Chapter Two
Certification
Chapter Two
Certification

Overview

Policy
Individuals applying for participation in the Arizona WIC Program will be screened, using procedures outlined in this chapter, to determine eligibility before they can be certified to participate.

In This Chapter
This chapter is divided into nineteen (19) sections and fourteen (14) appendices, which detail the Certification process.

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Section A
Certification Guidelines

Eligibility Determination
The Local Agency staff determines if the applicant meets each of the following eligibility criteria:

- Residence
- Income
- Category
- Nutrition Risk

All participants will be screened and Certified using the Health and Nutrition Delivery System (HANDS) automated system.

Within 10 days
Priority I pregnant women, infants under six (6) months of age, homeless, and migrants will be notified of their eligibility, ineligibility, or placement on a waiting list within ten (10) calendar days of the date of request for WIC services (see Appendix A for Waiting List Notification form).

Within 20 days
All other applicants requesting WIC services will be notified of their eligibility or ineligibility or placement on a waiting list within twenty (20) calendar days from the date of request for WIC services.

Extension of Timetable
An extension to a maximum of fifteen (15) calendar days for notifying Priority I pregnant women, infants under six (6) months of age, homeless, and migrants may be granted by the State to Local Agencies.

A written request justifying the extension must be received by the State agency and written approval must be given to the Local Agency prior to implementation.

Continued on Next Page
Local Agency Responsibility
Local Agencies will develop follow-up procedures to contact all applicants who miss their appointment.

Procedures will include:

- Methods of contact
- Information to be collected
- The date the applicant requests services
- The rescheduling of failed Certification appointments

Time frames for completing the Certification process, as specified above, begin when the applicant appears in person or telephones the Local Agency clinic and requests WIC services.

HANDS will automatically document the date of initial contact in the system.

At Certification, WIC staff will inform the applicant that they may name up to two (2) Authorized Representatives. WIC staff will also inform the applicant that they may name up to two (2) Proxies during a Certification period. Refer to Sections O and P for more information. They will also ask for the applicant’s home address and phone number. Local Agencies may collect email addresses to contact clients via email. The applicant should be asked whether or not they want to be contacted by text message, email, mail or phone. If the applicant does not want to be contacted by mail, check the "Do not send mailings" box on the Family screen. If the applicant does not want to be contacted by email, check the "Do not email" box on the Family screen. If the client does not want to be contacted by phone and/or text message, check the “Do not call” and/or “Do not text” boxes on the Family Phone(s) section of the Family screen. Local Agencies will attempt to contact all pregnant women who miss their initial Certification appointment to reschedule. Local Agencies are encouraged to contact all other applicants who miss appointments. Contact attempts should be made only if they have agreed to receive communication from the WIC Program. Attempts to contact will be maintained by the Local Agency in the Notes screen using the note type of “General.” If mailing correspondence, the Agency must use a sealed envelope or a postcard that does not mention a WIC appointment or a reason. Do not use “The WIC Program” in the return address; instead, use Health Department or Health Center.
Section A
Certification Guidelines (Continued)

Local Agency Responsibility (Continued)

Applicants failing to provide verification of eligibility data within the established time frame will be denied participation in the program. They may reapply as soon as they have the necessary documentation and the time frames begin at the time of reapplication.

Components of Certification

The following are components of Certification:

- Rights & Obligations form (see Appendix B)
- Physical Presence / Identification
- Residency Verification
- Racial / Ethnic Data
- Income Determination
- Categorical Eligibility
- Health and Nutrition Assessment
- WIC Code Identification
- Referrals and Education
- Food Package
- WIC Rules and Regulations

Food Benefit Issuance

Local Agency staff must negotiate and tailor the food package based on risks, nutritional needs, and participant preference.

Participants will be issued appropriate Food Benefits at the time of Certification. Food Benefits should be placed in participant’s ID Folder.
Chapter Two
Certification

Section A
Certification Guidelines (Continued)

Documentation Provided

The Rights & Obligations signature in HANDS as well as the Participant Rights and Obligations section of the ID folder explains the necessity of data collection for determination of WIC eligibility, including:

- Applicant’s name
- Applicant’s identification number
- Applicant’s address, identification, and income
- Certification period dates

The Participant Rights and Obligations also inform the participant what they can expect from the program and what the program will expect from them during their participation.

The Rights & Obligations signature in HANDS also verifies the above data through sworn statements signed by the participant or participant’s Authorized Representative.

The Consent signature in HANDS gives WIC staff permission to perform the anthropometric measurements and biochemical tests necessary for program Certification and to provide breastfeeding education, which may include physical contact, if breastfeeding counseling is requested.

Arizona WIC Program ID Folder

An Arizona WIC Program Identification (ID) Folder (see Appendix C) will be issued to the participant. The folder will include the participant’s name(s), Client ID number, Family ID number and the name and address of the certifying Local Agency. The participant will sign the Identification Folder, in ink, with their normal signature. This serves as the signature card for using the Food Benefits at the grocery store.

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Chapter Two
Certification

Section A
Certification Guidelines (Continued)

Certification Periods

The WIC Program services are based on the following Certification time frames:

Pregnant Women

Certification will be valid up to six (6) weeks postpartum.

All documentation that includes the date when the Certification ends must read “up to six (6) weeks postpartum.”

A pregnant woman enrolled in WIC who has had an abortion, spontaneous (miscarriage) or therapeutic, is eligible to receive Benefits up to six (6) weeks past the date the pregnancy ended and can continue up to six (6) months past the date her pregnancy ended.

A pregnant woman who would have been eligible for the program during her pregnancy, who has had an abortion, spontaneous (miscarriage) or therapeutic, can also apply for Benefits. She is eligible for a total of six (6) months of Benefits from the date the pregnancy ended.

Postpartum Women

A postpartum woman is certified according to the following criteria:

A non-breastfeeding woman is certified as a postpartum woman from the time the pregnancy ends until six (6) months postpartum.

A breastfeeding woman’s Certification is valid up to the last day of the month in which her infant turns 1 year old, or until the woman ceases breastfeeding, whichever occurs first.

A partially breastfeeding woman who requests, after the sixth month postpartum, more than the maximum amount of formula allowed for a partially (mostly) breastfed infant, will no longer receive a food package or supplemental foods, but will continue to count as a WIC participant receiving nutrition and breastfeeding education, support, and referrals.

- If a woman ceases to breastfeed prior to six (6) months postpartum and breastfeeding is her only risk, she needs to have her category changed to a postpartum woman and be reassessed to identify WIC Codes.
### Section A
Certification Guidelines (Continued)

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<td>Infant More Than Six Months Old</td>
<td>An infant more than six (6) months of age at the time of Certification is enrolled for six (6) months from the day of Certification if Priority I or IV. Infants who are six (6) months or older may not be certified as Priority II participants.</td>
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<td>Children are certified for <strong>one (1) year</strong> periods, ending with the end of the month in which the child reaches five (5) years of age. <strong>NOTE:</strong> If a child is still in a valid Certification period (has not yet received twelve (12) food packages in the current Certification period) in the month they turn five (5), a food package may be issued, even if the pick-up is after the birthday.</td>
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Section A
Certification Guidelines (Continued)

Special Conditions

The Certification period may be adjusted from the original ending Certification date for several reasons. It can be shortened as much as needed or extended by thirty (30) days. It is preferred that Certification periods be shortened rather than lengthened; Some reasons for adjusting Certification end dates include:

- Difficulty in appointment scheduling or getting to the clinic for Certification due to extreme hardship, e.g., illness, imminent childbirth, inclement weather conditions, distance to travel, high cost of travel, or documented physical disability that prevents travel
- When a medical case conference is required to determine a participant’s nutritional or medical status

If the participant is found eligible to continue receiving program services, the new Certification period begins on the date the participant is certified again and receives the first set of Food Benefits in the new Certification period.

HANDS does not allow staff to adjust Certification dates to synchronize Food Benefit pick-up; HANDS will automatically synchronize a family pick-up date.

Women’s Nutrition Risk Determination

All data used to determine nutritional risk will be reflective of the woman’s categorical status at the time of Certification. For example, a woman certified during pregnancy as at risk for anemia cannot be certified in the postpartum period using any hemoglobin or hematocrit value that was obtained during her pregnancy.
Chapter Two
Certification

Section B
Physical Presence / Identification

Physical Presence Policy
Applicants to the WIC Program are required to be physically present at the time of WIC Certification. If they are not, they must be rescheduled for a time when they can be present.

Additionally, all participants with a one-year Certification are to be present at their Mid-Certification Assessment appointment so that a complete assessment can be done; however, if they are not present, the Authorized Representative is to be issued one (1) month of Food Benefits, rescheduled for the next month, and reminded to bring the participant(s) to this next appointment.

Exceptions to Physical Presence
Exceptions may be made for persons with permanent or temporary disabilities that make it difficult to attend the WIC Certification appointment. These include, but are not limited to, the following exceptions:

Exception 1
A condition that requires medical equipment that is not easily transportable.

Exception 2
A medical condition that requires confinement to bed (including bed rest).

Exception 3
A serious illness that may be worsened by coming to the clinic.

Exception 4
A serious or contagious illness.

Documentation of Exceptions
Local Agencies must receive documentation from a Medical or Osteopathic Physician (MD or DO), Nurse Practitioner (NP) or Physician’s Assistant (PA) indicating the most current anthropometric data for the participant(s) not present in order for a Certification to be completed. In addition, Local Agency staff shall include the reason the physical presence requirement was waived in the TGIF note for that Certification.

If a pregnant woman is on bed rest prior to Certification, she may send someone to the clinic as her Authorized Representative. Written documentation of her anthropometric data from one of the above-listed sources, the woman’s proof of income, residency, and identity must be brought.
Section B
Physical Presence / Identification (Continued)

Documentation of Exceptions (Continued)

Further clarification: if the woman is put on bed rest during her Certification, the new Authorized Representative must bring in the woman’s ID Folder. A new ID Folder will be made to reflect the new Authorized Representative. The new Authorized Representative will be encouraged to bring written documentation of the woman’s anthropometric data from one of the above-listed sources to record on the Medical screen in HANDS.

Certification of Women and Children in the Hospital and in other outreach locations

The purpose of enrolling WIC clients while in an off-site outreach location is to target outreach to those families who are not already on WIC. Local Agencies are encouraged to work closely with outreach sites to enroll new participants. However, if enrolling while in the hospital, food packages are not to be issued to participants for use in the hospital, since it is the responsibility of the medical insurance to provide food to the participant while in the hospital.

1.) Staff member verifies that the woman/family is not currently participating in WIC.

2.) If client/family is already participating in WIC, the staff member should not transfer a client who is participating in another Local Agency into the staff member’s agency for the sole purpose of offering one (1) month of Food Benefits.

3.) Staff member shall conduct a visual verification of all clients wanting to be enrolled in WIC.

4.) At the time of Certification, if the enrollment is taking place at the hospital, the WIC staff member should ask client for permission to obtain information needed for Certification, such as anthropometric measurements, address, and AHCCCS information from the medical record. Birth weight and length for infants and any additional infant measurements taken since birth may be obtained from the hospital records. However, the date that is entered into the WIC computer system must match the date the measurements were actually taken. Weight and height for women can be obtained with portable anthropometric equipment, by utilizing hospital equipment, or retrieving this information from the medical record. If the enrollment is taking place outside of the hospital setting, staff may utilize portable equipment to gather
Section B
Physical Presence / Identification (Continued)

anthropometric data. The anthropometric data may not be bypassed; it must be obtained during the Certification.

5.) Each Local Agency shall have a policy which addresses procedures and protocols for WIC services in outreach locations to address separation of duties. The Local Agency shall submit the proposed policy to their designated nutrition consultant for approval. At a minimum, this must include protocol for rotating staff at least once a month.

6.) For all clients seen in outreach locations that are already participating in WIC at a different agency, but are deemed by WIC staff as having special circumstances for which they need immediate WIC services, WIC staff will communicate the special circumstances in the Notes screen using the note type of “General Info.” Staff may transfer existing clients into their clinic to provide services in cases of documented special circumstances.

Maximum issuance is one (1) month of Food Benefits

Documentation of Identity

All applicants must present proof of identification at Certification and Food Benefit pick-up. The documents that can be used as proof of identity are found on the Family screen for Authorized Representatives, and the Client screen for clients. These documents include:

- AHCCCS/TANF/SNAP letter or card
- Birth certificate
- Clinic/hospital record
- Crib card
- Driver's license/State ID
- Immunization record
- Known to WIC (not used for initial Certification)
- Military ID/records
- Naturalization or immigration record
- Passport/visa/other country ID
- School ID
- WIC ID folder
Staff shall not make copies of a proof of identity unless requested by the State Office to aid in an investigation.

Identification that does not have the infant’s full name (i.e., baby boy Doe) is not an acceptable form of documentation.

Applicants with No Proof of Identity

When an applicant has proof of identification but did not bring it to the Certification appointment and are found eligible to receive Benefits, they are to be informed that they can receive Benefits for one month and will need to bring proof of identity before more Benefits are issued. They are to be issued one (1) month of Food Benefits and must bring proof of identification to the clinic within thirty (30) days.

When an applicant has no proof of identification as a result of being a victim of theft, loss or disaster, the applicant must sign the No Proof Exists – ID signature type found on the Family and Client screens in HANDS, which will become a part of their permanent record. They can be issued more than one (1) month of Food Benefits.
Chapter Two
Certification

Section C
Residency

Residency
All applicants are required to provide proof of residency within the state of Arizona. This is the location or address where a potential participant routinely lives or spends the night.

NOTE: Staff shall not make photocopies of a client’s proof of residency unless requested by the State Office to aid in an investigation.

State Service Area
The service area is defined by services available in a distinct geographical region of underserved eligible participants within the state of Arizona and state-approved areas bordering Arizona. Tribal members who live on reservations that border on or are partially located in Arizona and who receive health services in Arizona are eligible for services from the Arizona WIC Program.

In determining when to move into additional areas or expand existing operations, the location of new clinics is subject to approval by the Arizona State WIC Director. The number of potentially eligible participants in each area, the number being served, and proximity to existing sites will be taken into consideration when making this decision.

Participants will have the right to select a clinic within Arizona based on service and convenience in relation to residence, work, and where they receive their health services. Participants are not required to live in a specific geographic area, but they must reside in Arizona.

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Section C
Residency (Continued)

Documentation of Residency

Documentation of residency is required at each Certification. Acceptable forms of documentation include, but are not limited to:

- Arizona Address Confidentiality Program (ACP)
- AHCCCS, SNAP, TANF award letter
- Bill (utility, cable, phone, etc.)
- Driver's license
- Letter from homeowner that person resides within their home
- Mail with postmark (no PO box)
- Pay stubs with current address
- Rent or mortgage receipts for lodging/housing
- Shelter letter on letterhead

The type of documentation is recorded on the Family screen of HANDS.

Arizona Address Confidentiality Program

If the participant provides an Address Confidentiality Program card for proof of residency the staff shall:

- Document the new address as listed on the ACP card in the Mailing and Street Address fields in HANDS
- Select Address Confidentiality Program for Proof of Address
- Ask the participant for their updated phone number and request permission to contact them if necessary
- If applicable, the Breast Pump release forms (loan agreements) for a family will be completed using the ACP card address

NOTE: Staff are prohibited from asking ACP participants to disclose their actual address.

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Institutional Residence

If the participant resides in an institution (e.g., homeless shelter, shelter for victims of domestic violence, penal institution), the following conditions must be met:

- WIC foods Benefit the participant and not the institution (i.e., the institution must not accrue financial or in-kind Benefit from the resident’s participation in WIC)
- WIC foods are used by the WIC participant only
- The institution allows and encourages the participant to partake of supplemental foods and all associated WIC services made available to participants by the Local Agency (e.g., education, referrals)

**NOTE:** Institutional proxies may not pick up Food Benefits for all WIC participants in their institutions.

The State agency and / or Local Agency will establish, to the extent practicable, whether institutions are in compliance with the conditions for WIC participation as stated above.

Non-Compliant Institutions Participants

If the institution where a participant is staying is found to be noncompliant with any of the above three (3) conditions:

- During the initial Certification, the participant will continue to receive all WIC Benefits.
- The participant applies for continuing Benefits and still resides in the institution, the State agency will discontinue provision of food other than formula and the participant will continue to be eligible for WIC education and health care referrals.
- The State and / or Local Agency will refer the participant to other accommodations, where possible.

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Certification

Section C
Residency (Continued)

Applicants with No Proof of Residency

When an applicant has proof of residency but did not bring it to the Certification appointment and are found eligible to receive Benefits, they are to be informed that they can receive Benefits for one month and will need to bring proof of residency before more Benefits are issued. They are to be issued one (1) month of Food Benefits and must bring proof of residency to the clinic within thirty (30) days.

When an applicant has no proof of residency as a result of being a victim of theft, loss or disaster, the applicant must sign the No Proof Exists – Address signature type found on the Family screen in HANDS, which will become a part of their permanent record. Staff will choose “forgot documentation” as the type of residency documentation, and only 30 days of Food Benefits will be issued.

Homeless Applicants / Participants

For homeless applicants / participants, the address of a friend or relative through which the applicant / participant could be contacted should be collected, if possible. If this is not possible, the word “HOMELESS” or the WIC clinic's address should be used.

Haitian Refugees

In order to meet the WIC Program residency requirement, an applicant must live in the state in which he or she applies at the time of application. In most instances, refugees from Haiti will not have a permanent place to live and, therefore, may be considered homeless. Program regulations allow State agencies to authorize the Certification of homeless individuals without proof of residency. There may instances in which refugees are temporarily living in a private residence with a family and may still be deemed homeless. Refer to the Applicants with No Proof of Residency section above for guidelines on documentation.
Section D
Ethnicity and Race Data Collection

Race / Ethnicity Determination

In order to comply with a Federal requirement by the United States Department of Agriculture (USDA), all applicants will be verbally asked to declare their race and ethnicity. Self-declaration at the time of initial Certification is the preferred method of obtaining this data. If, after being asked to self-declare, the applicant does not provide the information, the WIC staff member is to select the ethnicity “Not Hispanic or Latino”, race “White” and “Observed by Staff.” The choice “Not Hispanic or Latino” as the ethnicity and “White” as the race has been made the default (automatic choice) for situations such as described above.

Under no circumstances should WIC staff determine an applicant’s race and/or ethnicity without giving the applicant the chance to self-declare.

All applicants will choose one of the following ethnicities:
- Hispanic or Latino
- Not Hispanic or Latino

Additionally, all applicants will choose one or more of the following races:
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Applicants can choose as many races as are appropriate. Country of origin or nationality should not be asked of applicants. This data only needs to be collected at initial Certification.
Section E
Income Eligibility

Policy
WIC applicants will have their income evaluated at each Certification using procedures outlined in this section (see Appendix E for Income Guidelines chart).

All applicants will provide documentation of income through:

- Proof of participation in an adjunctively eligible program (preferred)
- or
- Proof of income

Determining Household Size/ Economic Unit
Household / economic unit is defined as a group of related or non-related individuals who are living together as one economic unit.

Household / economic unit members share economic resources and consumption of goods and / or services. The terms “economic unit” or “household size” can be used interchangeably. However, “economic unit” is a more appropriate term to use because it conveys that familial relationship is not relevant to the determination of family size and income.

- If you live with your parents or other family members and they provide financial support, include them in your household/economic unit.
- If you live with your parents or other family members and they do not provide financial support, do not include them in your household/economic unit.
- Couples: If you live with your boyfriend, girlfriend, fiancée, domestic partner, etc., include him or her in your household/economic unit. Include opposite and same sex partners.
- If you live with others who provide financial support, include them in your household/economic unit.
- If you live with others who do not provide financial support, do not include them in your household/economic unit.

AZ KidsCare
In Arizona, the State Children’s Health Insurance Program (SCHIP) is called KidsCare and is not an adjunctive eligibility program for WIC, as its income determination level is up to 200% of current Federal Poverty Guidelines.
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Certification

Section E
Income Eligibility (Continued)

Adopted Child

When a child has been adopted by a family, the child is counted in the household size of the family. The size and total income of that economic unit will be used to determine if the child is income eligible for WIC.

Foster Child

If an infant or child is in the care of foster parents, Child Protective Services (CPS), or other child welfare authorities, the infant or child will be considered a family of one (1); this income is to be documented in the Income screen in HANDS. The foster child will be the only family member selected to apply the income amount to. If the foster child is the only participant in the file, the family size will be one (1). If the foster child is a member of a family with other non-foster children, the family size will be the actual size of the Authorized Representative’s family minus the foster child. HANDS will automatically count the foster child as a family of one (1) when the ‘Foster Care’ box is checked. The placement paper, commonly called “Notice to Provider,” or an official notification of placement from a temporary adoption organization is required to make the foster parents the Authorized Representatives. The same placement paper is acceptable documentation for adjunctive eligibility if the Comprehensive Medical and Dental Program (CMDP) medical insurance number is listed. The payments made by the welfare agency or received from other sources for the care of that child will be considered to be the only income. This documentation can be scanned and saved in the participant’s file for future reference.

NOTE: Families with multiple foster children can share a Family ID number in HANDS and an ID Folder. Each foster child will have a separate income documented in the Income screen as a household size of one (1).

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Section E
Income Eligibility (Continued)

Military Family
Military personnel serving overseas or assigned to a military base, even though they are not living with their families, should be considered members of the economic unit.

Military dependents (infant, child, or woman) placed in the temporary care of friends or relatives who are dependent on that household to provide food, utilities, etc., should be considered a part of that household / economic unit during Certification. If the applicant receives funds to sustain her / himself (beyond in-kind housing), s/he may be counted as a separate economic unit.

When military personnel use alternative methods of depositing paychecks (waiving military income documentation) and / or receive combat / hazardous duty pay, the income over last 12 months can be used. See Appendix M for further clarification.

NOTE: Basic Allowance for Housing (BAH) is not considered income.

Pregnant Woman
A pregnant woman’s household is assessed by increasing it by the number of expected infants (unless the applicant has religious or cultural objections which preclude this).

Resident of Institutions
The resident of an institution is assessed as a separate economic unit from the institution.

The institution must meet the conditions as outlined in the previous section on institutional residency.

Co-living
Two (2) separate households / economic units residing at the same address under the same roof may be considered separate households / economic units. Each household must have an adequate source of income to cover expenses, such as rent, food, utilities, and other, to be determined as separate households / economic units.

When unmarried individuals reside together as an economic unit, the income and household size of both parties will be used in determining income eligibility.

Continued on Next Page
### Section E

#### Income Eligibility (Continued)

<table>
<thead>
<tr>
<th><strong>Separated Family</strong></th>
<th>When a family separates, the child is counted in the family with whom the child lives.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Custody</strong></td>
<td>The parents with whom the child spend(s) a majority of their time can claim the child in reporting household size. Child support payments are considered income for the family with whom the child lives, but cannot be deducted from the income of the person making the payments.</td>
</tr>
<tr>
<td><strong>Teen</strong></td>
<td>An applicant who is under eighteen (18) years of age will have her household assessed following the rules which apply to any other economic unit (see Household / Economic Unit above).</td>
</tr>
<tr>
<td><strong>In-stream Migrant Worker</strong></td>
<td>In-stream migrant farm workers with expired Verification of Certification (VOC) cards are income-eligible as long as their income is determined at least once every 12 months.</td>
</tr>
<tr>
<td><strong>Haitian Refugees</strong></td>
<td>As part of the assessment process, Local Agency WIC staff will ask clarifying questions to determine the size of the economic unit for refugee applicants living in the residence of another individual. State and Local Agencies will require all applicants to provide documentation of income at the time of Certification. However, WIC Federal Regulations permit State agencies to remain flexible on the requirement for applicants, including homeless individuals, if this requirement would present an unreasonable barrier to participation in the WIC Program. Therefore, if a refugee is unable to provide the necessary documentation, a State agency may accept a self-declaration of income.</td>
</tr>
<tr>
<td><strong>Date of Income Determination</strong></td>
<td>Determination of income eligibility will be made at the time of Certification. The date of Certification on the Rights &amp; Obligations Form and the Identification Folder will be the date income eligibility was determined.</td>
</tr>
</tbody>
</table>

Continued on Next Page
Section E
Income Eligibility (Continued)

Income Standards
The State agency will adopt the income standard of 185% of the current DHHS Poverty Guidelines as its eligibility standard.

Local Agencies will implement the federally established income eligibility standards for their program (see Appendix E).

All data used to determine income eligibility will be reflective of the applicant’s total household income and applicant’s status at the time of Certification.

Adjunctive Eligibility
When an applicant, or in some cases a family member, participates in a federal or state program with income guidelines that are equal to or below the WIC income guidelines, the applicant is allowed to enroll in the WIC Program without duplication of their initial income screening.

An applicant is adjunctively income eligible for WIC if documentation shows that the individual is:

- Certified as fully eligible to receive Benefits from SNAP (Food Stamp Program), AHCCCS (including SOBRA and Transitional Medical Assistance - TMA), Temporary Assistance for Needy Families (TANF) program(s), Section 8 housing or FDPIR (Food Distribution Program on Indian Reservations)
- A member of a household containing a TANF or SNAP recipient or a pregnant woman or infant enrolled in AHCCCS

Documentation of Adjunct Eligibility
- Documentation of adjunct eligibility will be noted on the Income screen of HANDS under the Adjunct Eligibility section.
- Select “Part. Proof” for each of the adjunct eligibility programs the applicant shows proof of participation in.
- If they show documentation that a member of their household is a TANF or SNAP recipient or there is a pregnant woman or infant enrolled in AHCCCS in their household, select “Fam Elig Proof” for those programs.

Acceptable documents (eligibility dates must be included):
- TANF approval letter
Section E
Income Eligibility (Continued)

- AHCCCS decision letter with current eligibility dates or printout from AHCCCS website of their personal AHCCCS eligibility dates
- SNAP (Food Stamps) – most recent Certification letter
- Section 8 housing award letter
- FDPIR Notice of Eligibility letter

NOTE: Electronic Benefits Transfer (EBT) cards and AHCCCS medical cards are not proof of adjunctive program participation, unless the card shows a current period of eligibility.

Eligibility and participation in an adjunctively eligible program can be confirmed with an official verification system, such as a dial-up confirmation with AHCCCS. Arizona WIC only needs to see proof of eligibility/participation for one (1) adjunctive eligibility program in order to meet the WIC Program’s income guidelines.

Self-declaration is not allowed for adjunct eligibility. Applicants must show proof of participation on the day of certification to be adjunct eligible for WIC

Continued on Next Page
Section E
Income Eligibility (Continued)

Documentation of Income

The current income of the household should be assessed at each Certification. Current income is defined as income received by the household during the last thirty (30) days or the last twelve (12) months, whichever is most representative of the family’s status. Income received by each member of the economic unit must be confirmed by paper or an official verification system for the period of time (30 days or 12 months) that is being used to assess income. Photocopies are not required by the State agency. The number of household members is noted on the Income screen of HANDS.

Acceptable types of documentation of income include, but are not limited to:

- Pay stubs
- W-2 forms box 1
- Unemployment form
- Statement signed and dated by employer
- Tax reporting forms showing total gross income

NOTE: Staff shall not make photocopies or scan a client’s proof of income unless requested by the State Office to aid in an investigation.

Income will be documented in the Income screen in HANDS as follows:

1.) Enter the appropriate family size (economic unit).
2.) Enter name or source of income provider if desired, or leave default as “Primary Provider.”
3.) Enter the dollar amount of current income based on income documentation provided.
4.) Enter the interval for that amount of income, i.e., hourly, weekly, monthly, annually.
5.) If hourly is selected, enter number of hours per week.
6.) Enter correct type of income documentation from drop-down menu.
7.) Select which family members you are certifying today to which the income applies.
Section E
Income Eligibility (Continued)

Applicants with No Proof of Income
If an applicant does not provide proof of income on the day of Certification because they forgot it, the applicant is to self-declare their current income amount and corresponding interval; the applicant will be certified and receive only one (1) month of Food Benefits. They will be instructed to bring proof of income to the clinic within the next 30 days. This will be documented in the Income screen in HANDS by selecting “Forgot Documentation” as the type of income documentation from the drop-down menu. The participant will then sign the “Forgot Documentation” signature type accessible from the Income screen.

If the applicant brings proof of income within 30 days, the WIC staff will verify the amount and update the documentation type by editing the income line in the Income screen in HANDS and may issue multiple months of Food Benefits.

Lack of income documentation cannot be a barrier to receiving WIC services, such as in the case of the homeless, migrant farm workers or people who work for cash. If the applicant cannot document income or declares no income exists, the applicant must sign the “No Proof Exists” signature type accessible from the Income screen. This signature serves as income documentation for the entire Certification period and will allow more than one (1) month of Food Benefits to be issued. This will be recorded in HANDS under the documentation type by selecting “Statement of Documentation” from the drop-down menu.

Zero Income
If an applicant reports zero income, the applicant should be asked to describe, in detail, their living circumstances and how they obtain basic living necessities such as food, shelter, medical care, and clothing to determine if they should be counted as part of a larger economic unit. If it is determined that the applicant is truly without resources, the applicant must sign the “Zero Income” signature type accessible from the Income screen. Zero income can only be used once. This will be recorded in HANDS under the documentation type by selecting “Statement of Documentation” from the drop-down menu.

Continued on Next Page
No Proof of Income, Identification, or Residency within thirty (30) days of Certification

If there was missing documentation of proof of income, identification or residency at the time of Certification, a thirty (30) day Certification may be given.

When participants return within thirty (30) days with proof of income, staff will edit and update the current income in the Family screen income section in HANDS by verifying the amount and updating what documentation was reviewed. Staff will be unable to update Adjunct Eligibility, as this can only be claimed on the day of Certification if proof is presented. This section will be locked after end of day processing on the day of Certification.

When participants return with proof of identity or residency, those documentation fields in HANDS will be updated with the type of documentation that was provided.

If program documentation is not provided within the thirty (30) day period, applicants are no longer presumed eligible and cannot receive WIC Benefits. In order to receive Benefits, the applicant will need to be recertified when proof is available. Only one (1) month of Food Benefits can be provided without proof of ID, residency and income being provided. Under no circumstances may a second, subsequent 30-day temporary Certification period be given. Participants may only get one (1) 30-day Certification per Certification period.

Migrants

Determination of income eligibility will be made once every twelve (12) months for migrant field workers, including qualifying loggers and their families. The migrant status will be indicated on the Arizona WIC identification folder, indicating exemption from having income determination repeated within a twelve (12) month period.

Continued on Next Page
Section E
Income Eligibility (Continued)

The participant’s income eligibility during a current certification shall be reassessed if;

- The program receives information indicating the individual may have misrepresented income and/or household size when applying for services (e.g. complaint hotline call)
- The program receives new information indicating the participant’s income has changed
- The participant reports a change in income or household size, while in an active certification
- The participants are no longer adjunctively eligible
- A change in custody, which then results in change of income or household size.

If the reassessment indicates the family is over income and has more than 90 days remaining in their Certification period, they are to be given 15 days notice of their removal from the WIC Program (Notification of Ineligibility), informed of their right to a fair hearing, and provided a month of Food Benefits. The local agency will maintain a copy of the signed ineligibility notice. Staff shall not make copies of the documents used to determine income (e.g., pay stubs).

If the participant appeals the disqualification determination, they will continue to receive program Benefits until a decision is made or the Certification period expires, whichever comes first. However, if there are 90 days or less before the Certification period expires, the state agency reserves the right to omit the reassessment of income.

NOTE: When a participant is in a current certification and there is reason to suspect that a participant has provided false information (e.g., family size, total household income) the State Office will coordinate with the Local Agency to reassess eligibility.
Section E
Income Eligibility (Continued)

Household Income ineligible termination

If a local agency evaluates income for another member of the participant’s household, and the evaluation indicates that household income is above the income guidelines, all members of the household must be terminated from WIC services to include participants in a current certification. The participants in a current certification are eligible for one month of Food Benefits. The applicants are not eligible for Food Benefits.

All participants in the family will be provided with a Notification of Ineligibility, informed of their right to a fair hearing, and provided a month of Food Benefits. The local agency will maintain a copy of the signed ineligibility notice. Staff shall not make copies of the documents used to determine income (e.g., pay stubs).

Disqualification During a Certification Period

Individuals may be disqualified during a Certification period if a reassessment identifies that they are no longer income eligible or adjunctively income eligible. However, such persons cannot be disqualified from WIC solely on the basis of cessation of Benefits from TANF, AHCCCS, Food Stamps, FDPIR, or other State-administered programs. They will be reassessed under other income criteria before being disqualified.

Income

Gross cash income before deductions such as income taxes, employee’s social security taxes, insurance premiums, bonds, etc.

The exceptions are farming or self-employment, where net income is used as the criteria. The most recent IRS Income Tax form should be used as documentation and the annual total must be the adjusted net income.

Continued on Next Page
### Section E
### Income Eligibility (Continued)

**Income Includes the Following:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wages</strong></td>
<td>Monetary compensation for services, including wages, salary, commissions, tips, or fees.</td>
</tr>
<tr>
<td><strong>Active Military Payments</strong></td>
<td>Recent Leave and Earnings Statement (LES). Further clarification is found in Appendix M: Military Pay Stubs Guidelines</td>
</tr>
<tr>
<td><strong>Farm/Self-Employment</strong></td>
<td>Income from farm and non-farm self-employment. This is net income (total dollars made in the business minus operating expenses) as calculated by schedule C of IRS form 1040 or a ledger of business operations.</td>
</tr>
<tr>
<td><strong>Social Security</strong></td>
<td>Check stub / award letter as documented by current bank statements.</td>
</tr>
<tr>
<td><strong>Dividends/Trusts/Rental Income</strong></td>
<td>Dividends or interest on savings or bonds, income from estates or trusts, or net rental income as documented by Federal Income Tax Record for most recent calendar year.</td>
</tr>
<tr>
<td><strong>Public Assistance</strong></td>
<td>Public Assistance or Welfare cash payments. The dollar value of SNAP, previously known as food stamps, Benefits are not counted as income. <strong>NOTE:</strong> Persons receiving TANF, AHCCCS, SNAP (Food Stamps), Section 8 Housing or FDPIR Benefits are automatically income eligible for WIC.</td>
</tr>
<tr>
<td><strong>Unemployment</strong></td>
<td>Unemployment compensation as documented with approval letter or check stub(s).</td>
</tr>
<tr>
<td><strong>Retirement/Pensions/Annuities</strong></td>
<td>Government civilian employee or military retirement; pension or veteran’s payments; private pensions or annuities. Documentation includes income tax return for most recent calendar year.</td>
</tr>
<tr>
<td><strong>Alimony and Child Support</strong></td>
<td>Alimony and child support payments. Child support payments are considered income for the family with whom the child lives, but cannot be deducted from the income of the person making the payments.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
### Section E
### Income Eligibility (Continued)

<table>
<thead>
<tr>
<th>Contributions</th>
<th>Regular contributions from persons not living in the household. Appropriate documentation would be a letter from the person contributing resources to the household.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royalties</td>
<td>Net Royalties</td>
</tr>
<tr>
<td>Other Cash Income</td>
<td>Other cash income includes, but is not limited to, cash amounts received or withdrawn from any source, including savings, investments, trust accounts, and other resources which are readily available to the family.</td>
</tr>
<tr>
<td>Lump Sum Payments</td>
<td>Lump sum payments, which represent “new money” that are intended for income, are counted as income. Lump sum payments include gifts, inheritances, lottery winnings, workers compensation for lost income, severance pay, and insurance payments for “pain and suffering.” Lump sum payments for winnings and proceeds from gaming, gambling, and bingo are also counted as income. The lump sum payment may be counted as annual income or may be divided by twelve (12) to estimate a monthly income, whichever is most applicable. <strong>NOTE:</strong> Lump sum payments that represent reimbursement for lost assets or injuries should not be counted as income. This includes amounts received from insurance companies for loss or damage of personal property or payment for medical bills resulting from an accident or injury.</td>
</tr>
<tr>
<td>Student Financial Assistance</td>
<td>Student financial assistance used by the student for room and board and for dependent care expenses is considered income. <strong>NOTE:</strong> Financial assistance that is used for tuition, transportation, books, and supplies is exempt.</td>
</tr>
<tr>
<td>Census Workers</td>
<td>Income received by individuals hired to conduct a Federal census must be counted in determining WIC income eligibility. Local Agencies can consider this as part of the past 12 months of family income and not a lump sum payment.</td>
</tr>
</tbody>
</table>
### Section E
#### Income Eligibility (Continued)

The following Benefits are excluded as income in determining WIC eligibility:

<table>
<thead>
<tr>
<th>Military Exclusions</th>
<th>Check all military guidelines in Appendix M.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind / Non-Cash Benefits</td>
<td>Any Benefit of a value which is not provided in the form of cash money is considered an in-kind Benefit and is not counted as income.</td>
</tr>
<tr>
<td>Federal Program Benefits</td>
<td>Benefits provided under the following Federal Programs or Acts include, but are not limited to:</td>
</tr>
<tr>
<td></td>
<td>• Any payment to volunteers under Title I (Volunteers in Service to America (VISTA) and others or Title II (Retired and Senior Volunteer Program (RSVP), Senior Companions Program (SCP), Foster Grandparents Program and others) of the Domestic Volunteer Services Act of 1973, to the extent excluded by the act.</td>
</tr>
<tr>
<td></td>
<td>• Payment to volunteers under Section 8 (b) (1) of the Small Business Act Service Corps of Retired Executives (SCORE) and Active Corps Executives (ACE).</td>
</tr>
<tr>
<td></td>
<td>• Payments received under the Job Training Partnership Act (Adult and Youth Training Programs, Summer Youth Employment and Training Programs, Dislocated Worker Programs, Programs for Migrant and Seasonal Farm Workers, Veterans and the Job Corps).</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
Section E
Income Eligibility (Continued)

Income Exclusions (Continued)

Federal Program Benefits (Continued)  
- Payments under the Low-Income Home Energy Assistance Act, as payment under the Disaster Relief Act of 1974, as amended by the Disaster Relief and Emergency Assistance Amendments of 1989.
- Payments received under the Carl D. Perkins Vocational Education Act, as amended by the Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990.
- The value of any child care payments made under section 402 (g)(1)(E) of the Social Security Act, as amended by the Family Support Act, including:
  - Aid to Families with Dependent Children (AFDC)
  - Title IV – A Child Care Program
  - JOBS Child Care Program
- The value of any “at risk” block grant child care payments made under section 5081 of Public Law 101 – 508, which amended section 402(i) of the Social Security Act.
- The value of any childcare provided or paid for under the Child Care and Development Block Grant Act, as amended.
- Mandatory salary reduction amount for military personnel, which is used to fund the Veteran’s Educational Assistance Act of 1984, as amended.
- Payments received under the Old Age Assistance Claims Act, except for per capita shares in excess of $2,000.

Continued on Next Page
### Income Exclusions (Continued)

<table>
<thead>
<tr>
<th><strong>Federal Program Benefits (Continued)</strong></th>
<th>Payments received under the Cranston-Gonzales National Affordable Housing Act, unless the income of the family equals or exceeds 80% of the median income in the area. Payments received under the Housing and Community Development Act of 1987, unless the income of the family increases at any time to not less than 50% of the median income of the area. Benefits received through the Farmer Market Demonstration Project under Section 17 (M)(7)(A) of the Child Nutrition Act of 1966, as amended. Under the Social Security Act, as amended with the Prescription Drug Card, persons receiving the prescription discount and / or the $600 subsidies shall not have these Benefits treated as income.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Loans</strong></td>
<td>Loans, such as bank loans, are not counted as income.</td>
</tr>
</tbody>
</table>
| **Lump Sum / Large Cash Payments** | Lump sum payments or large cash settlements (e.g., compensation for a loss such as an insurance settlement to pay for damage to a house or car). Also includes payments that are intended for a third party to pay for a specific expense (e.g., payment for medical bills resulting from an accident or injury.)

**NOTE:** If the lump sum payment is put in a savings account and the household regularly draws from that account for living expenses, the amount withdrawn is counted as income. |
| **Employer Contributions** | Employer qualified Benefits, i.e., Benefits that the employer pays for (health care, vision, dental care, life term group insurance, disability, certain other Benefits and flexible spending accounts) that are made pursuant to salary reduction agreements between the employer and the employee are not counted as income. |

*Continued on Next Page*
### Income Exclusions (Continued)

<table>
<thead>
<tr>
<th>Income of / Payments to Native Americans</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Income derived from certain sub-marginal land of the United States that is held in trust for certain tribes.</td>
<td></td>
</tr>
<tr>
<td>• Income derived from the disposition of funds to the Grand River Band of Ottawa Indians.</td>
<td></td>
</tr>
<tr>
<td>• Payments received under the Program for Native Americans.</td>
<td></td>
</tr>
<tr>
<td>• Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members, received pursuant to the Maine Indian Claims Settlement Act of 1980.</td>
<td></td>
</tr>
<tr>
<td>• Payments received under the Alaska Native Claims Settlement Act.</td>
<td></td>
</tr>
<tr>
<td>• Payments received under the Sac and Fox Indian Claims Agreement.</td>
<td></td>
</tr>
<tr>
<td>• Payments received under the Judgment Award Authorization Act, as amended.</td>
<td></td>
</tr>
<tr>
<td>• Payments to the Blackfeet, Groventre and Assiniboine tribes (Montana) and the Tohono O’odham Nation, a.k.a. Papago tribe (Arizona).</td>
<td></td>
</tr>
<tr>
<td>• Payments to the Red Lake Band of Chippewas, the Chippewas of Mississippi, and the Turtle Mountain Band of Chippewas (Arizona).</td>
<td></td>
</tr>
<tr>
<td>• Payments for relocation assistance for Navajo and Hopi Tribe members.</td>
<td></td>
</tr>
<tr>
<td>• Payments received under the Saginaw Chippewa Indian Tribe of Michigan Distribution of Judgment Funds Act.</td>
<td></td>
</tr>
<tr>
<td>• Payments to the Assiniboine tribe of the Fort Belknap Indians Community and the Assiniboine Tribe of the Fork Peck Indian Reservation (Montana).</td>
<td></td>
</tr>
</tbody>
</table>

Continued on Next Page
## Section F
### Categorical Eligibility

A potential participant must be:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Woman</td>
<td>A pregnant woman (proof of pregnancy is not required).</td>
</tr>
<tr>
<td><strong>NOTE:</strong> If there is reason to suspect that a participant has falsely claimed to be pregnant, the State WIC office can request that proof of pregnancy be provided.</td>
<td></td>
</tr>
<tr>
<td>Postpartum Woman</td>
<td>A postpartum woman up to six (6) months after the end of the pregnancy.</td>
</tr>
<tr>
<td>Breastfeeding Woman</td>
<td>A woman who breastfeeds an infant at least one time per day, up to one (1) year or until she completely stops breastfeeding before the infant turns one (1) year old (this includes a wet nurse, adoptive mother and/or foster mother who choose to breastfeed and the infant’s biological mother is not certified as a breastfeeding woman).</td>
</tr>
<tr>
<td><strong>NOTE:</strong> A breastfeeding assessment should be done before the issuance of Food Benefits at each Certification, Mid-Cert Assessment, when a breast pump is issued, and/or whenever the amount of formula the woman is requesting changes. The results of the assessment should be used to provide individualized breastfeeding support and to determine the appropriate food packages for her and her infant. When a breastfeeding woman who is more than 6 months postpartum stops breastfeeding, she becomes categorically ineligible and is to be given 15 days notice of her removal from the WIC Program and informed of her right to a fair hearing. She is to be issued a half food package (designated as HALF P/P in AIM).</td>
<td></td>
</tr>
<tr>
<td>Infant</td>
<td>An infant until their first (1) birthday.</td>
</tr>
<tr>
<td>Child</td>
<td>A child between the ages of one (1) year and the last day of the month in which the child turns five (5) years old.</td>
</tr>
</tbody>
</table>
## Chapter Two
### Certification

#### Section G
#### Health and Nutrition Assessment

**Policy**
The participant’s health and nutrition assessment identifies the nutritional needs and interests of the participant. The nutrition assessment provides the basis for the nutrition care plan, including nutrition education / counseling, food package assignment, referrals, and follow-up plans. During the assessment process, heights, weights, biochemical information, dietary information, medical information and family situation are assessed and any potential WIC Codes are identified. Individuals applying for enrollment in the Arizona WIC Program must have at least one (1) WIC Code to be eligible for participation. Refer to the Arizona WIC Anthropometric Module for accurate height / length and weight measurements and the Lab Procedure Manual to obtain hemoglobin value to help determine WIC eligibility.

**Before taking anthropometric measurements, hemoglobin screening, or assisting with breastfeeding, the participant or Authorized Representative must sign the signature type “Consent” found on the Medical screen in HANDS to verify that permission was given to do this.**

**NOTE:** Anthropometric and / or hematologic measurements that have been done by a health care provider can be used for the assessment if they are provided in writing by a health care provider. When these measurements are brought in from outside sources, height and weight must not be older than 60 days and hemoglobin/hematocrit must be within 90 days of certification and be consistent with the blood work periodicity for the participant’s category/age as found in Appendix A of the AZ WIC Laboratory Procedure Manual. The date the anthropometric and/or hematologic measurements were collected must be the date entered in the Medical screen in HANDS.

**USDA Criteria**
The State of Arizona has adopted the Risk Criteria developed by the Risk Identification and Selections Collaborative (RISC) Committee for the National WIC Association (NWA) and the Food and Nutrition Service (FNS) divisions of the USDA.

**Arizona Risk Criteria**
A list of applicable risk factors, priorities, documentation requirements, and mandatory nutrition intervention is outlined in Appendix H of this chapter.

**Other Risk Factors**
A list of risk factors not currently recognized by the Arizona WIC Program can be found in Appendix I.
Section G
Health and Nutrition Assessment (Continued)

Certifiers

The competent professional authority (CPA) on staff at the Local Agency is responsible for determining nutrition risk, providing nutrition education, and prescribing supplemental foods.

Persons authorized to serve as CPAs are individuals who have documentation on file verifying that they have been trained in certifying participants and prescribing supplemental foods:

- Physicians
- Nutritionists (B.S., B.A., M.P.H. or M.S. in nutrition, dietetics, public health nutrition, or home economics with emphasis in nutrition)
- Registered Dietitians
- Registered Nurses
- Physician’s Assistants (certified by the National Committee on Certification of Physician’s Assistant or certified by the State medical certifying authority)
- Dietetic Technicians Registered
- Paraprofessional (Community Nutrition Workers [CNWs], health aides, etc.) who is trained according to the State training plan found in Chapter 7 and certified by the WIC local agency director or designee to be competent.

Continued on Next Page
Section G
Health and Nutrition Assessment (Continued)

Health and Nutrition Assessment

The purpose of a WIC health and nutrition assessment is to obtain and synthesize relevant and accurate information in order to assess an applicant’s nutrition status, identify WIC Codes; design appropriate nutrition education and counseling; tailor the food package to address nutrition needs; and make appropriate referrals.

Staff will utilize the “Together We Can” model to provide accurate and appropriate anthropometric / biochemical assessment techniques and participant-centered interview techniques including open ended questions, affirmations, reflective listening, and summarization to conduct a complete nutrition assessment and to develop a participant-centered, individualized plan for behavior change.

The following criteria describe the components of a participant-centered health and nutrition assessment:

- Conveys a good overall picture of dietary intake and the participant’s situation by covering the ABCDE categories of participant information:
  - A: Anthropometric information (growth, weight gain)
  - B: Biochemical (hemoglobin status, lead screening)
  - C: Clinical / Health (medical conditions, health care, pregnancy history, prenatal care)
  - D: Dietary (food intake, feeding relationship, diet and nutrition behaviors)
  - E: Environment (environmental smoking, smoking status, abuse, drug and alcohol use and / or caregiver situation)

- Identifies potential areas for education as well as concerns raised by participant.

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Section G
Health and Nutrition Assessment (Continued)

Frequency of Assessment

A complete assessment is required at participants’ Certification and children’s, infants’ and breastfeeding women’s Mid-Certification health checks. It is not required for participants at the time they are transferring into the Arizona WIC Program. In addition, there are times when additional assessments need to be performed. Those include the following:

Infant
A dietary assessment needs to be completed if an infant with a breastfeeding category (IEN/IPN/IPN+) changes to a non-breastfeeding category (IFF) and risk 603 (Breastfeeding Complications) was the participant’s only risk at Certification. A breastfeeding assessment is also required any time the amount of formula the infant is receiving changes.

Woman
A dietary assessment needs to be completed if a woman with a breastfeeding category (EN/PN/PN+) changes to a non-breastfeeding category (P) and risk 601 (Woman Breastfeeding an Infant at Nutritional Risk) and/or risk 603 (Breastfeeding Complications) was the participant’s only risk(s) at Certification.

Child
A health and nutrition assessment is required for children who transfer into the Arizona WIC Program from other states who have implemented one (1) year certification for children and who have more than 6 months remaining in their certification. In these cases, the child should return to the clinic 3 months after the transfer was done for the mid-certification complete assessment.
Completing an Assessment and Documentation

Completing a health and nutrition assessment using the participant-centered approach will consist of the following steps:

1.) Assess anthropometric measurements and biochemical information using accurate, appropriate methods as described in the AZ WIC Laboratory Procedure Manual and Anthropometric Manual and document in the Medical screen.

2.) Complete the health and nutrition assessment using the ABCDE approach, gathering information about the required topics listed within each of the ABCDE sections. In addition, Getting to the Heart of the Matter (GTHM) materials (Appendix F) are to be utilized when completing the "D" section of the assessment at Certification and any other time in which they are appropriate. The probing questions in HANDS highlight initial open-ended questions you can use in conjunction with the conversational assessment tools as a way to open up the conversation in each of the topic areas.

3.) Select risks/WIC Codes that you are manually assigning based on your assessment using the list of WIC Codes that appear below the ABCDE section of the assessment for each assessment area.

4.) Select “Complete assessment” only when all WIC codes have been assigned, nutrition education type documented, and referral screen is completed.

5.) At Certification, if no WIC Codes are manually assigned by the CPA and no Codes are assigned by HANDS, HANDS will then prompt the user to assign 401 or 428, as appropriate. Assignment of WIC Codes 401 or 428 should only be used after no other nutrition risk or dietary risk is identified for eligibility.

Continued on Next Page
Section G
Health and Nutrition Assessment (Continued)

Completing an Assessment and Documentation (continued)

6.) Document the nutrition assessment process and findings. Complete a TGIF note type in the Notes screen for all clients on the same day the Certification was completed, which includes the following:

**T: Tool**
- Getting to the Heart of the Matter Tool used, if applicable and what mom shared about her concerns and motivations.

**G: Goals**
- Personal goals or areas identified by participant that they plan to work on.

**I: Information**
- Knowledge, feelings and beliefs of breastfeeding for pregnant and breastfeeding women categories.
- Caregiver knowledge, feelings and beliefs of infant feeding for infant category.
- Relevant information that you would want the next person seeing this client to know.
- Any information that is pertinent to the interaction during the visit.
- Reasons for WIC Codes that are manually assigned.
- Further detail on nutrition education provided as needed to clarify.
- HANDS will collect infant feeding amounts in the Assessment screen, so including these in your note is optional.

**F: Follow-up**
- Any information that the staff has identified as areas to follow-up with at subsequent visits, such as specific referrals made, additional items to discuss, etc.

**NOTE:** The TGIF format will be used to document a breastfeeding assessment. As described in Chapter 19, Section A, a Breastfeeding Authority conducts a breastfeeding assessment if a breastfeeding infant changes category or formula needs, or a breast pump is issued. In addition to the above information, breastfeeding assessments will include the reason for the change and the education provided.
### Section G
Health and Nutrition Assessment (Continued)

<table>
<thead>
<tr>
<th>Monitoring of Assessment</th>
<th>During Management Evaluations (M.E.) or other technical assistance site visits, the State Agency staff will monitor nutrition and health assessment to determine if:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Proper procedures are followed for anthropometric and hematology data collection</td>
</tr>
<tr>
<td></td>
<td>• A complete assessment is performed using the ABCDE conversational approach to assessment and appropriate use of GTHM tools.</td>
</tr>
<tr>
<td></td>
<td>• Appropriate nutrition risks are assigned to participant based on information gathered, and documentation regarding justification of the staff-assigned risk(s) is included in the TGIF note</td>
</tr>
<tr>
<td></td>
<td>• Documentation is complete and includes an individualized note that follows the TGIF method.</td>
</tr>
<tr>
<td></td>
<td>• Staff are required to complete the TGIF documentation on the same day the Certification was complete. A Certification is considered incomplete and invalid if staff fails to complete the required documentation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinic Flow Utilizing Certification Specialists and Nutrition Education Specialists</th>
<th>In those clinics utilizing both job categories of Certification Specialist and Nutrition Education specialist to complete a certification, separation of duties shall include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Certification Specialist: Completes intake with participant including documentation in the Family and Client screens in HANDS</td>
</tr>
<tr>
<td></td>
<td>Nutrition Education Specialist: Completes the remainder of the Certification, including risk assessment, nutrition education and food package assignment, including documentation in the Cert, Medical, Assessment, BF Surv, Care Plan, and Food Package screens in HANDS as described earlier in this section.</td>
</tr>
</tbody>
</table>
Section H
Risk Identification

Policy
Applicants will be assigned all WIC Codes that apply, according to the HANDS automated system and the Nutrition Risk Factor Manual. To ensure participant centered education, it is highly recommended for staff NOT to tell participants their risk directly; instead, it is preferred for staff to offer the risk(s) as a nutrition education topic.

Documentation
The only WIC Code that currently requires documentation from a physician (Medical Doctor [M.D.] or Doctor of Osteopathy [D.O.]) or their assistant (Nurse Practitioner [N.P.] or Physician’s Assistant [P.A.]) is WIC Code 359 Recent Major Surgery, Trauma, Burns, IF it occurred more than 2 months prior and has a continued need for nutritional support.

Self-Reporting or Self-Diagnosis
Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person reports to have or have had a medical condition, without any reference to a professional diagnosis. A self-reported medical diagnosis such as “My doctor says that I have / my son or daughter has…” should prompt the CPA to validate the presence of the condition by asking more in-depth questions related to the diagnosis.

Self-reporting of “History of” conditions should be handled in the same manner as self-reporting of current conditions that require a physician’s diagnosis. The applicant may report to the CPA that s/he was diagnosed by a physician with a given condition in the past. Again, self-diagnosis of a past condition should not be confused with self-reporting.
### Chapter Two
### Certification

#### Section I
#### Priorities

**Special Note**
The priority which indicates the greatest level of risk will be used to certify the applicant.

**Priority Categories for WIC services are the following:**

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority I</td>
<td>Pregnant and breastfeeding women and infants at risk based upon hematological or anthropometric measurements or other documented nutritionally-related medical condition. Women who are breastfeeding Priority I infants with risk other than 702 or infants breastfed by Priority I women with risks other than 601.</td>
</tr>
<tr>
<td>Priority II</td>
<td>Infants up to six (6) months of age born to women who participated in WIC during pregnancy. Infants up to six (6) months of age born to women who would have been WIC-eligible based upon hematological or anthropometric measurements or other documented nutritionally-related medical conditions. Women who are breastfeeding Priority II infants with risk other than 702.</td>
</tr>
<tr>
<td>Priority III</td>
<td>Children and some postpartum women at risk based upon hematological or anthropometric measurements or other documented nutritionally-related medical conditions.</td>
</tr>
<tr>
<td>Priority IV</td>
<td>Pregnant and breastfeeding women and infants at risk due to inadequate dietary patterns.</td>
</tr>
<tr>
<td>Priority V</td>
<td>Children at risk because of inadequate dietary patterns.</td>
</tr>
<tr>
<td>Priority VI</td>
<td>Postpartum women at nutritional risk.</td>
</tr>
<tr>
<td>Priority VII</td>
<td>Participants who might regress in nutritional status without continued provision of supplemental foods.</td>
</tr>
</tbody>
</table>

**NOTE:** Regression may not be used for initial Certification, may not be used for infants, and may not be used consecutively as a reason for subsequent Certification. Regression can only be used twice in a five-year period.
# WIC Rights and Obligations

**Participants** must be informed of their WIC Rights and Obligations at every Certification and transfer in their preferred language. Staff are required to ask open-ended questions to check for understanding of the following:

- WIC Rights and Obligations
- Availability of Health Services
- Food Delivery System

The WIC Rights and Obligations must be read by or to the applicant/Authorized Representative by the WIC staff.

For applicants determined eligible to participate in WIC, in a language the participant understands, the Certifier will explain the Rights and Obligations which is found in the participant’s ID Folder, including the bullet points under each section:

- Honesty
- Accurate information
- Good use of the program
- Protect your Benefits

## Documentation

Documentation of WIC Rights and Obligations must be done at every Certification and transfer. This is documented by having the participant/Authorized Representative sign the signature type “Rights and Obligations” on the signature pad in HANDS.

## Paper Rights and Obligations form

If, for some reason, HANDS is not available to capture signatures on the Rights and Obligations signature type and/or the Consent signature type, a paper copy of the Rights and Obligations form can be used. This form can be found on the Arizona WIC website [www.azwic.gov](http://www.azwic.gov). The form can be used for all members of the WIC family if desired.

1. The form must be signed and dated at each Certification by the Authorized Representative, certifier, and income verifier (if different than certifier). The local agency is required to have systems in place to obtain a signature if an Authorized Representative forgets to sign.

2. The Authorized Representative’s initials are necessary and serve as permission that staff can weigh/measure and...
Section J
WIC Rights and Obligations (Continued)

3. check hemoglobin status for each client listed on the form. In addition the Authorized Representative can agree to receive assistance with breastfeeding.

4. Fill in the Family ID # in the table

5. Fill in only the names of those clients who are being certified on that particular day.

6. The height / weight / hemoglobin fields are not mandatory; local agencies may choose to make those fields mandatory and create a local agency policy.

7. The vertical bubbles for Family ID # and Authorized Representative Name are not mandatory; local agencies may choose to make those fields mandatory and create a local agency policy. The fields will prefill if the form is printed from AIM.

NOTE: Separate forms may be used for Foster children or children on AHCCCS who don’t qualify the rest of the family for WIC.

Availability of Health Services

In a language that the participant understands, the certifier will discuss the availability of health services, including:

- The types of health services
- The types of referral services
- The location of services
- How services are obtained
- The reason why services are useful
Section J
WIC Rights and Obligations (Continued)

In a language that the participant understands, the certifier will discuss the food delivery system, including:

Which foods are authorized for purchase with WIC Food Benefits

Provide a list of Authorized Arizona WIC vendors

How to use the Food Benefits:

- Food Benefits will only be used at Arizona WIC authorized vendors.
- Food Benefits will be used to purchase only those foods in the quantity (and / or brands) specified on the Food Benefit.
- Food Benefits cannot be exchanged for cash, non-authorized food items, or credit.
- Food Benefits will be used after issue date and before void date.
- Participant must inform cashier that they will be using WIC Food Benefits.
- WIC foods will be separated from other foods and according to each Food Benefit.
- The cashier will fill in the cost of the purchased WIC foods (as specified on the Food Benefit).
- The participant must verify amount & date of use written on Food Benefit.
- The Food Benefit will be signed, in ink, after the cashier fills in the date of use and the cost of the WIC foods. Participant / Authorized Representative must sign with their normal signature.
- The signature on the Food Benefit must match the signature on the WIC ID Folder or Arizona State issued Driver License/ID Card.
Section K
Voter Registration

Local Agency staff shall provide each applicant, participant or, in the case of infants and children, his/her Authorized Representative(s), the opportunity to register to vote:

- With each application for Certification or recertification
- With each transfer, including a change of address
- When the participant or Authorized Representative offers a change of address, the Local Agency shall enter the change of address into HANDS.

The Local Agency staff providing voter registration assistance shall not:

- Seek to influence an applicant’s or participant’s or Authorized Representative’s political preference or party registration
- Wear or display any material that:
  - Identifies past, present, or future seekers of partisan elective office
  - Contains logos or other graphics that may be identified with a political party or preference
  - Would reasonably be associated with a political party or preference
  - That identifies a political issue or ballot measure
- Make any statement to applicant, participant or Authorized Representative or take any action, the purpose or effect of which is to discourage the applicant from registering to vote.

Local Agency staff shall advise applicants, participants, or Authorized Representatives that:

- The voter registration process is separate from the WIC Program eligibility process
- An interview is not necessary to register to vote

Continued on Next Page
Section K
Voter Registration (Continued)

Arizona Voter Registration Form
If the applicant, participant, or Authorized Representative wants to register to vote, staff shall provide the individual with an Arizona Voter Registration Form to complete.

- Local agency staff shall assist the applicant, participant, or Authorized Representative when requested. The assistance provided shall be to the degree that assistance is provided for completing a WIC form
- If the applicant, participant, or Authorized Representative does not want assistance in completing the Arizona Voter Registration form at the clinic, the individual may take the form and complete it at his or her discretion

WIC Program Offer of Voter Registration Form
The WIC Program Offer of Voter Registration Form must be completed: (See Appendix N)
- With each application for Certification and Recertification
- With each transfer (both in- and out-of-state), including a change of address
- When the participant or Authorized Representative offers a change of address, the Local Agency shall enter the change of address in HANDS

Completing the Offer of Voter Registration Form:
The applicant, participant, or Authorized Representative should be encouraged to mark on the form whether he/she is currently registered, and/or whether he/she requests or declines the opportunity to register to vote
The applicant, participant, or Authorized Representative shall sign and date the form indicating they were offered the opportunity to register to vote.
The applicant, participant, or Authorized Representative must answer all questions on the form
If the applicant, participant, or Authorized Representative refuses to sign the Offer of Voter Registration form, the staff person shall:
  - Circle “No”
  - Initial the form indicating the individual declines the opportunity to register to vote
  - Write the family identification number on the form
Section K
Voter Registration (Continued)

HANDS Documentation
Local Agency staff shall indicate in the Voter Registration field in HANDS, the response given by the applicant, participant, or Authorized Representative as either:

- CR – Currently Registered
- NO – Not Interested
- YG – Yes, Gave Form
- NA – Not yet 18 years of age

Voter Registration Documentation
The Local Agency shall designate staff to:

- Accept and mail the Arizona Voter Registration Form, regardless of completeness, to the appropriate County Recorder’s Office within five (5) calendar days of the receipt of the form
- Collect all completed Offer of Voter Registration forms at the end of each week
- Ensure that the completed Offer of Voter Registration forms are kept separate from WIC Program documents
- Mail the completed Offer of Voter Registration forms by certified mail to the State Office, Program Integrity Manager on a quarterly basis or more frequently if necessary
- Ensure the confidentiality of the Voter Registration Process
## Section L
### WIC Rules and Regulations and Education

#### Documentation
Documentation of education and WIC Rules and Regulations must be done at every Certification. This is documented on the Food Package screen in the Issuance section in HANDS.

#### Education
WIC Staff will follow the Nutrition Education guidelines as outlined in Chapter 7 titled Participant and Staff Education. This chapter includes: Program Education Requirements for Participants; Participant-Centered Nutrition Education for Participants; Nutrition Education Care Standards; and High-Risk Nutritionist Consults.

#### WIC Rules and Regulations
At each Certification, participants will be informed of the WIC Rules and Regulations, which include:

- The duration of the Certification period
- The participant is qualified due to income, category and nutrition risk

The purpose of the Identification (ID) Folder, including, but not limited to:

7.) The ID Folder is the participant’s form of identification and they must bring it to the store with them or show their Arizona State Issued Driver License/ID Card

8.) The signature on the ID Folder or Arizona State Issued Driver License/ID Card must match the signature on the Food Benefit
   - The ID Folder must be filled out completely (see Appendix C)
   - An explanation of the food package and how these foods can improve their health status

- Option to report problems with a WIC vendor, WIC participant, WIC employee or WIC fraud by calling: 1-866-229-6561 or emailing azwiccomplaints@azdhs.gov
- Option to register to vote

Continued on Next Page
### Section L
#### WIC Rules and Regulations and Education (Continued)

<table>
<thead>
<tr>
<th>WIC Rules and Regulations (Continued)</th>
<th>At each Certification, participants will be informed of the WIC Rules and Regulations, which include (continued):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Food <strong>Benefits</strong> and VOC / ID Folder Security</td>
</tr>
<tr>
<td></td>
<td>• Participants / Authorized Representatives will keep scheduled appointments or notify Local Agency staff if unable to do so.</td>
</tr>
<tr>
<td></td>
<td>• Use of a Proxy</td>
</tr>
<tr>
<td></td>
<td>• Verification of marks if the applicant cannot write his or her name (Chapter 5, Section C, “X” Signature)</td>
</tr>
</tbody>
</table>

*We do not require participants to bring their receipts to their appointments; however, we can encourage them to review them from WIC purchases to ensure that appropriate items were charged and no sales tax is included in total purchase price.*
Section M
Referrals

Documentation

Documentation of referrals must be done at every Certification. This documentation must be recorded in the Care Plan screen in the Referral section of HANDS for each participant.

Referrals

The following referrals must be given to participants or their Authorized Representatives when appropriate:

- SNAP (Food Stamps) (all)
- Temporary Assistance for Needy Families (TANF) (all)
- Medicaid (AHCCCS) Income Guidelines (all)
- Child Support Enforcement (when parents of child WIC participant aren’t together)
- Immunizations (children)
- Substance Abuse (all)
- Folic Acid supplements and education (postpartum women)
- Lead Screening (women and children) refer to Chapter 6, Section I for more information.

Updated List of Referrals

All Local Agencies will keep an updated list of referral agencies in their community to which they refer WIC participants. The list should include, at least, the following information:

- Program name
- Phone number and/or website (if available)
Section M
Referrals (Continued)

Release of Information

An applicant or participant requesting information be sent to a third party or organization, e.g., a doctor or a health maintenance organization, must sign a release form (see sample form in Chapter 14, Appendix C).

Signing the release is a voluntary act and not a condition of eligibility or participation. The Local Agency must ensure that applicants / participants are aware they can decline to sign a release form without jeopardizing their program status. The release form must contain a statement that informs the applicant / participant of this right. The release form should not be signed until the Certification process is completed and the applicant has been informed of the eligibility determination.

Also see Chapter 14 Section D: Release of WIC Client Records, Subpoenas, and Search Warrants for release of any information.
## Chapter Two
### Certification

#### Section N
**Ineligibility**

<table>
<thead>
<tr>
<th>Notification of Ineligibility</th>
<th>The applicant will be given the Arizona WIC / CSF Programs “Notification of Ineligibility” (see Appendix J) which states the reason (see below) for the determination and how to appeal the decision. The applicant must sign the signature type Income Ineligibility on the signature pad in HANDS if they are over income. For all other reasons of ineligibility, applicants will sign the letter, indicating that they understood why they are not eligible. This documentation is to be kept in the agency’s file.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Categorical ineligibility</td>
<td></td>
</tr>
<tr>
<td>• Residence outside of Arizona</td>
<td></td>
</tr>
<tr>
<td>• Income above maximum allowable income</td>
<td></td>
</tr>
<tr>
<td>• Current participation in CSFP</td>
<td></td>
</tr>
<tr>
<td>• Other: The specific reason must be noted</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Staff shall not make photocopies of a client’s proof of income unless requested by the State Office to aid in an investigation.

<table>
<thead>
<tr>
<th>Information About Reapplication</th>
<th>Applicants will be informed on how to reapply if conditions change or if they obtain the necessary documentation.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Right to Fair Hearing</th>
<th>Applicants who are denied WIC services must be notified of their right to appeal. See Chapter 16.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Referrals</th>
<th>Applicants will be given written information regarding other food assistance programs for which they may be eligible.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Timeline</th>
<th>For those participants who become ineligible to continue participation in the Arizona WIC Program, the following will occur:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Local Agencies will notify participants at least fifteen (15) calendar days prior to the effective date of their ineligibility.</td>
<td></td>
</tr>
<tr>
<td>• Local Agencies will notify participants at least fifteen (15) calendar days before the expiration of each Certification period that their WIC Certification is soon to expire.</td>
<td></td>
</tr>
<tr>
<td>• A person who is about to be disqualified from program participation at any time during a Certification period will be advised in writing no fewer than fifteen (15) calendar days before the disqualification.</td>
<td></td>
</tr>
</tbody>
</table>
Section O
Authorized Representative

Policy

An Authorized Representative can be one of the following:

- Parent(s)
- Caretaker
- Legal guardian
- Relative with whom the participant lives
- Spouse or significant other

The primary Authorized Representative has the right to identify a second Authorized Representative during any point while in a valid Certification, but is not required to designate one. The primary and secondary Authorized Representatives may have access to the family’s WIC records.

The Authorized Representative(s) are federally required to sign two forms during a WIC Certification:

1.) Arizona WIC ID folder, which serves as their WIC ID
2.) The WIC Rights and Obligations

- Authorized Representatives can be named at the Certification appointment or anytime during a valid Certification period.
- The ID Folder and Rights & Obligations must be completed in the clinic. The ID folder should not leave the clinic with blank signature lines that are not voided.
- If the Authorized Representative names a secondary Representative who is not present, staff will put the name of the second Representative in the Notes screen using the note type “Staff Alert” so that when the second Representative returns to the clinic, staff are aware that the Authorized Representative already named the second person.

All Authorized Representatives who will cash Food Benefits will be instructed on the Rules and Regulations of the WIC Program, including how to use WIC Food Benefits. The education will be documented on the Food Package screen in the Issuance section of HANDS.

Continued on Next Page
Section O
Authorized Representative (Continued)

Procedures for Naming Authorized Representatives

A. If two Authorized Representatives are present at Certification visit:
   - Request identification from both Representatives and enter their names into HANDS on the Family screen, including what documentation of identification was seen.
   - Both Representatives sign the ID Folder and Rights & Obligations in front of the WIC staff.
   - Explain the WIC Rules & Regulations, including WIC-eligible foods and how to cash Food Benefits, to both Representatives. Staff shall ask questions to verify the Representatives’ understanding of how to use the Food Benefits, especially the new Cash Value Vouchers.
   - Document the education in HANDS.

B. If only one Authorized Representative is present at the Certification visit but there will be two representatives for the family and the family needs a new WIC ID Folder:
   - Request an approved form of identification from the Representative who is present and enter that name in the Family screen in HANDS as well as select what documentation of ID was seen.
   - Void the second signature line on the ID Folder.
   - If the second Authorized Representative is going to cash the Food Benefits, then:
     - The second Representative can return to clinic at any time during the valid certification period, bringing the original ID Folder and an approved form of identification. The second Representative’s name and documentation of identification is then put into HANDS on the Family screen.
     - The WIC staff member places an official white WIC sticker over the second line that was previously voided.
     - The second Representative signs the sticker on the ID Folder and the WIC staff initials and dates.

Continued on Next Page
Section O
Authorized Representative (Continued)

Procedures for Naming Authorized Representatives (Continued)

- The second Representative must sign the Rights & Obligations and be educated on the WIC Program.
- The WIC Staff must explain to the second representative how to use the Food Benefits and the Rules and Regulations and document this in HANDS.
  - If the ID Folder is lost, a new folder is created, the second Representative signs, and the other signature line is voided. When the first Representative returns to the clinic with the new ID Folder, the white WIC sticker procedure is used again.
  - If this second person is only going to attend WIC appointments and pick up Food Benefits (but not cash Food Benefits) their name should be entered into the HANDS system.
- The second Representative is required to provide the ID Folder and an approved form of identification.
- This second Authorized Rep does not need to sign the ID Folder nor receive education on how to shop for WIC foods/cash Food Benefits if they are not going to cash them.
- This second Authorized Rep must sign the Rights & Obligations and be educated on the WIC Program Rules and Regulations.

Continued on Next Page
Section O
Authorized Representative (Continued)

When an Authorized Representative of a WIC participant changes during a Certification period (and the original Authorized Representative does not come to the appointment with the Authorized Representative nor previously named by the original Authorized Rep ) stating that the infant / child is currently under their care, the clinic may issue up to 3 months of Food Benefits to the infant / child if ALL of the five (5) following conditions are met:

1.) The new Authorized Representative must bring the infant / child participant to the WIC appointment. If they do not bring the infant / child to the clinic, they are to be rescheduled.

2.) The new Authorized Representative must show proof of the infant / child’s ID or the WIC ID Folder. If ID is not available, the staff can issue one month food Benefits and have the Authorized Representative return next the following month with the appropriate documents.

3.) The new Authorized Representative must SIGN a written statement in the WIC office declaring that they are caring for the infant / child and an explanation of the circumstances that led them to becoming the caretaker.

EXAMPLE:

I, (name), have become the caretaker of (name), date of birth __________, because (reason). The former Authorized Representative, (name) is no longer the caretaker for this child. If this situation changes, I will immediately notify the WIC clinic.

Signature:___________________ Date:_______________

WIC Staff Member Signature:_________________________

4.) The WIC staff will assist in making the written statement if the new Authorized Representative is unable to write, and he or she must sign the statement or make their identifying mark.

5.) The income of the new Authorized Representative still meets the WIC eligibility criteria.
Section O
Authorized Representative (Continued)

Change of Authorized Representative during a Certification period (Continued)

Clarification: In the case of a pregnant woman on bed rest prior to Certification, she may send someone to the clinic to serve as her Authorized Representative. Written documentation of her anthropometric data from one of the approved sources (Medical or Osteopathic Physician (MD or DO), Nurse Practitioner (NP) or Physician’s Assistant (PA)) and the woman’s proof of income, residency, and identity must be brought. They will sign the Rights and Obligations on her behalf and receive education on how to participate in the WIC Program. Her current weight needs to be brought to each clinic visit.

If the woman is put on bed rest during her Certification, the new Authorized Representative must bring in the woman’s ID Folder. A new ID Folder will be made to reflect the new Authorized Representative. The new Authorized Representative will be encouraged to bring written documentation of the woman’s anthropometric data from one of the above-listed sources to record on the Medical screen of HANDS.

PROCEDURE:
The new Authorized Representative will be required to bring the infant / child to the WIC appointment that is now in their care and sign a written statement stating that they are caring for the infant / child. A new Family ID number will be created in HANDS to accommodate the new Authorized Representative’s demographic information. (This procedure needs to occur even when the former and new Authorized Representatives are from the same household. This is not the same as a Proxy situation.) The infant / child will be transferred into this new family. The procedure is as follows:

1.) In HANDS, identify the correct participant to be moved into the new family. Go to the client screen.

2.) If the new Authorized Representative already has a HANDS record, select “transfer client” from the Client screen of the person to be transferred and select “existing family.” Search for the family you wish to transfer them into. Click the correct family and select “transfer client.” The participant is now in the new family.

3.) If the new Authorized Representative does not have an existing record in HANDS, select “transfer client” from the Client screen of the person to be transferred, and select “new family.” You will then be taken to a blank Family screen. Enter all information for the new Authorized Representative. Click save. The participant is now in the new family.
Change of Authorized Representative during a Certification period (Continued)

Section O
Authorized Representative (Continued)

4.) Proceed with transaction. **NOTE:** The new Authorized Representative’s income must be verified and documented.

5.) The new Authorized Representative must sign the WIC Rights and Obligations and a new WIC ID Folder must be issued and signed.

6.) The WIC staff member should also document in the Notes screen in HANDS using note type “General” as to the change in the participant’s Authorized Representative situation.

7.) A note will also be made in the Notes screen in HANDS using note type “General” of the former Authorized Representative to provide the new Authorized Representative’s name, Family ID number and date of the change.

Continued on Next Page
Examples

Different Scenarios:

1.) Both Authorized Representatives attend the Certification appointment (or the 2nd Rep visits the clinic at a later time during the certification) and sign the WIC ID Folder and Rights & Obligations. Both will receive education about the WIC Program, including the Rights & Responsibilities, the availability of health services, and how to use Food Benefits. They are also to be asked if they want to name up to two (2) Proxies who may attend one (1) future appointment and pick up/use Food Benefits.

2.) One Authorized Representative attends the Certification appointment and can name a 2nd Authorized Representative who can attend future appointments, receive nutrition education, and pick up/use Food Benefits (only if they sign the ID Folder at a future appointment). The 2nd signature line is to be voided at the time of Certification; when the 2nd Rep attends a future appointment and brings the ID Folder and approved ID, an official WIC sticker is to be placed over the voided 2nd signature line and the 2nd Rep signs the ID Folder and a Rights & Obligations. They are to be educated on the WIC Program, Rights & Responsibilities, the availability of health services, and how to use Food Benefits. They will have access to the WIC family record and have the ability to make/change appointments, obtain information from the family’s record, etc.

3.) If a 2nd Authorized Representative is not present at the Certification appointment and the 1st Rep doesn’t want/need for them to have the ability to use Food Benefits (they can only pick up Food Benefits), they do not need to sign the ID Folder, but they still must bring the ID Folder and approved ID. They are to sign the Rights & Obligations and be educated about the WIC Program. They, too, will have access to the WIC family record and have the ability to make/change appointments, obtain information from the family’s record, etc.

4.) If a representative for the family attends the WIC appointment with an authorization note from either of the Authorized Representatives stating that they can pick up Food Benefits, their name is to be entered into the Proxy section on the Family screen in HANDS, they must sign the Proxy Certification Form (PCF) and a scanned copy will be kept in the participant’s HANDS record, they will take the original with them, and receive education on how to use Food Benefits. They do not have access to the WIC family record.
Section P
Proxies

Policy

Participants / Authorized Representatives are encouraged to keep their appointments personally.

The Arizona WIC Program recognizes that the above is not always possible and will allow participants / Authorized Representatives to designate up to two (2) Proxies at Certification or anytime during their Certification period to pick up their Food Benefits. Proxies attend WIC appointments when an Authorized Representative cannot. A Proxy can be used only once in a Certification period (see Appendix K) and pick up only one (1) month of Food Benefits per Certification on behalf of the participant / Authorized Representative; however, the Proxy can pick up Food Benefits for more than one WIC client. The Proxy does not have access to the WIC family record and cannot make/change appointments. Whenever the Proxy(ies) are named, whether at Certification or during Certification, the Proxy name(s) is to be entered into Proxy section on the Family screen in HANDS, and the proof of identity documented.

A Proxy:

- Must bring in the participant’s / Authorized Representative’s Arizona WIC Program ID Folder.
- Must accept training on program requirements, be given an explanation of their responsibilities and how to use the Food Benefits to purchase authorized WIC foods only. This is documented by keeping a scanned copy of the Proxy form in the participant’s HANDS record.
- May receive nutrition education for participants, depending on their role in caring for the WIC participant.
- May do the shopping for the WIC participant or pick up and give the Food Benefits to the participant / Authorized Representative to use.

Continued on Next Page
Section P
Proxies (Continued)

Procedure

Proxy identified at Certification

- Local Agency staff will ask the participant / Authorized Representative if they would like to identify a person(s) (up to two (2)) to serve as a Proxy at any time during their Certification period.

- Staff will explain the role of a Proxy to the participant / Authorized Representative. The Authorized Representative should be informed that one (1) Proxy can attend only one (1) WIC appointment during the Certification and must bring the ID folder to the appointment and an acceptable form of identification (ID).

- Names of the proxies identified by the participant / Authorized Representative at Certification will be listed in the Notes screen using a note type of "Staff Alert". Proxies will not need to bring a note to the clinic at the time of their visit if they have already been named. They will, however, need to show proof of identification by providing one of the documentation types found on the Family screen of HANDS and the staff will then add their name to the Proxy section of the Family screen and document the proof of identity that was shown. They can pick up Food Benefits for the entire family.

Proxy added at any time other than Certification:

- The Proxy must bring a signed note from the participant / Authorized Representative to the clinic. The note will state that the Proxy has permission to obtain the Food Benefits and for which family members.

- Local Agency staff will verify that the signature on the note matches the participant's / Authorized Representative’s signature on the Arizona WIC Program ID Folder.

- The Proxy will need to show proof of identification by providing one of the documentation types found on the Family screen of HANDS and the staff will then add their name to the Proxy section of the Family screen and document the proof of identity that was shown.

Continued on Next Page
Section P
Proxies (Continued)

Designated Proxy(ies) will be assigned as a Proxy in the Family screen of the participant’s HANDS record.

The Local Agency staff will:

- Add the person or persons’ name(s) in the Proxy section. If the family already has two (2) Proxies named, delete one of the names in order to add this new Proxy’s name and 
document what was shown by the Proxy as proof of identity
- Document any comments relevant to the Proxy assignment and / or issuance in the Notes screen.

Whenever Food Benefits are issued to a Proxy (regardless if they will shop for the WIC foods), the Local Agency staff will:

- Make a note in each client's HANDS record on the Notes 
  screen regarding whose Food Benefits were picked up by the Proxy noting the Proxy’s name and date of Food Benefit pick-up.
- Provide the Proxy with the same training on WIC Program requirements that is required for participants / Authorized Representatives. If applicable, WIC staff should provide nutrition education regarding the WIC participant and 
document in the AIM Care Plan screen. Document the education by selecting the Nutrition Education type in the 
Nutrition Discussion section of the care plan and writing a note in the notes screen using note type “TGIF”.
- Print the Proxy Certification Form (PCF) and have the Proxy sign the form, in ink, with their normal signature (see Appendix K), keeping a scanned copy in the participant’s 
HANDS record to acknowledge that they understand the WIC rules regarding Proxies (shop only at authorized WIC stores, buy only the foods listed on the Food Benefit, give all the foods to the participant, save and give the receipts to the participant, and use the Food Benefits during the valid dates.)
- Give the original PCF to the Proxy and let the Proxy know that the form must be taken to the grocery store if they are going to shop and cash the WIC Food Benefits.
- Have the Proxy sign, in ink, with their normal signature, the Food Benefit signature page (receipt page).
Chapter Two
Certification

Section Q
Waiting Lists

Policy
When the number of participants receiving Food Benefits each month exceeds the Local Agency's assigned caseload, a waiting list may need to be initiated, following approval from the Arizona WIC Director. The lowest priority is closed first, the second lowest priority is closed next, and so on. Applicants are put on a waiting list until the priority is reopened (see Appendix A for Waiting List Notification form). When a closed priority is reopened, applicants are enrolled in a chronological order on the basis of the date of initial contact.

The Local Agency will work with the State agency to implement these procedures.

Determination of Priority Closing

Managing Caseload
When the actual caseload numbers begin to exceed the assigned caseload numbers, priorities will have to be closed. The Local Agency will plan how many priorities need to be closed with technical assistance from the State agency.

After planning how many priorities should be closed, the Local Agency will notify the State agency by e-mail or fax and obtain written consent from the Arizona WIC Director before closing any priorities. This will allow additional review of caseload numbers by the State agency and the impact from adjustments to insure that the least amount of disruption to customer service occurs.

Predicting Caseload
In order to determine the priorities that must be closed, use Participation, Status and Termination reports in HANDS. These reports will also assist in monitoring the caseload as the actual caseload numbers begin to adjust. Monitoring needs to occur monthly in the event that a waiting list is initiated.

Priorities
Priorities are closed from the lowest to highest priority or sub-priority; e.g., Priority VII would be closed first, followed by Priority VI, etc. When opening priorities, the highest priority will be opened first; e.g., Priority V would be opened before Priority VI.

Continued on Next Page
Processing of Applicants

10 / 20 Day Rule

Applicants who are categorically eligible for open priorities are still screened within ten (10) calendar days (pregnant, infants under six (6) months, or migrant) or twenty (20) calendar days (all others) from the time they request clinic services. Notification of the placement on a waiting list must be given within twenty (20) days.

Waiting List

Information which shall be collected for each applicant on the waiting list, according to Federal Regulations, includes:

- Name
- Address
- Telephone Number (if applicable)
- Status (e.g., pregnant, breastfeeding, age of applicant)
- Date placed on waiting list

Once the Arizona WIC Program Waiting List Notification form (see Appendix A) is completed, a copy is given to the applicant and the original is placed in the waiting list file.

Optional information may include that which will assist in determining the approximate date on which the person may become categorically ineligible such as date of birth, actual delivery date or estimated delivery date.

Continued on Next Page
Program Considerations

Pre-Screening

The amount of screening which may be done prior to placement of an applicant on the waiting list will be determined by the category of the applicant in relation to the open priorities and the Local Agency resources.

Local Agencies that have closed priorities which are not likely to be served do not have to maintain waiting lists except in the case of a person who understands that the likelihood of that priority being opened is low and still requests placement on the waiting list.

The Local Agency will explain to each applicant who may qualify for a currently closed priority the likelihood that the priority will be opened.

Examples:

- The State agency strongly recommends that the Local Agency perform income screening prior to placement on the waiting list.
- If an agency has closed all priorities up to and including Priority III, there would be no need to screen a postpartum woman or a child because all the priorities for which they could be eligible are closed.

NOTE: If an applicant is categorically eligible for an open priority or sub-priority, the person will be screened. If the person is found to be eligible, they will be enrolled in that open priority.
Section Q
Waiting Lists (Continued)

Program Considerations (Continued)

Files
The State agency suggests the following system. However, if a Local Agency wants to adopt a different system, it must meet the same standards of all records (see Records Chapter 14) and guarantee that applicants and participants are served with nondiscrimination practices throughout the agency.

- A separate filing system will be set up for the waiting list.
- A separate section for each priority that is closed will be established.
- A copy of the “Arizona WIC / CSF Programs Waiting List Notification” shall be placed in the file for each person, in chronological order, with the form with earliest date of placement on the waiting list first.
- If the screening process has begun, any paperwork completed thus far shall be firmly attached to the copy and placed in the appropriate priority’s file.
- When that specific priority is reopened, the applicant with the earliest date of placement on the waiting list is the first to be notified, the second earliest date is notified, and so on.
- These files will be accessible and clearly labeled for management and audit purposes.
Section Q
Waiting Lists (Continued)

Program Considerations (Continued)

| Notification/Recall from Waiting List | Notification must be completed by telephone or mail, with documentation including the date notified and the form of contact (i.e., letter or phone).
If notification is mailed, the postcard or letter will state either:

- An actual appointment date to be screened with a notice to contact the office if they do not want to or are unable to keep the appointment
  or
- A date by which the person must contact the office to make an appointment

The notification form will contain a statement that the person will be moved to the bottom of the waiting list if they do not respond to the notification. |
## Program Considerations (Continued)

### Date of Ineligibility

The date of perceived ineligibility may be written on the “Arizona WIC / CSF Programs Waiting List Notification” to aid in file management. For example, if a child will reach his fifth birthday soon, the file would be terminated on the birth date if the priority remains closed.

### False Expectation

The WIC staff person will always explain why placement on the waiting list is necessary, and what it means in terms of realistic possibilities of receiving Benefits.

The Local Agency Director will provide training and scripts for clerks and / or CNWs to perform this task accurately and with comfort.

### Referrals to Other Programs

Applicants who are placed on a waiting list will be referred to other appropriate programs (e.g., food assistance programs, Head Start, etc.)

### Breastfeeding Women Who Quit Breastfeeding

Women who are categorically eligible for the WIC Program due to breastfeeding who quit breastfeeding can no longer be considered a participant in a breastfeeding priority and may not continue to receive Benefits.

If her baby is under six (6) months of age, the woman must be screened to determine if she is eligible for an open priority as a postpartum woman, if a postpartum risk had not been previously identified for her. If she qualifies for an open priority, she may be enrolled in that priority. If priorities serving postpartum women are closed, the woman may be placed on the waiting list if she requests to do so.

If the baby is older than six (6) months of age, the woman is no longer categorically eligible for the WIC Program and must be terminated.

If an infant is on the program with Risk 702 (Infant being breastfed by a woman at nutritional risk) as the only identified risk, the infant will need to be reassessed for Certification and issued a new food package, if appropriate.

*Continued on Next Page*
Program Considerations (Continued)

**Transfers (After Certification)**

At the end of their current Certification period, the person would be reassessed and one or more of the following appropriate actions would be taken:

- Placed on the program if they qualify for an open priority
- Placed on the waiting list if they qualify for a closed priority, if the person requests placement
- Graduated from WIC
- Terminated if found ineligible
- Referred to other appropriate programs

**Notification of Referral Agencies**

Agencies that refer applicants to the WIC Program will be kept informed of any actions taken by the Local Agency to adjust caseload (see sample letter in Appendix L). This may include identifying categories of applicants still being served and would include encouragement to those agencies to keep making referrals to the WIC Program. Referring agencies are to be made aware that even when some people are not being served, others may be eligible to receive Benefits immediately.
Section R
Transfer of Certification

Verification of Certification (VOC)

Local Agencies receiving transfers will accept as verification of Certification, the Verification of Certification (VOC) documents from other states. Each transferring participant must sign the Rights and Obligation form at the Local Agency receiving the transfer. A document containing the following information is to be considered a valid VOC:

- Name of participant
- Beginning date of Certification
- Ending date of Certification
- Date of income determination
- Participant’s nutrition risk
- Normal signature and full printed / typed name of the certifying Local Agency official
- Name and address of the certifying Local Agency
- An identification number or other means of accountability
- Identification of migrant status

Incomplete Verification of Certification (VOC)

A partially complete VOC will be considered proof of WIC eligibility if it contains the following information:

- Name of participant
- Beginning date of Certification
- Ending date of Certification period
- Name and address of the certifying Local Agency

Continued on Next Page
Retention of VOC / Rights and Obligation

Local Agencies will retain the VOC from the transferring agency by scanning it into the participant’s file in HANDS and having the Authorized Representative sign the Rights and Obligations signature type in HANDS.

Transfer When a Waiting List Exists

An individual transferring into a Local Agency will be allowed to participate (unless there is a waiting list for all priorities) until the designated end of their current Certification period.

Local Agencies that have waiting lists will:

- Place transferring participants at the top of the list and enroll them before any other person
- Or
- Enroll transferring participants immediately if some priorities are being served

Special Conditions

Participants with a VOC which shows them in a current certification who are transferring to the Arizona WIC Program from State agencies with shorter Certification periods than Arizona will have their Certification extended. Infants who have a certification start date on the VOC that was prior to the infant turning 6 months old will have their certification extended to their first birthday. Children and breastfeeding women with 6 month certification periods on the VOC will have their certification extended to 1 year from the certification start date that appears on the VOC.

Continued on Next Page
Section R
Transfer of Certification (Continued)

Transfers (Valid Certification Period)

Transfers who contact a Local Agency requesting services and who are currently in a valid Certification period shall be placed on the program immediately or at the top of the waiting list if the program is not enrolling new applicants. The transfer is placed on the waiting list ahead of all waiting applicants, regardless of the priority under which he/she was initially certified. The transferring participant must then be enrolled before any other person.

Documentation of valid Certification shall be a verification of Certification (VOC) card which includes:

- The name of the participant
- The date the Certification was performed
- The date income eligibility was last determined
- The nutrition risk condition of the participant
- The date the Certification period expires
- The signature and printed or typed name of the certifying Local Agency official
- The name and address of the certifying Local Agency
- An identification number or some other means of accountability

**NOTE:** Participants who arrive in a new service delivery area and show an incomplete VOC card which contains a minimum of the name, Certification beginning date and expiration date will be treated as if the VOC card contained all the information. The Local Agency will call the original agency to verify if Food Benefits had been issued within the last thirty (30) days.

*Continued on Next Page*
Section R
Transfer of Certification (Continued)

In-State Transfers

For transfers within the Arizona WIC Program:

The Local Agency to which the participant is transferring will:

- Verify active status using the HANDS system by doing a statewide search. Verify approved forms of identification (ID) for all transferring WIC clients.
- Complete the In-State Transfer screen of the HANDS system.
- Update Address and Voter Registration status on the Family Screen in HANDS.
- Have the Authorized Representative sign the Rights and Obligation signature type in HANDS.

NOTE: A transfer from Navajo Nation or Inter Tribal Council of Arizona, Inc. (ITCA) WIC Program is considered an out-of-state transfer.

Out-of-State Transfers

For out-of-state transfers within a valid Certification period:

The Local Agency to which the participant is transferring will:

- Ensure the participant was never participating in Arizona WIC by using HANDS to do a statewide search. If the participant was once an Arizona WIC participant, you will need to transfer the participant(s) into your clinic first.
- Verify approved forms of identification (ID) for all transferring WIC clients. Complete the Out-of-State Transfer screen in HANDS.
- For the unique VOC number in the Transfer screen, use the 2-letter state abbreviation followed by the unique identifier on the actual VOC. If there is no unique identifier on the VOC, use the state abbreviation followed by the client or family ID that is provided on the VOC.
- Have the Authorized Representative sign the Rights and Obligation signature type in HANDS and scan the VOC into the participant’s file in HANDS.
**Section R**  
Transfer of Certification ( Continued )

### Transferring out of Arizona WIC

If a participant is transferring to a WIC Program in another state, the other state may request information about the incoming participant. The requested information will be faxed to the requesting program upon receipt of the request from the other state’s WIC Program.

### Transfers in of Migrants and Native Americans

Local Agencies will ensure the continuation of Benefits to migrants, their families, and to Native Americans.

Local Agency transfer of Certification procedures will be developed and documented in the Local Agency policy and procedure manual to indicate:

- How transferring migrants, their families, and Native Americans will be identified

The procedures that will be used to transfer their Certification expeditiously

**NOTE:** In the event that a Local Agency has a waiting list, transferring migrants, their families and Native Americans will be given priority for services.

### WIC Overseas

When participants are transferring from WIC Overseas, Arizona WIC will utilize their signed Verification of Certification (VOC, also called a Participant Profile Report) and transfer them into our program. The Out-of-State Transfer screen in AIM must be completed, the Rights and Obligation form signed and the Local Agency will retain the VOC form in their daily or central file. If the participant does not have a VOC, contact Margaret Applewhite at WIC Overseas 1 (877) 267-3728) and she can look up the VOC information within 24 hours. If the applicant is not in a valid Certification period, they will begin a new Certification period if still eligible.

When participants are transferring to WIC Overseas, participants will use their Arizona WIC Program VOC printed from the AIM system.
Chapter Two
Certification

Section S
Caseload Reduction Due to Funding Shortages

Use of Waiting Lists

The State agency will notify Local Agencies of the need to remove a certain number of participants from the program and initiate a waiting list when a funding shortage occurs.

If funding shortages become so acute as to necessitate removing participants from the program in the middle of their Certification periods, participants will be given a half food package and fifteen (15) calendar days written notice that they are being taken off the program. This written notice will also include the categories of participants whose Benefits are being suspended or terminated due to such funding shortages.

Participants will be removed from the program in reverse priority order. That is, those in the lowest priorities will be taken off first and placed on a waiting list following established procedures.

When funding is available to serve additional participants, the persons on the waiting list will be recalled in priority order.

NOTE: Local Agencies may not remove participants from the program in the middle of their Certification periods without written approval from the Arizona WIC Director.
Appendix A:
Waiting List Notification Form

See Attached
ARIZONA WIC PROGRAM
WAITING LIST NOTIFICATION

This section for clinic use only.

0  1  2  3  4  5  6  7
(Circle Potential / Actual Priority)

(Date Placed on Waiting List)
Pregnant  Breastfeeding  Postpartum  Infant  Child
(Circle Potential / Actual Category)

Complete with:  Infant / Child = Date of Birth
or
Pregnant = Estimated Date of Delivery
or
Postpartum / Breastfeeding = Date Pregnancy Ended

Referral to health and/or food/public assistance program:

□ yes  □ no

It has been determined that you may meet the criteria to participate in the Arizona WIC Program. Unfortunately at this time funding is not available to provide services to all the applicants who may qualify. You are being placed on a waiting list and will be notified when it is possible for you to apply for program Benefits.

If you wish to appeal this decision, you must request an informal settlement conference and/or a fair hearing. Local Agency staff may assist you in filing your request in writing.

A request for an informal dispute resolution meeting must be post-marked within twenty (20) calendar days from the date on this form and addressed to WIC Director, 150 N. 18th Ave., Suite 310, Phoenix, AZ 85007 or hand-delivered to the Local Agency Director who will forward it to the WIC Director.

A request for a fair hearing must be post-marked or hand-delivered within sixty (60) calendar days from the date on this form and be addressed to the Clerk of the Department, Arizona Department of Health Services, 150 North 18th Avenue., Suite 500, Phoenix, AZ 85007.

If you choose, you may be represented by a relative, friend, legal counsel or other spokesperson. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

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Participant Signature  Date Signature and Title of Clinic Staff Date

Original copy - applicant
Second copy – file
Chapter Two
Certification

Appendix B:
Rights & Obligations Forms
(Formerly Consent / Release Form)

See Attached
Welcome to Arizona WIC
Participant Rights and Obligations

Our pledge to you

Health Information
• WIC provides helpful tips on nutrition and active living.
• WIC supports and helps with breastfeeding.
• WIC will contact your healthcare provider to discuss nutritional needs for you and/or your child upon your request.

Healthy Foods
• WIC provides your family with checks to buy healthy foods.

Fair Treatment
• WIC Rules are the same for everyone.
• You have the right to appeal decisions made by WIC about your eligibility.

Privacy
• If you do not understand your Rights and Obligations, you have the right, at any time, to ask a WIC staff member to explain them to you.

Help Getting Enrolled in Services
• All information provided to WIC will be kept private.
• If you move to a different area, your WIC information will be shared with the new WIC clinic if you request.
• WIC provides referrals to health and social services that may help your family.
• If you have other questions, ask to speak with a WIC Clinic Supervisor.

Your pledge to WIC

Honesty
• Do not sell or trade WIC checks, food, formula or breast pumps (the intention alone could be grounds for removal from the program).
• If WIC determines you have attempted to sell or had intention to sell any benefits (foods, formula or breast pumps) verbally, in print or online through any type of social media, you will be subject to disqualification from the Program.
• You can only enroll in one (1) WIC or one (1) Commodity Supplemental Food Program (CSFP) or Food Plus Program at any given time. You cannot get WIC food checks and receive a CSFP food box during the same month for the same person.
• WIC checks and ID folders are for you and your children and are not to be changed or altered in any manner.

Accurate Information
• Provide the most current and truthful information (WIC staff may verify that this information is correct).

Good Use of the Program
• Be courteous and respectful towards all WIC clinic and store staff.
• Buy only WIC-approved foods.
• Shop only at WIC-approved stores.
• Following the rules of the WIC Program is important to avoid being prosecuted, disqualified, and/or asked to repay the Program.
• Be on time for your WIC appointment. If you cannot keep an appointment, call your local WIC office before your scheduled appointment.

Protect your benefits
• Keep your WIC ID Folder safe: lost/stolen checks are NOT replaceable (as they are treated the same as cash).
• Allow only the approved authorized representative or proxy to use your WIC checks or ID Folder.

In accordance with 7 CFR 246.24, the Director of Arizona Department of Health Services (ADHS) has authorized the use and disclosure of WIC participant information to the following programs: Arizona Early Intervention Program, Car Seat Program, Children with Special Healthcare Needs, Food Stamps, Health Start Program, High-Risk Pregnant Program, Healthy Start Initiative Program, Arizona Immunizations Program, Maternal and Child Healthcare Program and Substance Use Prevention. For additional details about the purpose of the Information Sharing Agreement, please see the inside of your WIC Identification (ID) Folder.

By signing this form, I agree to all the above:

Signature of Authorized Representative 1: __________________________ Date __________

Signature of Authorized Representative 2: __________________________ Date __________

Signature & Title of Certifier: __________________________ Signature of Income Verifier (if different): __________________________ Date __________

I agree to allow WIC staff to: (initials)

[ ] take height and weight for me and/or my child
[ ] take a small amount of blood to check the iron level for me and/or my child
[ ] physically touch me or my child during breast feeding instruction

Family ID #

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Bienvenido a los Derechos y Obligaciones de los Participantes de WIC de Arizona

El compromiso de WIC con usted
- Si usted no entiende sus Derechos y Obligaciones, usted tiene el derecho de pedirle al personal de WIC, en cualquier momento, que se los explique.

Privacidad
- Toda la información proporcionada a WIC es privada.

Ayudar en su Registro para Servicios
- Si se muda a otra área, su información de WIC se compartirá con la nueva clínica de WIC si usted lo solicita.
- WIC ofrece recomendaciones para servicios sociales y de salud que pueden beneficiar a su familia. Si usted tiene otras preguntas, pida hablar con un Supervisor de la Clínica de WIC.

El compromiso de usted con WIC

Honestidad
- No vendas o intercambies los cheques, los alimentos, la fórmula o bombas de extracción de leche de WIC (es solo intención pero podría ser motivo para que se descalifique el programa).
- SI WIC determina que usted ha intentado vender o ha tenido la intención de vender cualquier beneficio (alimentos, fórmula o bomba de extracción de leche) verbalmente, por escrito o por Internet a través de cualquier red social, usted podría estar sujeto(a) a descalificación del Programa.
- Usted se puede registrar en un (1) Programa de WIC, un (1) Programa de Productos Alimenticios Suplementarios (CSP), un (1) Programa de Productos Alimenticios Suplementarios (CSP) o el Programa Food Plus. Usted no puede recibir cheques para alimentos de WIC y también recibir una caja de alimentos de CSP en el mismo mes, para la misma persona.
- Los cheques y Carpetas de Identificación son para usted y sus niños y no se deben de cambiar o alterar de ninguna manera.

Información Correcta
- Proporcione la información más actualizada y exacta (el personal de WIC puede verificar esta información para ver si está correcta).

Buen Uso del Programa
- Trate con cortesía y respeto al personal de la clínica WIC y el de la tienda.
- Compre sólo los alimentos aprobados por WIC.
- Compre sólo en las tiendas autorizadas por WIC.
- Es importante seguir las reglas del Programa WIC para evitar ser expulsado, descalificado o bien obligado a pagar los productos al Programa.
- Llame a tiempos para su cita de WIC. Si no puede llegar, llame a su oficina local de WIC antes de su cita.

Proteger sus Beneficios
- Mantenga seguro su Carpeta de Identificación de WIC, los cheques perdidos o robados NO se reemplazan (ya que son dinero en efectivo).
- Permítan que sólo su representante autorizado use sus cheques de alimentos o Carpetas de Identificación.
- Reporte inmediatamente los cheques robados a su oficina de WIC.

Al firmar esta forma, estoy de acuerdo con todo lo anterior:

<table>
<thead>
<tr>
<th>Firma del Representante Autorizado 1:</th>
<th>Fecha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firma del Representante Autorizado 2:</td>
<td>Fecha</td>
</tr>
<tr>
<td>Firma y Título de la Persona que Certifica</td>
<td>Firma de Quien Verifica el Ingreso (si es diferente)</td>
</tr>
</tbody>
</table>

Estoy de acuerdo en permitir que el personal de WIC: (iniciales)
- tome medidas de altura y peso para mi y/o mi niño
- tome una pequeña muestra de sangre para checar mi nivel de hierro y/o el de mi niño
- toke físicamente, a mi niño o a mi, durante las instrucciones para la lactancia

Identificación Familiar #

<table>
<thead>
<tr>
<th>Nombre del Participante</th>
<th>Peso</th>
<th>Altura</th>
<th>Hgb</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C:
Instructions for WIC Identification
(I.D.) Folder

See Attached
Instructions for Completing the WIC ID Folder

Back Folder Cover

1. Signatures:
   - If there is only one person who will be signing, staff must write with ink (or stamp) the word “VOID” in space #2. Staff are not permitted to allow clients to leave the clinic with blank signature lines.
   - If both representatives are signing, follow the standard signing procedures
   - If one of the representatives is not present at the time of Certification or replacement of a folder, staff should follow step 1 and use the Second Authorized signature sticker for future needs.

2. Staff should inform clients of the Complaint Hotline 1-866-229-6561

Inside Cover

1. Write in the Family ID number in the white box marked Family ID number
2. Write the name of each qualified participant and their assigned HANDS participant ID number in the appropriate boxes.
3. Stamp your Local Agency’s program stamp or write the information (clinic number, address, phone number) in the space provided.
4. Staff should check for client’s understanding of The Rights and Obligations that are written on the inside of the WIC ID folder

Folder Rules

1. At future Certifications, the same ID Folder may be used if the Authorized Representative(s) remain the same. In the case of two (2) Authorized Representatives, if only one attends the Certification appointment, they are to be asked if they want the other Authorized Representative to remain on the AIM record / ID Folder. If not, the Folder is to be voided and a new one created. If, at the time of the next Certification, an additional Authorized Representative needs to be added, the Second Authorized Representative sticker procedures can be used (see Section P)
2. If the ID Folder is lost or damaged during the Certification, a new Folder is to be issued. If both the Authorized Representative(s) are not available to sign the folder, follow the second Authorized Representative sticker procedures. (see Section P)
3. A maximum of one Second Authorized sticker can be used per folder.
Chapter Two
Certification

How to Use WIC Checks

1. Shop only at WIC-approved shops.
2. Check the expiration date on all the items.
3. Check the expiration date of the WIC checks.
4. Keep the WIC checks safe and secure.
5. Do not throw away the WIC checks.
6. Store the checks in a cool, dry place.
7. Keep the checks away from heat sources.
8. Do not fold or crease the checks.
9. Do not lose the checks.
10. Do not throw the checks away.
11. Do not share the checks.

Cómo Usar los Cheques de WIC

1. Compruebe la fecha de vencimiento de los cheques de WIC.
2. Compruebe la fecha de expiración de todos los artículos.
3. Compruebe la fecha de expiración de los cheques de WIC.
4. Mantenga los cheques a salvo y seguros.
5. No tire los cheques.
6. GUarde los cheques en un lugar frío y seco.
7. Mantenga los cheques lejos del calor.
8. No doble ni arrugue los cheques.
9. No pierda los cheques.
10. No tire los cheques.
11. No comparta los cheques.

End Agency WIC Office/State Level of WIC

End Agency WIC Office/State Level of WIC

Free Breastfeeding Hotline 1-800-833-1148

www.arwic.gov
Chapter Two
Certification

Appendix D:
Statement of Documentation Form

See Attached
ARIZONA WIC PROGRAM
Statement of Documentation

Participant Name: ________________________________

☐ Forgot Documentation

I acknowledge that the information that I provided about my ID/Address/Income is true. I also acknowledge that I have proof of ID/Address/Income, but I forgot it today. I understand that I will only get a 30 day certification and benefit period and if I do not return within 30 days of today with my documentation, this certification will be terminated.

☐ Non-existing Documentation

For the following situations, the applicant, if qualified, can be enrolled on WIC for the entire Certification period:

Income

For Applicants or Authorized Representatives with inadequate income documentation or those that do not have income documentation because the documentation does not exist:

I declare my total gross household income is $_______________ Per

☐ Week ☐ Every other week ☐ Month ☐ Year

Reason for inadequate or no documentation: ________________________________________________________________

Address or Identification

For Applicants or Authorized Representatives who do not have documentation of address and/or identification because the documentation does not exist:

Address is: ____________________________________________

Reason for no proof of address or identification: __________________________________________________________

☐ Zero Income

For Applicants or Authorized Representatives with ZERO income. I declare my total gross household income is ZERO.

I am getting food and housing from: ________________________________________________________________

I, ________________________________, verify the above is correct for the section indicated. I understand that providing incorrect or misleading information can result in criminal charges and/or paying the Arizona Department of Health Services, in cash, the value of the food benefits improperly received.

Authorized Representative Signature ________________________________ Date __________

WIC Staff Signature ________________________________ Date __________
Programa WIC de Arizona
Declaración de Documentación

Nombre del Participante: ____________________________

☐ Olvidó sus Documentos

Confirma que la información que estoy dando sobre mi Identificación/Domicilio/Ingresos, es verdadera. También confirma que cuento con prueba de Identificación/Domicilio/Ingresos, pero los olvidé hoy. Entiendo que solo obtendré una certificación y beneficios por un período de 30 días y si no regreso dentro de 30 días con mis documentos, esta certificación se terminará.

☐ Documentación No Existente

Para las siguientes situaciones, el solicitante, si califica, puede ser enlistado/a para recibir WIC por el período completo de certificación:

Ingresos

Para los solicitantes o representantes autorizados con documentación de ingresos inadecuados o aquellos que no tienen documentación de ingresos porque la documentación no existe:

Yo declaro que el ingreso total de mi hogar es de $ ______________ Por

☐ Semana ☐ Quincena ☐ Cada dos semanas ☐ Mes ☐ Año

La razón para no tener documentación o presentar documentación inadecuada: ____________________________________________________________

Domicilio o Identificación

Para los solicitantes o representantes autorizados que no tienen documentación de domicilio o identificación porque ésta documentación no existe:

El domicilio es: ________________________________________________

La razón por no tener prueba de domicilio o identificación: ________________________________________________________________

☐ Sin Ingresos

Para los solicitantes o representantes autorizados con CERO ingresos. Yo declaro que el total bruto de los ingresos en mi hogar es CERO.

Yo obtengo alimentos y vivienda de: ________________________________________________________________

______________________________, verifico que lo anterior es correcto para la sección indicada. Yo entiendo que presentar información incorrecta o engañosa me puede resultar en cargos criminales y / o tener que pagarle al Departamento de Servicios de Salud del Estado de Arizona, en efectivo, el valor de todos los beneficios de alimentos recibidos.

Firma del Representante Autorizado ___________________________ Fecha ________________

Firma del Personal de WIC ___________________________ Fecha ________________
Appendix E:
Determining Income Eligibility & Income Guidelines

See Attached
Chapter Two
Certification

Determining Income Eligibility

Start
Does the client participate in AHCCCS, TANF, SNAP, Section 8, FDPIR?

Yes
If proof of adjunctive eligibility is not available on the day of Certification, you will document “part no proof” on adjunct eligibility section of income screen to capture status. This does not make the participant income eligible. You must continue with regular income screening and eligibility determination

No

Is income within guidelines?

No

- Client not eligible
- Sign Income Ineligibility signature type in HANDS
  - Provide copy of letter
  - Refer to other resources

Yes

Is there proof of income?

No

- Document “part proof” for the adjunctive program(s) in adjunct eligibility section of income screen
- Document amount of client’s verbal estimate of income
- Enter the appropriate income documentation code reflecting adjunctive eligibility in income section
  - “4” AHCCCS, TANF, SNAP eligibility letter

Yes

Can client bring proof later? (Does the documentation exist?)

Yes

- Document “10- forgot Documentation” in HANDS
- Have AR sign forgot documentation signature type in HANDS
  - Proceed with Certification
  - Give 1 month of Food Benefits, and 30 days to bring in proof of income

No

- Have AR sign the No Proof Exists – Income signature type in HANDS
- Document “20- Statement of Documentation form as proof of income”

Is proof of income received within 30 days?

No

- Terminate current Certification and offer to recertify participant if appropriate documentation is available
  - Client not eligible
  - Sign Income Ineligibility signature type in HANDS
  - Provide copy of letter
  - Refer to other resources

Yes

Verify income

Is income within guidelines?

No

- Document amount of income in income section
- Document proof of income that was seen
- Proceed with appointment

Yes

- Document amount of income in income section
- Document what was seen as proof of income
- Proceed with Certification

Client income eligible

- Proceed with Certification
## Arizona WIC Program Income Guidelines

**Effective: April 1, 2014**

### One Family Member

<table>
<thead>
<tr>
<th>Income Guide Code</th>
<th>% DHHS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<tbody>
<tr>
<td>00000000000000000000</td>
<td>100%</td>
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### Two Family Members

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<th>2</th>
<th>3</th>
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### Three Family Members

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<th>% DHHS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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### Four Family Members

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<thead>
<tr>
<th>Income Guide Code</th>
<th>% DHHS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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### Five Family Members

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<thead>
<tr>
<th>Income Guide Code</th>
<th>% DHHS</th>
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<th>2</th>
<th>3</th>
<th>4</th>
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</table>

### Six Family Members

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<tr>
<th>Income Guide Code</th>
<th>% DHHS</th>
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<th>2</th>
<th>3</th>
<th>4</th>
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### Seven Family Members

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<tr>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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</tbody>
</table>

### Eight Family Members

<table>
<thead>
<tr>
<th>Income Guide Code</th>
<th>% DHHS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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</thead>
<tbody>
<tr>
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<td>100%</td>
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</tbody>
</table>

### For Each Additional Family Member Add

<table>
<thead>
<tr>
<th>Income Guide Code</th>
<th>% DHHS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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</tbody>
</table>

### Automatic Eligibility @ Income Code

- **100%**
- **185%**
- **130%**
- **AHCCCS (E or PE)**
- **TANF (AFDC) (E or PE)**
- **Food Distribution Program on Indian Reservations-FDPIR (E)**
- **Food Stamps (E)**

### Income Code

- **1**
- **2**
- **3**
- **4**
- **5**
- **6**
- **7**
- **8**

---

* 130% of poverty is the upper maximum income for seniors enrolling in CSFP and SFMNP
** 185% of poverty is the upper maximum income for WIC program participation
> 185% of poverty is over the maximum allowable income for program participation
Chapter Two
Certification

Appendix F:
Health and Nutrition Assessment

See Attached
### A Complete Assessment - As Easy As ABCDE

A = Potential WIC Codes/Key Areas to Assess

#### 100's Anthropometric = HT/WT, %tiles
(Anything related to weight gain, loss, growth)
- What has your doctor said about your child’s growth/your weight?
- How do you feel about your weight changes?
- How do you feel about your child’s growth?

Probe for these topics depending on what participant shares from questions to assess for all risks

<table>
<thead>
<tr>
<th>Family's feelings on growth/gain</th>
<th>Weight change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women's feelings on weight gain/loss</td>
<td>Prematurity/Birth weight</td>
</tr>
</tbody>
</table>

#### 200's Biochemical = Blood Tests
(Anything related to blood: anemia, lead)
- What has your doctor said about your/your child’s iron and lead levels?
- What have you heard about anemia and lead screening?
- Have you or your child had a lead test before?

#### 300's Clinical = Health/Medical Conditions
(Anything related to medical history, medical conditions, doctor access or pregnancy)
- What has your doctor said about your pregnancy/baby/child?
- What concerns do you have about your/your child’s/your baby’s health?
- How does this pregnancy compare to your previous pregnancies?
- How often do you feel down, depressed or hopeless, or have little interest in doing things?
- What has your doctor or dentist said about your/your child’s/your baby’s oral health?

Probe for these topics depending on what participant shares from questions to assess for all risks

<table>
<thead>
<tr>
<th>MOM</th>
<th>BABY</th>
<th>CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal Care</td>
<td>Allergies</td>
<td>Oral/Dental Health</td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>Medical</td>
<td>Allergies</td>
</tr>
<tr>
<td>Previous Pregnancy</td>
<td>Conditions</td>
<td>Medical Conditions</td>
</tr>
<tr>
<td>Medical History (Recent Surgery, Delivery)</td>
<td>Immunizations</td>
<td>Immunizations</td>
</tr>
<tr>
<td>Medications</td>
<td>Oral/Dental Health</td>
<td>Medications</td>
</tr>
<tr>
<td>Allergies</td>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>Oral/Dental Health</td>
<td>Medications</td>
<td></td>
</tr>
</tbody>
</table>

#### 400's Diet and Nutrition
- What is meal time like for you/your family?
- When do you know baby is hungry? How does baby tell you?
- How do you feel about your appetite
- How do you feel about your child’s/your baby’s eating?

Probe for these topics depending on what participant shares from questions to assess for all risks

<table>
<thead>
<tr>
<th>MOM</th>
<th>BABY</th>
<th>CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beverage/Water</td>
<td>Solids foods/Beverages</td>
<td>Beverage Intake/Cup Use</td>
</tr>
<tr>
<td>Appetite (Likes/Aversions/Cravings)</td>
<td>- Plan/What/how/when</td>
<td>Water source? Bottle, tap, well?</td>
</tr>
<tr>
<td>Prenatal Vitamins</td>
<td>Food Safety</td>
<td>Milk Intake &amp; Type</td>
</tr>
<tr>
<td>Food Safety</td>
<td>Vitamins</td>
<td>Vitamins</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Breastfeeding</td>
<td>Food Safety</td>
</tr>
<tr>
<td>- Questions/Feelings</td>
<td>- How often/typical feeding</td>
<td>Intake/Foods (picky, textures, number of meals, portions)</td>
</tr>
<tr>
<td>Milk Consumption and Type</td>
<td>formula (oz/day, Preparation)</td>
<td>Parent/Child Roles</td>
</tr>
<tr>
<td>Eating patterns</td>
<td>Bottle use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Water source? Bottle, tap, well?</td>
<td></td>
</tr>
</tbody>
</table>

#### 900's Environmental/Other Factors
(Anything related to smoking, substance use, safety)
- What are your thoughts about smoking in your home or around you or your kids?
- How do you feel about your safety in your relationship?
- How do you feel about your child’s/your baby’s safety in your family relationships?
- What concerns do you have about drugs or alcohol?

Probe for these topics depending on what participant shares from questions to assess for all risks

<table>
<thead>
<tr>
<th>Smoking (maternal smoking or smoking in the home)</th>
<th>Drug or Alcohol Abuse</th>
<th>Safety/Abuse</th>
<th>Foster Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
## Getting to the Heart of Matter Tools Situations for Use

<table>
<thead>
<tr>
<th>Technique</th>
<th>When to use this technique</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>#1: Card Sort</strong></td>
<td>This technique is appropriate in most situations</td>
</tr>
<tr>
<td></td>
<td>This technique is not appropriate for:</td>
</tr>
<tr>
<td></td>
<td>• Participants that do not read, write or speak English or Spanish</td>
</tr>
<tr>
<td><strong>#2: Feeling Faces</strong></td>
<td>This technique is appropriate in most situations</td>
</tr>
<tr>
<td></td>
<td>This technique is not appropriate for:</td>
</tr>
<tr>
<td></td>
<td>• Parents whose children have serious medical issues</td>
</tr>
<tr>
<td><strong>#3: Doors</strong></td>
<td>This technique is appropriate in most situations, especially:</td>
</tr>
<tr>
<td></td>
<td>• First time WIC client</td>
</tr>
<tr>
<td></td>
<td>• Pregnant women</td>
</tr>
<tr>
<td></td>
<td>• People who are hesitant to share their feelings or true challenges</td>
</tr>
<tr>
<td></td>
<td>• Challenging clients</td>
</tr>
<tr>
<td></td>
<td>• Discouraged, frustrated or depressed clients</td>
</tr>
<tr>
<td></td>
<td>This technique is not appropriate for:</td>
</tr>
<tr>
<td></td>
<td>• Women with history of pregnancy loss, high risk pregnancies or known complications with pregnancy or baby</td>
</tr>
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<td>• Parents whose children have serious medical issues</td>
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<td><strong>#4: Metaphor Images</strong></td>
<td>This technique is appropriate in most situations, especially:</td>
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<td></td>
<td>• First time WIC client</td>
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<td>• Pregnant women</td>
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<td>• Challenging clients</td>
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<td>• People who have difficulty expressing their feelings in a language other than their native language</td>
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<td></td>
<td>This technique is not appropriate for:</td>
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<td></td>
<td>• Parents whose children have serious medical issues</td>
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<td><strong>#5: Paint Chips</strong></td>
<td>This technique is appropriate in most situations</td>
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<td>This technique is not appropriate for:</td>
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<td>• Parents whose children have serious medical issues</td>
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<td><strong>#6: Texture</strong></td>
<td>This technique is appropriate in most situations</td>
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<td></td>
<td>This technique is not appropriate for:</td>
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<td></td>
<td>• Parents whose children have serious medical issues</td>
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<td><strong>#7 Magic Wand</strong></td>
<td>This technique is appropriate in most situations, especially:</td>
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<td></td>
<td>• To involve older WIC children in the conversation</td>
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<td>This technique is not appropriate for:</td>
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<td></td>
<td>• Women with history of pregnancy loss, high risk pregnancies or known complications with pregnancy or baby</td>
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<td>• Parents whose children have serious medical issues</td>
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General tips on using Getting to the Heart of the Matter tools:

- Establish a warm and welcoming rapport before introducing the assessment tools. Clients need to feel comfortable and trust that you are leading them to a meaningful and fun activity. These tools are best implemented in a fun, playful, accepting environment where clients know they can take risks.

- Provide clear instructions in a light, fun conversational tone. Give an example of how to do it using a non-nutrition topic, if the client seems confused or hesitant. Make it a playful activity so clients can relax as they reveal their truths.

- Believe that these techniques work and that you will be a success. Clients can pick up on any uncertainty or hesitation.

- If you’re concerned or nervous about trying this new assessment approach, ask your client in advance for permission and support to try something new. Assure her that your goal is to serve her better. Ask for feedback if you’re interested in hearing your client’s perspective.

- After providing simple and clear instructions, focus on the client’s voice, face and words instead of the assessment process. Be fully present to pick up on her emotions and words.

- Probing will get you closer to the heart. Use phrases like “tell me more” or “help me understand” to dig deeper. The tools are just a starting point for your probing questions.

- It takes time to shift from logic-based to emotion-based assessment tools. Try using only one tool at a time and commit to using it at least ten times before deciding if it is an effective tool for you. Your success is tied to your comfort, something that will come only with practice.

- Consider practicing the tools with colleagues and friends before trying them with clients. Or observe colleagues who have greater comfort and success with them before trying them yourself.

- These tools are intended to circumvent rational thinking and lead to emotion-based conversations. Once you’re there, be as fully present and authentic as possible to continue the emotion-based conversation. Your client can feel if you’re being open, honest and authentic or hiding behind a WIC mask.

- Clients are revealing their hearts to you during these activities. Be sure to support and accept anything they say without judgment or comment. We can’t correct the emotions or feelings of others but we can lead them to new ways of thinking or behaviors that allow more positive emotions.

- Don’t force anyone to work with any of the tools. We always respect our clients’ decisions with total acceptance and warm regard.
Card Sort Tool

Overview
Looking for a tool that gets to the “heart of the matter“ easily and quickly? Try the Card Sort. Early adopters rave about this tool because it identifies parental interests and concerns in less than a minute. It is especially effective with clients who are hesitant or unwilling to share any concerns or topics.

Each Card Sort tool contains a wide variety of common parental concerns. There is a different card deck for each of these groups: pregnant mothers, breastfeeding mothers, non-breastfeeding women, infants 6-12 months and children ages 1-2 and 2-5 years.

Ask clients to quickly sort through the cards, grouping them into three piles: “never a problem,” “sometimes a problem” and “always a problem.” Educators can quickly review the card piles to recognize successes from the “never a problem” pile as well as identify topics for discussion from the “always a problem” pile.

Objectives
Use the Card Sort tool to identify parental concerns and interests. The Card Sort tool can also be used to recognize successes.

Activities
1. Select the appropriate Card Deck Tool for each client based on the child’s age or the mother’s pregnancy or feeding choice.
2. After greeting the mom warmly, ask the parent to sort through the card deck, placing the cards into three groups: “never a problem,” “sometimes a problem” and “always a problem.”
3. If time permits, begin by looking at the “never a problem” pile. It is likely parents are not concerned about topics in this pile because they have been successful in maneuvering that common challenge in the past. Use this opportunity to recognize successes.
4. If pressed for time, go first to the “always a problem” pile. Identify the most pressing parental concern or interest by asking questions like these: “Which of these interests is the most important to you?” or “I want our conversation to be a good investment of your time today. Which of these concerns is most pressing for you?”
5. To engage emotionally, start by asking how the mother feels about the identified topic.
6. Discuss the identified interest or concern.
7. Ask the mother to share actions she has already taken or questions she has about the identified concern or interest.
8. Ask permission to share additional tips. Position tips as coming from successful mothers for greater influence.
9. Continue addressing topics identified, as time permits. Note topics that were not discussed in the client chart for future conversations.

“With tools like this, we can reach people at a deeper level and affect more lives.”

Meghan, MA WIC State
Breastfeeding Coordinator
Card Sort Tool

Adaptations

The Card Sort Tool can be used with groups as well as individuals. Give each group participant a set of cards that corresponds to their child’s age, pregnancy or feeding choice. Provide directions on how to use the Card Sort and ask them to sort their cards into three piles: “never a problem,” “sometimes a problem” and “always a problem.” After the group members have completed this task, process the responses in either of these ways:

• Ask clients to share their greatest concern or interest from their card sort. Ask group members to share practical tips that would help the mother solve the problem. Contribute important but unmentioned tips after group members have shared.

• Ask clients to share their greatest concern or interest from their card sort. Record their response on poster board or paper. After all have shared their interests, go around the room, asking parents to share practical tips on each topic.
Feeling Faces Cards

Overview

Motivation. Everyone wants to know what causes people to act. We have long suspected that powerful forces lurk behind most actions. We have experienced the magical feeling when someone is transformed rather than informed. But what caused the change?

Science-based research has revealed that emotions—not logic and facts alone—are the root of motivation and human behavior.

Because emotions drive behaviors, it makes sense to start with emotions when talking with WIC clients. The Feeling Faces are a fun, easy and quick tool to uncover the emotions clients feel about any topic. Knowing how clients feel allows you to engage them in potentially life-changing, emotion-based conversations.

Objectives

Use the Feeling Faces Cards to identify how a parent feels about any topic. When the WIC staff member validates the client’s feelings, the stage is set for a deep and meaningful conversation. As with all tools, probing beyond the first answer takes you closer to real issues that can then be woven into amazing core conversations.

The Feeling Faces Cards can be especially helpful when talking about sensitive topics, for instance a child’s weight. Allowing parents to share how they feel helps educators approach the topic.

Activities

1. After greeting the client warmly, place the Feeling Faces Cards on a flat surface so clients can easily see them. Ask the client to select a face that says something about how they feel about a particular topic. Continue to repeat the directions as the client selects a picture that represents their feelings or if the client looks confused. Note: It is better to have the pictures positioned so the client can pick the picture up and hold it rather than point to it on the wall or door.

2. Ask the parent to show you their picture. Probe, using words like these: “Tell me more” or “So what about (the topic) makes you feel that way?” or “Help me understand. What about (topic) makes you feel frustrated?”
   
   Note: All emotions are valid, so we must accept every shared feeling without correction or comment.

3. If the parents share positive feelings: Recognize positive feelings like happiness first, celebrating successes and victories. Then, using the same Feeling Faces Cards and process, ask about a different topic.

4. If the parent shares negative feelings: Assure parent that it is common to have negative feelings about their child’s progress with (topic). If it is indeed the case, you might state that you shared those same feelings when you had children.

5. Get to specifics through probes like these: What is something that really frustrates you about (topic)? What happened in the last week that made you feel especially worried about (topic)? Help me understand the situation better by sharing a story about mealtimes at your house and how they make you feel sad.

6. Use the client feelings and their specific responses to engage in an emotion-based conversation about the topic. Always ask permission before sharing simple, practical and relevant tips that might change the situation for the parent and lead to positive feelings. When possible and for extra credibility, attribute the tips to other mothers.
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Feeling Faces Cards

7. You can end the session by picking up and showing the “happy” face card to the client and saying: “Do you feel the tips we talked about today will lead you to feeling like this? What will you do first to lead you to that big smile?”

Adaptations

The Feeling Face Cards can be used with individuals or in a group. Establish a safe environment for sharing before asking mothers to share their feeling faces with others in the group.

Here are ways to use the Feeling Faces to generate group discussions:

Pick a face that says something about how you feel about the way your child eats or moves. Everyone have a face? Who would like to go first and show your face? What about the way your child eats makes you feel that way?

If parents share positive feelings: “Share with us a practical tip that makes you feel happy and content.”

If parents share negative feelings: “Who can share a practical tip for Susan so that she can feel happy rather than frustrated by mealtime with a toddler?”
The Hopes and Dreams Doors

Overview

A baby represents a new beginning. Mothers dream of better lives for their children. Listening and affirming the hopes and dreams of mothers allows you great insights into what motivates that mother and how to frame nutrition messages. The “hopes and dream doors” allow mothers to share their hopes and dreams for their children with you.

You, as a WIC counselor, may be the first person to hear mothers share their greatest desires for their babies. Honor and respect these personal words with attentive listening and sincere affirmations.

WIC is a five-year behavior change program. Understanding a mother’s hopes and dreams for her children allows you to connect in a powerful way for long-term change.

Objectives

Use the Hopes and Dreams doors to establish an emotion-based connection with parents. Connect behavior change ideas with hopes and dreams for greater attention and a higher probability of change. This activity has been found to be especially effective with pregnant women, but can also work well with parents of young children.

Activities

1. After greeting the mom warmly, lay out the door pictures on a table or desk. Tell the mother that the doors are special because they are “hopes and dreams” doors. Behind these doors lie all the hopes and dreams of mothers around the world. Ask the mother to choose a door that represents her hopes and dreams for her child. (Sample words: “Pick a door that says something to you about your hopes and dreams for you and your baby.”) Allow time for her to process your request and select the door that best represents her hopes and dreams.

2. Ask the mom to show you her hopes and dreams door. Ask her to unlock the door and ask “What hopes and dreams lie behind your door for your baby?” Listen carefully as she reveals her answer. (Jot it down for later reference after the session.)

3. Ask the mom what she is doing now to help move closer to her hopes and dreams. This acknowledges positive choices. Acknowledge her positive choices, reaffirming how important her actions are to her hopes and dreams. Sample dialogue:

“You said that you are walking every day during your pregnancy. That’s wonderful. Each step is a gift you give your baby. You said you wanted your baby to grow up to be happy and healthy, and what you do today makes a difference to your baby’s tomorrow. Your hopes and dreams are already coming true!”
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The Hopes and Dreams Doors

“Wow—you’re an amazing mom! You are already offering a veggie at lunch and dinner. That may seem like a challenge some days, especially when Sally won’t eat them. But you said you don’t want her to have weight issues later in life, and that small action is helping Sally move closer to your hopes and dreams for her. You must be very proud.”

Note: We could link to audio for examples too.

4. Ask the mom to identify challenges or concerns that might prevent her hopes and dreams from coming true. Sample dialogue:

“Sounds like you are doing so many great things for Sally, important things that are truly moving you and Sally closer to your hopes and dreams. Are there any things that concern you, things that may prevent your hopes and dreams for Sally from coming true?”

5. Address each concern identified by the mother. Devote more attention to issues that are of greatest concern to the mother or represent a significant or life-threatening situation. If you don’t have time to address all identified issues, ask the client for permission to record the concern in the chart for next time.

After identifying the issue, ask the mother to share what she has done so far to solve the problem. Resist the temptation to jump in with solutions, as the mother may have already tried them. Sample dialogue:

“You mentioned that Sally is a great veggie eater, but refuses to drink milk. You’re so wise to pay attention to this now! What have you tried to encourage Sally to drink milk? What’s worked? What hasn’t worked?”

6. Ask permission before offering suggestions on how to solve her challenge. Attribute the suggestions to other mothers for increased credibility. Connect the suggested behaviors to shared hopes and dreams. Sample dialogue:

“Sounds like you have tried many things already to help Sally learn to love milk. Sally is lucky to have you as a mom. Seems this is a very common problem. May I offer a few suggestions I picked up from other moms? Thanks. One mom said it helped to put the milk in a fun cup, complete with straw. Another mom had great success when she started drinking milk from a cup with her daughter. Isn’t it interesting how such small changes can make a big difference? How would you feel about trying one of those ideas? Let me know next time what worked for you so I can share your successes with others. So many moms want their children to grow up to be good eaters of the foods that will keep them active.”

One of the nutritionists introduced the doors at the initial prenatal appointment. They had a wonderful conversation. When the woman returned for her follow-up appointment, she brought the father of the baby. She asked the nutritionist “Where are the doors we discussed last time?” The woman brought the father of her child to the WIC appointment so that he could see the doors and share his hopes and dreams for their baby too.

Tara, Chelsea/Revere
The Hopes and Dreams Doors

7. Offer the mother a picture of the Hopes and Dream Door she selected. Have the mother write the goal (or you could write it for her) on the back to reinforce the conversation. Thank the mother for coming in. Sample dialogue:

“Thanks so much for coming in today. Sally can’t thank you yet for all you are doing to help her be all that she can be, but I can. I am very confident Sally will love milk soon, thanks to you. Would you like a picture of your “hopes and dreams door” to take with you? I know your focus is always on those hopes and dreams, and this door may be fun reminder.”

Adaptations

The Hope and Dream doors can be used with individuals or in a group setting. Establish a safe environment for sharing before asking mothers to reveal their responses. Thank them for sharing their heartfelt thoughts. Remember that authentic listening and affirmation are essential components of any effective counseling session, so feel comfortable exploring mothers’ aspirations for their families by using your own words and style.

Evaluation

You will know you have mastered the Hopes and Dream Doors technique when you have amazing conversations that allow you to connect with the mother at a deeper level. You will feel the difference between a superficial conversation that leads to role-playing and an authentic conversation that is life changing for both you and the client. Our early adopters report, “It is an amazing experience to take people to a different level. It’s a unique and wonderful experience that makes me feel I have done it! I feel I am doing the right thing when I can help a client express how they feel.”
Metaphor Images

Overview
“Life is a roller coaster.”
“He has a heart of stone.”
“I’m feeling blue.”

We use metaphors everyday to express how we think and feel. Metaphors can also be used in the WIC clinic to help clients express how they feel and think.

The metaphor images provided suggest positive and negative feelings that can be useful in describing any nutrition or activity topic. They can also be useful for parents to express their feelings about sensitive topics like their child’s weight.

Objectives
Use the metaphor images to understand parents’ emotions about any nutrition or activity-related behavior. Since emotions drive behaviors, metaphors are a short-cut to the rich land of behavior change. Once parents have revealed how they feel about a topic, you can move quickly to provide solutions for negative feelings or recognize positive feelings.

Activities
1. After greeting the mom warmly, lay the metaphor images on a table or desk. Tell her that the images represent how many mothers feel about how the topic. (Topic examples: their child and veggies, weight gain during pregnancy, how active their child is, healthy snacks, etc.) Ask the mother to choose an image that represents her feelings about the topic. (Sample words: “Pick a picture that says something to you about how you feel about Tommy and vegetables.”) Allow time for her to process your request and select the image that best represents her feelings.

2. Ask the mom to show you the metaphor image she selected. Ask: “What does that picture say about how you feel about Tommy and vegetables?” Listen carefully as she reveals her answer.

3. Probe, as needed, to get more information. These statements lead to more depth: “Tell me more.” “Help me understand.”

4. Recognize positive responses with sincere congratulations. Example: “You picked the picture of a woman crossing the finish line in victory. Wow. You must feel so proud that Tommy loves veggies so much. What’s the secret to your success?”

5. Acknowledge negative feelings without judgment. Example: “You picked the ball and chain. Sounds like Tommy’s dislike of veggies is a worry you would like to get rid of.”

6. Ask permission before suggesting solutions: “Would you like to talk about some easy ways that have worked for other moms who also felt like veggies were a “ball and chain” in their life?”

7. Provide simple, practical ideas for solving the problem identified by the mother. Attribute the suggestions to other mothers for increased credibility. Wrap the suggestions with positive emotions. Example: “Other amazing mothers have told me that they like to mix veggies in foods their child likes. It’s an easy way to get veggies in and eliminate that “ball and chain” feeling that keeps you from feeling successful.”
Metaphor Images

8. Ask about other concerns. Recognize successes. Example: “Are there other things that are “ball and chain” moments for you that we could talk about today? And, I know there are many “victory” moments too, like this woman crossing the finish line. What’s a “victory” for you that we could celebrate today?”

9. Thank the mother for coming in. Sample dialogue:
   “Thanks so much for coming in today. Every mother has “ball and chain” moments in their day and I’m happy we could talk about ways to remove them. And I’m really happy to celebrate the good things too.”

Adaptations

The metaphor images can be used with individuals or in a group setting. If using with individuals, choose a topic that is specific to the child or one that is common to children of that age and ask the parent to pick a picture that represents how they feel about that topic or behavior.

You can use metaphor pictures in the same way with groups. Simply ask participants to choose a picture that says something about how they feel about their child’s eating. Once everyone has selected an image, ask them to show their images with the group and explain how that image related to their child’s eating.

Here’s another way to use the images in the group. Show the images to the group and ask questions like these:

Image of overwhelming wave: “What makes you feel overwhelmed by the way your child eats—or doesn’t eat?”

Image of man carrying heavy boxes: “What makes you feel that feeding your child is like this man who is balancing a heavy load?”

Image of two hands tugging on a rope: “Does mealtime ever feel like this? What are the struggles that keep you pulling in opposite directions?”

Image of stop sign: “What stops you from feeling like an amazing mom at mealtimes? What can you celebrate about mealtimes?”

Image of one leaf: “What gives you hope that tomorrow will be a new day with your child eating or being active in the way you hoped they would be?”

Image of ball and chain: “What makes mealtime feel like a ball and chain for you?”

Image of stopwatch: “What would you do to help your child be more active if you had more time? What can you do in the time you have that would help your child learn to love being active?”

Image of arrows going in multiple directions: “What confuses you about the way your child should eat? Maybe you’ve heard different advice that makes you wonder what direction to follow?”

Image of raging river: “What about your child’s eating makes mealtime seem like a roaring river? What can you do to calm the raging river?”

Image of boxing gloves: “What makes mealtime feel like a battleground? What would need to change so everyone can take off their boxing gloves?”
Paint Chips Tool

Overview
People react psychologically and intuitively to colors. Because color has an instant effect on us, it makes a perfect conduit to conversations about feelings.

The Paint Chips Tool is simply blocks of colors. You can create your own Paint Chip Tool by cutting colored construction paper into 5X 5 inch (or larger) squares or picking up paint chips (sample color swatches) at your local hardware store. You will need a range of colors to evoke emotions, so be sure to create at least 25 color squares. More is better.

The Paint Chips are a projective technique. This means that there is no correct or logical connection between nutrition and activity colors and a client's color choice. For example, there is no correct answer to this question: Which color best says how you feel about Rachel's activity level? Therefore, clients have to project or create their own connection between a selected color and how they feel it relates to a WIC topic. That connection reveals much about the client's feelings, challenges and perceptions on that topic and provides a springboard to an amazing core conversation.

Objectives
Use the Paint Chips Tool to identify parental feelings related to any WIC topic. Recognize and accept all feelings equally without judgment or comment. If positive feelings are shared, recognize parental actions that allowed parents to feel positively about the topic. If parents share negative feelings, probe to understand the situation and ask what they are willing to change to feel better about the behavior or topic.

Activities
1. After greeting the mom warmly, present the Paint Chips to the parent. Ask the parent to select a color that says something about a WIC topic or behavior. Examples: “Pick a color that says something about your child's growth” or “pick a color that says something about how much activity your toddler gets each day.” Encourage the parent to pick out a color and then probe using words like these: “What about that color says how you feel about Rachel's growth?” or “Help me understand. How does that color relate to how you feel about Chad's activity now?”

2. Continue probing to get deeper insights, using words like these: “Tell me more” or “Help me understand.” Allow silent pauses so the client can reflect and share.

3. Accept all responses without correction, dismissal or judgment. Don’t say things like “you shouldn’t feel that way” or “you’ll get over that” or “it’s really not that big of deal.”

4. Ask the parent to identify specific behaviors or concerns that relate to their expressed feelings.

5. Discuss possible behavior changes. Framing suggested behavior change tips and ideas as parent-generated will allow you to be more influential.

Adaptations
The Paint Chips Tool can be used with individuals or in a group. Establish a safe environment for sharing before asking mothers to share their responses. Affirm all responses equally without judgment and thank mothers for sharing their heart-felt responses. Once all group members have shared, encourage parents to share practical tips that will resolve shared challenges.
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Texture Tool

Overview
We know that visuals, music and colors evoke feelings. Although we may not be aware of it, textures can also trigger emotions. Think about it. We often use tactile terms to describe events, saying it was a “bumpy ride” or “things went smoothly.” Sometimes we describe people as “rough around the edges” or having “soft eyes” or “silky hair.” Texture is a significant part of the sensory input we receive everyday, and that makes it perfect for use in the WIC clinic.

The Texture Tool helps parents express feelings related to WIC topics. Parents are offered a bag or box filled with fabric samples representing a wide variety of textures, and asked to select a fabric sample (texture) that represents how they feel about a topic or behavior. Because there is no right or logical response to the question, parents do this and project their feelings quickly and easily. This leads to honest and open sharing.

You can create your own Texture Tool. Simply purchase fabrics that represent a wide variety of textures like smooth, bumpy, velvety, hard, soft, fluffy and grainy. Consider adding other materials, too, like tile, smooth plastic, rubber, or sandpaper. Texture samples should be at least five inch square or larger, and can be kept in a bag or box.

Objectives
Use the Texture Tool to identify parental feelings related to any WIC topic. Recognize and accept all feelings equally, without judgment or comment. If positive feelings are shared, recognize parental actions that allowed clients to feel positively about the topic. If parents share negative feelings, probe to understand the situation and ask what they are willing to change to feel better about the behavior or topic.

Activities
1. After greeting the mom warmly, present the Texture Tool to her. Ask her to select a fabric sample (texture) that says something about a WIC topic or behavior. Examples: “Pick a texture that—when you touch it—reminds you of mealtime at your home” or “pick a texture that says something about how you feel about your weight gain at this time in your pregnancy.” Encourage her to pick out a texture, and then probe using words like these: “What is it about that texture that says how you are feeling about mealtime at your home?” or “Help me understand. How does the way that fabric feels relate to your weight gain?”
2. Continue probing to get deeper insights, using words like these: “Tell me more” or “Help me understand.” Allow silent pauses so the client can reflect and share.
3. Accept all responses without correction, dismissal or judgment. Don’t say things like “you shouldn’t feel that way” or “you’ll get over that” or “it’s really not that big a deal.”
4. Ask the parent to identify specific behaviors or concerns that relate to their expressed feelings.
5. Discuss possible behavior changes. Framing suggested behavior change tips and ideas as parent-generated will allow you to be more influential.
Texture Tool

Adaptions

The Texture Tool can be used with individuals or in a group. Establish a safe environment for sharing before asking mothers to share their responses. Affirm all responses equally without judgment, and thank the mothers for sharing their heart-felt responses. Once all group members have shared, encourage parents to contribute practical tips that will resolve shared challenges.

The Texture Tool can also be used with children. Ask older children to select a texture from the bag or box and encourage them to share their fabric samples along with their moms.
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Magic Wand Tool

Overview

Magic wands have been featured in historical documents since 2278 BC. People throughout time have been intrigued with the thought they could wave a magic wand and experience the power to change their lives or minimize their challenges.

The Magic Wand tool allows parents to step out of their daily realities and experience the illusion of immediate power. This enables them to alter the challenges they face as parents of picky toddlers, or even pregnancy challenges. While your clients enjoy the creative and fun experience of “waving a magic wand” and describing what parenting challenges they would change, you can quickly and easily identify topics for a meaningful—maybe even magical—WIC discussion.

Note: You can purchase your own “magic wand” tool at a local store or on the Internet.

Objectives

Use the Magic Wand tool to quickly and easily identify behavioral changes parents want to make. The Magic Wand makes assessment fun and creative, something all parents will welcome, but especially long-time WIC clients, who have answered traditional assessment questions many times.

The Magic Wand tool can also be used to involve older children (ages 3-5) in the session. Involving children in the session helps stressed parents relax and might also provide them with insights into their child’s eating preferences and concerns.

Use the responses of both parents and older children as a starting point for probes and deeper discussions.

Activities

1. After greeting the client warmly, tell the mother that you have a Magic Wand made especially for parents. Offer the wand to her, asking what she would change about the way about the ways her child eats or how active (s)he is.

   If the mother seems confused or hesitant, or if you want to show empathy, you can show how the Magic Wand works by using yourself as an example: “If I could use this Magic Wand to change the way I ate, I would wave it over me and wish that my craving for chocolate would disappear at 4:00 this afternoon.” Sharing your own desire to change something in your life will allow the parent to be more open with her concerns and challenges.

   Although the Magic Wand is designed for parents, it can also be used to involve older children (ages 3-5) in the session as well. Offer the wand to the child and say: “If you could use this magic wand and make your favorite foods appear, what would they be?”

2. Probe to get deeper insights into the feelings parents have about the challenge they presented. Use words like: “What makes you feel that way about the way Susie eats—or doesn’t eat—veggies?”
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Magic Wand Tool

3. Ask the parent for permission to share practical tips on ways to encourage her child to eat more vegetables. If possible, present them as tips from other successful parents. Words like these tie into the “magic” theme: “Other successful parents like you have shared practical ideas that work like magic for them. Would you be interested in hearing them? They may be the magical solution to the challenge you identified.”

4. Conclude the session by asking the parent to identify one or two actions she could try in the coming days using words like these: “We talked about many actions that mothers have tried that worked like magic for them, allowing them to feel proud of how their child eats veggies. Which of the ideas we talked about today might be the magical solution for you? Is there one idea that stands out as the “magic wand” idea that you’re going try first? Would you be willing to share what worked for you next time we talk? I’m always collecting great ideas of amazing moms like you and I would love to add your ideas to my growing list.”

Note: Your comfort level with the Magic Wand is the greatest predictor of how successful this tool will be in your sessions. If you feel silly or uncomfortable, the client will pick up on this and may resist trying it, or provide an awkward response. If you approach it with a fun, positive feeling, knowing it will be an effective assessment tool, the client will do the same.

Adaptations

The Magic Wand can be used with individuals or in a group. Establish a safe environment for sharing before demonstrating how the Magic Wand works, and use yourself as an example. Once parents understand the simple process and see how you enjoyed using it, ask for a volunteer to “wave the wand” over their child’s eating or activity levels.

The Magic Wand can be used with pregnant and post partum mother groups too. Ask them to “wave the wand” to change an eating or activity challenge.

You can use the tool in multiple ways in groups:

- Ask each group participant to “wave the wand” individually, noting topic ideas for later discussion. Once all the challenges have been identified, ask group participants to suggest practical solutions for each topic.

- Ask group participants to suggest “magical” ideas that might help solve the identified challenge after each “wave of the wand.” Be sure to pace the discussion so that all mothers receive practical ideas from the group.
Chapter Two
Certification

Appendix G:
Instructions for Documenting the Health and Nutrition Assessment

See Attached
TGIF TEMPLATE

TGIF EZ Template
Bolded sections are required for each participant; complete other sections when it applies

1. T: Used ______ tool (If used). Mom/Family feels _______________________

2. G: Mom/Family will _____________________________

3. I: Discussed

Manually assigned Code(s) _______ due to ___________________

BF Feelings: _____________________________

Food package (tailoring, special needs food package) ____________ because __

__________________________________

4. F: Follow-up about (referrals made, topics for next time, next appt type, etc) __ 

__________________________________

EXAMPLE

T: Use metaphors, mom feels like mealtime is a tug of war with the TV.
G: Mom wants to try to have family meals with no distractions
I: Discussed tips for getting kids excited about family meals. Mom remembers family meals when growing up and wants that for her family. 353 allergic to milk. No cheese/soymilk food package.
F: To see RD next visit. F/U with how family meals are going. Referred to AHCCCS

TGIF REMINDERS

T: What tool was used, what were the family's feelings?

G: What does the family plan on working on or changing to improve health?

I: What was discussed? What did family share about their challenges, motivations, and strengths? What nutrition education was provided? If codes were assigned by staff, what was (were) the code(s) and why? What are the feelings about breastfeeding for PG and Breastfeeding women categories? Document special food packages assigned or any tailoring that was done.

F: What is there to follow up on next time? What referrals were made? What kind of appt are they having next time? What topics might be highlighted next time based on today's discussion?
Appendix H:
Arizona WIC Risk Table FY2015

See Attached
# Arizona WIC Risk Table FY 2014

X: Requires documentation by a Physician or Primary Care Provider.
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<table>
<thead>
<tr>
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<td>101</td>
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<td>103.1</td>
<td>Weight for length less than or equal to 2\textsuperscript{nd} percentile (Infants, children less than 2 yrs old) BMI for age less than or equal to 5\textsuperscript{th} percentile (children 2 or over)</td>
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<td>103.2</td>
<td>Weight for length above the 2\textsuperscript{nd} percentile, but less than or equal to the 5\textsuperscript{th} percentile (Infants, children less than 2 yrs old) BMI for age less above the 5\textsuperscript{th} percentile, but less than or equal to the 10\textsuperscript{th} percentile (children 2 or over)</td>
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<td>111</td>
<td>Pre-Pregnancy BMI greater than or equal to 25</td>
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<td>113</td>
<td>BMI for age greater than or equal to 95\textsuperscript{th} percentile</td>
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<td>114</td>
<td>BMI/age ≥ 85％ but &lt; 95％ or Family History of BMI &gt; 30</td>
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<td>133</td>
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<tr>
<td>141</td>
<td>Low Birth Weight (Children less than 24 months)</td>
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<td>High-Risk or MR (MR - low birth weight infants/children, previously seen by high-risk Nutritionist, when infants are between 12-24 months)</td>
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## Arizona WIC Risk Table FY 2014

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**High-Risk (or MR-premature infants/children, previously seen by high-risk Nutritionist, when infants between 12-24 months.)**

**High Risk (see App. C/Lab Manual) or (MR-anemia, when hemoglobin is in the "Nutritionist" ranges)**

**High Risk**
## Arizona WIC Risk Table FY 2014

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<tr>
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**Additional Notes:**
- XS (if less than 2 months)
- X (if greater than 2 months)
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<td>Inappropriate Nutrition Practices for Infants</td>
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<td>411.1</td>
<td>Routinely using a substitute for breastmilk or FDA approved iron-fortified formula as primary nutrient source during first year of life</td>
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<td>411.2</td>
<td>Routinely using nursing bottles or cups improperly</td>
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<td>411.3</td>
<td>Routinely offering complementary foods or other substances that are inappropriate in type or timing</td>
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<tr>
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<td>411.6</td>
<td>Routinely feeding inappropriately diluted formula</td>
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<td>Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients</td>
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<td>411.9</td>
<td>Routinely using inappropriate sanitation in preparation, handling, and storage of formula</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Arizona WIC Risk Table FY 2014

X: Requires documentation by a Physician or Primary Care Provider.
XX: Requires documentation by a Physician, Primary Care Provider, or Nutritionist.
XXX: Requires documentation by Physician, Primary Care Provider, Nutritionist, or Competent Professional Authority.
XS: Self-reported by the applicant/participant/caregiver as a diagnosis received from a Physician.
MR: Referral to a Nutritionist that can counsel medium risks if one is available; otherwise referred to high-risk Nutritionist.

<table>
<thead>
<tr>
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<tr>
<td>411.10</td>
<td>Feeding dietary supplements with potentially harmful consequences</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>411.11</td>
<td>Routinely not providing dietary supplements recognized as essential</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>425.00</td>
<td>Inappropriate Nutrition Practices for Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>425.1</td>
<td>Routinely feeding inappropriate beverages as the primary milk source</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
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<tr>
<td>425.2</td>
<td>Routinely feeding a child any sugar-containing fluids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>425.3</td>
<td>Routinely using nursing bottles, cups, or pacifiers improperly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>425.4</td>
<td>Routinely using feeding practices that disregard the developmental needs or stages of the child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
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<tr>
<td>425.5</td>
<td>Feeding foods to a child that could be contaminated with harmful microorganisms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>425.6</td>
<td>Routinely feeding a diet very low in calories and/or essential nutrients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>425.7</td>
<td>Feeding dietary supplements with potentially harmful consequences</td>
<td></td>
<td></td>
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<td></td>
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<td>425.8</td>
<td>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements</td>
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<td></td>
<td></td>
<td>5</td>
<td></td>
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<tr>
<td>425.9</td>
<td>Routine ingestion of non-food items (pica)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>427.00</td>
<td>Inappropriate Nutrition Practices for Women</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td></td>
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<tr>
<td>427.1</td>
<td>Consuming dietary supplements with potentially harmful consequences</td>
<td>4</td>
<td>4</td>
<td>6</td>
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<td>427.2</td>
<td>Consuming a diet very low in calories and/or essential nutrients</td>
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<td>6</td>
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<td>427.3</td>
<td>Compulsively ingesting non-food items (pica)</td>
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<td>4</td>
<td>6</td>
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<tr>
<td>427.4</td>
<td>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy</td>
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<td>4</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
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<td>427.5</td>
<td>Pregnant women ingesting foods that could be contaminated with pathogenic microorganisms</td>
<td>4</td>
<td></td>
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<td>428</td>
<td>Dietary Risk Associated with Complementary Feeding Practices</td>
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<td></td>
<td>4</td>
<td>5</td>
<td></td>
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<td></td>
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<tr>
<td>501</td>
<td>Possibility of Regression</td>
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<td>7</td>
<td>5</td>
<td></td>
<td>XXX</td>
<td></td>
<td></td>
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<tr>
<td>502</td>
<td>Transfer of Certification</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>503</td>
<td>Presumptive Eligibility for PG Women</td>
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<tr>
<td>601</td>
<td>Woman Breastfeeding an Infant at Nutritional Risk</td>
<td></td>
<td></td>
<td></td>
<td>1,2,4</td>
<td></td>
<td></td>
<td>High-Risk or IBCLC for breastfeeding complications; after initial consultation may be referred to MR, CBC or CLC</td>
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<tr>
<td>602</td>
<td>Breastfeeding Complications (BF)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>603</td>
<td>Breastfeeding Complication(s)</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>High-Risk or IBCLC for breastfeeding complications; after initial consultation may be referred to MR, CBC or CLC</td>
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<tr>
<td>701</td>
<td>Infant Up To 6 Months of Age Born to WIC Mother or WIC-Eligible Mother</td>
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<td></td>
<td></td>
<td>2</td>
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<tr>
<td>702</td>
<td>Infant Being Breastfed by a Woman at Nutritional Risk</td>
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<td></td>
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<td>1,2,4</td>
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<td>703</td>
<td>Infant Born of Woman with Mental Retardation, Alcohol, Drug Abuse</td>
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<td>1</td>
<td>XS</td>
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<td>801</td>
<td>Homelessness</td>
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<td>4</td>
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<td>802</td>
<td>Migrant status</td>
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<td>6</td>
<td>4</td>
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<td>901</td>
<td>Recipient of Abuse</td>
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<td>4</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td></td>
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<td>902</td>
<td>Woman or Infant/Child of Primary Caregiver with Limited Ability</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>XS</td>
<td>(mental illness only)</td>
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</table>
**Arizona WIC Risk Table FY 2014**

<table>
<thead>
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<tbody>
<tr>
<td>903</td>
<td>Foster Care</td>
<td>4</td>
<td>7</td>
<td>7</td>
<td>4</td>
<td>5</td>
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<tr>
<td>904</td>
<td>Exposure to Environmental Tobacco Smoke</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
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</table>
Appendix I:
Risk Factors Not Currently Recognized by Arizona Table

See Attached
### Risk Factors Not Currently Recognized By Arizona

<table>
<thead>
<tr>
<th>Code</th>
<th>Risk Name</th>
<th>Priority-PG</th>
<th>Priority-BF</th>
<th>Priority-PP</th>
<th>Priority-Infant</th>
<th>Priority-Child</th>
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<tbody>
<tr>
<td>121</td>
<td>Short Stature or At Risk of Short Stature (Infants and Children)</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>152</td>
<td>Low Head Circumference</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>357</td>
<td>Drug Nutrient Interactions</td>
<td>1</td>
<td>1</td>
<td>3, 4, 5, or 6</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>
Appendix J:
Notification of Ineligibility Form

See Attached
Applicant’s Name: ________________________________

You have been found ineligible to participate in the WIC □ or CSFP □ (check only one) Program for the following reason(s):

WIC □

CSFP □

Health and/or Public Assistance Program referral made: yes □ no □

If any of the above changes, you may reapply for services.

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within twenty (20) calendar days for an informal dispute resolution meeting or sixty (60) calendar days for a fair hearing of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought.

An informal dispute resolution meeting is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting. A decision is made at the end of the meeting. You have the right to request an informal dispute resolution meeting. If you request an informal dispute resolution meeting, the agency shall notify you at least ten (10) calendar days before the meeting, after having received the request. The notice will explain the meeting location, time and procedures. This request must be post-marked or hand-delivered to the Local Agency Director no later than twenty (20) calendar days from the date of receipt of this notice. Local Agency staff may assist you in filing your request in writing.

To request an informal dispute resolution meeting, submit the request in writing to:

Chief, Bureau of Nutrition and Physical Activity
150 North 18th Avenue, Suite 310
Phoenix, AZ 85007

or hand deliver to the Local Agency WIC Director who will immediately forward to the Bureau Chief.

If you do not wish to request an informal dispute resolution meeting, you may request a fair hearing. A fair hearing may, also, be requested when a participant/Authorized Representative disagrees with the decision of informal dispute resolution meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this notice to post-mark or hand-deliver a written request for a fair hearing. The request must contain a statement of facts, the reasons you believe you are entitled to a fair hearing, and the relief sought. Local Agency staff may assist you in filing your request in writing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a fair hearing, submit your request in writing to:

Arizona Department of Health Services
Clerk of the Department
1740 W. Adams, Suite 203
Phoenix, AZ 85007

If you choose to appeal, you will receive Program Benefits, if you file your appeal within fifteen (15) calendar days from receipt of this notice, during the appeal process until the hearing officer reaches a decision or the Certification period ends whichever comes first. Participants who are denied Benefits at initial Certification; participants whose Certification period has expired or who become categorically ineligible will not continue to receive Benefits while awaiting the decision on their appeal.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

For participants in a valid Certification period only:

Participants are advised in writing fifteen (15) calendar days prior to the end of program Benefits. Your WIC Program Benefits will end on ________________

Applicant/caretaker signature: ________________________________ Date: ____________________

Clinic Staff signature: ________________________________ Date: ____________________
AVISO DE INELIGIBILIDAD PARA LOS PROGRAMAS WIC/CSFP DE ARIZONA

Nombre del Solicitante: ____________________________

Usted no es elegible para participar en el Programa WIC ☐ o CSFP ☐ (marque sólo uno) por la(s) razón(es):

☐ WIC
☐ CSFP

Se hizo una recomendación de Programa de Salud y/o Asistencia Pública: Sí ☐ No ☐

Si alguno de los anteriores cambia, usted puede volver a solicitar los servicios.

Sí usted no esta de acuerdo con esta decisión y quiere apelar, su solicitud de apelación se debe presentar por escrito, dentro de veinte (20) días del calendario para una junta informal de resolución de la disputa o sesenta (60) días del calendario después de recibir este aviso, para una audiencia justa. La solicitud debe incluir los hechos que usted cree le dan derecho a beneficios y los servicios solicitados.

Una JUNTA INFORMAL PARA RESOLUCIÓN DEL CASO es una junta informal entre usted, el director de la Agencia Local, el personal de la Agencia Local involucrado y un representante de la Agencia Estatal, quien presidirá la junta. La decisión se toma al terminar la junta. Usted tiene el derecho a solicitar una junta informal para resolución del caso. Si usted solicita una junta informal para resolución del caso, la agencia le avisará por lo menos diez (10) días del calendario, después de recibir la solicitud. El aviso le explicará el procedimiento y le dirá la hora y ubicación de la junta. La solicitud se puede enviar por correo o entregar en persona al Director de la Agencia Local a más tardar a veinte (20) días del calendario de la fecha en que se reciba el aviso. El personal de la Agencia Local le puede ayudar a llenar su petición por escrito.

Para solicitar una Junta Informal para Resolución del Caso, envíe su solicitud por escrito a:

Chief, Bureau of Nutrition and Physical Activity
150 North 18th Avenue, Suite 310
Phoenix, AZ 85007

O entréguela personalmente al Director de la Agencia Local de WIC quién de inmediato la enviará al jefe del Departamento

Si no quiere solicitar una junta informal para resolución del caso, puede solicitar una AUDIENCIA JUSTA. La audiencia justa también se puede solicitar cuando un participante/representante autorizado no está de acuerdo con la decisión tomada en una junta informal para resolución del caso. Una audiencia justa es una audiencia administrativa ante un juez administrativo y la decisión se toma dentro de los siguientes cuarenta y cinco (45) días del calendario después de la primera solicitud de audiencia. Tiene sesenta (60) días del calendario a partir de la fecha en que se reciba el aviso, por escrito, ya sea por correo o en persona, solicitando una audiencia justa. La solicitud debe contener una declaración de los hechos, las razones por las que cree que tiene derecho a una audiencia justa y los beneficios solicitados. El personal de la Agencia Local le puede ayudar a llenar su petición por escrito.

En una audiencia justa, usted tiene el derecho de representarse a sí mismo o a que lo represente un pariente, amigo, abogado o cualquier otro portavoz. Usted tiene el derecho a presentar testigos. El participante tiene derecho a presentar argumentos, hacer preguntas o rechazar cualquier testimonio o prueba, incluyendo la oportunidad de enfrentar e interrogar a los testigos opuestos, así como presentar pruebas para apoyar su caso.

Para solicitar una audiencia justa, envíe su petición por escrito ante:

Arizona Department of Health Services
Clerk of the Department
1740 W. Adams, Suite 203
Phoenix, AZ 85007

Si decide apelar recibirá beneficios del programa, si presenta la apelación dentro de 15 días del calendario de que reciba este aviso, durante el proceso de apelación hasta que el oficial de audiencias tome una decisión o termine el periodo de certificación, lo que ocurra primero. (A los participantes que se les nieguen beneficios al principio de la certificación, participantes cuya certificación haya expirado o quienes definitivamente no sean elegibles, no seguirán recibiendo los beneficios mientras esperan la decisión sobre su apelación.)

De acuerdo con la ley federal y las políticas del Departamento de Agricultura de los EE.UU. (USDA, sigla en inglés), se le prohíbe a esta institución que discrimine por razón de raza, color, origen, sexo, edad, o discapacidad.

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, o llame gratis al (866) 632-9992 (voz). Personas con discapacidad auditiva o del habla pueden contactar con USDA por medio del Servicio Federal de Relevo (Federal Relay Service) al (800) 845-6136 (español) o (800) 877-8339 (inglés). USDA es un proveedor y empleador que ofrece oportunidad igual para todos.

Solo para participantes en un periodo válido de certificación:

Se avisa a los participantes por escrito quince (15) días antes de que terminen sus beneficios del programa. Sus beneficios del Programa WIC terminarán el

Firma solicitante/encargado de su cuidado: ____________________________ Fecha: ____________

Firma personal de Clínica: ____________________________ Fecha: ____________
Appendix K:
Proxy Certification Form

See Attached
PROXY CERTIFICATION  
ARIZONA WIC PROGRAM

I, __________________________________________________, understand that I will be allowed to accept WIC Food Benefits (checks) and buy WIC authorized foods for:

_________________________________________  ________________________ Participant's Name    Participant's Name

_________________________________________  ________________________ Participant's Name    Participant's Name

_________________________________________  ________________________ Participant's Name    Participant's Name

I also understand that I must follow all WIC rules including:

- Shop only at WIC authorized stores
- Buy only the foods listed on the Food Benefit (check)
- Give all foods bought to the participant
- Save the receipts for the foods bought and give them to the participant
- Use the Food Benefits only during the dates in which they are valid.

Finally, I understand that misuse of Food Benefits (checks) is against the law and that offenders will be prosecuted.

The undersigned person is authorized to accept and use WIC Food Benefits (checks)

FROM ____________________________ TO__________________________

__________________________________ ________________________
Proxy signature     Date

__________________________________ ________________________
Signature of clinic staff    Date

Printed name and title of clinic staff

CERTIFICADO DE AUTORIDAD  
PROGRAMA WIC DE ARIZONA

Yo, __________________________________________________, entiendo que me sera permitirá aceptar los cheques de WIC y comprar los alimentos autorizados por WIC para:

_________________________________________  ________________________ Nombre de participante    Nombre de participante

_________________________________________  ________________________ Nombre de participante    Nombre de participante

_________________________________________  ________________________ Nombre de participante    Nombre de participante

Además entiendo que debo seguir las reglas de WIC incluyendo:

- Comprar solo en las tiendas autorizadas por WIC
- Comprar solo los alimentos de la lista en el cheque
- Dar todos los alimentos al participante
- Obtener los recibos de la tienda de los alimentos comprados y entregarlos al participante
- Usar los cheques solamente durante el tiempo en que son válidos

Finalmente, compiendo que el mal uso de los cheques es contra la ley y los ofensores esterán sujetos a un proceso judicial.

La persona firmante está autorizada para aceptar y usar los cheques de WIC.

DESDE ____________________________ HASTA__________________________

__________________________________ ________________________
Firma de autorizado(a)    Fecha

__________________________________ ________________________
Firma de personal de la clinica    Fecha

Escriba con letra impresa el título del personal de la clinica
Appendix L:
Sample Letter for Referral Agency Communication Regarding Waiting Lists

See Attached
Dear WIC Partner:

For the past few years, the Arizona WIC Program has been growing and has been accepting all applicants who meet the eligibility criteria. However, we are now in a position where we are going to have to reduce our caseload in response to restricted funding and rising costs. In the next few months, we will need to remove approximately 3,800 participants statewide from the program. This does not mean, however, that we are not taking new applicants.

Although we may not be able to serve all of the potentially eligible applicants, we will continue to serve those at highest risk. According to WIC definitions of risk and priority for service, pregnant women come ahead of all others. Breastfeeding women and infants are next, with children and postpartum, non-breastfeeding women in the lower priorities.

This means that we still are encouraging all agencies to continue to refer potential WIC clients to us. New applicants have an equal chance of being served as clients who are at the end of their Certification periods. WIC does not give preference to clients who have been on the program before.

Postpartum women and some children may be placed on waiting lists or referred to other programs such as Food Plus (CSFP) or Head Start.

We don’t want to give the impression to the public that it is not worthwhile to apply for WIC because WIC is experiencing caseload adjustments. We are still serving pregnant and breastfeeding women, infants, and most children who meet our eligibility criteria.

Thank you for your continuing support of WIC and your referral of potential WIC clients.

Sincerely,

Local Agency WIC Director
Appendix M:
Military Pay Stub Guidelines

See Attached
Military Pay Stub Guidelines

I. The Leave and Earnings Statement (LES) is a monthly statement of the preceding month’s pay of military personnel. This is the document that will provide WIC the correct information for income eligibility determination.

II. Entitlements refer to the different types of pay active military personnel receive, depending on their rank, location, and assignment.

III. The following types of pay for active military personnel are counted in gross income for WIC income determination:

BASE PAY
Base Pay is the amount of basic pay all active duty personnel receives. The amount of base pay is determined by the length of time in the service and pay grade.

BASIC ALLOWANCE (BAS)
Referring to Basic Allowance for Subsistence, BAS is intended to provide meals for the service member; its level is linked to the price of food.

SAVE PAY
Save Pay refers to money given to some personnel as they switch from time-in-service to time-in-grade pay so that they do not see a drop in basic pay.

CLOTHING ALLOWANCE
A clothing allowance may be issued to help a member pay for his/her uniforms. This is an annual pay given primarily to enlisted service members.

FAMILY SEPARATION ALLOWANCE (FSA)
This pay is for service members with dependents that meet the eligibility criteria to receive an additional $250 per month. Service members will receive FSA pay from the day of departure from the home station and end the day prior to arrival at the home station.

RE-ENLISTMENT BONUS (SRB)
SRB may be paid to a U.S. Armed Forces enlisted member who meets certain conditions. Reenlistment bonus amounts may vary depending on member's prior years of service. The member receives 50% of the bonus up front and the remaining balance is paid in annual installments.

CAREER ENLISTED FLYER INCENTIVE PAY (CEFIP)
A service member may be eligible to receive CEFIP if he/she is considered “Career Enlisted Flyer” by the military. If this is the case, the service member may be eligible for continuous, monthly incentive pay.

CAREER SEA PAY
Active Duty Enlisted Service Members or Commissioned Officers on sea duty are entitled to Career Sea Pay up to $730 a month.

COST OF LIVING ALLOWANCE (COLA) OR CONUS COLA (CONTINENTAL US COST OF LIVING ALLOWANCE)
COLA is a cash allowance intended to enable an equitable standard of living in areas where cost of living is unusually high in the continental U.S. If the cost of living in the area where the member is assigned is the same or lower than average in the U.S., COLA is not authorized. See the following link for States where military personnel are authorized to receive COLA:
FOREIGN LANGUAGE PROFICIENCY PAY (FLPP)
An officer or enlisted member of the Armed Forces who has been certified as proficient in a foreign language within the past 12 months (or 12 months plus 180 days when called or recalled to active duty in support of contingency operations) may be paid Foreign Language Proficiency Pay (FLPP). FLPP that was not received by a service member prior to the time of deployment to a designated combat zone should be excluded from the WIC income eligibility determination.

SPECIAL DUTY ASSIGNMENT PAY (SDAP)
All enlisted active duty service members who perform duties designated as extremely difficult or requiring a high level of responsibility in a military skill may be paid SDAP. Amounts paid monthly based on duties range from $75 to $450. SDAP that was not received by a service member prior to the time of deployment to a designated combat zone should be excluded from the WIC income eligibility determination.

VETERAN’S EDUCATIONAL ASSISTANCE PROGRAM OR THE GI BILL
Service members pay into an education program, the Veteran’s Educational Assistance Program or the GI Bill, and the military matches the amount. When these individuals later attend school/college, they receive a monthly check for school expenses. This monthly check must be included in gross income.

NOTE: If any of the types of pay are made on a temporary basis (ie: not for the full year), you may choose to consider the income of such a family during the past 12 months as a more accurate indicator of the family's income status, as opposed to calculating income on a “current” rate basis. Averaging the pay for the past 12 months gives them a better chance of qualifying for WIC.

However, if the current rate of pay is less than previous months’ pay rate, use the current rate. For example, the LES of an enlisted person shows a monthly pay for the past 3 months of $5,000, which included combat duty pay and excluded their housing allowances. Their LES statements for the preceding 9 months show only $3,000 per month, so you would multiply $5,000 by 3 months and $3,000 by 9 months to get a total of $42,000 for the year. This amounts to an average of $3,500/month, which is less than the average of $5,000/month if income had been calculated using $5,000 for the entire 12 months.

MILITARY SURVIVOR BENEFITS PLAN (SBP)
The Uniformed Services Survivor Benefit Plan (SBP) is the sole means by which survivors can receive a portion of military retired pay. Without it, retired pay stops on the date of death of the retiree. The dollar amount of the survivor's Benefits pay can be any amount between $300 per month and full retired pay.

IV. In order to be excluded from the WIC income eligibility determination, the pay must have been received in addition to the service member’s basic pay; must have been received as a result of the service member’s deployment to or service in an area that has been designated as a combat zone; and must not have been received by the service member prior to his/her deployment to or service in the designated combat zone. The following types of pay for active military pay are not counted in gross income for WIC income determination purposes and, therefore, should be deducted from their gross pay:

BAH
BAH refers to Basic Allowance for Housing, an allowance for housing given to personnel who lives off base.

DEIP/DESP
DEIP/DESP Deployment Extension Incentive Pay, also known as Deployment Extension Stabilization Program Pay is given to active duty service members who agree to extend their military service by completing deployment with their units without re-enlisting. This is not counted as income when they receive this pay while they are deployed.
COMMON MILITARY PAYS(ALLOWANCES THAT MUST BE COUNTED WHEN DETERMINING WIC INCOME ELIGIBILITY

FSA
FAMILY SEPARATION PAY (FSA) is for service members with dependents who meet certain eligibility criteria. Service members receive FSA pay from the day of departure from the home station and end the day prior to arrival at the home station. This payment may be excluded in some but not all cases. FSA is only excluded if the service member is en route to a training location prior to deployment to a designated combat zone or on deployment orders to a combat zone.

HOSTILE FIRE/IMMINENT DANGER PAY (HFP/IDP)
A member of a uniformed service may be paid a special pay for any month in which he was entitled to basic pay in which they served within an officially declared hostile fire/imminent danger zone. One day spent in a designated HFP area qualifies the member for an entire month of pay.

HARDSHIP DUTY PAY (HDP, HDP-L OR HDP-M)
Hardship Duty Pay is a special pay used as additional compensation for service members who are either serving in locations where living conditions create undue hardship or who are performing designated hardship missions.

HDP-M (mission) is a special pay entitled to service members for specific missions, at the monthly rate whenever any part of the month is served fulfilling the specific mission.

HDP-L (location) is a special pay entitles to service members who serve in a designated area for over 30 days and stops upon departure for that area.

If HDP-L and –M are not in combat areas, they are not excluded from the gross income.

HAZARDOUS DUTY INCENTIVE PAY (HDIP)
Service members show perform any of the following duties can earn HDIP:
- Parachute Duty
- Flight Deck
- Demolition Duty
- Experimental Stress Duty
- Toxic Fuels (or Propellants) Duty
- Toxic Pesticides Duty
- Dangerous Viruses (or Bacteria) Lab Duty
- Chemical Munitions Duty
- Maritime Visit, Board, Search and Seizure (VBSS) Duty
- Polar Region Flight Operations Duty

FLLP (note comments in allowable income guidelines)

SDAP (note comments in allowable income guidelines)

COMBAT-RELATED INJURY AND REHABILITATION PAY (CIP)
Service members who are med evac ed out of the combat zone and are considered “hospitalized” are entitled to CIP. A service member is considered hospitalized if he/she is admitted as an impatient or is receiving extensive rehabilitation as an outpatient while living in quarters affiliated with the military health care system. The monthly CIP payment equals a set amount less any HFP payment for the same month, and the hospitalized service member is eligible for CIP starting the month after being evacuated. These payments also would be excluded for the WIC eligibility purposes.
OCONUS COLA
OCONUS COLA refers to cost of living allowance provided to military personnel residing in designated overseas high-cost living areas outside of the continental United States. (This is different from COLA, which is provided to military personnel residing in the continental U.S.; COLA must be counted as income for WIC.)

ARMED FORCES FAMILY SUBSISTENCE SUPPLEMENTAL ALLOWANCE (FSSA)
FSSA are payments received under the Armed Forces Family Subsistence Supplemental Allowance, to bring a household’s income up to 130% of the Federal Poverty Level and are not to be counted as income.

VETERAN’S EDUCATIONAL ASSISTANCE PROGRAM OR THE GI BILL
Service members pay into an education program, the Veteran’s Educational Assistance Program or the GI Bill, and the military matches the amount. When these individuals later attend school/college, they receive a monthly check for school expenses. WIC is required to exclude the upfront amount taken out of a military persons’ salary that goes into the education assistance program.

V. Military Reservists called to active duty

Families of military reservists who are placed in active duty may experience a drop in income such that they may become income eligible for the WIC Program. In this situation, determination of income may be based on the family’s “current” rate of income while the reservist is on active duty for a more accurate determination of the family’s income status.

VI. Children in the temporary care of friends or relatives

There are 3 options to determine income:

a. If gross income is available, the absent parents or one parent and their children can be considered as the economic unit.

b. If the unit has its own adequate source of income, e.g. child allotment, the children can be counted as a separate economic unit.

c. When the first two above-mentioned options are not applicable, the children are considered to be part of the economic unit of the person(s) they are residing with.
Chapter Two
Certification

Appendix N:
Offer of Voter Registration Form

See Attached
Offer of Voter Registration  
State of Arizona

If you are NOT registered to vote where you live now, would you like to apply to register to vote here today?

☐ YES  ☐ NO

☐ NO, already registered at current address

- If you do not check any of the boxes above, you will be considered to have decided not to register to vote at this time.

- Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

- If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

- If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

State Elections Officer  
Secretary of State’s Office  
1700 West Washington Street, 7th Floor  
Phoenix, Arizona 85007  
(602) 542-8683

Signature of Applicant / Authorized Rep (or initials of staff person) Date

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Oferta de Registro para Votantes  
Estado de Arizona

Si usted NO está registrado(a) para votar donde vive actualmente, ¿Le gustaría solicitar hoy el registro para votar?

☐ SÍ  ☐ NO

☐ NO, ya estoy registrado(a) en mi domicilio actual

- Si no marca ninguna de las casillas de arriba, será considerado como que decidió no registrarse para votar esta vez.

- Solicitar registrarse para votar, o negarse a hacerlo, no afectará la ayuda que se le prestará en esta agencia.

- Si necesita ayuda para llenar la solicitud para registro de votantes, nosotros le podemos ayudar. La decisión de pedir o aceptar ayuda es de usted. Puede llenar la solicitud en privado.

- Si cree que alguien ha interferido en su derecho de registrarse o de negarse a registrarse para votar, su derecho a la privacidad, su decisión de registrarse o solicitar una forma de registro para votar o su derecho a escoger su propio partido político u otra preferencia política, usted puede presentar una queja ante:

State Elections Officer  
Secretary of State’s Office  
1700 West Washington Street, 7th Floor  
Phoenix, Arizona 85007  
(602) 542-8683

Firma del Solicitante/Representante Autorizado (o iniciales del personal) Fecha
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