

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 have a written policy consistent with the Breastfeeding-Friendly Workplace Policy. (Section 5, page 11)
- Local Agencies must have a written disaster policy consistent with local and State operations. (Section 6, page 15)

Overview of WIC

The **Special Supplemental Nutrition Program for Women, Infants, and Children (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:

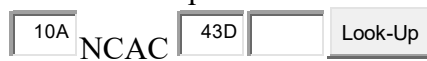
- **WIC reduces infant mortality.** WIC provides pregnant women with effective nutrition intervention that positively impacts the success of a pregnancy. WIC participation is associated with lower preterm birth and infant mortality for low-income women (Journal of the American Medical Association (JAMA), 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 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 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. Once at the NCAC Table of Contents, complete the fields at the top of the web page as noted below and click “Look Up”



10A NCAC 43D [] Look-Up

Program Policies and Procedures

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

■ **Distribution Of the WIC Program Manual**

Each Local WIC Program receives at least one paper copy of the WIC Program manual and may request additional copies. The complete NC WIC Program manual is also available on the website: www.ncdhhs.gov/ncwic. 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 annually when 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 inserting the revisions into the manual as well as for reviewing, distributing, and implementing changes in policies and procedures.

■ **Local Agency Policies And Procedures**

Local Agencies must develop 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

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

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

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

WIC staff who 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.
- **When separation of duties is not possible due to limited staff.** Each local agency must have a written policy that describes how the local agency ensures 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.

Breastfeeding-Friendly Workplace Policy

■ **Support Breastfeeding-Friendly Workplace Policy**

The local agency must have a written breastfeeding-friendly workplace policy for WIC staff. The policy at a minimum must address:

- ▶ Providing a reasonable amount of break time for employees to express their milk or breastfeed throughout the work day.
- ▶ Providing a private, comfortable and functional space for employees expressing their milk. The space should be free from intrusion from co-workers and the public, i.e. contain an inside locking door. The space must have access to an electrical outlet for powering an electric pump. This space may not be a bathroom or closet.

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Disaster Policy and Procedures

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

A disaster situation for purposes of this section is an event that threatens to or has already interrupted the provision of WIC services and caused the relocation of WIC participants. Examples of these types of events include floods, wildfires, and hurricanes. WIC's role in responding to disasters is minimal; however, there are ways the Program can contribute to relief efforts. 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 victims of 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 a disaster victim moves in with another household, the displaced individual(s) will be considered homeless and treated as a separate economic unit.
- ▶ A disaster victim may not have access to proofs of identity, residence, or income and requirement of documentation for determination of eligibility would present an unreasonable barrier to participation. As such, it is appropriate to utilize a signed affidavit for proof of identity, residency, and/or income (with self-declared income) for WIC Program certification.
 - During times of an officially declared “State of Emergency”, the 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 disaster victim must be provided Verification of Certification (VOC) information to assure continuation of benefits should the individual relocate to another state. For further guidance on the provision of a VOC, see *Chapter 6E, Section 1: Transfer of Certification*.
- ▶ Displaced disaster victims are at nutritional risk since they are considered homeless.
 - Blood test for anemia may be deferred for up to 90 days.
 - Measurements for height or length and weight must be taken onsite at the initial visit.

- Pregnant women who are income eligible, may be considered presumptively eligible to participate in the program, and may be certified immediately without an evaluation of nutritional risk for up to 60 days.

■ Flexibility In Operations

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

- For the affected individual
 - Persons with a serious illness that may be exacerbated by coming into the WIC clinic may be exempt from the physical presence requirement.
 - Local agencies may extend the certification period for infants and children up to 30 days to accommodate difficulty in scheduling appointments.
 - Local agencies may issue electronic food benefits to participants when not physically present if allowed by policy as indicated in *Chapter 8, Section 3 “Issuance when Cardholder is Not Physically Present”*.
 - The 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.
 - Notify participants of any variance in normal program operations.

■ Food Benefits

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

- If an evacuated participant is unable to provide medical documentation for WIC-eligible infant formula/nutritional and local agency staff are unable to externally verify a medical condition that indicates need, one-month issuance of the WIC-eligible infant formula/nutritional may be issued following assessment and documentation.
- Adjustments should be made to food prescriptions to accommodate participants that are homeless or lack food storage or preparation areas.
- Redeemed food benefits for the current benefit period that were destroyed in the disaster may be eligible to be replaced.
 - Only the food benefits damaged or destroyed as a result of a disaster may be replaced.

- Replacement does not result in the replacement of prior month benefits.
 - Quantity of replacement food benefits reflects the portion of food benefits for which the participant would still be eligible.
 - 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.

■ **Supporting Breastfeeding**

WIC encourages breastfeeding as the normative standard for infant feeding. Breastfeeding is a lifesaving health intervention and becomes even more necessary during periods of disaster response. In these times, breastfeeding is the safest food. Preemptive steps WIC staff should take to prepare assurance of provision of breastfeeding promotion and support activities during disaster response, include:

- Meet with the local emergency preparedness team to:
 - convey the importance of breastfeeding promotion and support during emergencies;
 - educate on the breastfeeding promotion and support benefits the WIC Program provides; and
 - coordinate the development of a plan that provides support to pregnant and breastfeeding women to initiate and continue to breastfeed during disasters.
 - Elimination of infant formula samples and donations;
 - Protocols for infant formula preparation within community shelters; and
 - Provision of infant formula only based upon a breastfeeding assessment.
- Increase awareness among pregnant and breastfeeding participants and the community of the benefits of initiating and continuing to breastfeed especially during times of disaster.
- Replace destroyed breast pumps or breastfeeding supplies:
 - Every effort should be made to replace the destroyed items as quickly as possible.
 - Document both the loss and the replacement of the breast pump in the mother's record in Crossroads. If Crossroads is not available, document on the 'Continuity of Services Form' (Attachment 4) and enter the participant's care plan in Crossroads when available.
 - The staff member who issues the breastfeeding supply must also sign the 'Breastfeeding Supplies Release of Liability and Loan Agreement'.
 - If a breastfeeding woman has transferred from another agency and is seeking assistance, staff should assess the need for a breast pump and/or supply and issue in accordance with the NC WIC Program policy. While the WIC Program Manual (Chapter 9, Section 5) prohibits replacement of a single user electric breast pump, this policy is temporarily waived to allow replacement of a pump that was destroyed due

to a disaster.

■ **Local Agency Disaster Policy**

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

- ▶ Steps the local agency will take to minimize potential impacts to the WIC clinic and services when a disaster situation is predicted,
- ▶ Plan for communicating with participants and the public when a disaster has occurred and impacted local operations,
- ▶ Plan for contacting CNSS if services are impacted by a disaster,
- ▶ Designation of a disaster contact within the local agency,
- ▶ Alternate procedures including a plan for providing services when computer systems are down, alternate locations for services, and use of mobile equipment to provide services (Attachment 5),
 - Include the consideration for extending the certification period for infants and children up to 30 days to accommodate difficulty in scheduling appointments.
- ▶ Plan to determine impacts to WIC vendors and appropriate response.
- ▶ Address processes for once Crossroads service is restored.

Note: Parts Taken from California WIC Policy and Procedure Manual

Program Materials Available From The Community Nutrition Services Section

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 www.ncdhhs.gov/ncwic under 'For Local Agency Staff', '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.

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.
- ▶ **Materials on Back-Order.** 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 once the item is back in stock.

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Section 7: 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.

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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

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

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 _____

postpartum _____

postpartum _____

Name: _____ Date of Birth: _____

Health Info

Are you breastfeeding? No Yes Breastfeeding Frequency: _____

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

Reason infant stopped breastfeeding _____

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

Dietary & Health

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

Care Plan

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

Referrals: _____

Goals: _____

Food Prescription Standard Modified _____

Follow-up / Next Appointment: _____

Certifier/CPA _____
Signature Title

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

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

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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 (≥ 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

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

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

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

Planning

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

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

Provision of WIC Services

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

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

If phone and fax service are available:

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

NC WIC Program: Business Continuity Plan

If phone and fax service NOT available:

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

Crossroads Service is Restored

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

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