

# Chapter 1 Introduction to WIC

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### **Required Local Agency Written Policies and Procedures**

- Local Agencies must have a written policy to ensure separation of duties that address strategies implemented when separation of duties is not possible due to limited staff (Section 4, page 9)
  
- Local agencies must develop, revise, and maintain a written plan of alternate operating procedures consistent with local and State operations by September 30, 2025; previously called the Local Agency Disaster Policy (Section 5, page 13).

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## Overview of WIC

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

### ■ Introduction

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

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

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

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

### ■ WIC Program Benefits

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

- ▶ **Health Screenings.** Health screenings such as growth check, anemia screenings, lead screenings, and more contribute to health assessments and support the identification of participant nutrition risk. Participant tailored nutrition intervention and counseling are a unique and integral WIC Program benefit for participants.
- ▶ **Referrals to Health Care and Public Assistance Programs.** WIC Program applicants and participants receive referrals and information about other relevant health care services (e.g., immunization services, prenatal care, well child health care), appropriate public assistance programs (e.g., Food and Nutrition Services, Medicaid), and potential sources for food assistance.

### ■ Eligibility For WIC

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

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

### ■ Participation In WIC

Over 250,000 North Carolina women, infants, and children receive WIC Program services each month. Monthly participation in WIC is defined as the sum of pregnant women, breastfeeding women, postpartum women, infants and children who receive food benefits or cash-value benefits during the reporting period. WIC program participation for individuals in a breastfeeding dyad include:

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

receive food benefits or cash-value benefits, but whose breastfed infant(s) received food benefits during the reporting period.

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

### ■ **Impact Of WIC On Health Status**

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

- **WIC reduces infant mortality.** WIC provides pregnant women with effective nutrition intervention that positively impacts the success of a pregnancy. WIC participation is associated with lower preterm birth and infant mortality for low-income women (Journal of the American Medical Association (JAMA), 2019).
- **WIC connects pregnant women to prenatal care, provides nutritious foods and encourages health-promoting behaviors.** These factors are linked to positive birth outcomes (USDA, 2012).
- **WIC saves healthcare dollars.** Women who participate in WIC are less likely to have pre-term or low-birth weight babies, contributing to healthier babies and reduced medical costs (Institute of Medicine, 2006). WIC participation resulted in healthcare cost savings by preventing preterm births and healthier birth outcomes. WIC's efforts to reduce income-based disparities in childhood obesity and promote higher dietary quality and variety for children are effective strategies to mitigate early onset of chronic diet-related conditions set the trajectory to reduce healthcare costs of the next generation (Journal of Preventive Medicine, 2019).
- **WIC improves children's health.** WIC health screenings lead to referrals for immunizations, prenatal or pediatric care, dental care and social services. Children who participate in WIC are more likely to receive regular preventive health services and have higher rates of childhood immunization than non-participating low-income children (Journal of Preventive Medicine, 2019).
- **WIC improves infant feeding practices and diet quality.** WIC promotes and supports breastfeeding as the standard method of infant feeding. In addition, revisions to the WIC food package have resulted in increased intake of fruits, vegetables, whole grains and low-fat dairy among WIC participants (USDA, 2012; Center on Budget and Policy Priorities, 2015).
- **WIC provides individualized nutrition services.** A full nutrition assessment of WIC participants including the assignment of WIC nutrition risk code correlates with

increased referrals to other services, tailored food packages, nutrition education and referrals. (USDA, 2024).

- **WIC supports cognitive development.** Research shows that WIC services can mitigate the harmful effects of poor nutrition during critical periods of growth and development, leading to lifelong cognitive gains (USDA, 2012). The WIC Program provides children with nutrients from food groups that are essential for physical and cognitive development, resulting in greater academic success as children enter school (American Journal of Preventive Medicine, 2014).

■ **WIC In North Carolina**

WIC is administered at the state level by the NC Department of Health and Human Services, Division of Child and Family Well-Being, Community Nutrition Services Section. Locally, the WIC Program is administered by public health agencies (e.g., county health departments and community and rural health centers) serving all 100 counties. Additional information about the North Carolina WIC Program can be found at <https://www.ncdhhs.gov/ncwic>.

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

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

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

### ■ **Distribution Of the WIC Program Manual**

The complete NC WIC Program manual is available on the website: [www.ncdhhs.gov/newic](http://www.ncdhhs.gov/newic). The Local WIC Director is responsible for:

- Making staff aware of the WIC Program manual's contents and annual updates;
- Ensuring all copies of the WIC Program manual in the local agency are updated as program manual revisions are received; and
- Ensuring that all staff members have ready access to the WIC Program manual.

### ■ **Updating Program Policy**

The Community Nutrition Services Section periodically issues numbered memorandum to local agencies to communicate changes in federal and state regulations, rules, and/or policies and procedures. Numbered memos contain policy changes which may be short-term solutions to temporary challenges or permanent policy changes such as a WIC Program manual revision. Staff should maintain a file and a log of all numbered policy memos, so they can be easily referenced. A sample numbered memos log is provided in Attachment 1.

Additionally, WIC Program manual revisions may be issued throughout the year. When staff receive revisions, they should follow the guidance specified in the correspondence for reviewing, distributing, and implementing changes in policies and procedures.

### ■ **Local Agency Policies And Procedures**

Local agencies must develop some written policies and procedures specific to their agency. Sections within the WIC Program which require a local agency written policy and procedure are listed in the bottom section of each chapter's "Table of Contents".

When developing agency specific written policies and procedures, staff should use a consistent format, ensure each policy and procedure is signed and dated by the WIC Director (and any other staff per agency protocol), and review and update the policies and procedures at least every two years.

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## **No Smoking Policy in Local Agency Facilities**

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To receive WIC administrative funds, local agencies and WIC clinics must have an announced public policy that prohibits smoking. Each local agency shall ensure that the local agency prohibits smoking in the space used to carry out the WIC Program during the time any aspect of WIC services are performed; including satellite operations.

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## Staff Conflict of Interest

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

### ■ **Certifying And Issuing Food Benefits To Self, Relatives Or Close Friends**

To prevent the appearance of conflict of interest, local agency staff must not participate in any component of the certification process or food benefits issuance to herself/himself, relatives, or close friends.

- **Relatives** include spouse, parents, children, grandchildren, grandparents, brothers, sisters, aunts, uncles, nieces, nephews, first cousins, stepparents, stepchildren, stepbrothers, and stepsisters by blood or marriage.
- **Close friends** cannot be defined in a way that fits every situation; therefore, local agencies have authority to determine if a WIC applicant or participant is a close friend of a local agency WIC staff.

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

### ■ **Separation Of Duties During Eligibility Determination**

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

- Designated staff will conduct a review of all non-breastfeeding infant certification records and at least 20 percent of the remaining certification records for which separation of duties was not achieved within 14 calendar days of the certification. The staff member conducting the review shall validate certification was accurately assessed and complete the last five columns of the Separation of Duties Log.
- The completed Separation of Duties Log must be filed at the local agency in a secure and retrievable manner and shall be made available for review during state agency monitoring events and local agency self-assessments.
- The local agency WIC Director or designee must contact the agency's Regional Nutrition Consultant immediately if the local agency review of the Separation of Duties Log suggests irregularities in WIC certification activity.

■ **WIC Staff And WIC Vendors**

To ensure there is no appearance of conflict of interest regarding the relationship of local agency staff and WIC vendors, the policies below must be followed.

- Local agency staff whose salary is paid in whole or any part by WIC Program funds are prohibited from having financial ownership in any authorized WIC vendor.
- Local agency staff whose salary is paid in whole or any part by WIC Program funds shall not be employed by and handle or transact WIC food benefits or cash-value benefits for a WIC vendor in the same county served by the local WIC Program. Likewise, local agency WIC staff must not have a spouse, child, or parent who is employed by and processes or transacts WIC food benefits or cash-value benefits for a WIC vendor in the same county served by the local WIC Program.

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## Plan of Alternate Operating Procedures

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The WIC Program is a supplemental food and nutrition program that serves specific categorically eligible persons with special nutritional needs; it is not designed to be a disaster assistance program, nor is it considered a first response option for disaster survivors. A plan of alternate operating procedures is intended to support continuity of operations in the event of a disruption of WIC services, including but not limited to disasters, emergencies, public health emergencies, supplemental food recalls, and other supply chain disruptions.

The NC WIC Program guidance for emergency and disaster situations outlined in this section are for an event that threatens to or has already interrupted the provision of WIC services. Examples of these types of events include floods, wildfires, and hurricanes. WIC's role in responding to disasters is minimal; however, there are ways the Program can contribute to relief efforts. In the event of a disaster, the State Director of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) or designee plans, coordinates, and activates the NC WIC Program disaster response.

### ■ Eligibility Criteria for Evacuees and Others Impacted by Disasters

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

- ▶ The LA must make every effort to certify these individuals immediately or within 10 days of their request for WIC benefits.
- ▶ If an applicant/participant impacted by a disaster moves in with another household, the displaced individual(s) will be considered homeless and treated as a separate economic unit.
- ▶ An applicant/participant impacted by a disaster may not have access to proofs of identity, residence, or income and requirement of documentation for determination of eligibility would present an unreasonable barrier to participation. As such, it is appropriate to utilize a signed affidavit for proof of identity, residency, and/or income (with self-declared income) for WIC Program certification.
  - During times of an officially declared “State of Emergency”, the State Director of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) or designee will provide additional guidance for the verification and documentation of required proofs during modified Program Services.
- ▶ Each applicant/participant impacted by a disaster must be provided Verification of Certification (VOC) information should the individual relocate to another state to assure continuation of benefits. For further guidance on the provision of a VOC, see *Chapter 6E, Section 1: Transfer of Certification*.

- ▶ Displaced participants impacted by disaster are at nutritional risk since they are considered homeless. Individuals who are homeless due to a disaster can be assigned the nutritional risk of homelessness.

### ■ Flexibility In Operations

WIC Program regulations provide flexibility with physical presence, certification periods and issuing eWIC benefits. Approved flexibilities should be exercised to the fullest extent allowed and reasonable to meet the needs of individuals affected by the disaster and minimize disruption to services.

- ▶ For the affected individual
  - Persons with a serious illness that may be exacerbated by coming into the WIC clinic may be exempt from the physical presence requirement.
  - Local agencies may extend the certification period for infants and children up to 30 days to accommodate difficulty in scheduling appointments.
  - Local agencies may issue electronic food benefits to participants when not physically present per remote food benefit issuance (Chapter 8).
  - The State Director of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) or designee has the authority to determine if an emergency or disaster situation necessitates State-Assisted Issuance of food benefits to eligible participants.
    - During State-Assisted Issuance, the Community Nutrition Services Section (CNSS) will communicate to the local agencies the time frame for this process in addition to communicate participants to whom food benefits were issued.
- ▶ For the local agency
  - Address possible operation of alternative certification and benefit issuance sites and the provision of remote services.

### ■ Food Benefits

The full maximum monthly allowance of all prescribed supplemental foods, in all food packages, must be made available to participants if medically or nutritionally warranted.

- ▶ If a participant impacted by a disaster is unable to provide medical documentation for WIC-eligible infant formula/nutritional and local agency staff are unable to externally verify a medical condition that indicates need, one-month issuance of the WIC-eligible infant formula/nutritional may be issued following assessment and documentation.
- ▶ Adjustments should be made to food prescriptions to accommodate participants that are homeless or lack food storage or preparation areas.
- ▶ Redeemed food benefits for the current benefit period that were destroyed in the disaster may be eligible to be replaced.
  - Only the food benefits damaged or destroyed as a result of a disaster may be replaced.
  - Replacement does not result in the replacement of prior month benefits.

- Quantity of replacement food benefits reflects the portion of food benefits for which the participant would still be eligible.
  - North Carolina WIC requires participants to sign a statement attesting that their food benefits have been damaged or destroyed as a result of a disaster. The participant/parent/guardian/caretaker signs the ‘Affidavit Attesting to WIC Food Benefit Loss’ (Attachment 3).
- The local agency notifies the CNSS Customer Service Desk to assist with replacement.
  - Vendors will not have the option to accept out-of-state WIC benefits.

■ **Local Agency Plan of Alternate Operating Procedures (PAOP)**

In conjunction with the Business Continuity Plan (Attachment 5), advanced planning for disaster situations promote a more organized and constructive relief response. Previously called the Local Agency Disaster Policy, local agencies are required to develop, revise, and maintain a written plan of alternate operating procedures consistent with local and State operations by September 30, 2025. The procedure should contain, at a minimum, the following components:

Coordination and Communication

The local agency must have a written plan for communicating with participants and the public when a disaster has occurred and impacted local operations.

- Communication to participants variances in normal program operations such as:
  - Send text messages notifying of closures;
  - Contact to reschedule appointments;
  - Post signage clinic on at entries indicating closure or operating hours;
  - Notification of site closures, changes in operating hours on website and social media;
  - Update clinic voicemail message to include site closures and changes in operating hours.
- Designation of a disaster contact within the local agency.
- In situations that result in an interruption of services to participants, Local Agency WIC Directors must immediately notify their assigned Regional Nutrition Consultant of impacts to their clinic.
- Alternate contact information for the community partners and programs, local authorized vendors, and the local agency Regional Nutrition Consultant.

Benefit Issuance and Redemption

The local agency must have a written plan for addressing food benefit issuance and redemption through consideration of:

- Remote certification and benefit issuance

- ▶ Process for requesting replacement EBT cards through any local agency or through contacting the eWIC vendor.
- ▶ Management and process for participants to request from the local agency replacement of supplemental foods that were damaged or destroyed during a disaster.

#### Vendor Management

- ▶ Plan to determine impacts to WIC vendors and appropriate response.
  - Emergency contact list for vendors and plan of communication of store closures and changes in operating hours
- ▶ Alternate contact information for the community partners and programs, local authorized vendors, and the local agency Regional Nutrition Consultant.

#### Nutrition Services

- ▶ Alternate clinic locations, service hours and availability.
- ▶ Alternate procedures including a plan for providing services when computer systems are down, alternate locations for services, and use of mobile equipment to provide services (Attachment 5),
  - Include the consideration for extending the certification period for infants and children up to 30 days to accommodate difficulty in scheduling appointments
- ▶ Identify processes for providing Issuance of Verification of Certification (VOC),
- ▶ Plan for the provision of breastfeeding promotion and support activities in addition to the issuance and replacement of breast pumps or breastfeeding supplies during disaster response.



## Program Materials Available From The Community Nutrition Services Section

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The Community Nutrition Services Section (CNSS) stocks a wide variety of materials used by local agency staff for WIC Program activities including breastfeeding education and support, program outreach, nutrition education, and vendor management.

A complete list of available materials can be found on the Community Nutrition Services Section Requisition Form (DHHS 2507). The requisition form can be downloaded from the CNSS website at: <https://www.ncdhhs.gov/ncwic> under 'For Local Agency Staff', 'within the local agency forms and tool under 'WIC Local Agency Resources'. For additional information refer to Chapter 12: Fiscal Management.

### ■ Ordering Materials

To order materials from the CNSS, Local Agencies should use the most up to date CNSS Requisition Form (DHHS 2507) as available on the website. Staff should complete the form and email the request to [NSBmaterialsreq@dhhs.nc.gov](mailto:NSBmaterialsreq@dhhs.nc.gov).

When ordering materials, local agencies are requested to:

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

### ■ Receiving Materials

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

- ▶ **Materials in Limited Supply.** When an item(s) is in limited supply, CNSS will ship only a portion of the quantity ordered. A note regarding limited quantity will be in the comments section of the packing list. The remaining quantity will not be shipped and the local agency will need to reorder once the item is back in stock.
- ▶ **Out of Stock Materials.** When an item(s) is temporarily out-of-stock, CNSS will provide notification in the comments section of the packing list that the item is out of stock. The item(s) will need to be reordered by the local agency once the item is back in stock.

Chapter 1: INTRODUCTION TO WIC

Section 6: PROGRAM MATERIALS AVAILABLE FROM THE COMMUNITY NUTRITION SERVICES SECTION

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## Instructions for Completing Separation of Duties Log

### For the certifier:

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

### For the reviewer:

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



## Chapter 1: INTRODUCTION TO WIC

## Attachment 3

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](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.usda.gov/sites/default/files/documents/ad-3027s.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

- (1) **correo:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- (2) **fax:**  
(833) 256-1665 o (202) 690-7442; o
- (3) **correo electrónico:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

Esta institución es un proveedor que ofrece igualdad de oportunidades.



Demographics

**Applicant**  Client Present  Not Present Justification \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First MI

**DOB:** \_\_\_\_\_

**Proof of identification** \_\_\_\_\_

**Ethnicity:**  Declared  Observed  Hispanic/Latino  Not Hispanic/Latino

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

**Address:** \_\_\_\_\_  
Street

City Zip Code

**Proof of residence** \_\_\_\_\_

Foster care  Homeless  Migrant

**Proof of identification:** \_\_\_\_\_

**Telephone #:** (\_\_\_\_) \_\_\_\_\_  
 Home  Work  Cellular

**Preferred method of contact:** \_\_\_\_\_

**Language:** Read: \_\_\_\_\_ Spoken: \_\_\_\_\_

**Voter Registration:**

Declined  Form provided  Ineligible  Registered

**Family Assessment:**

Does anyone smoke inside the home?  Yes  No

Income

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

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

Source	Amount	Frequency
	\$	
	\$	
	\$	

**Verification Document:** \_\_\_\_\_

**Income Eligible**  Yes  No

**Income Verification completed** \_\_\_\_\_  
Staff Signature/Title Date

**Certification Signature**

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

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Applicant/Parent/Guardian/Caretaker Signature

Date

Anthro/Lab

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Collected by / source:** \_\_\_\_\_

**BMI:** \_\_\_\_\_

Hgb /  Hct: \_\_\_\_\_ **Deferred/Exempt Reason:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Collected by / source:** \_\_\_\_\_

Health Information

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

**Multiple gestation:** # of fetuses this pregnancy: \_\_\_\_\_

**Outcome:** \_\_\_\_\_ **Delivery type:**  Vaginal  Cesarean **Gravida:** \_\_\_\_\_ **Para:** \_\_\_\_\_

Health Conditions	Medications and Supplements

**Pregnancy-induced Health Conditions**

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

last trimester \_\_\_\_\_

last trimester \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Info

Are you breastfeeding?  No  Yes Breastfeeding Frequency: \_\_\_\_\_

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

Reason infant stopped breastfeeding \_\_\_\_\_

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

Dietary & Health

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WIC Nutrition Risk Criteria Codes (Identify all that apply) \_\_\_\_\_

Care Plan

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

Referrals: \_\_\_\_\_

Goals: \_\_\_\_\_

Food Prescription  Standard  Modified \_\_\_\_\_

Follow-up / Next Appointment: \_\_\_\_\_

Certifier/CPA \_\_\_\_\_  
Signature Title

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

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

Applicant/Participant/Caretaker Signature/Firma

Date/Fecha

Staff Signature

Date



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Demographics

**Applicant**  Client Present  Not Present Justification \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First MI

**DOB:** \_\_\_\_\_ **Sex:**  Male  Female

**Proof of identification** \_\_\_\_\_

**Ethnicity:**  Declared  Observed  Hispanic/Latino  Not Hispanic/Latino

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

**Address:** \_\_\_\_\_  
Street

City Zip Code

**Proof of residence** \_\_\_\_\_  
 Foster care  Homeless  Migrant

**Parent/Guardian**  1  2  Caretaker

**Name:** \_\_\_\_\_  
Last First MI

**DOB:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Proof of identification:** \_\_\_\_\_

**Telephone #:** (\_\_\_\_) \_\_\_\_\_  
 Home  Work  Cellular

**Preferred method of contact:** \_\_\_\_\_

**Language:** Read: \_\_\_\_\_ Spoken: \_\_\_\_\_

**Voter Registration:**  
 Declined  Form provided  Ineligible  Registered

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

Income

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

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

Source	Amount	Frequency
	\$	
	\$	
	\$	

**Verification Document:** \_\_\_\_\_

**Income Eligible**  Yes  No

**Income Verification completed** \_\_\_\_\_  
Staff Signature/Title Date

**Certification Signature**  
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Applicant/Parent/Guardian/Caretaker Signature Date

Anthro/Lab

Length /  Height: \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Date:** \_\_\_\_\_ Collected by / source: \_\_\_\_\_

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

Hgb /  Hct: \_\_\_\_\_ **Deferred/Exempt reason:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Collected by / source: \_\_\_\_\_

Health Information

**Birth weight:** \_\_\_\_\_ **Birth length:** \_\_\_\_\_ **Weeks gestation:** \_\_\_\_\_  Multiple gestation

Hospital discharge weight: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Conditions	Medications and Supplements

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

**Feeding complications:** \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Health Info**

Are you breastfeeding?  No  Yes Breastfeeding Frequency: \_\_\_\_\_

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

Reason infant stopped breastfeeding \_\_\_\_\_

**Dietary & Health**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WIC Nutrition Risk Criteria Codes (Identify all that apply) \_\_\_\_\_

**Care Plan**

Nutrition Education:  Tobacco, alcohol and illegal drugs  Other \_\_\_\_\_

Referrals: \_\_\_\_\_

Goals: \_\_\_\_\_

Food Prescription  Standard  Modified \_\_\_\_\_

Follow-up / Next Appointment: \_\_\_\_\_

\_\_\_\_\_

Certifier/CPA \_\_\_\_\_

Signature/Title

Date

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

Applicant/Participant/Caretaker Signature/Firma

Date/Fecha

Staff Signature

Date



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Demographics

**Applicant**  Client Present  Not Present Justification \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First MI

**DOB:** \_\_\_\_\_ **Sex:**  Male  Female

**Proof of identification** \_\_\_\_\_

**Ethnicity:**  Declared  Observed  Hispanic/Latino  Not Hispanic/Latino

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

**Address:** \_\_\_\_\_  
Street

City Zip Code

**Proof of residence** \_\_\_\_\_  
 Foster care  Homeless  Migrant

**Parent/Guardian**  1  2  Caretaker

**Name:** \_\_\_\_\_  
Last First MI

**DOB:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Proof of identification:** \_\_\_\_\_

**Telephone #:** (\_\_\_\_) \_\_\_\_\_  
 Home  Work  Cellular

**Preferred method of contact:** \_\_\_\_\_

**Language:** Read: \_\_\_\_\_ Spoken: \_\_\_\_\_

**Voter Registration:**  
 Declined  Form provided  Ineligible  Registered

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

Income

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

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

Source	Amount	Frequency
	\$	
	\$	
	\$	

**Verification Document:** \_\_\_\_\_

**Income Eligible**  Yes  No

**Income Verification completed** \_\_\_\_\_  
Staff Signature/Title Date

**Certification Signature**

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Applicant/Parent/Guardian/Caretaker Signature

Date

Anthro/Lab

**Length:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Collected by / source: \_\_\_\_\_

Hgb /  Hct: \_\_\_\_\_ **Deferred/Exempt reason:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Collected by / source: \_\_\_\_\_

Health Information

**Birth weight:** \_\_\_\_\_ **Birth length:** \_\_\_\_\_ **Weeks gestation:** \_\_\_\_\_  Multiple gestation

Hospital discharge weight: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Conditions	Medications and Supplements

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

**Feeding complications:** \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Info

Are you breastfeeding?  No  Yes Breastfeeding Frequency: \_\_\_\_\_

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

Reason infant stopped breastfeeding \_\_\_\_\_

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

Dietary & Health

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WIC Nutrition Risk Criteria Codes (Identify all that apply) \_\_\_\_\_

Care Plan

Nutrition Education:  Tobacco, alcohol and illegal drugs  Other \_\_\_\_\_

Referrals: \_\_\_\_\_

Goals: \_\_\_\_\_

Food Prescription  Standard  Modified \_\_\_\_\_

Follow-up / Next Appointment: \_\_\_\_\_

Certifier/CPA \_\_\_\_\_

Signature/Title

Date

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

Applicant/Participant/Caretaker Signature/Firma

Date/Fecha

Staff Signature

Date



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eWIC card # \_\_\_\_\_

Continuity of Services Form  
**WIC: PREGNANT WOMAN**

Certification

Application Date: \_\_\_\_\_

**Demographics**

**Applicant**  Client Present  
 Not Present Justification: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First MI

**DOB:** \_\_\_\_\_

**Proof of identification** \_\_\_\_\_

**Ethnicity:**  Declared  Observed  Hispanic/Latino  Not Hispanic/Latino

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

**Address:** \_\_\_\_\_  
Street

City Zip Code

**Proof of residence** \_\_\_\_\_

Foster care  Homeless  Migrant

**Proof of identification:** \_\_\_\_\_

**Telephone #:** (\_\_\_\_) \_\_\_\_\_  
 Home  Work  Cellular

**Preferred method of contact:** \_\_\_\_\_

**Language:** Read: \_\_\_\_\_ Spoken: \_\_\_\_\_

**Voter Registration:**

Declined  Form provided  Ineligible  Registered

**Family Assessment:**

Does anyone smoke inside the home?  Yes  No

**Income**

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

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

Source	Amount	Frequency
	\$	
	\$	
	\$	

**Verification Document:** \_\_\_\_\_

**Income Eligible**  Yes  No

**Income Verification completed** \_\_\_\_\_

Staff Signature/Title

Date

**Certification Signature**

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Applicant/Parent/Guardian/Caretaker Signature

Date

**Anthro/Lab**

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Collected by / source:** \_\_\_\_\_

**Weeks gestation:** \_\_\_\_\_ **Expected weight gain:** \_\_\_\_\_ **Actual weight gain:** \_\_\_\_\_

Hgb /  Hct: \_\_\_\_\_ **Deferred/Exempt Reason:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Collected by / source:** \_\_\_\_\_

**Health Information**

**Pre-pregnancy weight:** \_\_\_\_\_ **Pre-pregnancy BMI:** \_\_\_\_\_

**Expected Delivery date:** \_\_\_\_\_ **First Prenatal Visit Date:** \_\_\_\_\_ **Medical Home:** \_\_\_\_\_

Multiple Gestation: # of fetuses this pregnancy: \_\_\_\_\_ **Gravida:** \_\_\_\_\_ **Para:** \_\_\_\_\_

Health Conditions	Medications and Supplements

**Pregnancy-induced Health Conditions**

**Cigarettes per day:** 3 months prior to pregnancy \_\_\_\_\_

**Drinks per week:** 3 months prior to pregnancy \_\_\_\_\_

**Today:** \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Dietary & Health**

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**WIC Nutrition Risk Criteria Codes** (Identify all that apply) \_\_\_\_\_

**Care Plan**

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

**Referrals:** \_\_\_\_\_

**Goals:** \_\_\_\_\_

**Food Prescription**  Standard  Modified \_\_\_\_\_

**Follow-up / Next Appointment:** \_\_\_\_\_

**Certifier/CPA** \_\_\_\_\_  
Signature/Title Date

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

Applicant/Participant/Caretaker Signature/Firma \_\_\_\_\_ Date/Fecha \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



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## NC WIC Program: Business Continuity Plan

Under the plan of alternate operating procedures, the NC WIC Program Business Continuity Plan guides local agency preparations and actions for the continuation of WIC services in the event that local agency Crossroads system access is a disrupted for an uncertain duration.

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

### Planning

It is critical to plan ahead for potential disruptions to local agency (LA) access to Crossroads by:

- Maintaining an updated Local Agency Disaster Policy (WPM, Chapter 1, Section 5),
- Establishing working partnerships with neighboring local WIC agencies that may be able to assist in providing participant services during disruption,
- Considering the purchase and maintenance of technology that may serve as back-up during an outage including a work-assigned cell phone or laptop for critical WIC Program staff,
- Ensuring that the local agency has on-hand the following resources as ordered from CNSS or as linked on the Community Nutrition Services Section (CNSS) website under [NC WIC Program: Business Continuity Plan](#):
  - ‘Continuity of Services Form’ (DHHS 3302, 3303, 3304, 3305)
  - ‘NC WIC Program Guidance: Emergency and Disaster Situations’
  - Growth charts and prenatal weight gain charts
  - Required NC WIC Program Notice Template

### Provision of WIC Services by the LA

If Crossroads is NOT available in the local WIC agency, immediately:

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

### If phone and fax service are available in the LA:

- The CSD faxes the Detail Clinic Daily Appointment Schedule to the LA.
- The LA faxes completed ‘Continuity of Services Form’ to the CSD who shares with CNSS staff.
- CNSS staff enter information from the completed ‘Continuity of Services Form’ into Crossroads within two (2) business days. WIC services include:
  - Certification of applicant / participant;
  - Update to demographic or personal information of the applicant / participant;
  - Revision to the:
    - WIC food prescription of the applicant / participant
    - number of months of food benefits to be issued;
  - Activate and/or replace an eWIC card; and/or
  - Apply the “Extend Certification” feature as appropriate.
- The CSD will then Issue the participant food benefits or modify issued food benefits then print and fax to the LA the participant/family ‘Shopping List Remaining Benefits’.
- The LA provides the Shopping List and all required NC WIC Program Notices to the participant.

**If phone and fax service NOT available in the LA:**

*Note: At this level of service interruption, it is likely that food benefits issuance will be delayed.*

- LA notifies the RNC and CSD of this status and provides alternative LA contact information.
  - It is recommended that the LA share a list of all employees (name and position/role) and Crossroads User ID's.
- LA provides services as able, documenting information on the 'Continuity of Services Form'.
- Dependent on alternative communication methods available, the LA and CNSS staff may communicate such that CNSS staff can enter pertinent applicant / participant data in Crossroads.
- If local outages extend beyond five days, local agencies follow their written disaster policy (WPM Chapter 1, Section 5) which should include alternate procedures for providing services.
  - As applicable: For LA's receiving nutrition product orders during this time, the requirement for the LA to notify CNSS of order receipt remains time-sensitive. It is recommended that the LA retain a copy and mail original packing slips to CNSS.

**Crossroads Service is Restored**

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

- Enter remaining data from the Continuity of Services Forms into the Crossroads participant record,
- Scan the Continuity of Services Form into the Crossroads participant record, and
- Schedule future appointments in communication with participant/family.