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Objectives
At the completion of this module the employee will be able to:

1. Select the correct certification guide for use with various clients.
2. Successfully complete a certification, midcertification, and presumptive eligibility visit.
3. Describe a situation when you might use the Presumptive Eligibility Guide.
WIC Certification Guide Overview

Policies
Review the following policies:
- CRT 01.02.00 Certification Periods
- CRT 03.03.00 Certification and Recertification Appointments
- CRT 03.04.00 Mid-Certification Appointments
- CRT 03.05.00 Presumptive Eligibility Appointments for Pregnant Women
- PRI 06.01.00 Separation of Duties

Introduction to Three Certification Guides

WIC Certification Guide – Use this Guide to complete certifications. All staff have access, however some links can only be used by CPAs.

WIC Midcertification Guide – Use this Guide to complete a mid-certification for infants, children and breastfeeding women. All staff have access, however some links can only be used by CPAs.

WIC Presumptive Eligibility Guide – You will rarely use this feature. It is only available for pregnant women. All staff members have access.

Note: There is one other “Guide” in KWIC that is not a Certification Guide, “Transfer from Out of State Guide.”

The “Guide” displays links to document certification information. Each link indicates if the task is “Needed” or “Completed.” All tasks must be completed for the certification to be completed. The client’s priority and eligibility period are determined upon completion of the last link on the Guide.
Two Ways to Access the Certification Guides: Services & Quick Links

Why use WIC Certification Guide instead of just using the links on the Notices tab?
By using WIC Certification Guide, you can easily see all the items needed for certification, like a checklist. You might miss something if you just use the Notices tab because not everything is listed there, so get in the habit of always opening the WIC Certification Guide!

Notices vs. WIC Certification Guide

Note: To reduce the possibility of fraud, the staff member who determines income eligibility and the staff person that determines nutritional risk cannot be the same person. See policy PRI 06.01.00 Separation of Duties.
Wait! Before Opening WIC Certification Guide....

Update Demographics First
For a new group:
Likely only the minimum information was completed to create the new group, so you will need to open Demographics and complete any blank fields. Be sure to complete the Language field! Save.
For a recertification:
Open Demographics and make sure information is still current, and that the Language field is complete. Save.

After completing Demographic info, click Race and Ethnicity link.

Race and Ethnicity
For this screen you might say, “For statistical purposes, are you/is your child Hispanic or Latino? What is your/your child’s race?”

Remember, it’s a federal requirement to collect ethnic and race status for each client, but it does not affect the client’s eligibility for WIC.

Complete Race and Ethnicity for Others
If there are other family members you are certifying, click on the name in the Group Members box.

The group information you entered carries over to other family members. Complete the Race and Ethnicity information for each family member.
Infant/Child and Mother Link
Next, you must click this to “link” mother and child.

Notice the first choice is checked. That’s because we already entered information about April. In this case it is the correct choice. Save.

Description of the 4 choices:
1. **Mother is Family Member (Name)** – used to indicate the infant/child’s mother is the family member whose name is displayed. This will be the default choice when there is a woman already in the group.
2. **Mother is Non-Family Member** – used to indicate the infant/child’s mother is a non-family member who is on WIC in Kansas. Use the search fields to find the mother’s record and associate her record with the infant record. (Example: Foster mom brings baby to WIC. Foster mom knows the biological mom’s name and that she was on WIC in Kansas. We want to link these records so that mom and baby records can be associated.)
3. **Mother is a WIC Participant in Another Program** – used to indicate the infant/child’s mother is on WIC in another program outside of Kansas.

4. **Mother is not a WIC Participant** – used to indicate the infant/child’s mother is not a WIC participant.

Notice how the message changed:

**Dual Participation**

*Might* need to run Dual Participation Test again.

The **Dual Participation Test** must be completed on the day of certification. If it was completed as part of apply for WIC several days ago when the client called for an appointment, KWIC will prompt you to complete it again.

**Now** it’s time to open the **WIC Certification Guide**.
# WIC Certification Guide

## WIC Certification Guides Are Different for Different Categories

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</tbody>
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## Can You Spot All The Differences?

### Women (PG, BF, or PP)
- Race and Ethnicity
- Dual Participation Test
- Income Eligibility
- Proof of Income
- Proof of Residency
- Proof of ID
- Anthropometric Measurement
- Blood Measurement
- Health Interview
- Assess Risk Factors
- Nutrition Education
- Client Goals
- Referrals
- Voter Registration
- Notes
- Complete WIC Certification

### Child (C)
- Race and Ethnicity
- Dual Participation Test
- Income Eligibility
- Proof of Income
- Proof of Residency
- Proof of ID
- Proof of Caregiver ID
- Anthropometric Measurement
- Blood Measurement
- Health Interview
- Assess Risk Factors
- Nutrition Education
- Client Goals
- Referrals
- Voter Registration
- Notes
- Complete WIC Certification

### Infant (I)
- Mother Identified
- Race and Ethnicity
- Dual Participation Test
- Income Eligibility
- Proof of Income
- Proof of Residency
- Proof of ID
- Proof of Caregiver ID
- Anthropometric Measurement
- Blood Measurement
- Health Interview
- Assess Risk Factors
- Nutrition Education
- Client Goals
- Referrals
- Voter Registration
- Notes
- Complete WIC Certification

*Blood Measurement might display N/A if an infant is too young to need Hemoglobin test.*
We just completed Race and Ethnicity from Demographics, and the Dual Participation Test was done when the group was created. Now it’s time for Income Eligibility!
Income Eligibility & Proofs

Policies
Review the following policies:
- CRT 06.00.00 Income Eligibility
- CRT 06.01.00 WIC Program Income Eligibility Chart
- CRT 06.01.01 Adjunctive Eligibility
- CRT 06.01.02 Income Exclusions When Determining Eligibility
- CRT 06.02.00 Determining Size of Household (Economic Unit)
- CRT 06.02.01 Determining Household Income
- CRT 06.02.02 Zero Income
- CRT 06.03.00 Proof of Income
- CRT 06.04.00 Redetermination of Income
- CRT 04.00.00 Proof of Identity
- CRT 05.00.00 Residential Eligibility and Proofs

Introduction
Determining income eligibility and documenting proofs is a very complex task. There are many parts and possible situations. It is important that you carefully read this guide and get “coaching” help from your supervisor and co-workers. Feel free to call the State Agency with questions!

From the WIC Certification Guide, click on the Income Eligibility link to open the Income Eligibility Test window.

Adjunctive Eligibility Screening
You must screen an applicant for adjunctive eligibility prior to traditional income screening. See policy CRT 06.01.01 Adjunctive Eligibility for the accepted proofs. Additionally, you can verify SNAP benefits electronically if a client states he/she receives SNAP benefits and did not bring the letter. This can be done by staff accessing the website www.ebtedge.com. Once you open the website, there is a box titled EBT Cardholders, within that box, click on the blue link that states “More Information.” This will take you to another screen where you can enter the SNAP EBT Card #. Once the card number has been entered, the client will need to enter the PIN#, which will then open up the client’s account and you can verify if the client is currently receiving benefits. Once you have verified the clients SNAP benefits electronically, you can now enter the client’s adjunctive proof as “Verified SNAP Benefits Electronically.” You would enter that same proof as the proof of income, so the two proofs on the income screen should mirror one another.

NOTE: You cannot use SNAP dollars as income per the federal regulation.
Income Eligibility Test Window
The Income Eligibility window is designed so that income determination is usually group based, but can be changed if needed.

Let’s break it down by section
**Section 1**

**Test** - The Test checkbox to the left of each client's name is checked by default to include all group members in the income assessment. The user can “uncheck” a group member to exclude them from the income assessment. For example, when assessing income for a foster child you would “uncheck” all members of the group except for the foster child to determine their income separately from their foster family.

**Foster Child** – KWIC will display "Yes" under Foster child to indicate that the client is a Foster Child if you have checked the Foster Child checkbox on the Demographics tab. If the checkbox on the Demographics tab is checked the Foster Child checkbox on the Income Eligibility window will appear and be automatically checked.

**Medical Card** – Check this box to indicate the client has an active Medical Card so you are using it to determine income eligibility. Only mark this if they also have proof with them or you’ve verified on KMAP. The client is considered adjunctively income eligible if this is checked. Checking the Medical Card checkbox automatically marks the client’s referral to Medicaid as “Has” on the Referrals window when Referrals is opened through the WIC Certification Guide.

**Note:** You must select an Adjunctive Eligibility Proof if this box is checked.

**Section 2**

**Number in Family** - Enter the number of members in the “household economic unit.” Ask a pregnant mom if she would like to include the unborn fetus in this number. The Number in Family must be greater than zero and less than 21.

**Zero Income** - Check this box if family truly has no income. If a client reports zero income, clinic staff should ask additional questions to determine if there is any financial or other support for living expenses. If there is support provided by others, staff should consider this information for income eligibility determination. The Income Source field does not display if the Zero Income box is checked. The client should be instructed to bring a written statement to confirm zero income from a trusted third party. If client is unable to do this, you can still certify them with zero income, but you will need to document the reason for no proof in the self-declaration box and obtain an electronic signature.
Section 3

Check the services received by the client. **Only mark this if they also have proof with them and/or if you have verified benefits electronically.** A family is considered income eligible if any one of the Adjunctive Eligibility programs is checked. Marking a check box updates the client's referral record (on the Referral window) to "Has" for the corresponding referral type.

- **Food Assistance Program** (aka SNAP)
  - TANF - Temporary Assistance for Families
  - FDPIR – Food Distribution Program on Indian Reservations

**Additional Eligibility Questions** - Ask the client the two additional eligibility questions in the center of the window about being a member of a family in which there is a pregnant woman or an infant receiving Medicaid. A "Yes" response to any one question makes the family Adjunctively Eligible. **Only mark this if they also have proof with them.**

**Note:** You must select an Adjunctive Eligibility Proof if you mark any of the boxes.

Income Proofs

Section 4

**Adjunctive Eligibility Proof** - Select the type of proof provided by the client for the adjunctive eligibility. Policy [CRT 06.01.01](#) Adjunctive Eligibility describes various electronic means that staff can access proof of current participation in Medicaid.

If the client brings in more than one proof of adjunctive eligibility (e.g. TANF Letter, Medical Card, and a SNAP Award Letter) select one of the proofs in the Adjunctive Eligibility Proof field and enter the other proofs in the Note field.

**Note** – Enter any notes regarding income as needed.

*Even if a family is adjunctively eligible, they still must provide income information for the family for statistical purposes.*
Section 5

Source Description - enter the source of the income (e.g. Wal-Mart).

**Period** – Enter how often client is paid (weekly, monthly, etc.). If select “Intermittent,” a box will appear with space to enter income for each month.

- **Intermittent** - used for clients whose monthly income varies. Enter the income amount in the month for which the income applies. If the client received no income for one or more months, leave field blank in the time frame that is being accessed.

**Proof** - Select the proof of income provided by the client. If you choose “Other” for a proof, make a note on the Income window or Notes window with more detail.

- **If the client is adjunctively eligible, select the proof type provided for the adjunctive eligibility.** Proofs must match eligibility type. Remember, adjunctive eligibility supersedes traditional income.

- **Proof Pending** – Click if client forgot to bring any proofs for the past 30 days of income (for 30-Day Temp Cert)

Never click Proof Pending if client is verified as adjunctively eligible.

- **Self Declared** - Check the Self-Declared box if the client meets the policy requirements for Self-Declared. (Refer to PPM policy CRT 05.00.00 Residential Eligibility and Proofs.) A Self Declaration form will automatically print when this is checked.

**Note:** Clients not adjunctively eligible must provide 30 days’ worth of income proof.

Remember, if adjunctively eligible, the proof entered as **Adjunctive Income Proof** must match the proof entered as **Income Proof**!

**When can we accept verbal income?**

We only take verbal income for adjunctively eligible clients (and mark the Proof to match the Adjunctive Income Proof). For all other clients, income should only be entered if proof is present. If not, leave blank and check the Proof Pending box. This puts the client as a 30-day Temp and missing proof(s) must be brought in, income test retrieved, and proof recorded for full certification.
Section 6

Add & Delete – Add Income Source / Delete Income Source - If a client group has more than one source of income click [Add Income Source] for additional Income Sources sections. Click [Delete Income Source] to delete unused Income Sources sections.

Special Note About Adjunctive Eligibility Proofs
Always screen for adjunctive eligibility first!

If you determine that the client is adjunctively income eligible and has the appropriate proof, choose the proof that matches the adjunctive eligibility, such as “state issued benefit letter” or “Other” (and make a note). Even if the client also brings paystubs, always select the proof that matches the adjunctive eligibility.

Note: Even though the client is adjunctively eligible and has the matching proof, you must still ask about their income for statistical purposes.

Calculate Income Eligibility!
Once you have filled in all the information, click the “Calculate Income Eligibility” button.

Eligibility results will appear.

Remember to Save!

The Calculate Income Eligibility button is disabled until you enter all required income information. When you click it, the system will calculate the client's income eligibility and display "Income Eligible" (green font) or "Over Income" (red font) in the Income Eligible column. The save button is disabled until you click “Calculate Income Eligibility.” Remember to click save after you calculate income eligibility.

If a client has had an income eligibility test...
A Most Recent Test link will display if income has been previously entered for the group. The date of that income test also shows. If you click this link, the most recent income information will fill the current fields.
Although this link is available, it is recommended to just start with the blank income screen so you are sure to fully assess income at each certification. Do not just ask “Has anything changed with your income?” If you want to look at past income records, use the Income History under Client/View History/Income. You would look at past income records primarily for 30-Day Temps due when the client brings in the proofs needed within the 30-day window because it will retrieve the information and allow staff to enter the missing (proofs) needs.
Examples
What would you enter on the Income Eligibility Window?

Example 1:
Gloria Grape is a non-breastfeeding postpartum woman and applying for WIC. She states that she:
  • has a Medical Card,
  • receives SNAP (Kansas Food Assistance Program) and
  • works part-time at Target where she says earns $200 a month.

Her infant does not live with her, so it is just her and her child Gary in the household.

You were able to verify her SNAP benefits electronically, but she does not have any other proofs.

This is what you should fill in:

In this example, she is adjunctively eligible based on her SNAP enrollment. You would check Food Assistance Program and select Verified SNAP Benefits Electronically under Adjunctive Proof. For statistical purposes, you would add the information about Target but not use the payroll stub as Proof since you verified her SNAP benefits electronically and you are using that as adjunctive eligibility proof.
Example 2:
Same scenario as before, but in this example, you were unable to verify her medical card in KMAP or SNAP benefits electronically. However, she does have her current Target payroll stubs with her (for last 30 days).

This is what you should fill in:

In this example, she is eligible based on her income only (not adjunctively eligible). You would use her payroll stub and would not select Food Assistance Program or Medical Card because she did not bring proof.
Example 3:
Same scenario again, but in this example, you can’t find information in KMAP or verify SNAP benefits electronically, and she does not have any income proofs.

This is what you should fill in:

In this example, if she is otherwise eligible, she would be eligible as 30-Day Temp. You would leave everything blank and click the **Proof Pending** box. The client must sign the electronic signature pad when the income proof pending statement appears. When Gloria comes back with her proofs, you would open the Income Eligibility window again, select the most recent test button, enter the information depending on the proofs she brought, and calculate her income eligibility again.

What if….
Gloria is paid weekly and she **brought 2 of her 4 week paystubs**?

Record the two paystubs you viewed, leave the rest blank and check the Proof Pending box. Now you only need to see the last two paystubs when she comes back in. **If** she brings proof for adjunctive eligibility when she comes back in, accept verbal report of income amounts and enter the same proof as you enter for adjunctive eligibility.
**Example 4:**
Same scenario again, but in this example, you are able to verify SNAP benefits electronically, and she has 30 days proof of income--payroll stubs for Target.

This is what you should fill in:  
(hint: it’s the same as Example #1)  

![Image of WIC application form]

Did you enter **all** proofs?

In this example, she is certified as adjunctively eligible, but you still enter all her proofs. If you need additional space, use the Notes field.

You will enter the state issued benefit letter in both places. Remember, adjunctive eligibility supersedes traditional income screening!

**TIP:** You may want to check IDs and residency first. You can verify them easily while you’re going over the Demographics screen with the caregiver/client. If you have valid ID proof, you can check for Title XIX Medicaid on KMAP for adjunctive eligibility right then. Discuss internal practices with your Supervisor.

**Webinar Training**
Need more help with determining income eligibility? See the 2021 KS WIC Webinar and resources [here](#).
Migrant Families

**Instream migrant farm worker definition**
A person and/or member of a family whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who has established a temporary place to live in order to be near to the area where he/she is employed.
Note: It is very possible for an instream migrant farm worker to be homeless also.

**Migrant Income is good for twelve months**
To decrease possible barriers to service, Federal regulation allows for the income of an instream migrant farm worker to be determined at least once every **twelve months** instead of every certification period. Any determination that members of a migrant farm worker’s family have met financial eligibility, (i.e., In/Out-of-State Transfer’s) will satisfy the income criteria for the migrant client for any subsequent certification during the 12-month period. For example, if a migrant family is transferring via VOC and their cert period is still within the 365 days, a new income test shall not be conducted by the receiving agency.

**Click “Migrant” in Demographics**
Usually it is the staff member completing the demographics and/or income information who learns that a family fits the definition of “Migrant.” Click the Migrant box in Demographics and Save. This activates the income rules that, after today’s income test, no income test will be required for 365 days. Marking this box also automatically assigns the “Migrancy” risk factor when the CPA opens the risk factor window.

If after the original 365 days, a new income test will be required. If the “Migrant” box in Demographics remains checked, a new 365 day time frame for income will be set.

**Need to add a new family member to migrant family?**
If during the 365 days (and still have the “Migrant” box checked in Demographics), KWIC will not require an income test for the new family member (and will autocalculate the Migrancy risk factor). The same will occur if you recertify any of the original family members.
If after the original 365 days, a new income test will be required. If the “Migrant” box in Demographics remains checked, a new 365 day time frame for income will be set.
If the income test is not needed for a recertification or a new family member, the Certification Guide will display “Migrant Complete” for the Income Eligibility and Proof of Income tasks.

If you open the Income Eligibility window when a test is not needed, you will see “This is a migrant family” and you can click cancel.
Anthropometric & Blood Measurements

Policies
Review the following policies:

- CRT 07.01.00 Determine Nutritional Risk-Anthropometric
- CRT 07.02.00 Determine Nutritional Risk-Hematological Overview
- CRT 07.02.01 Determine Nutritional Risk-Hematological Test for Anemia

Anthropometric Measurements
The Anthropometric Measurements window is used to enter a variety of height and weight measurements. This information is used to automatically graph growth charts and prenatal weight gain grids, and to determine Risk Factors based on the measurements. The window contents vary some by client category. As with many windows, there is a list of past measurements.

The availability of the Length and Height fields vary by client category and age as follows:

- **Length** is available for Infants & Children 0 – 23 months of age. If the child is <24 months of age, measure recumbent length. If a recumbent length is measured, weigh the child nude or in a dry diaper.
- **Height** only is available for Children > 24 months of age.

**Note:** Head Circumference is available for Infants and Children although is **not** a required anthropometric measurement for WIC services.

About the Anthropometric Measurements Window
- Both length and height are entered in “inches” to the nearest **eighth of an inch**. Weight is entered in pounds and ounces.
- The date for new measurements defaults to today’s date, but may be changed to reflect the actual measurement date, e.g. measures from a doctor’s appointment last week. If you have already entered today’s measures and want to enter past measures, go ahead. When you save, KWIC will re-order the list so they stay in chronological order.
  - Height/length and weight measures shall be measured not more than 60 days prior to certification. The client’s WIC categorical status must be the same on the date the measures were taken as on the certification date. (For example, you cannot use last week’s weight from the doctor’s office for a woman if she was pregnant last week and she has delivered and is being certified in WIC as Breastfeeding today.)
  - The measurement date may not be in the future or prior to the client’s date of birth.
• Only one anthropometric measurement and one hematological measurement may be entered per date.
• Measurements entered in KWIC on a date other than today cannot be changed. This is known as the “Cinderella” rule; the measurements magically become permanent at the stroke of midnight! BUT...can be changed by RN or RD using Correct Anthropometric Measures under the Client dropdown menu.
• Enter notes pertaining to individual measurements. For example: “Per MD” or “Difficult to measure child.”
• Obtain self-reported birth weights and lengths for all infants and children. Make a note if this information is an estimate, e.g. from foster parent.

In this example, we clicked [Add] to add a new line and entered the pre-pregnancy weight of 130, height of 67 ½ inches (remember, enter as 4/8 inch!), and today’s weight of 136 lbs., 4 oz.

To view the prenatal weight gain grid and share with the client, click on [Display and Print Growth Charts].
Use the scroll bar on the right to move the grid image up and down. This grid and all the infant/child growth charts are merely images. You cannot alter them. Click on the [Print] button if you want to print the graph for a chart or to send to a medical provider.

Close the grid and return to the **Anthropometric Measurements** window.

**Save**, but wait! Do not close Anthropometric Measurements window yet.

**Add Family Member Info**
Usually you will measure multiple family members at the same time. Now you can add measurements for any other family members. In this example, we can click on Allen’s link in the Group Members box directly from the Anthropometric Measurements window.

KWIC will take you to Allen’s Anthropometric Measurements page.
In this example, we added Allen’s gestational age (39 weeks), then we added a line and changed the date to his birth date (using the DOB from the Client Header) and entered his birth length and weight.

Next, we added another line with today’s height and weight measurements.

If you click the [Display and Print Growth Charts] link, you will see several choices for growth charts.

It’s recommended to show Mom the Weight/Height graph most often as it reflects the child’s weight for his height. (Or, weight/length if <24 months.) You can also print the grid for Mom if she would like a copy.

KWIC graphs to the exact date. Even though age is not shown in days, the computer is plotting with an accuracy of days. Remember—these charts are just images. The exact determination of the percentiles on the charts is done mathematically by KWIC. Risk factors are assigned off those calculations. The graphs will show adjusted-age growth patterns for preterm infants and children, along with the growth patterns based on actual age.
Blood Measurements
The Blood Measurements window is used to record hemoglobin or hematocrit values. This information is used to automatically assign Risk Factors in KWIC. As with many KWIC windows, the window includes a list of past measurements. Refer to policy CRT 07.02.01 Determine Nutritional Risk – Hematological Test for Anemia for details as to when a hemoglobin/hematocrit must be measured for a client.

Use either Hematocrit (enter a two digit whole number, e.g., 31), or Hemoglobin (enter a whole number to the nearest tenth, e.g., 10.9).

When you have added a new line to enter information, you can change the date to a past date, as previously explained about measures. You can use blood values for certification that were taken up to 60 days previously, as long as the client category is still the same.

Reason Blood Work Missing
Read policy CRT 07.02.01 for details about the rare situations when blood work may be omitted. Save!

Add Family Member Info
As we did with Anthropometric Measurements, you can add the Blood Measurements for other family members by clicking on the name in the Group Members box. Enter information and save and close the window. As with measures, if an error is discovered the next day or later, a RN or RD can use Correct Blood Measures in the client dropdown menu.
Health Interview

The Health Interview window is used to document a variety of important information and should be completed as fully as possible.

The Health Interview window contains two navigation buttons, Health Interview and ATOD.

Health Interview

The first window is named Health Interview and is different for different categories of clients. Some fields contain information “carried over” from other windows, such as Apply for WIC and Record End of Pregnancy.

For All Categories
- Medical Provider – not required, but useful.

For Women Categories
- Education – Last year of school completed. If GED, use Grade 12.
- Series of questions about diabetes and blood pressure. Items are self-explanatory. The answers to these questions are used to auto-calculate certain risk factors.
- Current Pregnancy – Estimated due date is very important as risk factors are assigned based on estimated due date after baby is delivered. (Update this date at subsequent visits as needed. This is important for automated risk factors after the baby is born.) If no prenatal care yet at the pregnancy certification, leave blank. If learn of change during pregnancy, can add later. Otherwise, complete at postpartum visit.
- Pregnant with Multiples (Yes, No) – This question is also on the Record New Pregnancy screen. If staff entered Yes or No then, the information will be auto-filled on the Health Interview. You should double check when completing the Health Interview. It is important to complete this correctly because KWIC will assign a different food package to a woman pregnant with multiples. If a woman comes back to clinic after the certification appointment and says she now knows she is having more than one baby, go to the Health Interview screen and change the answer.
- Pregnancy and Delivery History
  - # of previous pregnancies
    - Count only > 20 weeks gestation
    - Multiple births count as 1
    - If Pregnant, “Previous” = previous, do not count the current pregnancy
- If PP/BF, “Previous” = do NOT include the most recent pregnancy
- **Birth Outcomes**
  - Just for Breastfeeding and Postpartum women.
  - Number of births from the most recent pregnancy and outcome of each.

**Sample Health Interview for Pregnant Woman**

**Sample Health Interview for Breastfeeding Woman (same as for Postpartum woman)**
For Infants

- **Breastfeeding** – Enter and update breastfeeding information here.
  - This information is required for infants and children <12 months of age.
  - It is very important for staff to regularly update infant feeding information. If the infant is breastfeeding, this information has an association to the food packages available to the infant and the mother.
  - Infants who are eating solids and still being offered breastmilk only with no use of formula should be marked as exclusively breastfeeding.
  - The View Formula Limits link summarizes the maximum formula amounts for each breastfeeding status. (See policy FCI 02.01.01 Infant Food Packages-Breastfeeding Infants.)
  - Breastfeeding fields are mandatory at the time of certification. Which fields are required depends on the Breastfed selection.

- **Formula Type** – Only for infants consuming formula.
  - Powdered
  - Ready-To-Feed
  - Concentrate

- **Formula Name** - The Formula Name dropdown list does **not** include:
  - Formulas not approved for issuance in Kansas.
  - Unusual formulas that are approved for issuance, but no food packages are set up in KWIC yet.

More about “Formula Name”

If the infant is taking a formula that is not approved in Kansas, select the similar Kansas-approved formula, i.e. the formula you expect to issue. Then document on the Notes screen the name of the formula the infant is actually taking.

If it is an unusual formula that is approved, but not in the list, just enter the base food package formula - Similac Advance and document the actual formula in Notes. Call the State Agency as soon as possible to get the needed formula entered into the system, so benefits can be issued. Remember that you can see if a formula is approved by the Kansas WIC Program by checking Appendix 1 of the PPM, *Formula Manufacturers and Products*. If it is on this list, it is in the Health Interview dropdown.
• **Formula Consumed per Day – ounces.** KWIC uses the Formula Consumed per Day information to suggest the number of cans to be issued.

• **Medical Provider**

• **Blood Lead test is the last 12 months?** (Yes, No or Unsure) Indicate in the Notes field the date and result of last test if known.

• **Mother on WIC During Pregnancy?** Uses information from the “Identify Mother of Infant” window, if available.

Sample Health Interview for Infant

For Children

Fields are the same as for infants with these exceptions:

• **Breastfeeding** information is required for children <12 months of age.
  - If < 12 months, the Health Interview will have all same feeding fields as an Infant. Data will carry over from the Infant certification, but check for accuracy.
  - If > 24 months old, the Health Interview will only have the basic breastfeeding questions and date stopped.

• **Formula Type, Name** and **Formula Consumed per Day** fields are not required.
  - Complete only if a child is currently consuming formula.
  - If there is a reason to record historical formula information for a child, document it on the Notes screen instead of here. For example, a child was consuming Pediasure, but has recently been transitioned to foods and no formula. That would be a significant item to record in a Note, but there is no reason to enter it on the Health Interview screen.
  - If you unintentionally enter something in the Formula Type field, just delete the entry. Otherwise, KWIC will require that you enter Formula Name and Formula Consumed per day.
• TV/Video Viewing (Child only) – For children > 2 years old. Actual hours sitting. Sample question, “About how many hours did your child spending watching TV, on the computer, or other screen time yesterday?”

Sample Health Interview for Child > 24 months old

![Sample Health Interview for Child > 24 months old](image)

**ATOD (Alcohol, Tobacco, and Other Drugs)**
The ATOD window is used to monitor the woman’s alcohol, tobacco, and other drug use during and after pregnancy. It’s also used for all categories to assess vitamin and mineral intake and exposure to environmental tobacco smoke. KWIC will automatically assign appropriate ATOD-related risk factors from these fields.

*Note:* For “Illegal Drug Use,” mark “yes” for pregnant, breastfeeding, and postpartum women if they used illegal drugs at any time during pregnancy OR if they are currently using.
For all Women
Use the hover messages to learn more.

For all Infants and Children
Again, use the hover messages to learn more.

For **Supplement Use**, if taking a multi-vitamin and mineral supplement with iron and folic acid, mark “Yes” button and check the boxes for both nutrients. (Note: most prenatal vitamins contain both iron and folic acid.)
Assess Risk Factors

Policies
Review the following policies:
- CRT 07.03.00 Determine Nutritional Risk-Dietary
- CRT 07.04.00 Determine Nutritional Risk-Other

Overview
The Assess Risk Factors link in the WIC Certification Guide is only available to CPAs and is used to assign risk factors for the client. All RNs and RDs will complete Nutrition Risk Factors modules to learn details about the risk factors and this KWIC window. However, everyone should be familiar with the process, so this overview to Assess Risk Factors is required for all.

Auto-Calculated Risk Factors
By following the WIC Certification guide, the Anthropometric Measurements, Blood Measurements, and Health Interview/ATOD screens should all be completed prior to opening the Assess Risk Factor screen. That is important because KWIC will auto-calculate any risk factors based on that information.

When you click Assess Risk Factors, you will see this message if there are any auto-calculated risk factors. You can click “OK.”

If you think that KWIC has made an error in auto-calculating risk factors, first read the definitions in the Nutrition Risk Factor Manual first. If you still think there is an error, call the KWIC Help Desk.

1. Do not assign risk factors that are supposed to be auto-calculated, but KWIC did not assign. Exception: A few risk factors have definitions that explain when staff have to manually assign. For example, History of Preterm Delivery for Pregnant woman if previous birth records are not in KWIC.
2. Do not “unassign” auto-calculated risk factors unless so instructed by KWIC Help Desk or state staff. For example, for BF and PP, Preterm Delivery at Last Delivery is auto-calculated based on the calculation between Estimated Due Date and Pregnancy End Date. If you see that the due date should have been updated and that this risk factor does not apply, you can remove this risk factor.

Available Risk Factors & Assigned Risk Factors
The window has a mover box with Available Risk Factors on the left and Assigned Risk Factors on the right. Risk factors in pink text are high risk.
The CPA will add any additional risk factors as necessary by using the mover boxes.

To **assign** a risk factor for a client:
- Highlight the desired risk factor on the left and click [>], or
- Double click the desired risk factor.

To “**unassign**” a risk factor:
- **Highlight the risk factor** in the list on the right and click [<], or
- Double click the risk factor.

**Notes & Details**
When you highlight an assigned risk factor, a section will open on the bottom of the screen with additional fields. In this example, there is an icon next to the risk factor “Consuming Foods That Could Be Contaminated” and if you click on it, you can read the note explaining why you assigned the risk factor. You can add a note to any risk factor. For example, if you wanted to explain for “Environmental Tobacco Smoke Exposure” that “Husband smokes in house,” you could add that note here.

There are also details for the auto-calculated risk factors. In this example, if you highlight the “Low Hemoglobin /Hematocrit 2nd Trimester” risk factor, the **Auto-Calc** field contains information about the source of data for this auto-calculated risk factor. If you want to know the value, you can click here instead of going back to the Blood Measurements window.
Professional Discretion High Risk (PDHR)

The bottom part of the Assign Risk Factors window provides an opportunity for the CPA to identify if a low-risk client should be considered high-risk for some reason – **Professional Discretion High Risk (PDHR)**. Do **not** assign PDHR if the client already has a high risk factor.

There should also be documentation in **Notes** explaining the situation.

Refer to policy **NED 02.03.00 Secondary Nutrition Education Contact – High Risk**. Any client assigned PDHR must be seen by a dietitian for a high risk visit for the secondary nutrition education contact, just like the “regular” High Risk clients. PDHR is not used often, but CPAs are given the authority to make such a determination.

To make a client PDHR, click the [Add] button. A **Reason** field appears where you can document information. When you save the window, this field will disappear and PDHR will display in the client header in pink. Unless it is clinic policy, also document in **Notes** so that everyone can be alerted to the situation.

**Examples of when PDHR might be assigned:**

- **By an individual CPA** –
  - A very young teen mom is assigned the risk factor **Pregnancy at a Young Age**. It is not high risk, but the client seems to have a very unsettled family life and might need to followed closely, so you assign PDHR.

- **As a clinic policy** –
  - A clinic might make a policy that all teen moms will get extra attention, so all clients with the risk factor **Pregnancy at a Young Age** are to be made **PDHR** if there are no other risk factors to make them High Risk. Ask your supervisor if your clinic has such a policy.
Nutrition Education

The Nutrition Education window is used to document client nutrition education. Like the Health Interview window, the Nutrition Education window consists of three Navigational buttons: Topics, Handouts, and Client Goals.

These buttons are used to document various aspects of nutrition education provided to the client. It is suggested that you complete the Client Goals tab first so you can select topics and handouts the client is most interested in.

Client Goals

The main purpose of the Client Goals Tab is to document information about the client’s goals related to nutrition and health. This is such an important part of the WIC visit that there is a separate link for it in the WIC Certification Guide.

As with many windows in KWIC, click [Add] to get blank fields for you to record today’s information.
Client Goal
Encourage client to identify something she wants to work on over the next few months. The goal should be related to nutrition or health. Enter a short description of the client’s goal. At least one goal must be entered.

Many clients may not think about “goals,” so you might try to use words other than goals. You might ask one of these questions and write down her response as her goal.

Sample Questions
“You mentioned that you’re concerned about not gaining enough weight with this pregnancy. How much would you like to gain in the next ___ months?”

“You said that breastfeeding is going well. About how many months would you like to breastfeed?”

“You wrote on Billy’s diet questionnaire that you would like him to eat more veggies. What is one thing you can do in the next six months to help him eat more veggies?” Be prepared to offer a couple concrete suggestions if mom is unsure, such as, “What do you think about tasting one vegetable together every day?”

“Your iron was really low today and you said it’s hard for you to eat healthy and remember to take your prenatais. Would you like to talk about making a plan to eat more iron foods and take your supplement every day?”

It can be challenging to get clients to participate in developing a plan, so it takes some practice in encouraging it. Ideally the goal should be the client’s idea, but sometimes it helps if you provide some suggestions to make it more concrete or, as in the last example, to make a suggestion based on a risk we have identified.

Ways to Meet Goal
This section allows you to work with the client to identify a few concrete steps that can help the client reach the goal. It can take considerable skill to help the client think about very specific, realistic steps that they are likely to do. This information is for the client, so the language and steps should be simple, concise, and doable. You might first need to explore barriers to the identified goal. Then ask the clients for some very specific possibilities to get around that problem. You might provide a handout that offers a list of suggestions and then ask, “Do you think any of these ideas might work for you?” If yes, ask the client to identify which ones they might use or adapt. You can mark them on the handout and record in KWIC.
Example

Staff Reinforcers and Recommendations
This field is optional. It is a space for you to document what you would like to have reinforced at a future visit. This might be something reinforced during a visit with a dietitian or nurse at a NEI visit for this certification period, or at the next certification appointment. You might also note recommendations you made today to the client or recommendations to WIC staff who may work with the client in the future.

Print Client Goal Check Box

After you save the window, the client goal will display in the upper section. If desired, you can print the Client Goal and Ways to Meet Goal.

- Check the Print checkbox for the goal(s) you want included on the report.
- Click the [Print Selected Goals] button.

For each goal selected, the report includes the date the goal was recorded, the goal description, and the contents of the Ways to Meet Goal field.

Click [Save] or just click another tab in the Nutrition Education window and save when you’ve done all three. Every time you save, you create a contact in History.
Topics Tab
The Topics tab allows you to quickly document topics you have discussed with a client. (Remember, when you provide nutrition education, you will prioritize the client’s interests, concerns, and risk factors to determine what topics you address.)

The Secondary Nutrition Education Trigger Topics will always appear at the top. These are only to be moved when completing Secondary Nutrition Education contacts, so you will never move them over at Certs or Mid-Certs.

The rest of the topics are listed in alphabetical order on the left and are specific to client categories. Local clinics have the option to add their own topics. Client risk factors are listed in the upper right section of the window. Classes the client has completed are displayed on the bottom of this tab.

Include and exclude topics like you have learned with the previous mover boxes.

Example

Notice the date is recorded when a topic is moved to the right. This same window will be used for subsequent visits so the dates are useful to see if (and when) a topic was covered.

To document “Other” Topic
Occasionally you will want to document a topic discussed that is not included in the list of topics. There is a choice of “Other.” As with any window that gives you a choice of “Other,” you should document somewhere in the record what the “other” was. In this case, the best place to document it would be on the Notes window.
Handouts Window
The Handouts window allows you to quickly document handouts you provided to a client. Note that providing handouts is not required as not all clients appreciate receiving handouts. Do not simply provide “packets” of handouts to any client. Prioritize the client’s interests, concerns, and risk factors to select one or two pamphlets of real importance. Handouts are not required. Also, it is best to review certain parts of the pamphlets, including marking some key messages, and possibly using suggestions in a pamphlet to encourage the client to identify steps to changes.

The handouts are listed in alphabetical order on the left and are specific to client categories. Local clinics have the option to add their own handouts. Client risk factors are listed in the upper right section of the window. Select handouts the same way that you select topics.

Example Handouts PG

![Handouts Window screenshot](image)

Don’t see the handout you used?
Local handout titles can be entered into KWIC by a staff member with KWIC Administration Security Clearance. The handout will then display along with the statewide titles and any other local handouts that have been added.
Referrals

Policy
Review the following policy:

- **CRT 08.00.00** Coordination of Services and Referral

Referrals
When you click on the Referrals link, there are two sections: “Current Referrals to Client” at the top and “Sources of Client’s Referral to WIC” at the bottom.

Current Referrals to Client

<table>
<thead>
<tr>
<th>Date</th>
<th>Service</th>
<th>Referral Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/25/2018</td>
<td>Child Support Enforcement</td>
<td>- ● ○ ○ ●</td>
</tr>
<tr>
<td>09/25/2018</td>
<td>Food Assistance Program</td>
<td>- ● ○ ○ ○</td>
</tr>
<tr>
<td>09/25/2018</td>
<td>KanCare</td>
<td>- ● ○ ○ ○</td>
</tr>
<tr>
<td>09/25/2018</td>
<td>TANF</td>
<td>- ○ ● ○ ○</td>
</tr>
</tbody>
</table>

Mandatory Referrals
The following mandatory referrals are always displayed in the Current Referrals to Client section:

- Medicaid – (KanCare Title XIX)
- Child Support Enforcement
- TANF (Temporary Assistance for Needy Families) Clients may know this as “Cash Assistance”
- Food Assistance Program (aka SNAP)

Note: TANF, Food Assistance Program, and Medicaid are also found on the Income tab. If any of these are checked on the Income tab, the corresponding referral is automatically marked as “Has” on the Referral tab.
Document Referrals

Options for documenting referrals:

**Has** – indicates the client currently has/receives services

**Referred** – indicates staff referred the client to service. It’s okay if the client is not interested in the service at this time—still mark “Referred.”

**Applied** – indicates the client has already applied for service

**Not Applicable** – indicates service is not applicable to the client. For instance, Not Applicable would be appropriate for Child Support Enforcement when a woman is living with the father of her child. Add a note as to why that referral is N/A such as “CSE N/A due to father in the home.”

Add Referrals

To make another referral or document that the client is enrolled in another service program, click the [Add] button in the Current Referrals to Client section to get a blank line and then click in the blank Service box. Select the name of the service from the Service drop-down display. Use the Scroll Bar to see more Referral choices.
Mark “Has” “Referred” or “Applied” as appropriate for the service added. Add any services as needed. For instance, a client is already enrolled in the Maternal & Infant Program. Add a line, find that service, and mark “Has.” Click the Delete button if a blank service line is not needed. A note about the referral may be added in the Note field.

Your clinic should identify which programs are routinely referred by the clerk vs. CPA. The Referrals link will be marked “Complete” after the clerk completes the four mandated referrals. But the CPA may need to open the Referral link and add more referrals. For example, after learning more about the client, the CPA might refer client to the Maternal and Infant Program, the Breastfeeding Peer Counselor, and a Smoking Cessation program.

Inactivated service choices are shown in red print. Local Staff with KWIC Administrator security status are allowed to add locally specific names of services.

Remember, referrals are an important benefit of WIC!

Source of Client’s Referral to WIC
It is optional to document the source of a client’s referral to WIC. Clinics might want to do this if they have been having a particular outreach campaign and want to collect data to determine if the outreach to a particular source was effective. Click “Add” to select possible referrals to WIC from the dropdown.
Voter Registration

Policy
Review the following policy:
- ADM 06.00.00 Voter Registration

Voter Registration
When you click the Voter Registration link, it opens the Basic Contact/Voter Registration window.

Document Basic Contact Requirements Completed
Highlight each Basic Contact completed in the Contact Information mover box.
- Click the [>] button to move the completed contacts to the right.
- Use the [<] button to move contacts back to the left.
- The [>>] and [<<] buttons are also available to move or remove all.

Clinics will have a local procedure for which staff cover the basic contacts throughout the Cert, depending on staffing and clinic flow. Clinics may want the staff member who gives the client the eWIC Shopping List to look at the Basic Contact window and ensure all items are marked Completed. That staff person should then educate the client about any outstanding Basic Contact items not completed.

Note: The Certification Guide will say “Complete” if you complete Voter Registration, even you do not move all the basic contact items.

All contacts must be moved over by the end of the Cert. Click [>>] to move all.
Enter Voter Registration Response
Caregiver/Client must be offered the opportunity to register to vote at every certification and/or address change. Refer to policy ADM 06.00.00 Voter Registration and see State of Kansas Agency Voter Declaration Form (AVDF).

<table>
<thead>
<tr>
<th>Selection Options</th>
<th>Description of Selection Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already Registered</td>
<td>Caregiver/Client is registered to vote. Staff must still ask the client about Voter Registration at the time of certification and recertification. Have the person sign the AVDF. Staff may also ask if any name or address changes have occurred since they registered last because then they’ll need to register again. If there is a name or address change and the person does want to register, provide a Kansas Voter Registration Application instead of the AVDF and mark “Yes, Wants to Register” in KWIC.</td>
</tr>
<tr>
<td>Declined to Answer</td>
<td>Caregiver/Client does not want a Yes or No answer documented. Staff should not offer this as a choice. Use only if the person refuses to answer after explanation by WIC staff. Staff may check “No” and write the person’s name on the AVDF, along with the note “Refused to Sign.”</td>
</tr>
<tr>
<td>No, Does Not Want to Register</td>
<td>Caregiver/Client does not want to Register. Have the person sign the AVDF. All AVDFs must be filed in a separate file and retained for two (2) years.</td>
</tr>
<tr>
<td>Not Eligible to Vote</td>
<td>Caregiver/Client not eligible to vote (under 17 ½, known felon, not a citizen, etc.). Have the person sign the AVDF.</td>
</tr>
<tr>
<td>Yes, Wants to Register</td>
<td>Caregiver/Client wants to Register. Have the person sign the AVDF and provide the person with a Kansas Voter Registration Application.</td>
</tr>
</tbody>
</table>

The infant/child voter responses should reflect the caregiver’s response for herself, because the point is to offer her the opportunity to register to vote. Caregiver and infant/child voter responses should always match!

Questions to ask your Supervisor
Ask your supervisor about the division of duties for the Basic Contact and Voter Registration information.

- Who does what sections and when during the certification process?
- If you are handling the Voter Registration section, where are the Voter Registration applications and to whom do you send them?
- Where are the Declaration Forms?
- Where does your clinic file the completed forms?
Immunizations

Policies
Review the following policies:

- **CRT 08.01.00** Immunization Screening and Referral
- **CRT 08.01.01** Interface between the Kansas Immunization Registry and KWIC

Release of Information to Web-IZ
If the caregiver agrees to allow it, demographic information for infants and children (client name, gender, birth date, address and telephone number) is sent from KWIC to Kansas Immunization Registry (KSWebIZ). Read-only information about the client’s immunization history and the recommendations for needed or upcoming vaccinations from KSWebIZ are visible on the Immunization window of client’s KWIC record. Information about WIC participation is **NOT** available to KSWebIZ users.

The main thing to stress to clients is that with this release, anytime WIC updates their address, phone, etc., then KWIC will send that information to the KSWebIZ so it will be correct. It is a convenience for the client.

The Web-IZ form should **not** be signed in connection with a certification. It may be signed **after** benefits have been issued.

Immunizations Window
The **Immunizations** window is used to document the status of immunizations for infants and children. There is an interface between KWIC and the Kansas Immunization Registry (KSWebIZ), so if the family allows communication with WebIZ, the client’s full immunization history will be listed here.

Click the **[Add]** button to get a data field and update the client’s immunization status. Information must be based on viewing an immunization record, not just entering what the client tells you.
**Certification Guides**

**Status**

There are three choices for Status

- Current for Age
- Behind for Age
- Record Not Available

(Policy says to assess immunization status from an immunization record, not the caregiver’s memory.)

**Behind for Age-Reasons**

If an infant or child is behind in immunizations, there are three choices.

- In Process/Upcoming Appointment
- Referred
- Shot Provided

If you choose Referred here and save, a referral is automatically marked on the Referrals screen.

**Special Assignment!**

- Talk with your supervisor about:
  - your role in assessing immunizations and completing this screen, and
  - the KSWebIZ Local WIC Clinic Interface plans for assessing immunization status and, if needed updating KSWebIZ.
- If you will be completing this screen:
  - Read online policy 08.01.00 Immunization Screening and Referral,
  - Open KWIC Help – Help Contents – Services – Immunization. Review all the associated immunization Help screens, and
  - Work with your supervisor to observe other staff using this screen in clinic.
When you click on the Notes link in the WIC Certification Guide, you get a window that will be mostly blank for a new client.

In the top section of the window, there is a list of all past notes for clients that you are recertifying. The Notes are listed in reverse order – most recent on top and oldest on the bottom. You can click on a line and open a past note to read the contents.

To write a note, click [Add] in the Notes window. This will open an area in the bottom of the window.

**Who Uses Notes?**
Any staff member can write a Note in KWIC at any time. CPAs use Notes most often, for certs and midcerts (required), formula consumption, breastfeeding in 24 hours, food likes/dislikes, client concerns, details about a medical condition and treatment. Do not repeat information easily found elsewhere in KWIC unless it needs emphasized.

Clerks occasionally use Notes to record some unusual information, pass along information to the nurse, etc. For example, a clerk might title the Note “Cert - number in household” and write something in the Note like, “Cousin living with her currently, does not pay rent. Included cousin’s income.” Or, the clerk might add this note in the Income screen.

Talk with your supervisor about your expected role in writing Notes.

**Title**
Make a title that indicates the purpose of the note for future readers. For certification notes, you might simply use a title like “Cert.” Otherwise, be more descriptive e.g., “Formula change,” “Change in custody,” “High Risk,” or even “SA approval to remove breastpump from inventory.”
Note
To write the body of the note, tab or click from the title to the note body and enter your text. Save once you are done with the note.

You might include some of the following information as pertinent in the Note at Certification:

- Details about Breastfeeding – frequency, number of wet and dirty diapers, etc.
- Details about formula feeding – brand, amount, frequency, etc.
- Food dislikes and likes
- Food allergies
- Details about medical conditions – treatment, current status, etc.
- Unusual or outstanding things from the diet questionnaire and interview

Example

```
Title: Cert
Note
April concerned about low weight gain. Had severe nausea but better now. Doing well on reducing the number of cigarettes she smokes and hopes to quit, but not sure if she can. Doctor has talked to her about her low hgb and encouraged prenatal regularly.
```

Editing Notes
You may edit your Note any time before midnight ("Cinderella rule").

Auto-generated Notes

Notes are automatically generated from certain functions in KWIC. For example, if anything is changed in Demographics, a Note is automatically generated and will appear in the list of Notes. When you highlight the Note in the list, you can read it, but not make any changes. If you want to explain more about the situation, add your own note.

In this screen shot, the Note titled “Terminated from WIC” is highlighted so you can read it in the bottom part of the window. Notice in the Termination Note that this client was terminated due to over income. This is an auto-generated note.
Complete WIC Certification

Once the Certification Guide looks like this, it’s time to Complete WIC Certification!

Click the Complete WIC Certification link on the WIC Certification Guide. The Complete WIC Certification window opens. The top of this window displays client identification information and a statement that the client is risk eligible.

If the client is not risk eligible, a message will display upon saving that the client will be terminated. A Termination Letter will automatically print.

The information at the bottom of the window displays the client’s WIC Category, Eligibility Begin and End dates, and Priority as read only information.

Example Complete WIC Certification

When completing a certification it is important that you use the links in the WIC Certification Guide to open these windows. Not Quick Links. A common error made by users is they open the WIC Certification Guide then use the Quick Links to open windows and enter information. The error occurs when they fail to click on the last WIC Certification link (Complete WIC Certification) which is the final step in completing the certification. This final step must be completed in order for the certification to be finished. Remembering this will save you many calls to the Help Desk!
Documentation of Physical Presence
The WIC Certification window contains the documentation whether or not the applicant was physically present. There are very few reasons when there can be approval for certification when a client is not physically present. (Refer Certification and Notification Policies module and to policy CRT 03.01.00 Exceptions to Being Physically Present.)

In general, these reasons are medical reasons such as:
- Doctor prescribed bed rest, medical equipment that makes it very difficult to come to the clinic;
- Preterm infant is still in the hospital; and
- Medical conditions that could be possibly worsened by coming to the clinic.

A CPA must approve the exception in advance so that arrangements can be made to get height, weight, and blood work data from another source. There should be a note in KWIC showing the CPA’s approval.

KWIC defaults to “Yes” the client is physically present. If an exception has been granted, change the response to “No” and briefly record the reason in If Not, Describe Reason.

If you answer “no”, this is another case in which KWIC will automatically create a note in the Notes window, as in the example below. As an auto-generated note, KWIC created the title and a pre-determined note, with the text you entered for the reason. Save!
Once certified, the client header will change:

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>WIC Category</th>
<th>Elig. End</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>09/26/1991</td>
<td>PG</td>
<td>06/30/2019</td>
</tr>
<tr>
<td>Allen</td>
<td>05/23/2015</td>
<td>C</td>
<td>06/30/2019</td>
</tr>
</tbody>
</table>

Finish certifying any other family members.

Once the family is certified, the Notices Tab will change:
Certifying Breastfeeding Dyads

Certifying Mom and Breastfeeding Baby (BF Dyad)
In KWIC the client’s priority is not displayed until the user clicks the last link on the WIC Certification Guide (Complete WIC Certification). To ensure that a mother and her breastfeeding baby have the same priority upon completion of their certifications you should complete their certifications using the following steps.

Complete these steps:

1. **For Mom** – Complete all of the required items on the WIC Certification Guide up through and including the **Voter Registration** link.

2. **For Baby** - Complete all of the required items on the WIC Certification Guide up through and including the **Voter Registration** link.

3. **For Mom** – Click the **Complete WIC Certification** link to open the Complete WIC Certification window. Look at the priority that KWIC will assign the mom based on the risks currently assigned. Click [Cancel] to close the window without saving.

4. **For Baby** - Click the **Complete WIC Certification** link to open the Complete WIC Certification window. Look at the priority that KWIC will assign the baby based on the risks currently assigned. Click [Cancel] to close the window without saving.

5. **For both Mom and Baby** - as appropriate, click the **Assess Risk** link and assign the corresponding breastfeeding dyad risk factor that will ensure mom and baby are assigned the same priority.

6. **For Mom** – Click the **Complete WIC Certification** link on the WIC Certification Guide and finish her certification.

7. **For Baby** – Click the **Complete WIC Certification** link on the WIC Certification Guide and finish the baby’s certification.

The Cert Guide will automatically close for the first person of the dyad during the save process and you will have to re-open the cert guide on the second person of the dyad in-between the steps listed above. Or, to save time, you can complete the certification for each and then equalize the risk factors if needed.
Mid-Certification Guide

Policy
Review the following policy:

- **CRT 03.04.00** Mid-Certification Appointments

Mid-Certification Guides:
Only for BF, C, I Categories

Breastfeeding (BF)

Child (C) certified before 4 years 6 months

Infant (I) certified before age 6 months

Can You Spot All The Differences?

Breastfeeding (BF)

Child (C) certified before 4 years 6 months

Infant (I) certified before age 6 months

Risk Factors
For all categories: Not required to change or add new, but must review.
There are not any WIC Mid-Certification Guides for the following because:

**PG** clients are certified until baby is delivered.

**PP** clients are only certified for **6 months after delivery** (Remember, PG and PP clients are not scheduled for mid-certification, BF are)

**C** who were **certified after age 4 years 6 months** will **end eligibility** at age 5 years.

**I** who were **certified after age 6 months** are only certified for **6 months**.

**When should mid-certs be scheduled?**

KWIC allows Mid-Certification (MC) scheduling as follows. Staff should consider the length of the client’s certification and schedule the MC approximately midway during the certification.

**BF** - When baby is between 5 ½ - 10 months of age (BF clients are scheduled for a mid-certification)

**C** – Between 4 and 10 months after Eligibility Begin Date

**I** - Between 5 ½ - 10 months of age

**HINT**: If the Mid-Certification link on Quick Links is grayed out, the hover message will help by displaying the date range when the Mid-Cert can be completed.

**Important! Update Breastfeeding Information for Infant!**
If you have a Mid-Cert for a breastfeeding dyad (Mom and Baby) and you learn that the infant has **stopped breastfeeding**, you will **not** complete the Mid-Cert for Mom.

**“Complete Mid-Certification”**
Similar to the WIC Certification Guide, the last link to open and save is the “Complete Mid-Certification” link.

**Note**: Mid-Certification Guide will still appear as a Quick Link once you have completed it. That is normal. Do not think you have to do it over! If you have any question if it was properly completed, open the client’s Contact History and look for the “Completed Mid-Certification” contact.
WIC Presumptive Eligibility Guide

Policy
Review the following policy:

- **CRT 03.05.00** Presumptive Eligibility Appointments for Pregnant Women

Introduction
A pregnant woman who meets the income and residency eligibility standards may be presumed eligible and issued WIC benefits immediately for up to 60 days without a nutritional risk evaluation. Every effort should be made to provide a certification appointment within the 10-day processing standard instead of using presumptive eligibility. The LA should limit the use of this policy to cases of extenuating circumstances.

When You Might Use Presumptive Eligibility
Examples include, but are not limited to:

- A traveling clinic has too many appointments to complete a certification for a pregnant woman who walks in on clinic day.
- An unexpected staff illness that would otherwise cause cancellation of the appointment.

About the WIC Presumptive Eligibility Guide
**Who Can Do?**
The WIC Presumptive Eligibility Guide may be completed by a clerk or CPA.

**Do Now**
The Rights and Responsibilities must be signed. Proof of income, residency, and identity should be documented. If the client does not provide any of these proofs, the client can be presumed eligible and receive benefits for 30 days instead of 60 days.

After completing a Presume Eligible visit, staff should immediately make a “Complete Cert” appointment to occur within the next 60 days, so the certification can be completed.

**Do Within 60 Days (or the woman will be terminated by KWIC)!**
Assess and assign nutrition risks. At least one risk besides the Presumed Eligible risk factor must be selected.

**What Will Be Her Status?**
Presumed eligible clients have a client category of pregnant and a status of “Presumed” until the WIC Certification guide is completed later. Completing this guide documents a Presume Eligible in the client’s Contact History.
Example
Lisa Lima is pregnant and here for her appointment. The nurse had to leave on a family emergency. There are no other CPAs in your clinic, so arrangements will have to be made for certifying clients. Because Lisa is here today and you (the clerk) know the nurse will not be back for a week, you use Presume Eligible to get her benefits going. (Note that this is a unique emergency situation. It is not acceptable to use Presume Eligible just because you are busy. You will rarely, if ever, use Presume Eligible.)

WIC Presume Eligible Guide is not in the Quick Links or the Services Drop down. So you check the hover message. You’re reminded that because she is Terminated, you must complete Reapply for WIC.

Use Reapply for WIC to create a record for Lisa. Pick a due date about 5 months in the future.

Select WIC Presumptive Eligibility from the Services dropdown menu. Do not select the WIC Certification guide!

WIC Presumptive Eligibility Guide windows & how they differ from WIC Certification Guide
- The Health Interview window is included, but the only item required to complete is to mark if the applicant is pregnant with multiples or not. Complete the rest of the Health Interview window if it is normally your responsibility and there is time.
- Proofs are not required at the time of the Presume Eligible. It is okay if they are proof pending—you can continue with the Presume Eligible Guide but the client will receive benefits for 30 days instead of 60 days.
- Referrals are required to finish.
- The Voter Registration and Basic Contacts are required. Because you will be issuing benefits, one would expect that all the Basic Contact information should be covered at the time the client is presumed.

If it’s listed as Needed, it’s required to activate the complete eligibility link.