



Food and Nutrition Service  
U.S. DEPARTMENT OF AGRICULTURE



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## Guide to Coordinating Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Services When Regular Operations Are Disrupted

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The U.S. Department of Agriculture's (USDA) Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC, also referred to as WIC program) regulations do not require WIC State agencies to develop and implement disaster plans. However, Food and Nutrition Service (FNS) encourages State agencies to develop disaster plans for continued operations of the WIC program.

This guide contains information to help WIC State agencies plan for meeting the needs of WIC participants and applicants prior to and during a disaster response. It can also be used to help plan for continued WIC benefits during public health emergencies or other situations of distress outside of WIC's normal operations.

In the following chapters, the guide summarizes a compilation of guidance already incorporated in WIC regulations. This information will assist Headquarters and Regional Office staff, as well as WIC State and local agency staff, in the development of a WIC disaster, public health emergency, and/or continuity of operations plan.

This document is not intended to cover situations in which USDA waiver authority may exist, e.g., waiver authority provided via the Families First Coronavirus Response Act (P.L. 116-127).



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# Chapter 1

## WIC Program Overview

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The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental nutritious foods, nutrition education, breastfeeding promotion and support, and referrals to health and other social services for low-income pregnant, breastfeeding, and post partum women, and to infants and children up to age 5 found to be at nutritional risk.



The United States Department of Agriculture's (USDA) Food and Nutrition Service (FNS) administers the WIC program at the Federal level. WIC is not an

entitlement program, i.e., Congress does not set aside funds to allow every eligible individual to participate in the program. Instead, each year Congress authorizes a specific amount of funding for program operations that is distributed to State agencies (State, Tribal, and Territorial health departments, or comparable agencies) via a Federal grant. FNS provides these funds to WIC State agencies to pay for WIC foods redeemed via a food instrument (FI) (i.e., vouchers, checks and/or Electronic Benefit Transfer [EBT]), nutrition education, breastfeeding promotion and support, and administrative costs.

WIC State agencies provide FIs for participants to use at authorized retailers (usually a grocery store) to purchase foods specifically targeted to improve or maintain their nutritional health at critical periods of growth and development.

The WIC program operates in all 50 States, the District of Columbia, 5 U.S. Territories, and through 33 Indian Tribal Organizations (ITO). These 89 WIC State agencies make program services available through an estimated 39,000 vendors, 1,800 local agencies, and 9,000 clinic sites.

## Chapter 2

# FNS Disaster Response

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The FNS Office of Emergency Management (OEM) is responsible for coordinating information to report on all incidents and disasters involving FNS' nutrition assistance programs. Each FNS Regional Office has a Regional Disaster Coordinator (RDC) responsible for supporting FNS disaster preparedness and response at the regional level. The RDC also serves as the disaster point of contact for all FNS program areas in the region. Regional Office WIC program staff coordinates with RDCs in assisting WIC State and local agencies during disaster situations.

It is particularly important that WIC State agencies communicate with their FNS regional contacts before and during a disaster or public health emergency, especially when they become unable to operate the program and serve participants.

To learn more about FNS' role during a disaster or public health emergency, use the following link:  
<http://www.fns.usda.gov/disaster/disaster-assistance>.



## Chapter 3

# Disasters and Public Health Emergencies

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Per section 301 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (P.L. 93-288), certain administrative flexibilities (i.e., policies not in law) for the WIC program are activated when a major disaster or public health emergency is declared. This makes it easier to respond quickly, whereas changing a provision in law would require congressional action. Although not an exhaustive list, this guide provides an overview of these flexibilities in subsequent chapters and sections.

Activation of section 301 of the Stafford Act requires a State Governor's request and the President's approval. Click the following link to see how declarations are requested and approved: <https://www.fema.gov/disaster/how-declared>. When approved, these are referred to as Emergency and Major Disaster Presidential Declarations. Section 102 of the Stafford Act defines an Emergency and Major Disaster, respectively, as:

- *Emergency* means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and

to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

- *Major Disaster* means any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or, regardless of the cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, and hardship, or suffering caused thereby.

The Federal Emergency Management Agency (FEMA) and the American Red Cross (ARC) define a disaster as:

- Disaster means a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human, material, economic or environmental losses that exceed the



community's or society's ability to cope using its own resources. Though often caused by nature, disasters can have human origins.

Many public health emergencies also come without warning. The COVID-19 pandemic is a key example of an event for which WIC State and local agencies needed to be prepared. The first step is to develop a disaster plan.

The following sections briefly describe types of commonly known disasters and public health emergencies.

## **NATURAL DISASTERS**

Natural disasters take different forms, such as hurricanes, floods, wildfires, etc. A natural disaster has the potential to disrupt WIC operations and cause the relocation of WIC participants. WIC-eligible foods at WIC retail vendors can be disrupted and may need to be addressed.

## **HUMAN PANDEMIC**

Pandemics are a global outbreak of new (novel) viruses that can infect people easily and spread from person to person in an efficient and sustained way.

During a pandemic, a key public health intervention to slow the spread of the disease may be social distancing. Workplaces, schools, and daycare centers may close for extended periods,

leaving many working parents to care for their children at home.

Social distancing restrictions may prevent WIC State agencies from certifying applicants for WIC at application/issuance sites or at local WIC clinics in their usual manner. In addition, staff may face an increased workload as State, local, and clinic employees and their families may be impacted by the pandemic and unable to work.

## **BIOLOGICAL**

Bioterrorism is the intentional release or dissemination of biological agents. These agents can be in the form of bacteria, viruses, or toxins, and may be in a naturally occurring or a human-modified form.

Since the response to a biological disaster will be coordinated at a higher level than the WIC program, a WIC State agency should consult with its Department of Health on what, if any, biological procedures should be incorporated in their response plan. In such situations, external agencies, primarily the U.S. Department of Health and Human Services (HHS), including the Centers for Disease Control and Prevention (CDC), will focus on the identification and containment of the outbreak. Please refer to the emergency preparedness link in the resource section for further information.

# Chapter 4

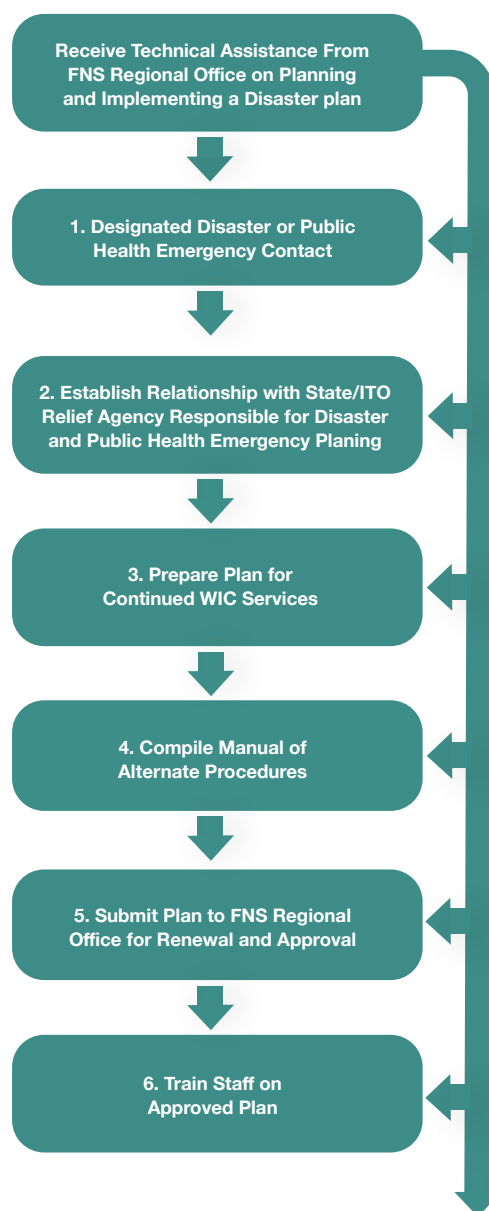
## WIC Disaster and Public Health Emergency Planning

Planning by a WIC State agency well in advance of an actual event helps promote a coordinated assistance effort and ensures program continuity.

There are many aspects to planning for program continuation and outreach in disasters and public health emergencies. FNS encourages WIC State agencies to develop a plan that can be incorporated into or attached to their overarching WIC State Plan. FNS Regional Office staff are available to provide technical assistance as State agencies develop their plans, as well as to review them to ensure the plan is allowable.

The chart on the right summarizes best practices in disaster or public health emergency planning for WIC State agencies. Plans should address operation of basic program areas including access to program records, certification and benefit issuance sites, food package adjustments, benefit redemption, and food delivery systems.

**Step 1.** Designate a contact person who will establish a working relationship with the agency responsible for coordinating and planning relief efforts for the State/ITO



disaster and/or public health emergency. The WIC State agency contact should discuss ways to contribute to relief efforts, such as sharing staff expertise about the nutritional needs of the WIC-eligible population. This collaboration will help State and local WIC agencies meet the needs of the WIC-eligible population and share information about the external agency's plans to provide food to the public.

**Step 2.** Establish the appropriate working relationship among the State/ITO relief agencies.

**Step 3.** Prepare its own disaster and public health emergency plan for continued WIC services. The plan should incorporate applicable State agency manuals on alternate procedures.

**Step 4.** Develop a manual of alternate operating procedures that can be easily executed during a disaster or public health emergency. As examples of alternate procedures, WIC State agencies may:

- Use online tools, such as FNS' [WIC Prescreening Tool](#), similar State agency tools, or electronic referrals to the extent possible to reduce time in the clinic, maximize limited staff resources, and ensure the safety of staff and participants.

The WIC Prescreening Tool is a web-based screening software designed to determine potential eligibility for applicants with nutritional risk to participate in the WIC program. Interested applicants must complete minimal steps to determine if they

are potentially eligible. Upon completion, the applicant will have the option to print or save a summary of the information entered.

Additionally, the applicant will have the option to send the summary and any supporting documentation, i.e., proof of income, residency and identity, to the closest WIC clinic for service. Providing this information to the local WIC clinic will help expedite the certification process. For ease of access for applicants, State agencies should consider adding a link to the WIC Prescreening Tool on their website's home page.

- Designate staff to work on disaster and public health emergency teams at the State, local, and clinic levels. As a best practice, procedures should address keeping track of the dates and duty time of work on such teams to ensure proper accounting and cost allocation.
- Set forth a communications plan to keep FNS Regional Office staff, State and local agency staff, and WIC participants informed during a disaster and/or public health emergency. This could include, but is not limited to, providing alternate contact information for key State agency or local staff points of contact, such as personal email and telephone numbers, and updating State websites with contact information for Verification of Certification (VOC), etc.
- Designate alternate means and locations for certification and benefit issuance for circumstances in which the conventional means and locations are not possible or optimal.

- Plan for a back-up power system in the event of a power or other technology outage, to include a plan to access program records and issue benefits. For information specific to EBT, see WIC regulations, FNS Handbook 901, and WIC EBT Operating Rules; see “Additional Resources” for links to these documents.
- Use mobile equipment to provide certification and benefit issuance service to participants in the affected area.
- Adjust food packages and the Authorized Food List to accommodate participants who are homeless, lack food storage or preparation facilities, or experience a disruption in the food supply.
- Notify the public of any changes in normal program operations, including alternate procedures or locations. Public notification should be posted on the State agency website, social media, and/or press releases to the local media as well as on local service site entrances that are temporarily closed.

While developing a disaster plan for continued program operations, WIC State agencies should remember that the full maximum monthly allowances of all supplemental foods, in all food packages,

must be made available to participants. State agencies should coordinate with their respective Regional Office to develop a plan on how to meet food package needs when there are food shortages.

**Step 5.** To streamline the review process, State agencies may submit their disaster plans to their respective Regional Office for approval in conjunction with the annual WIC State Plan submission, which is due August 15 each year.<sup>1</sup> The State agency may also submit updates to the plan separately from the WIC State Plan submission. In either case, the WIC State agency should flag any areas where FNS technical assistance is needed to ensure disaster plan policies or procedures are consistent with program requirements.

**Step 6.** Once the plan is final and approved, it is a best practice for the WIC State agency to train State agency, local agency, and clinic staff on the plan, including alternate procedures, to help ensure successful program operations. The State agency is also encouraged to consider periodically testing its readiness by conducting practice runs of disaster and public health emergency operations.

<sup>1</sup> WIC Regulations §246.4(a)

# Chapter 5

## WIC During a Disaster and Public Health Emergency

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During a disaster or public health emergency, WIC regulations allow flexibility in program operations so that WIC State and local agency personnel can contribute to relief efforts by minimizing disruptions to WIC operations and ensuring that eligible, nutritionally at-risk women, infants, and children continue to receive WIC benefits.

### CERTIFICATION

#### Verification of Certification

To expedite the certification process, the local WIC office should provide Verification of Certification (VOC) to WIC participants when a disaster-related evacuation is anticipated.<sup>2</sup> This will ease the transition to another State agency. However, if a VOC has not been issued, participants in disaster-prone areas can be reminded during their certification visits that it is good practice to prepare a disaster folder that contains their WIC certification documentation, and they should plan to take these materials with them if they are evacuated. Another good practice is to take photos of these documents, which can be stored in a mobile device.

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<sup>2</sup> WIC Regulations §246.7(k)(1)

For State agencies that use EBT, it is recommended that participants be informed of any agreements and processes that exist with bordering States for continued WIC services. Participants seeking to transfer to a new State agency will need to surrender their current food instrument(s) (e.g., EBT card) to the receiving State agency or sign a statement regarding the loss of food instruments before new food instruments or EBT benefits can be issued.

In addition, State agencies certifying disaster-related evacuees should issue a VOC to help ensure continuation of benefits when they return to their home State. A participant with VOC information cannot be denied participation in another State because they do not meet that State's particular eligibility criteria.<sup>3</sup> For additional clarification on VOC, please refer to [WIC Policy Memorandum 2016-4, "Verification of Certification"](#) and corresponding [Verification of Certification Frequently Asked Questions](#).

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<sup>3</sup> WIC Regulations §246.7(d)(2)(ix)

If no VOC is available or the participant does not have the required documentation, local agency staff should ask if the applicant could provide the following documentation:

### **Proof of Income**

If possible, the applicant must provide income documentation in person or via electronic means (attached to email, in an application portal, as a photo image via text, etc.). The local agency staff should ask for the required number of pay stubs necessary to make an accurate income assessment that reflects the current household income. Normally, applicants are asked to provide 2 biweekly or 4 weekly pay stubs, or the equivalent of 30 days of income to assess household income.

If the applicant does not have income documentation, the State or local agency, using these exceptions for disaster evacuees, must require the applicant to sign a statement specifying why the applicant cannot provide documentation of income.<sup>4</sup> WIC regulations state that the income documentation requirement does not apply to an individual for whom the necessary documentation is not available or to an individual such as a homeless person for whom the agency determines the income documentation requirement would present an unreasonable barrier to participation.<sup>5</sup>

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<sup>4</sup> WIC Regulations §246.7(d)(2)(v)(C)

<sup>5</sup> WIC Regulations §246.7(d)(2)(v)(C)

Such a statement is not required when there is no income.<sup>6</sup>

In cases where evacuees move in with another household, the displaced individuals should be considered homeless and treated as a separate economic unit (e.g., a separate family living under the same roof). Most displaced individuals are likely to be determined income eligible for WIC benefits due to job loss or because of adjunctive income eligibility based on participation in Supplemental Nutrition Assistance Program (SNAP) and/or Disaster Supplemental Nutrition Assistance Program (D-SNAP).

### **Proof of Residency and Identity**

WIC regulations require applicants to provide proof of residency and identity. However, regulations allow the State agency to authorize the certification of applicants when no proof of residency or identity exists. This includes when an applicant or an applicant's parent is a victim of theft, loss, or *disaster*; a homeless individual; or a migrant farm worker.<sup>7</sup> In these cases, the State or local agency must require the applicant to confirm residency and/or identity in writing.

State agencies should note there is no durational residency requirement, i.e., length of residency cannot be a prerequisite to receiving WIC benefits. Thus, a WIC participant who relocates in

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<sup>6</sup> WIC Regulations §246.7(d)(2)(v)(C)

<sup>7</sup> WIC Regulations §246.7(c)(2)(i)

response to a disaster situation cannot be required to live in the new location for a minimum amount of time before being considered eligible to receive WIC benefits.

### **Certification Period**

State agencies have the option to establish a shorter certification period for participants deemed eligible for the program.<sup>8</sup> This should be done on a case-by-case basis. After a disaster, there is usually a reasonable expectation that participants will return to their previous living situations; therefore, the State agency should consider providing a certification period with a timeframe appropriate to the applicant's circumstances.

### **Physical Presence**

Whether during normal operations or during a disaster or emergency, the State or local agency must require applicants to be physically present during a WIC certification, unless the applicant meets the exception criteria allowed by WIC regulations.<sup>9</sup> The State or local agency must grant exceptions to physical presence to applicants who are qualified applicants with disabilities and are unable to be physically present at the WIC clinic because of their disability or applicants whose parents or caretakers are individuals with disabilities that meet this standard.<sup>10</sup> Some of the

physical presence flexibilities allowed by WIC regulations are provided below:

- A medical condition that necessitates the use of medical equipment that is not easily transportable.
- A medical condition that requires confinement to bed rest; and
- A serious illness that may be exacerbated by coming to the WIC clinic.
  - The State agency may exempt from the physical presence requirement, if being physically present would pose an unreasonable barrier, an infant or child who was present at his/her initial WIC certification and is receiving ongoing health care.
  - The State agency may exempt from the physical presence requirement an infant or child who was present at his/her initial WIC certification and was present at a WIC certification or recertification determination within the 1-year period ending on the date of the most recent certification or recertification determination and is under the care of one or more working parents or one or more primary working caretakers whose working status presents a barrier to bringing the infant or child into the WIC clinic.

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<sup>8</sup> WIC Regulations §246.7(g)(2)

<sup>9</sup> WIC Regulations §246.7(o)(1)

<sup>10</sup> WIC Regulations §246.7(o)(2)(i-iv)

- The State agency may exempt from the physical presence requirement an infant under eight (8) weeks of age who cannot be present at certification for a reason determined appropriate by the local agency, and for whom all necessary certification information is provided.
- State agencies may extend the certification period for breastfeeding women, infants, and children up to 30 days to accommodate difficulty in scheduling appointments.<sup>11</sup> This option can be helpful for clinics that are experiencing a shortage of WIC staff to perform certifications or for locations where it is difficult for participants to come into the clinic. In such cases, physical presence is not required for the extended duration of the certification period.
- State agencies may mail FIs or issue electronic benefits to persons who are not scheduled for nutrition education or a second or subsequent certification. Best practices for mailing FIs are covered in chapter six.

- When WIC participants are unable to pick up and use their FIs, they have the option to designate a proxy to pick up and redeem WIC benefits on their behalf.<sup>12</sup>

### **Signature Requirements**

WIC regulations require certain documentation, such as income, be used when certifying participants. For example, if no income is present, the State has the option to allow the applicant to sign a statement indicating that the household has no income. More detail about signature requirements is covered under the certification section of this chapter.

Consistent with State policies, this signature may be secured online through various means, including: an electronic signature, a photo of a signature from the participant, or a check box and a note in the participant's file as to why the participant was not able to sign the document. In addition to the flexibilities listed above, State agencies should consider any signature requirements necessary for the required documentation. State agencies should coordinate with their FNS Regional Office to develop alternate procedures to include in their WIC State

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<sup>11</sup> WIC Regulations §246.7(g)(3)

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<sup>12</sup> WIC Regulations §246.12(r)(1)



Plan policy and procedure manuals and disaster plans. Below are the most common documents requiring signature to consider:

- Self-declaration of identity and residency<sup>13</sup>
- Self-declaration of income<sup>14</sup>
- Applicant referrals to other services/organizations<sup>15</sup>
- Permission to contact applicant's physician to obtain referral data<sup>16</sup>

### **Nutrition Risk Assessment**

As part of the nutritional risk assessment, WIC regulations require, at a minimum, measurement of weight; measurement of height or length; and a blood test for anemia.<sup>17</sup> Referral data for any of those three requirements can be used, and are encouraged, in place of taking such measurements at the WIC clinic. In addition, WIC regulations allow the blood test to be deferred for up to 90 days for persons with a documented nutritional risk.<sup>18</sup>

Additionally, individuals who are homeless due to a disaster can be assigned the nutritional risk of

homelessness.<sup>19</sup> Every effort should be made to provide a full assessment at the time the individual seeks WIC services to ensure the participant is linked to the health and social service network in the State or Tribal jurisdiction. This helps to ensure that WIC continues to serve as an adjunct to health care, even in a disaster or public health emergency.

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.<sup>20</sup>

### **Processing Standards**

A special nutritional risk applicant must be notified of their eligibility or ineligibility within 10 days of the date of the first request for program benefits.<sup>21</sup> These applicants are eligible for the Priority 1 category. All other applicants must be notified of their eligibility or ineligibility within 20 days of the date of the first request for program benefits.

When certifying an applicant either remotely or in person, the 10-day period begins when the applicant visits or contacts the clinic for services. This would include but is not limited to calling by telephone to set up an appointment, processing an application for benefits, arriving as a walk-in, etc.

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<sup>13</sup> WIC Regulations §246.7(c)(2)(i)

<sup>14</sup> WIC Regulations §246.7(d)(2)(v)(C)

<sup>15</sup> WIC Regulations §246.26(d)(4)

<sup>16</sup> WIC Regulations §246.26(d)(4)

<sup>17</sup> WIC Regulations §246.7(e)(1)(i)(A)

<sup>18</sup> WIC Regulations §246.7(e)(1)(ii)(B)(1)

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<sup>19</sup> WIC Regulations §246.7(e)(2)(iv)

<sup>20</sup> WIC Regulations §246.7(e)(1)(v)

<sup>21</sup> WIC Regulations §246.7(f)(2)(iii)(A)



### **Adjunct Eligibility**

Per WIC regulations, applicants may be adjunctively eligible to participate in the WIC program without having to go through the traditional income screening process. Applicants who participate in SNAP or D-SNAP are considered adjunctively income eligible. Adjunctive (income eligible) programs also include Temporary Assistance for Needy Families (TANF) and Medicaid.

D-SNAP provides temporary food assistance for households affected by a disaster. It provides 1 month of benefits to eligible disaster survivors and can facilitate the issuance of additional SNAP benefits for households still affected by the disaster beyond the 1 month. To be eligible for D-SNAP, a household must

live in the identified disaster area, have been affected by the disaster, and meet certain D-SNAP eligibility criteria.

A WIC State agency should consider providing temporary certification to individuals who are newly eligible for WIC based on adjunctive eligibility through D-SNAP, as each D-SNAP benefit period is limited to 30 days, except in extraordinary circumstances.

# Chapter 6

## Food and Benefit Delivery

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The State agency's disaster plan can utilize flexibilities in its food and benefit delivery systems to ensure the WIC program can quickly respond to disasters or emergencies and provide participants with adequate access to supplemental foods. FNS encourages each State agency to develop disaster policies and consider likely disasters or emergencies unique to their location and identify how participants will be able to receive and transact benefits in those situations.

If the disaster or emergency creates a situation where EBT cannot be used, the State agency should implement the Contingency and Disaster Recovery Plan, as required by FNS Handbook 901, to address interruptions to benefit delivery. WIC EBT Operating Rules allow for the use of manual vouchers and store-and-forward processing when EBT is otherwise unavailable.

Additionally, it is recommended that State agencies consider the following when developing their MIS/EBT vendor contract:

- Telecommunications redundancy
- Backup host processing capability
- Annual demonstration of the backup EBT host

These considerations will help ensure no lapse in functionality when a disaster or emergency occurs.

### EBT BENEFIT ISSUANCE

For State agencies with online EBT (i.e., magnetic strip cards), benefits can be automatically loaded to the accounts linked to the EBT cards. WIC EBT online technology offers real-time participant benefit data, and this allows benefits to be replaced immediately if the State's EBT processing is not affected by the disaster or emergency. If this is the case, the State agency will implement the alternate procedures approved by FNS.

For State agencies with offline EBT cards (i.e., smart cards with chips), participants must bring their card to the clinic to have the benefits loaded onto the card. FNS recommends that offline EBT State agencies determine how they will issue benefits if WIC participants are unable to visit a clinic. In these circumstances, offline EBT State agencies may consider implementing procedures to expedite card and benefit replacement using express or overnight mail.

The State agency must not issue more than a 3-month supply of WIC food benefits at any one time. However, a State agency may choose to issue additional benefits in the following month. For example, if a breastfeeding woman receives 3 months of benefits in March, the local agency may issue another 3 months in April, which would ensure she had access to her benefits through August.

## OUT-OF-STATE BENEFIT REDEMPTION

Since WIC EBT cards typically function only at vendors authorized by the issuing State agency, vendors will likely not be able to accept out-of-State EBT cards.

If a State agency plans to implement the option of temporarily authorizing out-of-State vendors in response to a disaster, the State agency's disaster plans should outline the necessary policies, procedures, and agreements to accommodate the temporary vendors, including:

- The vendor selection criteria for temporary authorization.
- The vendor agreements, clearly identifying the expiration date of the agreement.

- How the temporary vendors will use the State agency's authorized product list.
- How the State agency will handle the reimbursement process.

The State agency should ensure that these temporary authorizations will work with any current EBT processor and/or infant formula rebate contracts currently in place.

## REPLACING EBT CARDS

Under normal operations, State agencies must:

- Respond to a report of a lost, damaged, or destroyed card within 1 business day.
- Replace the EBT card and transfer benefit balance within 7 business days from the date a lost, damaged, or destroyed card is reported to the State agency:
  - This includes replacing the Personal Identification Number (PIN) if a new PIN is necessary (the cardholder's availability to select a new PIN may impact this timeline).<sup>22</sup>

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<sup>22</sup> Questions and Answers on the WIC EBT Final Rule, VII.a. Page 10.

In areas where mail could be unreliable in a disaster or emergency, the State agency should consider including in its policies and procedures alternative methods for replacing lost, damaged, or destroyed EBT cards.

### **REPLACING LOST, DAMAGED, OR DESTROYED FOOD INSTRUMENTS AND/OR SUPPLEMENTAL FOODS**

FNS recommends State agencies prepare for lost, damaged, or destroyed WIC food instruments and/or supplemental foods by developing policies and procedures for replacing them in a disaster or emergency.

In the event that multiple months of paper food instruments are lost, damaged, or destroyed, the State agency may replace food instruments that include current and future months' benefits; food instruments containing benefits for prior months must not be replaced.

In the event supplemental foods purchased with WIC benefits are lost, damaged, or destroyed in a disaster or emergency, the State agency may submit a request to FNS to replace the current month's electronic benefits, or paper food instruments that include the current month's benefits, so that the supplemental foods can be re-purchased.



In each of the above scenarios, in order to develop policy and procedures, the State agency must decide:

- Whether it will replace the full month of benefits or develop a process to determine the portion of the current month's benefits it will replace.
- Whether it will require participants to sign a statement attesting to the fact that their WIC food instruments or WIC supplemental foods have been lost, damaged, or destroyed because of a disaster or emergency.

State agencies should ensure they have enough funds before replacing lost paper food instruments or supplemental foods. If a State agency does not have the funds, it should contact FNS for assistance.

## MAILING FOOD INSTRUMENTS (FI) AND CASH VALUE VOUCHERS (CVV)

State agencies may want to consider how they will issue WIC FIs and CVVs to participants in the event of a disaster or emergency that makes it difficult or impossible for participants to pick up FIs and CVVs at a clinic.

Under current regulations:

- WIC State agencies cannot mail FIs (including EBT cards) or CVVs to a participant who is scheduled for in-person nutrition education or for an appointment to determine eligibility for a second or subsequent certification period.
  - However, in all other circumstances, the State may issue FIs through alternate means (e.g., mail), unless FNS determines that mailing FIs would jeopardize the integrity of program services or accountability.<sup>23</sup>
  - For information on the remote issuance of electronic benefits, see “EBT Benefit Issuance” above.
- If the State agency opts to mail FIs or CVVs, it must establish and implement a system that ensures, to the extent possible, they are returned to the State or local agency in the event that a participant no longer receives mail at the address where they were sent. This can be accomplished by using first class mail with one of the following phrases included on the envelope: “Do Not Forward, Return to Sender” or “Do Not Forward, Address Correction Requested.”
  - When mailing FIs or CVVs, FNS also recommends that State agencies:
    - Do not mention WIC or “Women, Infants, and Children” on the exterior of the envelopes, including on the return address.
    - Do not use envelopes with windows.

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<sup>23</sup> WIC Regulations 246.12(r)(4)

# Chapter 7

## Vendor Management

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State agencies should consider where participants will be able to transact their benefits in a disaster and how stores may be impacted as they respond to the disaster. The following actions do not require any administrative flexibilities and can be included in the State agency's disaster policies.

### MINIMUM STOCKING REQUIREMENTS (MSR)

State agencies may update their MSR, or develop disaster MSR, at any time, as long as the stocking thresholds remain above the Federal minimums.<sup>24</sup>

### VENDOR MONITORING SCHEDULES<sup>25</sup>

State agencies may modify vendor monitoring schedules as needed in response to a disaster or public health emergency, as long as they are able to conduct routine monitoring on at least 5 percent of all WIC vendors authorized as of October 1 of the current fiscal year.<sup>26</sup>

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<sup>24</sup> WIC regulations §246.12(g)(3)(i)

<sup>25</sup> WIC regulations §246.12(j)(2) & §246.12(j)(4)

<sup>26</sup> WIC regulations §246.12(J)(2)

State agencies may choose to delay reassessment of vendors for compliance with current selection criteria during a disaster or public health emergency.<sup>27</sup>



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<sup>27</sup> WIC regulations §246.12(g)(3)

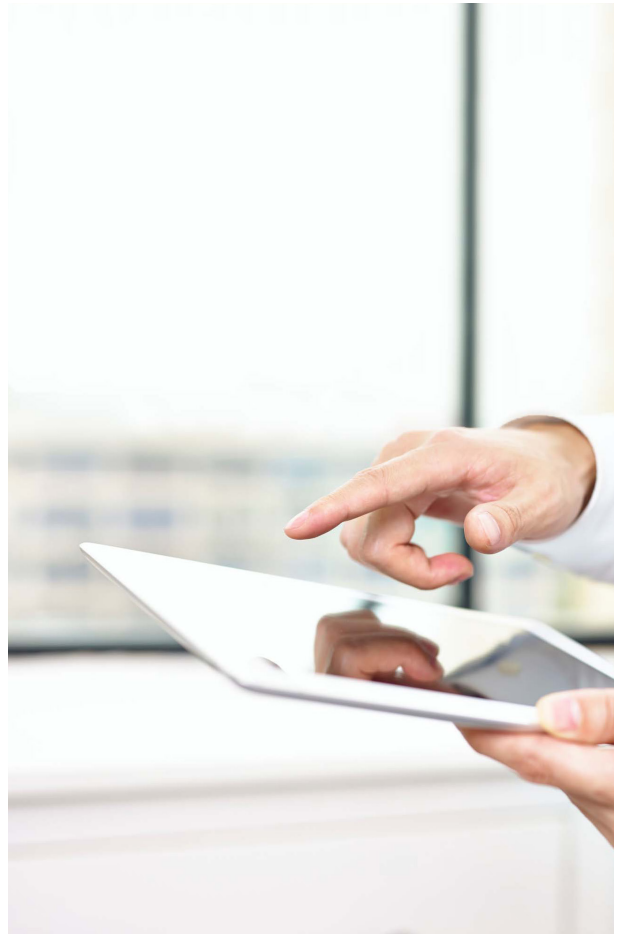
# Chapter 8

## Local Agency Monitoring

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State agencies must conduct monitoring reviews of each local agency at least once every 2 years. These reviews must include on-site visits at a minimum of 20 percent of the clinics in each local agency or one clinic, whichever is greater.

If a disaster prevents State agencies from physically visiting local agencies on site to conduct such reviews, a State agency may submit a request to FNS to conduct desk audits of local agencies in lieu of on-site visits. If approved by FNS, State agencies must still conduct monitoring reviews of each local agency at least biennially in accordance with Section 17(f) (20) of the Child Nutrition Act, as amended (42 U.S.C. 1786(f)(20)). If approved, this would allow the review to occur virtually (e.g., via desk audit or other means) instead of on site.





# Chapter 9

## Nutrition Considerations

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### ENCOURAGING BREASTFEEDING

WIC encourages breastfeeding as the standard method of infant feeding. During a disaster or public health emergency, some things that WIC can do to help support breastfeeding mothers include:

- Meet with the local emergency preparedness team to convey the importance of continued breastfeeding during emergencies and contribute to a plan that supports breastfeeding mothers and infants during disasters.
- Raise awareness among new mothers of the benefits of continued breastfeeding.
- Promote messaging that breastfeeding is the safest and best infant feeding option during a disaster or emergency.

### FORMULA

In a disaster or emergency, access to safe drinking water and cooking facilities may be limited. WIC State agencies are expected to coordinate with State and local emergency service operations offices to serve WIC participants most effectively during disasters. In the absence of potable water and sanitary conditions, ready-to-feed

**For more information on supporting breastfeeding during a disaster, visit <https://wicbreastfeeding.fns>**

formula is recommended for those infants not being breastfed.

Since rebate contracts may have language related to non-contract brand formula, disasters and/or shortages, it is recommended that State agencies also work with their State procurement and legal counsel to ensure that all disaster plans and policies are consistent with rebate contracts.

There may be situations that require issuance of powder or liquid formula concentrate. Since water is not an allowable WIC cost, State agencies should include information in their plans on available sources of clean water (e.g., SNAP, D-SNAP, FEMA, and/or mass care organizations such as the American Red Cross or the Salvation Army). In addition, State agencies should encourage

participants with formula-fed family members to have an emergency supply kit that includes enough water to feed the infant for at least 3 days. Participants may also need a gallon of water per person per day for a minimum of 3 days for drinking, sanitation, and food preparation.

### **MEDICALLY FRAGILE PARTICIPANTS**

To ensure a smooth transition to another area when circumstances require evacuation, State agencies may want to designate a competent professional authority (CPA), as established by State agency policy, to facilitate the nutritional/breastfeeding assessment and needs of evacuees.

WIC provides a food package reserved for issuance to women, infants, and child participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula, or WIC-eligible nutritional) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs.

WIC formula for this food package is prescribed by a health care professional licensed to write medical prescriptions under State law and is based on medical documentation of their assessed nutritional needs.

Due to the nature of the medical conditions of these participants, close medical supervision is essential. WIC staff are prohibited from assuming medical oversight and instruction for participants receiving supplemental foods as specified in 7 CFR 246.10(d)(5).

### **MEDICAL DOCUMENTATION**

WIC clinic personnel should refer participants with documented qualifying conditions in need of medical care to local medical providers to ensure that the participant is linked to the health care system during a disaster. State agencies should contact the respective FNS Regional Office with any questions about the authorization and issuance of non-contract infant formula.

WIC regulations specify the technical requirements for medical documentation, which can be provided as an original written document, electronically, or by facsimile.<sup>28</sup> Medical documentation may also be provided by telephone to WIC clinic staff. If the documentation is provided via telephone, WIC staff must document the information in the participant's file until written confirmation is received—normally within 2 weeks. This method may only be used if necessary to prevent undue hardship to a participant

<sup>28</sup> WIC Regulations §246.12(h)(8)(i)

or to prevent a delay in the provision of WIC-eligible formula that would place the participant at increased nutritional risk.

## STATE AGENCY OPTIONS

To provide the best service to medically fragile disaster survivors, State agencies may exercise the following additional options for participants who are evacuated to another State or another location within the State:

- Participants who can provide medical documentation for WIC-eligible formula may be issued FIs up to the end of the certification period. This information will be annotated on the VOC and/or the participant's record.
- Participants who cannot provide medical documentation for WIC-eligible formula may be issued a 1-month FI after assessment.

If the exact item is not on the approved product list, a comparable WIC-eligible formula appropriate for a participant's qualifying condition may be issued.



# Chapter 10

## Allowable Costs

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Disaster and public health emergency planning is critical to providing continued services. In addition to coordinating with their respective FNS Regional Office, it is recommended that State agencies plan to coordinate with other relevant agencies such as the State Department of Health.

In certain disaster or public health emergency situations, WIC State agencies may receive requests for WIC staff to perform duties using WIC resources (e.g., staff time, facilities, equipment, and supplies) that are outside the scope of the program. If this occurs, WIC State agencies must continue to comply with WIC allowable cost laws, regulations, and policies. Under existing program regulations, these are allowable costs for emergency response situations:

- In planning its response to a potential biological disaster, each State must consider the use of all available resources within its jurisdiction. Consequently, the State may, without regard to the allowability of costs to the WIC program, incorporate the use of WIC resources (i.e., staff, facilities, equipment, and supplies) into a State disaster or

public health emergency plan. This does not authorize State agencies to transfer WIC Federal funds to non-WIC accounts, such as to a State's government disaster or public health emergency account. However, in the event of an actual disaster or health emergency, the WIC program resources, e.g., computers, equipment, and supplies, may be temporarily utilized in support of ongoing relief efforts in accordance with the State's response plan.

- The State agency director may authorize WIC employees to be part of their State agency's disaster or public health emergency response team.<sup>29</sup> Examples of allowable operational activities related to disaster and emergency response may include updating WIC participants on the current state of the emergency or disaster, informing participants and applicants about new clinic operations to prevent the spread of an illness, and instructing participants on how they can receive FIs without coming into the clinic.

WIC regulations allow WIC funds to be used only for WIC purposes, including staff time,

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<sup>29</sup> WIC Regulations §246.14

materials, and equipment used in support of nutrition services, certifications, and outreach. Staff time for participating in WIC disaster team activities, such as planning and training, would be an allowable cost for the WIC program. Staff time spent on non-WIC emergency or disaster activities would need to be recorded separately and reimbursed with non-WIC funds. When State agencies allow staff to perform work supporting disaster and emergency relief, they must ensure that there is adequate staff available to provide WIC services to program participants.

- During a public health emergency, the cost of personal protective equipment is allowed if it is determined to be necessary for the safety and well-being of WIC program employees and participants to conduct WIC program operations. State agencies must reach out to their respective Regional Office for guidance on a case-by-case basis.

## VACCINES

WIC program funds may not be used to purchase or administer vaccines or pay for costs associated with the delivery of acute or primary health care services, such as purchasing medical equipment (e.g., oxygen units, sterilizing supplies, and syringes). The cost of the vaccine itself, vaccine-related equipment and supplies, and the cost to administer the vaccine must be paid from non-WIC funding sources.

WIC State and local agency staff may be used to administer vaccines if a mutual arrangement is made for full reimbursement from non-WIC funding sources. An appropriate level of reimbursement to WIC may be provided using a “fee-per-shot” model or through time studies. The “fee-per-shot” approach is a negotiated arrangement between the WIC program and non-WIC entities. The fee is the amount the non-WIC entity pays the WIC program for each shot administered. The fee must be a fair and reasonable amount that equitably reimburses WIC for its full WIC salary costs to administer vaccines. Additionally, WIC State and local agencies must ensure WIC services are not disrupted or adversely affected as a result of WIC staff administering vaccines.



# Chapter 11

## Additional Resources

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### HELPFUL LINKS

#### FNS

- FNS Disaster Assistance
- FNS Program Guidance on Human Pandemic Response

#### WIC

- How to apply for WIC
- State agency contact information
- WIC State agency toll-free numbers
- FNS Handbook 901
- WIC EBT Final Rule
- WIC EBT Operating Rules

#### Food Safety

- Food Safety in an Emergency

#### SNAP

- D-SNAP Guidance and Toolkits

#### Food Distribution

- USDA Foods Disaster Manual

#### Other Federal Agencies

- CDC - Emergency Preparedness Factsheet for Pregnant Women

- CDC – Bioterrorism Emergency Preparedness
- CDC- Reduce the Spread of a Pandemic
- Services Public Health Emergency Preparedness and Response
- Department of Homeland Security Public Health Preparedness and Response
- FEMA - Ways to Prepare for a Pandemic
- FEMA - Contact List
- FEMA – Recovery Support Functions
- FEMA – National Response Framework (NRF)
- FEMA - National Disaster Recovery Framework (NDRF) and Frequently Asked Questions
- FSIS – Consumer’s Guide to Food Safety
- USDA - Introduction to Emergency Support Functions
- USDA ESF #11 Functions

#### Handling Food During a Disaster

- Tips for Handling Food after a Disaster

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

**Mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

**Fax:** (202) 690-7442; or

**Email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

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**USDA Food and Nutrition Service**  
Special Supplemental Nutrition Program  
for Women, Infants, and Children (WIC)

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Alexandria, VA 22314

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