on the search button when ready to start the search for the name you are looking for. You can also initiate the search by hitting the enter key.

9. Select button: If the client is found on the database highlight their name and click on the “Select” button at bottom of screen or double click on the name to select that participant.

10. Prevent duplication: **DO NOT HIT ADD CLIENT AT THIS POINT UNLESS YOU DO NOT FIND THE NAME LISTED.**

11. Client found: If the client is on the database, highlight the name and click on “Select”.

12. Client not found: If the name is not found, proceed to add client by entering data either through the Client or Family entry areas. Refer to Family Entry policy.

13. Family ID and Client ID: the Family and Client ID are generated by the computer through the entry of the demographic and income information in either the Client or Family Entry areas.

14. Payee (No Family ID assigned): Names in the client list that appear with a “0” in the Family Number column may be family members who are not participating in a program with the Department of Health but who are household members of someone who is. If that person is going to go on a program later, they will have to be assigned to a family. This is accomplished through Client Entry area.

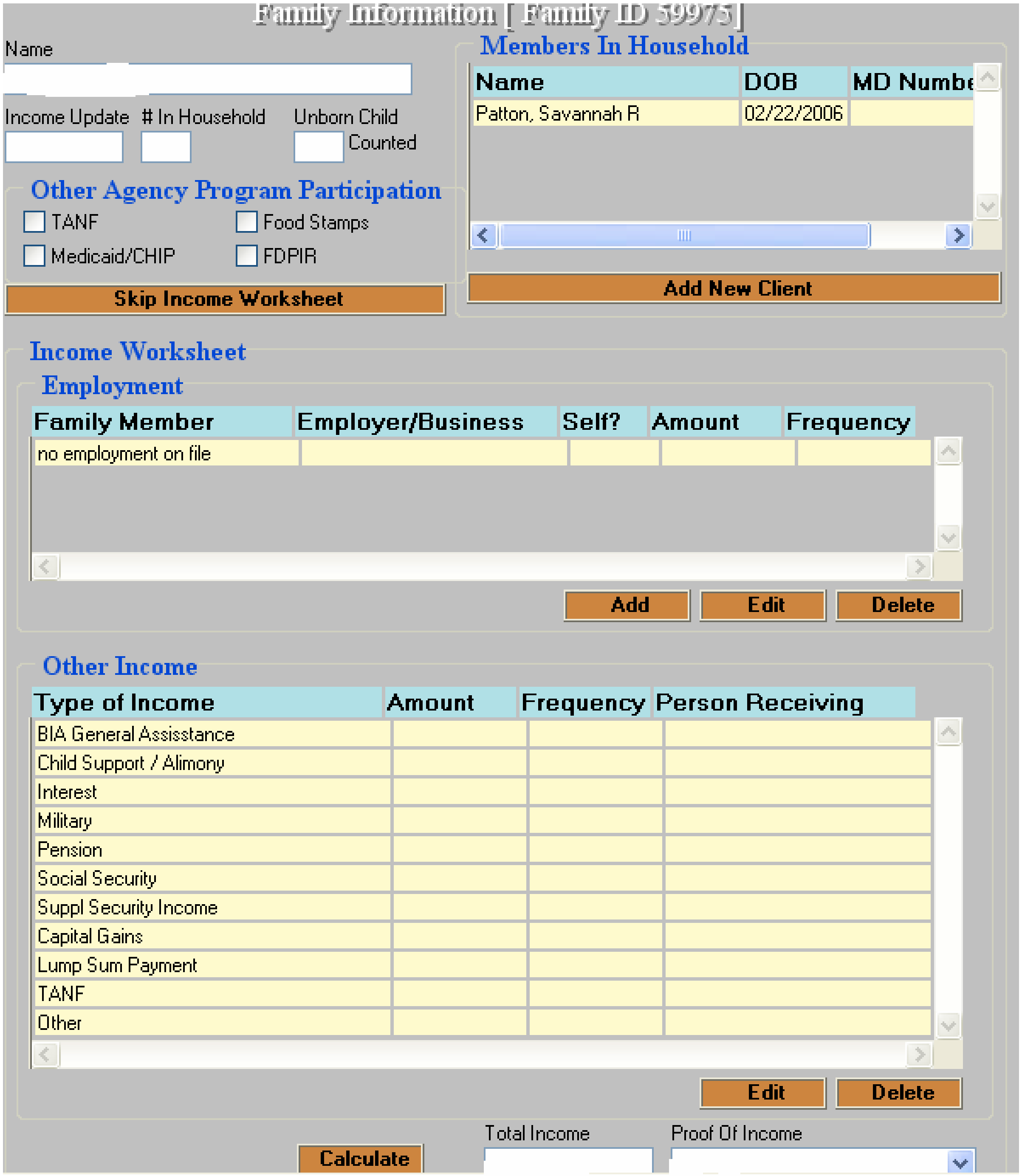
15. Change in last name: If a participant has a change in the last name, i.e. due to marriage, adoption, etc., refer to policy on Edit/Delete information.

16. Foster Children: Children who are moved from their own home and become foster children are to have their own Family ID for some programs. A group of siblings being placed in one foster family can be assigned the same Family ID. Refer to Family Entry policy.

17. Adding Person to a Family: Adding a person to a family can be done through either Client or Family Entry. Refer to Family Entry policy.

18. Reassignment of a person back to a family: To reassign a person back to an original family number (such as a foster child who was assigned his/her own family ID when they left the home and are now being returned to their original home), refer to Edit/Delete information policy.

D. **<u>Adding A New Client</u>**:

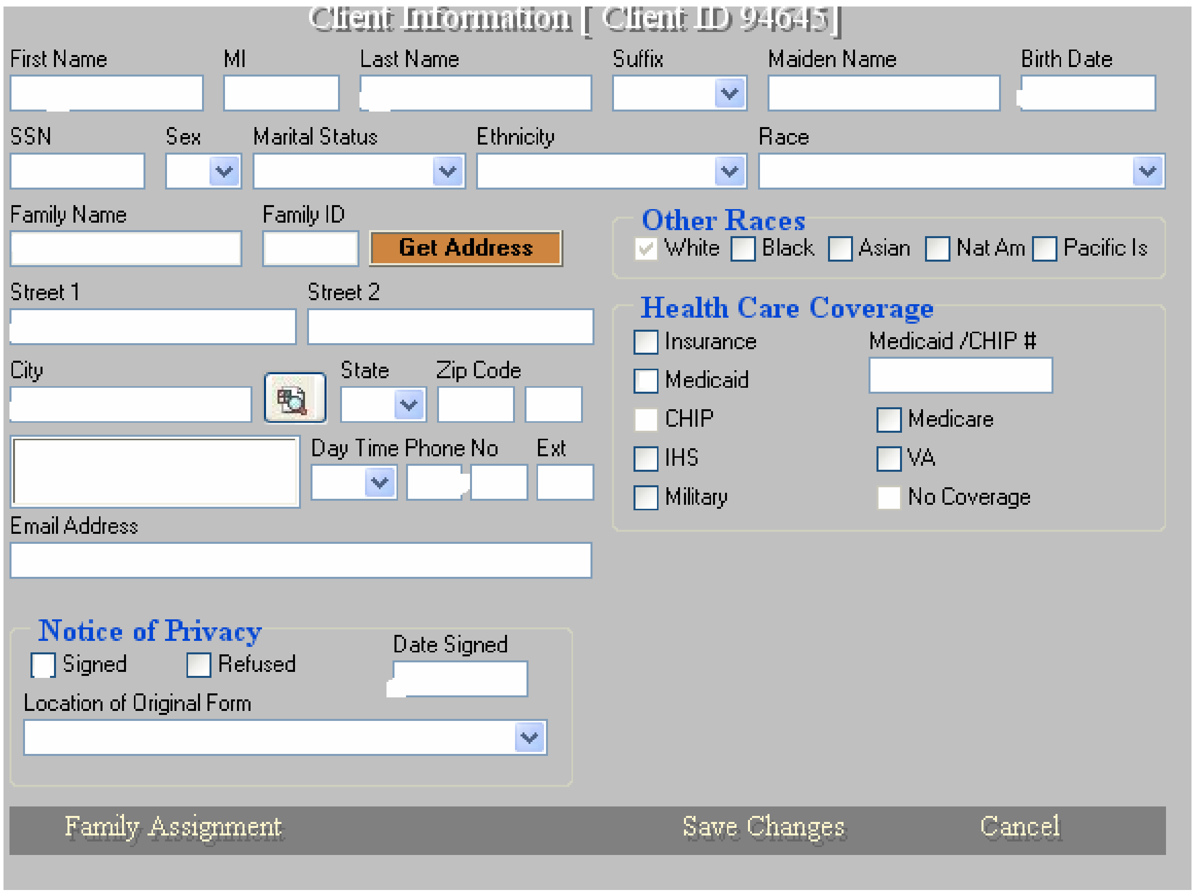


1. <u>Client not participating in a program, Members in Household</u>: Click Add New Client to add family members who are not participating in a specific program to the system. This is for family members/payees, i.e. Dad.

   a. <u>Required fields of entry:</u> For this type of client, you will be required to enter data in the following fields only:

      1. First name
      2. Last name

3. Date of birth
4. Complete a family assignment. Refer to Family Assignment button as part of this policy.
5. No other information needs to be entered
6. The person will be assigned a Client ID number by the computer
7. Click the “Save Changes” button



2. Client participating in a Program:

a. Family Member Only field: Do not check this field.

b. First Name: Enter first name

c. MI: Middle Initial: Enter middle initial if available, if not available, tab through

d. Last Name: Enter last name

e. Suffix: Defaults to blank. Leave blank or select from pick list. Choices are:

COB	DPM	MD
DC	DVM	MedDir
DDS	III	OD
DMD	IV	PhD

DO	Jr	PIC
DON	MANAGER	Sr

f. Maiden Name: Enter a maiden name, if appropriate.

g. Date of Birth: Enter in six digit format (mmddyy)

h. Social Security Number: Enter 9 digit Social Security number, if available. It is strongly encouraged to try to obtain this information but, if not available, tab through.

i. Sex: Defaults to blank. Select appropriate response from pick list or enter the first letter of the word to be selected.

M: Male
F: Female

j. Marital Status: Defaults to blank. Select from pick list or enter the first letter of the word to be selected. For words that begin with the same letter enter the letter once for the first word in alphabetical order i.e. “S” will select Separated, enter the letter again for the second word in alphabetical order i.e “SS” will select Single, and so on. Choices are:

1. Divorced
2. Living Together
3. Married
4. Separated
5. Single
6. Widowed

k. Race: One race must be selected from the “Race Field” drop down box. Once a race is selected a check mark will appear in the selected race in the “Other Races Field”. If a race is not selected, the information cannot be saved on ICDS – a message will appear stating a race must be selected. If additional Races are reported by the participant, use the “Other Races” Field and check all appropriate races.
Race Categories available:

1. American Indian/Alaska Native
2. Asian
3. Black/African American
4. Native Hawaiian/Pacific Islander
5. White

l. Ethnicity: An ethnicity must be entered for each person or you will not be able to save the data. Select from the pick list or enter the first letter of the word to be selected. Choices are:

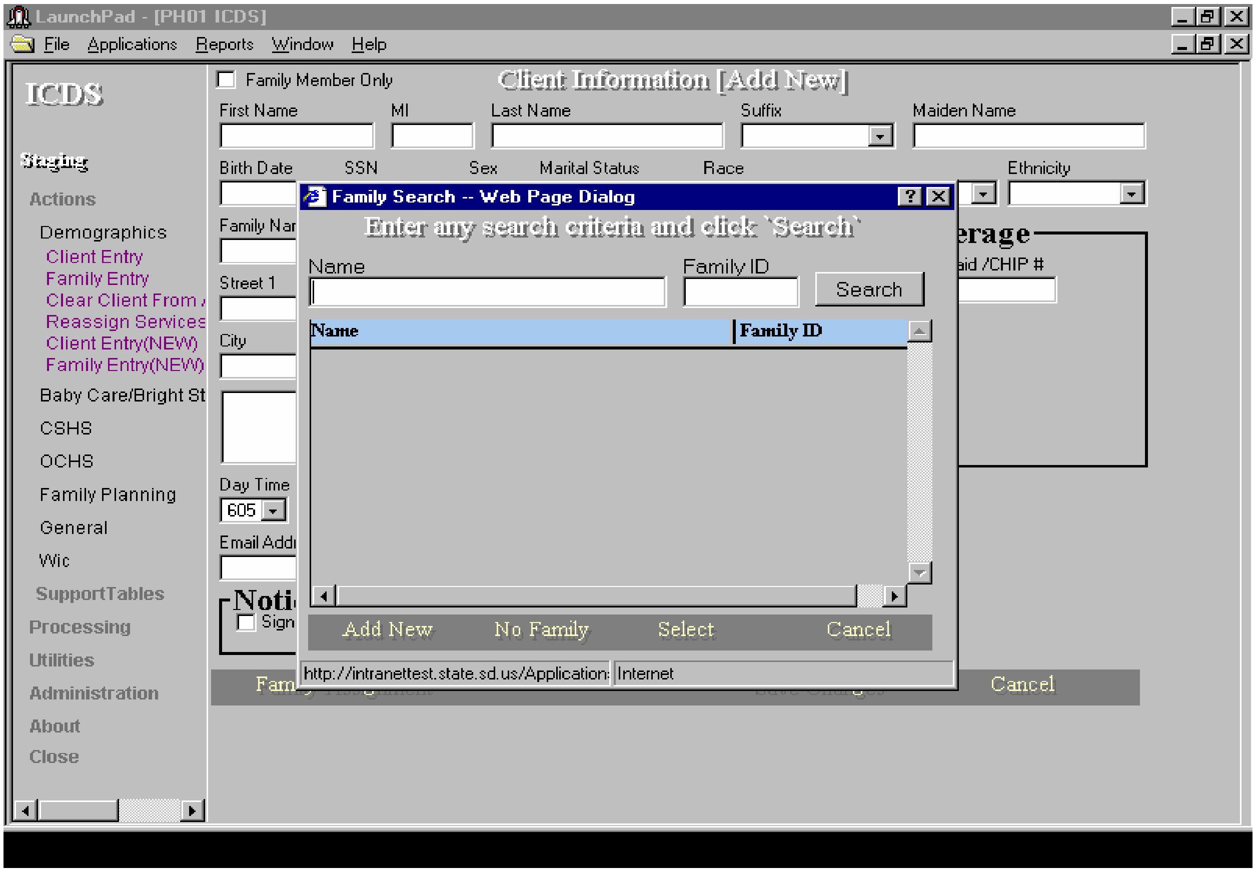
1. Hispanic or Latino
2. Not Hispanic or Latino

m. Family Name: Will be computer entered as the person you are currently entering. If this is not correct, click on Family Assignment in the gray area at the bottom of the screen and you will be allowed to pick the family you want to assign this client to. Refer to Family Assignment Button area.

n. Family ID: Will be computer generated. If this is a new family, a new number will be assigned. If it is a client to be added to a family already on the database, the family number will be automatically inserted when you assign the client to an existing family.

o. Get Address: This button will only be used when adding a client from the Family Entry area. Clicking this button will insert the address/phone data for the family to which this client has been assigned to the address/phone fields. The computer will continue to automatically add this information as well when the family is selected as it has before. However, this gives the added option of getting that information any time.

p. Family Assignment button: This button will be used if the family name and ID are not correct or if this is a new client who has not already been assigned to a family. An example would be moving a foster child to a new family or assigning them to their own new family. Click on the Family Assignment button. Search. "Enter any search criteria and click 'Search'" screen will come up.



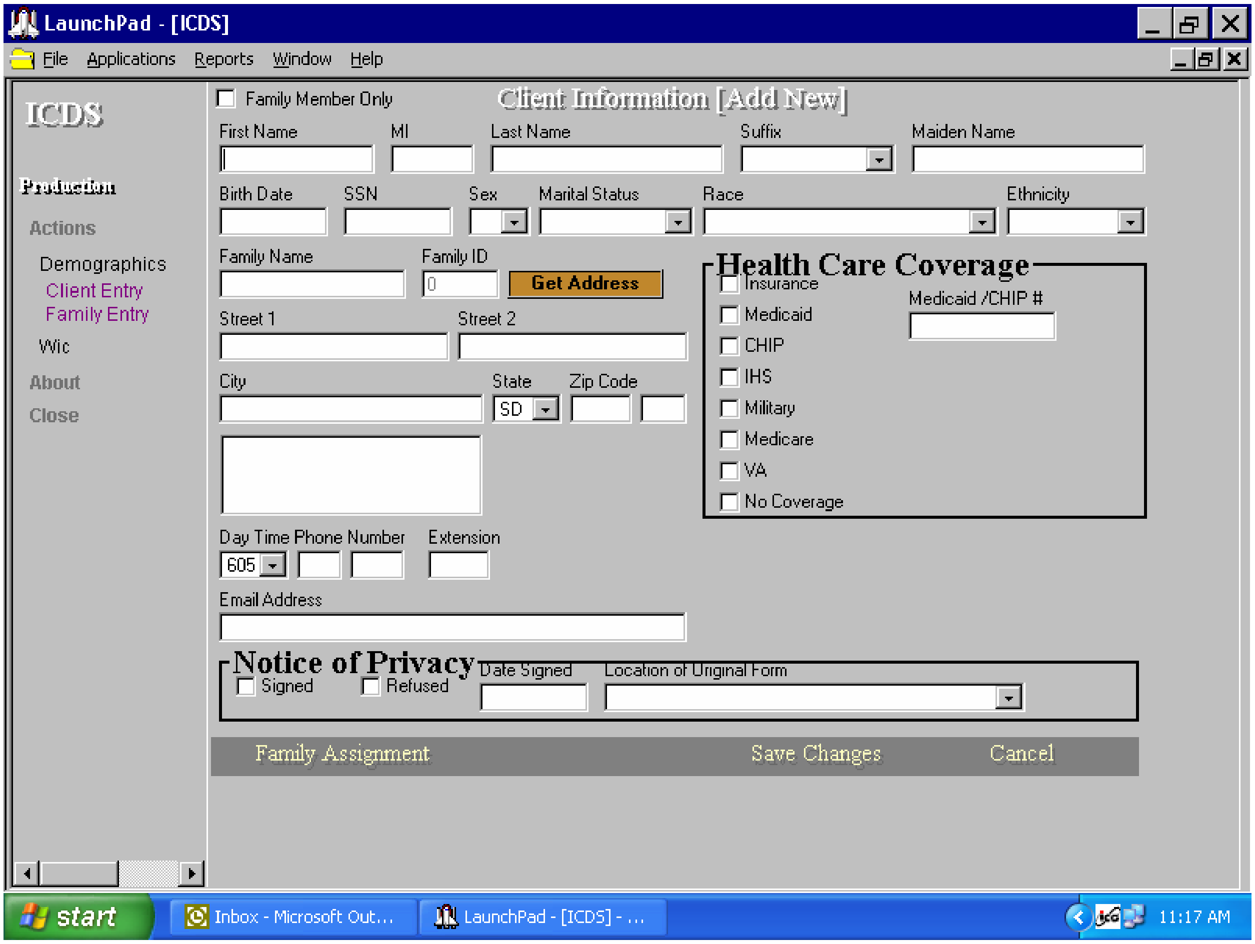
1. Name: Enter the family name and search.

2. Highlight/Select: If the correct name is on the list, highlight and click Select or click on the name twice to select the participant.

3. All family information: data available will be brought back into the client information screen.

q. If not found: click on Add New. Family Add screen comes up. Add Family. Refer to Family Entry policy.

r. Once family has been selected, system will return to the screen below to complete information if required.
   - If an existing family is selected, the demographics for that family already on the system will be automatically brought into the screen. Verify this information is still current.
   - If a new family, the demographic information will need to be completed.



r. Street 1: Enter street address

s. Street 2: Enter mailing address if different from Street 1 address

t. City: Enter the first letter of the city. All cities that start with the letter entered will be displayed in the text box below the city field. To select a city from the list you can:

1. Double click the city name with the mouse
2. If the city name you want is at the top of the list, hit ENTER to select.
3. From the city text box, hit the "=" key to move to the list and then use the up/down arrows to highlight the city to select and hit ENTER.
4. If the city of residence is not available on the computer it will need to be added. This cannot be done by the Local Agency. Contact the State Office contact person for the program the client is being entered for to request a city name to be added.

u. State: select from the pick list or enter the first letter of the state. For states that begin with the same letter enter the letter once for the first state in alphabetical order, enter the letter again for the second state in alphabetical order, and so on.

v. Zip Code/Extension: Enter five digit zip code number in first box. Enter four-digit extension in second box, if known. If not known tab through the extension field.

w. Day Time Phone Number/Extension:

1. Area code defaults to 605. Tab through this if the area code 605 is correct. Pick list is available if area code is different from 605.
2. Prefix is entered in next box. Hit tab.
3. Enter the four-digit number. Hit tab.
4. Extension can be entered, if available. If not available, leave blank. Hit tab.

x. Email Address: This information can be entered, if available. If not available, leave blank.

y. Notice of Privacy: To document status of the individual client as to whether they have either signed or refused to sign the "Notice of Privacy" for HIPAA. Check which is appropriate. If neither is checked, it designates that the client has not been given the "Notice of Privacy".

z. Date Signed: Enter the date the client signed the Notice of Privacy.

aa. Location of Original Form: Select the location where the client originally signed the Notice of Privacy form. This field, once entered, would not change for six years when the next form is required to be signed. If the location is entered and saved wrong, contact the State Office to correct.

bb. Health Care Coverage: Check all types of Health Care Coverage that apply to this client by clicking the box in front of the appropriate response with your cursor. You cannot save unless this information has been entered.

There are certain coverages that are not allowed together, i.e. if the No Coverage Box is checked, then no other boxes should be checked. In order to assure boxes are checked correctly, if no coverage is checked, then the rest of the boxes are grayed and you cannot enter a check in those boxes. Following is the list of which boxes can be checked together:

If this is checked:	These can also be checked:	
Insurance	Medicaid VA IHS	Medicare Military
Medicare	Medicaid VA IHS	Insurance Military
VA	Medicaid IHS	Medicare Insurance
Medicaid	Medicare Military	Insurance IHS
Chip	IHS	
Military	Insurance Medicaid	Medicare IHS
IHS	Insurance VA CHIP	Medicare Medicaid Military
No Coverage	Nothing else is allowed	

☐Insurance ☐Medicaid ☐IHS
☐Medicare ☐CHIP ☐No Coverage
☐VA ☐Military

cc. Medicaid/CHIP #: Enter the nine (9) digit Medicaid/CHIP number for this client in the box provided. If less than nine (9) digits are entered a warning will appear stating the number appears invalid. The word “Medicaid Number” will be in red. Local Agency is to correct entry to assure Medicaid number is correct.

dd. Save Changes: This must be clicked before you leave the screen area or all information entered will be lost.

ee. Cancel button: This button will cancel the screen and take you back to the previous area you were working in. If you have entered new information that needs to be saved, click “Save Changes” or any new information added will not be saved.

PURPOSE: To provide guidelines for entry of basic family demographic and income information onto the computer through the Family Entry area.

PROCEDURE:

A. **Family Entry Database:** The Family Entry database will include only the first/last names of the head of household. This list will not include names of all clients. If wanting to determine if a client is on the statewide database, go into the Client Entry area. Refer to Client Entry policy.

B. **Family and Client cards**: Cannot be loaded at the same time. This is because the Family card requires more information. Therefore, if you have started to enter data on the Family card and realize you are missing a family member, you must save the Family Card before going to enter the Client card. If you don't, all of the Family Card information will be lost.

C. **Basic family data:** must be recorded on the computer for every WIC participant.

D. **Household Family Member List/# in Household**:

1. Use the following guidelines for entry of household/economic unit member information onto the computer:

	Adjunctive Eligible Household	**Not Adjunctive Eligible Household**

Client Entry: Household/ economic unit member entry	• Enter all client information only for household/economic unit members who are eligible for adjunctive program(s) and are on or applying for WIC
	• Enter the following client information for payee, if different from above
	  • First name
	  • Last name
	  • Date of birth (if available)
	  • Complete a family assignment
		• Enter all client information for all household/economic unit members who are supported by the income reported.
		• Enter the following client information for payee, if different from above
		  • First name
		  • Last name
		  • Date of birth (if available)
		  • Complete a family assignment

<table>
<tr>
<td>Family Entry: Household economic unit Member list</td>
<td>• Enter all information <u>only for</u> household/economic unit members who are eligible for adjunctive program(s) and are on or applying for WIC
• Enter the following information for payee, if different from above
  • First name
  • Last name
  • Date of birth (if available)
  • Complete a family assignment</td>
<td>• Enter all information for <u>all</u> household/economic unit members who are supported by the income reported.
• Enter the following information for payee, if different from above
  • First name
  • Last name
  • Date of birth (if available)
  • Complete a family assignment</td>
</tr>
<tr>
<td>Number in household:</td>
<td colspan="2">• Enter the total number of members of the household/economic unit that are dependent on the income reported, both adjunctive and non adjunctive.
• Include the number of unborn child(ren), if applicable.
• <u>Computer Message-not adjunctive eligible</u>: If you get the computer message: “(# in household) is more than clients counted on screen” it means the # in the household needs to be the same number as the number of household economic unit members entered onto the computer.
• <u>Computer Message- adjunctive eligible</u>: If you get the computer message: “Adjunctively eligible family- # in household must be updated” it is a reminder that you need to update the Number in Household area by entering the total number of household members dependent on the income reported.</td>
</tr>
</table>

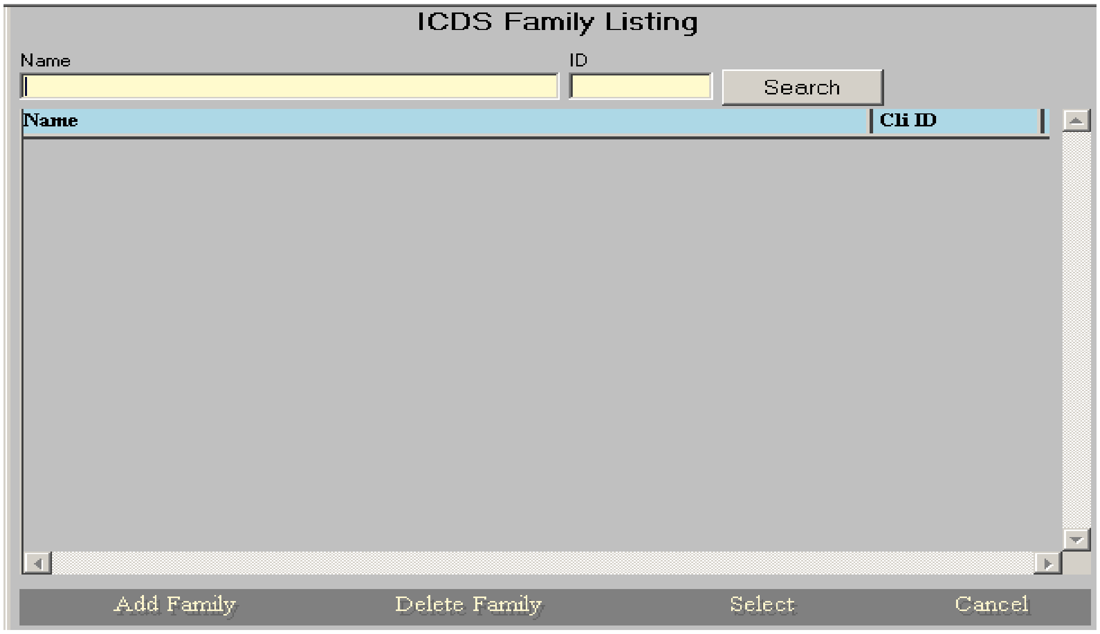
E. **Entry of basic family data:** The Local Agency can enter client data either through the Client Entry or the Family Entry areas. Refer to Client Entry policy.

F. **Foster Children:** Children who are moved from their own home and become foster children are to have their own Family ID. A group of siblings being placed in one foster family can be assigned the same Family ID. Refer to Certification of Foster Children policy. To assign a foster child their own Family ID, follow these steps.

1. Client Entry: Go into Client Entry and Search for the child.
2. Family Assignment: Click on Family Assignment
3. Add Family: Click on Add Family and complete the information. The data defaults to the last name. Add the child’s first name. If more than one child, you can use one of the children’s names as the family name.
4. “OK”: click on “OK”
5. Client Entry Screen: returns to the Client Entry screen change the address, etc, and Save Changes.
6. Payee: If the foster parent is already on the statewide data base, change the Payee from the birth parent to the foster parent. If the new foster mom is not on the client list, you can add the Payee.

G. **Family ID and Client ID**: the Family and Client ID are generated by the computer through the entry of the demographic and income information in either the Client or Family Entry areas. The Family ID links all family members together.

H. **Search Database for family**: Search the ICDS Family Listing to determine if the family is already on the statewide database.



Search, Search, Search: Note: Always remember to "search" the Family Entry area before adding family on the statewide database. This is to avoid duplication.

1. **Prevent duplication:** The first and most important step in entry of data in the Client/Family Entry areas is to initiate a search to determine if the client is already on the statewide database. If the search is not initiated, and the client is entered again, the client will be given another Family ID number and will appear on the statewide database more than once.

2. **Assure correct spelling of name:** When initiating a search, be sure the name being searched for is spelled correctly. After a list comes up, make sure to check the unique identifying information such as address for each name listed to determine if the same person is on the list with some variation in the way the name was entered. I.e. middle initial was entered before and you have not entered a middle initial or Bill Smith is not already there as William Smith. It is best to search by the last name only and then review all the entries with the same last and similar first name. If last name is common, could cause time-out problems. Names like Smith, Johnson, etc. Then enter the first name initial to narrow the search.

3. **Client Entry/Family Entry Sort:** The list comes up sorted in alphabetical order by last name, first name. Client/Family list in the Client/Family Entry areas can be sorted alphabetically by last name, by Client/Family ID number in numerical order, or by any other column noted at the top of the

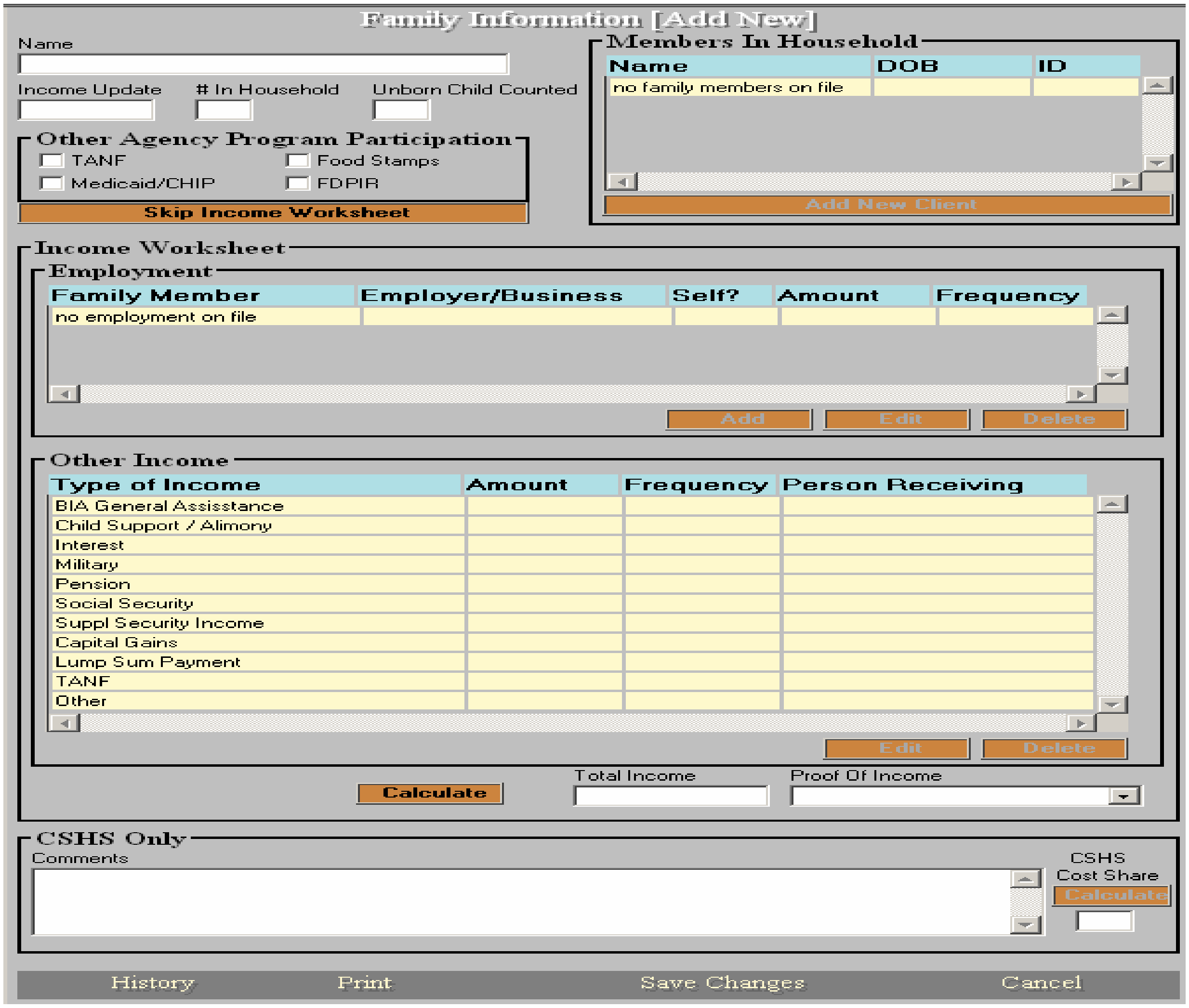
list. To sort by a column, click on the blue box at the top of the screen by the title of the column. With the first click, the data will be sorted in descending order. With the second click, the data will be sorted in ascending order.

4. **Client found:** If the client is on the database highlight it and press "Select".

5. **Client not found**: proceed to enter data either through the Client or Family entry areas.

6. **Add Family button:** If family is not found on the database, proceed to click this button to add a new family.

I. **<u>Adding a New Family:</u>** It will bring up the Family Information [Add New] screen. Directions for completion of this screen follow.



1. <u>Name:</u> Enter last name, first name i.e. Doe, Jane. Middle initial is not required if not available.

2. <u>Income Update:</u> Enter the date the family is being added to the program. Enter in six-digit format of mmddyy. Just enter the number, the slashes will be added by the computer.

3. <u>Save Changes</u>: Click on Save Changes button and this will save the family. Once the family is saved the screen will come back with Family Information [Family ID#] at the top. Then proceed to enter the rest of the data onto the computer.

4. <u># in Household:</u> Enter the total number of persons in the household that are dependent on the income that is being entered This includes household members who are not on a specific program. This number also includes unborn child(ren), if counted.

5. Unborn Child Counted: In WIC an unborn child can be counted in the number of household members to help a client qualify for a program. Refer to Income Eligibility Guidelines policy. If an unborn child is being counted for this family, enter a “Y” for yes. If not, enter “N” for no.

6. Other Agency Program Participation: If a household or a member of a household is eligible for one of the programs listed, check all programs that apply. The choices are:

   a. TANF
   b. Medicaid/CHIP
   c. Food Stamps
   d. FDPIR

7. Skip Income Worksheet Button: This button will be clicked if one of the programs in the “Other Agency Program Participation” area has been selected which makes the applicant adjunctive eligible. This button will be used if no other income information needs to be entered. Clicking on this takes you to the bottom of the screen to “Calculate Income”. Skip this button if more income information needs to be added to the computer or if you have not added any family members to the computer. Refer to Income Eligibility Guidelines policy for information on adjunctive eligibility.

8. Members in Household:

   a. Click on Add New Client button to add family members. If there are any unsaved changes on the Family card, the computer will prompt you to save.

   b. The Client Information [Add New] screen. Refer to Client Entry policy.

   c. Once a family member has been entered, click on Save Changes button.

   d. The Family Information [Family ID] screen will come up.

   e. If more family members need to be added, click on Add New Client button again until all family members are entered.

9. Entering Income: Special Circumstances:

   a. Entry of income for family who has used their income tax form to prove income and there is more than one family member who has income:

      1. Enter one family member in the employment section, enter the total amount of income from Line 22 of the income tax form and enter the frequency as yearly.

      2. Enter the next family member whose income is included on the income tax form, enter the total amount as “0” and enter the frequency as yearly.

3. At the bottom of the Income Form in the Proof of Income field select Income Tax Form as the Proof of Income.

4. If circumstances require further documentation, it can be placed in the comment section of the Family Income Worksheet or computer Comment field.

b. Entry of income for a family who has a child who is adjunctively eligible but other members of the family need to provide income proof to determine eligibility for the program. Remember having a child adjunctively eligible does not provide adjunctive eligibility for the other family members.

   1. For the child: check the appropriate box in the "Other Agency Program Participation" area of the Family Information screen i.e. Medicaid.

   2. For the mother: complete the other family member's income information on the Family Income Worksheet.

   3. For documentation of proof of income in the Proof of Income field, select what is appropriate to what was used to prove the other family member's income. Because the Medicaid is checked on the child's client card and the Medicaid card number is entered, that will provide the proof needed for the Medicaid.

c. How to handle transfers (VOC) in the income area:

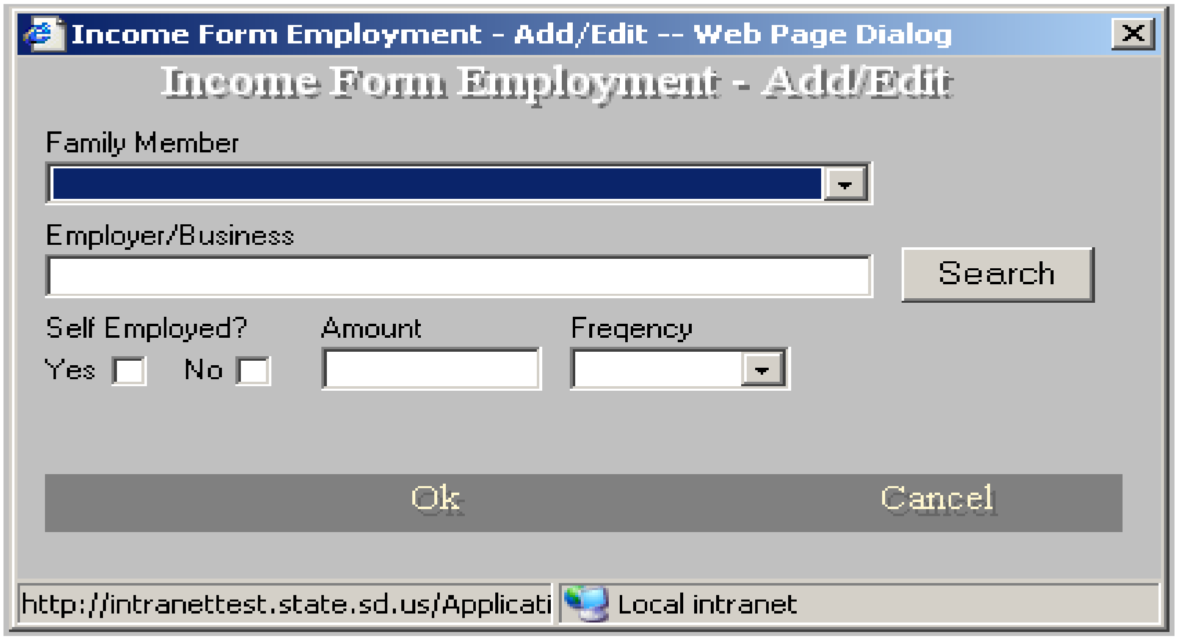
   1. For transfers the income would not be updated until the next certification in the family unless the participant reports a change in income. If the income has changed, gather the data and update the income information.

      a. For participants on the Department of Health WIC program who have an income form on the computer, print the current Income form off of the computer and have the participant update any information that has changed. This can also be done directly on computer if time allows.

      b. For other participants who do not have their current income information on the computer, provide them with a blank Family Card to complete. Enter the new data onto the computer.

   2. All demographic information should be updated as soon as possible. This can be obtained from the participant and either entered directly onto the computer or on a blank Family Card printed from the computer for entry later when time allows.

10. Income Worksheet Employment Section: If Other Agency Program Participation fields were not checked or if more income does need to be entered, Click on Add button under Employment area. The Income Form Employment – Add/Edit screen comes up



11. Family Member: Pick the correct name from the drop down box.

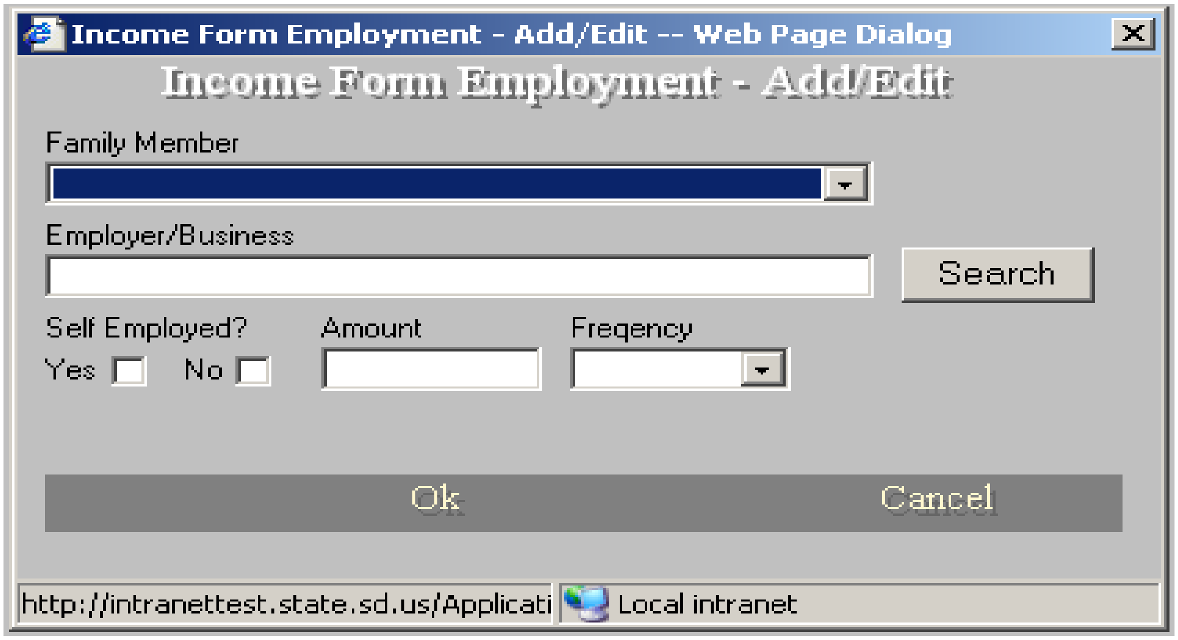
12. Employer/Business: Click on Search and the screen "Enter any search criteria and click 'Search'" comes up.

13. Name: Enter the name of the employer/business and click on Search.

14. If Name of business is available: (Note: If name of business is not available refer to next section of policy.)

    a. Highlight and Select: If the business comes up, highlight and click on "Select" or double click on the business to select.

    b. Income Form Employment Screen: This takes you back to Income Form Employment –Add Edit screen. Complete this screen.



    c. Self Employed?: Complete the self employed by clicking on the Yes or No field.

    d. Amount: Enter the dollar amount earned.

    e. Frequency: Highlight to select the correct frequency from the drop down box. The choices are:

        1. 2X Month
        2. Bi-Weekly
        3. Monthly
        4. Weekly
        5. Yearly

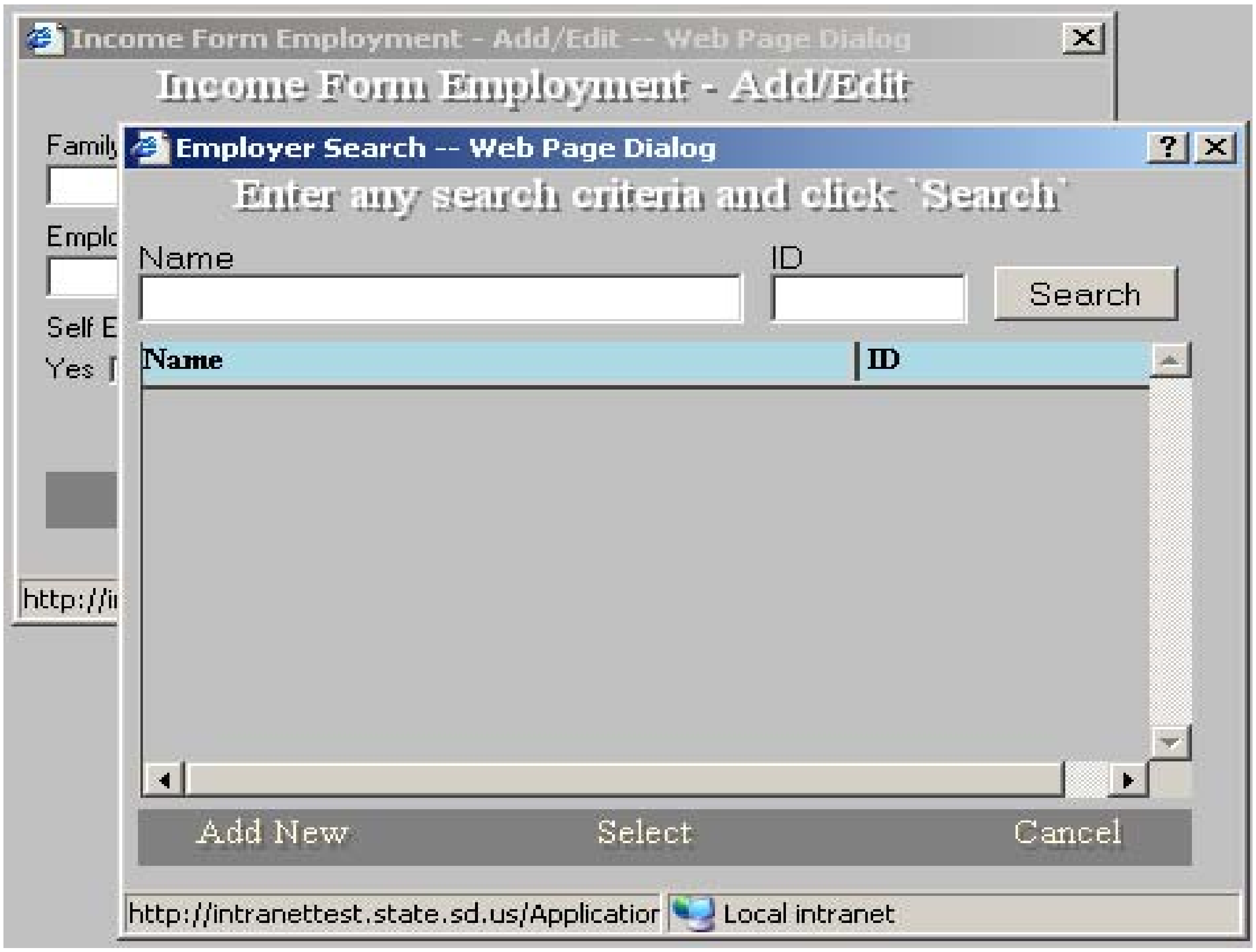
    f. OK Button: Click on "OK" to enter and save data. The computer will return to the Family Information screen.

g. Add Button: Click on this button to add any more income information on members of the household. This step is repeated until all income is entered for the household.

h. Edit Button: Click on this button to update any income information. Refer to Edit/Delete Information policy.

i. Delete Button: Click on this button to delete any income information. Refer to Edit/Delete Information policy.

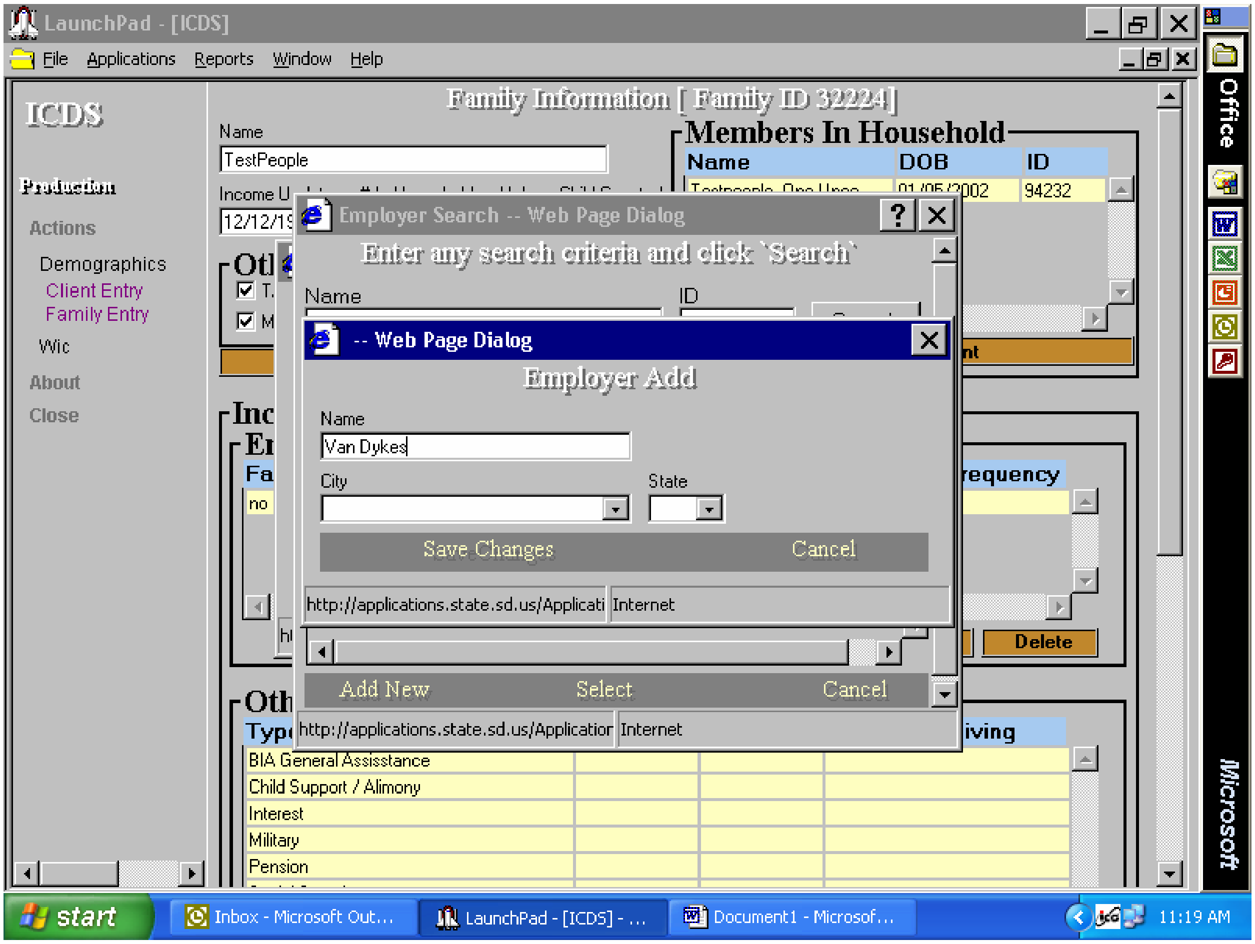
15. If Name of business is not available:



a. Name: Enter the name of the employer/business and click on Search or double click on employer/business to select from list.

b. Business name is not available: If the business does not come up in the search, then click on Add New.

16. Employer Add New:

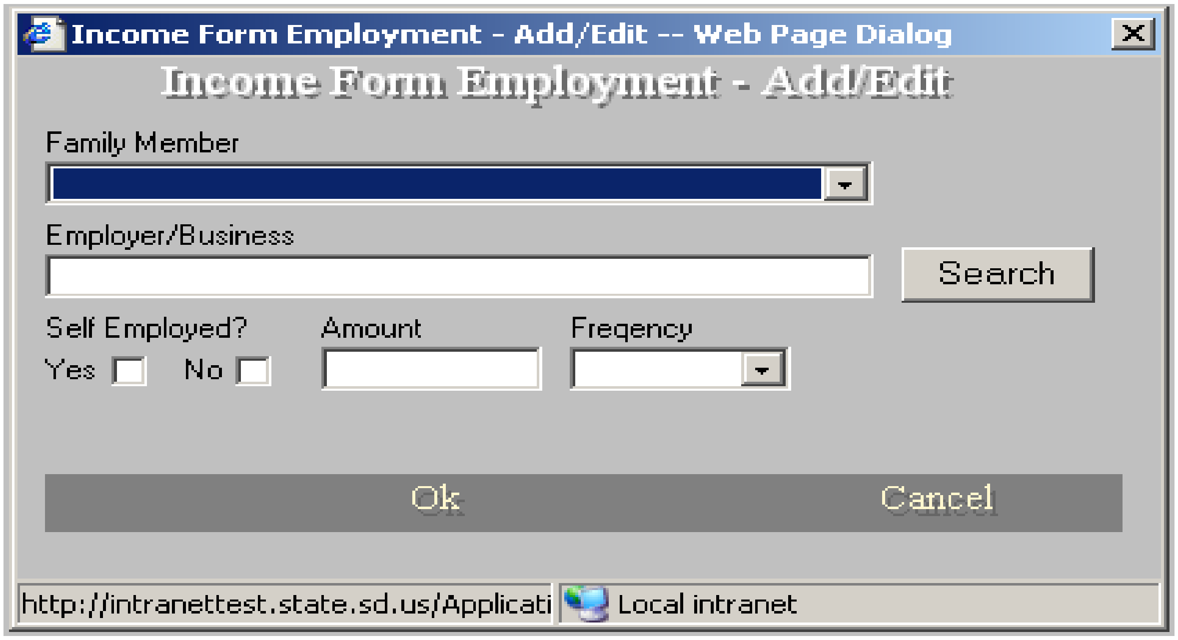


a. Name: is defaulted from search.

b. City: Enter the name of the city. The first letter of the name of the city should be entered until the correct name is highlighted. Press Enter.

c. State: Enter the first letter of the name of the state until the correct state appears. Press enter.

d. Save Changes: Click on Save Changes.



e. Return to previous screen: The "Income Form Employment-Add/Edit" screen comes up.

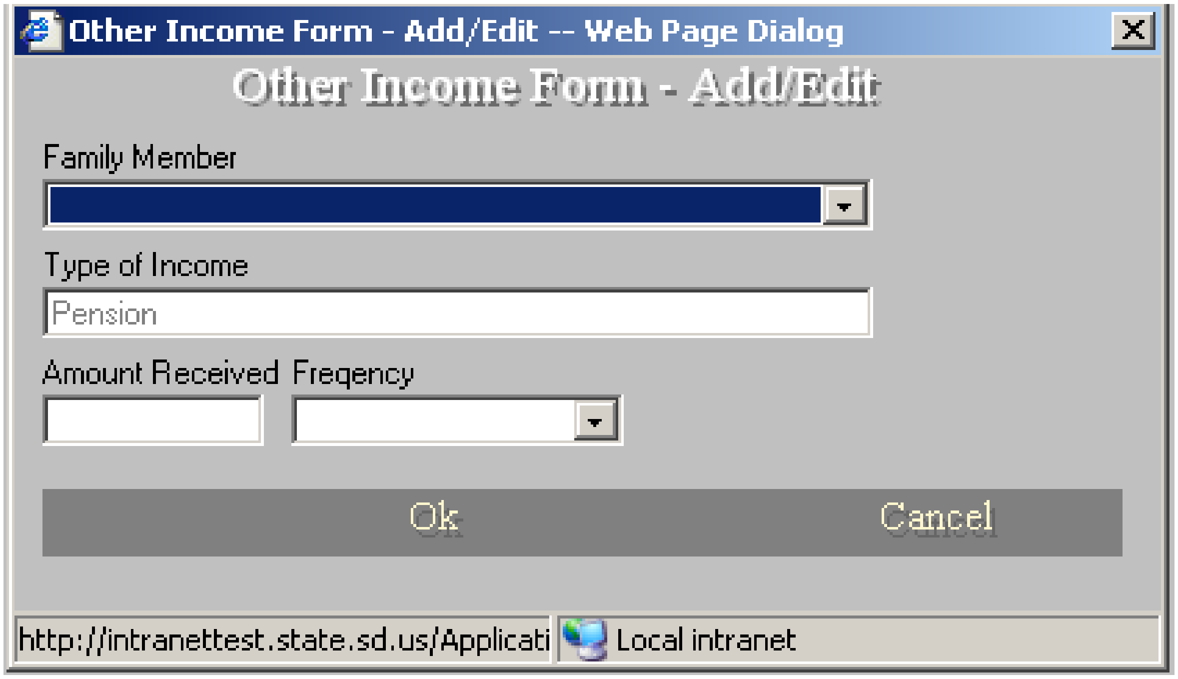
f. See previous instructions: Refer to previous instructions for completion of the screen.

17. Other Income Section:

a. Select type of income to record: Click on the Type of Income you want to address.

b. Edit: Click on the edit button.

c. Other Income Form: Add/Edit: The "Other Income Form: Add/Edit screen" comes up.



d. Select Family Member: Click on drop down box arrow and select the family member from the list for whom the type of other income is being recorded.

e. Type of Income: Defaults to type of income highlighted.

f. Amount: Enter the amount of income received

g. Frequency: Select the frequency of the income from drop down box

h. OK: Click “OK”.

i. Entry of more types of Income: Repeat for each type of income to be entered.

18. Calculate Button: Click on Calculate button. Computer will calculate the income and display the Total Income in the Total Income box. If the family is adjunctively eligible, no income amounts will have been entered on the form. Therefore, the Local Agency will have the participant self-declare the amount of income they reported when determined eligible for the adjunctive program. The Local Agency will then enter the self-declared income amount in the “Total Income” field.

19. Proof of Income: Select the appropriate proof of income from the drop down box. The choices are:

a. Check Stub
b. FDPIR
c. Food Stamp Notice of Action
d. Income Tax Form

e. Medicaid Card
f. No proof
g. One Month Verbal
h. Other
i. SSI
j. TANF
k. W/2
l. Zero Income

20. Comments: Enter comments pertinent to income proof process.

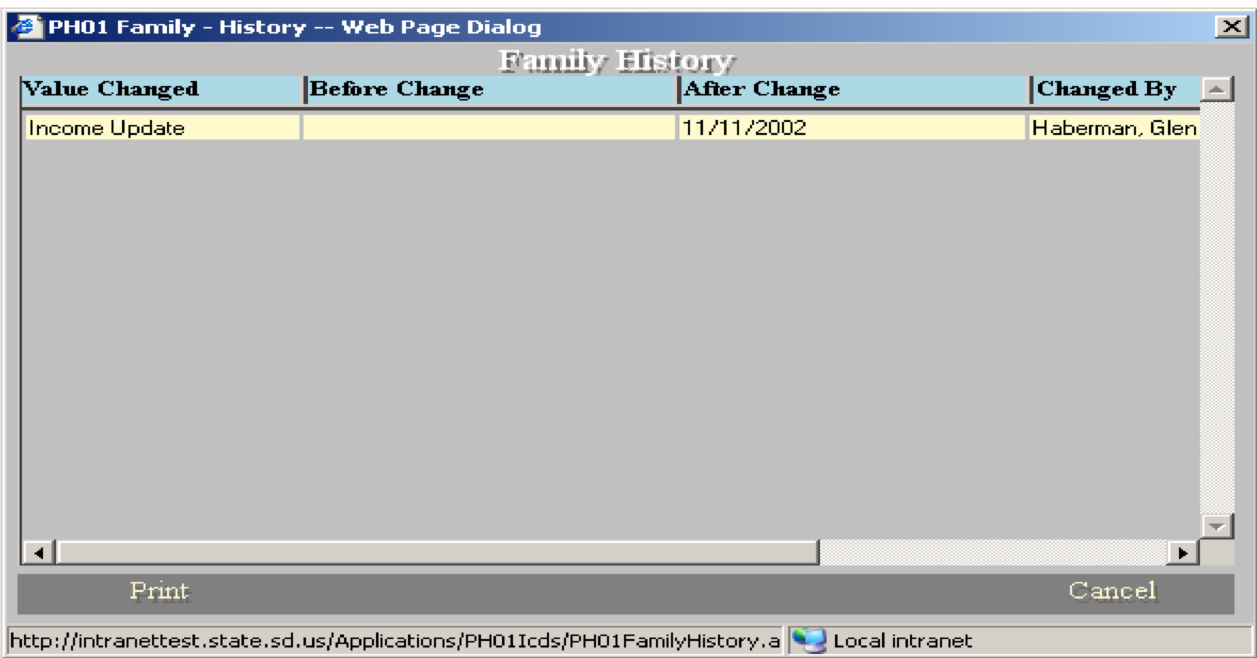
21. Save changes: Click on save changes button.

22. Edit/Delete: If information in the Employment or Type of Income areas needs to be edited/deleted. Refer to Edit/Delete Information policy.

23. Changes made, click on Calculate Button: If any of the income amounts or employment has been changed, be sure to click on Calculate button at the bottom of the screen. The computer will update the Total Income field.

24. Save Changes: Click on Save Changes.

25. History Button: Click on the history button to view the following history information.



a. Value Changed: clarifies what change was made in the family record.

b. Before Change: lists the information that was in the family record before the change.

c. After Change: lists the information as updated.

d. Changed by: indicates who made the information change.

e. <u>Date/Time Changed</u>: indicates the date and time the change was made.

f. <u>Print button</u>: can be used if information needs to be printed.

26. <u>Print Button</u>

a. <u>Print form:</u> Click on this button to print the Family Card and Income form.

b. <u>Save Changes Button</u>: Used to save information during entry process

c. <u>Cancel Button:</u> Click to cancel the screen. Caution: any new information entered will not be saved so will want to save changes first.

PURPOSE: To provide a means to edit or delete client information from the Client Entry and Family/Income Entry options.

PROCEDURE:

A. **Change/Delete option:** The option is available to change or delete client information in the Client Entry area, Family/Income Entry area, and WIC certification areas.

B. **Basic Demographic Data Change:** A change in the basic demographic information of a client must be done through the Client or Family Entry areas. Basic demographic information includes all items entered in these areas. Refer to Client Entry or Family Entry policies.

C. **Income Information Change**: A change in the income information must be done through the Family Entry area. Refer to Family Entry policy.

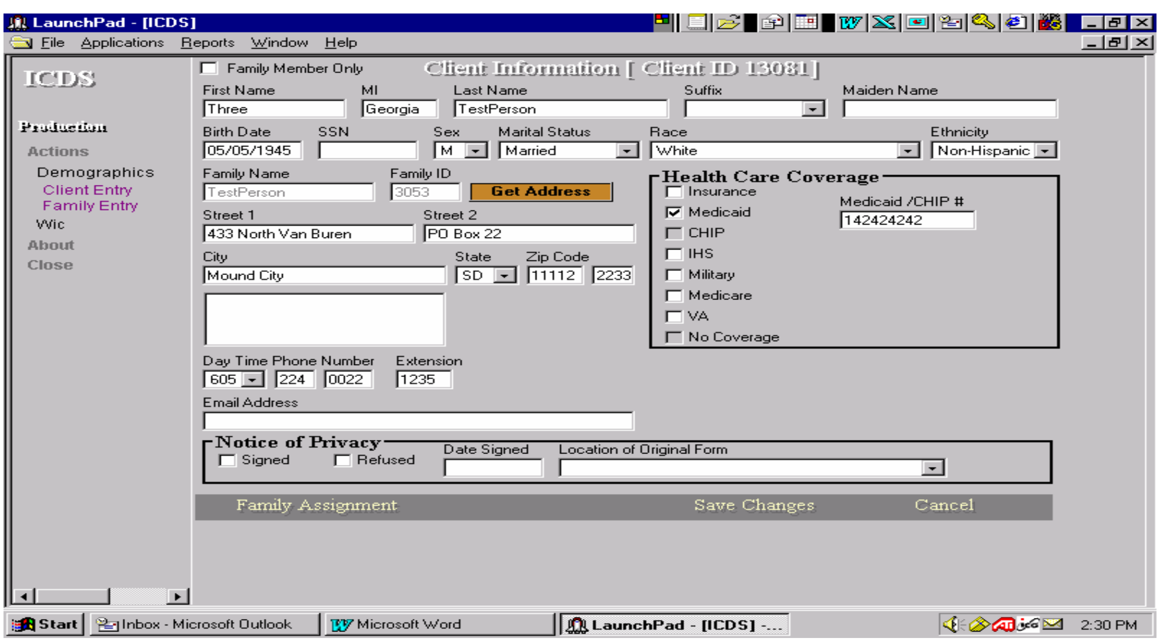
D. **Editing Client/Demographic or Family/Income data**:

1. Client Information edit: to edit/change client information go into the Client/Family Entry area as appropriate. Refer to policies on Client/Family Entry for guidelines on how to access a client's information.

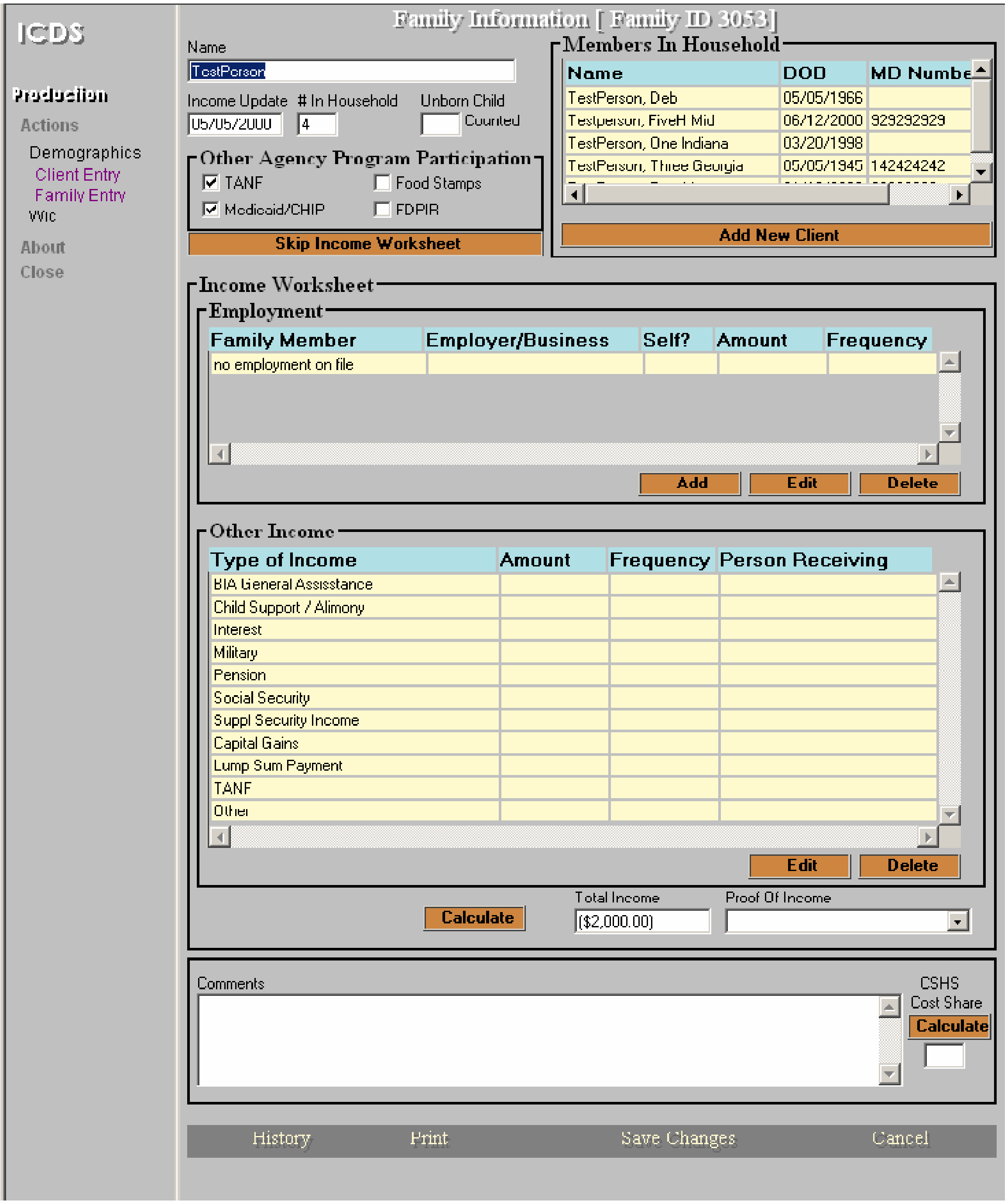
2. Search for client/family: Search for the name. Refer to Client Family Entry policies for guidelines on how to search.

3. Highlight: highlight client/family and click Select.

4. Client Entry Screen (edit): In Client Entry the following screen will pop up.



5. Family Entry Screen (edit): In Family Entry the following screen will pop up.



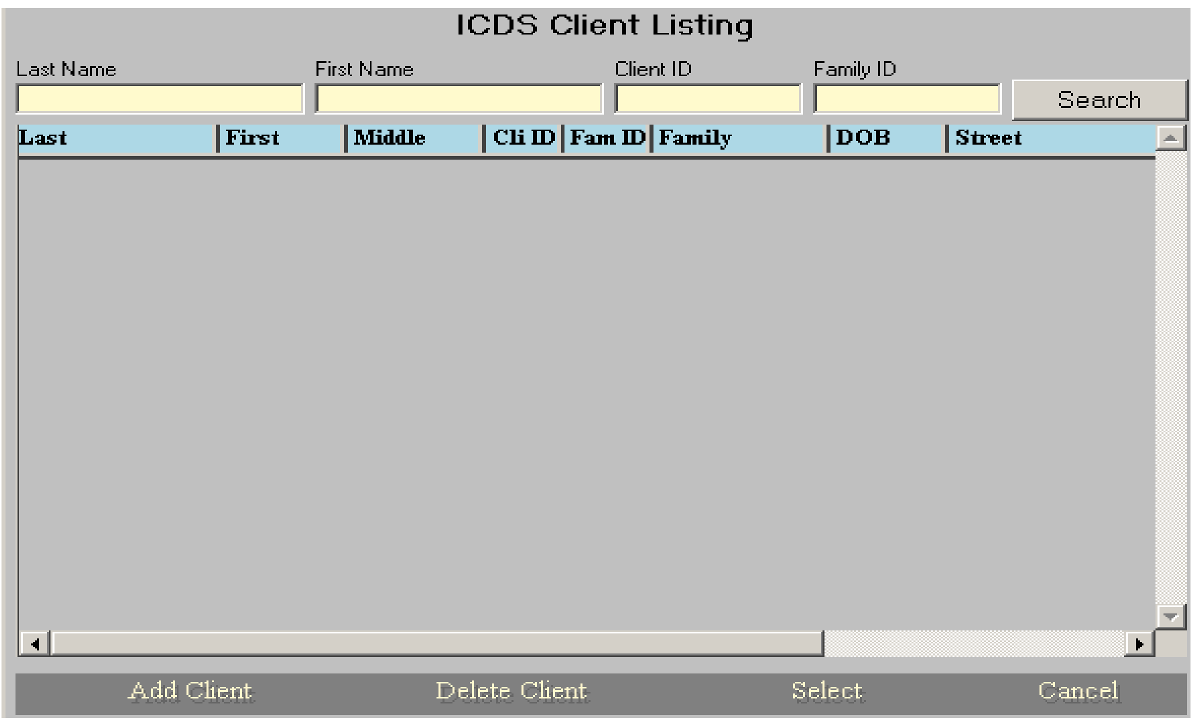
6. Edit information: When the client/family data appears, make changes as needed.

   a. If a client changes their last name and they also want the family name changed, go into Family Entry, search for the family name, highlight and select.

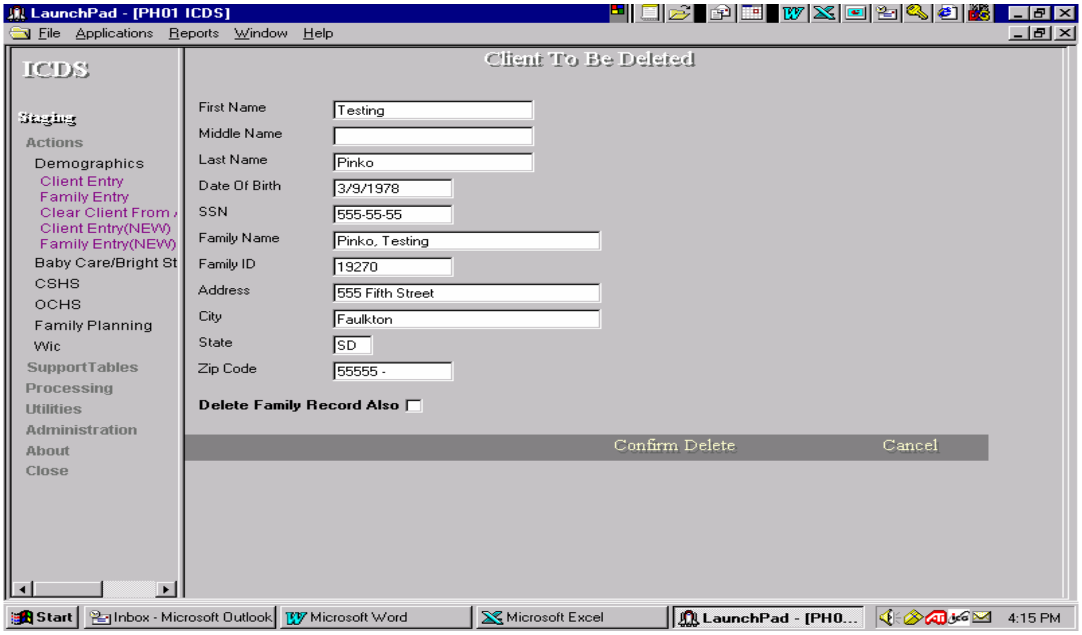
   b. When the family entry data appears, the family name appears in a box at the top of the screen. Highlight and type over or delete and type in the new family name.

7. Save Changes. Click Save Changes button.

8. Delete a Client: If a client is entered in error or is not needed on the system, the Local Agency can delete that client. Go into Client Entry area and the ICDS Client Listing screen will come up. Search for and select the client to be deleted. Refer to Client Entry policy for how to access and select the client to be deleted.



9. Delete Client Button: Click on the delete button at the bottom of the screen and the Client to be deleted screen will come up.



a. Review information to assure the correct client has been selected.
b. If it is the correct client, click on the Confirm Delete button at the bottom of the screen. A message asking for confirmation of the deletion will come up.
c. If want to proceed with deletion enter Yes and click on “OK”. Information will be deleted.
d. If it is not the correct client, click on Cancel and start again.
e. If unable to delete: If the client to be deleted has had program services from more than one program, a message will appear that states client cannot be deleted. The Local Agency will not be able to delete the client. To delete this type of client, follow these steps.

    1. Send an email: Send an email to the appropriate program person in the state office for the program under which the client entry was in error. The State Office will do the deletion of the client.

    2. Email information: the email should include the following client information:

        a. Client name – First, last and middle initial, if applicable
        b. Client birth date
        c. Family ID
        d. Client ID

E. **Certification Information Edit/Change**: A change in a clients individual certification data must be done through the WIC Certification area. Once the correct client record is selected, use the Edit option to make data changes. Refer to Add Certification of woman, infant or child policies. The current certification can be edited for the following reasons:

1. To update date, i.e. EDD or breastfeeding

2. To change a food package

3. Entry error: to correct information that was entered incorrectly

4. Termination: to terminate a client from the WIC Program.

PURPOSE: To provide Local Agencies with general guidelines for certification form and computer entry as it applies to women, infants and children. Refer to Add Certification policies specific to woman, infant and child for further guidelines.

PROCEDURE:

A. **Login for Entry of Certification Data:** Refer to User Login policy. Under Services click on WIC Certification to access the certification area.

B. **Certification Window Color Coding:** Refer to Computer Operations: General policy. Check the color of the certification window to assure entry of data on the correct screen.

C. **Entry of Certification Data:**

1. The certification form is used to document information from the certification process and to input information into the computer.

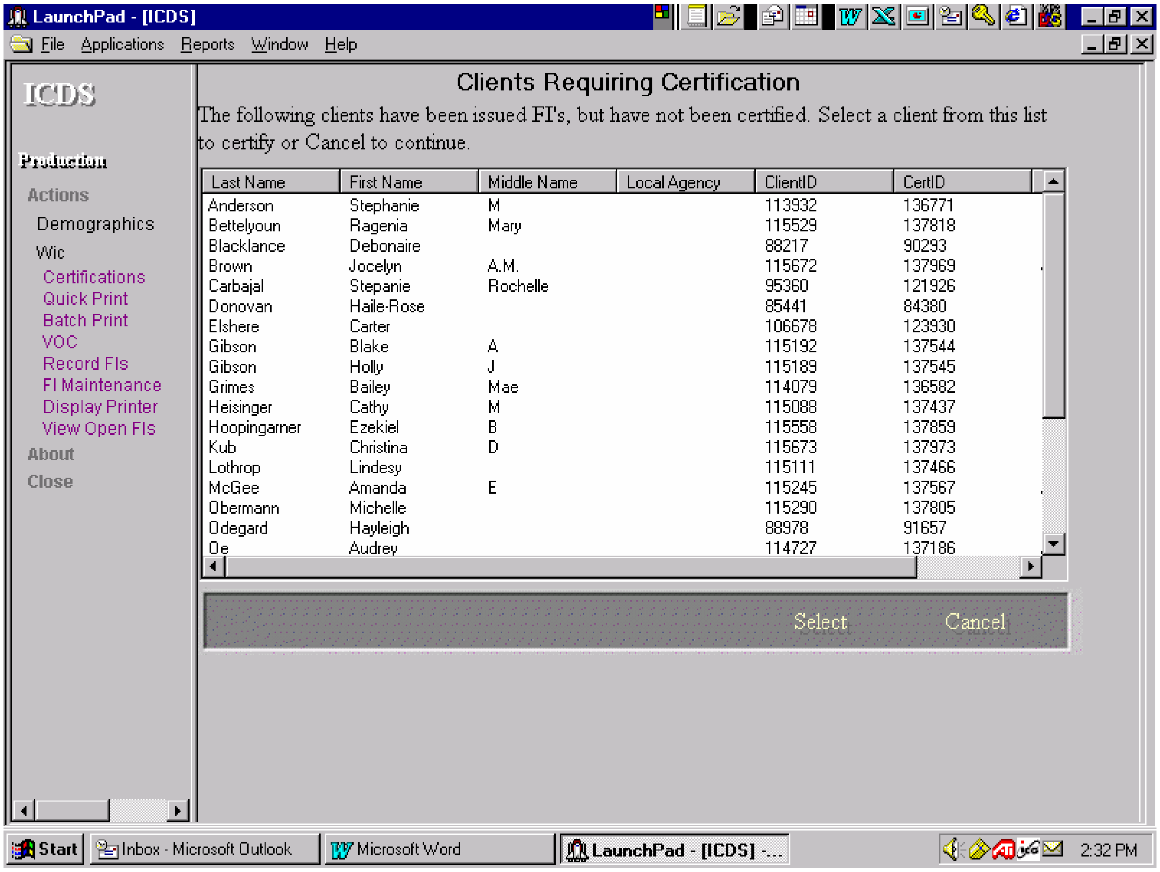
2. The information on the certification form and on the computer must match.

3. When information is changed or updated on the certification form the new information must also be entered on the computer.

4. The information will be used to determine an applicant's eligibility for the program. The form is designed to record information for one certification.

5. Some data is brought forward from previous certifications. Refer to Add Certification policies for Woman, Infant and Child for specifics.

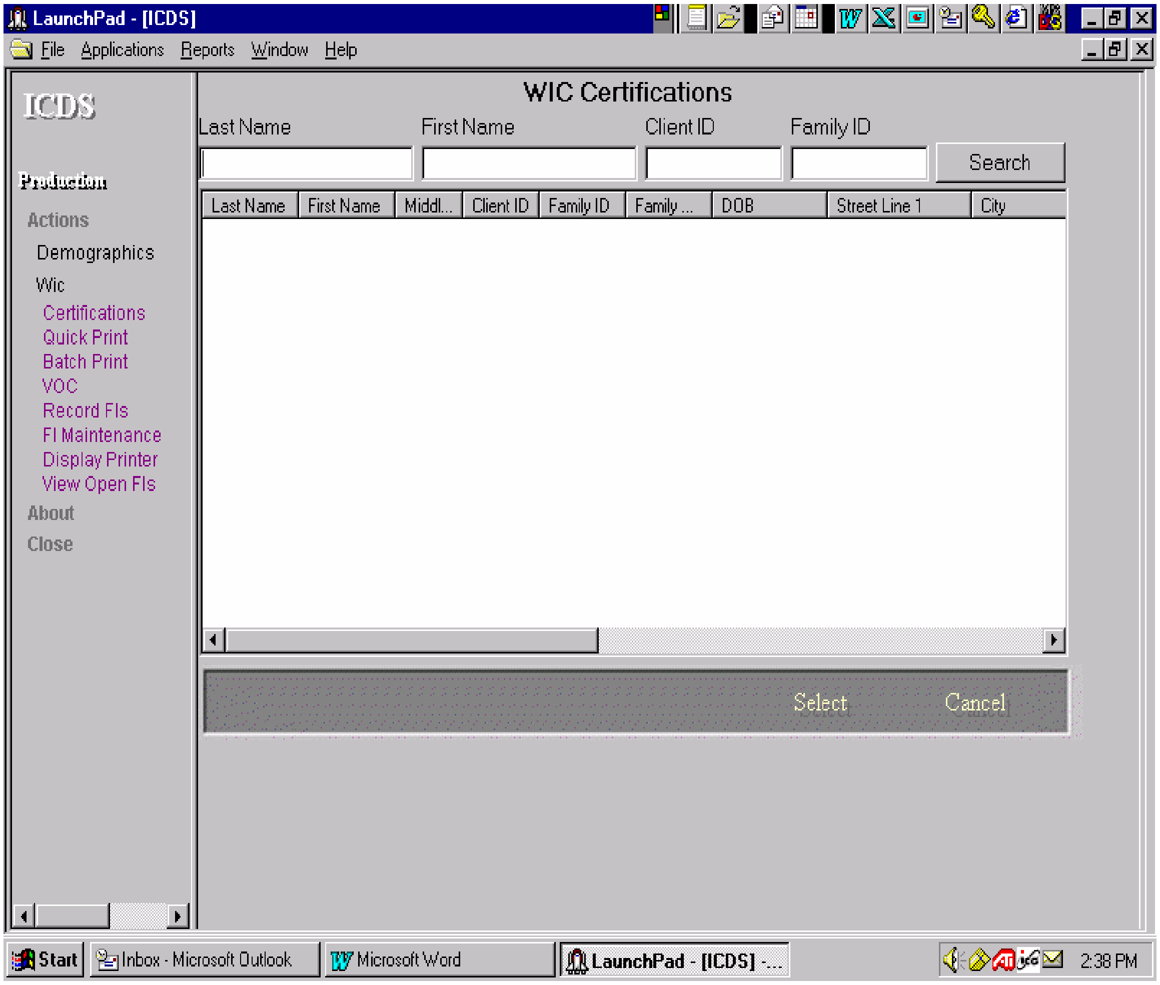
D. **Age Documentation:** The age of the participant should be documented in the age space on the BMI Chart for a woman and on the growth grid for an infant and child, or in the Medical Condition/Comment area of the certification form.



E. **<u>Data Entry Changes:</u>** All changes made on a certification form must follow documentation change procedures. This includes crossing out the incorrect information with one line. The person making the change should date and initial the change.

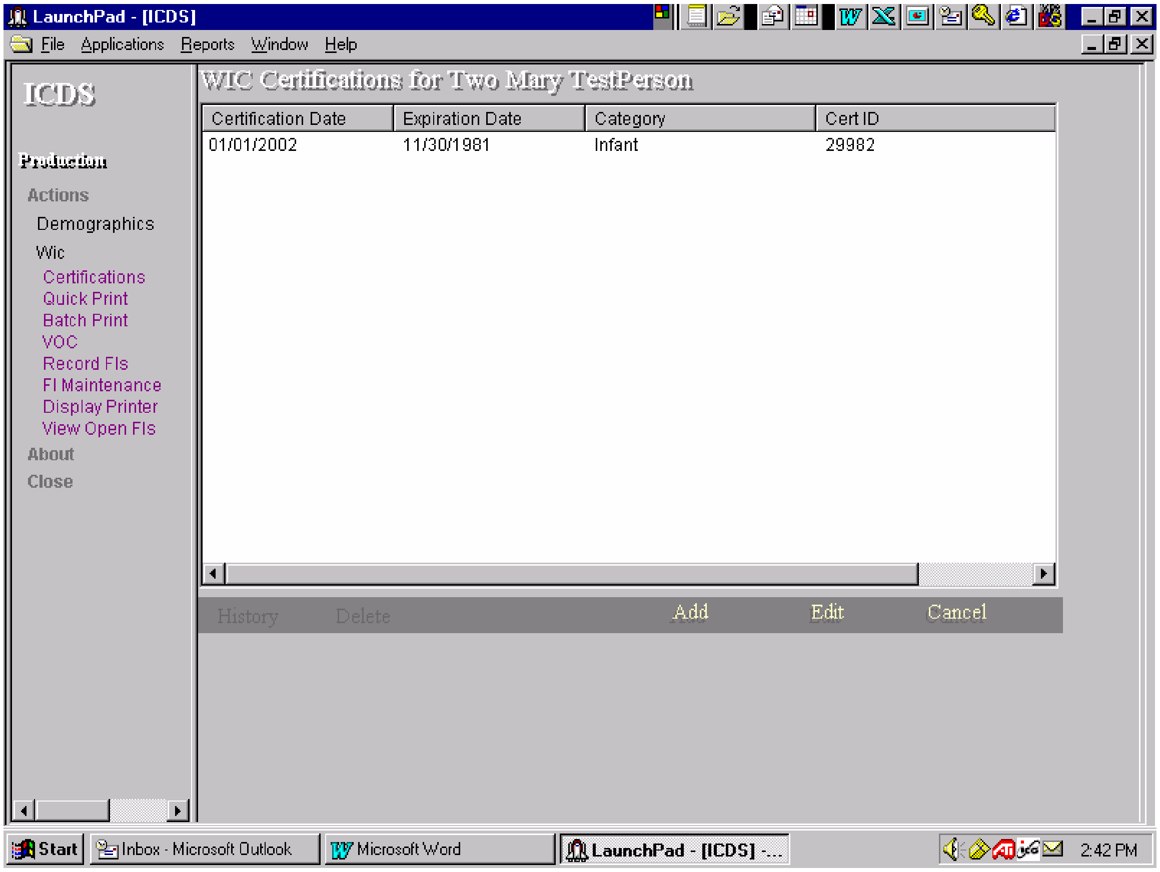
F. **<u>ICDS Actions: WIC:</u>**

1. TO OBTAIN A CERTIFICATION SCREEN:
   a. Click on Actions
   b. Click on WIC
   c. Click on Certifications
   d. WIC Certifications screen will appear



WIC CERTIFICATION: SELECTION OF CLIENT

- A search string can be initiated by entering one of the following:
- Enter all or part of last name and first name. The more data entered, the faster the search. **OR**
- Enter client ID **OR**
- Enter the Family ID, if known
- Click on search or hit the enter key
- A list of names will appear, depending on how much information was entered, the exact name may be highlighted.
- Even if the name appears highlighted, use the mouse to highlight name of client
- Double click the name or click on Select or press enter
- A certification screen will appear for the client.



WIC CERTIFICATION SCREEN: SPECIFIC CLIENT

- **Add:** Select Add to:
  - Enter data on a new client
  - Enter data on a client after they have been recertified
  - If a client has an active certification on file, the computer will ask if you want to terminate the certification. If you are entering new data from a recertification in the last month of their eligibility, you will say “yes” to terminate.
  - Refer to Add Certification policies for data entry guidelines on each specific category of client: Woman, Infant, and Child.
- **Edit:** Click on edit to make changes to the data on the current certification for a client. The certification category cannot be changed. If the certification category is incorrect, terminate the participant and add a new certification.
- **Cancel:** Click on cancel if you wish to cancel this screen.
- **List of certifications:** Each certification entered for a participant will show up on the screen. The active certification will be the one listed at the top or first in the list. Local Agencies can only work in the most current certification. All of the others in the list are history. An inactive certification cannot be accessed.

PURPOSE: To provide Local Agency with guidelines for computer entry of certification data for a woman.

PROCEDURE:

A. Follow a copy of the woman's certification form:

WOMEN CERTIFICATION		
ENTRY FIELD	**CERTIFICATION FORM COMPLETION**	**COMPUTER DATA ENTRY**
Participant Name	• Enter the name of the person being certified using the last name, first name and middle initial. • Middle initial not required, if not available.	• Defaults from the Client/Family Entry area. • Cannot be changed from here, must go back to the Client/Family Entry area to make changes.
Family ID	• Is a randomly selected computer initiated number. • Will not be available on a new applicant until they are entered onto the computer. • Once obtained, enter onto the certification form.	• Defaults from the Client/Family Entry area. • Cannot be changed from here, must go back to the Client/Family Entry area to make changes.
Client ID	• Is a randomly selected computer initiated number. • Will not be available on a new applicant until they are entered onto the computer. • Once obtained, enter onto the certification form.	• Defaults from the Client/Family Entry area. • Cannot be changed.
Sex	• Female is already printed	• Defaults from the Client/Family Entry area.
Date of Birth (DOB)	• Enter the date of birth in six digit month, day, year format (mmddyy).	• The participant's date of birth is defaulted into the WIC Certification entry area from the Client/Family Entry area. • If an error/change has occurred in the date of birth, return to the Client/Family Entry area to correct the error/change.
Payee	• Enter the first and last name of the payee. • Only one payee per participant is allowed at one time.	• For new certification, click on payee tab and this will allow a pick list for selection of the payee. • Highlight the correct payee and click on the "OK" button. The computer will insert that name into the payee fields. • The computer requires an entry in the last and first name payee fields. • For repeat certification, information carries forward. Can be changed by following directions for a new certification.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Local Agency	• Not entered on Paper Certification Form	• Must match the Local Agency in which the participant is enrolled in WIC. • Defaults to the site where entry of data is taking place. • If staff are assigned to more than one site, click the down arrow tab to get a pick list to select the site to which the data applies. • If participant information is entered under the wrong Local Agency name, the participant will be assigned to that Local Agency. • If a participant is assigned to the wrong Local Agency, electronically transfer the participant to the correct Local Agency.

Proof of ID	• Circle the correct response:
	  • Yes
	  • NOA: Notice of Action
	  • NPF: No Proof Form
	• Refer to Identity and Residency Guidelines policy.
		• Click the down arrow to get a pick list of responses.
		• Pick List responses are:
		• Yes (with various forms of ID listed)
		• No- No Proof Form Completed
		• No-One Month Verbal, Notice of Action given
		• Click to highlight the correct response and it will be entered or enter the first letter of the correct response.
		• Update this area after one month verbal information is reviewed.

Proof of Residency	• Circle the correct response:
	  • Yes
	  • NOA: Notice of Action
	  • NPF: No Proof Form
	• Refer to Eligibility- Identity and Residency Guidelines policy.
		• Click the down arrow to get a pick list of responses.
		  • Pick List responses are:
		  • Yes (with various forms of proof of ID)
		  • No- No Proof Form Completed
		  • No-One Month Verbal, Notice of Action given
		• Click to highlight the correct response and it will be entered or enter the first letter of the correct response.
		• Update this area after one month verbal information is reviewed.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY

Proof of Income	• Circle the correct response:
	  ◦ Yes
	  ◦ NOA: Notice of Action
	  ◦ NPF: No Proof Form
	• Refer to Income Eligibility Guidelines policies
		• Not documented on the Computer Certification.

Voter Registration	• Place a check in the box to indicate the participant was informed of Voter Registration. • Refer to Voter Registration policies.	• Click on the box and a check will be inserted. This will indicate that the participant was informed of Voter Registration. • Click on box to enter a check mark at each certification. • If not entered, will not prevent continuation of entry of information or saving of date.
Shortened/Extended Certification	• If applicable, place a check in the box to indicate the participant has had a shortened or extended certification. • Refer to Certification Process.	• If applicable, click on the box and a check will be inserted. This will indicate that the participant has had a shortened or extended certification.
Date of Application	• Enter the date of application using the following guidelines: ◦ **Initial Certification:** The date of application for the initial certification is the date the applicant (including Transfer VOC) visits the original Local Agency to apply for the program. At this time, the applicant will either complete the certification process or be scheduled for an appointment. Refer to Processing Standards/Scheduling Appointments policy.	• On a new certification this field needs to be entered. Enter the date in the month, day, year format (mmddyy). • On a repeat certification, the original application date is brought forward. Can be changed if necessary.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Date of Application Continued	• **<u>Previously eligible applicants:</u>** for applicants previously eligible for program benefits but not currently being served, the date of application is the date the applicant contacts the Local Agency. Date should not reflect prior application dates. • **<u>Consecutive applications:</u>** At each consecutive application, the original date of the application is carried forward and recorded as the "Date of Application".	
Certification Date	• Enter the certification date in the six-digit month, day, year format (mmddyy). • The certification date is defined as the actual day the certification process is completed. • The date of application and the date of certification may be the same.	• Defaults to the current date. • Can be changed.

Certification Category	• Enter the appropriate choice:
	  • PG: pregnant
	  • BF: breastfeeding
	  • PP: postpartum
		• Click on Drop Down arrow for Menu Choices:
		• Pregnant
		• Breastfeeding
		• Postpartum
		• Click to highlight the correct response

Estimated Delivery Date (EDD)/Actual Delivery Date	• PG: Enter the estimated date of delivery (EDD).
	• BF/PP: Enter the actual delivery date.
	• Enter in month, day and year format.
	  • PG Parameters: Not less than the current date and not beyond one-year.
	  • BF/PP Parameters: Past date but not greater than one year ago.
	• If the exact day is not known, enter the last day of the month.
		• Enter the date in month, day and year format.
		• Will carry forward if client goes from BF to PP.
		• PG: If a change in the month of the EDD is necessary after the original entry, go into the client's certification data through the Edit area and enter the new date. The Certification Expiration date will automatically change. Check to be sure it is correct.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Estimated Delivery Date (EDD)/Actual Delivery Date Continued	• If a change in the month of the EDD is necessary, cross out the other date, date and initial and enter the new data in the certification form, edit the certification information on the computer. Adjustment may have to be made in the Certification Expiration field also.	•
Certification Expires	• The clerical staff will check for accuracy and enter the date that is automatically determined by the computer. • Enter appropriate date in the month, day and year format (mmddyy). • Refer to Woman Certification policy.	• Parameters: • Allowed: >= Certification date to 12 months after certification date. • Warning: < certification date or > than 10 months past certification date. • Defaults to a date calculated by the computer according to the status of the client. • Can be changed.
Transfer (VOC) Migrant Homeless	• Enter appropriate response: • Y: Yes • N: No • Transfer: • Enter transfer participant specific information as appropriate. • Refer to Participation Files Format and Transfer of Certification policies. • Migrant: • Refer to Instream Migrant Farm Worker/Family Certification policy. • Homeless: • Refer to Homeless Person Certification policy.	• Defaults to N for no. • Enter Y for yes. • If yes is entered for the Transfer (VOC) field, a Loading Transfer (VOC) message will occur and a screen will pop up (Refer to Transfer (VOC) policies for screens). • State/ITO: defaults to SD. Can be changed by clicking on the down arrow to select the pick list. Can use the first letter of the state name to initiate a search string to get close to the correct selection. Click to highlight the correct choice to enter in the field. • Local Agency (if SD): defaults to site from where the data is being entered. Click the down arrow to get the pick list. Can use the first letter of the Local Agency name to initiate a search string to get close to the correct selection. Click to highlight the correct choice to enter in the field. • Transfer (VOC) Number: Enter the Transfer (VOC) number if known. There will not be a number for an electronic transfer. Refer to Transfer (VOC) policy. • Click “OK” to accept the information and close the pop up screen. • Click cancel if this screen is not needed.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Date of Measurement	• Enter in month, day, and year format the date the height/weight measurements are taken. • Parameters: Allowed within sixty (60) days previous to certification date. • If using data that is collected by another Health Professional, document in the Medical Condition/Comment area where the medical data was obtained. • Refer to Anthropometric Policy	• Parameters: • Allowed: Within 60 days previous to certification date. • Defaults to certification date. • Can be changed. • Enter in month, day, year format the date the measurements were taken.
Height	• Enter the woman's height to the nearest 1/8 inch. • Parameters: • Allowed: <30 or >85 • Warning: <50 or >70 • Refer to Anthropometric Measurement of Women	• Parameters: • Allowed: <30 or >85. • Warning: <50 or >70: Wording in left gray column will turn red to warn of possible incorrect data. • New certification: Enter the woman's height in inches, tab, and then to the nearest 1/8 inch. • Data entered is brought forward after initial certification, can be changed.
Weight	• Enter the woman's weight to the nearest ¼ pound. • Parameters: • Allowed: 50-500 • Warning: <80 or >250 • Refer to Anthropometric Measurements of Women	• Parameters: • Allowed: 50-500: screen will pop up stating invalid weight. Must reenter within these parameters. • Warning: <80 or >250: Wording in left gray column will turn red to warn of possible incorrect data. If data is correct, tab to continue entry. • Enter weight in pounds, tab, and then to the nearest ¼ pound.
Current BMI	• Enter current BMI (PP and BF Only)	• No field for this in computer

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY

Prepregnancy Weight
 	
Prepregnancy BMI
BMI Code
	• Enter prepregnancy weight in pounds and ¼ pounds.
	• Enter Prepregnancy BMI
	• Enter the BMI Code appropriate for the participant in the “cd” space:
	  ◦ L: Low
	  ◦ N: Normal
	  ◦ H: High
	  ◦ O: Obese
	• Information must be repeated for a BF and PP woman.
	• Refer to Anthropometric Procedures for Pregnant Women
		• If new client: enter weight in pounds, tab, and then to nearest ¼ pound.
		• If repeat certification, information will be carried forward.
		• To enter the BMI code.
		  ◦ Click the arrow for the drop down menu selections:
		    ▪ L: Low
		    ▪ N: Normal
		    ▪ H: High
		    ▪ O: Obese
		    ▪ Click to highlight the correct selection to be entered.
		• No field for Prepregnancy BMI on computer.
		• Refer to Anthropometric Procedures for Pregnant Women

Weight Gain/Pregnancy	• Enter the pounds gained during the woman’s pregnancy. • PG: weight gained to date. • BF/PP: total weight gain during pregnancy. • If a weight loss, enter as a negative number i.e. –5. • The amount would be the difference between the woman’s actual weight and her prepregnancy weight. • Enter to the nearest whole pound. • If less than ½ lb. round down and more than ½ lb. round up. • A verbal statement from the woman is accepted for total weight gain.	• Parameters: • Allowed: -50 to 150 • Warning: <-10 to>70: Wording in left gray column will turn red to warn of possible incorrect data. • If new certification, enter the total amount of weight gained during the pregnancy. If a weight loss enter as a negative, i.e. –5. • If repeat certification, information will be carried forward, update if necessary. • Enter to the nearest whole pound. • If less than ½ lb. round down and more than ½ lb. round up.
Age at Conception	• Enter the age of the woman at the time of conception. • Must be repeated for BF and PP woman.	• If a new certification, enter the age of conception in years. • If a repeat certification, the data is carried forward.
# Weeks Gestation	• PG: Enter for pregnant woman only. • Determine the current week of gestation using a gestational wheel. • BF/PP: Document N/A. • Refer to Anthropometrics Procedures for Pregnant Women.	• Parameters: 1-50. • Required for PG woman only. • BF/PP computer will default to NA. • Enter the number of weeks gestation.
ENTRY FIELD	**CERTIFICATION FORM COMPLETION**	**COMPUTER DATA ENTRY**

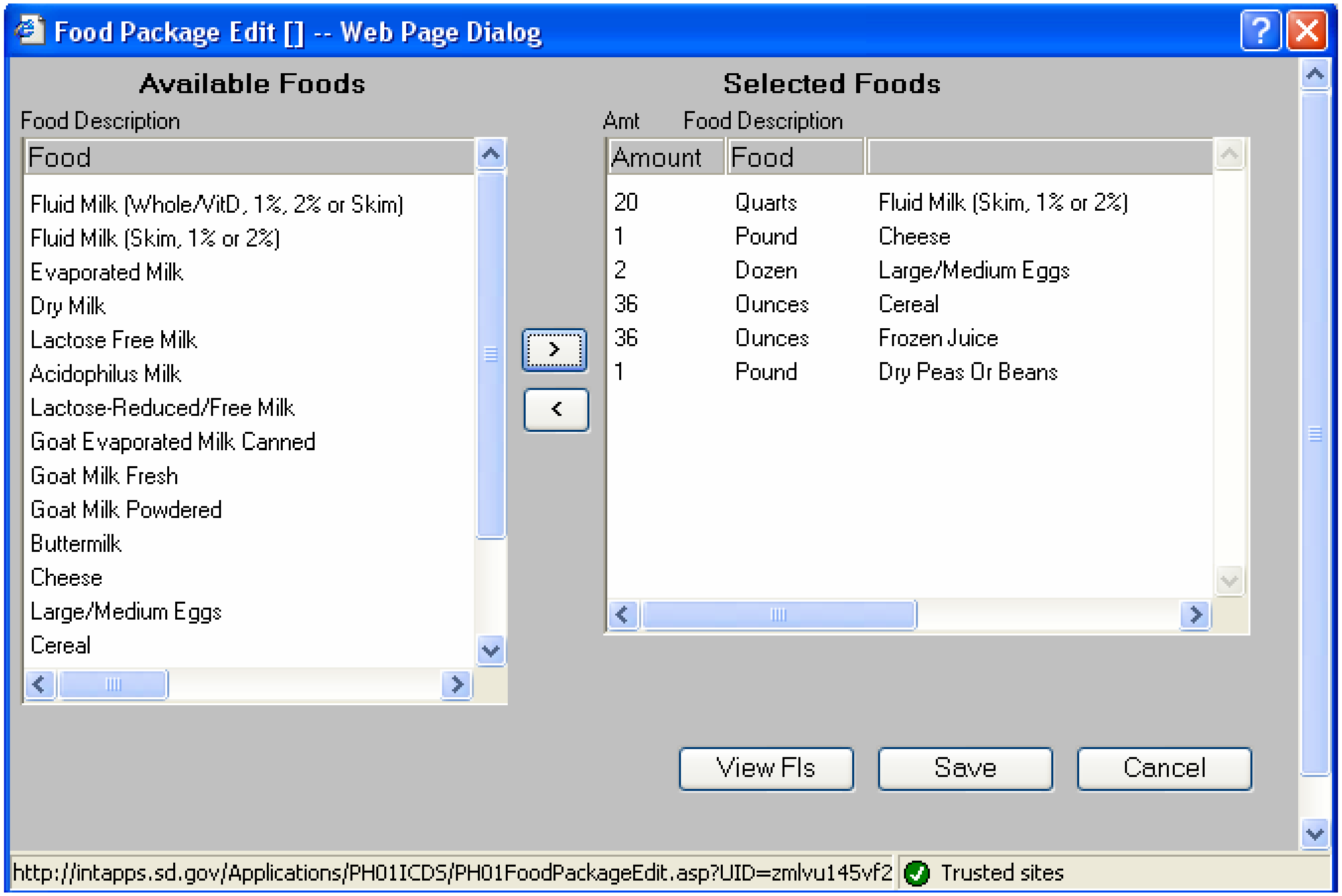
Hemoglobin or Hematocrit
 	
Date
 	
Exempt
	• Enter the date the hemoglobin/Hematocrit taken
	Or
	• Check the Exempt box if participant will not have blood work done because of one of the following reasons:
	  • Medical Condition
	  • Religious Beliefs
	  • Refusal
	• Parameters:
	• <8 or >16
	• Enter either the hemoglobin in grams or the hematocrit in percentage.
	• Enter a “NA” if not available.
	• If data cannot be collected due to medical conditions or religious beliefs document reason in Medical Comments section space and enter an “NA”.
	• If referral data is collected, referral for blood work should be documented in the Medical Comments area of the Certification form. The date the referral blood work was taken should be entered into the date field on the Certification form.
	• If hemoglobin/hematocrit is repeated the highest data should be documented in this field. The other data should put entered in the Medical Comments section.
	• Refer to Biochemical Policies. (Hemoglobin/Hematocrit Guidelines)
		• Enter the date the hemoglobin/Hematocrit taken
		Or
		• Parameters:
		• Warning:<8 or >16
		• Decimal must be entered.
		• Enter either the hemoglobin in grams or the hematocrit in percentage.
		• If you enter a hemoglobin, the computer will skip over the hematocrit.
		• If data cannot be collected due to medical conditions or religious beliefs, document the reason in Medical Comments space and enter a “NA” in the hemoglobin space.
		• If infant is under nine months of age, enter “NA”.
		• If hemoglobin/hematocrit is repeated per policy the highest data should be entered into the computer.
		• Refer to Biochemical Policies.

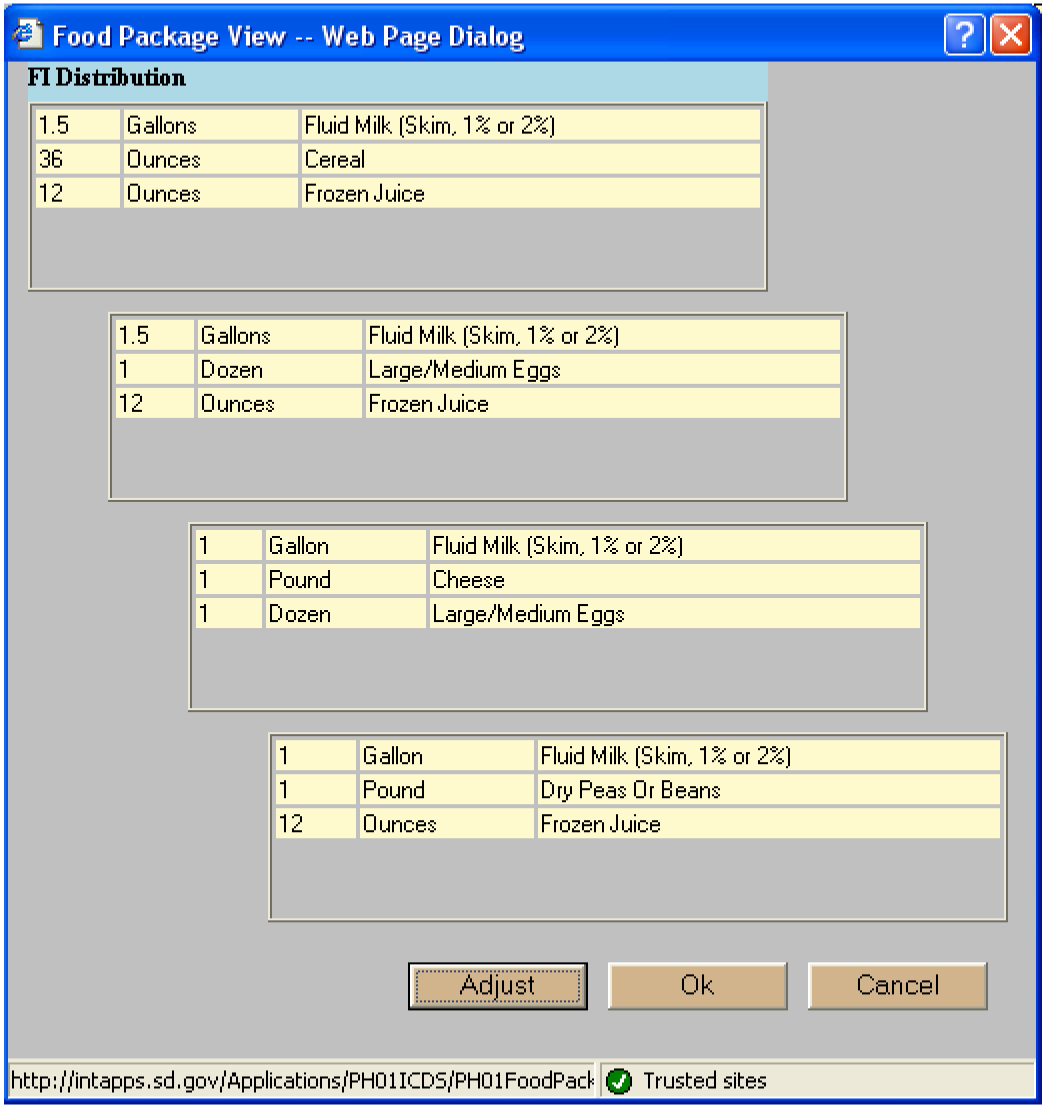
Exclusively Breastfeeding	• Circle Y” for yes or “N” for no. • Exclusively breastfeeding is defined as a woman whose infant is not receiving formula from the WIC program.	• BF: Enter a “N”= no or a “Y” for yes. • Defaults to a “N” for No. • Change to a “Y” for yes, if applicable. • Exclusively breastfeeding is defined as a woman whose infant is not receiving formula from the WIC program.
Medical Comments	• Enter documentation of any medical conditions and any other comments. • Refer to Documentation of Risk codes policy. • If previous medical data that is 60 or less days old is used in determining nutritional risk, (i.e. height and weight done at a clinic one month ago) the date the data was obtained must be documented. Refer to Biochemical Determinations policy.	• No entry onto computer

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Nutrition Risk Codes	• Enter the priority/risk/counseling codes that apply to the participant. • Enter all codes that are determined. • Codes can be entered in any numerical order. • If no priority/nutrition risk is identified, document “NR= No risk” in the Nutrition Risk code area. • If additional risk codes are identified during a participant’s certification period, document the additional codes in the Nutrition Risk code area. The Health Professional must follow documentation change procedures when changes or additions are made. Computer must be updated. • No nutrition risk code is removed once the certification is completed. • Refer to Priority System/Nutrition Risk and Ineligibility policies.	• Click on the box next to the appropriate Nutrition Risk Code to enter or update risk codes. • To make the selection of the code you can scroll down using the scroll bar on the right hand side of the Nutrition Risk Code Box. Click code box to be selected. •

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Food Package	• The Health Professional will tailor the food package to meet the participant’s needs. Refer to Food Packages for Woman, Infant and Child policies. • Enter the amounts of foods prescribed in each of the appropriate food categories. The first space is for the initial food package prescribed. The extra columns are for entry of food package changes. The Health Professional must follow documentation change procedures when changes are made. • If a Health Professional is not available or cannot be contacted when food package change is requested, clerical staff may record the request and give information to Health Professional for consideration and approval. Clerical staff should inform participant that the request will be made. • If more food package changes have been approved during a certification period than there are changes allowed, it may be recorded with date and Health Professional initial in the Medical Comments area of the form. • The Health Professional may document special directions to Clerical staff regarding tailoring of food package for partial month issuance or special directions such as only wants dried beans and peas or only want peanut butter in the space next to the food package area of the certification form. Refer to Pro-ration of Food Packages policy.	• Click on Edit. • The Available/Selected Foods screen pops up. • Double click on food item on “Available Food” side. • A box pops up for entry of the amount of food to prescribe. • Enter quantity needed for food package by double clicking on the item and entering amount. • Click “OK”. • If need to make change in the amount of food, there are two ways. • Double click on the food in the Available Foods area. Enter the new quantity in the box that appears and click “OK”. • Highlight in the Selected Food side the amount. Use the greater than (>) or Less than (<) buttons in the center. Amount will increase or decrease according to the units the food is available. • Edits are included that do not allow for entry of amounts over the allowed maximums. If the computer will not accept a change, this is probably the reason why. • Click on View FI’s. • The screen pops up that shows the food instrument distribution. • If no adjustment is needed, click on “OK”. • Only five (5) lines are allowed on a food instrument. If more than five lines show on one food instrument, Local Agency will need to move one food item from that food instrument to another. Food instrument that has more than 5 lines will have a scroll bar on the right side. • Click on Adjust to adjust the food instruments. • Adjust FI’s as necessary. • Highlight item to be adjusted. Enter the number of units to move. Select number of food instruments from drop down pick list or enter the number of the FI to move the food to.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Food Package Continued	•	• Click on “move” • Click on “OK” when completed or • Cancel • Click on Save (All entries of Certification form must be completed before it can be saved. • If food instruments are adjusted, the next month’s FI’s will reflect the adjustment. To return to the original food distribution on the FI’s, the Local Agency will have to reenter one of the food package items that were changed and this will cause the computer to return to the original food package distribution on the FI’s. • Refresh Key: If having problems seeing the adjust boxes on the screen, click on the Refresh button twice and this will bring the screen back so all items are visible. • Refer to Food Instrument policy for printing of food instruments.


Food Package Edit [] -- Web Page Dialog
Available Foods
Food Description
Food
Fluid Milk (Whole/VitD, 1%, 2% or Skim)
Fluid Milk (Skim, 1% or 2%)
Evaporated Milk
Dry Milk
Lactose Free Milk
Acidophilus Milk
Lactose-Reduced/Free Milk
Goat Evaporated Milk Canned
Goat Milk Fresh
Goat Milk Powdered
Buttermilk
Cheese
Large/Medium Eggs
Cereal
Selected Foods
Amt
Food Description
Amount
Food
20 Quarts Fluid Milk (Skim, 1% or 2%)
1 Pound Cheese
2 Dozen Large/Medium Eggs
36 Ounces Cereal
36 Ounces Frozen Juice
1 Pound Dry Peas Or Beans
View FIs
Save
Cancel
http://intapps.sd.gov/Applications/PH01ICDS/PH01FoodPackageEdit.asp?UID=zmlvu145vf2
Trusted sites

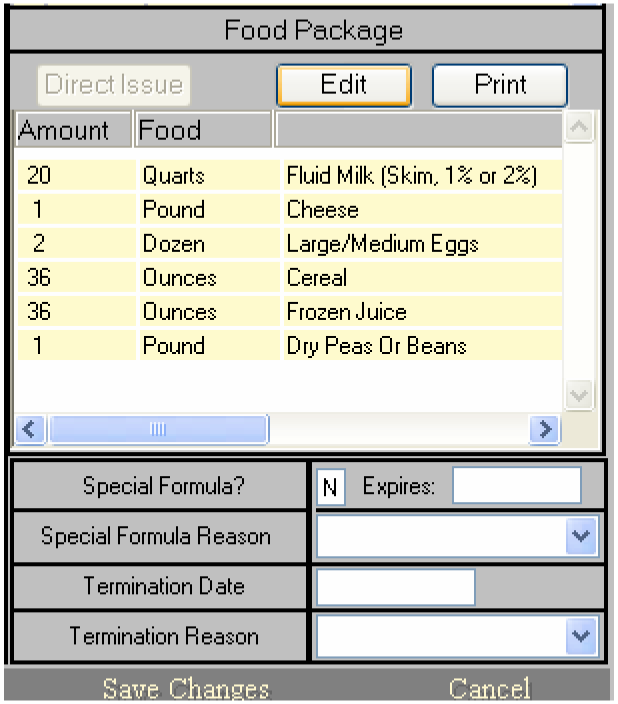

Food Package View -- Web Page Dialog
FI Distribution
1.5 Gallons Fluid Milk (Skim, 1% or 2%)
36 Ounces Cereal
12 Ounces Frozen Juice
1.5 Gallons Fluid Milk (Skim, 1% or 2%)
1 Dozen Large/Medium Eggs
12 Ounces Frozen Juice
1 Gallon Fluid Milk (Skim, 1% or 2%)
1 Pound Cheese
1 Dozen Large/Medium Eggs
1 Gallon Fluid Milk (Skim, 1% or 2%)
1 Pound Dry Peas Or Beans
12 Ounces Frozen Juice
Adjust
Ok
Cancel
http://intapps.sd.gov/Applications/PH01ICDS/PH01FoodPack
Trusted sites

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Formula Food Package	• Place the name of the formula used on the Name of Product line, if appropriate. • Indicate type of formula by checking either: Powder, RTF, or Conc box. If combination indicate this by checking appropriate boxes. • Enter quantity of formula in cans in the Quantity Column. • Changes to formula should be documented in the change columns. The Health Professional will date and initial above the Chg (Change) column to clarify when changes to the food package have been made. •	• Formulas to be on foods instruments should be entered per instructions above. • If formula will be direct issued from the Local Agency inventory click on direct issue. (Can also go through Direct Issuance Inventory to issue on food instruments). • The Local Agency Direct Issue Inventory will appear. Highlight the formula to be issued to participant. Double Click on Issue to Participant at the bottom of the screen. • A pop up box will appear asking how many units to be issued. Enter units to be issued and save changes. • A Formula Product/Issuance Inventory signature page will pop up. This should be printed and participant/caregiver should sign and should be placed in participant chart.

Food Package

Date & Initial: When making changes to food package.					
Food Package		**Quantity**	**Chg**	**Chg**	**Chg**
Milk fluid qts.					
Evap milk cans					
Dry milk qts.					
Lactose-reduced qts.					
Cheese lbs.					
Eggs doz.					
Cereal oz					
Juice oz.					
Frozen juice oz.					
Dry Beans/Peas lbs					
Beans/Peas cans 16oz.					
Peanut Butter 18oz.					
Tuna light cans 6.5oz					
Fresh carrots lbs					
Can carrots 16oz					
Frozen carrots 16oz					
Infant cereal oz					
Infant juice oz					
Name of Product	**Type**				
	Powder ☐ RTF ☐ Conc ☐				
	Powder ☐ RTF ☐ Conc ☐				
	Powder ☐ RTF ☐ Conc ☐				
	Powder ☐ RTF ☐ Conc ☐				

Health Professional Signature Date



ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY

Special Formula
 	
Special Formula Reason
	• Circle “Y” for Yes or an “N” for No.
	• If answered yes must indicate date the Special Formula Script Expires.
	• Health Professional will enter Reason for Special Formula Issuance. (Main diagnosis/reason for formula).
		• Enter “Y” for Yes or an “N” for No.
		• Enter date expires if indicated.
		• Choose diagnosis indicated by health professional on the using the drop down box.
		  • If new certification: Defaults to a “N”: no.
		  • Can be changed to “Y”: yes, if applicable.
		  • If repeat certification, data is carried forward

Termination Date	• When a participant terminates from the Program during a certification period, the clerical staff will enter the termination date in the month, day and year format (mmddyy).	• If a client is to be terminated before their certification expires, I e: moving, go through edit area to enter in month, day, year format (mmddyy) the date the client is terminated. • Computer will automatically enter a termination date on all certifications that expire at the end of each month.

Termination Reason	• When a participant terminates from the Program during a certification period, the clerical staff will indicate the reason for termination:
	  • Breastfed 1 Yr. or Post Partum
	  • Deceased
	  • Dual Participation
	  • Exceeds Income Level
	  • Failed to be Certified
	  • Inactive
	  • Miscarriage
	  • Moved
	  • Not at Risk/No Longer Needs Benefits
	  • Priority No Longer Served
	  • Program Misuse
	  • Reached 5 Years of Age
		• Click the down arrow to get the pick list.
		• Click to highlight the correct reason for termination.
		• The pick list includes:
		  • Breastfed 1 Yr. or Post Partum
		  • Deceased
		  • Dual Participation
		  • Exceeds Income Level
		  • Failed to be Certified
		  • Inactive
		  • Miscarriage
		  • Moved
		  • Not at Risk/No Longer Needs Benefits
		  • Priority No Longer Served
		  • Program Misuse
		  • Reached 5 Years of Age

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Health Professional Signature	• The Health Professional must sign and date all certification forms including the one month formula issuance certification for a baby of a WIC mom and a Transfer (VOC). • If the clerical staff completes any part of the form earlier than the date the Health Professional signs the form, the Clerical staff should follow documentation procedures where the information was entered. Document near the space allowed for the signature.	• Not entered onto computer
Updating/Changing of Information	• Local Agency staff will follow documentation procedures for updating/changing of all information on the certification form.	• NA

PURPOSE: To provide Local Agency with guidelines for computer entry of certification data for an infant.

PROCEDURE:

A. Follow a copy of the infant's certification form:

INFANT CERTIFICATION		
ENTRY FIELD	**CERTIFICATION FORM COMPLETION**	**COMPUTER DATA ENTRY**
Participant Name	• Enter the name of the person being certified using the last name, first name and middle initial. • Middle initial not required, if not available.	• Defaults from the Client/Family Entry area. • Cannot be changed from here, must go back to the Client/Family Entry area to make changes.
Family ID	• Is a randomly selected computer initiated number. • Will not be available on a new applicant until they are entered onto the computer. • Once obtained, enter onto the certification form.	• Defaults from the Client/Family Entry area. • Cannot be changed from here, must go back to the Client/Family Entry area to make changes.
Client ID	• Is a randomly selected computer initiated number. • Will not be available on a new applicant until they are entered onto the computer. • Once obtained, enter onto the certification form.	• Defaults from the Client/Family Entry area. • Cannot be changed.

Sex	• Enter one of the following codes:
	  • M – male
	  • F – female
		• Defaults from the Client/Family Entry area.
		• Cannot be changed from here, must go back to the Client/Family Entry area to make changes.

Date of Birth (DOB)	• Enter the date of birth in six digit month, day, year format (mmddyy).	• The participant's date of birth is defaulted into the WIC Certification entry area from the Client/Family Entry area. • If an error/change has occurred in the date of birth, return to the Client/Family Entry area to correct the error/change.
Payee	• Enter the first and last name of the payee. • Only one payee per participant is allowed at one time.	• For new certification, click on payee tab and this will allow a pick list for selection of the payee. • Highlight the correct payee and click on the "OK" button. The computer will insert that name into the payee fields. • The computer requires an entry in the last and first name payee fields. • For repeat certification, information carries forward. Can be changed by following directions for a new certification.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Local Agency	• Not entered on Paper Certification Form	• Must match the Local Agency in which the participant is enrolled in WIC. • Defaults to the site where entry of data is taking place. • If staff are assigned to more than one site, click the down arrow tab to get a pick list to select the site to which the data applies. • If participant information is entered under the wrong Local Agency name, the participant will be assigned to that Local Agency. • If a participant is assigned to the wrong Local Agency, electronically transfer the participant to the correct Local Agency.

Proof of ID	• Circle the correct response:
	  • Yes
	  • NOA: Notice of Action
	  • NPF: No Proof Form
	• Refer to Identity and Residency Guidelines policy.
		• Click the down arrow to get a pick list of responses.
		• Pick List responses are:
		• Yes (with various forms of ID listed)
		• No- No Proof Form Completed
		• No-One Month Verbal, Notice of Action given
		• Click to highlight the correct response and it will be entered or enter the first letter of the correct response.
		• Update this area after one month verbal information is reviewed.

Proof of Residency	• Circle the correct response:
	  • Yes
	  • NOA: Notice of Action
	  • NPF: No Proof Form
	• Refer to Eligibility- Identity and Residency Guidelines policy.
		• Click the down arrow to get a pick list of responses.
		  • Pick List responses are:
		  • Yes (with various forms of proof of ID)
		  • No- No Proof Form Completed
		  • No-One Month Verbal, Notice of Action given
		• Click to highlight the correct response and it will be entered or enter the first letter of the correct response.
		• Update this area after one month verbal information is reviewed.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY

Proof of Income	• Circle the correct response:
	  ◦ Yes
	  ◦ NOA: Notice of Action
	  ◦ NPF: No Proof Form
	• Refer to Income Eligibility Guidelines policies
		• Not documented on the Computer Certification.

Voter Registration	• Place a check in the box to indicate the participant was informed of Voter Registration • Refer to Voter Registration policies	• Click on the box and a check will be inserted. This will indicate that the participant was informed of Voter Registration. • Click on box to enter a check mark at each certification. • If not entered, will not prevent continuation of entry of information or saving of data.
Shortened/Extended Certification	• If applicable, place a check in the box to indicate the participant has had a shortened or extended certification. • Refer to Certification Process Policy	• If applicable, click on the box and a check will be inserted. This will indicate that the participant has had a shortened or extended certification.
Date of Application	• Enter the date of application using the following guidelines: ◦ **<u>Initial Certification:</u>** The date of application for the initial certification is the date the applicant (including Transfer VOC) visits the original Local Agency to apply for the program. At this time, the applicant will either complete the certification process or be scheduled for an appointment. Refer to Processing Standards/Scheduling Appointments policy.	• On a new certification this field needs to be entered. Enter the date in the month, day, year format (mmddyy). • On a repeat certification, the original application date is brought forward. Can be changed if necessary.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Date of Application Continued	• **<u>Previously eligible applicants:</u>** for applicants previously eligible for program benefits but not currently being served, the date of application is the date the applicant contacts the Local Agency. Date should not reflect prior application dates. • **<u>Consecutive applications:</u>** At each consecutive application, the original date of the application is carried forward and recorded as the “Date of Application”.	
Certification Date	• Enter the certification date in the six-digit month, day, year format (mmddyy). • The certification date is defined as the actual day the certification process is completed. • The date of application and the date of certification may be the same.	• Defaults to the current date. • Can be changed.
Certification Category	• Enter “I” for infant.	• Defaults to “I” for infant.
Certification Expires	• The clerical staff will check for accuracy and enter the date that is automatically determined by the computer. • Enter appropriate date in the month, day and year format (mmddyy). • Refer to Infant Certification policy.	• Parameters: • Allowed: >= Certification date to 12 months after certification date. • Warning: < certification date or > than 10 months past certification date. • Defaults to a date calculated by the computer according to the status of the client. • Can be changed.
Transfer (VOC) Migrant Homeless	• Enter appropriate response: • Y: Yes • N: No • Transfer: • Enter transfer participant specific information as appropriate. • Refer to Participation Files Format and Transfer of Certification policies. • Migrant: • Refer to Instream Migrant Farm Worker/Family Certification policy. • Homeless: • Refer to Homeless Person Certification policy.	• Defaults to N for no. • Enter Y for yes. • If yes is entered for the Transfer (VOC) field, a Loading Transfer (VOC) message will occur and a screen will pop up (Refer to Transfer (VOC) policies). • State/ITO: defaults to SD. Can be changed by clicking on the down arrow to select the pick list. Can use the first letter of the state name to initiate a search string to get close to the correct selection. Click to highlight the correct choice to enter in the field.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Transfer (VOC) Migrant Homeless Continued		• Local Agency (if SD): defaults to site from where the data is being entered. Click the down arrow to get the pick list. Can use the first letter of the Local Agency name to initiate a search string to get close to the correct selection. Click to highlight the correct choice to enter in the field. • Transfer (VOC) Number: Enter the Transfer (VOC) number if known. There will not be a number for an electronic transfer. Refer to Transfer (VOC) policy. • Click “OK” to accept the information and close the pop up screen. • Click cancel if this screen is not needed.
Date of Measurement	• Enter in month, day, and year format the date the height/weight measurements are taken. • Parameters: Allowed within sixty (60) days previous to certification date. • If using data that is collected by another Health Professional, document in the Medical Condition/Comment area where the medical data was obtained. • Refer to Anthropometrics policy.	• Parameters: • Allowed: Within 60 days previous to certification date. • Defaults to certification date. • Can be changed. • Enter in month, day, year format the date the measurements were taken.
Birth Length (I)	• Required for infants. • Enter to the nearest 1/8 inch.	• Required for all infants. • On new certification – enter data. • On repeat certification – data should carry forward. • Enter inches, tab, 1/8 inches.
Birth Weight	• Required for infants. • Enter in pounds and ounces.	• Parameters: • Allowed 1-20 • Warning <5 or >12 • Required for all infants • On new certification, enter data. • On repeat certification – data should carry forward. • Enter in pounds, tab, ounces.
ENTRY FIELD	**CERTIFICATION FORM COMPLETION**	**COMPUTER DATA ENTRY**

Length	• Determine and enter the infant’s length. • Enter to the nearest 1/8 inch. • Refer to Anthropometric Measurements of Infants and Children policy.	• Parameters: • Allowed: 12-50 • Warning: <15 or >30 • Enter inches, tab, 1/8 inches. •
Weight	• Determine and enter the infant’s weight. • Enter in pounds and ounces. • Refer to Anthropometric Measurements of Infants and Children policy.	• Parameters: • Allowed: 1-50 • Warning: <5 or >30 • Enter pounds, tab, ounces. •
Current BMI	• Enter child’s current Body Mass Index	• No entry in computer.
Head Circumference	• Determine and enter the infant’s head circumference. • Enter the data to the nearest tenth of a centimeter. • Refer to Anthropometric Measurements of Infants and Children policy.	• Parameters: • Warning: <30 or >45 • Enter the data to the nearest tenth of a centimeter. Decimal must be entered. • Refer to Anthropometric Measurements of Infants and Children policy.

Hemoglobin or Hematocrit
 	
Date
 	
Exempt
	• Enter the date the hemoglobin/Hematocrit taken
	Or
	• Check Exempt box if blood work is not being completed for one of the following reasons:
	  • Medical Condition
	  • Religious Belief
	  • Refusal
	• Parameters:
	• <8 or >16
	• Enter either the hemoglobin in grams or the hematocrit in percentage.
	• Enter a “NA” if not available.
	• If data cannot be collected due to medical conditions or religious beliefs document reason in MedicalComments section space and enter an “NA”.
	• If referral data is collected, referral for blood work should be documented in the Medical Comments area of the Certification form. The date the referral blood work was taken should be entered into the date field on the Certification form.
	• If hemoglobin/hematocrit is repeated the highest data should be documented in this field. The other data should be entered in the Medical Comments section.
	• Refer to Biochemical Policies.
		• Enter the date the hemoglobin/Hematocrit taken
		Or
		• Parameters:
		• Warning:<8 or >16
		• Decimal must be entered.
		• Enter either the hemoglobin in grams or the hematocrit in percentage.
		• If you enter a hemoglobin, the computer will skip over the hematocrit.
		• If data cannot be collected due to medical conditions or religious beliefs, document the reason in Medical Comments space and enter a “NA” in the hemoglobin space.
		• If infant is under nine months of age, enter “NA”.
		• If hemoglobin/hematocrit is repeated per policy the highest data should be entered into the computer.
		
		• Refer to Biochemical Policies.

	(Hemoglobin/Hematocrit Guidelines)	

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Date of Last Immunization	• Enter in month, day and year (mmddyy) format the date the infant received their last immunization. • If information is not available, place an “NA” in the space. • Information must be updated at each certification. • Refer participant to a Health Professional for any needed immunizations as necessary.	• Parameters: On or after date of birth. • Enter the date of the last immune received. • If not known, enter “NA”. • Information must be entered at each certification. • Refer participant to a Health Professional who can provide immunizations if needed.
Pre/Postmature Infant?	• Enter: • “Y” – yes • “N” – no • If yes, enter the number of weeks carried.	• Defaults to No. • When yes – defaults to #weeks carried. Enter the # of weeks carried. • Can be left blank or answered.
Exclusively Breastfed?	• Enter: • “Y” – yes • “N” – no • Information is required.	• Defaults to No. • Can be changed to Yes. • Information required for all infants.
Breastfeeding Start/End Dates?	• Enter Date that breastfeeding began. • Enter the date that breastfeeding ended. • Information is required for children up to age two (2).	• No Default. • Date can be changed. • Information required for children up to age two (2).
Breastfeeding Follow-up Dates	• Enter each date of the visit that caregiver was asked about breastfeeding status (During FI pickup) • Information only needs to be collected until child is two (2). • Refer to Breastfeeding Policy (Breastfeeding Follow-Up Date)	• Enter most recent date of the visit that caregiver was asked about breastfeeding status (during FI pickup). • A pop up box will appear asking if breastfeeding follow-up has been completed prior to printing food instruments. When this appears participant should be asked about breastfeeding status.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Medical Comments	• Enter documentation of any pertinent medical information not covered in the Nutrition and Health Assessment. • If previous medical data that is 60 or less days old is used in determining nutritional risk, (i.e. height and weight done at a clinic one month ago) the date the data was obtained must be documented. • If referral data is used for biochemical measurement the referral source must be documented. • Refer to Anthropometrics and Biochemical Policies.	• No entry onto computer.
Nutrition Risk Codes	• Enter the priority/risk/counseling codes that apply to the participant. • Enter all codes that are determined. • Codes can be entered in any numerical order. • If additional risk codes are identified during a participant's certification period, document the additional codes in the Nutrition Risk code area. The Health professional must follow documentation change procedures when changes or additions are made. Computer must be updated. • No nutrition risk code is removed once the certification is completed. • Refer to Priority System Nutrition Risk policy.	• Click on the box next to the appropriate Nutrition Risk Code to enter or update risk codes. • To make the selection of the code you can scroll down using the scroll bar on the right hand side of the Nutrition Risk Code Box. Click code box to be selected.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Food Package cont…	•	• Click on “move” • Click on “OK” when completed or • Cancel • Click on Save (All entries of Certification form must be completed before it can be saved. • If food instruments are adjusted, the next month’s FI’s will reflect the adjustment. To return to the original food distribution on the FI’s, the Local Agency will have to reenter one of the food package items that were changed and this will cause the computer to return to the original food package distribution on the FI’s. • Refresh Key: If having problems seeing the adjust boxes on the screen, click on the Refresh button twice and this will bring the screen back so all items are visible. • Refer to Food Instrument policy for printing of food instruments.
Formula Food Package	• Place the name of the formula used on the Name of Product line, if appropriate. • Indicate type of formula by checking either: Powder, RTF, or Conc. box. If combination indicate this by checking appropriate boxes. • Enter quantity of formula in cans in the Quantity Column. • Changes to formula should be documented in the change columns. The Health Professional will date and initial above the Chg (Change) column to clarify when changes to the food package have been made.	• Formulas to be on food instruments should be entered per instructions above. • If formula will be direct issued from the Local Agency inventory click on direct issue. (Can also go through Direct Issuance Inventory to issue on food instruments). • The Local Agency Direct Issue Inventory will appear. Highlight the formula to be issued to participant. Double Click on Issue to Participant at the bottom of the screen. • A pop up box will appear asking how many units to be issued. Enter units to be issued and save changes. • A Formula Product/Issuance Inventory signature page will pop up. This should be printed and participant/caregiver should sign and should be placed in participant chart.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY

Special Formula
 	
Special Formula Reason
	• Circle “Y” for Yes or an “N” for No.
	• If answered yes must indicate date the Special Formula Script Expires.
	• Health Professional will enter Reason for Special Formula Issuance.
		• Enter “Y” for Yes or an “N” for No.
		• Enter date expires if indicated
		• Choose diagnosis indicated by health professional on the using the drop down box.
		  • If new certification: Defaults to a “N”: no.
		  • Can be changed to “Y”: yes, if applicable.
		  • If repeat certification, data is carried forward

Termination Date	• When a participant terminates from the Program during a certification period, the clerical staff will enter the termination date in the month, day and year format (mmddyy).	• If a client is to be terminated before their certification expires, I e: moving, go through edit area to enter in month, day, year format (mmddyy) the date the client is terminated. • Computer will automatically enter a termination date on all certifications that expire at the end of each month.

Termination Reason	• When a participant terminates from the Program during a certification period, the clerical staff will indicate the reason for termination:
	  • Breastfed 1 Yr. or Post Partum
	  • Deceased
	  • Dual Participation
	  • Exceeds Income Level
	  • Failed to be Certified
	  • Inactive
	  • Miscarriage
	  • Moved
	  • Not at Risk/No Longer Needs Benefits
	  • Priority No Longer Served
	  • Program Misuse
	  • Reached 5 Years of Age
		• Click the down arrow to get the pick list.
		• Click to highlight the correct reason for termination.
		• The pick list includes:
		  • Breastfed 1 Yr. or Post Partum
		  • Deceased
		  • Dual Participation
		  • Exceeds Income Level
		  • Failed to be Certified
		  • Inactive
		  • Miscarriage
		  • Moved
		  • Not at Risk/No Longer Needs Benefits
		  • Priority No Longer Served
		  • Program Misuse
		  • Reached 5 Years of Age

Health Professional Signature	• The Health Professional must sign and date all certification forms including the one month formula issuance certification for a baby of a WIC mom and a Transfer (VOC). • If the clerical staff completes any part of the form earlier than the date the Health Professional signs the form, the clerical staff should follow documentation procedures where the information was entered. Document near the space allowed for the signature.	• Not entered onto computer.
Updating/Changing of information	• Local Agency staff will follow documentation procedures for updating/changing of all information on the certification form.	• NA

PURPOSE: To provide the Local Agency with guidelines for computer entry of certification data for a child.

PROCEDURE:

A. Follow a copy of the child's certification form:

CHILD CERTIFICATION		
ENTRY FIELD	**CERTIFICATION FORM COMPLETION**	**COMPUTER DATA ENTRY**
Participant Name	• Enter the name of the person being certified using the last name, first name and middle initial. • Middle initial not required, if not available.	• Defaults from the Client/Family Entry area. • Cannot be changed from here, must go back to the Client/Family Entry area to make changes.
Family ID	• Is a randomly selected computer initiated number. • Will not be available on a new applicant until they are entered onto the computer. • Once obtained, enter onto the certification form.	• Defaults from the Client/Family Entry area. • Cannot be changed.
Client ID	• Is a randomly selected computer initiated number. • Will not be available on a new applicant until they are entered onto the computer. • Once obtained, enter onto the certification form.	• Defaults from the Client/Family Entry area. • Cannot be changed from here, must go back to the Client/Family Entry area to make changes.

Sex	• Enter one of the following codes:
	  • M – male
	  • F – female
		• Defaults from the Client/Family Entry area.
		• Cannot be changed from here, must go back to the Client/Family Entry area to make changes.

Date of Birth (DOB)	• Enter the date of birth in six digit month, day, year format (mmddyy).	• The participant's date of birth is defaulted into the WIC Certification entry area from the Client/Family Entry area. • If an error/change has occurred in the date of birth, return to the Client/Family Entry area to correct the error/change.
Payee	• Enter the first and last name of the payee. • Only one payee per participant is allowed at one time.	• For new certification, click on payee tab and this will allow a pick list for selection of the payee. • Highlight the correct payee and click on the "OK" button. The computer will insert that name into the payee fields. • The computer requires an entry in the last and first name payee fields. • For repeat certification, information carries. forward. Can be changed by following directions for a new certification.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Local Agency	• Not entered on Paper Certification Form	• Must match the Local Agency in which the participant is enrolled in WIC. • Defaults to the site where entry of data is taking place. • If staff are assigned to more than one site, click the down arrow tab to get a pick list to select the site to which the data applies. • If participant information is entered under the wrong Local Agency name, the participant will be assigned to that Local Agency. • If a participant is assigned to the wrong Local Agency, electronically transfer the participant to the correct Local Agency.

Proof of ID	• Circle the correct response:
	  • Yes
	  • NOA: Notice of Action
	  • NPF: No Proof Form
	• Refer to Identity and Residency Guidelines policy.
		• Click the down arrow to get a pick list of responses.
		• Pick List responses are:
		• Yes
		• No-One Month Verbal, Notice of Action given
		• No- No Proof Form Completed
		• Click to highlight the correct response and it will be entered or enter the first letter of the correct response.
		• Update this area after one month verbal information is received.

Proof of Residency	• Circle the correct response:
	  • Yes
	  • NOA: Notice of Action
	  • NPF: No Proof Form
	• Refer to Identity and Residency Guidelines policy.
		• Click the down arrow to get a pick list of responses.
		  • Pick List responses are:
		  • Yes
		  • No-One Month Verbal, Notice of Action given
		  • No- No Proof Form Completed
		• Click to highlight the correct response and it will be entered or enter the first letter of the correct response.
		• Update this area after one month verbal information is received.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY

Proof of Income	• Circle the correct response:
	  • Yes
	  • NOI: Notice of Action
	  • NPF: No Proof Form
	• Refer to Income Eligibility Guidelines policies.
		• Click the down arrow to get a pick list of responses.
		• Pick List responses are:
		• Yes
		• No-One Month Verbal, Notice of Ineligibility given
		• No- No Proof Form Completed
		• Click to highlight the correct response and it will be entered or enter the first letter of the correct response.
		• Update this area after one month verbal information is received.

Voter Registration	• Place a check in the box to indicate the participant was informed of Voter Registration. • Refer to Voter Registration policies.	• Click on the box and a check will be inserted. This will indicate that the participant was informed of Voter Registration. • Click on box to enter a check mark at each certification. • If not entered, will not prevent continuation of entry of information or saving of data.
Shortened/Extended Certification	• If applicable, place a check in the box to indicate the participant has had a shortened or extended certification. • Refer to Certification Process policy.	• If applicable, click on the box and a check will be inserted. This will indicate that the participant has had a shortened or extended certification.
Date of Application	• Enter the date of application using the following guidelines: • **Initial Certification:** The date of application for the initial certification is the date the applicant (including Transfer VOC) visits the original Local Agency to apply for the program. At this time, the applicant will either complete the certification process or be scheduled for an appointment. Refer to Processing Standards/Scheduling Appointments policy.	• On a new certification this field needs to be entered. Enter the date in the month, day, year format (mmddyy). • On a repeat certification, the original application date is brought forward. Can be changed if necessary.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Date of Application Continued	• **<u>Previously eligible applicants:</u>** for applicants previously eligible for program benefits but not currently being served, the date of application is the date the applicant contacts the Local Agency. Date should not reflect prior application dates. • **<u>Consecutive applications:</u>** At each consecutive application, the original date of the application is carried forward and recorded as the "Date of Application".	
Certification Date	• Enter the certification date in the six-digit month, day, year format (mmddyy). • The certification date is defined as the actual day the certification process is completed. • The date of application and the date of certification may be the same.	• Defaults to the current date. • Can be changed.
Certification Category	• Enter "C" for child.	• Defaults to "C" for child.
Certification Expires	• The clerical staff will check for accuracy and enter the date that is automatically determined by the computer. • Enter appropriate date in the month, day and year format (mmddyy). • Refer to Child Certification policy.	• Parameters: • Allowed: >= Certification date to 12 months after certification date. • Warning: < certification date or > than 10 months past certification date. • Defaults to a date calculated by the computer according to the status of the client. • Can be changed.
Transfer (VOC) Migrant Homeless	• Enter appropriate response: • Y: Yes • N: No • Transfer: • Enter transfer participant specific information as appropriate. • Refer to Participation Files Format and Transfer of Certification policies. • Migrant: • Refer to Instream Migrant Farm Worker/Family Certification policy. • Homeless: • Refer to Homeless Person Certification policy.	• Defaults to N. • Enter Y for yes. • If yes is entered for the Transfer (VOC) field, a Loading Transfer (VOC) message will occur and a screen will pop up (Refer to Transfer (VOC) policies for screens). • State/ITO: defaults to SD. Can be changed by clicking on the down arrow to select the pick list. Can use the first letter of the state name to initiate a search string to get close to the correct selection. Click to highlight the correct choice to enter in the field.

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Transfer (VOC) Migrant Homeless Continued		• Local Agency (if SD): defaults to site from where the data is being entered. Click the down arrow to get the pick list. Can use the first letter of the Local Agency name to initiate a search string to get close to the correct selection. Click to highlight the correct choice to enter in the field. • Transfer (VOC) Number: Enter the Transfer (VOC) number if known. There will not be a number for an electronic transfer. Refer to Transfer (VOC) policy. • Click "OK" to accept the information and close the pop up screen. • Click cancel if this screen is not needed.
Date of Measurement	• Enter in month, day, and year format the date the height/weight measurements are taken. • Parameters: Allowed within sixty (60) days previous to certification date. • If using data that is collected by another Health Professional, document in the Medical Comments area where the medical data was obtained. • Refer to Anthropometrics policy.	• Parameters: • Allowed: Within 60 days previous to certification date. • Defaults to certification date. • Can be changed. • Enter in month, day, year format the date the measurements were taken.
Birth Length (I)	• Required for children up to age two (2) . • Enter to the nearest 1/8 inch.	• Required for all children up to age two (2), after that defaults to "NA". • On new certification – enter data. • On repeat certification – data should carry forward. • Enter inches, tab, 1/8 inches.
Birth Weight	• Required for children up to age two (2). • Enter in pounds and ounces.	• Parameters: • Allowed 1-20 • Warning <5 or >12 • Required for all children up to age two (2), after that defaults to "NA". • On new certification, enter data. • On repeat certification – data should carry forward. • Enter in pounds, tab, ounces.
ENTRY FIELD	**CERTIFICATION FORM COMPLETION**	**COMPUTER DATA ENTRY**

Height/Length	• Determine and enter the child's height. • Enter to the nearest 1/8 inch. • Refer Anthropometric Measurements of Infants and Children.	• Parameters: • Allowed: 15-85. • Warning: <25 or >50. • Enter inches, tab, 1/8 inches.
Weight	• Determine and enter the child's weight. • Enter in pounds and ¼ pounds. • Refer to Anthropometric Measurements of Infants and Children.	• Parameters: • Allowed: 10-99. • Warning: <20 or >60. • Enter pounds, tab, ¼ pounds.
Head Circumference	• Entered on every child up to age two (2) at the time of certification. • Determine and enter the child's head circumference. • Enter the data to the nearest tenth of a centimeter. • Refer to Anthropometric Measurements of Infants and Children.	• Parameters: • Warning: <30 or >45. • Enter the data to the nearest tenth of a centimeter. Decimal must be entered • Entered on every child up to age two (2) at the time of certification. After that defaults to "NA". • Refer to Anthropometric Measurements of Infants and Children.

Hemoglobin or Hematocrit Date
 	
Exempt
 	
Hemoglobin or Hematocrit
	• Enter the date the hemoglobin/Hematocrit taken
	Or
	• Check Exempt box if blood work is not being completed for one of the following reasons:
	  • Medical Condition
	  • Religious Belief
	  • Refusal
	• Parameters:
	• <8 or >16
	• Enter either the hemoglobin in grams or the hematocrit in percentage.
	• Enter a "NA" if not available.
	• If data cannot be collected due to medical conditions or religious beliefs document reason in Medical Comments section space and enter an "NA".
	• If referral data is collected, referral for blood work should be documented in the Medical Comments area of the Certification form. The date the referral blood work was taken should be entered into the date field on the Certification form.
	• If hemoglobin/hematocrit is repeated the highest data should be documented in this field. The other data should put entered in the Medical Comments section.
	• Refer to Biochemical Policies.
		• Enter the date the hemoglobin/Hematocrit taken
		Or
		• Parameters:
		• Warning:<8 or >16
		• Decimal must be entered.
		• Enter either the hemoglobin in grams or the hematocrit in percentage.
		• If you enter a hemoglobin, the computer will skip over the hematocrit.
		• If data cannot be collected due to medical conditions or religious beliefs, document the reason in Medical Comments space and enter a "NA" in the hemoglobin space.
		• If infant is under nine months of age, enter "NA".
		• If hemoglobin/hematocrit is repeated per policy the highest data should be entered into the computer.
		
		• Refer to Biochemical Policies.

	(Hemoglobin/Hematocrit Guidelines)	

ENTRY FIELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Date of Last Immune	• Enter in month, day and year (mmddyy) format the date the child received their last immunization. • If information is not available, place an "NA" in the space. • Information must be updated at each certification • Refer participant to a Health Professional for any needed immunizations as necessary.	• Parameters: On or after date of birth. • Enter the date of the last immune received. • If not known, enter "NA". • Information must be entered at each certification. • Refer participant to a Health Professional who can provide immunizations if needed.
Pre/Postmature Infant?	• Enter: • "Y" – yes • "N" – no • If yes, enter the number of weeks carried.	• Defaults to No. • When yes – defaults to #weeks carried. Enter the # of weeks carried. • Can be left blank or answered.
Exclusively Breastfed?	• Enter: • "Y" – yes • "N" – no • If entering this line, NA the Ever Breastfed. • Information is required for children up to age two (2).	• Defaults to No. • Can be changed to Yes. • If entering this line, NA the Ever Breastfed. • Information required for children up to age two (2).
Breastfeeding Dates?	• Enter Date that breastfeeding began. • Enter the date that breastfeeding ended. • Information is required for children up to age two (2).	• No Default. • Date can be changed. • Information required for children up to age two (2).
Breastfeeding Follow-up Dates	• Enter each date of the visit that caregiver was asked about breastfeeding status (During FI pickup) • Information only needs to be collected until child is two (2). • Refer to Breastfeeding Policy (Breastfeeding Follow-Up Date)	• Enter most recent date of the visit that caregiver was asked about breastfeeding status (during FI pickup). • A pop up box will appear asking if breastfeeding follow-up has been completed prior to printing food instruments. When this appears participant should be asked about breastfeeding status.

ENTRY FI ELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Medical Comments	• Enter documentation of any pertinent medical information not covered in the Nutrition and Health Assessment. • If previous medical data that is 60 or less days old is used in determining nutritional risk, (i.e. height and weight done at a clinic one month ago) the date the data was obtained must be documented. • If referral data is used for biochemical measurement the referral source must be documented. Refer to Anthropometrics and Biochemical Policies.	• No entry onto computer.
Nutrition Risk Codes	• Enter the priority/risk/counseling codes that apply to the participant. • Enter all codes that are determined. • Codes can be entered in any numerical order. • If additional risk codes are identified during a participant's certification period, document the additional codes in the Nutrition Risk code area. The Health professional must follow documentation change procedures when changes or additions are made. Computer must be updated. • No nutrition risk code is removed once the certification is completed. • Refer to Priority System Nutrition Risk policy.	• Click on the box next to the appropriate Nutrition Risk Code to enter or update risk codes. • To make the selection of the code you can scroll down using the scroll bar on the right hand side of the Nutrition Risk Code Box. Click code box to be selected.

ENTRY FI ELD	CERTIFICATION FORM COMPLETION	COMPUTER DATA ENTRY
Food Package Continued..	• The Health Professional will tailor the food package to meet the participant's needs. Refer to Food Packages for Woman, Infant and Child policies. • Enter the quantity of foods prescribed in each of the appropriate food categories. The first space is for the initial food package prescribed. The extra columns are for entry of food package changes. The Health Professional will date and initial above the Chg (Change) column to clarify when changes to the food package have been made. • If a Health Professional is not available or cannot be contacted when food package change is requested, clerical staff may record the request and give information to Health Professional for consideration and approval. Clerical staff should inform participant that the request will be made. • If more food package changes have been approved during a certification period than there is space for, it may be recorded with date and Health Professional initial in the Medical Comments area of the form. • The Health Professional may document special directions to Clerical staff regarding tailoring of food package for partial month issuance or special directions such as only wants dried beans and peas or only want peanut butter in the space next to the food package area of the certification form. Refer Food Package policy (Proration of Food Packages)	• Click on Edit. • The Available/Selected Foods screen pops up. • Double click on food item on "Available Food" side. • A box pops up for entry of the amount of food to prescribe. • Enter quantity needed for food package by double clicking on the item and entering amount. • Click "OK". • If need to make change in the amount of food, there are two ways. • Double click on the food in the Available Foods area. Enter the new quantity in the box that appears and click "OK". • Highlight in the Selected Food side the amount. Use the greater than (>) or Less than (<) buttons in the center. Amount will increase or decrease according to the units the food is available. • Edits are included that do not allow for entry of amounts over the allowed maximums. If the computer will not accept a change, this is probably the reason why. • Click on View FI's. • The screen pops up that shows the food instrument distribution. • If no adjustment is needed, click on "OK". • Only five (5) lines are allowed on a food instrument. If more than five lines show on one food instrument, Local Agency will need to move one food item from that food instrument to another. Food instrument that has more than 5 lines will have a scroll bar on the right side. • Click on Adjust to adjust the food instruments. • Adjust FI's as necessary. • Highlight item to be adjusted. • Enter the number of units to move. Select number of food instruments from drop down pick

		list or enter the number of the FI to move the food to. • If food instruments are adjusted, the next month's FI's will reflect the adjustment. To return to the original food distribution on the FI's, the Local Agency will have to reenter one of the food package items that were changed and this will cause the computer to return to the original food package distribution on the FI's. • Refresh Key: If having problems seeing the adjust boxes on the screen, click on the Refresh button twice and this will bring the screen back so all items are visible. • Refer to Food Instrument policy for printing of food instruments.
Formula Food Package	• Place the name of the formula used on the Name of Product line, if appropriate. • Indicate type of formula by checking either: Powder, RTF, or Conc. box. If combination indicate this by checking appropriate boxes. • Enter quantity of formula in cans in the Quantity Column. • Changes to formula should be documented in the change columns. The Health Professional will date and initial above the Chg (Change) column to clarify when changes to the food package have been made.	• Formulas to be on foods instruments should be entered per instructions above. • If formula will be direct issued from the Local Agency inventory click on direct issue. (Can also go through Direct Issuance Inventory to issue on food instruments). • The Local Agency Direct Issue Inventory will appear. Highlight the formula to be issued to participant. Double Click on Issue to Participant at the bottom of the screen. • A pop up box will appear asking how many units to be issued. Enter units to be issued and save changes. • A Formula Product/Issuance Inventory signature page will pop up. This should be printed and participant/caregiver should sign and should be placed in participant chart.

Termination Date	• When a participant terminates from the Program during a certification period, the clerical staff will enter the termination date in the month, day and year format (mmddyy).	• If a client is to be terminated before their certification expires, I e: moving, go through edit area to enter in month, day, year format (mmddyy) the date the client is terminated. • Computer will automatically enter a termination date on all certifications that expire at the end of each month.

Termination Reason	• When a participant terminates from the Program during a certification period, the clerical staff will indicate the reason for termination:
	  • Breastfed 1 Yr. or Post Partum
	  • Deceased
	  • Dual Participation
	  • Exceeds Income Level
	  • Failed to be Certified
	  • Inactive
	  • Miscarriage
	  • Moved
	  • Not at Risk/No Longer Needs Benefits
	  • Priority No Longer Served
	  • Program Misuse
	  • Reached 5 Years of Age
		• Click the down arrow to get the pick list.
		• Click to highlight the correct reason for termination.
		• The pick list includes:
		  • Breastfed 1 Yr. or Post Partum
		  • Deceased
		  • Dual Participation
		  • Exceeds Income Level
		  • Failed to be Certified
		  • Inactive
		  • Miscarriage
		  • Moved
		  • Not at Risk/No Longer Needs Benefits
		  • Priority No Longer Served
		  • Program Misuse
		  • Reached 5 Years of Age

Health Professional Signature	• The Health Professional must sign and date all certification forms including the one month formula issuance certification for a baby of a WIC mom and a Transfer (VOC). • If the clerical staff completes any part of the form earlier than the date the Health Professional signs the form, the clerical staff should follow documentation procedures where the information was entered. Document near the space allowed for the signature.	• Not entered onto computer.
Updating/Changing of information	• Local Agency staff will follow documentation procedures for updating/changing of all information on the certification form.	• NA

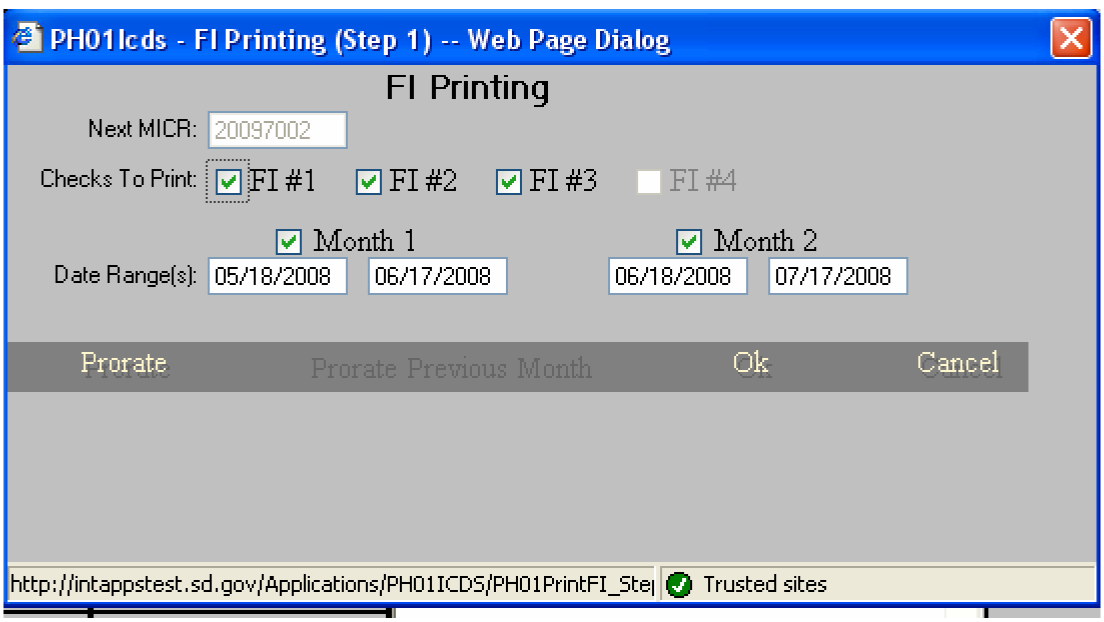
PURPOSE: To provide Local Agencies with guidelines for printing food instruments from the certification area.

PROCEDURE:

A. **<u>Editing Food Package before Printing:</u>** If changes need to be made in a Food Package or foods need to be moved from one FI to another, select the Edit button in the Food Package area of the WIC certification form. Refer to Food Package area of the Add Certification Woman, Infant or Child policy for guidelines.

<u>B. Printing FI's without tailoring changes:</u> Food instruments can be printed from the WIC Certification area. Refer to User Login policy for directions to get to the WIC Certification area. If you have just completed entering the certification data for a participant you will already be where you need to be to proceed to printing of the food instruments. If you want to go into a participant whose data has been entered earlier, go in through the Edit choice to print the food instruments. Use the following instructions for printing of food instruments.

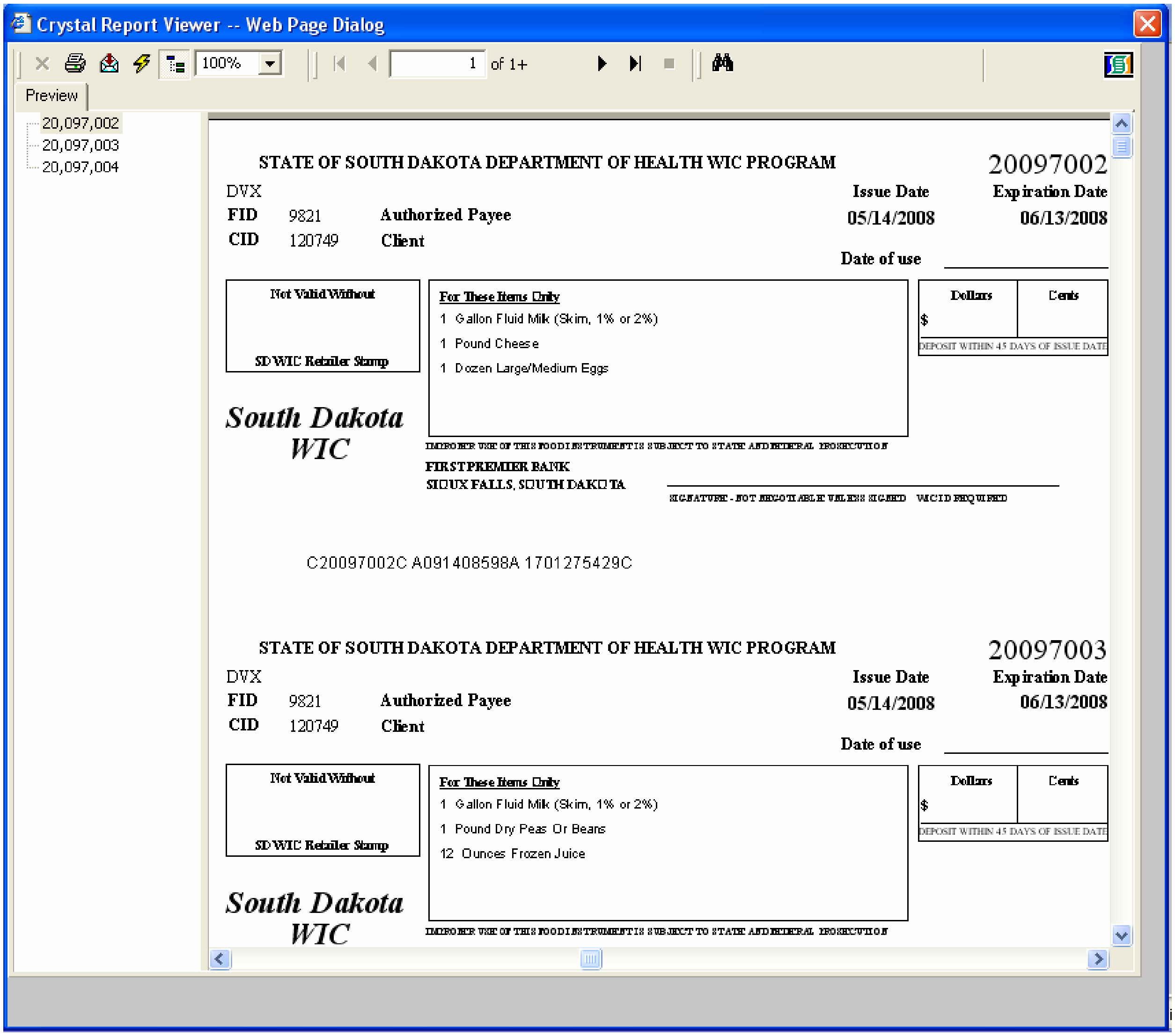
1. Click on print from the certification form the following screen will appear.



2. Brings up the FI # displayed screen to allow you to choose whether you want to print one or 2 months for FI's.

3. Click on "OK"

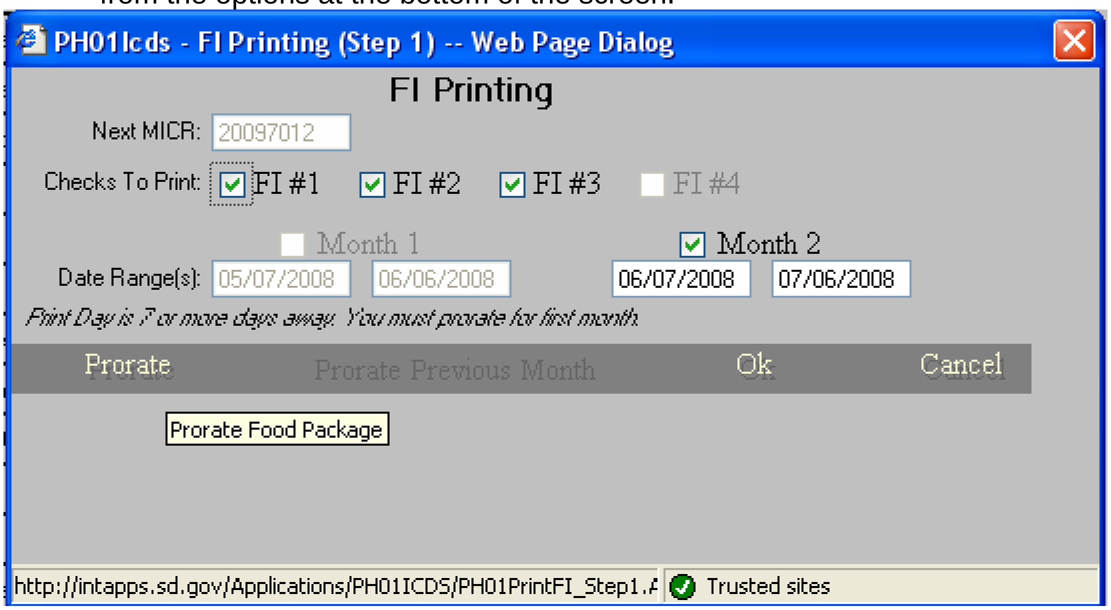
4. Confirm Printing screen will pop up.

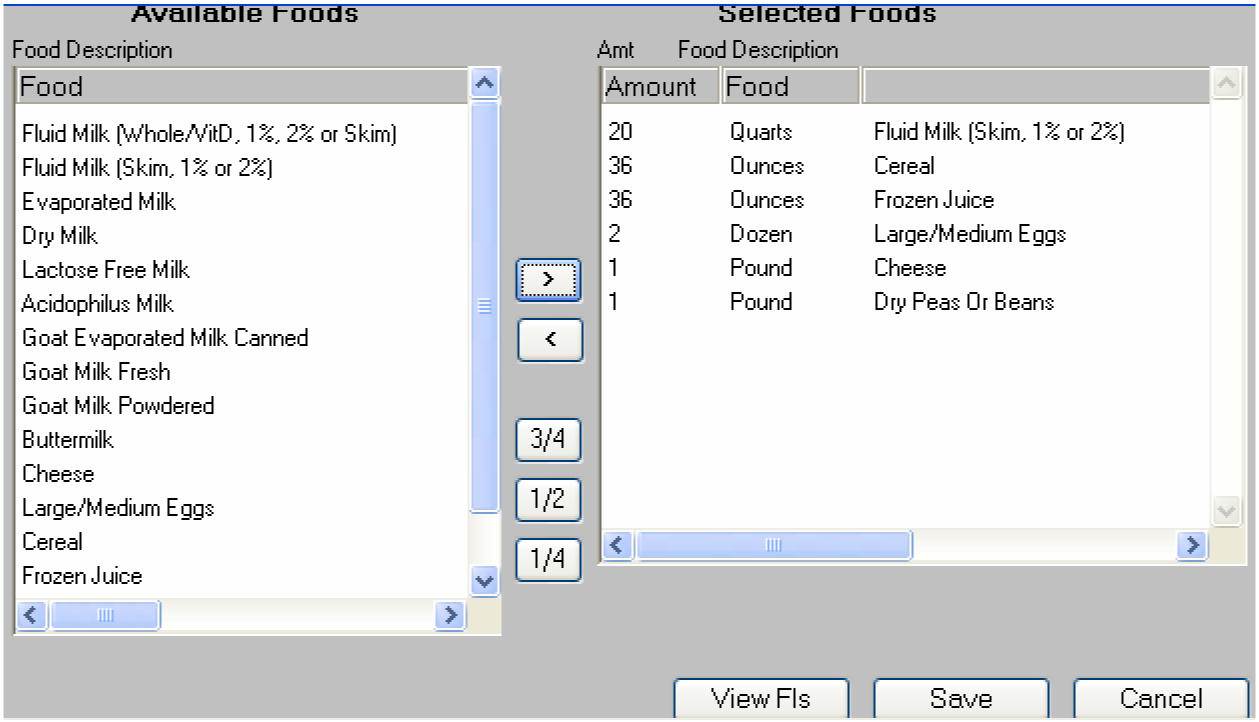


Close Crystal Reports Viewer screen.

5. Local Agency needs to verify that the FI's have printed accurately. If screen shows FI's have printed, but the checks did not print or printed incorrectly, notify the State Office.
6. To Void or Open Fi's contact the State Office.
7. Check Register is printed on last page of FI's for client
8. Payee or alternate signs the Register on signature line
9. Keep Check Register in Local Agency file in numerical order, by individual staff.

C. **Prorating Food Instruments:** Select the Print button in the food package area of the WIC certification form. After the F1# display screen pops up select Prorate from the options at the bottom of the screen.





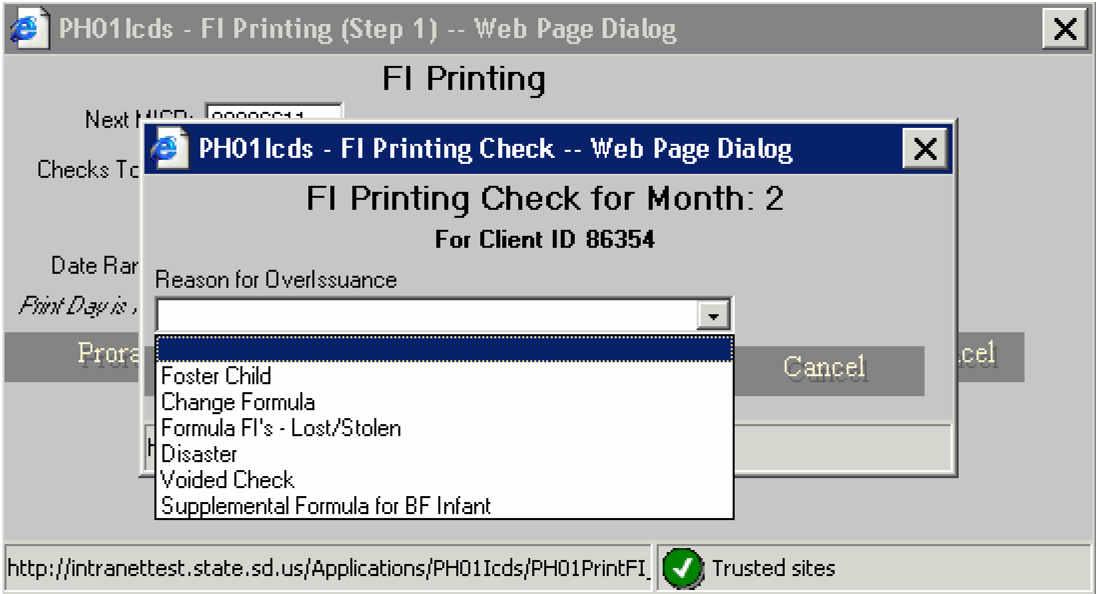
Choose either the ¾, ½, or ¼ button from the center of the screen.
Save changes then choose print button to print FI's.

D. **Overissuance Edit:** This edit is used to provide a reason for re-printing food instruments. If food instruments are issued for the month and it is determined that new food items must be issued in the same month the following process should be followed:

1. All unused foods and food instruments need to be returned to Local Agency.

2. Local Agency can re-print food instruments for the following reasons:

   a. Foster Child
   b. Change of Formula
   c. Formula FI's – Lost/Stolen
   d. Disaster
   e. Voided
   f. Supplemental Formula for Breastfeeding Infants


PH01Icds - FI Printing (Step 1) -- Web Page Dialog
FI Printing
PH01Icds - FI Printing Check -- Web Page Dialog
FI Printing Check for Month: 2
For Client ID 86354
Reason for OverIssuance
Foster Child
Change Formula
Formula FI's - Lost/Stolen
Disaster
Voided Check
Supplemental Formula for BF Infant
Cancel
http://intranettest.state.sd.us/Applications/PH01Icds/PH01PrintFI_
Trusted sites

PURPOSE: To provide Local Agency with guidelines for batch printing food instruments for a family.

PROCEDURE:

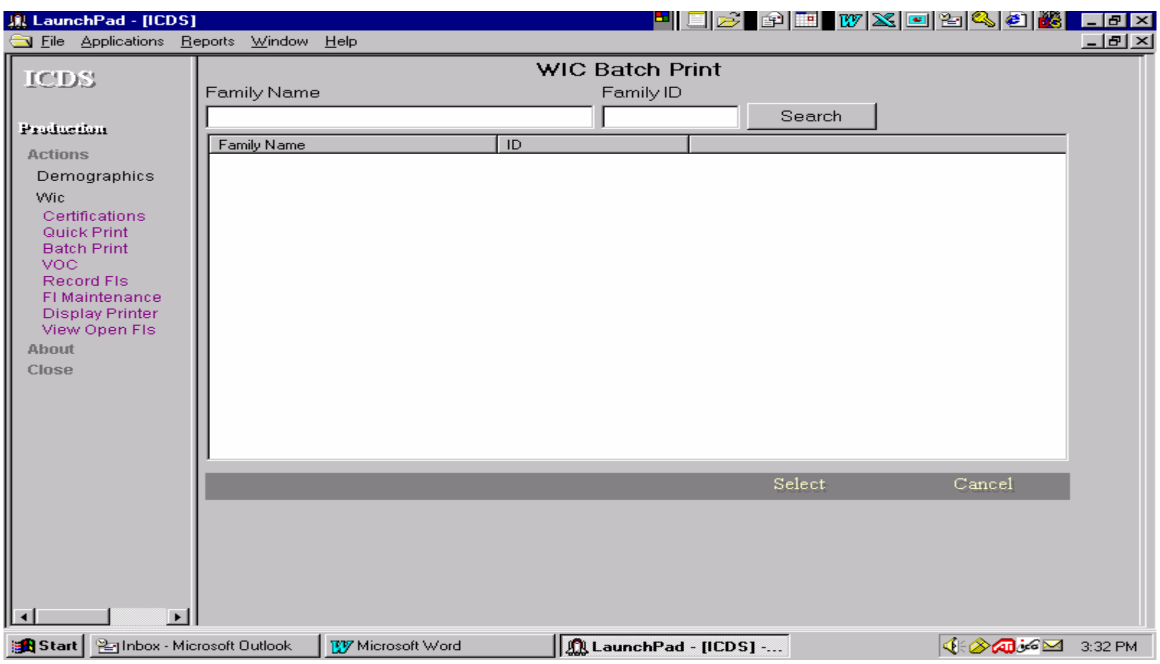
A. **<u>When to Use:</u>** Batch printing of food instruments works for printing the food instruments for all members of a family at one time. If printing food instruments for only part of a family, do not use Batch Print.

B. **<u>Adding a New Family:</u>** If adding a new family to the database, food instruments cannot be batch printed for the entire family the first time. Print each individual participant's food instruments through Certification.

C. **<u>Accessing Batch Print:</u>**

1. In Actions area screen: Click to select WIC, then click to select Batch Print

2. The WIC Batch Print screen pops up

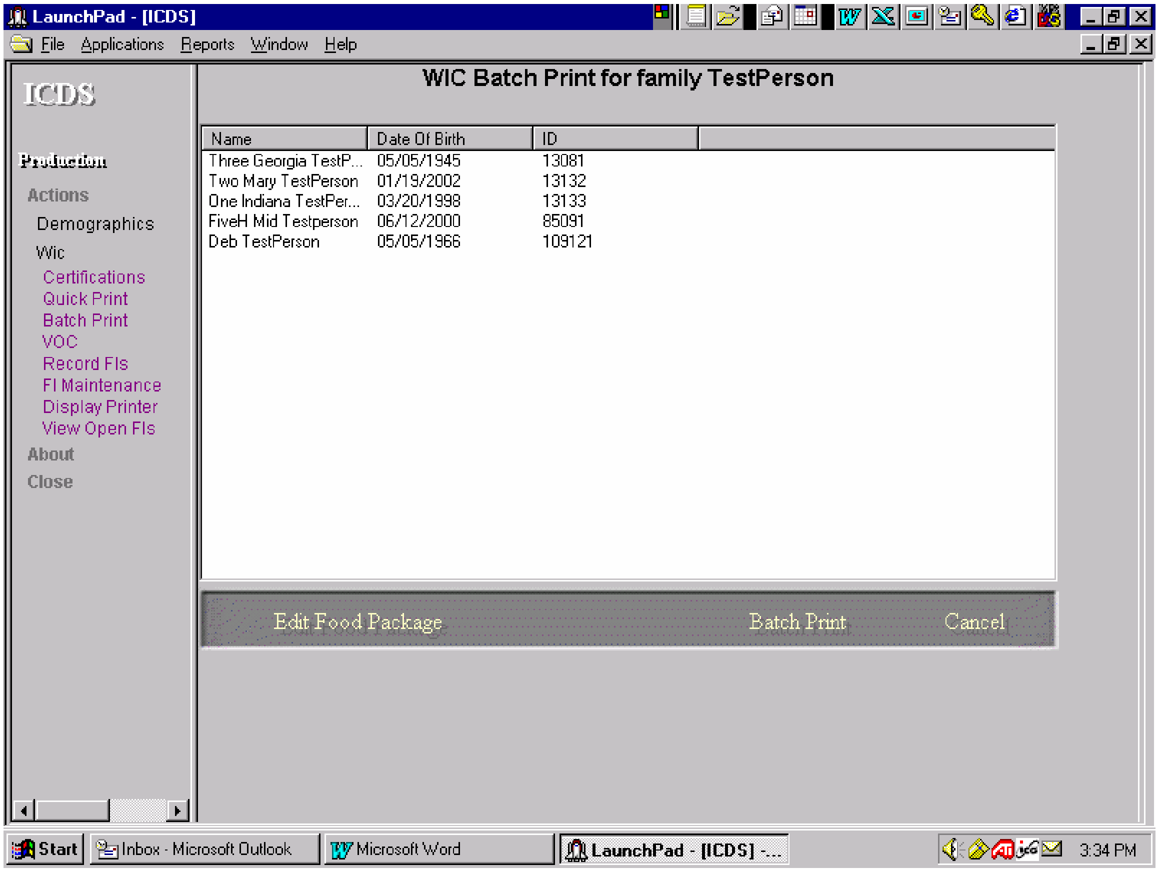


3. Type in the family name and click on Search

4. Click to highlight the name of the family payee in the list that appears

5. Click on Select

6. The WIC Batch Print for Family……… screen will pop up. Check to be sure that the correct family has been selected. The names of all family members will be listed on the screen.



7. Click on Batch Print at the bottom of the screen. All of the FI's for the family will be printed

8. To Print FI's refer to directions given in Printing Food Instrument From Certification Area policy.

9. A food package can be changed before it is printed. Select the Edit Food Package button. Refer to Add Certification Woman, Infant or Child policies for guidelines for changing a food package.

SOUTH DAKOTA DEPARTMENT OF HEALTH HEALTH AND MEDICAL SERVICES OFFICE OF FAMILY HEALTH WOMEN, INFANTS & CHILDREN PROGRAM	POLICY: CHANGE OF STATUS – COMPUTER GENERATED

PURPOSE: To establish guidelines for the Local Agency to follow to initiate computer generated terminations of clients and food package changes based upon policy.

PROCEDURE:

A. **<u>CIA Process:</u>** The Computer Initiated Actions (CIA) computer processes will be initiated by the State Office each month.

B. **<u>Change of Status Listing:</u>** Will reflect what actions will be taken by the computer when the Computer Initiated Actions process is initiated. Refer to Change of Status Listing Report.

C. **<u>Types of Changes:</u>** The specific changes made to the data on the computer when Computer Initiated Actions is initiated include the following:

1. <u>Automatic Terminations</u> - a termination date and reason code will be entered for all clients whose certification will be expiring in the next month. Those clients and codes include:

   a. (P6) Postpartum for six months

   b. (B1) Breastfeeding for twelve months

   c. (C2) Child turning two years old - to receive low-fat milk

   d. (C5) Children who turn five years old

   e. (EX) Certification Expires

   f. (I6) Infant turning 6 months old - to receive cereal.

   g. (I7) Infant turning 7 months old - to receive juice.

   h. (IC) Infant turning to Child - to receive child food package.

   i. (DP) Peanut Butter changed to Dry Peas/Beans

   j. (PB) Dry Peas/Beans changed to Peanut Butter

2. <u>Automatic Certification Category Changes</u> - the certification category of all infants who turned 12 months old in the current month will have their category changed from <I>nfant to <C>hild for the next month.

3. <u>Automatic Food Rx Changes</u> - the food packages will be changed by the computer for specific reasons.

   a. (I6) Infants who will be six months old in the following month will have infant cereal added to their current food package and (I7) infants who will be seven months old in the following month will have infant juice added to their current food package.

b. (IC) Infants who turned twelve months in the current month will be issued a typical child's food package in the following month. The Health Professional should assure the food package is tailored as appropriate. Refer to Tailoring Food Packages for Children and Food Packages for Children policies. The automatic food package change will include the following:

16 quarts milk
1 pound cheese
2 dozen eggs
48 oz. frozen juice
30 oz. cereal
1 pound dry peas/beans

c. (C2) Children who turn two years old will have their milk changed from whole milk to 2%, 1%, skim milk.

c. Peanut butter changed to dry peas/beans for those participants eligible to receive peanut butter and vice versa.

D. **Printing Change of Status Report:** Once the CIA is run by the State Office, Local Agencies can print Change of Status reports.

E. **Other Guidelines:** Refer to Reports policy.

SOUTH DAKOTA DEPARTMENT OF HEALTH HEALTH AND MEDICAL SERVICES OFFICE OF FAMILY HEALTH WOMEN, INFANTS & CHILDREN PROGRAM	POLICY: NOTICE OF ACTION: COMPUTER GENERATION

PURPOSE: To identify the process used to generate the Notice of Action (NOA) by computer.

PROCEDURE:

A. **When issued:** The Notice of Action forms are issued as either part of the monthly process or on an individual basis.

B. **Printing timeline:** The Notice of Action report used to print automatic computer generated Notices of Action will be available after the State Office runs the Computer Initiated Actions (CIA) process. The Local Agency will run the Notice of Action History report and the individual Notice of Action forms.

C. **Automatic Computer Generated Notices:** The computer generated Notices of Action include the participants whose status for the next month include any of the following:

1. Certification Benefits Expire

2. Woman Has Completed Six-Month Postpartum Certification

3. Breastfeeding Woman's Infant Turns One Year of Age.

4. Child Turns Five Years of Age

5. (Formula) Script Expires.

D. **Local Agency Requested Notices:** All other Notices of Action to be issued by the computer must be initiated by the Local Agency, e.g. one month verbal for income, identity and/or residency.

E. **Accessing and printing of report and form:** Refer to the Reports policy for guidelines to access the Notice of Action History Report and forms.

F. **Notice of Action Forms reports can be viewed on the screen and printed.**

1. The report has a review screen on the left side of the screen. This is an alphabetical listing of all participants that will receive a NOA.

2. Double click on a name listed just below the name of the participant for whom you want to view the NOA.

3. To print just one page, located at the top of the screen is a box that shows what page number is being viewed. Click on print and check the pages box and tell to print only that page. Click "OK" to print.

4. To print a section of pages, designate the numbers of pages to be printed in the space allowed and click "OK" to print.

5. To print all pages, select all and click "OK"

G. **Notice of Action Forms:** Individual Notice of Action forms are printed out in alphabetical order by payee.

H. **Notice of Action History Report:** The Notice of Action History report is printed in alphabetical order by Payee Last Name and the preview screen is in alphabetical order by Payee Last Name.

1. The report is to be printed monthly and placed on file in the Local Agency.

2. The Local Agency is to record the date the Notice of Action form was given/sent to the participant.

3. If the Notice of Action was mailed, note mailed on the date line on the History report.

PURPOSE: To provide Local Agencies with guidelines for obtaining reports from the ICDS computer system.

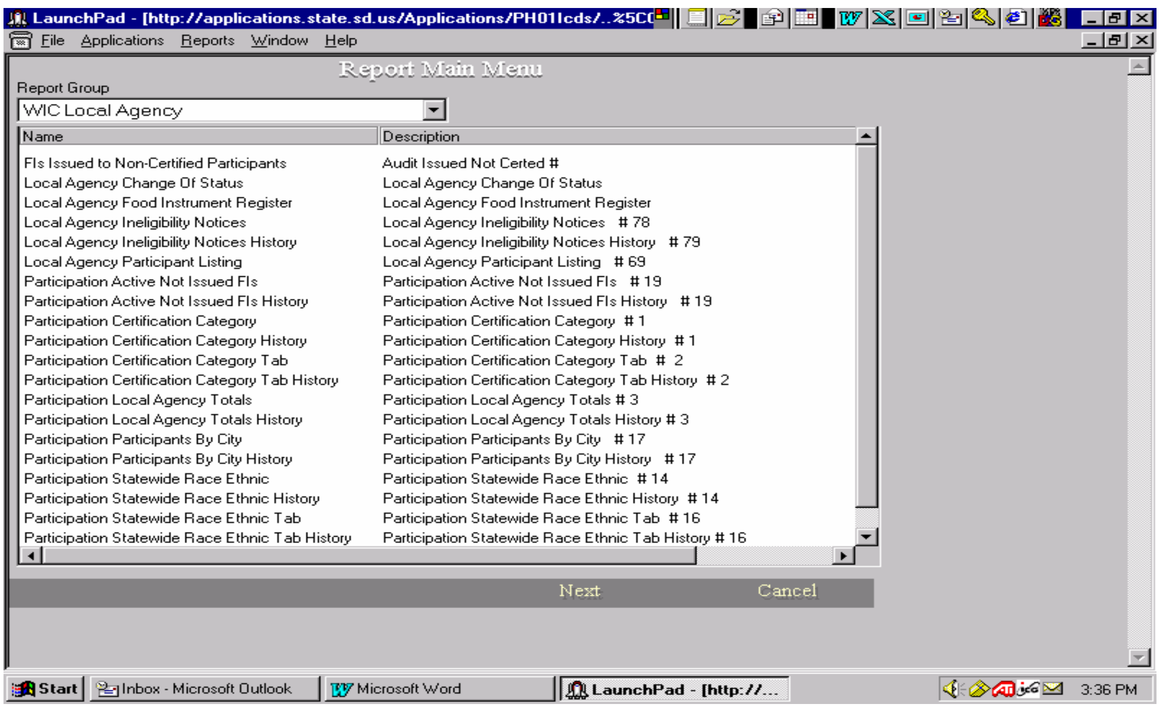
PROCEDURE:

A. **<u>Obtaining a Local Agency report</u>**:

1. Refer to User Login policy for steps to get into Launch Pad.

2. In Launch Pad, click on Reports tab in the top gray taskbar.

3. Click on Reports for ICDS. The General Reports screen will pop up. The screen has a drop down menu box that lists the reports available.



4. Select the appropriate report (i.e. Change of Status)

5. Click on View

6. Screen pops up with drop down box to select the site for which the report is to be generated. This will default to the Local Agency site from which the report is being requested. For agencies with access to more than one site, use the drop down box to select the correct site.

7. Click on View Report

8. Screen pops up and asks for the search date. There are two ways the search date is entered, depending upon the report.

a. If search date looks like 2000, 07, 31. The word Date must be typed in, the brackets must be used, and there is a space between the commas. To prevent having to reenter all data use the mouse to click on the date to be changed, delete the date and reenter the correct date. The search date will always be the last day of the month for which the CIA report is being generated.

- Click on next
- Click on finish

d. If search date comes up with message "Enter Termination Action Date Month" and looks like 8.000000, change only the first digit to reflect the month for which the report is being printed.

- Click on next
- Prompt comes up with message "Enter Termination Action Date Year" and defaults to 2000.0000
- Click on finish

9. To print the report, click on the printer icon. Designate in the spaces allowed if all of the pages of the report or just some pages are to be printed. If a report is long, a Local Agency may want to print in segments.

10. To exit the report, Click on the "X" in the upper right hand corner of the report window. Do not click on the "X" in the upper right hand corner of the Launch Pad window or Launch Pad will be closed.

11. Click on cancel

12. The computer will return to the Report Screen with the drop down menu for reports.

13. Highlight to select the next report to be viewed and printed.

SOUTH DAKOTA DEPARTMENT OF HEALTH HEALTH AND MEDICAL SERVICES OFFICE OF FAMILY HEALTH WOMEN, INFANTS & CHILDREN PROGRAM	POLICY: TRANSFER (VOC)

PURPOSE: To provide Local Agency with guidelines for transferring a client (VOC).

PROCEDURE:

A. **Other guidelines when issuing a Transfer (VOC):** For guidelines on acceptance and issuance of a Transfer (VOC) refer to the Transfer of Certification policy.

B. **Accepting a Transfer (VOC) request:**

1. All requests: When an applicant requests a Transfer (VOC) in a Local Agency, the Local Agency must search the South Dakota database to determine if the participant has participated in the WIC Program in South Dakota at another agency. This is a step taken to prevent dual participation.

2. Electronic Transfers Certification Form: When a Local Agency receives an electronic transfer, staff must update the certification form on ICDS by entering a “Y” in the Transfer? area on the certification form. This change must be made prior to printing the certification form to place in the participant chart. Refer to Transfer (VOC) policy for completing the required information in the transfer box that pops up.

3. Printing Certification Form: To print the certification form follow the steps below:

   a. Right click anywhere on the certification form in a gray color area

   b. Click on Print, OK

   c. Entire certification form will print

      1. The demographics area will not show up on the printed certification form.

      2. Staff will have to complete these areas manually before filing in chart.

4. Out of State Request: When accepting an out of state request the following information must be documented in order to be able to save a certification form:

   a. Name

   b. Payee ID

   c. Certification Category

   d. Certification beginning and ending dates (Contact State Office to enter correct beginning date of certification; computer only allows Local Agency to enter current date.)

e. Local Agency

f. Risk Codes

C. **Electronic Transfer (VOC) within the State of South Dakota**: The electronic transfer reassigns participant data to the new Local Agency for any participant who is to be electronically transferred from one South Dakota Department of Health Local Agency to another.

1. The Local Agency transferring the participant must send an electronic mail to the receiving Local Agency to notify them of the participant transfer.

a. Send the electronic mail to more than one staff person at the receiving Local Agency to assure notification is received.

b. The electronic mail must include participant name, Client ID number, Family ID number, and if the participant has received Food Instruments from the transferring Local Agency for that issuance month.

c. The electronic mail must also include the following Confidentiality Note:

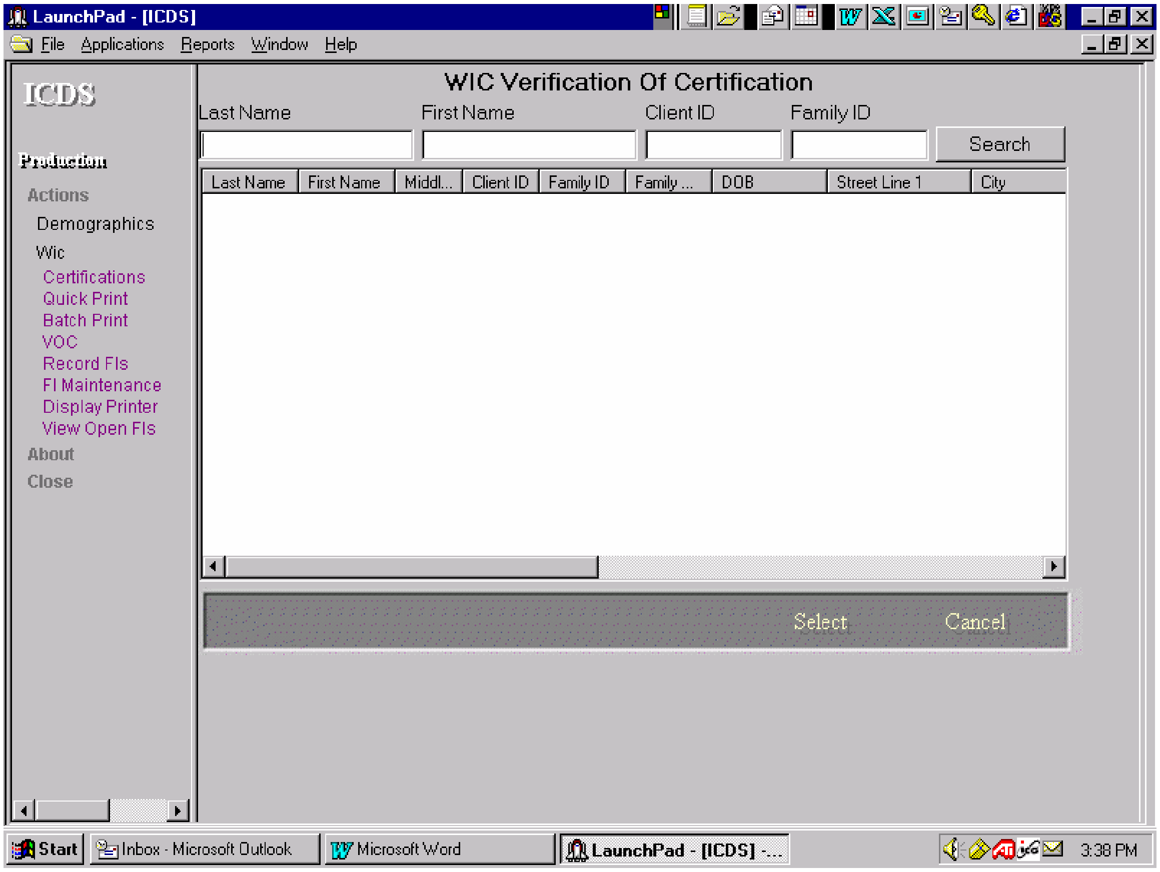
1. **Confidentiality Note:** The information contained in this e-mail is confidential or privileged material and is intended only for use by the individual or entity to who they are addressed. Use or distribution of information contained in this document by any other individual or entity not intended to receive this is strictly prohibited. If you have received this e-mail in error please notify the sender thereof and delete the message. **South Dakota Department of Health**.

D. **Transfer (VOC) out of state:** If the participant is moving out of state a paper VOC document is issued from the computer. The computer assigns a VOC number and prints out a one page VOC Register. The participant will need to sign the register. The one page register will be placed on file in the Transfer (VOC) Register file. The participant's certification is terminated automatically on the computer.

E. **Generation of Transfer (VOC):** Instructions for completion or generation of the Transfer:

1. In actions area screen, click to select WIC, click to select VOC

2. The WIC VOC screen will pop up.


LaunchPad - [ICDS]
File Applications Reports Window Help
ICDS
Production
Actions
Demographics
Wic
Certifications
Quick Print
Batch Print
VOC
Record FIs
FI Maintenance
Display Printer
View Open FIs
About
Close
WIC Verification Of Certification
Last Name
First Name
Client ID
Family ID
Search
Last Name First Name Middl... Client ID Family ID Family ... DOB Street Line 1 City
Select
Cancel
Start
Inbox - Microsoft Outlook
Microsoft Word
LaunchPad - [ICDS] -...
3:38 PM

F. **Selection of participant and issuance of Transfer (VOC):**

1. Enter the Last name

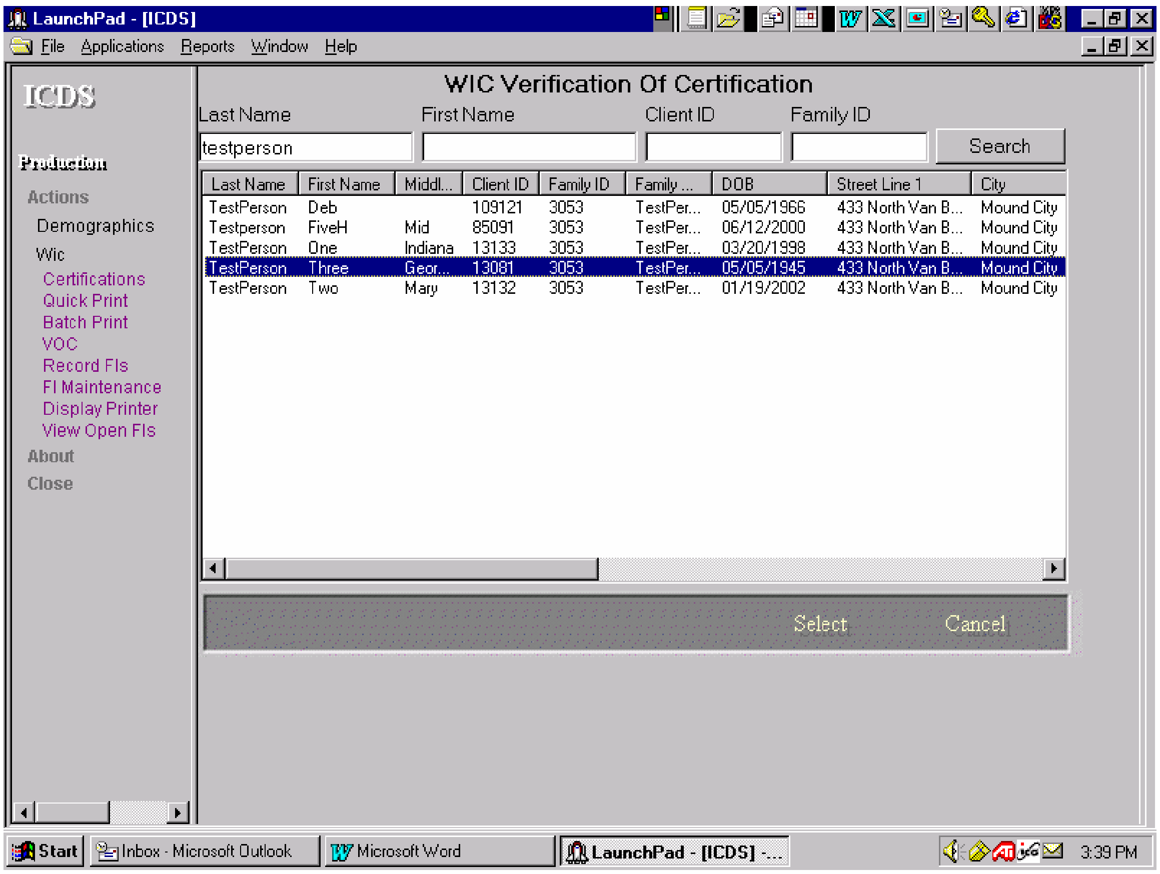
2. Click on Search

3. List of client names will come up

4. Click to highlight the client to receive a VOC

5. Click on Select

6. A verification screen will pop up



7. Verify the information in the box to assure the correct client has been selected

8. If not correct client, click on cancel and try again.

9. If correct client, click the down arrow box and select the transfer type:

   a. Electronic: the data will be electronically transferred to another site. No Transfer (VOC) card will print

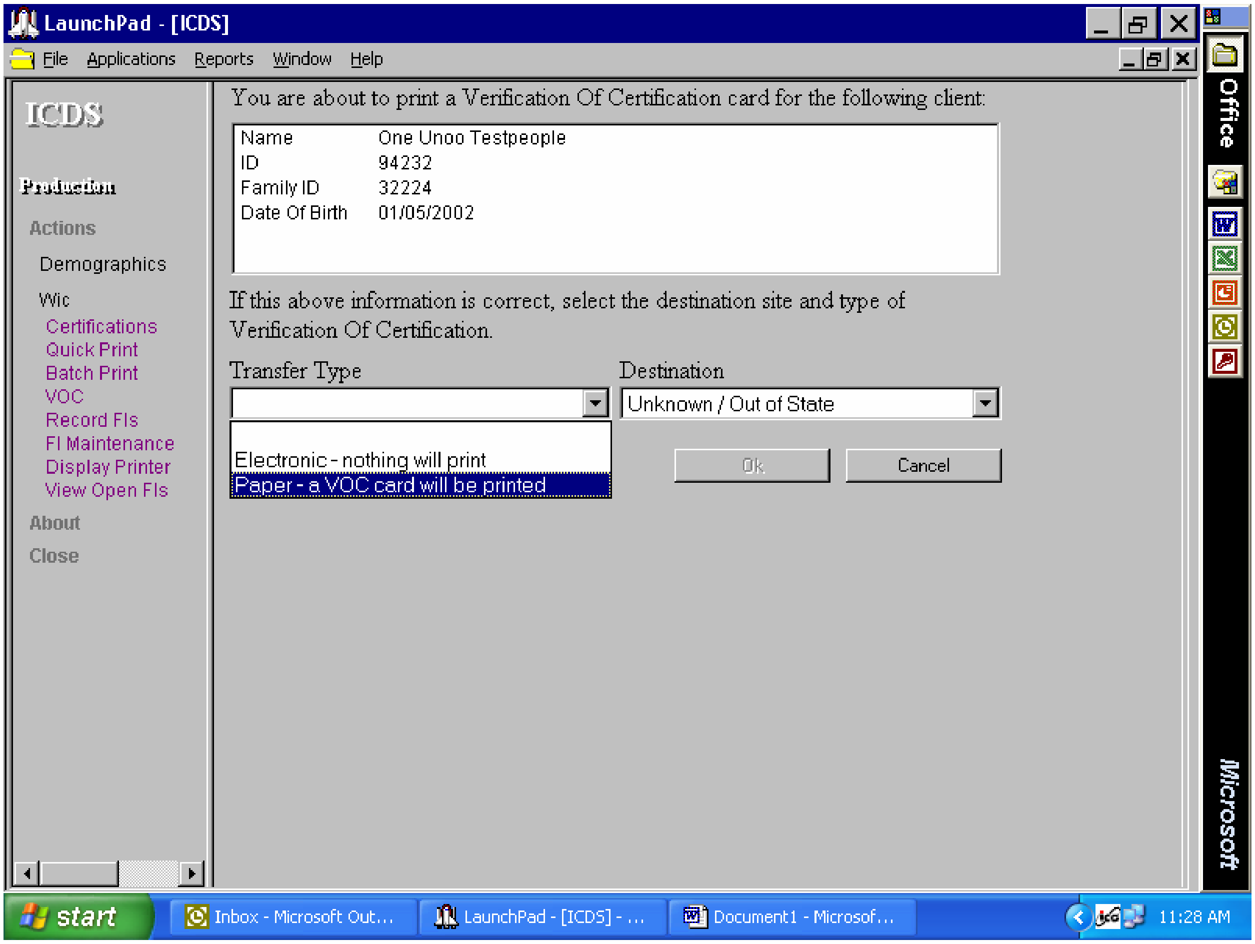
   b. Paper: a Transfer (VOC) card will be printed that can be issued to the participant.

10. Select the state to which the person is moving from the list of states in the Destination drop down arrow box. If it is SD, select SD.

11. Click on "OK"

12. For the paper Transfer (VOC): The Verification of Certification sheet and the Transfer (VOC) Register will print. Give the Transfer (VOC) card to the person transferring and have them sign the Transfer (VOC) register. Transfer (VOC) Register must be kept in the Local Agency file per policy. Any printed Transfer (VOC) that is damaged or not used must be kept on file with the register.

13. For the electronic Transfer (VOC): The transfer will be done on the computer system. No Transfer (VOC) will be printed out.

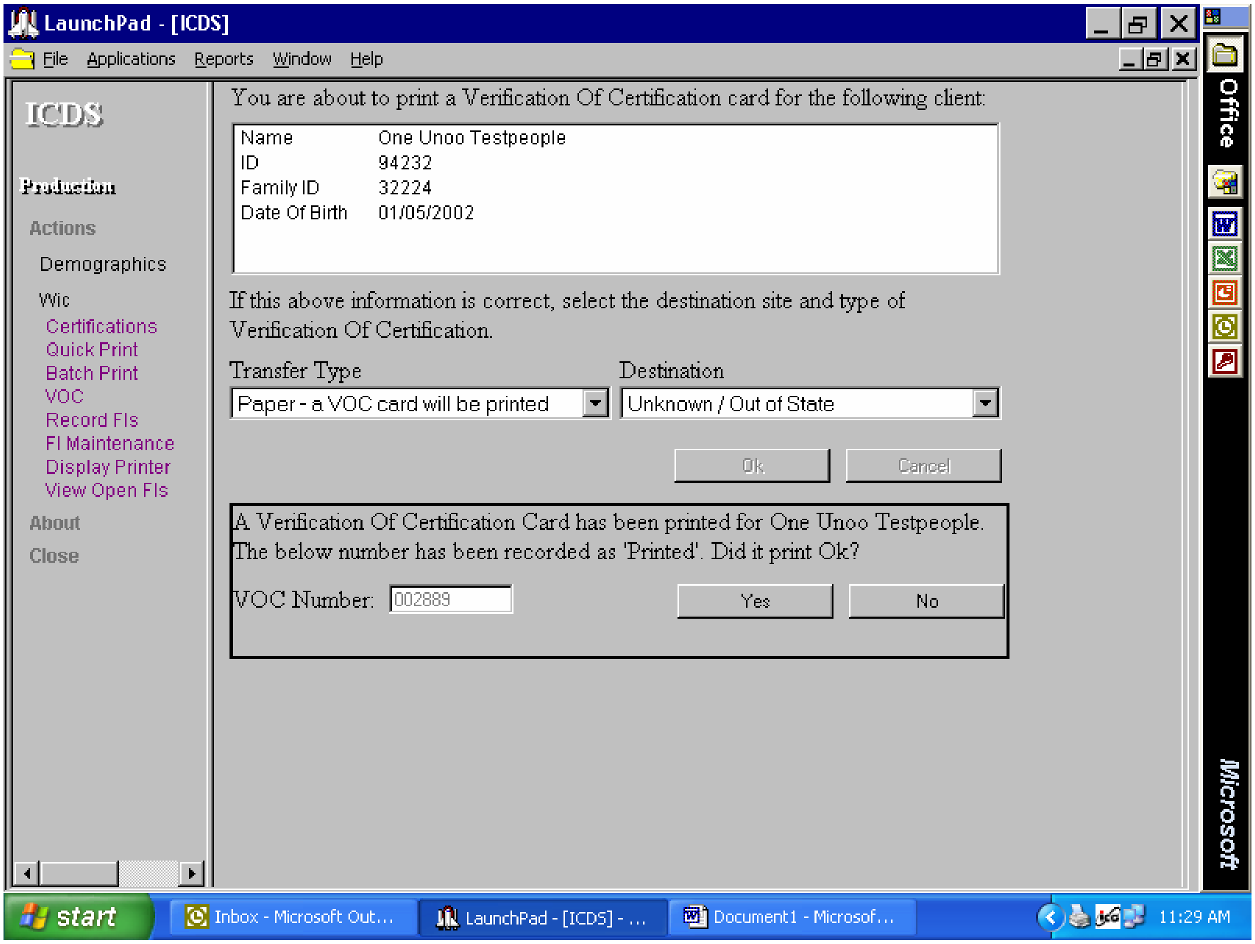


G. **<u>Verification of Transfer (VOC) issuance:</u>**

1. Another screen will pop up that will ask you to verify that the Transfer (VOC) paper printed "OK".

2. If yes, click on yes.

3. If no, click on no. It will take you back so that you can try to print the Transfer (VOC) again.



H. **<u>Transfer (VOC) Data:</u>** Information included on the Transfer (VOC) document includes:

1. Transfer (VOC) number
2. Date Issued
3. Participant Name
4. Payee Name
5. Client and Family ID
6. Sex, Race
7. Date of Birth
8. Certification Category
9. Certification Period
10. Date Income Verified
11. Family Size
12. Category Specific Information: depending on certification category

13. Food Package

14. Date Food Instruments Last Printed

15. Priority/Nutrition Risk Factors

16. Local Agency Name, Address

17. Line for Official Name, Signature: Local Agency staff issuing Benefits Transfer (VOC) document are to sign to verify appropriate issuance of benefits.

I. **Recordkeeping:**

1. Transfer (VOC) inventory:

   a. Electronic Transfer (VOC): Any in state transfer that takes place from one South Dakota Department of Health Local Agency to another within South Dakota does not print a Transfer (VOC) document and no number is assigned to the transfer. No register is printed.

   b. Paper Transfer (VOC): any Transfer (VOC) that takes place in state or out of state that requires printing of a paper Transfer (VOC) is issued a number. A paper register is printed and must be signed by the participant and kept on file. If a paper transfer document is damaged or unused, it must be kept on file with the Register.

SOUTH DAKOTA DEPARTMENT OF HEALTH HEALTH AND MEDICAL SERVICES OFFICE OF FAMILY HEALTH WOMEN, INFANTS & CHILDREN PROGRAM	POLICY: WIC RECORD FOOD INSTRUMENTS

PURPOSE: To provide Local Agencies with guidelines for recording manually issued (hand written or typed) on the computer food instrument register.

PROCEDURE:

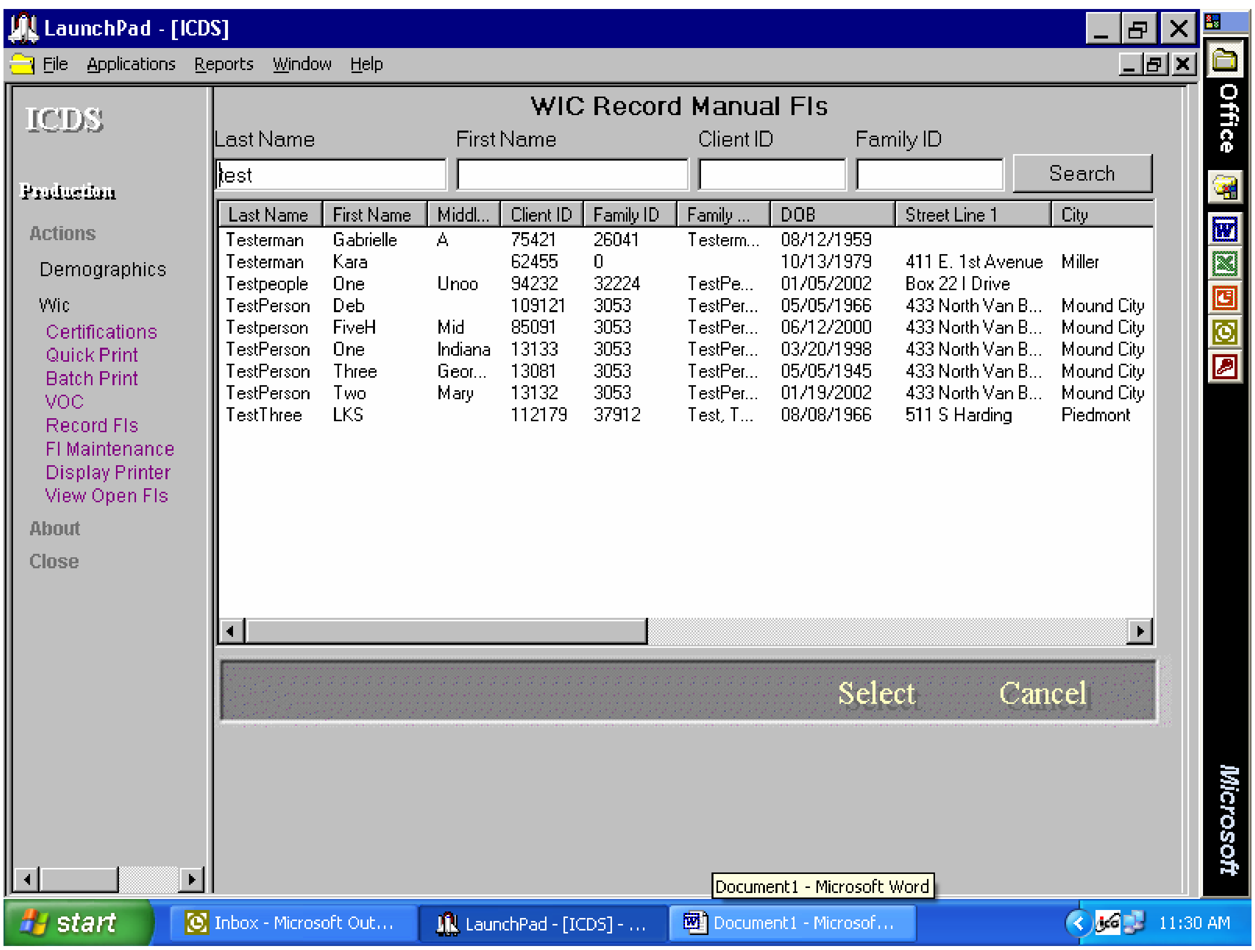
A. **<u>Record FI's:</u>** When manual food instruments have been hand written and issued they must be recorded on the computer. This would happen in situations where the computer is down or not available for printing the FI's. To do this click on Actions, click on "WIC Record FI". Refer to Generation of Food Instruments Manual Process policy.

B. **<u>Accessing WIC Record FI's:</u>** Refer to User Login policy for directions to access WIC Record FI's through Launch Pad.

C. **<u>Guidelines:</u>** Follow these steps for recording manual food instruments.

1. **<u>Enter Last name:</u>** Enter the last name of the person for whom the FI's were issued

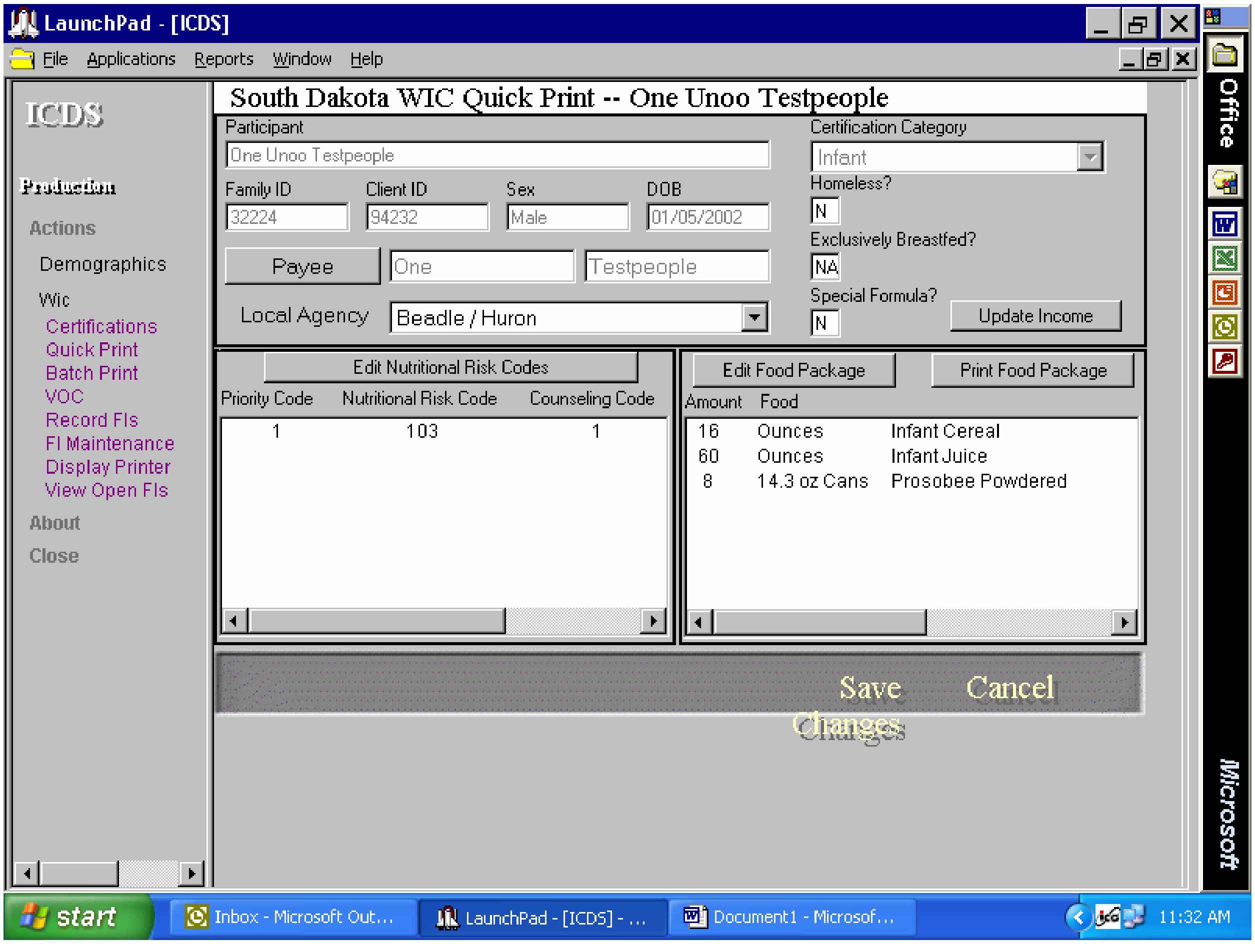
2. **<u>Search:</u>** click on search to find that participant



3. **Pick List:** A pick list will appear. Click on the last name of the participant to highlight and select the participant for whom the FI's were written and issued.

4. **Select:** Click on select to bring up that client.

5. **Client Screen:** The Quick Print client screen will appear.



6. **Edit Food Package and View Food Instruments:** This step is necessary to assure the checks will contain the same food items as the hand written checks did. Make any adjustments to food instruments so they match what was on the hand written check.

7. **Save Changes:** Save any changes made.

8. **Record Food Package:** Click on the Record Food Package button

9. **Food Instrument Number:** Box pops up to enter the food instrument number.

10. **Issue Date Menu:** Screen includes a drop down menu to select the issue date. Select the month for which the FI's were issued.

D. **Computer Assigned Family and Client ID # not available:** If the computer is down so that a computer generated Family and Client ID number cannot be generated for a participant, do the following:

1. Assign a client/family ID number:

   a. Client ID: Use initials and birthdate of the client

   b. Family ID: Use the clinic code and next consecutive number

2. Number Log: Keep a manual log of the client and family numbers assigned. Refer to Food Instrument Register policy

3. Assigning computer numbers: When the computer is up and running, go into the Client and/or Family Entry area and enter the data on the computer to assign a Client/Family ID numbers. Document the computer assigned Client and Family ID # on the manual log next to the manual assigned numbers.

E. **Entry Timeline**: All hand written or typed FI's are to be entered onto the computer inventory as soon as possible after they are issued and within the issue month. Entry of these checks is necessary for accurate participation counts.

PURPOSE: To provide Local Agencies with guidelines for maintenance of food instruments.

PROCEDURE:

A. **Manual Food Instrument Stock:** The inventory numbers of the manual FI's are entered onto the computer by the State Office when FI's are requested. The food instruments are then sent to the Local Agency for use. The FI numbers listed in the "View Open FI's" are to be checked monthly for accuracy when completing the monthly FI Inventory. Any discrepancies should be addressed monthly. If Local Agency is unable to correct errors, contact the State office for assistance.

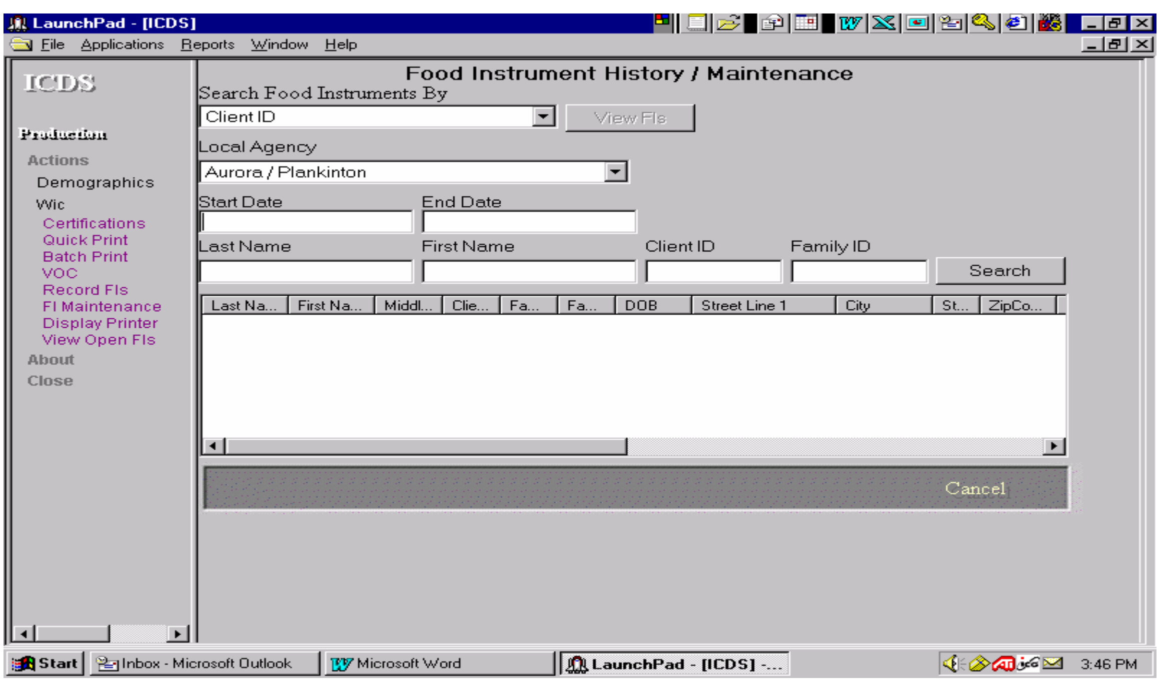
B. **Manual Food Instrument Inventory:** The inventory of the Local Agency food instruments can be found by following the guidelines in User Login policy to get to ICDS. Once in ICDS do the following:

   1. **Click on Actions**: Click on WIC: Click on View Open FI's. Click on the appropriate Local Agency if have access to more than one site. Click on SHOW OLD SYSTEM FIS and then click on Load, a screen will come up that shows the list of manual FI's available in the Local Agency for issuance.

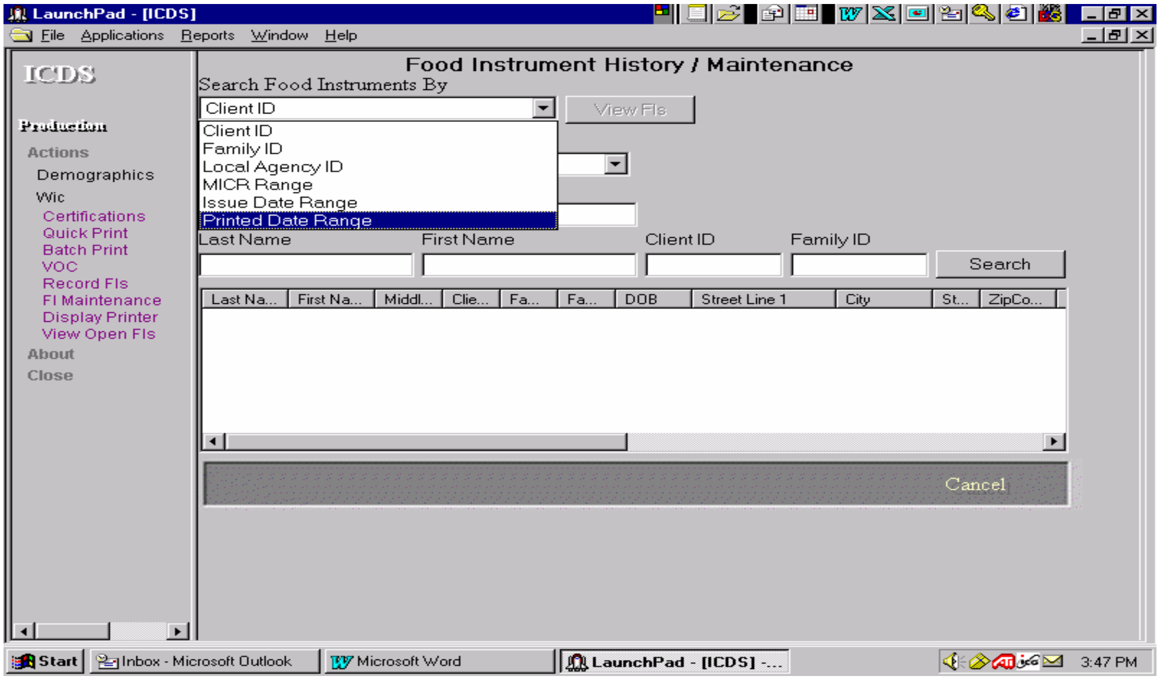
C. **Accessing FI Maintenance**: Refer to User Login Policy for guidelines for accessing FI Maintenance area of the ICDS software.

   1. In actions area Screen: Click to select FI Maintenance

   2. The Food Instrument History/Maintenance Screen pops up.



3. Search food instrument by: Click on the drop down arrow to select the method to use for FI search.



4. Food Instrument History/Maintenance Screen: Drop Down Box – Search By: a search for an FI or more than one FI can be done by:

5. Client ID Number

6. Family ID Number

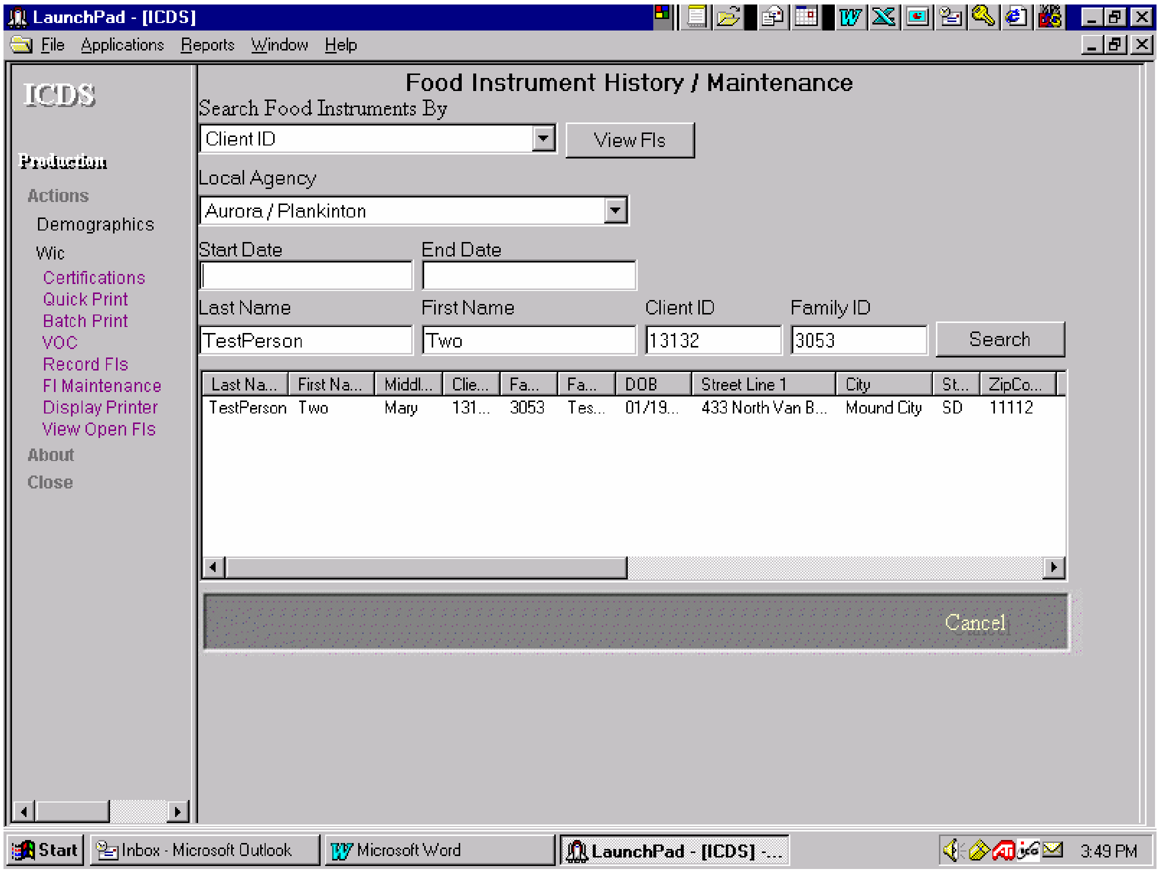
7. Local Agency ID Number

8. MICR Range (check numbers)

9. Issue Date Range

10. Printed Date Range

11. Click to select the appropriate search method desired.



1. Search by Client ID/Family ID
2. Click on Client ID or Family ID in drop down box
3. Start Date: Enter the start date for the time period for which the FI information is needed. If no start date is entered, all FI's issued to the participant will be included in the search list.
4. End Date: Enter the end date for the time period for which the FI information is needed. If no end date is entered, all FI's issued to the participant will be included in the search list.
5. Local Agency will default to site from where the search is initiated. Can be changed to any site Local Agency staff have clearance to use data from. Select the site at which the FI was used.
6. Type in Client/Family name for search. Last name is required but if first name is entered, the search will be faster. Can also be done by Client and/or Family ID number, if known.
7. Click on Search

8. Screen comes up with list of names. You have two options to use to get the FI numbers:

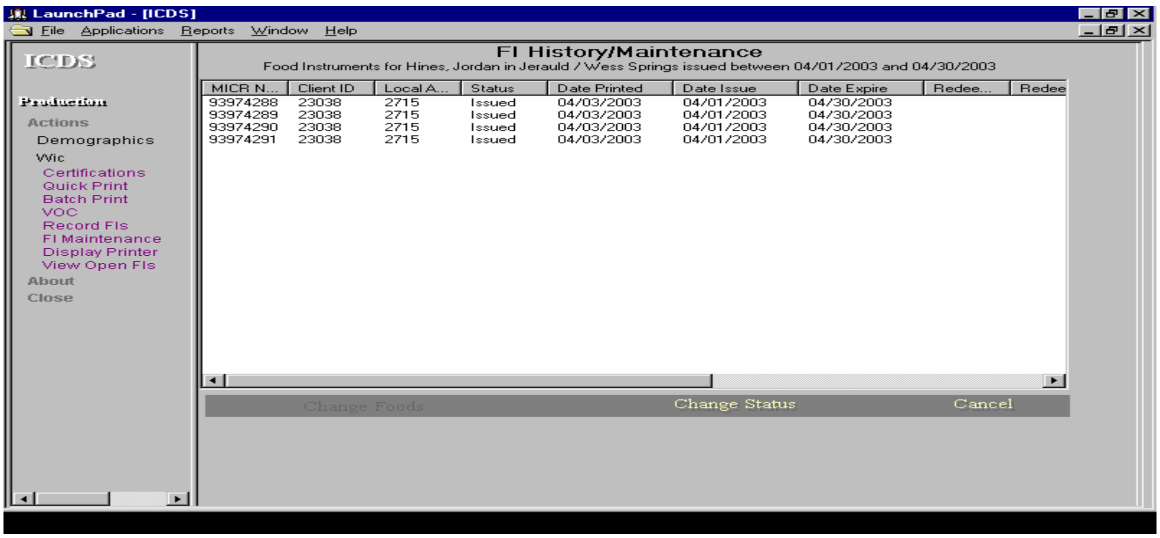
9. If you double click on name of client, the list of the FI issued will pop up.

10. If you highlight the participant's name in the list and click on the View FI button at the top of the screen, the list of FI issued will pop up.

1. Double click on name in screen

2. Click on View FIs

3. Screen comes up showing all FI's issued for that client in that agency



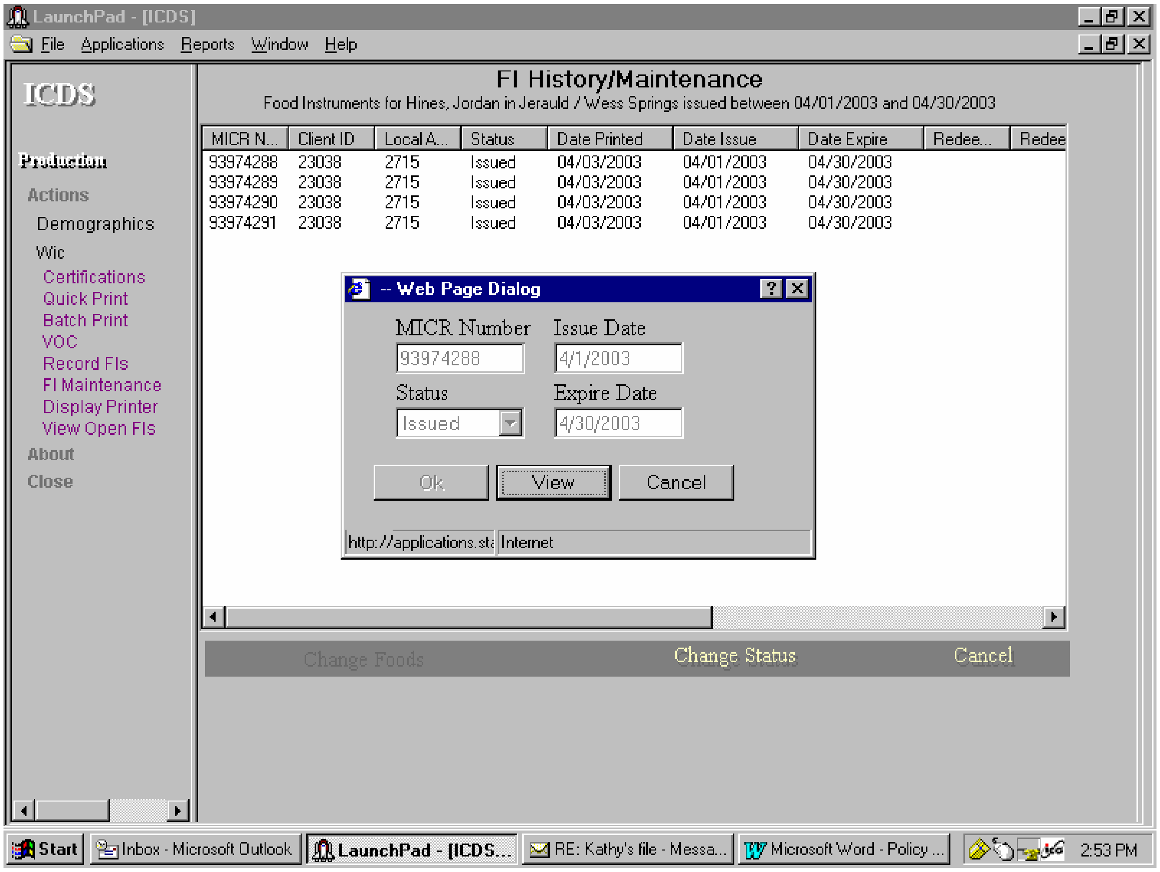
1. Screen shows all FI's issued in the time period selected for the client in that agency

2. If needed, screen can be sorted by any of the titles at top of screen

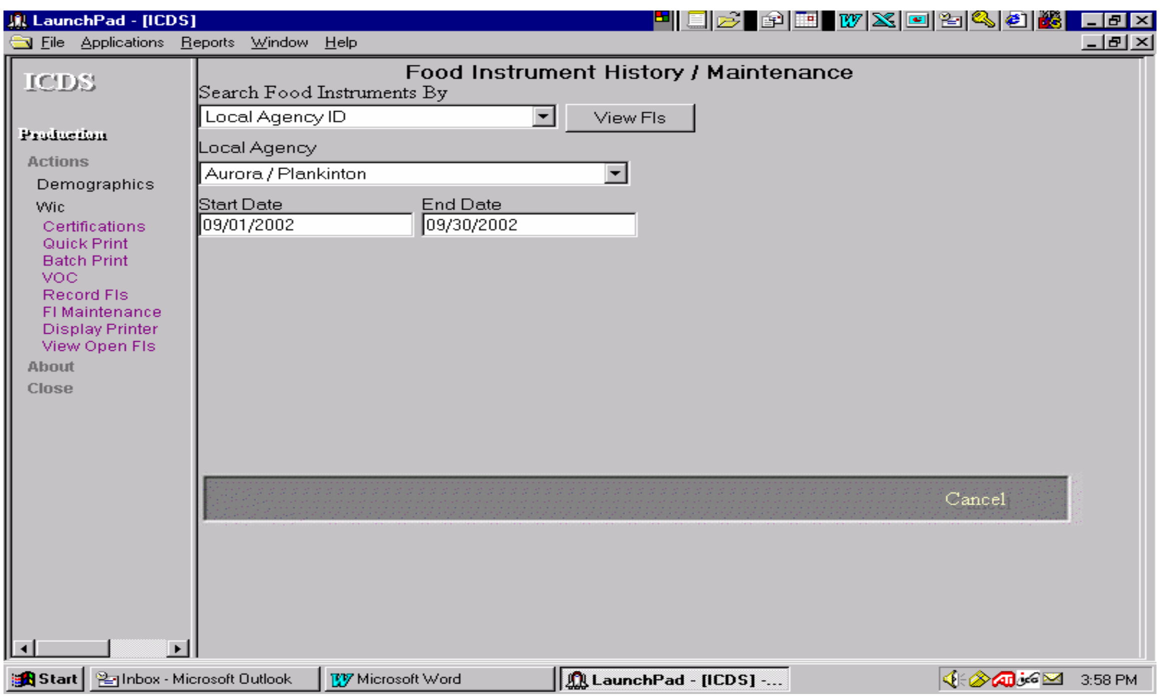
3. Choose the method to sort by clicking on the gray title box at top of screen

4. Screen will sort in that order

5. To resort, click on a different gray title box.



LaunchPad - [ICDS]
File Applications Reports Window Help
ICDS
Production
Actions
Demographics
Wic
Certifications
Quick Print
Batch Print
VOC
Record FIs
FI Maintenance
Display Printer
View Open FIs
About
Close
FI History/Maintenance
Food Instruments for Hines, Jordan in Jerauld / Wess Springs issued between 04/01/2003 and 04/30/2003
MICR N... Client ID Local A... Status Date Printed Date Issue Date Expire Redee... Redee
93974288 23038 2715 Issued 04/03/2003 04/01/2003 04/30/2003
93974289 23038 2715 Issued 04/03/2003 04/01/2003 04/30/2003
93974290 23038 2715 Issued 04/03/2003 04/01/2003 04/30/2003
93974291 23038 2715 Issued 04/03/2003 04/01/2003 04/30/2003
-- Web Page Dialog
MICR Number
93974288
Issue Date
4/1/2003
Status
Issued
Expire Date
4/30/2003
Ok
View
Cancel
http://applications.st
Internet
Change Foods
Change Status
Cancel
Start
Inbox - Microsoft Outlook
LaunchPad - [ICDS...
RE: Kathy's file - Messa...
Microsoft Word - Policy ...
2:53 PM



LaunchPad - [ICDS]
File Applications Reports Window Help
ICDS
Production
Actions
Demographics
Wic
Certifications
Quick Print
Batch Print
VOC
Record FIs
FI Maintenance
Display Printer
View Open FIs
About
Close
Food Instrument History / Maintenance
Search Food Instruments By
Local Agency ID
View FIs
Local Agency
Aurora / Plankinton
Start Date
09/01/2002
End Date
09/30/2002
Cancel
Start
Inbox - Microsoft Outlook
Microsoft Word
LaunchPad - [ICDS] -...
3:58 PM

Search by Local Agency:

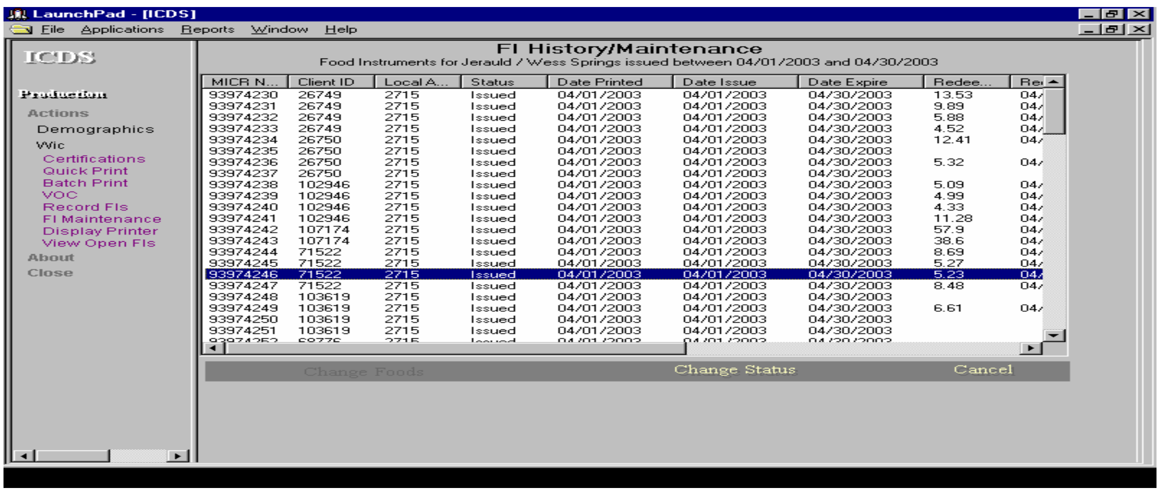
1. Click on Local Agency in drop down box

2. Agency defaults to site staff is entering data from. Can be changed if staff have clearance for more than one site. Select the site for which the FI's are to be viewed.

3. Double click on the name of the Local Agency and the Start and End date entry fields will appear.

4. Enter the start and end date for the period of time Local Agency wishes to view the FI's issued.

5. Click on View FI's button to initiate the search.



Local Agency ID FI's issued:

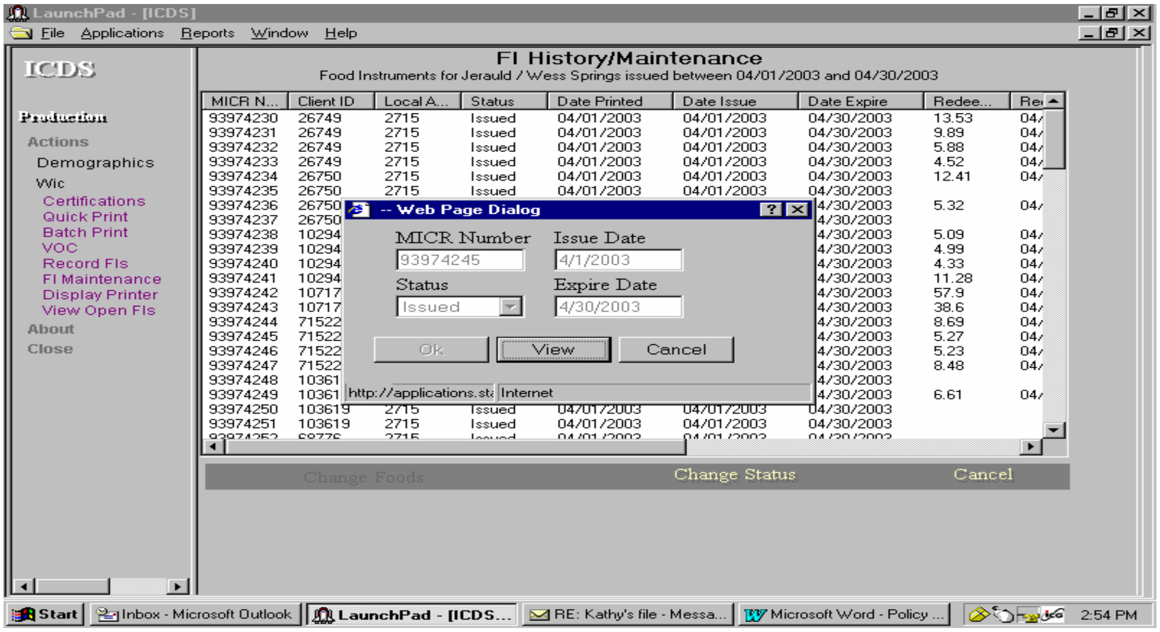
1. Lists all FI's issued and their status

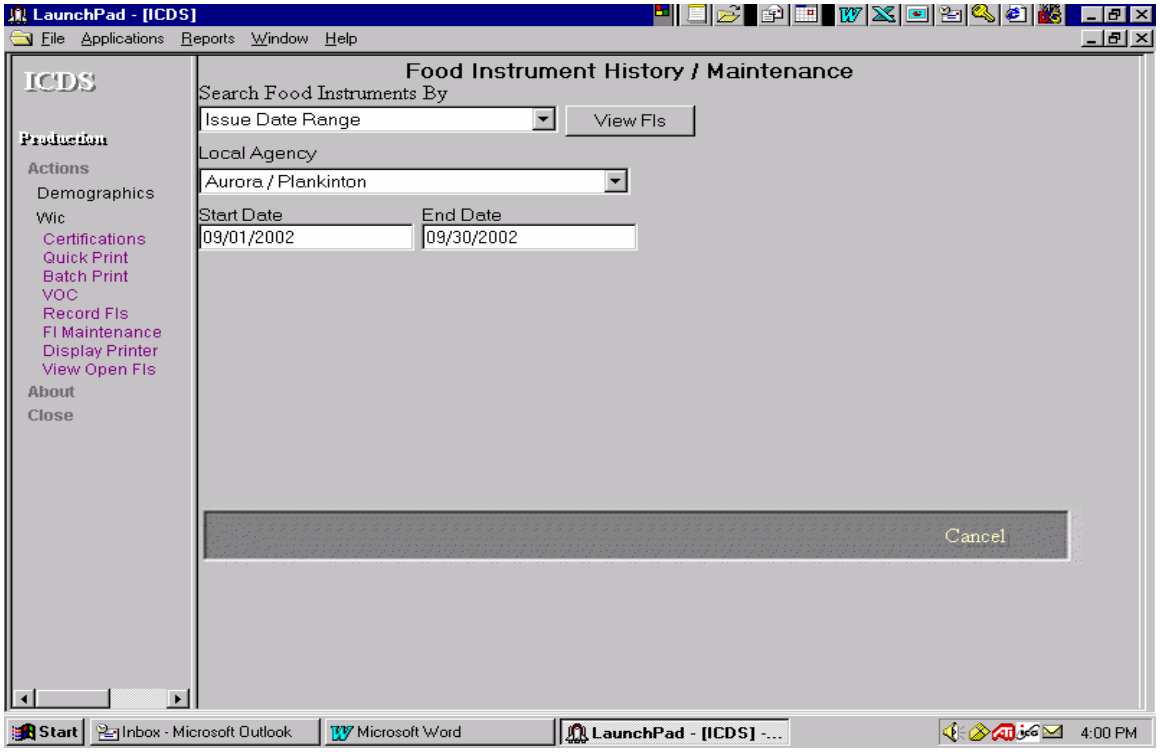
2. Can be sorted by any method of titles listed in gray boxes at top of screen

3. To sort by any of the titles listed in gray box:

4. Click on the gray box and screen will be resorted

5. Click on another gray box title to resort by different criteria





Search by Date Issue or Date Printed:

1. Click on Issued Date Range or Date Printed Range from drop down box

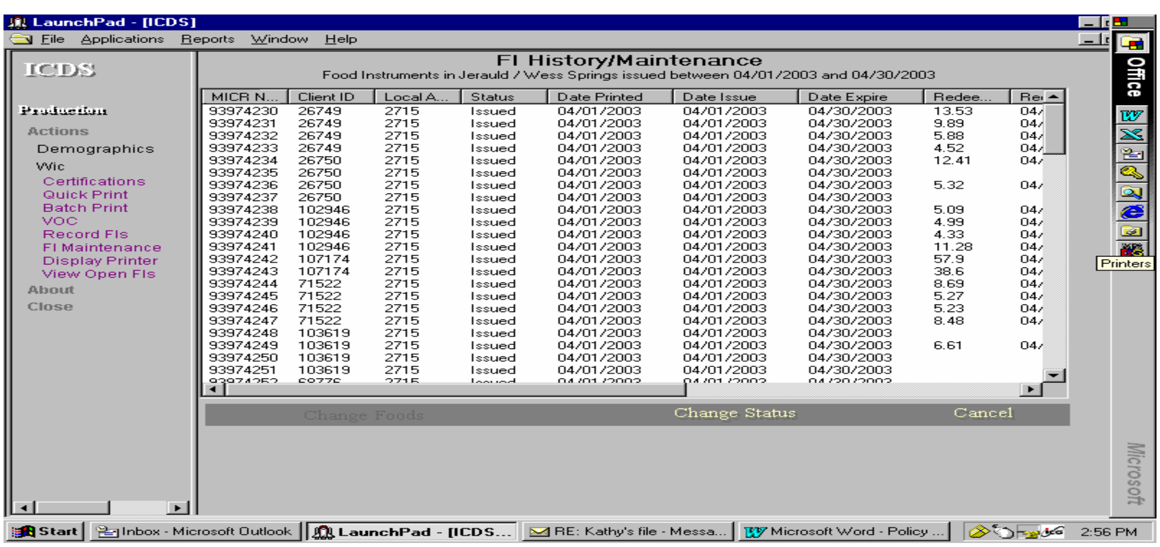
2. Agency defaults to site staff assigned to

3. Staff assigned to more than one site will have a drop down box to pick the site they wish to view

4. Enter date range of FI's to view

5. Click on View FIs

6. Screen comes up with all FIs issued listed



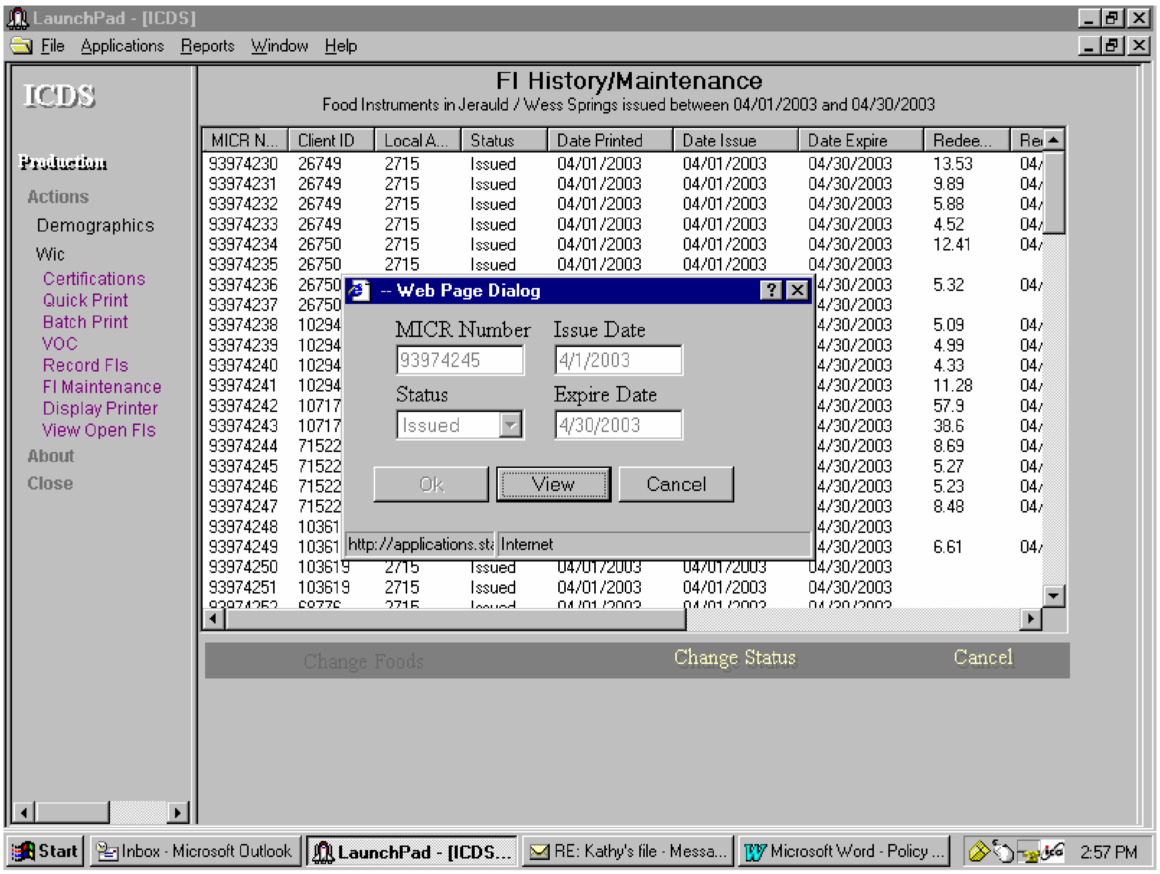
7. Screen lists all FIs issued and their status

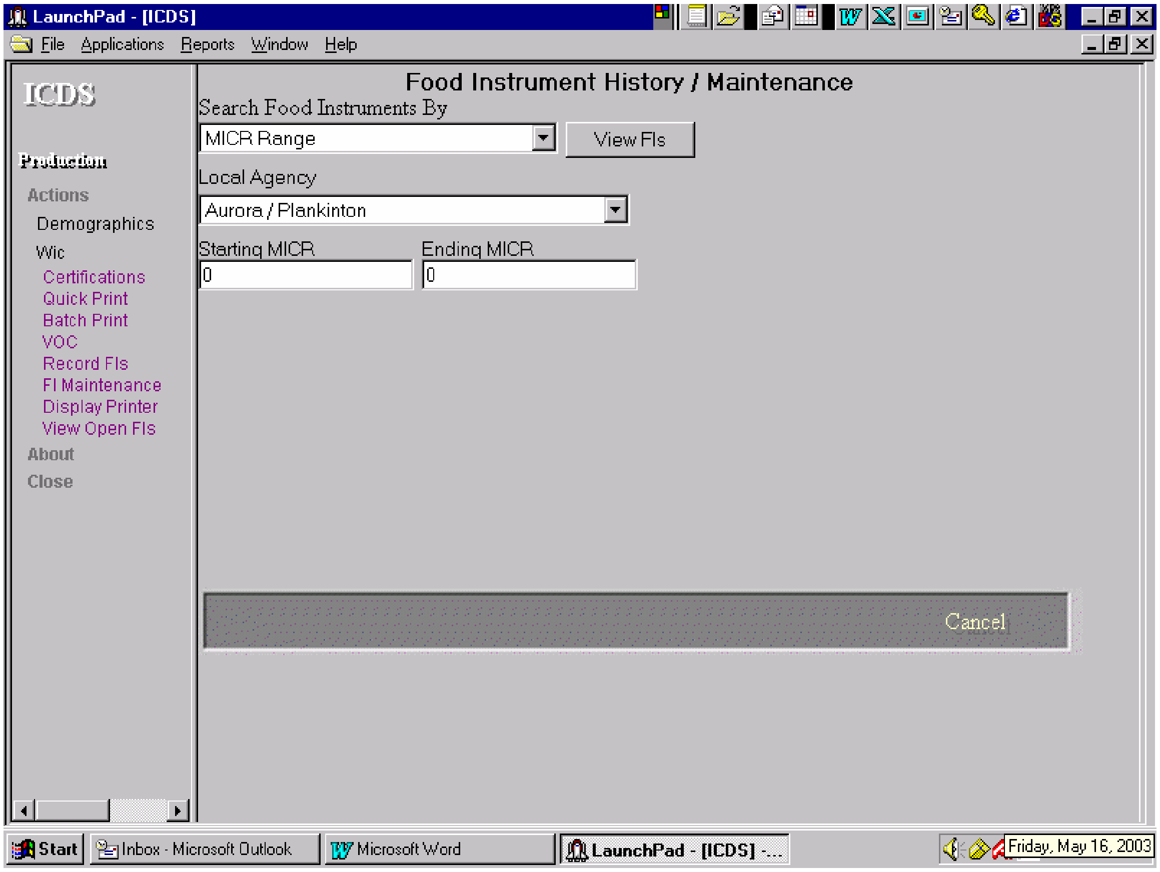
8. If needed, screen can be sorted by any of the titles at top of screen

9. Choose the method to sort by clicking on the gray title box at top of screen

10. Screen will sort in that order

11. To resort, click on a different gray title box.





<u>How to View FI's issued by MICR Number:</u>

1. Choose MICR Range from drop down box

2. Agency defaults to site staff assigned to

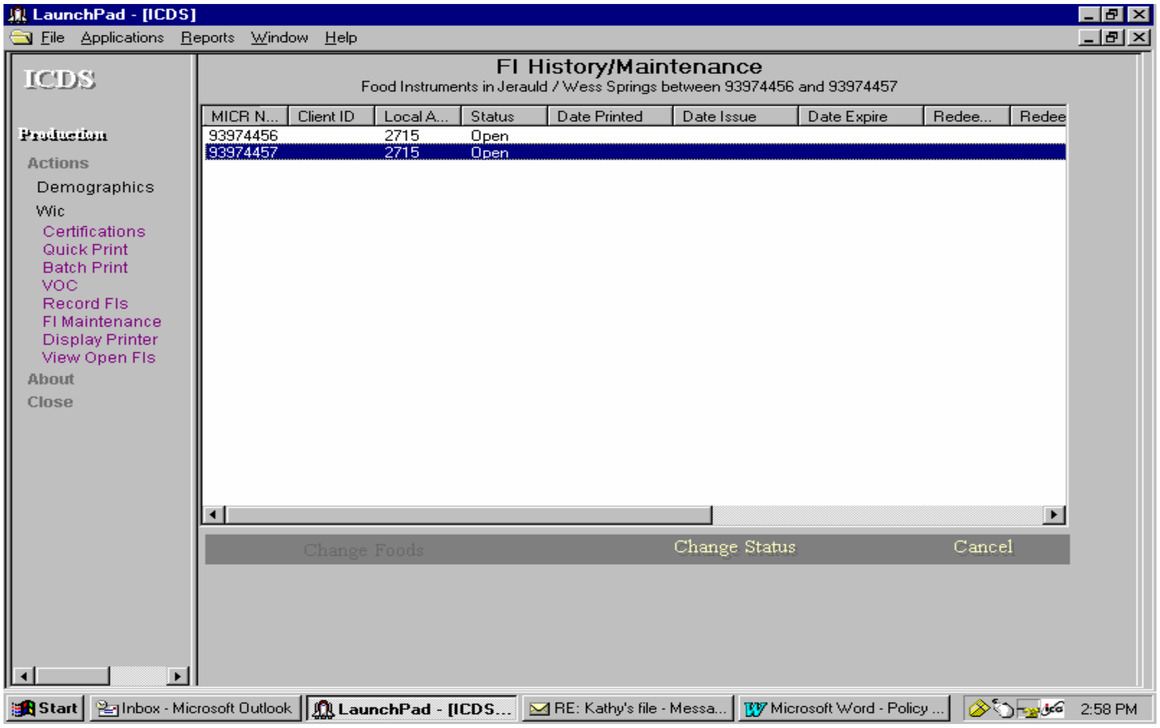
3. Staff assigned to more than one site will have drop down box to pick the site they wish to view

4. Click on the Local Agency name and fields for entry of Starting and Ending MICR number will appear.

5. Enter MICR number(s) range to be viewed. If only one FI is being reviewed that number would be entered in both the starting and ending entry boxes. Both boxes must have an entry. Tab to activate the View FI button.

6. Click on View FIs button

7. Screen comes up with all FI's listed



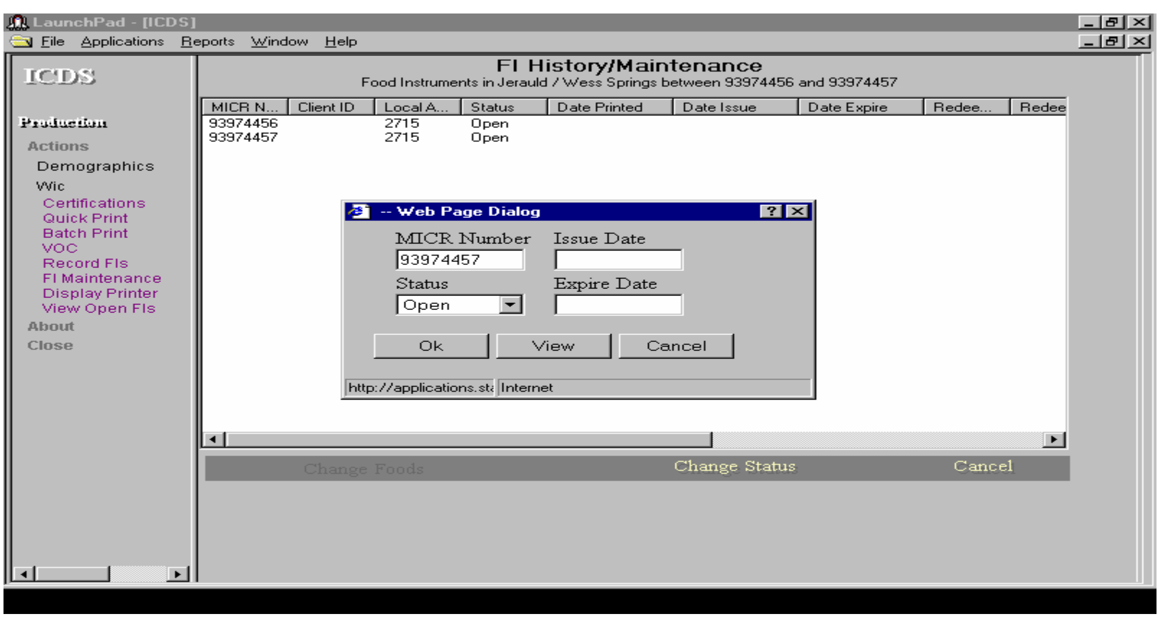
8. Screen shows list of food instruments within the number range entered in the start and end entry fields.

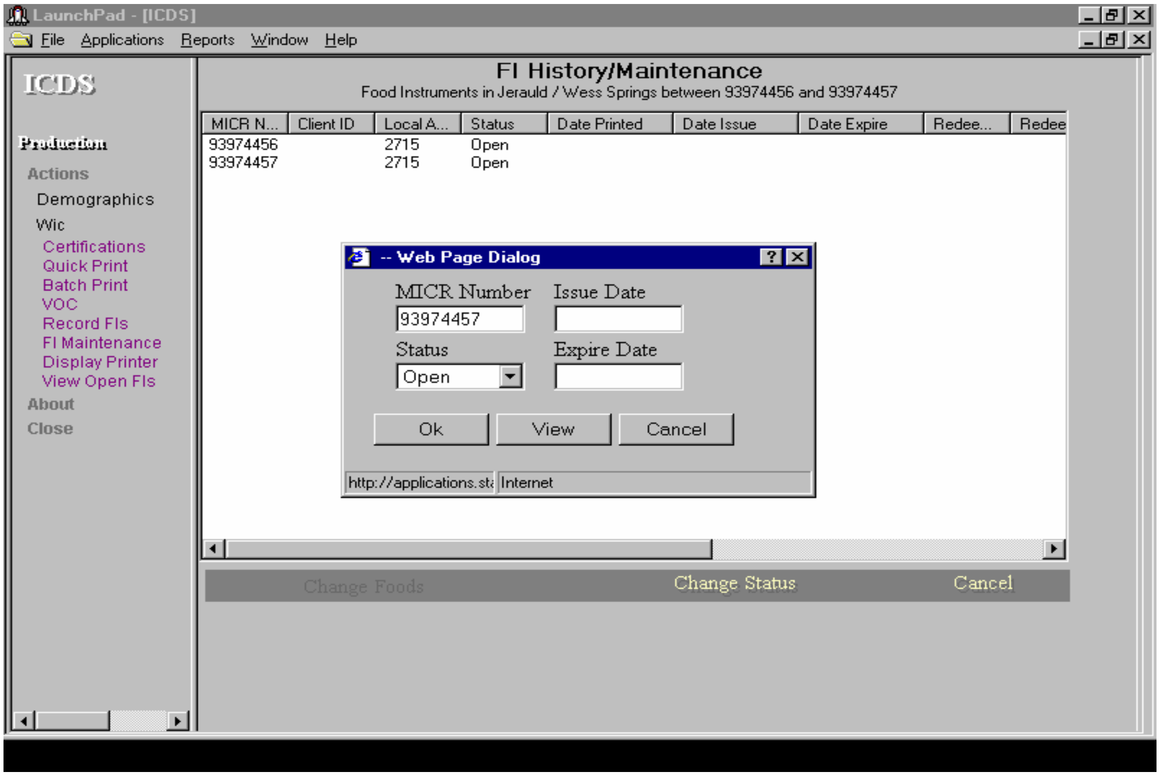
9. Screen shows FI status and other information such as client ID, etc. The status of the FI may be:

10. Open: means FI has not been printed

11. Issued: means FI was printed

12. Void: means FI was printed and then voided





View Food Package Issued on Food Instrument:

1. Choose method to view food instruments. MICR Range or Client ID may be most appropriate for this function.

    a. Client ID

    b. Family ID

    c. MICR Range

    d. Issued Date Range

    e. Printed Date Range

2. Click on View FI’s

3. Screen comes up showing FI’s

4. Double click on desired FI to view food package

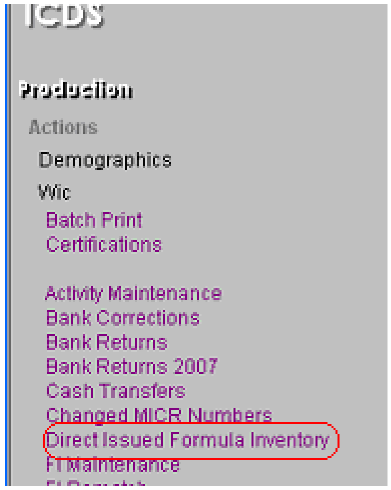
5. Click on View

    a. If state generated FI, message will come up with statement “unable to change status of state generated check”. Click on “OK”

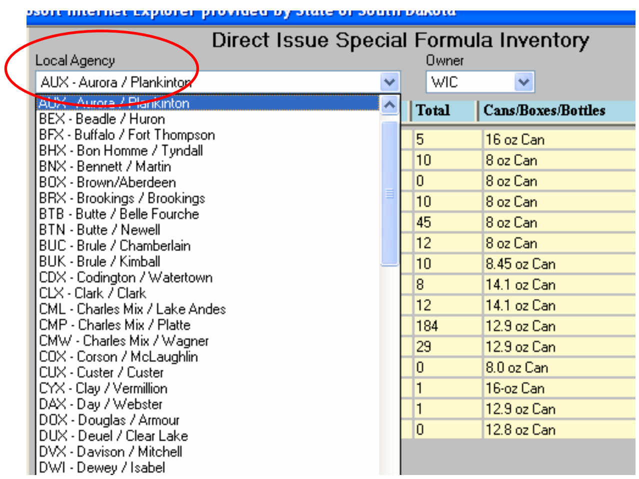
b. If FI to view is past month issued, message will come up with statement “unable to change status past issuance month”. Click on “OK”

6. Screen comes up and shows all food instrument information

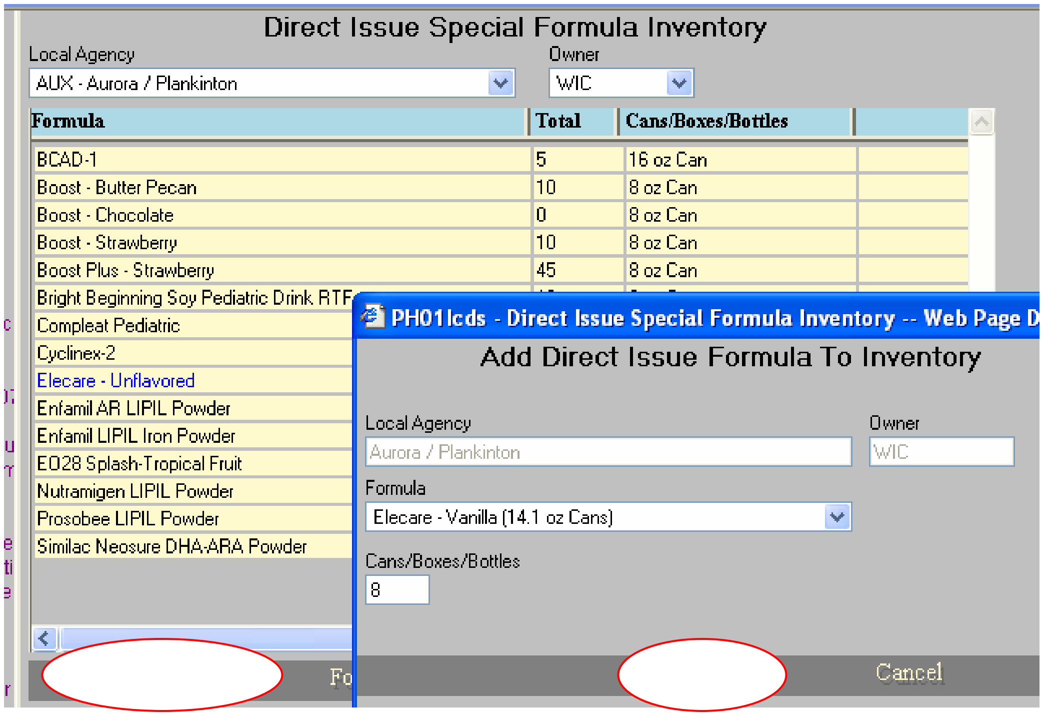
Accessing Report and Adding Inventory
Access ICDS click on Actions, WIC, then Direct Issued Formula Inventory. Double click on Direct Issued Formula Inventory.



The inventory screen will appear and a Local Agency can be chosen from the Local Agency drop down box.



1. To enter the inventory of a formula that is not currently included in the inventory click on **Add To Inventory**. The Add Direct Issue Formula to Inventory screen will appear.
2. Click on the **Formula** drop down box to pick the formula to add to the Local Agency inventory.
3. Add the number of cans/boxes/bottles that are currently in the Local Agency.
4. Click on **Save Changes**.

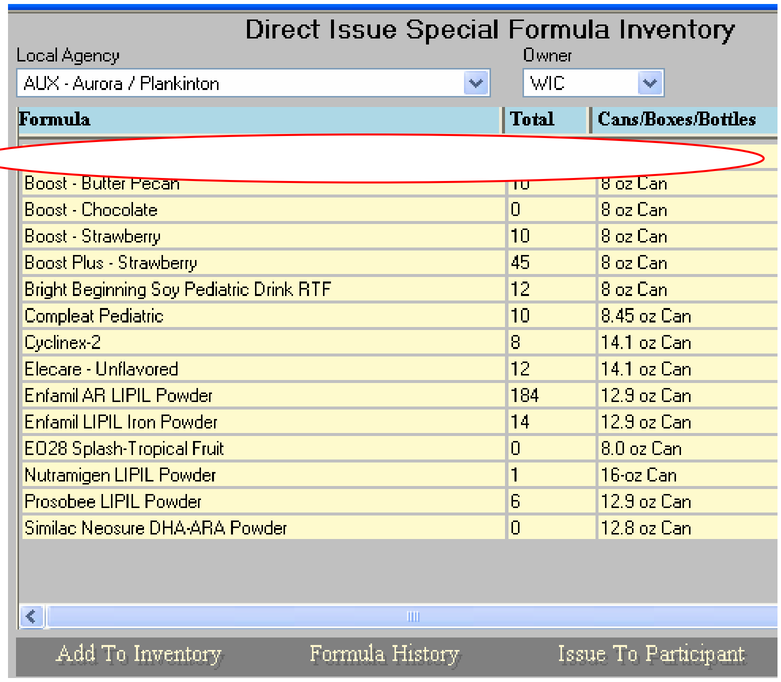


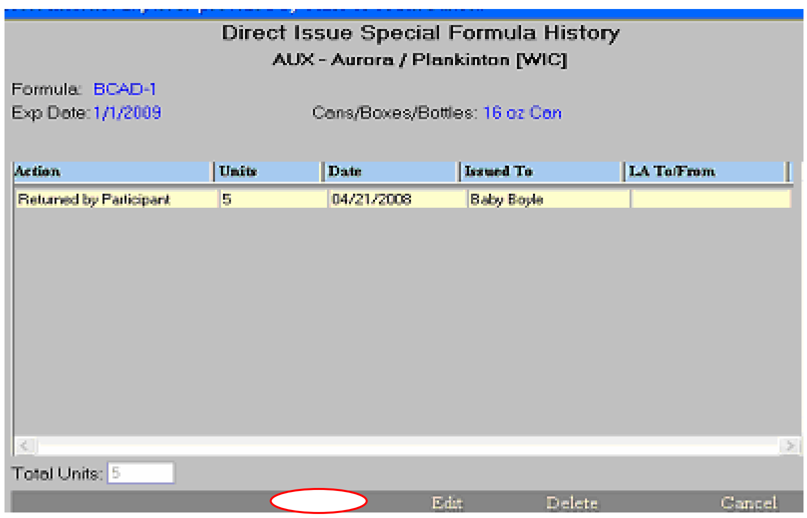
Changes to Inventory

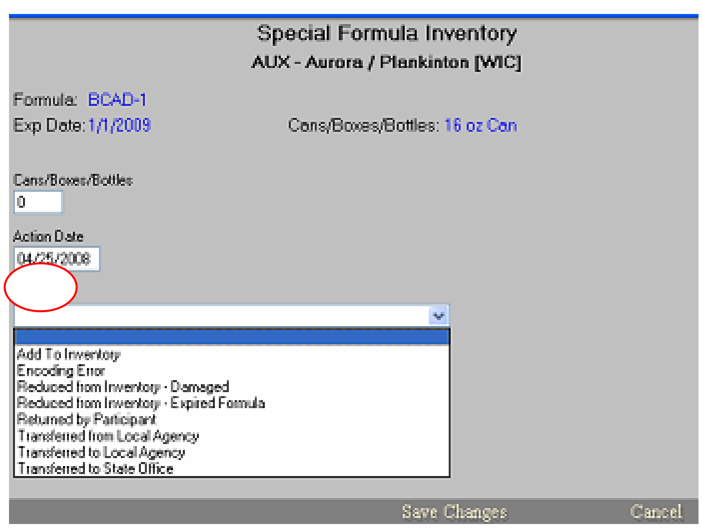
1. Highlight and double click on the formula you want to adjust.
2. This will bring up a Screen called Direct Issue Special Formula History.
3. Click on **Add,** this will bring up a screen titled Special Formula Inventory that will have a drop down list titled **Reason.** On that list there are several options listed such as:

Reason drop down list includes:

1. Add to Inventory
2. Encoding Error
3. Reduced from Inventory – Expired
4. Reduced from Inventory – Damaged
5. Returned by Participant-Destroyed or Donated
6. Transferred from Local Agency
7. Transferred to Local Agency
8. Transferred to State Office

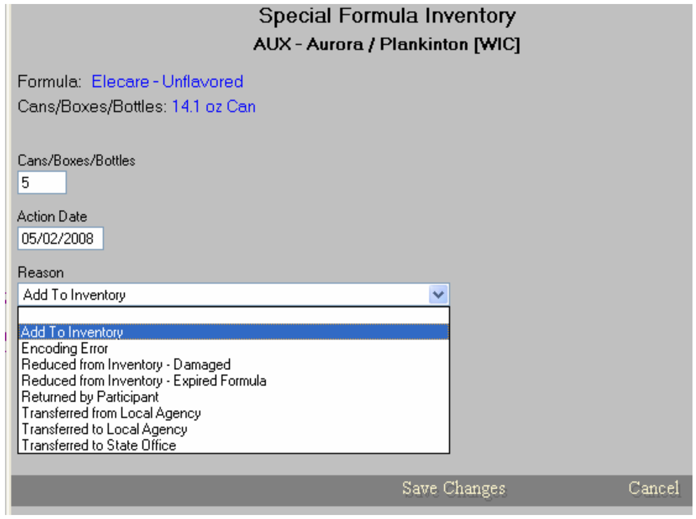

Direct Issue Special Formula Inventory
Local Agency
AUX - Aurora / Plankinton
Owner
WIC
Formula
Total
Cans/Boxes/Bottles
Boost - Butter Pecan 10 8 oz Can
Boost - Chocolate 0 8 oz Can
Boost - Strawberry 10 8 oz Can
Boost Plus - Strawberry 45 8 oz Can
Bright Beginning Soy Pediatric Drink RTF 12 8 oz Can
Compleat Pediatric 10 8.45 oz Can
Cyclinex-2 8 14.1 oz Can
Elecare - Unflavored 12 14.1 oz Can
Enfamil AR LIPIL Powder 184 12.9 oz Can
Enfamil LIPIL Iron Powder 14 12.9 oz Can
E028 Splash-Tropical Fruit 0 8.0 oz Can
Nutramigen LIPIL Powder 1 16-oz Can
Prosobee LIPIL Powder 6 12.9 oz Can
Similac Neosure DHA-ARA Powder 0 12.8 oz Can
Add To Inventory
Formula History
Issue To Participant


Direct Issue Special Formula History
AUX - Aurora / Plankinton [WIC]
Formula: BCAD-1
Exp Date: 1/1/2009
Cans/Boxes/Bottles: 16 oz Can
Action
Units
Date
Issued To
LA To/From
Returned by Participant 5 04/21/2008 Baby Boyle
Total Units: 5
Edit
Delete
Cancel


Special Formula Inventory
AUX - Aurora / Plankinton [WIC]
Formula: BCAD-1
Exp Date: 1/1/2009
Cans/Boxes/Bottles: 16 oz Can
Cans/Boxes/Bottles
0
Action Date
04/25/2008
Add To Inventory
Encoding Error
Reduced from Inventory - Damaged
Reduced from Inventory - Expired Formula
Returned by Participant
Transferred from Local Agency
Transferred to Local Agency
Transferred to State Office
Save Changes
Cancel

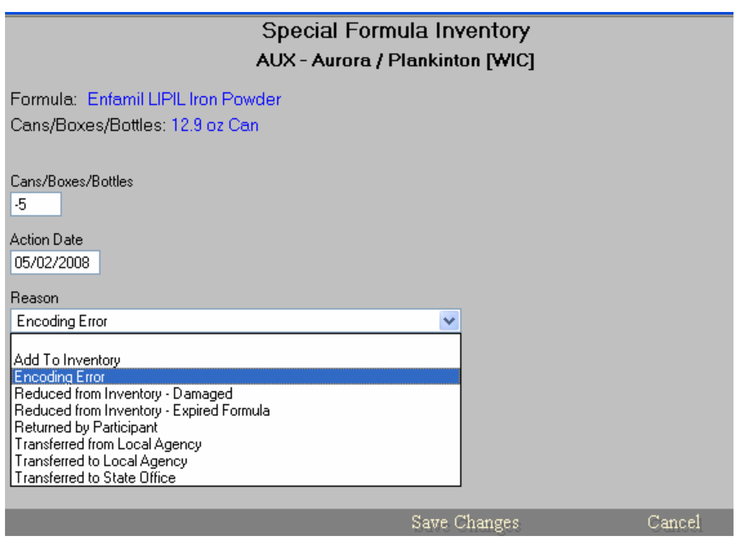
Add to Inventory

1. Enter in number of **Cans/Boxes/Bottles** to be added.
2. **Action Date** will default to current date.
3. Choose **Add to Inventory** from the **Reason** drop down list.
4. Click on **Save Changes.**
5. To return to the main inventory screen click on Cancel after saving changes.



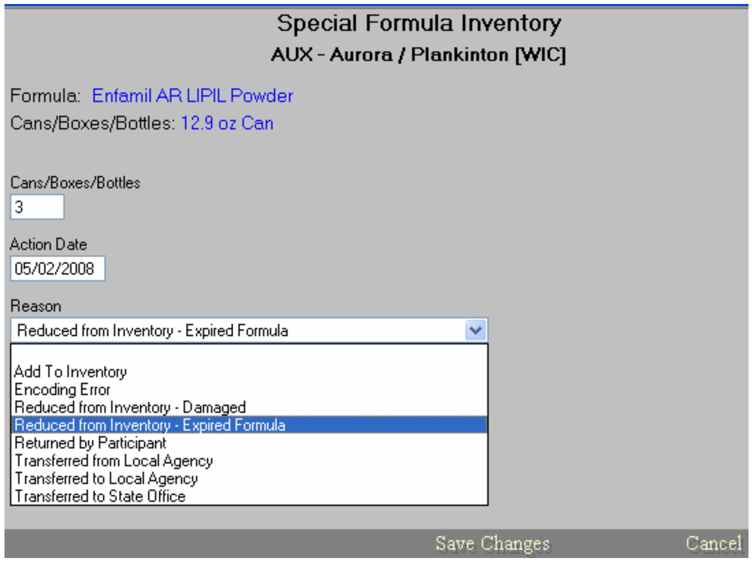
Encoding Error

1. Enter in number of **Cans/Boxes/Bottles** to be added or subtracted (use – sign before number of cans should be subtracted).
2. **Action Date** will default to current date- date can be changed manually.
3. Choose **Encoding Error** from the **Reason** drop down list.
4. Click on **Save Changes**
5. To return to the main inventory screen click on Cancel after saving changes.



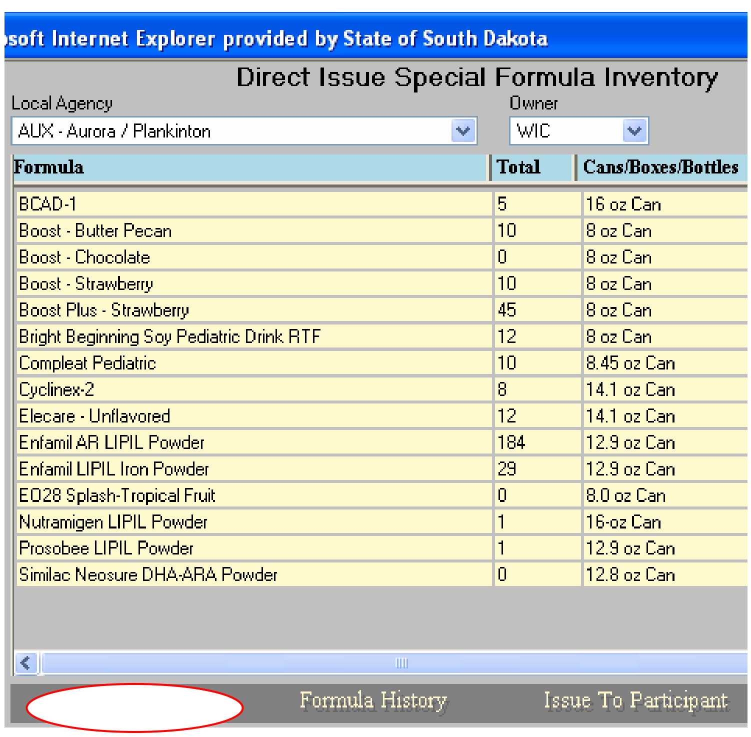
Reduced from Inventory-Damaged and Reduced from Inventory-Expired

1. Enter in number of **Cans/Boxes/Bottles** to be subtracted from inventory.
2. **Action Date** will default to current date- date can be changed manually.
3. Choose appropriate choice from **Reason** drop down list.
4. Click on **Save Changes.**
5. To return to the main inventory screen click on Cancel after saving changes.

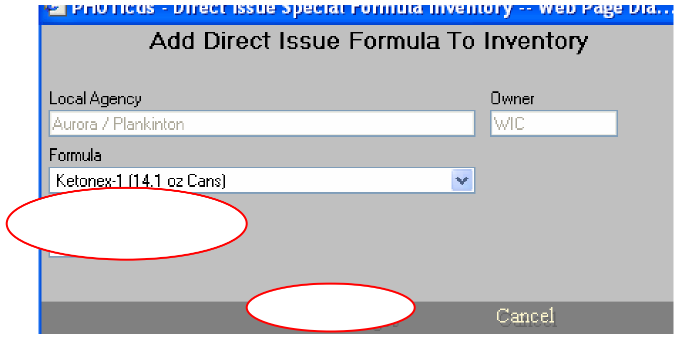


Returned Formula-Destroyed or Donated (Formula that is not currently in the inventory)

1. Before a formula can be recorded as returned by a participant it must be entered in the inventory for that agency.
2. Click on **Add To Inventory** and select the formula from the Formula drop down list.
3. Enter 0 as the number of **Cans/Boxes/Bottles.**
4. Click on **Save Changes**
5. Follow policy for Returned Formula (formula on inventory) to enter returned formula by participant

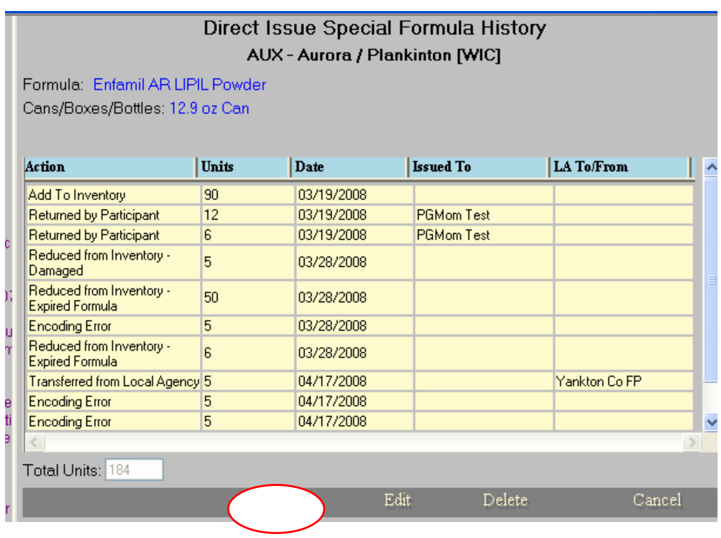


Formula	Total	Cans/Boxes/Bottles
BCAD-1	5	16 oz Can
Boost - Butter Pecan	10	8 oz Can
Boost - Chocolate	0	8 oz Can
Boost - Strawberry	10	8 oz Can
Boost Plus - Strawberry	45	8 oz Can
Bright Beginning Soy Pediatric Drink RTF	12	8 oz Can
Compleat Pediatric	10	8.45 oz Can
Cyclinex-2	8	14.1 oz Can
Elecare - Unflavored	12	14.1 oz Can
Enfamil AR LIPIL Powder	184	12.9 oz Can
Enfamil LIPIL Iron Powder	29	12.9 oz Can
EO28 Splash-Tropical Fruit	0	8.0 oz Can
Nutramigen LIPIL Powder	1	16-oz Can
Prosobee LIPIL Powder	1	12.9 oz Can
Similac Neosure DHA-ARA Powder	0	12.8 oz Can

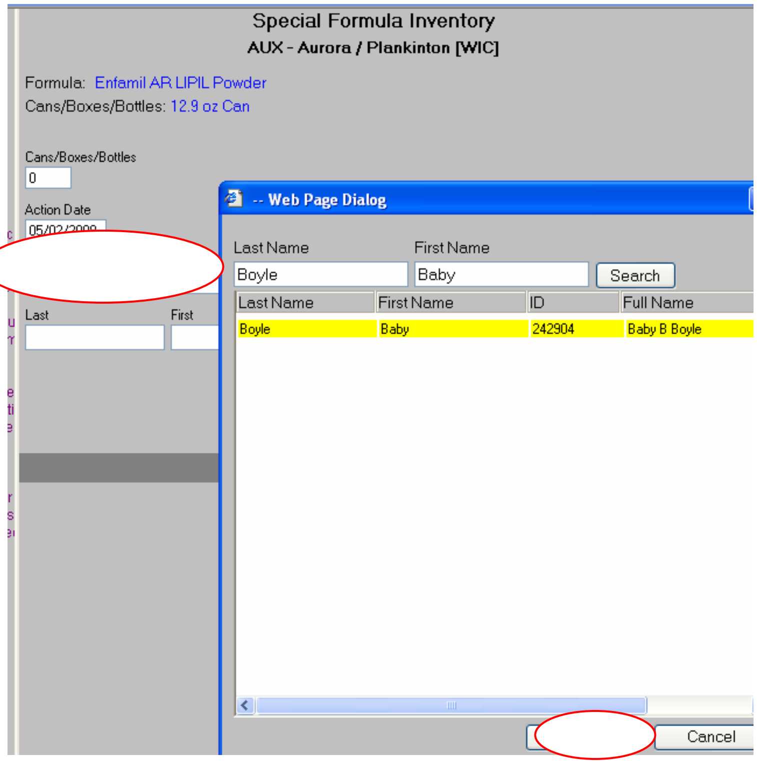


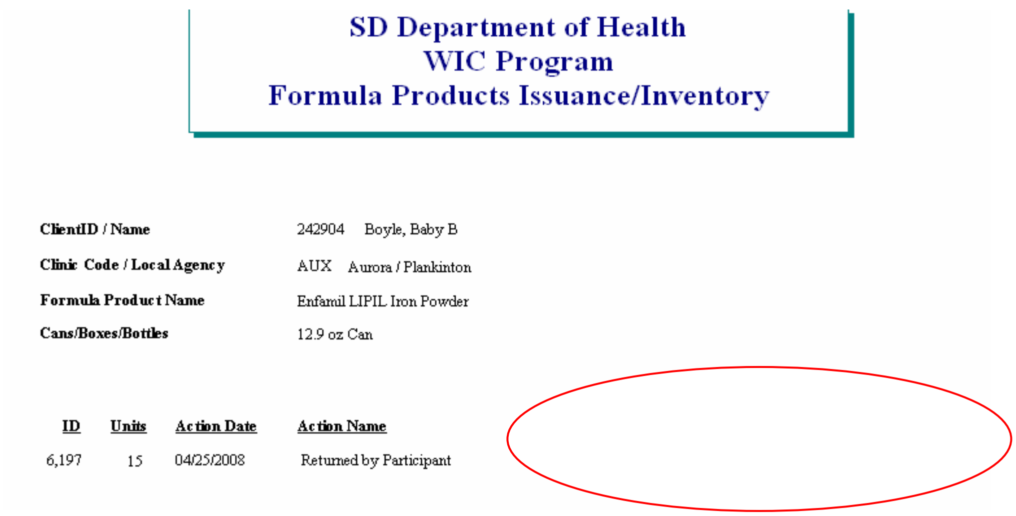
Returned Formula-Destroyed or Donated (Formula returned by a participant that is currently on the inventory).

1. Highlight formula and double click. In the next screen click on **Add.**
2. Enter number of **Cans/Boxes/Bottles** and if action date different from the current date, enter in date action occurred.
3. Click on **Reason** drop down box and click on **Returned by Participant – destroyed or donated**.
4. A screen will then pop up asking for Last and First name of Participant returning formula.
5. Enter name and click on **Search**. Double click on participant name or highlight name and click **OK.** Click on **Save Changes**.
6. A signature page will appear.
7. The signature page should be printed and signed by participant/caregiver returning the formula. The signature page will be filed in the participant's chart.



Action	Units	Date	Issued To	LA To/From
Add To Inventory	90	03/19/2008		
Returned by Participant	12	03/19/2008	PGMom Test	
Returned by Participant	6	03/19/2008	PGMom Test	
Reduced from Inventory - Damaged	5	03/28/2008		
Reduced from Inventory - Expired Formula	50	03/28/2008		
Encoding Error	5	03/28/2008		
Reduced from Inventory - Expired Formula	6	03/28/2008		
Transferred from Local Agency	5	04/17/2008		Yankton Co FP
Encoding Error	5	04/17/2008		
Encoding Error	5	04/17/2008		




SD Department of Health
WIC Program
Formula Products Issuance/Inventory

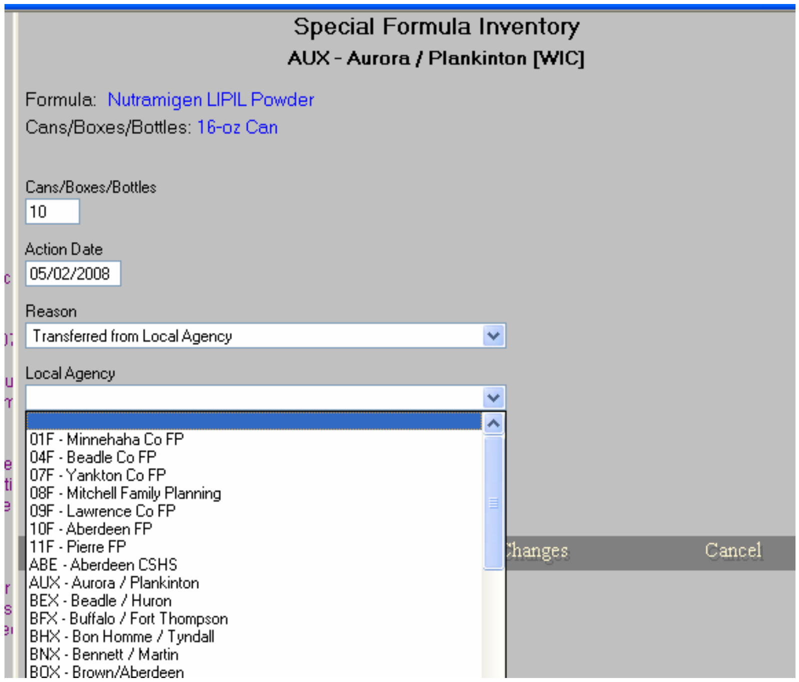
ClientID / Name	242904 Boyle, Baby B
Clinic Code / Local Agency	AUX Aurora / Plankinton
Formula Product Name	Enfamil LIPIL Iron Powder
Cans/Boxes/Bottles	12.9 oz Can

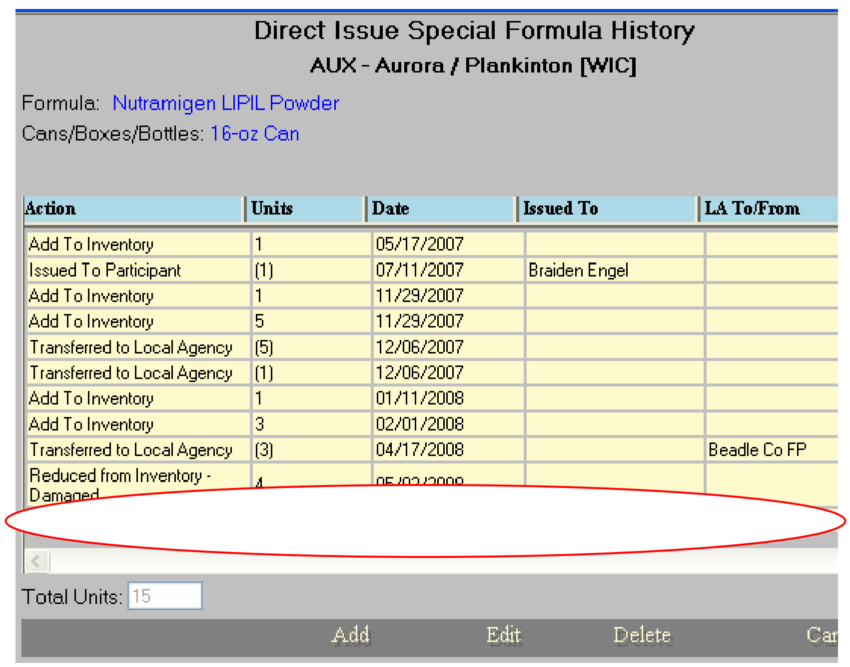
ID	Units	Action Date	Action Name
6,197	15	04/25/2008	Returned by Participant

Transferring Formula

Transferred from Local Agency

1. Will add formula to your inventory. For formula that was transferred from another Local Agency to your L Agency.
2. **If formula not currently on inventory-** add inventory using **Add Inventory** button. Enter 0 **Cans/Boxes/Bottles** and **Save Changes**. Follow procedure below.
3. **If formula currently on inventory** -highlight formula and double click. In the next screen click on **Add.**
4. Enter the amount to be transferred to your Local Agency and change the date if not the current date. (C date will come up automatically).
5. Select **Transferred from Local Agency** using **Reason** drop down box.
6. A Local Agency drop down box will appear and you will click on the Local Agency that the formula is bei transferred from.
7. Click **Save Changes** after selecting Local Agency.
8. Screen will then show the transfer. Click Cancel to go back to the main inventory.





Transferred to Local Agency

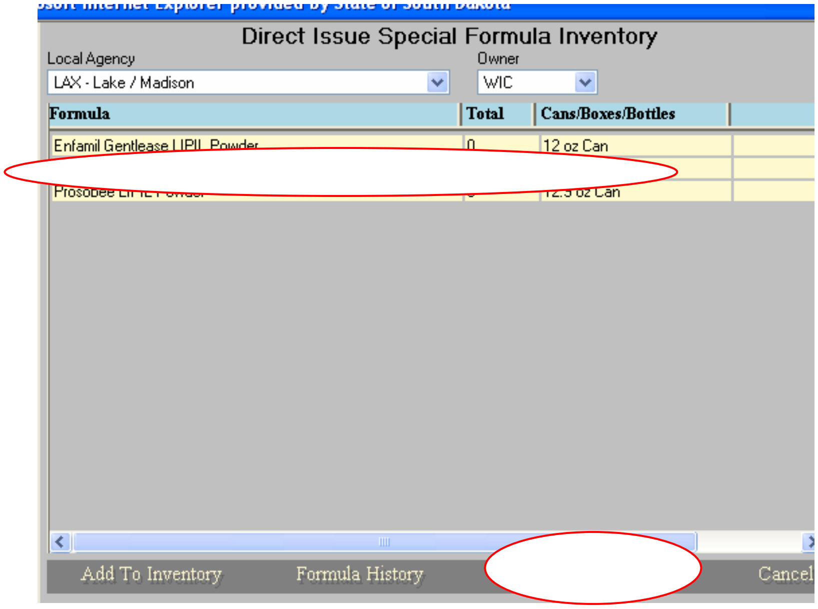
- Will subtract formula from your inventory. This will be used when formula is being transferred to another Local Agency. Follow the same procedure above.

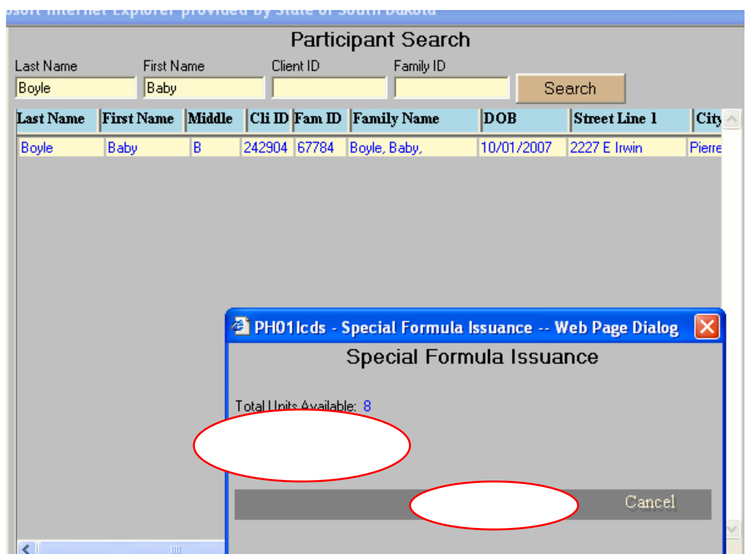
Transferred to State Office

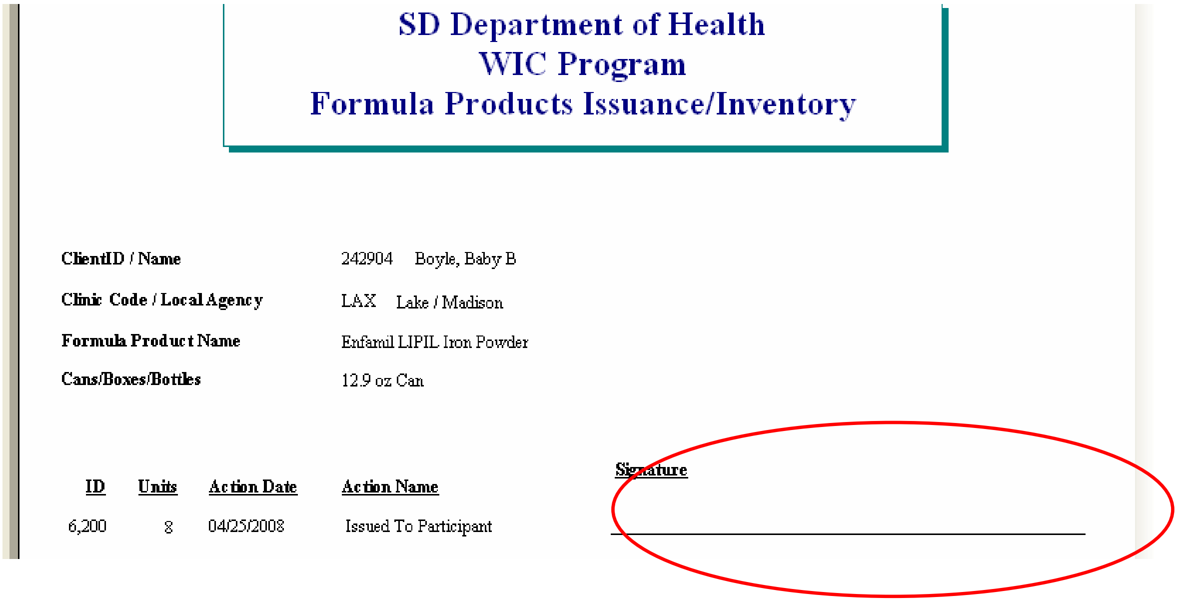
- Will subtract formula from your inventory. This will be used when formula is being transferred to the State Office. Follow the same procedure above. There will be no Local Agency drop down box.

Issuing to a Participant

1. Highlight formula to be issued and click on **Issue to Participant**.
2. **Participant Search** screen will come up. Enter name, client or family ID to find participant.
3. When participant located double click on name and a Special Formula Issuance Box will appear.
4. Enter units to be issued and **Save Changes.**
5. A signature page will then pop up. The signature page should be printed and signed by the Payee. The signature page should then be filed in the Participant's chart.







SD Department of Health
WIC Program
Formula Products Issuance/Inventory

ClientID / Name	242904 Boyle, Baby B
Clinic Code / Local Agency	LAX Lake / Madison
Formula Product Name	Enfamil LIPIL Iron Powder
Cans/Boxes/Bottles	12.9 oz Can

ID	Units	Action Date	Action Name	Signature
6,200	8	04/25/2008	Issued To Participant	

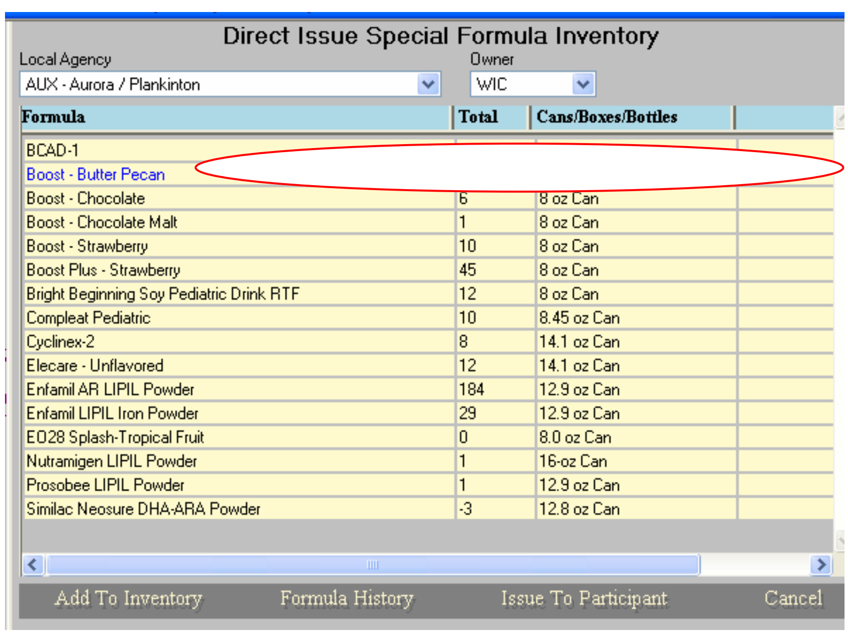
Do not delete any lines of formula when they hit 0. The formula will stay at "0" on your Local Agency screen. This allows for viewing of formula history.

To view a history of any formula:

- Highlight the formula and click on Formula History at the bottom of the Screen or

Or

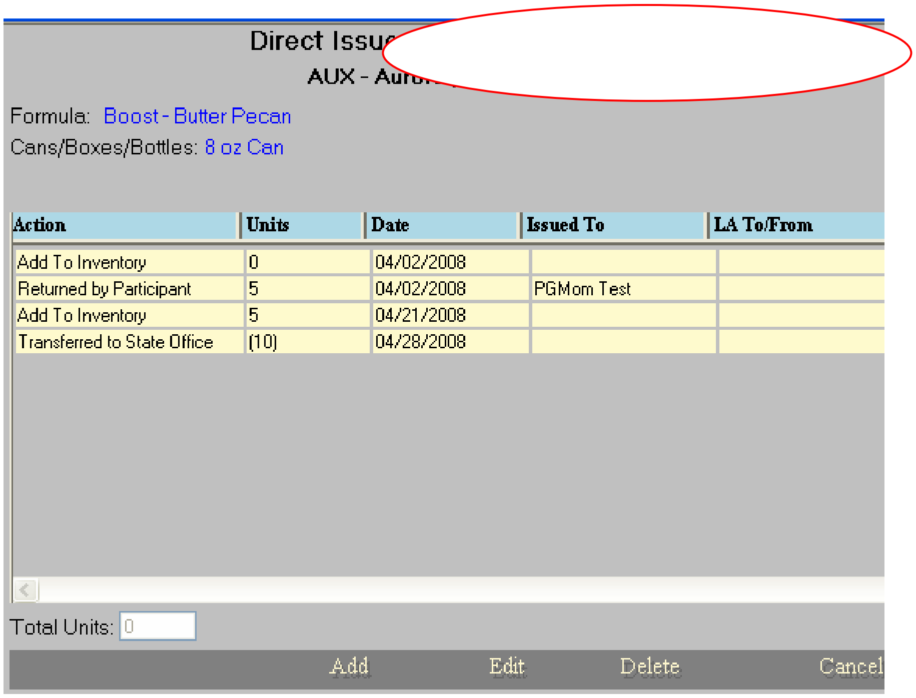
- Double click on the formula



Direct Issue Special Formula Inventory

Local Agency: AUX - Aurora / Plankinton
Owner: WIC

Formula	Total	Cans/Boxes/Bottles
BCAD-1		
Boost - Butter Pecan		
Boost - Chocolate	6	8 oz Can
Boost - Chocolate Malt	1	8 oz Can
Boost - Strawberry	10	8 oz Can
Boost Plus - Strawberry	45	8 oz Can
Bright Beginning Soy Pediatric Drink RTF	12	8 oz Can
Compleat Pediatric	10	8.45 oz Can
Cyclinex-2	8	14.1 oz Can
Elecare - Unflavored	12	14.1 oz Can
Enfamil AR LIPIL Powder	184	12.9 oz Can
Enfamil LIPIL Iron Powder	29	12.9 oz Can
E028 Splash-Tropical Fruit	0	8.0 oz Can
Nutramigen LIPIL Powder	1	16-oz Can
Prosobee LIPIL Powder	1	12.9 oz Can
Similac Neosure DHA-ARA Powder	-3	12.8 oz Can



Errors

- If an error has occurred in entering information you can highlight on the error and click on delete. An example would be entering a formula that was incorrect (not actually one that needs to added to the inventory) that is not currently part of the inventory.

Encoding error

- Encoding error should be used if an entry has been added to a formula that was incorrect and if formula is one that was entered previously and has a formula history. As noted above the formula line when at 0 should not be deleted and using encoding error prevents this