

WIC and Nutrition Manual
800 Policy Group
Food Delivery

Table of Contents

[Policy 801 Food Delivery Introduction and Overview](#)

[Policy 802 eWIC Card Ordering and Receipt](#)

[Policy 803 Issuance of Food Benefits and Assigning of Issue Date](#)

[Policy 804 WIC Food Benefit Replacement](#)

[Policy 805 Mailing and Uploading Benefits](#)

[Policy 806 eWIC Card Inventory and Security](#)

[Policy 807 Food Delivery in Disaster Situations](#)

[Policy 800 Appendices: Food Delivery and WIC Reports](#)

Policy 801

Food Delivery Overview

POLICY

Local WIC Agencies shall ensure WIC participants receive food benefits as appropriate.

PURPOSE

To provide overall guidance for local WIC program staff on the food delivery portion of the WIC Program.

RELEVANT REGULATIONS

246.12 (r) – Issuance of food instruments, cash value benefits, and authorized supplemental foods.

246.7 (f)(2)(iv) – Processing Standards: Time frames for processing applicants

DEFINITION:

Food Instruments (FIs): are defined in 7 CFR PART 246 as a voucher, check, electronic benefits transfer card (EBT or eWIC card), or any other document which is used by a participant to obtain supplemental foods.

Food Benefit: The foods a participant receives on WIC for a selected month. Depending on the participant category, food benefits provide specific amounts of WIC-authorized foods, formulas, and/or a fixed-dollar amount for participants to obtain WIC-authorized fruits and vegetables (referred to as a “Cash Value benefit” or “CVB”).

Food Benefit Balance: Unspent-issued food benefits which are available for purchase by a cardholder during the authorized benefit timeframe.

eWIC card: Magnetic stripe card used to purchase WIC-authorized foods or formulas from a WIC family’s Electronic Benefit Account (EBA). Each card has a 16-digit Primary Account Number (PAN).

PROCEDURES

- A. These procedures shall be in effect to prevent any conflict of interest. Employees must not issue food benefits for family/household members.
- B. Participants who move out of the geographic area served by the agency/site are eligible to continue their certification period and receive food benefits at their new agency/site.
- C. Each site must have an adequate supply of eWIC cards to serve the caseload. Security and accountability for all eWIC cards shall be ensured.
- D. Agencies/sites shall schedule issuance to serve their caseload in a timely manner. Appointments to pick up food benefits must be scheduled so there is no lapse in benefits and shall be coordinated with other services when possible. Appointments must comply with the Administrative Reference, Section: LHD Operations, “Appointment and Scheduling Requirements for Personal Health Services.” See WIC and Nutrition Manual Policy 202 Processing Standards and Policy 702 Caseload Management- Participation.
- E. Participants shall receive WIC foods free of charge.
- F. A food package must be prescribed for each participant by a health professional and must be appropriate for the participant’s status, age, and nutritional needs.
- G. Only foods approved by the State WIC Office shall be issued. Approved foods are organized into food packages. Food benefits shall be issued only for participants determined eligible and certified for the Program.
- H. All participants must receive food benefits at the time of certification, except the exclusively breastfed baby and the partially breastfeeding woman who, after six (6) months postpartum, has requested more than the maximum amount of formula for a partially breastfeeding infant.
- I. Benefits shall not be retroactive for new participants added to WIC.

- J. Eligible participants receive a food package for each month of eligibility in their certification period, provided all program rules are met. A maximum of three (3) months may be issued at one time.
- K. Participants/caretakers or their proxy shall personally pick up food benefits unless situations exist that justify mailing food benefits.
- L. Issuance must be clearly documented in the participant's medical record at the time of issuance. Documentation must be reviewed prior to subsequent issuance.
- M. Participants/caretakers must be provided instructions on the proper use of food benefits. Food benefits can only be redeemed at authorized stores. Participants are provided with the approved Food List and a list of current authorized stores. Participants cannot be encouraged to shop at any specific store.
- N. When a participant becomes status ineligible, the participant is eligible to receive all food benefits with a "first day to use" prior to the date of ineligibility.
- O. Participants that fail to pick up food benefits for two (2) consecutive months are considered non-participating and are terminated from the Program.
- P. Participants shall not be denied WIC foods or food benefits for failure to attend or participate in nutrition education and/or other health services offered by the agency.
- Q. Food benefits that are replaced shall replicate the issue month and issue day of the original food benefits.

Security

- A. Web-Based Programs/Applications
 - 1. Web-based programs/applications are secure and are only accessible by authorized participants.
 - 2. In order to receive access to the programs/applications, a person must be authorized by the appointed person at the local health department, Local Health Operations, and CDP. See the procedures and forms on the Local Health website.
 - 3. Web-based programs/applications include:
 - a. CMS (Clinic Management System)
 - b. eWIC (Electronic Benefits Transfer)
 - c. Breastfeeding Peer Counselor
- B. E-Reports
 - 1. Reports are accessible only by authorized personnel.
 - 2. In order to receive access to the programs/applications, a person must be authorized by the appointed person at the local health department, Local Health Operations and CDP. See the procedures and forms on the Local Health website.
- C. Users will be deleted from web-based programs and applications after 60 days of non-use.

Policy 802

eWIC Card Ordering and Receipt

POLICY

Local programs shall be responsible for maintaining the inventory and security of all eWIC cards received from the contracted provider.

PURPOSE

To ensure the WIC Program Integrity and eWIC Card security.

RELEVANT REGULATIONS

7CFR 246.12 (p) – Food Delivery Systems

PROCEDURES

Ordering and Receipt of eWIC cards

A. Ordering

1. New Clinic Site: Appropriate amounts of eWIC cards will be supplied based on the anticipated number of participants. Contact the State WIC Office for assistance in determining amounts.
2. Established Clinic Site: Agencies/sites are responsible for maintaining an adequate inventory of eWIC cards.
3. See the 800 Appendix for the eWIC Card order form.

eWIC Card Order Form		
Participation	Cards On Hand	Order
1-400	50 or Less	100
401-800	60 or Less	200
801-1500	70 or Less	300
1501-2000	80 or Less	400
2001-and up	100 or Less	500

****Recommended Inventory is a 3 month supply****

Please complete the order form and return via email to:
WIC_Helpdesk@ky.gov

To be completed by LOCAL HEALTH DEPARTMENT

Clinic Name & Site Number: _____
Shipping Address: _____
City, State, Zip (202 P.O. Box): _____
Submitted By: _____
Date Submitted: _____
Number of Cards Ordered: _____

To be completed by STATE WIC OFFICE ONLY

Number of Cards Shipped: _____
Shipped By: _____
Date Shipped: _____

eWIC Card Range(s)
(To be completed by State WIC Office ONLY)

Starting Card Number	Ending Card Number

Revised: March 2017

B. Receipt of EBT Cards

1. Immediately upon receipt: Compare numbers on the eWIC Card Order Form with serial numbers on the eWIC cards received. If the serial numbers on your order form and the numbers on your cards do not agree, contact the WIC Help Desk for further instructions.
2. If correct, electronically acknowledge receipt of the eWIC card order in Portal. This must be done before any issuance from that series can be posted.
3. If the number of eWIC cards received or serial numbers do not match the eWIC Card Order Form, contact the WIC Help Desk for further instructions.

Policy 803

Issuance of Food Benefits and Assigning of Issue Date

POLICY

Local WIC Agencies shall ensure WIC participants receive food benefits at their initial certification and at subsequent nutrition education and follow-up appointments. Benefit issuance must be scheduled so there is no lapse in benefits and shall be coordinated with other services when possible.

PURPOSE

To ensure WIC participants receive food benefits in a timely manner and ensure household members' issuance is coordinated.

RELEVANT REGULATIONS

246.12 (r) – Issuance of food instruments, cash value benefits, and authorized supplemental foods.

246.7 (f)(2)(iv) – Processing Standards: Time frames for processing participants

PROCEDURES

Food Benefit Issuance

A. General Policies

1. Food benefits shall be issued only for applicants/participants determined eligible and certified for the program.
2. Food benefits shall be issued when informing the participant or caretaker of eligibility and certification.
 - a. Extenuating circumstances may exist that preclude the immediate issuance of food benefits. Information shall be documented in the medical record to support why food benefits were not issued at the time of certification.
3. For initial certification, the food benefit(s) shall be redeemable immediately and shall be valid for the current month or the remaining portion of the month if coordinating household members.
4. All eligible participants must be assigned an issuance date, and all household members must have coordinating dates. This date remains the same through the participant's continuous participation in WIC.
5. Eligible participants may receive a food package for each month of eligibility in their certification period, provided all Program rules are met. A participant may receive a maximum of three (3) full month's packages or a combination of one (1) partial package and up to two (2) full packages at one time, at issuance. A partial package is issued to coordinate/catch up with household members, so all household members have the same issue date.
6. Food benefits shall not be withheld in order to provide other services.
7. Participants coming to the clinic late to pick up food benefits may receive a partial/reduced food package.
8. Proof of identity of the person picking up food benefits must be presented and documented at issuance. Documentation of identity at issuance is entered into the system. The proof code will print on the issuance label, which is placed in the medical record.
9. Issuance must be documented in the participant's medical record at the time of issuance and must include the months issued. For eWIC issuance, the system generates a label for placement in the chart.
10. The issuance label should be reviewed to ensure issuance is appropriate (food package assignment, months of issuance, etc.).
11. The Personal Identification Number (PIN) is the electronic signature for eWIC.
 - a. Staff should never ask the participant for the PIN or write the PIN number down.

- b. Participants are recommended to swipe and enter their PIN number before leaving the clinic at first card issuance or PIN change to ensure there are no issues with the eWIC card, PIN, or benefits.

B. Food Package Issuance Policies

1. Types and quantities of foods are organized into food packages with a code for each package. The code is entered into the system and indicates an entire food package prescription and distribution of foods.
2. Food packages must be prescribed by a health professional.
3. The prescribed food package must be appropriate for the age and status of the participant.
4. Infants must receive a standard contract brand formula package unless there is a documented medical reason.
5. Infant and child packages are age appropriate. The system automatically adjusts the package for the infant's/child's age based on the date of birth, first full package issue month/date, and status.
 - a. Food benefits with a first day to use before the infant turns one (1) must be issued as an infant package.
 - b. At 12 months of age, food benefits issued with a first day to use after age one (1) must be a child food package. This change is made in a recertification or an Infant/Child Transfer (ICT).
6. For all participants:
 - a. Enter the identity proof for the person picking up food benefits.
 - b. Verify the proper number of months and the proper food package was issued.
7. An issuance label will be generated to be placed on the participant's CH-3 Progress Note or in the electronic medical record. If the label does not print, it can be regenerated for printing or electronic file saving through the CDP Report Viewer.

Assigning Issue Dates

A. General Policies

1. All eligible participants must be assigned an issue date.
2. All household members must be placed on the same issue date so issuance can be done for all members at the same time.
3. The assigned issue date is the date desired for the first full food package.
4. An issue date of the 29th, 30th, or 31st can be used for first issuance. These dates are then automatically changed by the system to an issue date of 28th. This change is made since all months have at least 28 days and to accommodate issuance in all months.
5. When a member is added to an existing household and issue dates are being coordinated with other household members, using the current date, the system will issue a partial food package. The system calculates the number of days and issues the appropriate food quantities.
6. The issue date remains the same through the household's continuous participation in WIC. For late pick up of food benefits, the system calculates the appropriate food quantities.

B. Assigning Issue Dates

1. Issue Date for A New Household
 - a. The issue date for a new household and new member(s) shall be the date the participant(s) is added to WIC.
 - b. If there are other household members on WIC, issue dates must be coordinated.
2. Issue Date for A Transfer/VOC
 - a. The issue date for a transfer/VOC from one Kentucky WIC clinic to another will be the existing issue date from the previous agency/site unless coordination with a household applies.
 - b. Using the existing issue date for a transfer may result in the issuance of a partial food package. The system calculates the number of days and issues the appropriate food benefits and food quantity.
 - c. The issue date for a transfer/VOC from out-of-state shall be the date the participant(s) is added at your site.

3. Issue Date for Exclusively/Partially Breastfed Infants
 - a. The issue date is the same as the rest of the members of the household.
4. Issue Date for Partially Breastfeeding Woman beyond six (6) months postpartum
 - a. A partially breastfeeding woman who continues to breastfeed after six (6) months postpartum and has requested more than the maximum amount of formula allowed for a partially breastfed infant will have the same issue date as the rest of the household.
5. Issue Date for Reinstatement
 - a. The issue date for reinstatement to WIC is the participant's existing issue date.
 - b. Using the existing date for a reinstatement may result in issuance of a partial food package to catch up issuance for the participant. The system calculates the number of days and adds the appropriate food quantities to the eWIC card.

Putting Household Members on the Same Issuance

When a new infant is added, or when participant(s) join a household, or additional household members qualify for benefits, issue dates within a household MUST coordinate.

A. Initial Certification

1. Pull the medical record(s) of an existing household member to review the issue date assigned to the household.
2. Assign the new member to the household the same issue date as the household member(s) already on the program.
3. A partially breastfeeding woman who continues to breastfeed after six (6) months postpartum and has requested more than the maximum amount of formula allowed for a partially breastfed infant will have the same issue dates as the rest of the household.
4. Request at least two (2) months of food benefits. The first month is the appropriate quantity for the number of days to the full issuance and the second month is a full package. The appropriate amount of food will be calculated in the system to catch up the new participant to the other household member(s) full issuance date.
 - a. The initial food package for a woman, child or infant will be provided as outlined below.

Partial and Reduced Issuance

- A. A participant's assigned issue date, the actual date of issuance, and the participants status determines the quantity of food the participant receives.

1. Partial and Reduced Issuance Calculation

- a. Reduced or Partial issued food packages are based on the number of days until the next issue date and the status of participant.
- b. The following chart explains the number of days remaining in an issuance period and the quantity of food to be issued. See the food distribution, which appears in the Clinical Section, Food Package Distribution Charts. The issuance is in accordance with the category of the participant for partial or catch-up issuance, and reduced packages for late pick up:
- c. Infants

Number of Days to the First Full Package Issue Month/Day/Year	System will issue
<ul style="list-style-type: none"> 16 days or more 15 days or less 	<ul style="list-style-type: none"> Full issuance Partial issuance

d. Women and Children

Number of Days to the First Full Package Issue Month/Day/Year	System will issue
<ul style="list-style-type: none"> 16 days or more 	<ul style="list-style-type: none"> Full issuance

• 15 days or less	• Partial Issuance
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2. Issuance is not reduced for the breastfed infants receiving supplemental formula.
3. The participant's assigned issue date remains the same through continuous participation in WIC.
4. In order to issue an appropriate quantity of food, adjustments will be made by the system in the quantity of supplemental food issued. The system will issue a reduced or partial food package for the following:
 - a. To catch up a household member with another household member on WIC to coordinate issue dates.
 - b. Late pick up/issuance of food benefits.
5. The system calculates the number of days for the issuance and issues the appropriate food quantity.
6. An issuance label is generated for placement in the participant's medical record when food benefits are issued through eWIC and will indicate if a partial package is issued.

Issuance to Proxies

- A. Proxies are allowed to pick up food benefits with authorization from the participant or parent/caretaker.
 1. In order to issue to a proxy, a properly completed WIC Proxy Authorization form must be in the Medical Record.
 2. Proxies must present proof of identity at issuance of food benefits, and the type of proof must be documented.
 3. See Policy 213 Proxy.

Policy 804

WIC Food Benefit Replacement

POLICY

Issued and/or redeemed WIC benefits may be replaced only under limited circumstances, as described below.

PURPOSE

To ensure WIC Program Integrity and provide guidance on when it is appropriate to replace issued and/or redeemed formula benefits.

RELEVANT REGULATIONS

7 CFR 246.12 (u) – Participant Violations and Sanctions

7 CFR 246.12 (u) – Claims against participants

PROCEDURES

Replacing

A. General Policies

1. Food benefits may be replaced for:
 - a. A food package or formula change.
 - b. Other situations that affect the participant receiving the issued food, such as a change in a child's custody, i.e., mother's custody to father, and move of infant/child to foster care.
 - c. When an eWIC card is reported lost, stolen, or damaged, it is to be immediately deactivated and a new card issued to the participant.
 - d. In the event of a Disaster.
2. Formula that was purchased and is no longer appropriate for the participant must be returned to the site. An inventory of returned formula must be maintained along with documentation of their destruction. See Policy 603 Handling of Returned Formula and Formula Benefit Replacement.
3. Replacement issuance shall replicate the issue month and issue date. All replacement issuances must be documented in the participant's medical record.
4. See the CMS Manual for "Replacing a Food Package with the Same Food Package" and "Replacing a Food Package with a Different Food Package."

B. Replacing for Formula Changes

1. The system will not issue replacement food for an infant food package after the infant status has turned one year of age.
2. Only unused formula is returned:
 - a. Document on the CH-3A in the participant's medical record that the formula was returned, the quantity returned, and the reason for the return.
 - b. A health professional must prescribe the food package for a formula change. Refer to Policy 603 Handling of Returned Formula and Formula Benefit Replacement and 600 Food Package Assignment Policies. If the replacement is done on a day other than the original issuance, report an issuance code of WO209 on the Encounter Entry Screen.
 - c. The system will automatically calculate the appropriate quantity of formula to be issued.

C. Replacing Food Benefits Lost, Stolen, Damaged or Destroyed

1. Document on the CH-3A in the participant's medical record that the eWIC card was reported lost, stolen, destroyed and the reason for replacement. When an eWIC card is reported lost, stolen, or damaged, it is to be immediately deactivated and a new card issued to the participant as soon as possible, but no later than seven business days following the notice by the participant.

- a. If the replacement is done on a day other than the original issuance, report an issuance code WO209 on the Encounter Entry Screen.
 - b. See the CMS User Guide for Replacing eWIC card.
- D. Other situations may occur after food benefits have been issued that will affect the participant receiving the food, such as removal of a child from the home into foster care or when another parent/caretaker other than the one who received the food benefits obtains custody of a child. These situations will be handled on an individual basis with consideration of the specific circumstances.
- E. Replacing Food Benefits in the Case of Disaster
 1. Replace the eWIC card for unredeemed valid benefits for Kentucky participants from areas impacted by disaster when the card is lost or destroyed.
 2. Emergency situations occur from time to time due to natural disasters such as ice storms, flooding, etc. Participants will report that they have lost WIC Food Benefits and/or WIC foods due to the weather situations. WIC Foods that have been destroyed or damaged due to the weather conditions may be replaced. See policy 807, Food Delivery in Disaster Situations.
- F. Returned Formula Requirements
 1. Formula that was purchased and not used or is no longer appropriate for the participant must be returned to the site.
 2. Returned formula is not safe for human or animal consumption and must be destroyed. Returned formula must be properly disposed of and may not be distributed or reissued in any way including another WIC participant, emergency food bank/pantry, charitable organization or another WIC agency.
 3. An inventory of all returned formula must be maintained by each site.
 4. The inventory shall include:
 - a. Date the formula was received in the site
 - b. Name of the formula
 - c. Can size
 - d. Quantity of formula received
 - e. Type of formula (powdered, concentrate, ready-to-feed)
 5. When formula is destroyed and discarded:
 - a. Date the formula is destroyed/discarded
 - b. Formula Name, Form and Size
 - c. Quantity
 - d. Initials of the staff discarding or destroying
 6. There must be an inventory form to document the required information. A sample inventory form is included in this section in Food Delivery Appendix 800.
 7. All returned formula must be kept secure and shall be stored in one location.
 8. When formula is returned, the quantity returned and the reason for the return must be documented in the participant's medical record.
- G. Voiding

Voiding is the process to account for a good benefit issuance that is not usable. Benefits may be unusable for a number of reasons, such as a food package that is no longer appropriate, an EBT card that is lost, stolen, or damaged. Voiding ensures accountability and provides accurate participation counts.

 1. For voiding of EBT benefits, see the CMS User's Manual "Void Benefits."

Policy 805

Mailing and Uploading Benefits

POLICY

Food Benefits may be uploaded/mailed in certain circumstances as outlined below.

PURPOSE

To ensure program integrity and timely issuance of food benefits to participants.

RELEVANT REGULATIONS

246.12 (r) – Issuance of food instruments, cash value benefits, and authorized supplemental foods.

246.7(f)(2)(iv) – Processing Standards: Time frames for processing participants

PROCEDURES

Uploading/Mailing Benefits

There may be instances when uploading benefits is desirable and/or necessary.

- A. Uploading of EBT benefits on an individual participant basis shall be permitted if:
 - 1. The participant is eligible and has completed online nutrition education.
 - 2. Upon Completion of a telephone nutrition education contact with a certifying health professional.
 - 3. Food Package Changes
 - a. Only after a full telephone assessment and assignment of a new food package by the certifying health professional.
 - 4. The participant/caretaker cannot come to the clinic due to:
 - a. Disability
 - b. Illness
 - c. Nearness to termination of pregnancy
 - d. Inclement weather
 - e. Distances to travel
 - f. High cost of travel
 - g. Inability to get to the agency during business hours
 - h. Other
 - 5. It is the health professional's discretion as to how many months of benefits are provided (1, 2, or 3 months), but the number of months shall be taken into consideration and other service needs and/or appointments.
- B. Uploading of EBT benefits on a site/clinic-wide basis is permitted if the site/clinic's computer system is not operational during clinic hours.
- C. Documentation requirements:
 - 1. Confirmation of participant's address.
 - a. If the address in the system is not correct, the address must be updated in the system.
 - 2. Issue benefits to the eWIC card, document proof of Identity Reason "Other" in the system, and document in the medical record "RBI" for "Remote Benefit Issuance," reason for issuance, and sign and date.
 - 3. Offer to mail the Household WIC Shopping List shall be mailed. To protect privacy, the WIC Benefit List shall not be mailed.
 - 4. Remind participants of the availability of the WICShopper App.
- D. Refer to Policy 221 ARPA Waiver Remote Services for additional information on State Auto-issuance.
- E. Refer to Policies 220 Program Access in Disaster Situations, 807 Food Delivery in Disaster, and 221 ARPA Waiver Remote Services.

Policy 806

eWIC Card Inventory and Security

POLICY

Security and accountability for all eWIC cards shall be ensured.

PURPOSE

To ensure WIC Program Integrity and security/accountability of eWIC Cards.

RELEVANT REGULATIONS

7 CFR 246.12 (p) – Food delivery systems

246.12 (r) – Issuance of food instruments, cash value benefits, and authorized supplemental foods

PROCEDURES

Inventory and Security Requirements

- A. Security and accountability for all food instruments (eWIC cards) and returned formula shall be ensured.
- B. Receipt of food instruments (eWIC cards) from the State WIC Office must be verified immediately.
- C. A physical inventory must be made of all food instruments monthly:
 1. A person other than the person(s) that issues food instruments must do the inventory.
 2. Any method which reflects the actual number of food instruments on hand from the last month plus additional food instruments received during the current month minus all food instruments issued during the current month is acceptable.
 3. Account for all food instruments during this inventory by verifying that the food instruments on hand match the FI Range Search.
 4. The actual number on hand, the name and signature of the person who did the physical count, and the date of verification must be maintained. All food instruments must be accounted for during this inventory.
 5. Documentation of inventory must be retained for one (1) year. A suggested inventory format is provided.
 6. Discrepancies must be reported to the State WIC Office as soon as possible.
- D. Issuance shall be performed accurately, and all required information must be recorded at the time of issuance. Benefits issued through eWIC cannot be issued in advance.
 1. eWIC Cards Inventory
 - a. A site inventory shall be established for the clinic.
 - b. Cards must be kept in a locked room or file cabinet.
 - c. Site inventory must be tracked.
 - d. Cards received in a shipment must be logged received in Portal.
 - i. Cards issued out to card issuers must be logged.
 - ii. Cards removed from inventory for other reasons must be logged.
 - e. When cards are received, count and bundle into stacks of 20.
 - f. Site inventory totals and counts must be made once a month.
 - g. Establish a minimum amount for reordering.
 - h. One person that does not issue cards must be responsible for site inventory, with a backup person designated.
 2. Card Issuers
 - a. Each card issuer (or issuance location) must maintain a box of cards.
 - b. Cards will be provided to card issuers from the site inventory with the total number of cards issued logged into the spreadsheet.
 - c. Cards for issuers shall be maintained in a box, ideally a small lock box.
 - d. Card boxes must be secured or returned to the site inventory location at the end of each day or end of issuance.
 - e. Cards shall be allocated to issuers in a quantity for up to a maximum of one (1) week.

- f. Cards shall remain bundled in stacks of 20 to facilitate use in order.
- E. Lost, Stolen, Damaged, or Destroyed eWIC Cards
 - 1. Food instruments (eWIC card) mailed from the State WIC Office and never received by the agency/site:
 - a. If ordered food instruments have not been received in a reasonable time, contact the State WIC Office or the WIC Help Desk.
 - b. The State WIC Office will investigate and advise the agency/site of appropriate action.
 - 2. Food instruments (eWIC card) lost, stolen, damaged, or destroyed at the agency/site (stolen from agency/site, water/flood damage, fire, etc.)
 - a. Identify and prepare a list of all food instrument numbers lost, stolen, damaged or destroyed.
 - b. Contact the State WIC Office or the WIC Help Desk immediately and report the following:
 - i. The situation (lost, stolen, damaged, or destroyed).
 - ii. Card numbers of all affected eWIC cards
 - iii. Total number of affected eWIC cards.
 - c. For lost, stolen, damaged, or destroyed food instruments, enter the appropriate void reason code.
 - d. If food instruments reported lost or stolen are located, immediately contact the State WIC Office or WIC Help Desk. The State WIC Office will advise the agency/site of necessary action.
 - 3. Damaged Food Instruments
 - a. An eWIC card that is determined to be damaged shall be replaced.
 - 4. eWIC cards Reported Lost or Stolen
 - a. It is the responsibility of the participant, parent/caretaker, or legal representative to report the eWIC card lost or stolen.
 - b. Replacement and transfer of remaining food benefits to a replacement card must be done as soon as possible to afford time for the participant, parent/caretaker, or legal representative to obtain WIC benefits for the month.
 - c. All participants, or their parent/caretaker or legal representative, must be informed of their WIC Rights and Responsibilities and the need to protect the card at all times and shall be provided information that selling or offering to sell WIC benefits including, eWIC cards, WIC issued breast pumps and/or supplemental foods in person, in print or on-line is a participant violation.
 - d. The local WIC agency will need to determine if additional research is needed to rule out any program abuse concerns. See Program Integrity Policies 300 and 303.
 - e. Upon receipt of a card reported lost or stolen:
 - i. Perform a household search and deactivate the reported card assigned to the household;
 - ii. Verify the cardholder's address;
 - iii. Issue the replacement card;
 - iv. The agency must verify that the benefits have appropriately transferred to the replacement card;
 - v. Print a current WIC shopping list;
 - vi. Documentation of the card replacement and action taken must be maintained in the medical record.
 - 5. System Reasons for eWIC Card Replacement/Deactivation:
 - a. Damaged - A card that has been reported damaged and will be replaced or deactivated.
 - b. Lost - A card that has been reported lost and will be replaced or deactivated.
 - c. New Association - A new card assigned to a new Household.
 - d. New Household - A participant or existing member that has been placed in a new household.
 - e. Not Available - N/A (DO NOT USE)

- f. Replaced - N/A (DO NOT USE)
 - g. Returned - An active/non-active card that is returned to the clinic or State WIC Office
 - h. Stolen - A card that has been reported stolen that will be replaced or deactivated.
 - i. Stop Access - N/A (DO NOT USE)
 - j. Undeliverable - Card mailed to participant returned as unable to deliver.
- F. Replacing Food Benefits in the Case of Disaster
 - 1. Replace the eWIC card for unredeemed valid benefits for Kentucky participants from areas impacted by disaster when the card is lost or destroyed.
 - 2. Emergency situations occur from time to time due to natural disasters such as ice storms, flooding, etc.
 - a. See Policy 807 Food Delivery in Disasters

Policy 807

Food Delivery in Disaster Situations

POLICY

In a disaster, the WIC Programs shall work to maintain regular benefit delivery to participants.

PURPOSE

To ensure food benefits access to WIC Participants in disasters.

RELEVANT REGULATIONS

246.7 (o)(2)(i)(C) Certification of participants

246.7 (g) (3) Certification of participants

WIC Policy Memorandum 95-9, WIC Disaster Policy and Coordination

PROCEDURES

WIC's Role in Disasters

Ensuring access to nutrition assistance is a critical and immediate focus for disaster response teams.

- A. USDA Foods and the Disaster Supplemental Nutrition Assistance Program (D-SNAP) are the primary methods that the USDA uses to respond to the nutrition needs of disaster survivors.
- B. WIC's role in responding to disasters is minimal, as the Program is neither designed nor funded to meet the basic nutritional needs of disaster survivors who would not otherwise be eligible to receive WIC benefits.
 1. In a disaster, WIC Programs shall work to maintain regular benefit delivery to participants.

Emergency Situations

Emergency situations occur from time to time due to natural disasters such as ice storms, flooding, etc. Participants will report that they have lost WIC Food Benefits and/or WIC foods due to the weather situations. The following procedures apply to these situations:

- A. eWIC Card Has Been Destroyed:
 1. Void the card and reissue the unredeemed benefits for the current month and for up to two (2) months in the future, as appropriate.
 2. Follow the guidance in the KY CMS User Manual for Food Package Replacement and Voiding Benefits.
- B. Foods that have been purchased and the foods that have been destroyed or contaminated:
 1. Emergency situations occur from time to time due to natural disasters such as ice storms, flooding, etc. Participants will report that they have lost WIC Food Benefits and/or WIC foods due to the weather situations. See the Statement of Loss of Benefits Due to Disaster Form in Section 800 Appendices. Current month's WIC Foods that have been destroyed or damaged due to weather conditions/disaster may be replaced. The following general guidance applies:
 - a. Agencies may not issue a replacement of food benefits in areas where mass care relief organizations, such as The American Red Cross, Federal Emergency Management Agency (FEMA), or the Salvation Army, are providing feeding services.
 - b. The system will not allow the prior month's issuance to be replaced. Only current month's redeemed, but damaged foods may be replaced.
 - c. The quantity of replacement food benefits must be the portion of food benefits for which the participant would still be eligible.
 - d. The participant/caregiver must sign a statement attesting to the fact that their food benefits have been destroyed as a result of a disaster. See the Statement of Loss of Benefits Due to Disaster Form in Section 800 Appendices.
 - e. Contact the State Agency WIC Help Desk for assistance with the replacement of benefits due to a disaster.

2. Participants in this situation shall be directed to the local food distribution centers that are providing food.
 3. The health professional must prescribe the package based on the individual needs (e.g. contaminated water supply and refrigeration) of the infant.
- C. Sanitation is a major concern in preventing outbreaks of illness during times of emergencies.
1. The health professional must prescribe the package based on the individual needs (e.g. contaminated water supply and refrigeration) of the infant.
 2. Contact the Food Safety Branch for assistance regarding food safety issues.
- D. Other situations will occur during times of emergencies; contact the State WIC Office for guidance.
- E. Emergency situations can occur whenever WIC benefits or the WIC certification system is unavailable to a participant, clinic, or retailer for use to issue or redeem WIC benefits.
1. **If a KY WIC clinic** is unable to access the KY WIC certification system or issue WIC benefits because of a natural disaster or a prolonged system outage, the clinic shall follow their county's health department disaster plan until a viable plan to access the WIC system is available. Remote Issuance is allowable. Refer to Policy 220, Program Access in a Disaster, and Policy 221, ARPA Waiver Remote Services. eWIC cards may be mailed due to a disaster. Refer to Policy 805 Mailing and Uploading Benefits.
 2. **Contact the State WIC Help Desk for assistance.**
 - a. In some instances, the state agency may be able to provide issuance remotely. Refer to Policy 220, Program Access in a Disaster.
 - i. New Participants to the program must be instructed to return to the clinic once the system is up to activate their eWIC card.
 - ii. Existing participants within a valid certification period may be issued benefits remotely via the state agency. Agencies with multiple sites may issue remotely from another site.
 - iii. Existing participants who are beyond the 30-day grace period for recertification must be recertified in the system in order to be eligible for WIC food benefits.
 3. Each clinic, in conjunction with their health clinic, shall keep on file accessible for review by KY WIC Program a disaster/prolonged outage plan to ensure continued access to KY WIC benefits.
 - a. It might include a plan to issue KY WIC from neighboring counties, KY WIC clinics, or mobile health clinics that have access to the KY WIC online system.
 - b. A plan shall also contain continual contact with the KY WIC Help Desk for any assistance needed. The Help Desk number is accessible 24 hours a day at (877) 597-0367, option 1.
 4. **If a KY WIC participant** is unable to access benefits with the Food Benefits provided because of a natural disaster or a prolonged system outage issue, they shall be instructed to first contact the county from which benefits have been provided, or if their issuing county is unavailable, they shall contact the KY WIC Help Desk for further instructions to get access to KY WIC benefits.
 - a. A clinic shall follow replacement procedures. See Policy 804 WIC Food Benefits Replacement.
 5. **If a KY WIC Retailer** is unable to accept eWIC benefits because of a natural disaster or prolonged system outage, they shall be instructed to contact KY WIC's EBT processor, Custom Data Processing (CDP) at (866) 237-4814 or contact the WIC Help Desk number for further instructions.
- F. Disaster-Related Out-of-State Evacuees and WIC Benefits
1. Out-of-State eWIC cards will not transact in Kentucky WIC Authorized Retailers.
 2. Refer to Policy 220 for Disaster-related out of state evacuees for VOC, certification and food package assignment/issuance.

Section 800 Appendices

Food Delivery and WIC Reports



Kentucky Public Health

Prevent. Promote. Protect.

FOOD DELIVERY FORMS AND FOOD INSTRUMENT SCREENS INDEX

eWIC order form	3-4
Monthly Count of Unused Food Instruments Inventory Form	5
Sample Notice to Participate Regarding Replacement Card Issuance	6
Example of eWIC Card	7
Example Statement of Loss Due to Disaster	8
WIC Approved Food List (WIC-40)	9
Formula Inventory Form	10-11
CMS/Portal Produced Labels Index	12-14
System Reports Index	15-49

eWIC CARD ORDER FORM

When To Use:	Use form when requesting eWIC cards from the State WIC Office. Request an electronic fillable copy of the from the State WIC Office at WIC.HelpDesk@ky.gov.
Instructions:	<ol style="list-style-type: none">1. Clinic must complete the Clinic Name & Site Number.2. Submitted by must be completed by the person submitting the order3. Date Submitted must reflect the date the order is being submitted4. Number of Cards Ordered. Please order in batches of 100 cards.5. Email the eWIC Card Order Form to WIC.HelpDesk@ky.gov as a PDF. The State office will process and complete STATE WIC OFFICE Section.6. Once the order has been processed the clinic will be notified via email by the Kentucky WIC Help Desk.
Retention:	Retain for reference for 1 year.

eWIC Card Order Form

Participation	Cards On Hand	Order
1-400	50 or Less	100
401-800	60 or Less	200
801-1500	70 or Less	300
1501-2000	80 or Less	400
2001-and up	100 or Less	500

****Recommended Inventory is a 3 month supply****

Please complete the order form and return via email to:

WIC.Helpdesk@ky.gov

To be completed by LOCAL HEALTH DEPARTMENT

Clinic Name & Site

Number: _____

Shipping Address: _____

City, State, Zip (NO P.O. Box): _____

Submitted By: _____

Date Submitted: _____

Number of Cards Ordered: _____

To be completed by STATE WIC OFFICE ONLY

Number of Cards Shipped: _____

Shipped By: _____

Date Shipped: _____

eWIC Card Range(s)

To be completed by State WIC Office ONLY

Starting Card Number	Ending Card Number

Revised: March 2022

MONTHLY COUNT OF UNUSED FOOD INSTRUMENTS INVENTORY FORM

Purpose: To account for all unused food instruments/cash value benefits and eWIC cards in inventory. Copy this form as needed.

- Instructions:**
- From the portal menu, select “FI Range Search.” Select appropriate clinic from the drop-down menu. Leave “Bank Account” drop-down menu blank and select Search.
 - Food instrument account numbers issued to the clinic will appear.
 - Verify the number of food instruments/cash value benefits in this inventory is correct by physically counting all food instruments/cash value benefits on hand.
 - Verify the number of eWIC cards on the Clinic Inventory Sheet.
 - Account for all food instruments/cash value benefits and eWIC cards.
 - Report discrepancies to the State WIC Help Desk.
 - Attach a copy of the Food Instrument Range Screen and a copy of the eWIC Card Inventory spreadsheet to this form for documentation.

Type of Food Instrument/ Cash Value Benefit	# FI Range Screen	# Per Physical Count	# Difference	Action Taken
Farmers Market Nutrition Program				
Type of Food Instrument/ Cash Value Benefit	# On Excel Spreadsheet	# Per Physical County	# Difference	Action Taken
eWIC Cards				

Comments: _____

Count Done By: _____

This count must be done by someone that does not issue food instruments/cash value benefits.

Date of Count: _____

**SAMPLE NOTICE TO
PARTICIPANT REGARDING
REPLACEMENT CARD
ISSUANCE**

NOTICE TO PARTICIPANT REGARDING REPLACEMENT CARD ISSUANCE

(Use local WIC agency letterhead)

TO: (Cardholder Member Name, HH#)
(Address)
(City), Kentucky (Zip Code)

Date: _____

Enclosed is the replacement eWIC card for the card you reported as lost/stolen on _____.

As a reminder, please be responsible with your card. The eWIC card shall be maintained in a safe and secure manner and the PIN number shall be kept private. Your card is reusable and shall not be thrown away.

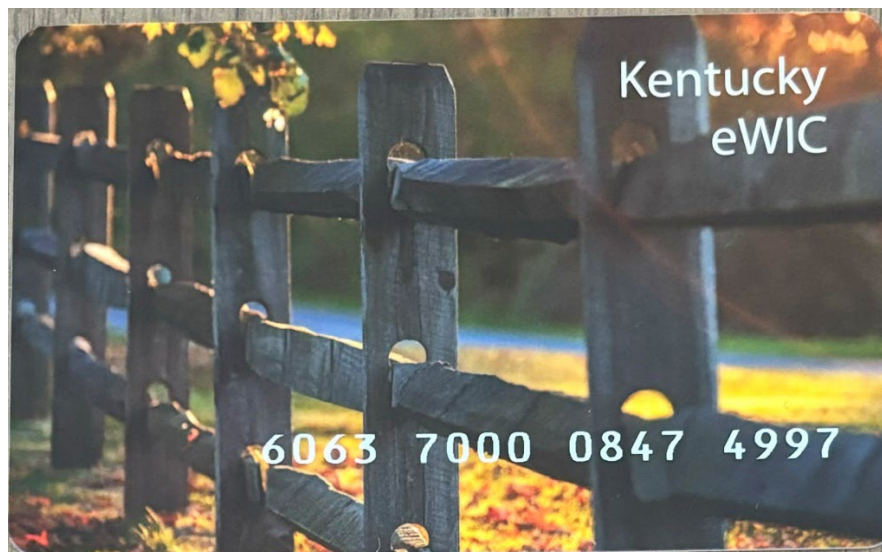
If you have any questions, please contact: _____.

Sincerely,


(WIC Coordinator or Local Official)

****Letter may be modified for local WIC agency needs.**

EXAMPLE OF eWIC CARD



EXAMPLE STATEMENT OF LOSS OF BENEFITS DUE TO DISASTER
Contact the State WIC Office at: WIC.HelpDesk@ky.gov for an electronic copy of the form and assistance with replacement.
***Available in both English & Spanish**



Participant Name: _____

Participant ID #: _____

County: _____ HH#: _____

Kentucky WIC Program
Statement of Loss of Benefits Due to Disaster

For a participant who claims to have lost current issuance of WIC benefits received the WIC Program due to a disaster, they will be required to attest to losing said benefits by completing and signing this statement.

I understand that by completing, signing, and dating this statement, I am certifying that the information I am providing below is correct.

I understand that giving false information to WIC is sufficient grounds for termination from the WIC Programs and may result in paying the state agency, in case, the value of the foods improperly received.

I understand that I may only be eligible for a portion of lost benefits based on benefit redemption and my household's next issuance date.

Completion of this form is for:

1. Identification (Participant full name): _____
2. Address of Participant: _____
3. Current Issuance Period (dates): _____
4. Manner of Disaster Benefits were Lost: _____
5. Date of Disaster: _____
6. Does the household have access to a Mass Care Relief Feeding Center? ☐ Yes ☐ No
If yes, direct to Feeding Center for immediate needs.

Benefits Lost Due to Disaster	Amount Claimed (\$, oz, lbs, cont, doz, etc)

Free Communication Assistance/Auxiliary Aids and Services Available
Need help? If you have difficulty understanding or reading English or have a disability, free language assistance or other aids and services are available upon request. Please contact your local WIC clinic or the State WIC Office at 1-877-597-0367. If you have a disability and need assistance calling us, contact the State Relay Number at 711, or for voice to TDD, call 800-648-6057. For TDD to voice, call 800-648-6056.

The purpose of this form is to document the list of current benefits and the reason claiming for loss of current issued WIC benefits. This form should not be used on a routine basis. To complete this form:

1. Write the participant's name, ID number, County and Household number (HH#) in the space provided or attach system label on top of form. A form is completed per participant.
2. Ask the participant to read the policy and warning (or read to the participant if they are unable to read).
3. Participant or staff completes section 1 through 6 providing a detailed statement explaining why he/she are claiming a Loss of Benefits Due to Disaster.
4. Participant or staff complete the table indicating what the participant is reporting as lost/damaged or destroyed including the amount.
5. Staff may search transactions to find what benefits were purchased for the current issuance period to compare to what participant is claiming as a Loss Due to Disaster.
6. Contact the WIC Help Desk for approval of replacement. The State WIC Agency will review claim, transactions and number of days remaining in current benefit issuance month to determine what foods can be replaced and will make that manual adjustment.

Note: The quantity of replacement food benefits must be the portion of food benefits for which the participant would still be eligible.

7. Participant must sign and date on the lines provided.

The Statement of Loss of Benefits Due to Disaster must be filed in the participant's medical record and applies to the entire current issuance period for which it was provided.

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiocassette, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. Fax: (833) 256-1665 or (202) 690-7442; or
3. Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Rev. 06/24

**WIC APPROVED FOOD LIST
WIC-40**

Purpose:	To inform participants of WIC approved foods.
When To Use:	At initial certification and issuance, when approved foods change and as needed.
Instructions:	Give to participant/caretaker.
Language:	English and Spanish versions are available.
Ordering:	Order from the Pamphlet Library.
Effective Date:	Target release date of October 1 st . Revised when necessary.



FORMULA INVENTORY FORM

Purpose:	For inventory of all formula returned to the site and issuance or disposal of returned formula.
When To Use:	Ongoing for formula returned and formula dispensed.
Instructions:	<p>It is recommended to use 1 sheet per Formula Brand, Type and Form</p> <ul style="list-style-type: none"> • Date: the date the formula was received or dispensed • Action: Indicate if formula is being Received or Dispensed • Formula Name: specific brand and name of formula being returned or dispensed, (ex. Gerber Good Start Gentle) • Product Form (Type): Indicate the form of formula returned (Powder, Concentrate or RTF) • Can Size: the size of the can, typically in ounces • Amount: the amount of formula that is returned or dispensed • Expiration Date: the expiration date on the can of formula • Staff Initials: initials of the staff receiving or dispensing the formula. <p>NOTE: Copy Formula Inventory Form as needed.</p>
Retention:	Maintain documentation of formula inventory for one (1) year.

Formula Inventory Form

Name of Formula _____ *(Recommended: Maintain a separate sheet for each formula brand and type)*

Date	Action	Formula Name	Product Form (Type)	Can Size	Amount	Expiration Date	Patients Name/ Identifier	Balance On Hand	Staff Initials
	<input type="checkbox"/> Received <input type="checkbox"/> Discarded		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Discarded		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Discarded		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Discarded		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Discarded		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Discarded		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Discarded		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						

CMS/PORTAL PRODUCED LABELS INDEX

	<u>Page</u>
Registration Label	13
Certification Label	13
Fully Breastfeeding Infant Certification Only Label	13
Reinstatement Label	13
Termination Label	13
Benefit Issuance Label	14
Income Assessment Label	14
Infant To Child Transfer (ICT) Label	14

1. Label as a result of new Registration:

DEMO DALE E		07/31/2014	DED072014	
MR#				
44 HILL STREET		NOPP:	500	
FRANKFORT, KY 40601		PH#	(502) 227-2323	
DOB 07/20/2014	RC: W	FP RC: N/A	ETH: N	SEX: M
ALT#	PRF: R: 09	I: 05	M:	K: F:
HM CONT: Yes	HOW:			(1)

2. Label as a result of a Certification:

DEBBIE L DEMO		D: 07/31/2014
ID: 778899665		DIC: 01/15/2013
ST: Child		PHY PR: YES
RISK: 114a, 114b, 201h	PR: 3A	CERT: 07/31/2014
FP: CB	ISSDAY: 25	RX EXP D:
		DUE: T-11/21/2014
		DEL D:

3. Label as a result of a Fully Breastfeeding Infant Certification Only:

DALE E DEMO		D: 07/31/2014
ID: DED072014		DIC: 07/31/2014
ST: Infant Fully Breastfed		PHY PR: YES
RISK: 142	PR: 1	CERT: 07/31/2014
FP: BF1	ISSDAY:	RX EXP D:
		DUE: R-7/21/2015
		DEL D:

4. Label as a result of a Reinstatement:

ACT/D: X-07/19/2016	
DEMO DAISY	
ID: DLD082813	DIC: 08/01/2014
ST: Child	CERT D: 07/19/2016
RISK: 121d, 114a, 201h	PR: 3A
FP: CB	ISSD: 19
	DUE/D: Y-01/20/2017

5. Label as a result of a Termination:

ACT/D: T-07/31/2014		REASON: PARTICIPANT CHOICE
DEMO DEBBIE		
ID: 778899665		DIC: 01/15/2013
ST: Child		CERT D: 07/31/2014
RISK: 114b, 114a, 201h		PR: 3A
FP: CB	ISSD: 25	DUE/D: -

6. Label as a result of Benefit Issuance

ISSUANCE	DEBBIE L DEMO	D:	07/31/2014
ID:	778899665	RX EXP D:	
ID for PU	3	1st VLD DT	TYPE FP
BK ACT	HH#		
8888888	1394	07/25/2014	CB
8888888	1394	08/25/2014	CB
8888888	1394	09/25/2014	CB

7. Label as a result of Income Assessment

DEMO DALE E	07/31/2014	DED072014		
NAME	SOURCE	INCM	FQ	PRF
DEWEY DEMO	BIGG CONSTRUCTION	\$500.00	52	16
TOT ANNUAL INCOME:	\$26,000.00	PV 109.01%	WIC IEG Y	(4

8. Label as a result of Infant to Child Transfer (ICT)

ISSUANCE	DOLLY M DEMO	D:	08/04/2014
ID:	DMD081513	RX EXP D:	
ID for PU	3	1st VLD DT	TYPE FP
BK ACT	HH#		
8888888	1394	07/25/2014	NF3
8888888	1394	08/25/2014	CB
8888888	1394	09/25/2014	CB

SYSTEM REPORTS INDEX

Report Number	Title	Page
110, 111	7/30 Day Late Benefit Issuance Label	16
274	7 Day Late Benefit Issuance List	17
275	30 Day Late Benefit Issuance List	18
495	WIC Voter Registration Verification	19
562	Actions Due Listing	20
587	Automatic Terminations	21
588	Automatic Terminations Labels	22
1001	Possible Dual Participation in WIC	23
1596	Breastfeeding Statistics	25
1679	Patients on Breastfeeding Report	27
1902	Enrollment by Status and Priority	28
1925	Summary of Detail-Infants Prescribed Contract, Noncontract, Exempt Infant Formula and Medical Foods	29
1928	WIC Retail Volume	31
1930	WIC Participation Report by Priority/Status	33
1932	WIC Participant Detail Listing	34
1962	Medicaid and SNAP Recipients Not Enrolled in WIC	36
1964	Medicaid and SNAP Recipients Not on WIC Mailing Labels	37
1975	Waiting List by Priority	38
1976	Waiting List by Priority/Summary	39
1986	WIC Participation by Race/Status	40
1989	WIC Retailer Listing	42
2001	Breastfeeding Status Exceptions	43
	Instructions for E-Reports	44
	Web-Based System/Applications/E-Reports	46
	WIC User Authorization Form	47
	Autodialer	48

7/30 DAY LATE BENEFITS ISSUANCE LABEL


Report Title:	7/30 Day Late Benefits Issuance Label
Report Number:	Report 110 – 7 Day Report 111 – 30 Day
Frequency:	Weekly (available Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	Label listing of all eligible enrollees that have not received benefits in the last seven (7) or 30 days. Labels are generated based on names that appear in the corresponding seven (7) and 30 day late reports.
Actions to be taken:	Set printer properties compatible with label printer. Affix label to Reminder Postcard (WIC-51).
Explanation of Report:	Label with address containing the name of WIC participant that has missed picking up WIC food instruments.
Retention/ Disposal Period:	N/A

063063

Test Label
275 East Main Street, HS2-EE
Frankfort, KY 40621


7 DAY LATE BENEFITS ISSUANCE LIST

Report Title:	7 Day Late Benefits Issuance List
Report Number:	274
Frequency:	Weekly (available Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	A detailed listing of all eligible enrollees that have not received benefits in the last seven (7) days.
Actions to be taken:	This report is to be used to contact non-participants to urge their participation.
Explanation of Report:	<ol style="list-style-type: none"> 1. HH Num: the Household number 2. Participant ID: the participant's identification number 3. Participant name: the participant's name 4. FV Date of Last Benefit Issuance: the first valid date of the last benefit that was issued to the participant.
Retention/ Disposal Period:	N/A

 <p>Report #0274</p>			
KENTUCKY CABINET FOR HEALTH SERVICES DEPARTMENT FOR PUBLIC HEALTH WIC 7 DAY LATE BENEFIT ISSUANCE LIST			
1 → HH NUM	2 PARTICIPANT ID	3 PARTICIPANT NAME	4 FV DATE OF LAST BENEFIT ISSUANCE
Health Department: 063 - LAUREL COUNTY H. D.			
CLINIC ID: 063 - LAUREL			
4002	JPS15415455	SMITH, JANE PLUM	6/5/12
3269	SAS32132100	SMITH, SANTA ANITA	6/4/12
3824	JJO98765404	JONES, JIM ORCHARD	6/5/12
3992	APJ6543210	APPLES, PAUL JONATHON	6/2/12
Clinic Total: 4			
Health Department Total: 4			
Report Total: 4			

30 DAY LATE BENEFITS ISSUANCE LIST

Report Title:	30 Day Late Benefits Issuance List
Report Number:	275
Frequency:	Weekly (available Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	A detailed listing of all eligible enrollees that have not received benefits in the last 30 days.
Actions to be taken:	This report is to be used to contact non-participant to urge their participation.
Explanation of Report:	<ol style="list-style-type: none"> 1. HH Num: the Household number. 2. Participant ID: the participant's identification number. 3. Participant Name: the participant's name. 4. FV Date of Last Benefit Issuance: the first valid date of the last benefit that was issued to the participant.
Retention/ Disposal Period:	If printed, shred or burn after report is worked.



Report #0275

KENTUCKY CABINET FOR HEALTH SERVICES DEPARTMENT FOR PUBLIC HEALTH

WIC

30 DAY LATE BENEFIT ISSUANCE LIST

4

1	2	3	4
HH NUM	PARTICIPANT ID	PARTICIPANT NAME	FV DATE OF LAST BENEFIT ISSUANCE
Health Department: 063 - LAUREL COUNTY H. D.			
CLINIC ID: 063 - LAUREL			
4002	JPS15415455	SMITH, JANE PLUM	6/5/12
3269	SAS32132100	SMITH, SANTA ANITA	6/4/12
3824	JJO98765404	JONES, JIM ORCHARD	6/5/12
3992	APJ6543210	APPLES, PAUL JONATHON	6/2/12
Clinic Total: 4			
Health Department Total: 4			
Report Total: 4			

WIC VOTER REGISTRATION VERIFICATION

Report Title:	WIC Voter Registration Verification
Report Number:	495
Frequency:	Monthly (available 1 st Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	A detailed listing of all women participants age 18 years old or older that applied, transferred, or certified for WIC services during the month.
Actions to be taken:	This report shall be used to verify that voter registration was offered to women 18 years old or older at WIC application, certification, and transfer. This report shall be compared to the Voter Registration Rights and Preferences Form (WIC-53) file to ensure the women completed a WIC-53 form when voter registration was offered.
Explanation of Report:	<ol style="list-style-type: none"> 1. HH Num: the Household number. 2. Participant ID: the participant's identification number. 3. Participant Name: the participant's name. 4. DOB: the participant's date of birth. 5. Certification Date: the date of certification. 6. WIC Status: the status of the women at the certification date.
Retention/ Disposal Period:	If printed, shred or burn after report is worked.

WIC Report 495					
Kentucky Department for Public Health WIC Program Voter Registration Verification June 06, 2013					
HH NUM	PARTICIPANT ID	PARTICIPANT NAME	DOB	CERTIFICATION DATE	WIC STATUS
Clinic: 002002 – ALLEN COUNTY H.D.					
5432	10234567	Charlene Brown	01/02/1988	05/28/2013	Pregnant
4567	76543201	Lucy C. Smith	03/04/1994	05/04/2013	Fully Breastfeeding
4543	45678012	Peggy B. Hill	04/08/1992	05/24/2013	Pregnant
6789	67890123	Roberta Green	06/12/1994	05/12/2013	Postpartum
Clinic Total: 4 Report Total: 4					
Run Date/Time: 06/06/2013 – 03:38 PM Page 1 of 1					

ACTIONS DUE LISTING

Report Title:	Actions Due Listing
Report Number:	562
Frequency:	Weekly (available Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	This report is a caseload management tool, which lists participant recertification and termination actions that are due and overdue. The report must be worked on a weekly basis to decrease inactive enrollment and increase participation. Overdue actions indicate an inactive caseload, which lowers the rate of participation to enrollment.
Actions to be taken:	Use this report as a caseload management tool to investigate overdue actions. <ul style="list-style-type: none"> • Contact all inactive people on the Actions Due Listing and offer program services. • Educate all participants on the health benefits of WIC, remaining on the Program and keeping recertification appointments. • Send a reminder notice to all participants that missed their appointments.
Explanation of Report:	1. HH Num: the Household number. 2. Participant ID: the participant's identification number. 3. Participant Name: the participant's name. 4. WIC Status: the status of the women at the certification date. 5. Next Action Due: is the next action that shall be performed for the participant. 6. Next Action Date: is the date the next action is due to be performed. 7. Appt Date: is the date of the participant's appointment. 8. Reasons: is the space for agency use to document resolution to the action due.
Retention/ Disposal Period:	If printed, destroy by shredding or burning after receipt of next report.

WIC Report 562	Kentucky Department for Public Health WIC Program Actions Due Listing Action Due Dates 5/16/2014 - 10/25/2014												
Clinic: 													
<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="text-align: center;">1 HH Num</div> <div style="text-align: center;">2 Participant ID</div> <div style="text-align: center;">3 Participant Name</div> </div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="text-align: center;">4 WIC Status</div> <div style="text-align: center;">5 Next Action Due</div> <div style="text-align: center;">6 Next Action Date</div> <div style="text-align: center;">7 Appt Date</div> <div style="text-align: center;">8 Reasons</div> </div> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Child</td> <td style="width: 20%;">Recertification</td> <td style="width: 20%;">10/23/14</td> <td style="width: 30%;"></td> </tr> <tr> <td>Child</td> <td>Recertification</td> <td>10/23/14</td> <td></td> </tr> <tr> <td>Infant Fully Formula</td> <td>Recertification</td> <td>10/24/14</td> <td></td> </tr> </table>	Child	Recertification	10/23/14		Child	Recertification	10/23/14		Infant Fully Formula	Recertification	10/24/14	
Child	Recertification	10/23/14											
Child	Recertification	10/23/14											
Infant Fully Formula	Recertification	10/24/14											
Run Date/Time: 10/17/2014 10:59:12 PM	Page 3 of 3												
	Rev. 10/20/2014												

AUTOMATIC TERMINATIONS

Report Title:	Automatic Terminations
Report Number:	587
Frequency:	Weekly (available Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	The report is a listing of all participants whose next action due is termination and the action date is on or before the report date <i>or</i> those who have not received food benefit issuance for two (2) consecutive months (60 days) from expiration date (last day to use) of last set of food instruments issued. The reason for termination is listed on the report as non-participation or categorically ineligible.
Actions to be taken:	Report shall be used to document the termination of the participant. Print the automatic termination label and pull the participant's chart. Place the automatic termination label on the participant's medical record.
Explanation of Report:	<ol style="list-style-type: none"> Patient #: the participant's identification number. Local User ID: clinics that assign chart numbers. Participant Name: the participant's name. Birth Date: participant's date of birth. Reason: reason for the automatic termination. Status: status of the participant. Last Issuance: first valid date of the last food benefits issued to the participant. Total Terminations: total number of participants automatically terminated.
Retention/Disposal Period:	If printed, destroy by shredding or burning after receipt of next report.

WIC Report 587		Kentucky Department for Public Health WIC Program Automatic Terminations March 28, 2013				
Health Dept Cabinet Clinic Site						
<u>Patient #</u>	<u>Local User ID</u>	<u>Participant Name</u>	<u>Birth Date</u>	<u>Reason</u>	<u>Status</u>	<u>Last Issuance</u>
			02/02/2011	Non-Participation	Child	04/17/2012
			08/03/1991	Non-Participation	Pregnant	10/22/2012
			07/18/1997	Categorically Ineligible	Post Partum	11/28/2011
			04/24/2000	Non-Participation	Child	12/22/2012
			06/28/2011	Non-Participation	Infant Fully Formula	10/02/2012
			08/11/2011	Non-Participation	Child	10/02/2012
			08/02/1990	Categorically Ineligible	Post Partum	12/07/2012
			10/27/1994	Categorically Ineligible	Post Partum	11/13/2012
			01/27/1994	Categorically Ineligible	Post Partum	11/17/2011
			11/10/2011	Non-Participation	Infant Fully Formula	12/14/2012
			02/05/2005	Categorically Ineligible	Child	01/08/2013
			07/05/2009	Non-Participation	Child	11/02/2012
			11/04/2011	Non-Participation	Infant Fully Formula	10/18/2012
			02/14/1988	Categorically Ineligible	Post Partum	02/05/2013
			08/18/2011	Non-Participation	Child	11/07/2012
			12/08/1989	Categorically Ineligible	Post Partum	11/01/2012
			12/09/1997	Non-Participation	Pregnant	08/29/2012
			02/20/1985	Categorically Ineligible	Partially Breastfeeding	05/11/2012
			05/03/1988	Categorically Ineligible	Post Partum	01/20/2013
			01/10/2009	Non-Participation	Child	10/27/2012
			02/09/2006	Categorically Ineligible	Child	12/07/2012
			12/06/1987	Categorically Ineligible	Post Partum	12/10/2011
			12/21/2011	Non-Participation	Infant Fully Formula	12/01/2012
			02/18/2008	Categorically Ineligible	Child	04/18/2012
			02/22/2012	Non-Participation	Infant Fully Formula	12/07/2012
			11/16/1997	Categorically Ineligible	Post Partum	02/22/2013
Total Terminations: 25						
Run Date/Time: 03/28/2013 - 01:17 AM		Page 1 of 1			Rev. 11/12/2012	

AUTOMATIC TERMINATION LABELS

Report Title:	Automatic Termination Labels
Report Number:	588
Frequency:	Weekly (available Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	Label listing of all participants that have been automatically terminated due to non-participation or categorically ineligible. Labels are generated based on names that appear on the Automatic Terminations report.
Actions to be taken:	Set printer properties compatible with label printer. Affix/save label to participant's medical record
Explanation of Report:	Label with participant's information that has been automatically terminated.
Retention/Disposal Period:	Label is retained in the participant's medical record.

ACT/D:	T-3/28/2013	REASON:	AT-Categorically Ineligible
NAME:			
ID:		DIC:	04/13/2012
ST:	Post Partum	CERT D:	09/28/2012
RISK:	133c, 311b, 201f	PR:	3B
FP:	PP2	ISSD	13
		DUE/D:	

POSSIBLE DUAL PARTICIPATION IN WIC

Report Title:	Possible Dual Participation in WIC
Report Number:	1001
Frequency:	Monthly
Distribution:	Obtain electronically through clinic site E-reports folder. Report is produced only if there are participant matches.
Description:	A detailed listing of potential dual participants in WIC. The participant's name will appear as a possible dual participant if the system matches specific items. The items include local health department identification code, participant's ID number, participant's name, gender, birth date and status. The appearance of a person's name on the Possible Dual Participation report does not mean that he/she is a dual participant.
Actions to be taken:	<p>Review all names appearing on the report. Investigate and take appropriate action as outlined in the <u>Participant Abuse</u> in the Certification and Management Section of the WIC and Nutrition Manual.</p> <p>Document action taken in the participant's medical record.</p>
Explanation of Report:	<ol style="list-style-type: none"> 1. HLS: local health department identification code. 2. Participant ID: participant's identification number. 3. Participant Name: participant's name. 4. Gender: gender of the participant. 5. Birth Date: participant's date of birth. 6. Status: status of the participant. 7. Certification Date: date the participant was certified. 8. First Valid Date: first valid date of the most recent WIC issuance.
Retention/Disposal Period:	If printed, shred or burn after report is worked.

WIC Report 1001

Kentucky Department for Public Health
WIC Program
Possible Dual Participation in WIC
August 2014

Health Department:

Clinic ID:

2

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1

HLS	Participant ID	Participant Name	Gender	Birth Date	Status	Certification Date	First Valid Date
037037			Female		Child	04/28/2014	08/15/2014
315049			Female		Child	04/28/2014	
037037			Male		Infant Fully Formula	12/20/2013	
305106			Male		Infant Fully Formula	12/20/2013	08/23/2014
037037			Female		Child	02/19/2014	08/03/2014
309074			Male		Child	08/21/2014	08/21/2014
037037			Female		Child	04/28/2014	08/15/2014
315049			Female		Child	04/28/2014	
037037			Male		Infant Partially Breastfed	02/26/2014	08/09/2014
084084			Male		Infant Partially Breastfed	02/26/2014	
037037			Male		Child	02/03/2014	
056056U			Male		Child	08/06/2014	08/06/2014

Run Date/Time: 09/15/2014 - 10:36 AM

Page 1 of 1

Rev. 3/18/2013

BREASTFEEDING STATISTICS

Report Title:	Breastfeeding Statistics
Report Number:	1596
Frequency:	Monthly (first Monday after the first weekend of the month)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	The report provides breastfeeding statistics for infants enrolled in the clinic. The statistics are provided by the number of weeks, number of infants, percentage of infants and percentage of all infants enrolled. The tables relate to any breastfeeding, currently breastfeeding, and currently/ever exclusively breastfed. Any breastfeeding statistics are provided by primary race and ethnicity.
Actions to be taken:	This report shall be reviewed to determine current breastfeeding initiation and duration rates.
Explanation of Report:	<ol style="list-style-type: none"> 1. Total Number of Infants Enrolled: the number of infants enrolled in the WIC Program at the report site. 2. Any Breastfeeding: the number of infants that initiated breastfeeding and continued to breastfeed at least one (1) time per day. 3. Number of Weeks: the number of weeks the infant is breastfed. 4. Number of Infants: the number of infants that breastfed. 5. % of Infants Ever Breastfed: the percentage of infants that breastfed for the number of weeks based on the number of all enrolled infants. 6. % of All Infants Enrolled: the percentage of infants that breastfed for the number of weeks based on the number of all enrolled infants. 7. Currently Breastfeeding: the number of infants that are currently breastfeeding at this point in time. 8. Number of Weeks: the number of weeks the infant has currently been breastfeeding. 9. Number of Infants: the number of infants that are currently breastfeeding. 10. % of Infants Currently Breastfeeding: the percentage of infants that are currently breastfeeding, at this time, for the number of weeks based on the total number of infants that are currently breastfeeding. 11. % of All Infants Enrolled: the percentage of infants that are currently breastfeeding this point in time for the number of weeks based on all enrolled infants. 12. Currently/Ever Exclusively Breastfed: is the number of infants that currently or have ever only received breast milk with no supplementation of solid foods, formula, etc. 13. Number of Weeks: the number of weeks the infant has currently/ever been breastfeeding. 14. Number of Infants: the number of infants that are currently/ever breastfed. 15. % of Infants Exclusively Breastfed: is the percentage of infants that exclusively breastfed for the number of weeks based on total number of exclusively breastfed infants. 16. % of All Infants Enrolled: the number of infants exclusively breastfed for the number of weeks based on all enrolled infants. 17. Any Breastfeeding by Primary/Race/Ethnicity: the number of infants that initiated breastfeeding based on race/ethnicity. 18. Race: the race/ethnicity as categorized by USDA definitions and as entered into the system. 19. Number of Infants: the number of infants that are reported as any breastfeeding. 20. % of Infant Ever Breastfed: the percentage of infants that ever breastfed based on total number of infants that initiated breastfeeding.
Retention/ Disposal Period:	If printed, shred or burn after report is worked.

Clinic: 056056C - DIXIE HEALTH CENTER

Total Number of Infants Enrolled: 706

Any Breastfeeding			
Number of Weeks	Number of Infants	% of Infants Ever Breastfed	% of All Infants Enrolled
< 4	157	39.45%	22.24%
4 - 11	80	20.10%	11.33%
12 - 23	71	17.84%	10.06%
24 - 35	44	11.06%	6.23%
36 - 51	44	11.06%	6.23%
>= 52	2	0.50%	0.28%
Total	398	100.00%	56.37%

Currently Breastfeeding			
Number of Weeks	Number of Infants	% of Infants Currently Breastfeeding	% of All Infants Enrolled
< 4	5	2.81%	0.71%
4 - 11	28	15.73%	3.97%
12 - 23	58	32.58%	8.22%
24 - 35	41	23.03%	5.81%
36 - 51	44	24.72%	6.23%
>= 52	2	1.12%	0.28%
Total	178	100.00%	25.21%

Run Date/Time: 09/30/2014 - 07:27 AM

Page 1 of 2

Rev. 1/14/2013

Clinic: 056056C - DIXIE HEALTH CENTER

Total Number of Infants Enrolled: 706

Currently / Ever Exclusively Breastfed			
Number of Weeks	Number of Infants	% of Infants Exclusively Breastfed	% of All Infants Enrolled
< 12	95	64.63%	13.46%
12 - 23	32	21.77%	4.53%
>= 24	20	13.61%	2.83%
Total	147	100.00%	20.82%

Any Breastfeeding by Primary Race / Ethnicity		
Race	Number of Infants	% of Infants Ever Breastfed
Asian	2	0.50%
Asian - Hispanic	0	0.00%
Black	90	22.61%
Black - Hispanic	4	1.01%
Hawaiian/Pacific Islander	1	0.25%
Hawaiian/Pacific Islander - Hispanic	0	0.00%
Native American/Indian	1	0.25%
Native American/Indian - Hispanic	0	0.00%
White	285	71.61%
White - Hispanic	15	3.77%
Total	398	100.00%

Run Date/Time: 09/30/2014 - 07:27 AM

Page 2 of 2

Rev. 1/14/2013

PATIENTS ON BREASTFEEDING REPORT

Report Title:	Patients on Breastfeeding Report
Report Number:	1679
Frequency:	Monthly (first Monday after the first weekend of the month)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	A listing of all infants that have ever breastfed, their status, race/ethnicity and length of time they have breastfed and whether they are currently breastfeeding.
Actions to be taken:	This report shall be reviewed to ensure that breastfeeding data is being entered correctly and the status is consistent with whether the infant is currently breastfeeding.
Explanation of Report:	<ol style="list-style-type: none"> 1. Patient Name: the patient's name. 2. Patient #: the patient's identification number. 3. Birthdate: the patient's date of birth. 4. Status: the current status of the participant. 5. No. of Weeks: the number of weeks that the patient's breastfed. 6. Cert Date: the date of the certification. 7. Race/Ethnicity: the patient's race/ethnicity. 8. Currently Breastfeeding: whether the infant is currently receiving breast milk at least once per day.
Retention/ Disposal Period:	If printed, shred or burn after report is worked.

WIC Report 1679

Kentucky Department for Public Health
WIC Program
Patients on Breastfeeding Report
08/01/2014 - 08/31/2014

Health Department: 037 - FRANKLIN CO HEALTH DEPT
Clinic: 037037 - FRANKLIN COUNTY HEALTH DEPT

Patient Name	Patient #	Birthdate	Status	No. of weeks	Cert Date	Race/Ethnicity	Currently Breastfeeding
			Infant Fully Formula	4	06/04/2014	White-Hispanic	No
			Infant Fully Breastfed	43	11/20/2013	Black	Yes
			Infant Fully Formula	2	06/16/2014	White	No
			Infant Partially Breastfed	6	07/29/2014	White	Yes
			Infant Fully Breastfed	3	08/29/2014	White	Yes
			Infant Fully Formula	2	12/12/2013	White	No
			Infant Fully Formula	50	10/30/2013	White-Hispanic	Yes
			Infant Fully Formula		04/07/2014	White	No
			Infant Fully Formula		02/28/2014	White	No
			Infant Fully Formula	10	05/15/2014	White	No
			Infant Partially Breastfed	42	11/19/2013	White	Yes
			Infant Fully Formula	3	04/16/2014	White	No
			Infant Partially Breastfed	14	07/22/2014	White	Yes
			Infant Fully Formula	1	10/28/2013	White	No

Run Date/Time: 09/13/2014 - 06:55 PM

Page 1 of 17

Rev. 5/05/2014

ENROLLMENT BY STATUS AND PRIORITY

Report Title:	Enrollment By Status and Priority
Report Number:	1902
Frequency:	Monthly
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	This report indicates the number enrolled by priority and by status as of the report run date. If WIC priority and/or status is not known, the person will be assigned to the "unknown" category.
Actions to be taken:	The report is to be used for caseload management and evaluation of enrollment.
Explanation of Report:	<ol style="list-style-type: none"> Reporting Period: timeframe for which enrollment is being reported. HID/Clinic: identification of clinic. Priority Assigned: highest priority assigned based on risk assessment. Status/Category: status/category of the person enrolled. Totals for Site: total number of enrollees for site. <p>*NOTE: Districts and multiple-site agencies receive enrollment reports by site with a cumulative total for the district.</p>
Retention/Disposal Period:	If printed, shred or burn after report is worked.

Report # 1902

Kentucky Department for Public Health
WIC Program
Enrollment By Status and Priority
July 2014

002 - Allen Co Health Dept

	01	02	3A	3B	04	5A	5B	06	Unknown	Total
002002 - Allen County Health Department										
Women										
Pregnant	77	0	0	0	2	0	0	0	0	79
Fully Breastfeeding	18	0	0	0	1	0	0	0	0	19
Partially Breastfeeding	4	0	0	0	0	0	0	0	0	4
Post Partum	0	0	0	70	0	0	0	2	0	72
Totals for Women	99	0	0	70	3	0	0	2	0	174
Infants										
Partially Breastfed	5	0	0	0	0	0	0	0	0	5
Fully Breastfed	16	1	0	0	0	0	0	0	1	18
Fully Formula	117	30	0	0	1	0	0	0	0	148
Totals for Infants	138	31	0	0	1	0	0	0	1	171
Totals for Children	0	0	467	0	0	28	20	0	0	515
Totals for Unknown	0	0	0	0	0	0	0	0	0	0
002002 - Allen County Health Department Totals	237	31	467	70	4	28	20	2	1	860

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Page 1 of 232

Rev. 06/11/2013

SUMMARY OF DETAIL – INFANTS PRESCRIBED CONTRACT, NONCONTRACT, EXEMPT INFANT FORMULA AND MEDICAL FOODS

Report Title:	Summary of Detail – Infants Prescribed Contract, Noncontract, Exempt Infant Formula and Medical Foods
Report Number:	1925
Frequency:	Monthly (first Monday after the first weekend of the month)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	<p>This report is in three (3) parts:</p> <p>Part 1: Provides the total number and percentage of infants by formula type (contract, noncontract, other noncontract, exempt infant formulas, medical foods and not receiving formula).</p> <p>Part 2: Provides the number and percentage of infants by food package and type.</p> <p>Part 3: Provides the names of the participant by agency and site who are receiving contract, noncontract, other noncontract, exempt infant formulas and medical foods.</p>
Actions to be taken:	This report shall be reviewed to determine current rates of contract, noncontract, exempt infant formula and medical foods. Use for quality assurance to ensure scripts are appropriate and challenge protocols have been followed.
Explanation of Report:	<p><u>Number and Percentage of Infants by Formula Type:</u></p> <ol style="list-style-type: none"> Formula Type: the classification of formula (i.e., Contract, noncontract). See the Clinical Nutrition Section for further definition. Total # of Infants: the total number of infants receiving each type of formula. Percentage of Total of Infants: the percentage of all infants enrolled receiving that type of formula. <p><u>Number and Percentage of Infants by Food Package and Type:</u></p> <ol style="list-style-type: none"> Formula Type: the classification of formula (i.e., contract, noncontract). See the Clinical Nutrition Section for further definition. Package Code: the infant formula food package code. See the Clinical Nutrition Section for the food package codes. Total # Infants: the total number of infants receiving each type of food package by code. Detail Listings of Infants Assigned Noncontract, Other Noncontract, Exempt, and Medical Foods. Household: the household number. Patient #: the patient's identification number. Participant Name: the participant's name. Birth Date: the participant's date of birth. Assigned Date: the date the participant was assigned the food package. Food Package: the food package that the participant is currently assigned. Rx Exp Date: the date that the current formula prescription expires.
Retention/ Disposal Period:	If printed, shred or burn after report is worked.

WIC Report 1925

Kentucky Department for Public Health
WIC Program
Summary of Detail - Infants Prescribed
Contract, Noncontract, Exempt Infant Formula and
Medical Foods
07/01/2014-07/31/2014

037037 - FRANKLIN COUNTY HEALTH DEPT

Number and Percentage of Infants by Formula Type

Formula Type	Total # Infants	Percentage of Total Infants
Contract Formula	274	77.84%
Noncontract Formula	7	1.99%
Other Noncontract Formula	15	4.26%
Exempt Infant Formula	24	6.82%
Medical Foods Formula	0	0.00%
Not Receiving Formula	32	9.09%

Run Date/Time: 09/13/2014 - 05:00 PM

Page 1 of 11

Rev. 3/10/2014

WIC Report 1925

Kentucky Department for Public Health
WIC Program
Summary of Detail - Infants Prescribed
Contract, Noncontract, Exempt Infant Formula and
Medical Foods
07/01/2014-07/31/2014

037037 - FRANKLIN COUNTY HEALTH DEPT

Detail Listings of Infants Assigned Noncontract Formula Food Packages

Household	Patient #	Participant Name	Birth Date	Assigned Date	Food Package	Rx Exp Date
10619	JRC420714	COURTNEY, JAEDEN	02/07/2014	05/23/2014	A65	03/05/2015
Similac Advance Early Shield -12.4 oz. Powder- Full Formula - A65						
9441	B-D123013	DEWS, BRAYLEN	12/30/2013	04/14/2014	M71	08/10/2014
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
11301	B-B430814	GOETTEL, BRIDGETT	03/08/2014	07/02/2014	M71	01/02/2015
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
10466	ARH022414	HILBORN, APHILLIA	02/27/2014	06/20/2014	M71	09/03/2014
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
10386	947155622	HOCKENSMITH, ZACHARY	02/27/2014	07/30/2014	M71	01/17/2015
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
9250	R-S082013	SINGH, RANJOT	08/20/2013	03/17/2014	M30	05/14/2014
Enfamil Premium Infant -12.5 oz Powder - Infant - Full Formula - M30						
2418	K-S093013	SPAULDING, KENASEN	09/30/2013	04/07/2014	M71	07/28/2014

Run Date/Time: 09/13/2014 - 05:00 PM

Page 3 of 11

Rev. 3/10/2014

WIC RETAILER VOLUME

Report Title:	WIC Retailer Volume
Report Number:	1928
Frequency:	Monthly (usually between the 15 th and the 25 th)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	This report provides redemption amounts by month and year to date for each vendor. This information is provided for both in contracted agencies and outside contracted agencies.
Actions to be taken:	This report is for information purposes. Review report for any unusual redemption patterns. Contact the State WIC Office to report any unusual redemption activities.
Explanation of Report:	<ol style="list-style-type: none"> 1. Agency: the authorized agency number and name. 2. Retailer Number: authorized WIC retailer number assigned by State Agency. 3. Transactions Month: total number of transactions for the month. 4. Amount Month: Total dollar amount of EBT transactions for the month. 5. Transaction FYTD: total number of EBT transactions fiscal year to date. 6. Amount FYTD: total dollar amount of EBT transactions fiscal year to date. 7. In Contract Sub Total: total EBT transactions and dollar amounts redeemed with the contracted agency area. 8. Out of Contract Sub Total: total EBT transactions and dollar amounts redeemed outside the contracted agency's area. 9.
Retention/Disposal Period:	If report is printed, destroy after receipt of next month's report.

Kentucky Department for Public Health
WIC Program
Retailer Volume
12-2013

Agency	Retailer Number	Transactions Month	Amount Month	Transactions FYTD	Amount FYTD
002 - Allen Co Health Dept	102007	386	\$8,543.44	847	\$18,784.20
	102012	668	\$15,320.74	1,399	\$32,539.95
	102013	302	\$4,505.64	596	\$9,415.37
	In Cont Sub Total: 002	1,356	\$28,369.82	2,842	\$60,739.52
	156410	1	\$21.13	1	\$21.13
	156887	1	\$6.07	1	\$6.07
	156902	0	\$0.00	1	\$5.96
	186015	0	\$0.00	2	\$27.33
	186020	5	\$156.07	9	\$293.93
	186021	7	\$49.82	14	\$125.79
	303125	7	\$68.77	20	\$272.00
	303276	1	\$3.99	3	\$22.59
	303304	1	\$70.76	1	\$70.76
	303305	0	\$0.00	1	\$5.68
	303306	3	\$15.56	8	\$64.45
	303318	7	\$108.50	11	\$192.09
	303325	4	\$39.20	10	\$109.11
	303327	3	\$45.84	8	\$183.22
	303337	3	\$47.06	8	\$415.98
	303343	13	\$380.91	23	\$597.81
	303344	43	\$971.99	83	\$1,779.03
	303346	0	\$0.00	6	\$75.72
	303354	79	\$2,187.07	152	\$4,346.73
	303361	10	\$369.10	16	\$564.28
	303362	15	\$297.97	43	\$780.77
	303364	2	\$28.11	3	\$31.90
	303369	7	\$81.95	11	\$115.34
	303370	4	\$40.32	10	\$147.71
	303372	3	\$26.12	9	\$157.03
	303373	3	\$33.12	4	\$36.81
	303374	47	\$1,117.94	91	\$2,134.72
	303391	10	\$494.46	18	\$760.15
	303395	17	\$305.45	33	\$548.45
	303397	34	\$1,867.85	75	\$4,058.50
	303398	2	\$28.40	5	\$74.78
	303406	0	\$0.00	1	\$1.89
	Out Cont Sub Total: Other	332	\$8,863.53	681	\$18,027.71
	- Total -	1,688	\$37,233.35	3,523	\$78,767.23

WIC PARTICIPATION BY PRIORITY/STATUS

Report Title:	WIC Participation By Priority/Status
Report Number:	1930
Frequency:	Monthly (first Thursday after reconciliation)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	The participation report is the number of participants reported as receiving food benefits for the reporting period. Participation is reported by priority and status. If WIC priority and/or status is not known, the participant will be assigned to the "unknown" category. The report is produced in two (2) phases: provisional and final.
Actions to be taken:	This report is to be used for caseload management of active participation.
Explanation of Report:	<p>Provisional: This report is produced the month following the report month. (Example: data for the month of October is produced in November and is the provisional report).</p> <p>Final: This report is produced two (2) months following the report month. (Example: data captured on the provisional report for October is again produced in December for the October reporting period. This data is the final participation report for the October reporting period.)</p> <ol style="list-style-type: none"> 1. Reporting Period: timeframe for which participation is being reported. 2. HID/Clinic: identification of clinic. 3. Priority Assigned: highest priority assigned to participant based on risk assessment. 4. Status/Category: status/category of the WIC participant. 5. Status Assigned: status assigned to the category of the WIC participant. 6. Priority Total: total of each column for all categories/statuses. 7. Totals for site: total number of participants receiving food benefits. <p>NOTE: Districts and multiple site agencies receive participation reports by site with a cumulative total for the district.</p>
Retention/ Disposal Period:	If printed, shred or burn after report is worked.

WIC Participation Report By Priority/Status

* See Explanation of Reports Section for description of each field in this report.

Page 1 of 272

WIC PARTICIPANT DETAIL LISTING

Report Title:	WIC Participant Detail Listing
Report Number:	1932
Frequency:	Monthly (first Thursday after reconciliation)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	A detailed listing of participants enrolled in WIC at your agency.
Actions to be taken:	This report is to be used as a reference for the participants enrolled in WIC at your agency.
Explanation of Report:	<ol style="list-style-type: none"> Reporting Period: timeframe for which enrollment is being reported. HID/Clinic: identification of clinic. Name: participants name. ID Number: participant's identification number. Birth Date: participant's date of birth. Status: status of the WIC participant. Priority: priority assigned to participant based on risk assignment. Valid/Cert Date: n/a at this time. Source: not applicable to clinic. Report Totals: total number of participants enrolled for each status. Total for All Categories: total number of participants enrolled.
Retention/ Disposal Period:	If printed, shred or burn after report is worked.

KENTUCKY CABINET FOR HEALTH SERVICES							
DEPARTMENT FOR PUBLIC HEALTH							
WIC Participation Report By Priority/Status							
Between 01/01/2013 And 01/31/2013							
303005 - BARREN CO HEALTH CENTER							
Name	ID Number	Birth Date	Status	Priority	Valid / Cert. Date	Source	
		03/21/2009	Child	3A	01/25/2013	7	
		03/23/2010	Child	5B	01/03/2013	7	
		11/13/2008	Child	3A	01/03/2013	7	
		09/02/2011	Child	3A	01/25/2013	7	
		05/22/2011	Child	5A	01/05/2013	7	
		07/02/2010	Child	3A	01/12/2013	7	
		04/02/2011	Child	5A	01/20/2013	7	
		04/03/2008	Child	3A	01/20/2013	7	
		10/06/2008	Child	3A	01/28/2013	7	
		08/16/2011	Child	3A	01/01/2013	7	
		01/21/2011	Child	3A	01/08/2013	7	
		05/09/2011	Child	5A	01/11/2013	7	
		06/07/2009	Child	3A	01/25/2013	7	
		09/07/2011	Child	3A	01/28/2013	7	
		05/27/2010	Child	3A	01/10/2013	7	
		08/28/2010	Child	3A	01/11/2013	7	
		04/24/2011	Child	3A	01/14/2013	7	
		01/18/2009	Child	3A	01/28/2013	7	
		03/21/2011	Child	5A	01/22/2013	7	
		11/26/2008	Child	3A	01/28/2013	7	
		01/07/2009	Child	3A	01/18/2013	7	
		12/30/2010	Child	5A	01/09/2013	7	
		07/29/2011	Child	5A	01/17/2013	7	
		05/17/2009	Child	5A	01/24/2013	7	
		03/18/2009	Child	3A	01/04/2013	7	
		02/15/2011	Child	3A	01/08/2013	7	
		04/05/2011	Child	3A	01/14/2013	7	
		11/12/2009	Child	3A	01/17/2013	7	
		01/18/2010	Child	3A	01/02/2013	7	
		07/00/2008	Child	3A	01/02/2013	7	
		07/09/2011	Child	5A	01/10/2013	7	
		03/02/2009	Child	3A	01/25/2013	7	
		05/04/2009	Child	3A	01/25/2013	7	
		01/24/2012	Child	3A	01/25/2013	7	
		11/27/2011	Child	3A	01/24/2013	7	
		11/18/2011	Child	3A	01/28/2013	7	
		07/15/2008	Child	3A	01/28/2013	7	
		02/17/2010	Child	3A	01/18/2013	7	
		06/07/2011	Child	5A	01/03/2013	7	
		03/11/2010	Child	5B	01/13/2013	7	
		07/23/2010	Child	3A	01/15/2013	7	
		04/07/2011	Child	5A	01/13/2013	7	
		07/01/2010	Child	3A	01/11/2013	7	
		08/05/2010	Child	3A	01/18/2013	7	
		05/21/2010	Child	3A	01/02/2013	7	
		01/09/2009	Child	3A	01/18/2013	7	
		08/21/2008	Child	3A	01/17/2013	7	
3/6/2013							

MEDICAID AND SNAP RECIPIENTS NOT ENROLLED IN WIC

Report Title:	Medicaid and SNAP Recipients Not Enrolled in WIC
Report Number:	1962
Frequency:	Monthly (first Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	Participants enrolled in the WIC Program are matched to the appropriate categories of Medicaid and SNAP recipients. Participants that do not appear to be in the WIC CMS System are listed on this report.
Actions to be taken:	Use this report to outreach to the appropriate Medicaid and SNAP recipients that are not enrolled in the WIC Program.
Explanation of Report:	<ol style="list-style-type: none"> 1. Patient Name: the patient's name. 2. ID #: the patient's identification number. 3. Birth Date: the patient's date of birth. 4. Address: the patient's address. 5. Prev. WIC Date/HIDLOCS: the previous date the patient was enrolled in the WIC Program and the local WIC agency where the participant was enrolled. 6. Matching Summary: lists the number of patients in the county that are enrolled on Medicaid and SNAP but not on WIC.
Retention/ Disposal Period:	If printed, shred or burn after report is worked.

WIC Report 1962

Kentucky Department for Public Health
WIC Program
Medicaid and SNAP Recipients not Enrolled in WIC
March 2014

Patient Name	ID #	Birth Date	Address	Prev. WIC Date/HIDLOCS
Smith, Jane	12345678	01/01/1970	456 Main St	Anywhere KY 40123

TOTAL FOR COUNTY : 30

Matching Summary			
County	Matched	UnMatched	Total
002 - Allen	13 92.31%	1 7.69%	14

Run Date/Time: 4/10/2014 5:05:43 AM

Page 5 of 473

Rev. 01/24/2014

MEDICAID AND SNAP RECIPIENTS NOT ON WIC MAILING LABELS

Report Title:	Medicaid and SNAP Recipients Not WIC Mailing Labels
Report Number:	1964
Frequency:	Monthly (first Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	Label listing of individuals who are on Medicaid and/or SNAP who are not currently enrolled in the WIC Program. Labels are generated based on names that appear on the Medicaid and SNAP recipients who are not on WIC report.
Actions to be taken:	Set printer properties compatible with label printer. Affix label to outreach information in your area.
Explanation of Report:	Labels are addressed with the names of individuals who are a recipient of Medicaid and/or SNAP that are not enrolled in the WIC Program.
Retention/Disposal Period:	n/a

Test Label
275 E. Main Street, HS2WA
Frankfort, KY 40601

WAITING LIST BY PRIORITY

Report Title:	Waiting List By Priority
Report Number:	1975
Frequency:	Monthly
Distribution:	Automatically printed overnight or obtained electronically through E-reports – Site and WIC Coordinator.
Description:	This report identifies all participants placed on the waiting list by the agency. The report is in priority and date placed on waiting list order.
Actions to be taken:	Use report to contact participants when benefits become available.
Retention/Disposal Period:	If printed, shred or burn after receipt of next report.

JANU 08/23/2003 09:45:30		KENTUCKY CABINET FOR HEALTH SERVICES				PAGE: 1	
SITE: 237		DEPARTMENT FOR PUBLIC HEALTH				RPT: 1975	
		WIC					
		WAITING LIST BY PRIORITY					
HEALTH ID: CO HEALTH DEPT							
CLINIC LOC: CO HEALTH DEPT							
PARTICIPANT ID	PARTICIPANT NAME	ADDRESS	PHONE #	STATUS	PRIORITY	DATE ADDED TO WAIT LIST	DATE OF MEASURES
				PREGNANT	01	11/19/2002	11/19/2002
				PREGNANT	01	01/08/2003	01/08/2003
				INFANT	01	01/11/2003	01/14/2003
				PREGNANT	01	01/25/2003	01/25/2003
				PREGNANT	01	01/28/2003	01/28/2003
				INFANT	01	03/04/2003	03/04/2003
				PREGNANT	01	03/14/2003	03/14/2003
				INFANT	01	03/17/2003	03/17/2003
				INFANT	01	03/18/2003	03/18/2003
				PREGNANT	01	03/19/2003	03/19/2003
				PREGNANT	01	03/19/2003	03/19/2003
				INFANT	01	03/26/2003	03/26/2003
				PREGNANT	01	03/26/2003	03/26/2003
				INFANT	01	04/10/2003	04/10/2003
				INFANT	01	04/16/2003	04/16/2003
				INFANT	01	04/16/2003	04/16/2003
				PREGNANT	01	04/21/2003	04/21/2003
				PREGNANT	01	04/21/2003	04/21/2003
				PREGNANT	01	04/23/2003	04/23/2003
				PREGNANT	01	04/23/2003	04/23/2003
				PREGNANT	01	04/25/2003	04/25/2003
				PREGNANT	01	04/25/2003	04/25/2003
				INFANT	01	04/28/2003	04/28/2003
				INFANT	01	04/29/2003	04/29/2003
				PREGNANT	01	04/29/2003	04/29/2003
				INFANT	01	05/06/2003	05/06/2003
				PREGNANT	01	05/09/2003	05/09/2003
				PREGNANT	01	05/09/2003	05/09/2003

WAITING LIST BY PRIORITY/SUMMARY

Report Title:	Waiting List By Priority/Summary
Report Number:	1976
Frequency:	Monthly – only when directed by the State WIC Office.
Distribution:	Automatically printed overnight or obtained electronically through E-reports – Site and WIC Coordinator.
Description:	This report indicates the number on the Waiting List By Priority and by status as of the report run date.
Actions to be taken:	Use report for management of the Waiting List.
Retention/Disposal Period:	If report is printed, destroy after receipt of next report.

APR190 RUN 05/23/2003 09:45:30

KENTUCKY CABINET FOR HEALTH SERVICES

PAGE: 1

SITE: 100

DEPARTMENT FOR PUBLIC HEALTH

RPT: 1976

WIC

WAITING LIST BY PRIORITY (SUMMARY)

HEALTH ID: CO HEALTH DEPT

CLINIC LOC: CO HEALTH DEPT

STATUS PRIORITY

FREQUENCY

ROO PCT

COL PCT

11

12

12A

12B

14

15A

15B

16

TOTAL

PREGNANT

21

01

01

01

21

01

01

01

25

91.42

.00

.00

.00

8.57

.00

.00

.00

91.25

71.11

.00

.00

.00

21.43

.00

.00

.00

POSTPARTUM

01

01

01

01

11

01

01

01

11

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100.00

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9.82

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78.57

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BREASTFEEDING

01

01

01

01

01

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INFANTS

13

11

01

01

01

01

01

01

24

54.17

45.82

.00

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.00

.00

.00

.00

21.43

28.89

100.00

.00

.00

.00

.00

.00

.00

CHILDREN

01

01

26

01

01

01

11

5

42

.00

.00

61.90

.00

.00

.00

26.19

11.90

27.50

.00

.00

100.00

.00

.00

.00

TOTAL

45

11

26

01

14

01

11

5

112

40.18

9.82

23.21

.00

12.50

.00

9.82

4.46

100.00

WIC PARTICIPATION BY RACE/STATUS

Report Title:	WIC Participation By Race/Status
Report Number:	1986
Frequency:	Upon request
Distribution:	After request, obtain electronically through clinic site E-reports folder.
Description:	The number of patients reported as receiving food instruments by race, ethnicity and status.
Actions to be taken:	Use for caseload management, assessing clients served and outreach.
Explanation of Report:	<ol style="list-style-type: none"> 1. Reporting Period: timeframe for participation of each race/status is reported. 2. Race: categories that can be selected on the Registration Screen. <ul style="list-style-type: none"> • <u>White</u>: participants having origins in any of the original peoples of Europe, Middle East or North Africa. • <u>Black or African American</u>: participants having origins in any of the black racial groups of Africa. • <u>American Indian or Alaska Native</u>: participants having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliation or community attachments. • <u>Asian</u>: participants having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia Pakistan, the Philippine Islands, Thailand and Vietnam. • <u>Native Hawaiian or Other Pacific Islander</u>: participants having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. 3. Native American/Indian – Hispanic or Latino and Hawaiian/Pacific Islander: Hispanic or Latino is the ethnicity of the participant. 4. Women, Infants and Children: the status of the participant. Unknown is used if the status is not known. 5. TOTAL: the number of participants by race, ethnicity and status.
Retention/ Disposal Period:	Retain as needed by agency/site.

WIC Report 1986

Kentucky Department for Public Health
WIC Program
WIC Participation Report by Race/Status
Participation for 02/01/2014 to 02/28/2014

KENTUCKY STATE TOTAL

<u>Race</u>	<u>Women</u>	<u>Infants</u>	<u>Children</u>	<u>Unknown</u>	<u>Total</u>
WHITE	22663	23760	45618	0	92041
WHITE-HISPANIC OR LATINO	1751	1905	5293	0	8949
BLACK	3318	3976	6783	0	14077
BLACK-HISPANIC OR LATINO	48	70	161	0	279
NATIVE AMERICAN/INDIAN	48	53	114	0	215
NATIVE AMERICAN/INDIAN-HISPANIC OR LATINO	17	15	68	0	100
ASIAN	1	290	730	0	1374
ASIAN-HISPANIC OR LATINO	7	5	22	0	34
HAWAIIAN/PACIFIC ISLANDER	53	46	98	0	197
HAWAIIANA/PACIFIC ISLANDER-HISPANIC OR LATINO	41	15	97	0	153
<u>UNKNOWN</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
State Total:	28300	30135	58984	0	117419

WIC RETAILER LISTING

Report Title:	WIC Retailer Listing
Report Number:	1989
Frequency:	Monthly (usually between the 10 th and the 15 th)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	This report provides a listing of WIC Authorized retailers for each agency.
Actions to be taken:	This report is to be used to provide the WIC Participant with a contracted Vendor Listing for that agency.
Explanation of Report:	<ol style="list-style-type: none"> 1. Retailer Number: the authorized retailer number assigned by the State WIC Office. 2. Retailer Name: name of the authorized WIC retailer. 3. Retailer Address: physical address of the authorized WIC retailer. 4. Phone Number: area code and phone number of authorized WIC retailer.
Retention/Disposal Period:	Shred or destroy upon printing of next report.

Report # 1989	Kentucky Department for Public Health WIC Program Retailer Listing								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Retailer Number</th> <th style="width: 35%;">Retailer Name</th> <th style="width: 40%;">Retailer Address</th> <th style="width: 10%;">Phone Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Retailer Number	Retailer Name	Retailer Address	Phone Number				
Retailer Number	Retailer Name	Retailer Address	Phone Number						

BREASTFEEDING STATUS EXCEPTIONS

Report Title:	Breastfeeding Status Exceptions
Report Number:	2001
Frequency:	Monthly (first Monday after the first weekend of the month)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	This report provides the names of women and infants in the same household that have statuses that do not match, i.e., the women is listed as post-partum and the infant is partially breastfeeding.
Actions to be taken:	Review the report and determine appropriate status of the women and infants in the same household. Document action to be taken in Action Taken column. Correct the information in the system to ensure the status of individual is appropriate and matches.
Explanation of Report:	<ol style="list-style-type: none"> 1. Household Number: the household number. 2. Patient ID: the patient's identification number. 3. Participant Name: the participant's name. 4. Status: the current status of the participant in the system. 5. Action Taken: the place to provide comments about corrective action taken to ensure appropriate status are assigned.
Retention/ Disposal Period:	Retain report for one (1) year.

WIC Report 2001

Kentucky Department for Public Health
WIC Program
Breastfeeding Status Exceptions
08/01/2014 - 08/31/2014

Health Department: 037 - FRANKLIN CO HEALTH DEPT
Clinic: 037037 - FRANKLIN COUNTY HEALTH DEPT

Household Number	Patient ID	Participant Name	Status	Action Taken
1253	343868923	GLOVER, MIESHA	Post Partum	
	B-G450714	SMITH, KANIYLA	Infant Partially Breastfed	
1586	110899855	GATHOF, ISABEL	Infant Fully Formula	
	400377046	STAPLETON, DENISE	Partially Breastfeeding	
1766	JWD012014	DODD, JAXSON	Infant Fully Formula	
	545731672	MASCHMEYER, TINA	Partially Breastfeeding	
1983	XCB012414	BUENROSTRO, XIMENA	Infant Partially Breastfed	
1984	403290371	MITCHELL, APRIL	Post Partum	
	GLM030114	MITCHELL, GRACIE	Infant Partially Breastfed	
2109	HJM122613	MILLER, HAISLEY	Infant Partially Breastfed	
2705	402290705	CARMACK, AMBER	Post Partum	
	LBP041314	PARKER, LANE	Infant Partially Breastfed	
4715	MDL110513	LOGAN, MYLES	Infant Partially Breastfed	
5764	HJC010214	CASE, HALEY	Infant Fully Formula	
	406336715	CASE, LAURA	Partially Breastfeeding	
6013	WZC010414	CROTHERS, WILLIAM	Infant Fully Formula	
	404217705	HOWARD, GRETCHEN	Fully Breastfeeding	
6756	481831083	BALTAZAR MARTINEZ, LUIS	Infant Fully Formula	
	543779046	MARTINEZ ROSILLO, MARIA	Partially Breastfeeding	

Run Date/Time: 09/13/2014 - 09:17 PM

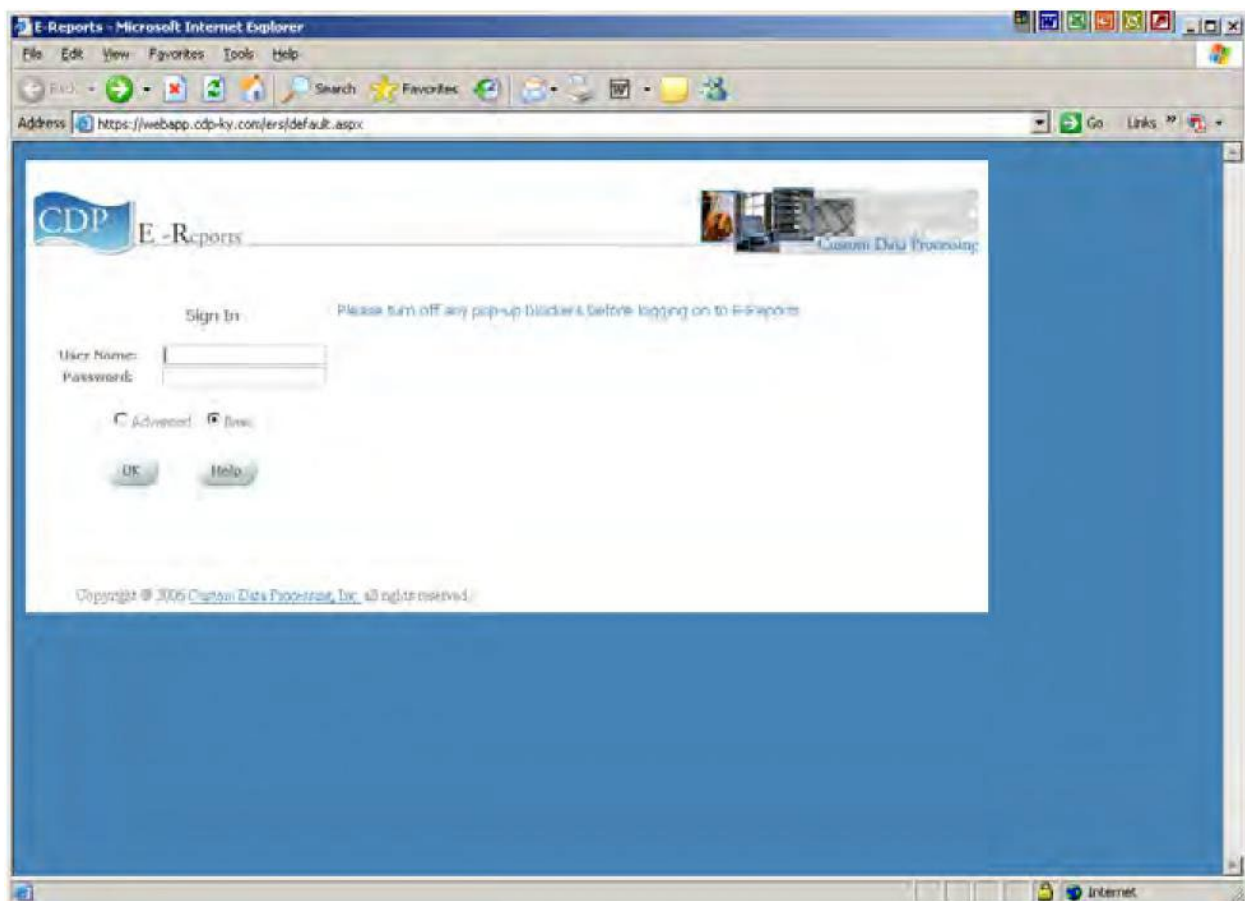
Page 1 of 3

Rev. 1/14/2013

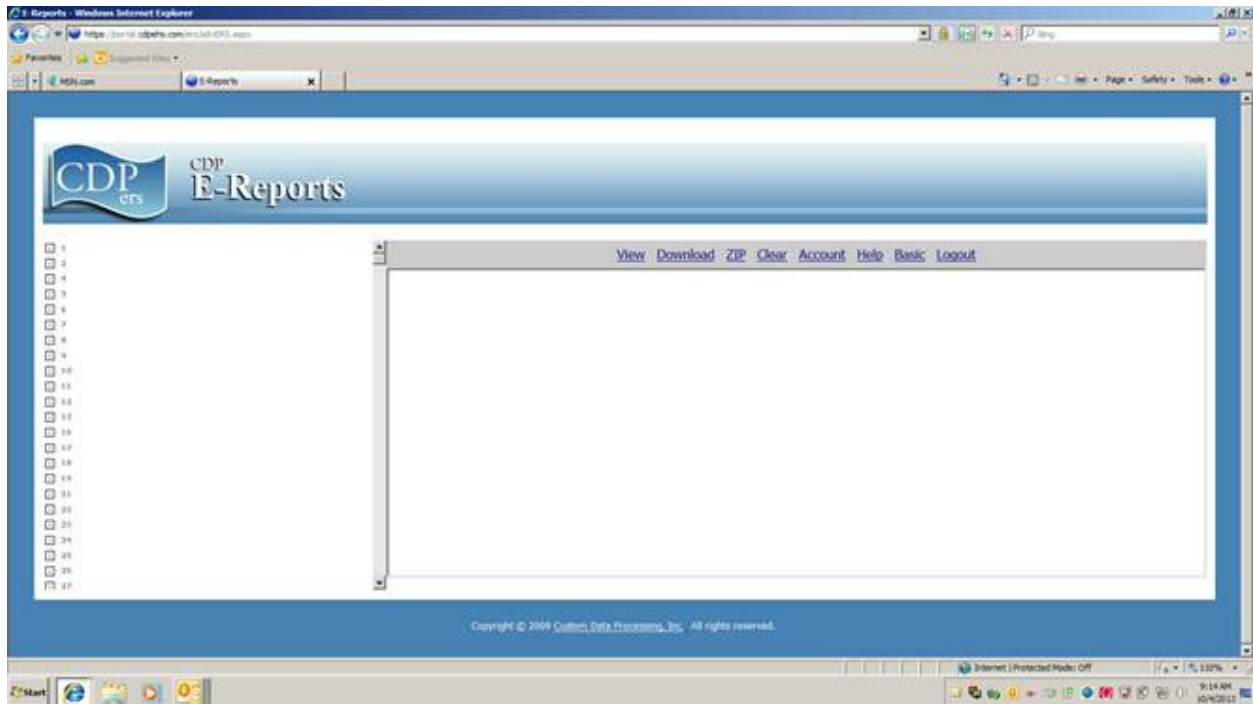
INSTRUCTIONS FOR e-REPORTS

E-reports allow local health departments to access their reports in an electronic format.

1. To sign into the reports system:
 - a. Enter user name as KY# and unique password assigned by CDP, Inc.
 - b. Click BASIC button.
 - c. Click OK button.



2. On the CDP E-reports screen:
 - a. Scroll and locate site number.
 - b. Verify the month and click.
 - c. On displayed reports, choose the desired report and click **DOWNLOAD**.



WEB-BASED SYSTEMS/APPLICATIONS/e-REPORTS

Web-based programs/applications/E-reports are secure and are only accessible by authorized participants. To access the web-based programs/applications/E-reports, a user must:

1. Be employed by a local health department.
2. Be assigned a KY number.
3. In order to access web-based programs/applications/reports a user will in some instances:
 - a. Need to have a VPN Contivity client.
 - b. Complete the CDP-Report Server – WIC User Authorization request form for local WIC agency staff requesting access to E-reports for the WIC Program. See CDP-Report Server – WIC User Authorization Request form in SYSTEM REPORTS.
 - i. If access is granted, the form will be forwarded to CDP.
 - ii. The user will then be contacted by CDP via email with an attached excel document with active links to certain WIC folders.
(ex: <\\172.25.2.178\cdpreports\site000\wicky>)
 - c. If the user is not on the CHSDPHLHD domain, CDP will create a username and password.
4. For further help, contact the WIC Helpdesk at (877) 597-0367, Option 1.

Kentucky DPH – WIC User Authorization Request For e-Reports Access

I hereby authorize that _____ with User ID: _____
(Name of Employee) (Required)

Job Title: _____

Employee's Computer Log-in Account Name: _____

Employee Phone #: _____ Work email address: _____

**BE GRANTED ACCESS TO THE WIC ELECTRONIC REPORTS (e-Reports) FOR THE SITE(S)
INDICATED BELOW:**

County/District/HID: _____

WIC Site #'s/Site Name: _____

NOTE: LHD Employees will only be granted access to the site(s) listed above.

I understand that the proper disposition of the information retrieved, viewed and/or entered lies with the authorized person (User) and the Local Health Department (LHO).

LHD Authorized Printed Name: _____

LHD Authorized Signature: _____ Date: _____

DPH/WIC Authorized Signature: _____ Date: _____

Email completed WIC e-Report Access Request form to: WIC.HelpDesk@ky.gov

FOR CDP/State Agency Use Only

Date Received: _____ Date Completed: _____

Username Assigned: _____

Assigned by: _____

AUTODIALER

Purpose:	To contact participants through a call, text, or email for appointment reminders and benefit pick up.
When To Use:	Ongoing
Instructions:	<p>The participant's choice on how they prefer to be contacted is documented on the CMS Registration Screen.</p> <p>If a method of contact is not chosen, the participant will not receive appointment reminders.</p> <p>If a participant has chosen "no home contact", they will not receive appointment reminders.</p> <p>A daily Autodialer report is generated which will show message date, message day, start hour, end hour, status, type, messenger, source, deliveries, remain, delivered, unmatched.</p>
Retention:	Destroy upon printing of the next report.

One Call Now

Type a Keyword or Question

Contact Us

B

Welcome,

Dashboard

My Information

Settings

Manage Group

Messaging

View Reports

Contacts Report

Contact Activity Report

Subgroup

Contacts Export

Auto-initiator Log

Message Reports

Hot Transfer Reports

Import Contacts History

Sien Out

Download the app now!

Get access on the go.

First time user questions?

Click Here!

We welcome your feedback!

Click Here!

Search Criteria

Select Date Range

Today

Last 30 Days

Future

Start Date:

6/23/2020

Yesterday

Last 60 Days

Date Range

End Date:

7/23/2020

Source: Select All

VIEW RESULTS

Page size: 50

Page 1 of 4

Displaying page 1 of 4, items from 1 to 50 of 170

Message Date	Start Hour	Status	Messenger	Deliveries	Delivered		
Message Day	End Hour	Type	Source	Remain	Unreached		
JOINTMENT REMINDER; Initiated on 7/23/2020 9:36 AM (CT);							
7/23/2020	05:00 pm	Waiting to start	Website	1	0		
Thursday	07:00 pm	Text-to-Speech Call		0	1		
7/23/2020	05:00 pm	Complete	Website	1	1		
Thursday		SMS		0	0		
APPOINTMENT REMINDER; Initiated on 7/23/2020 9:35 AM (CT);							
7/23/2020	05:00 pm	Waiting to start	Website	1	0		
Thursday	07:00 pm	Text-to-Speech Call		0	1		
7/23/2020	05:00 pm	Complete	Website	1	1		
Thursday		SMS		0	0		
APPOINTMENT REMINDER; Initiated on 7/23/2020 9:34 AM (CT);							
7/23/2020	05:00 pm	Waiting to start	Website	1	0		
Thursday	07:00 pm	Text-to-Speech Call		0	1		
7/23/2020	05:00 pm	Complete	Website	1	1		
Thursday		SMS		0	0		
APPOINTMENT REMINDER; Initiated on 7/23/2020 9:34 AM (CT);							
7/23/2020	05:01 pm	In Progress	Website	1	0		
Thursday	06:00 pm	Text-to-Speech Call		1	1		
7/23/2020	05:00 pm	In Progress	Website	0	0		
Thursday		SMS		0	0		
APPOINTMENT REMINDER; Initiated on 7/23/2020 9:33 AM (CT);							
7/23/2020	05:00 pm	Waiting to start	Website	1	0		
Thursday	07:00 pm	Text-to-Speech Call		0	1		
7/23/2020	05:00 pm	Complete	Website	1	1		
Thursday		SMS		0	0		

Page 49
 Section 800 Appendices
 Food Delivery and WIC Reports
 December 2024