WIC Clinic User Training Manual
CMA Consulting

Table Of Contents

Table Of Contents **3**
Module 1: Introduction to HANDS: Basics, Navigation & Search **7**
Health And Nutrition Delivery System 9
Logging Into HANDS 11
HANDS Organization of Modules 13
HANDS Navigation Basics 15
WIC Services Area - Certification Work Flow Pages 17
HANDS Window Elements 19
HANDS Data Entry Fields 20
HANDS Data Entry Methods 21
Standard Action Buttons 22
HANDS Graphic Identifiers 24
WIC Services: Family/Client Search Process 26
WIC Services: Family/Client Search Page 28
Searching for a WIC Family or Client in HANDS 31
Search Results 33
Module 2: Family & Client Information **35**
Adding and Updating Family and Client Records 37
Adding a New Family Record 38
Family Information Page Functionality Highlights 41
Adding a New Client Record to the Family 48
Adding a New Client Record to the Family: Functionality Highlights 50
Potential Duplicate Record 53
Client Signature Page 55
Document Scanning from the Client Information Page 59
Completion of the Family & Client Information Pages 63
Updating Family Information 63
Updating Client Information 66
History - Family & Client Information 67
Module 3: Certification Fundamentals **71**
Immunization 75
Adding an Immunization Record 76
Income Eligibility 78
Adding an Income Eligibility Record 78
Adjunct Eligibility 79
Documenting the Authorized Representative Signature during Income 86
Income Functionality Highlights 88
Adding or Updating a New Income for an Existing Family/Client 94
Adding Income for a Foster Child 97
Certification Action 101
Client Category Change 102

Extending a Certification: 105
Medical 108
Adding an Anthropometric Measurement 108
Infant or Child Anthropometric Measurement window 109
Woman Anthropometric Measurement window 109
Blood work 110
Graphs 112
Assessment 120
System Generated WIC Codes 120
Adding WIC Codes for a Client 121
Care Plan 124
Nutrition Discussion: Individual & Group Documentation 128
Referrals Documentation 129
Module 4: Food Packages & Food Issuance 133
WIC Food Package 135
Food Package Assignment 136
Standard Food Packages 138
Food Benefit Issuance 149
Food Package: Formula Replacement 157
Food Package: Void/Reissuance 162
Voiding a Selected Check 162
Void/Reissue Selected Checks 163
Voiding/Reissuing an Entire Month 165
Food Package Replacement using the Voiding/Reissuing Entire Month button 165
Food Benefits Look Up Page 170
Module 5: Breastfeeding Surveillance, Breast Pump Issuance & Return, Peer Counseling & Breastfeeding Promotion 173
Breastfeeding Surveillance 175
Breast Pump Issuance and Return 178
Issuing a Breast Pump 179
Collecting the Breast Pump Issuance Signature 180
Issuing the Breast Pump Release Form 184
Returning a Breast Pump 186
Breastfeeding Peer Counselor 190
Adding a Breastfeeding Peer Counselor Record 191
Printing Breastfeeding Peer Counselor Referral Form 193
Breastfeeding Promotional Items 194
Adding a Breastfeeding Promotional Item Record 195
Module 6: Appointment Scheduling 197
Scheduling Overview 199
Scheduling Appointments 201
Clinic Calendars 201
Scheduling an Appointment from the WIC Services Family/Client Search Page 206

Scheduling Appointments from the WIC Services/ Family Appointments Page 209
Scheduling for Multiple Clients within a Family by Adding Rows 213
Scheduling Walk-In Appointments 215
Re-Scheduling Appointments 217
Re-Scheduling from HANDS Appointment Scheduler 217
Rescheduling from the WIC Services Family Appointments Page 220
Canceling Appointments 223
Canceling from HANDS Appointment Schedule 223
Canceling Appointments from the WIC Services/Family Appointments Page ..224
Scheduling Nutrition Discussion Groups from HANDS Appointment Scheduler .226
Scheduling Nutrition Discussion Groups from the Family Appointments Page ...230
Removing a Client from the Scheduled Nutrition Discussion Group 233
Documenting Attendance for Nutrition Discussion Groups 234
WIC Clinic Day Appointment Check In & Check Out 236
To Check in a Client from the Appointment Scheduler Page 236
To Check in and Check Out a Client from the Family Appointments Window ..237
WIC Services/Family Appointment: Pending Services 237
Family Appointment Page: Appointment History 240
Pre-Certification for Scheduling New Clients 241
Appointment Mailing Labels 244
Printing Appointment and Appointment Rescheduled Notices 247
Printing an Appointment Roster Report for a WIC Clinic Day 249
Printing an Appointment Roster Report for a Nutrition Discussion Group 251
To Reach Other Scheduling Reports from the Top Menu Bar 252
Module 7: In State and Out of State Family & Client Transfers 255
Transfers in HANDS: In State, Out of State, & Client 257
In State Transfer - WIC Family 259
In State Transfer - WIC Client 260
Transferring a Client from the WIC Services Family/Client Search Page 260
Transferring a Client from the Client Information Page 263
WIC Out of State Transfer 265
Printing a VOC (Verification of Certification) Form in HANDS 271
Module 8: Termination, Ineligibility & Reinstatement 273
Termination 275
To Terminate a Certification 275
Ineligibility 277
Client Reinstatement 281
Module 9: Subsequent Certification & Mid Certification 283
Completing a Subsequent Certification for a Client 285
Mid Cert 306
Module 10: Labels, Notes, History, Reports, Scanned Documents & Signatures 321
Printing a Mailing Label for a Family or Client 323
Notes 327

Adding a Staff Alert 331
History 333
Scanned Documents & Signatures 336
HANDS Reports 338
Module 11: CSFP: Commodity Supplemental Food Program Functionality 339
Client/Family Search 341
View/Edit and Existing Family 342
Add a New Family 343
View/Edit an Existing Client 345
Add a New Client 346
In-State Transfer 347
Out of State Transfer 352
Distribution 357
Transfer Programs 363
CSFP Income 365
CSFP Certification 370
To Certify a Client 370
To Terminate a Certification 371
To Reinstate a Client 372
To Extend a Certification 373
From Cert Action 373
From the Distribution List 375
CSFP Distribution 376
CSFP Notes 381
CSFP History 386
Glossary 387

Module 1: Introduction to HANDS: Basics, Navigation & Search

Module 1
Learning Objectives

After completing this module, the User should be able to:

- Log into HANDS
- Describe how HANDS is organized
- Navigate the WIC Services, Certification Flow Menu, and Scheduler Modules
- Identify HANDS Window components
- Recognize the various HANDS Data Entry Fields and Methods
- Enter data in all types of data entry fields
- Describe the various searching methods
- Complete a search for Families and Clients within HANDS

Health And Nutrition Delivery System

HANDS is an acronym for Health And Nutrition Delivery System.

HANDS was created to :

- Collect and process WIC & CSFP data
- Create Letters, Reports, Forms and Labels based upon the data collected
- Allow for access by any computer with an internet connection
- Streamline the WIC & CSFP processes
- Meet USDA Federal Requirements
- Be Electronic Benefit Transfer (EBT) ready

The new functionality in HANDS will allow users to spend more time for interacting with the WIC clients and less time entering data onto the computer. HANDS is designed to coincide with WIC Clinic flow and Local Agency caseload management.

HANDS: A Web-Based System

HANDS is web based. That means that HANDS uses your web browser on your computer. The preferred internet browser that WIC Clinics will use to access HANDS is Microsoft Internet Explorer

Web-based applications have considerable advantages. The recording and transfer of WIC data will take place in a matter of seconds

Since HANDS will be maintained on centralized computer servers, there will be no interruptions to client services when a HANDS update is required.

HANDS required supplemental software & settings

To operate HANDS, only Internet Explorer 9 is needed. In order to access the Letters and Reports featured in HANDS, the Adobe Reader program is required. Your State and Local IT staff will make sure that all WIC Clinic computers have the required versions of Internet Explorer and Adobe Reader as well as other recommended settings before HANDS is scheduled to be implemented statewide.

Equipment

HANDS functionality will include the collection of Authorized Representative, Client, and Proxy signatures in addition to allowing the scanning of certain documents. Along with the routine MICR and document printers which are already used in WIC Clinics, signature pads and flatbed scanners will be provided for each Clinic location as needed.

Data Migration From AIM to HANDS

Before the statewide implementation of HANDS, there will be a transfer of data from AIM to HANDS. Data migration is important for the implementation of HANDS because it helps to ensure that years of data will not be lost.There will be no need to re-enter past data such as food packages and food issuance, nutrition WIC codes, or nutrition education information. However, there will be some data which was not present before or that will need to be re-entered once HANDS goes live. Such data includes primary phone numbers and appointment information.

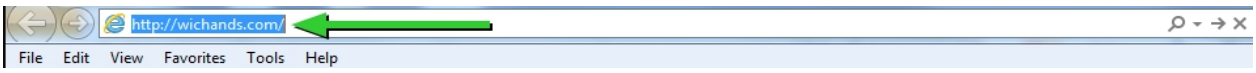
Logging Into HANDS

Clinic staff may log into HANDS using Internet Explorer from any computer with an internet connection.

The Internet Address for accessing HANDS is

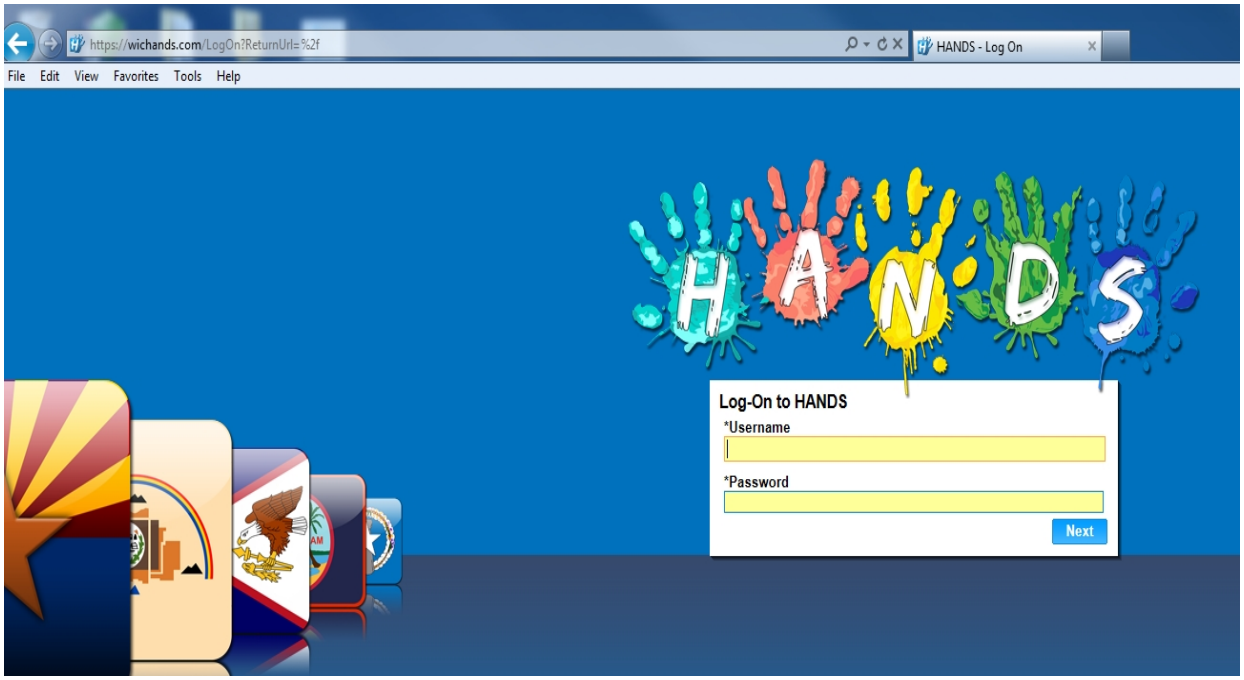
http://wichands.com

The HANDS Internet Address may be typed into the internet browser's address bar at any time to give the user access to the HANDS Sign On Page. See Module 1: Figure 1.



Module 1: Figure 1: Entering the HANDS Internet Address into the Web Browser Internet Address Field

For quick access, the HANDS shortcut icon is located on the desktop of all WIC Clinic computers and brings the user directly to the HANDS Sign on Page.

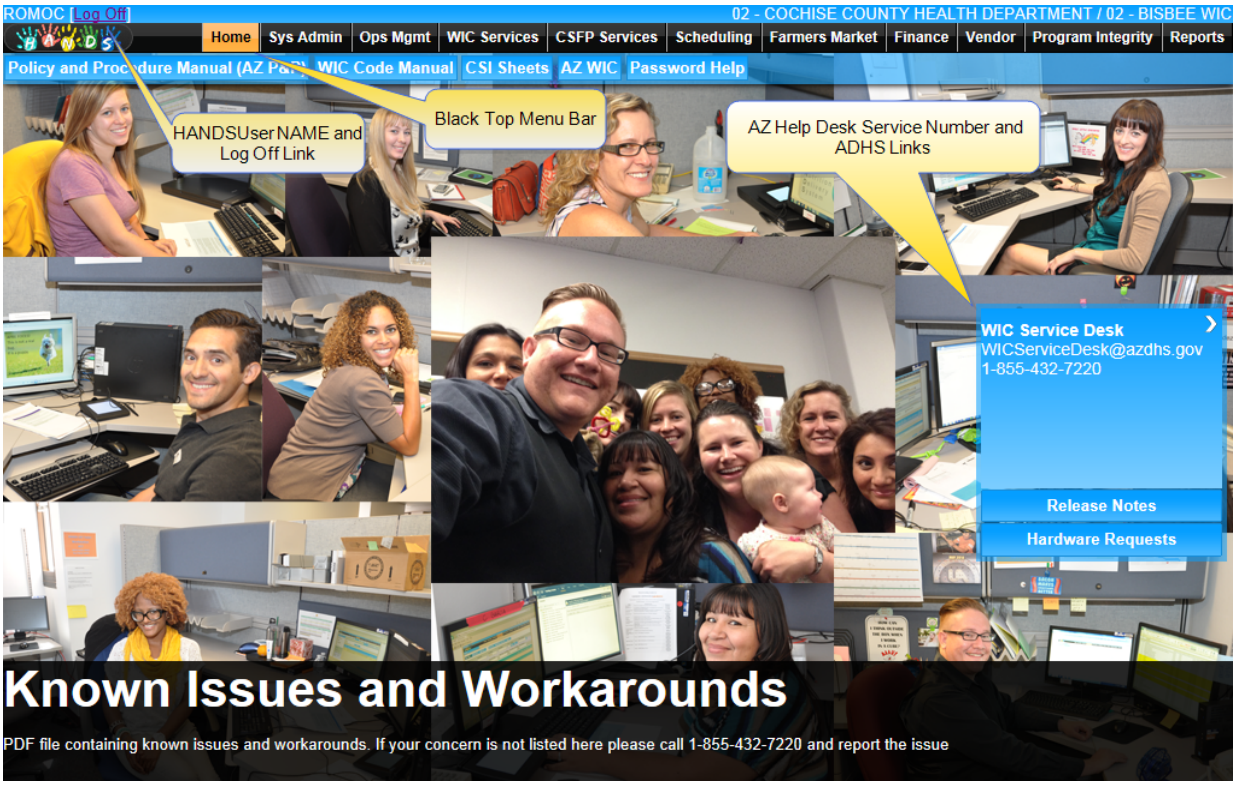


Module 1: Figure 2: HANDS Log On Page

Steps for logging into HANDS

1. On your PC or laptop screen, Click on the HANDS Shortcut Icon available on your computer desktop. Or open your internet explorer web browser and type the Internet Address
https://wichands.com into your Internet Explorer address bar.
2. This will bring you to the HANDS Sign On Page. See Module 1: Figure 2 above.
3. Enter your HANDS Username & Password.
4. Click the Next Button.
5. Choose your assigned Local agency and Clinic site.
6. Click the Log On button to log into HANDS.

Note: Some WIC employees will have only one Local agency and site contained in the drop down list, while others are assigned several items depending upon their job location, title, and responsibilities.



Module 1: Figure 3: HANDS Welcome Page

HANDS Organization of Modules

HANDS is organized into major divisions referred to as Modules, all of which can be accessed from the black Top Menu Bar. See Module 1: Figure 3 above.

System Administration- The System Administration module is for maintaining information related to users, security, sites, and Local agency data. The System Administration module also covers maintaining codes, business rules, system parameters, and data tables. This area will be used primarily by WIC State Agency staff. It is not visible or available to WIC Local agency and Clinic employees.

Operations Management- This module allows for the addition of system users and the maintenance of current user accounts. State, Local agency and Clinic sites are also added into HANDS through this area. This area is used primarily by WIC State Agency staff with limited access by Local agency administrative staff.

WIC Services- The WIC Services module contains a majority of the daily WIC Clinic operations including the following:

- WIC Family and Client Search
- Adding and maintaining WIC Family records
- Adding and maintaining WIC Client records
- Immunization
- Income Eligibility
- Adding Medical records
- Assigning WIC Codes
- Breastfeeding Surveillance
- Breast Pump Issuance and Return
- Breastfeeding Peer Counselor
- Breastfeeding Promotional Items
- Certifying Clients
- Assigning Food Packages
- Printing Food Benefits
- Documenting Nutrition Contacts
- Adding notes to a Client record
- Transferring Families and Clients
- Assessment
- Termination
- Family and Client History
- Family Appointments

CSFP Services- This module houses all of the routine certification, documentation & issuance for the Commodity Supplemental Food Program (CSFP). The layout of the CSFP module is very similar to WIC Services. It features a CSFP family or client search, adding and maintain family information, adding new clients and updating existing client records, income screening and documentation, certification actions, distribution, appointments, family and client transfers, and notes. Other sections of CSFP include history and scheduling.

Note: Only those Clinics who provide CSFP services will be able to have access to the CSFP area in HANDS. The area will not appear for those Clinics who do not provide this service.

Appointment Scheduling- The Appointment Scheduling module includes scheduling appointments for families and clients, creating and maintaining Clinic schedules, pre-certification, walk in appointments, and appointment mailing labels.

Finance- This area is for the addition and maintenance of formula manufacturer and rebate information. It is a State Agency functionality and will not be available for WIC Local agency and Clinic users.

Vendor- This area is for adding and maintaining data related to WIC vendor management. It also features sections for communications with vendors and vendor Reports. This area will be accessible only to WIC State Agency staff.

Program Integrity- This area is for Vendor program integrity and Family/Client Compliance. It will also feature Reports to identify high risk activity which are required to ensure the integrity of the program. This area will only be accessible by WIC State Agency staff.

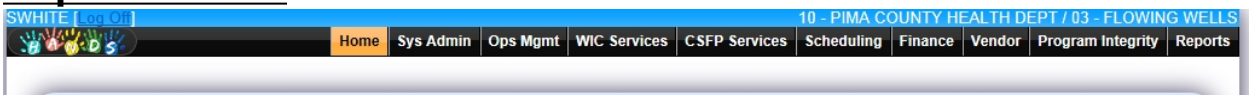
Reports- The Reports area of HANDS will offer a variety of Reports to State, Local Agency and Clinic staff. The Reports and the Report styles available will depend upon the user's role.

HANDS Navigation Basics

After signing on, there are two ways to move between the different modules within HANDS. This depends upon your location within the system.

- The black **Top Menu Bar**, which is always available from anywhere in HANDS.
- The **Navigation Pick List Menu Box** may also be accessed from anywhere in HANDS and allows movement to other modules, pages, and functions.

Top Menu Bar



Module 1: Figure 4: HANDS Top Menu Bar

The Top Menu Bar is located at the top of HANDS and gives the user's access to the modules listed from anywhere within the system. See Module 1: Figure 4 above.

The following modules are available on the Top Menu Bar:

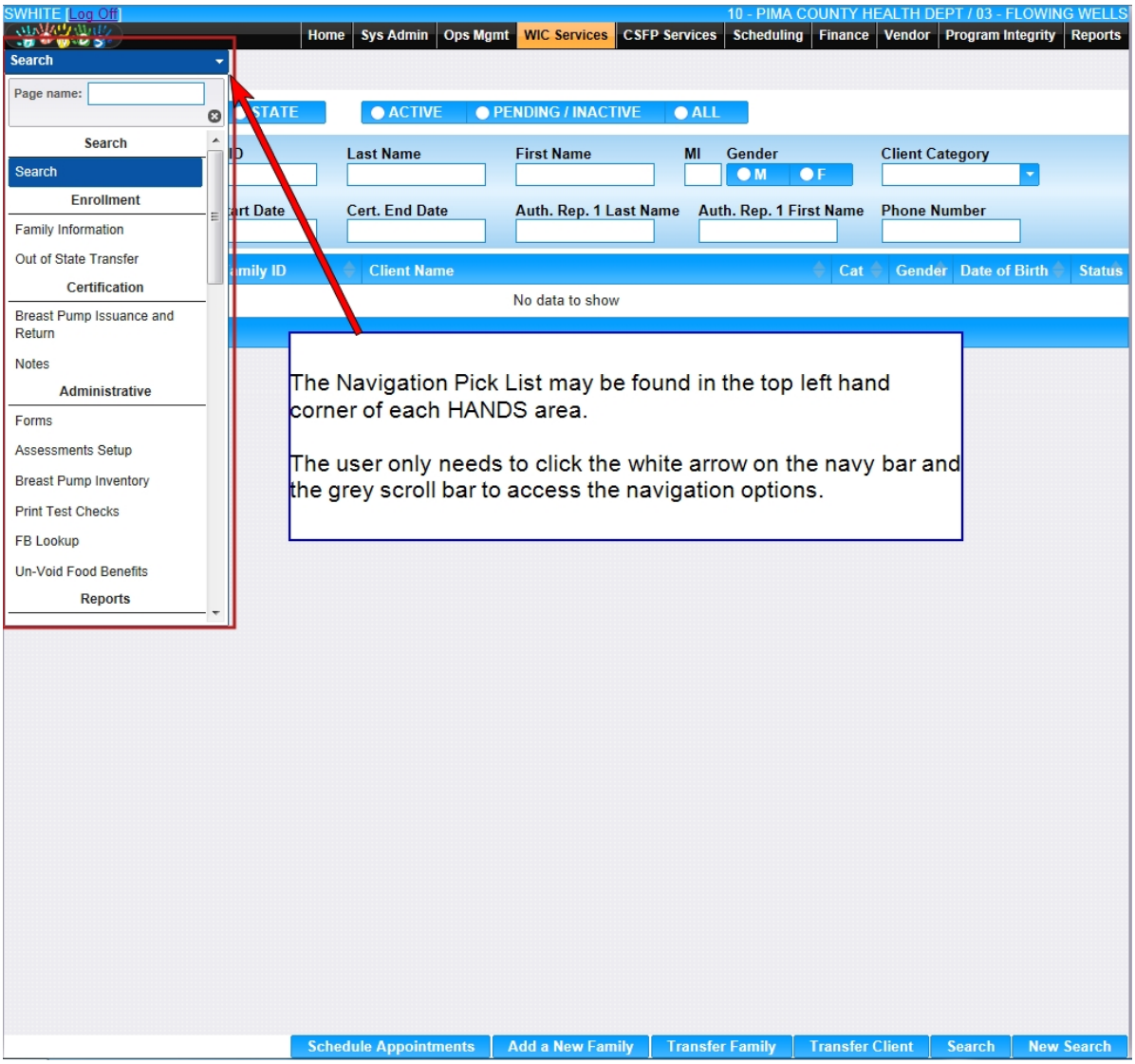
- Home
- System Administration
- Operations Management
- WIC Services
- CSFP Services
- Appointments
- Finance
- Vendor
- Program Integrity
- Reports

The WIC staff or user at the Clinic level will only have access to the Home, WIC Services, CSFP Services (if applicable), Scheduling, and Reports.

State Agency and Local Agency Staff will have access to most or all of the modules located on the Top Menu Bar as assigned.

HANDS Navigation Pick List

The Navigation Pick List is a useful tool which may be accessed from any area within HANDS except for the HANDS Home Page. See Module 1: Figure 5 below.

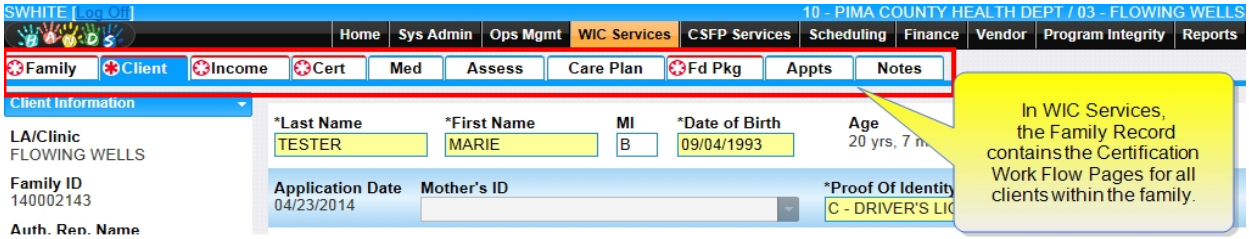


Module 1: Figure 5: Accessing the Navigation Pick List

The Navigation Pick List may be used as a second option to navigate throughout the different modules in HANDS. The Navigation Pick List also offers exclusive navigation to other pages such as the History page or the Breastfeeding Peer Counselor page. The user is allowed to filter the pages that appear in the Navigation Pick List. This process is done by entering the starting letters for the desired page in the Page Name field at the top of the Navigation Pick List.

The navigation options of the Navigation Pick List vary depending upon which module of HANDS the user is in. For example, when the user is within the CSFP module, pages related specifically to WIC Services will not display in the Navigation Pick List for selection.

WIC Services Area - Certification Work Flow Pages



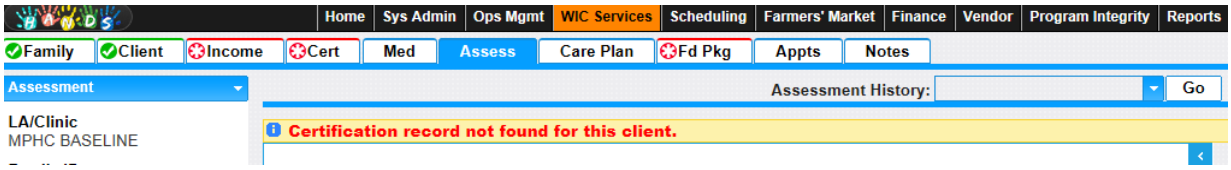
Module 1: Figure 6: Certification Work Flow Pages

In the WIC Services Area, the process of adding, entering or updating the required data for the certification of a WIC client follows what is called the Certification Work Flow. See Module 1: Figure 6 above.

The Certification Work Flow includes the following pages:

- **Family Information** - Adding and Updating Family Information
- **Client Information** - Adding and Updating Clients within a Family
- **Immunization** - Adding Immunization documentation for a child under 2 years of age.
- **Income** - Adding Income, Documentation, and Adjunct Eligibility
- **Certification Action** - Assigning Client Categories, Recording Estimated Delivery Date, and Actual Delivery Date along with Physical Presence.
- **Medical**- Adding & Updating Anthropometric, Blood work, and reviewing graphs.
- **Assessment** - Answering Probing Questions & Choosing WIC Codes.
- **Breastfeeding Surveillance** - Recording Breastfeeding status.
- **Care Plan** - Certifying Client, Activating or Deactivating WIC Codes, Nutrition Education, Referrals.
- **Food Package** - Adding and Updating Food Packages.
- **Family Appointment** - Scheduling Appointments, Scheduling Group Nutrition Discussion, Adding Pending Services, Viewing Appointment History.
- **Notes** - Adding a note and note type for a WIC Client. Adding a Staff Alert.

As stated before, HANDS requires some data to be entered on prior pages and tabs before functionality may work properly on subsequent pages. For example, HANDS will not allow a WIC code to be entered on the Assessment page until a Client Category is first selected and saved on the Certification Action page. HANDS requires that the client category be entered so that the proper WIC codes will display.

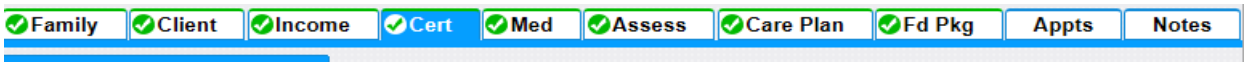


Module 1: Figure 7: Certification Record not found message

As each subsequent page in the Certification Work Flow is completed and saved, HANDS provides a green check in each tab to let the user know that the requirements for that page have been completed. The red star lets the user know that information still needs to be added in order to complete the certification. See Module 1: Figure 7 above.

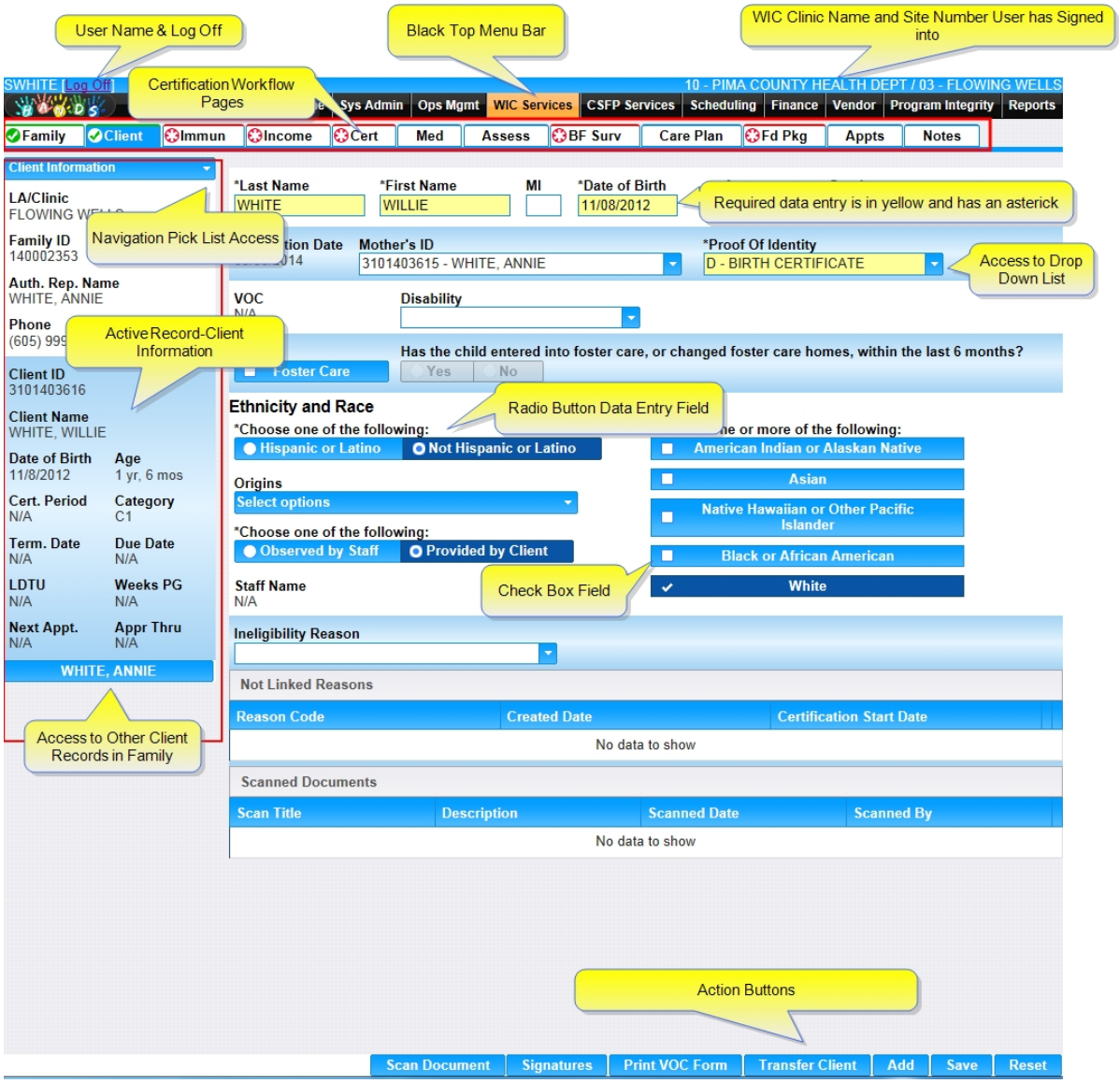
Note: In a Family with several clients or with clients who have incomplete or missing information, the green check sign may not be available.

After a certification has been successfully completed, the green check and red star alerts will not longer appear on the page tabs. See Module 1: Figure 8 below.



Module 1: Figure 8: Green Check Mark for the Completion of a Certification Work Flow Page

HANDS Window Elements



Module 1: Figure 9: HANDS Window Elements

HANDS uses a standard design and functionality format to ensure continuity and consistency within the system. This helps the user to learn HANDS functionality and navigation. See Module 1: Figure 9.

Common data entry fields and methods shown below in Module 1: Figures 10 and 11 below.

HANDS Data Entry Fields

Required Fields	*First Name WILLIE	All required fields are highlighted yellow and have an asterisk to the left of the field name.
Optional Fields	Disability	HANDS allows the user to complete or skip the field. Example, the user is allowed to skip the Disability Drop Down.
Conditional Field	✔ Client Not Present Reason Client Not Present	Conditional fields have the same appearance as an optional field. Under some conditions the field is optional, and the system allows the user to complete or skip the field. However, under certain conditions, HANDS requires the user to complete the field based on a previously completed field or data entry value. For Example, On the Certification Action Page when the Client Not Present Check Box is selected, the Reason Client Not Present drop down list becomes active and requires an entry.
Unavailable Field	*Pending Lab Code	A field that does not currently allow data entry, but becomes available for data entry when some other action is performed. For Example, when Add Pending Lab Code button is clicked, the Pending Lab Code drop down field becomes available.

Display Only Field	**LA/Clinic** CLINIC 32 **Family ID** 140001048 **Auth. Rep. Name** DEMO, SUZY	Displays data for information and does not allow the user to modify the data. There is no data entry area.
Row Count	Row count: 10	Allows for search result lists with multiple rows to be made visible. The user may choose 10, 25 or 50 rows to be listed.

Module 1: Figure 10: HANDS Data Entry Fields

HANDS Data Entry Methods

Box	Weight *lb *oz	Type inside the field.
Drop Down Lists	Proof Of Identity D - BIRTH CERTIFICATE I - BAPTISMAL CERTIFICATE D - BIRTH CERTIFICATE H - CLINIC / HOSPITAL RECORD OR ID F - CRIB CARD C - DRIVER'S LICENSE/STATE ID V - FORGOT DOCUMENTATION R - HEALTH BENEFITS/ SOCIAL SERVICE CARD OR LETTER K - IMMIGRATION OR NATURALIZATION RECORD (E.G. GRE... Show All Items	Click the arrow to display the list or press the space bar on your keyboard.
Check Box	✔ Does not have a phone	Click the check box or press the space bar to select or de-select the check box.
Radio Button Options	Gender M F	Only one option can be selected: Click to select an option.

Type In Dates	11082012 = 11/08/2012 *Date of Birth 11/08/2012	Type in a date with no separator characters in this format: MMDDYYYY; Ex. 11082012 HANDS will fill in the separator characters for you; 11/08/2012
Calendars	*Medical Data Date 04/21/2014 Apr 2014 Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	The user has the option to simply type in the date or to access the Calendar and choose the Month, Year, and Day. ***Hint:*** If the date's year is earlier than what is displayed, simply click on the earliest year available and then click the drop down arrow again. You will see the required year range appear in the drop down.

Module 1: Figure 11: HANDS Data Entry Methods

Standard Action Buttons

The following standard buttons and icons are used throughout HANDS and operate in a similar manner. See Module 1: Figure 12 below.

Standard Action Button	*Button Display*	*Action Performed*
Add	Add	Displays a box or page in which the user may add data to the system.
Cancel	Cancel	Cancels an action or data entry and closes the data entry box.
Clear	Clear	Clears the specific data entered or chosen.
Clear All	Clear All	Clears all data entered or chosen.
Details	Details	Reveals information or data which may be tucked away or hidden for a particular field.
Expand Row	+	Will expand a row to reveal more data or information.
New Search	New Search	Clears all previous search results to begin a new search.
OK	OK	Closes the data entry box after all data has been entered. **Note! Clicking ok to close the box, does not save the information!**
Reset	Reset	Returns all data fields to the original values based upon when the screen was last saved. Data cannot be reset after it has been saved.
Save	Save	Saves the data on the window, page or tab.
Scan Document	Scan Document	Opens the functions available for scanning documents.
Signatures	Signatures	Opens the functions available for the signature pad and collecting signatures.
Search	Search	Initiates a search to retrieve records which match the data entered on the screen.

Module 1: Figure 12: Standard Action Buttons

Common Icons

Edit Icon - Allows for the modification of a data entry or record.

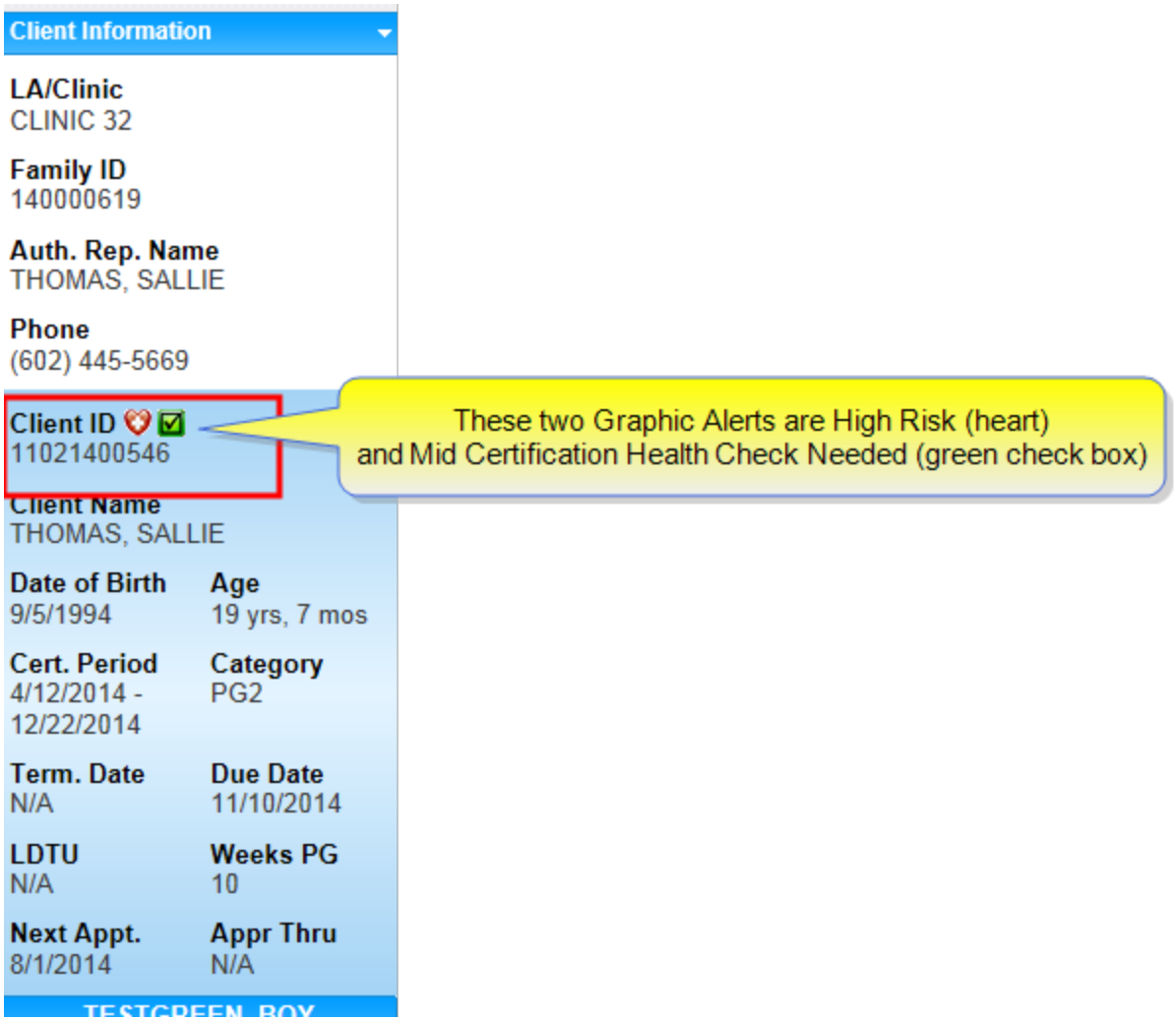
Delete Icon - Purges the data from the database.

HANDS Graphic Identifiers

There are icons in the Certification and Enrollment module which indicate certain conditions for a client.

Using graphic identifiers or icons, HANDS alerts the user that the client has a particular status or circumstance which will need additional attention by WIC Clinic staff.

For example, if a Client has a disability or is missing documentation for certification, a specific icon or flag will display in the Client's Active Record. See Module 1: Figure 13 below.



Module 1: Figure 13: Graphic Alerts

For example, clients who have been identified as being high risk will have a heart shaped graphic alert located beside the Client Name display on the Client Active Record and on the Care Plan page in WIC Services. See Module 1: Figure 14 for a list of icons and graphic alerts in client's active record below.

Icons or Graphic Alerts in Client's Active Record

Breast Pump	**The client has been issued a breast pump.**
Disability	**The client has a disability.**
Red High Risk	**The client is high risk.**
Green High Risk	**The client has been seen by a nutritionist.**
Mid Certification	**The client will need a mid certification.**
Missing Documentation	**The client record is missing documentation that will need to be provided in order to continue receiving WIC food benefits.**
Staff Alert	**There is a staff alert note or comment concerning this client.**
Out of State Transfer - VOC	**This client is an Out of State Transfer.**
Medical Icon	**Client needs bloodwork or anthropometric data.**
Information Icon	**User is allowed to hover over the icon to display more information about the section.**

Module 1: Figure 14: Icons or Graphic Alerts in Client's Active Record

WIC Services: Family/Client Search Process

The Family/Client Search page will allow a user to find a client or family in HANDS using specific criteria or a combination of criteria. The page also allows users to check whether a family or client was either previously or is currently enrolled in the Arizona WIC program.

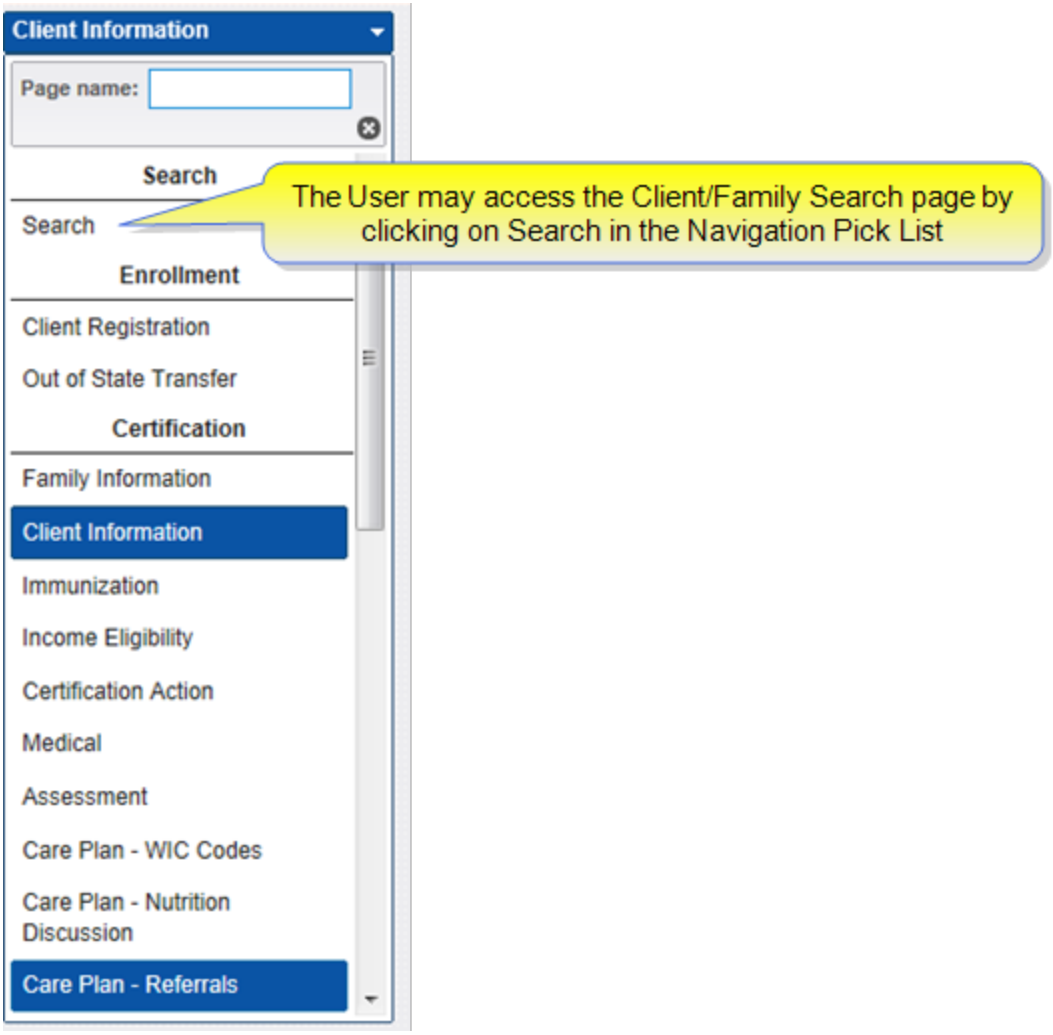
Family Client Search Page Navigation: Top Menu Bar

Whenever the WIC Services module is selected from the Top Menu Bar from anywhere in the system, the Family/Client Search is the first page available to the user. See Module 1: Figure 15 below.

Module 1: Figure 15: Family Client Search Page Navigation-Top Menu Bar

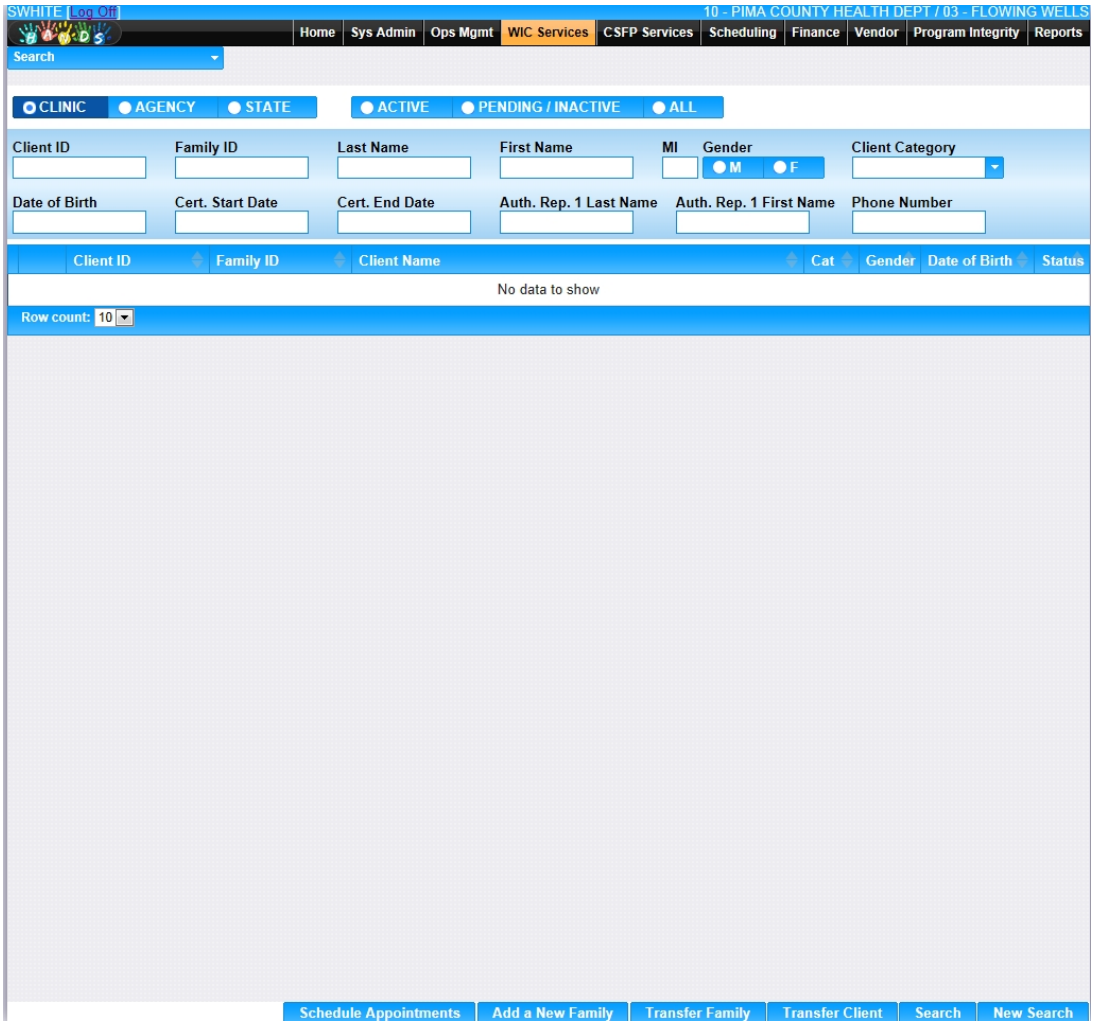
Family Client Search Page Navigation: Navigation Pick List

In addition to the Top Menu Bar, the Family/Client Search page may also be accessed within the WIC Services module by using the Navigation Pick List. The Search option is at the top of the pick list and may be clicked on to bring the user to the Family/Client Search Page. See Module 1: Figures 16 and 17 below.



Module 1: Figure 16: Navigation Pick List

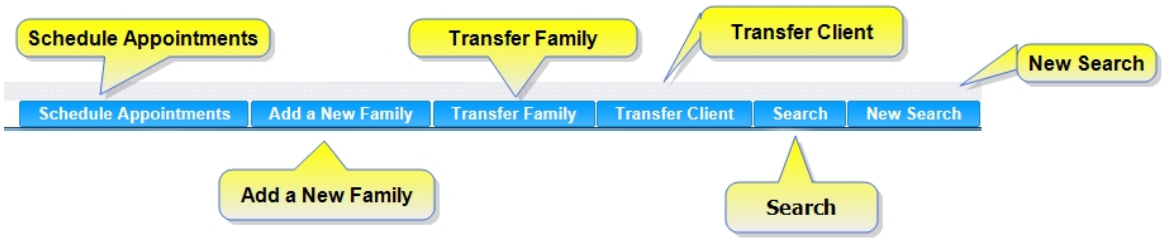
WIC Services: Family/Client Search Page



Module 1: Figure 17: WIC Service Family / Client Search Page

Family/Client Search Page Action Buttons

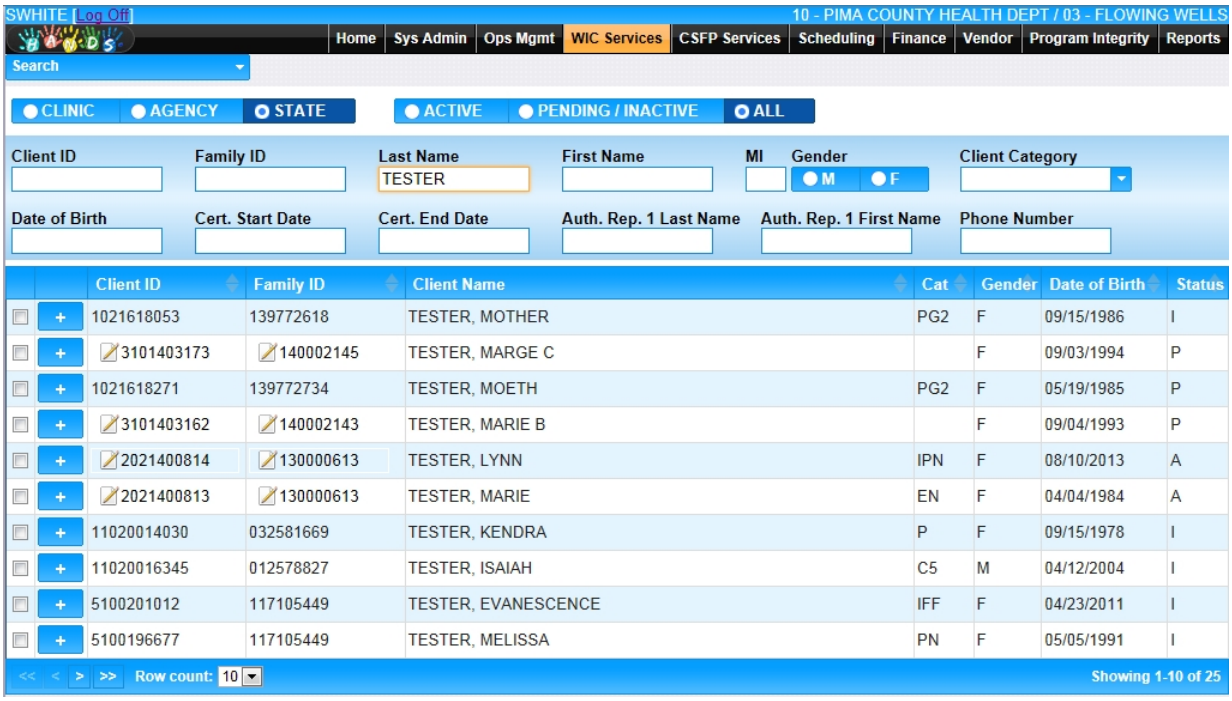
The following buttons are available on the Family/Client Search page: Schedule Appointments, Add a New Family, Transfer Family, Transfer Client, Search, and New Search. See Module 1: Figure 18 below.



Module 1: Figure 18: Family / Client Search Page Action Buttons

- Schedule Appointments - The purpose and functionality of the Schedule Appointments button is covered in the Appointment Scheduling module of this manual.
- Transfer Family - The purpose and functionality of the Transfer Family button is covered in the In State, Out of State and Client Transfers module of this manual.
- Transfer Client - The purpose and functionality of the Transfer Client button is covered in the In State, Out of State and Client Transfers module of this manual.
- Search - Initiates a search to retrieve record which matches the data entered on the screen.
- New Search - Clears all previous search results to begin a new search.

WIC Services: Family/Client Search Highlights



Module 1: Figure 19: WIC Services-Family / Client Search Highlights

Search - When performing a search within a Clinic/Agency/State location, select the appropriate radio button on the Search page to ensure the correct results display. See Module 1: Figure 19 above.

Module 1: Figure 20: Radio Buttons on Search Page

In order to find a Family or Client who may have been inactive for a while or may have been transferred to another Clinic, the user should click the State and All radio buttons to complete the search. See Module 1: Figure 20 above.

Entering Search Criteria: Unique Client and Family ID

Module 1: Figure 21: Entering Search Criteria

If available, the user may enter a unique Client ID or Family ID to easily find the WIC Client or Family. See Module 1: Figure 21 above.

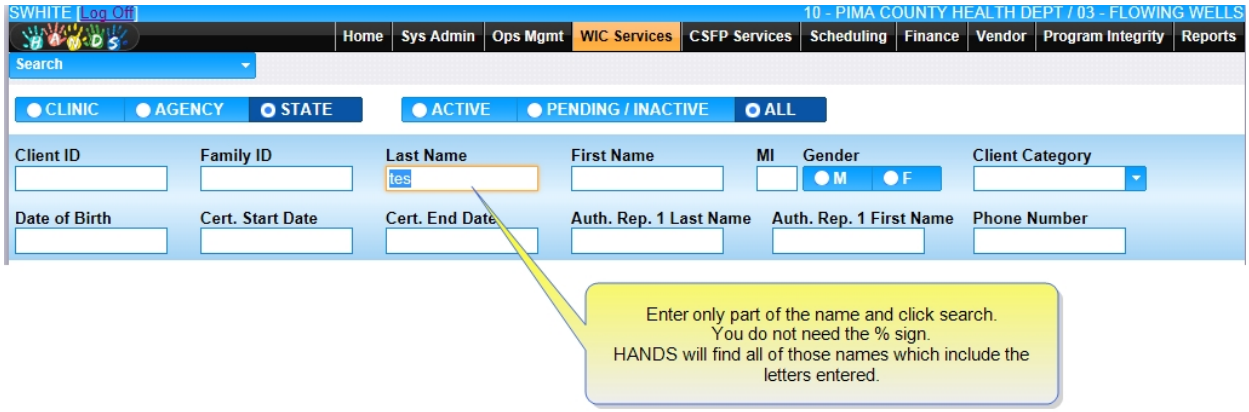
Multiple Search Criteria

Module 1: Figure 22: Multiple Search Criteria

If a Client ID or Family ID is not available, the user may search by other criteria such as the Last Name or Date of Birth. Any of these may be used exclusively or in combination to complete a search. It is recommended the user search with multiple criteria if available to narrow down search results.See Module 1: Figure 22 above.

Partial Search - If a user is unsure about the correct spelling of a Client's name, a partial search may be completed by entering part of a name to search. This will yield all names that begin with the letters entered. See Module 1: Figure 23 below.

Note: You do not use the % sign to do partial searching in HANDS.

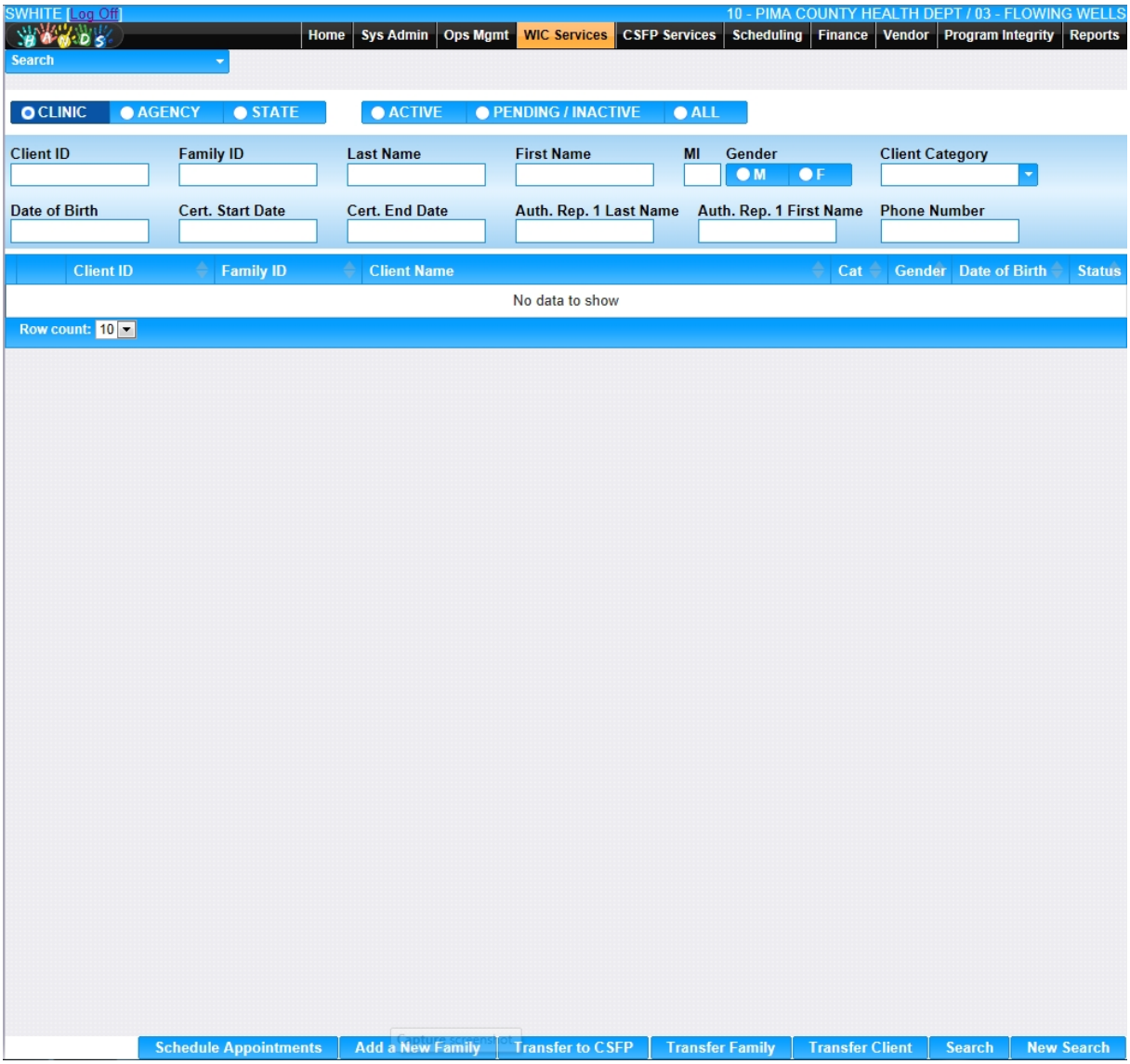


Module 1: Figure 23: Partial Search

Searching for a WIC Family or Client in HANDS

1. Log into HANDS.

2. Click on WIC Services in the menu to access the Family/Client Search Page. See Module 1: Figure 24 below.



Module 1: Figure 24: Searching for a WIC Family or Client in HANDS

3. Enter the search criteria

Note: The more information you enter, the more narrow the search results will be.

4. Click Search and the results will display on the page.

5. Select the Family ID/Client ID link for the family/client you need.

Search Results

When a HANDS search is completed, the Search results include:

- Client ID
- Family ID
- Client Name
- Category Type
- Gender
- Date of Birth
- Status:
  - (A) Active - The Client is currently certified for the WIC program.
  - (I) Inactive - The client is no longer currently certified for the WIC program and has become ineligible or has been terminated.
  - (P) Pending - The Client record has been entered into HANDS and is pending certification in order to become active.

Search

CLINIC | AGENCY | STATE | ACTIVE | PENDING / INACTIVE | ALL

Client ID | Family ID | Last Name: TEST | First Name | MI | Gender: M F | Client Category: C1

Date of Birth | Cert. Start Date | Cert. End Date | Auth. Rep. 1 Last Name | Auth. Rep. 1 First Name | Phone Number

	Client ID	Family ID	Client Name	Cat	Gender	Date of Birth	Status
+	2021400267	112565565	TEST, CHILD	C1	F	03/05/2013	A
+	2021401106	140001000	TEST, WASHINGTON C1	C1	F	05/04/2012	A
+	2021400157	140000402	TEST2, BABY	C1	M	02/01/2013	P
+	65221401112	140001006	TEST, DIFF DIST SITES C	C1	F	07/22/2012	A
+	11020156631	092585017	TESTERMAN, LUCAS	C1	M	10/15/2008	I
+	18070325587	045161309	TESTBABY, JOETESTBABY	C1	M	09/01/2004	I
+	1011400196	140000436	TESTING, CHILD	C1	F	05/15/2012	A
+	39071400367	140000533	TEST, TOMMY BOY	C1	M	02/01/2013	A
+	75070807908	106689926	TESTA, HAILEY	C1	F	04/05/2010	I
+	42441400500	140000576	TEST42CLIENT2, TEST42CLIENT2	C1	M	03/01/2013	A
+	2021401005	140000946	TEST, TEST C1	C1	M	04/06/2013	A
+	2021400694	140000722	TEST VERSION, TEST	C1	M	01/01/2013	P
+	2021400693	140000722	TEST VERSION, TEST	C1	M	01/01/2013	A
+	8330228414	129867536	TEST, FRED	C1	M	01/01/2012	I
+	8340739897	099883343	TESTA, PHYNLEY	C1	F	09/21/2009	I

<< < > >> Row count: 50 Showing 1-15 of 15

Module 1: Figure 25: Search Results

The Client ID and Family ID numbers will be displayed in a black font, which indicates a WIC Family or Client. See Module 1: Figure 25 above.

While in WIC Services, the Client ID and Family ID numbers displayed in blue font indicate a CSFP or Commodities Supplemental Food Program Client or Family.

Clicking the Expand Row button will show more Family/Client search details. See Module 1: Figure 26 below.

Client ID	Family ID	Client Name	Cat	Gender	Date of Birth	Status
34300012191	059043350	TEST, ADHS74	PG2	F	02/02/1979	I

Details

Auth. Rep. 1 Name	Phones	Cert. Dates	EDD	ADD	Local Agency	Clinic	Mail. Address
TEST, ADHS74		2/28/2005 - 6/12/2005	5/1/2005	N/A	ST MARY'S FOOD BANK ALLIANCE	CASA PRIMAVERA	123 SOMEWHERE MESA AZ, 85201

Module 1: Figure 26: More Family / Client Search Details

When a user completes a search for family or client record which is already housed in the user's Clinic, then the record is already active and the user may click either the Client ID or Family ID to access the record.

A user will be able to tell if a record is available by the presence of the edit icon beside the client name. See Module 1: Figure 27 below.

Client ID	Family ID	Client Name	Cat	Gender	Date of Birth	Status
3101403405	140002259	TEST, BABYBOY	IFF	M	04/13/2014	A
3101403226	140001934	TEST, GEORGE D	C1	M	08/03/2012	P
3101402767	140001934	TEST, MINNIE B	PG2	F	08/04/1979	A
3101403314	140002208	TEST, WICMOM		F	05/04/1995	P

The Edit icon located beside the Client and Family ID in the search results indicates this record is available for the user to access.

The user may click either the Client ID or Family ID to enter the record. Clicking the Client ID brings the user to the Client Information page for the selected client. Clicking the Family ID brings the user to the Family Information page for the selected Family.

Module 1: Figure 27: Edit Icon next to the Family Name

For a Family/Client record that is not located in the User's WIC Clinic, the edit icon is unavailable in the search results in order for the user to enter the record.

The user will need to complete a WIC Clinic transfer to allow full access to the Family/Client record. See Module 1: Figure 28 below.

Client ID	Family ID	Client Name	Cat	Gender	Date of Birth	Status
34300012191	059043350	TEST, ADHS74	PG2	F	02/02/1979	I

This client's record is not located in the User's WIC Clinic. The Edit Icons are missing for the Client & Family ID, and the user is unable to enter the record.

Module 1: Figure 28: Edit Icon Unavailable

Module 2: Family & Client Information

Module 2
Learning Objectives

After completing this module, the User should be able to:

- Describe the WIC Family
- Recognize the Family ID and Client ID
- Add a new Family Record into HANDS
- Add a new Client(s) Record into HANDS
- Complete an update of a Family Record
- Complete an update of a Client Information Record
- Explain how HANDS prevents a Duplicate Client Record
- Demonstrate the use of the Signature Pad to collect Signatures
- Demonstrate the use of HANDS Scanner Function

Adding and Updating Family and Client Records

The WIC Family:

HANDS is a family based system which provides access to all client records within a WIC family and allows for a better flow and organization of client data.

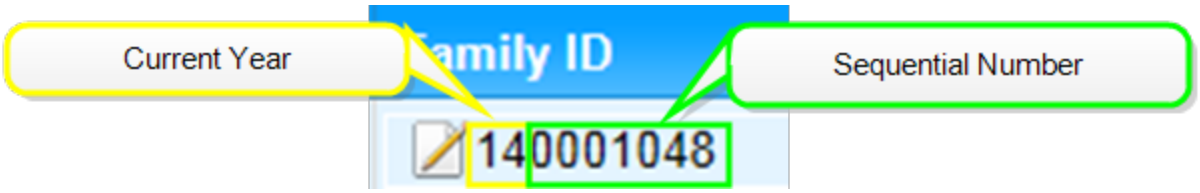
In HANDS, the WIC family consists of Authorized Representative(s), all WIC Clients who will be receiving WIC services and proxies.

Family records are added on the Family Information Page in HANDS, which contains the following fields:

- Authorized Representative(s)
- Authorized Representative Proof of ID.
- Street & Mailing Address
- Phone Numbers
- Proxies

Family ID Number

When a new family is added, HANDS will assign a Family ID as well as the individual WIC Client IDs for all family members. The Family ID is typically shorter than a WIC Client ID and consists of 9 numerical digits. See Module 2: Figure 1 below.



Module 2: Figure 1: Family ID Number

The WIC Client:

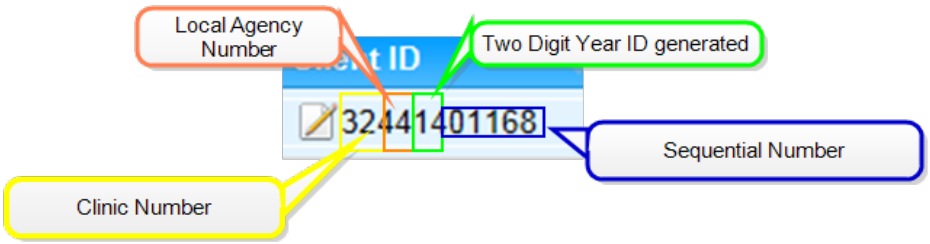
After the WIC Family Information has been entered into HANDS, each WIC applicant or client is then added to the Client Information Page, which contains the following information fields:

- Client Last and First Name
- Client Date of Birth
- Gender
- Proof of ID

- Mother and Infant Linking with Mother's ID
- Ethnicity
- Race

After each Client record is saved, HANDS will generate a Client ID for that individual.

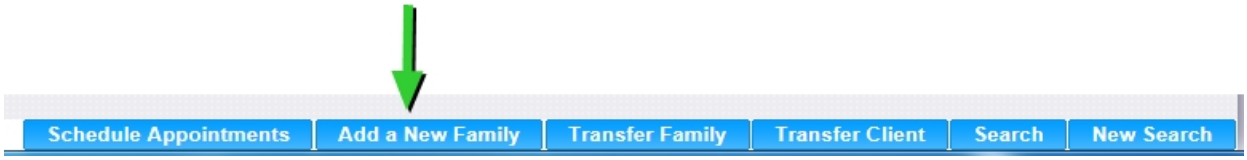
Client ID Number
The WIC Client ID is assigned to all family members who are applying or are currently receiving WIC services. The Client ID is 11 numerical digits. See Module 2: Figure 2 below.



Module 2: Figure 2: Client ID Number

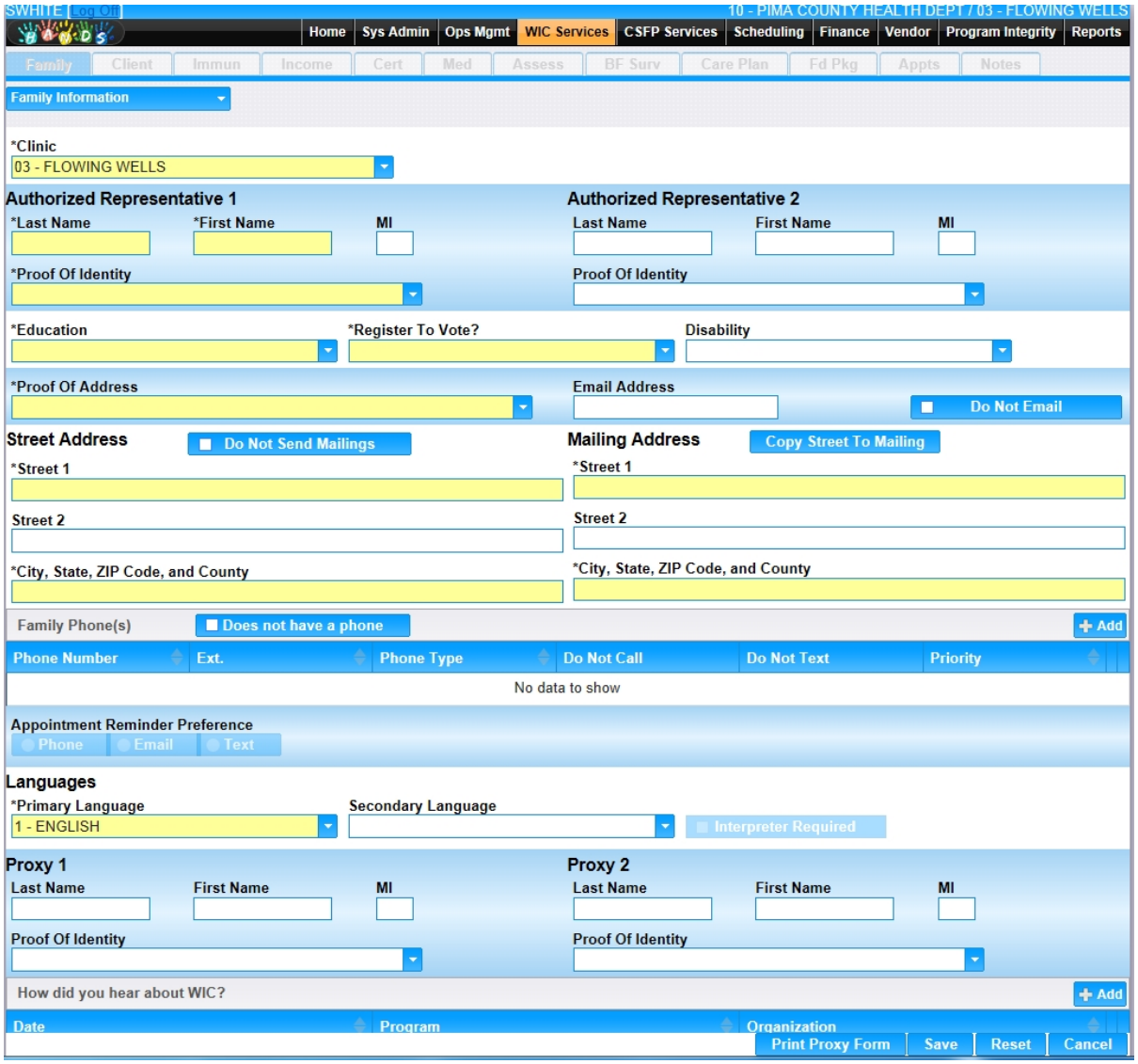
Adding a New Family Record

1. From the WIC Services Search Page, complete a search for your WIC Family or Applicant before adding a new family record.
2. If the client record does not exist in HANDS, click the Add a New Family button at the bottom of the page. See Module 2: Figure 3 below.



Module 2: Figure 3: Adding a New Family Record

3. The Family Information page will open and all fields will become active. See Module 2: Figure 4 below.



Module 2: Figure 4: Family Information Page

4. Enter the family information by completing the following required fields:

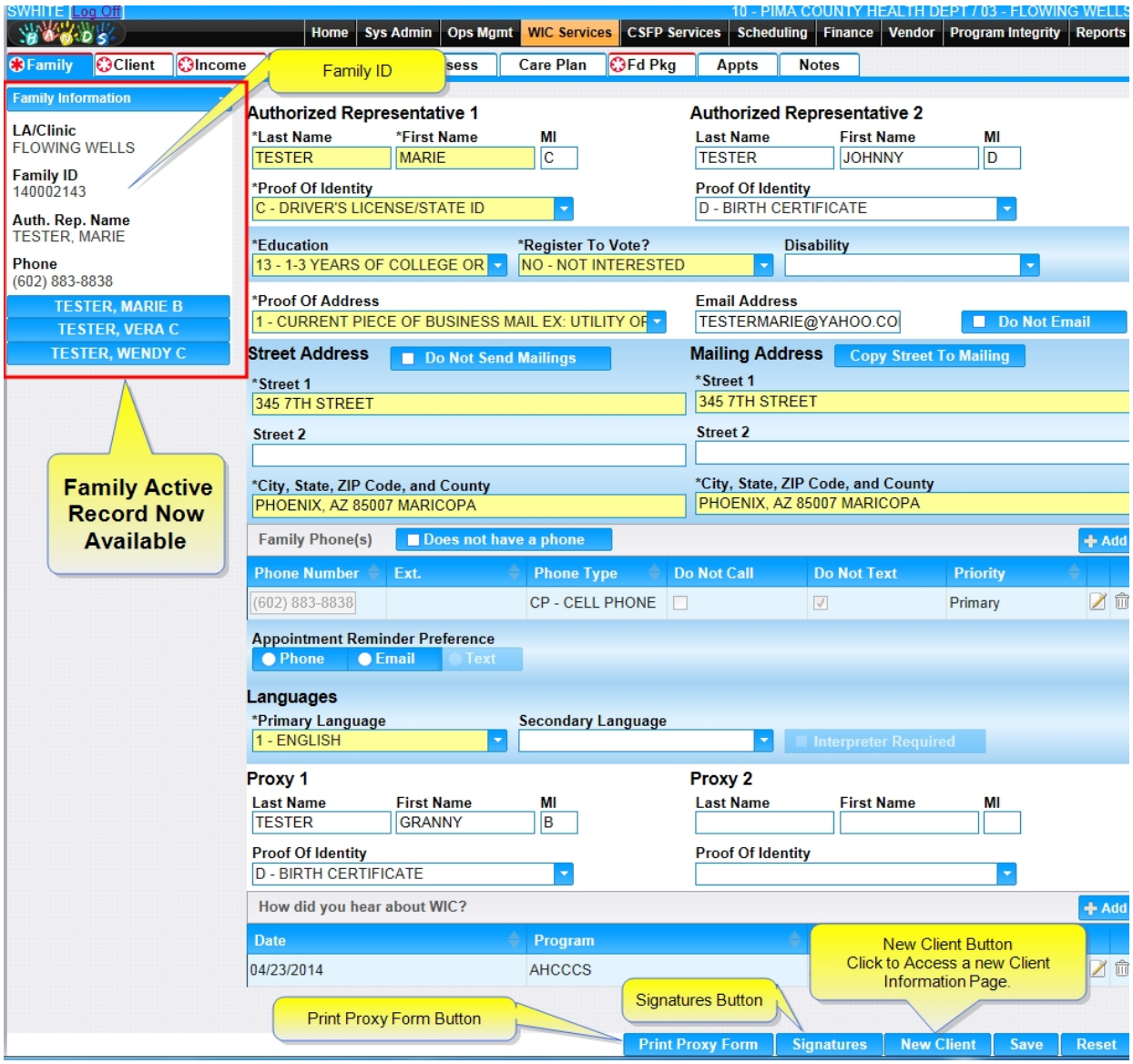
Hint: All yellow fields in HANDS are required.

- Authorized Representative 1 (Authorized Representative(AR) 2- Optional)
- Proof of Identity for Authorized Representative 1 (AR 2 - Required only if AR 2 name information is entered)
- Education (Authorized Representative 1)
- Registered to Vote?
- Proof of Address
- Email Address (optional)
- Street Address
- Mailing Address (copy from Street Address or Add Mailing Address)

- Add Phone Number- Enter phone type, priority, and Do Not Call/Text (if applicable)
- Choose Appointment Reminder Preference
- Enter Primary Language (Secondary is optional)
- Proxy (optional); Enter Proxy 1 and/or 2; If proxy is entered, proxy ID is required.
- Referral (optional); Enter How Did you Hear About WIC?

5. Click the Save button.

6. HANDS will generate a new Family ID and three additional action buttons will become available. The Family Active Record is now created and populated with entered data on the screen. See Module 2: Figure 5 below.



Module 2: Figure 5: New Family ID and Additional Action Buttons

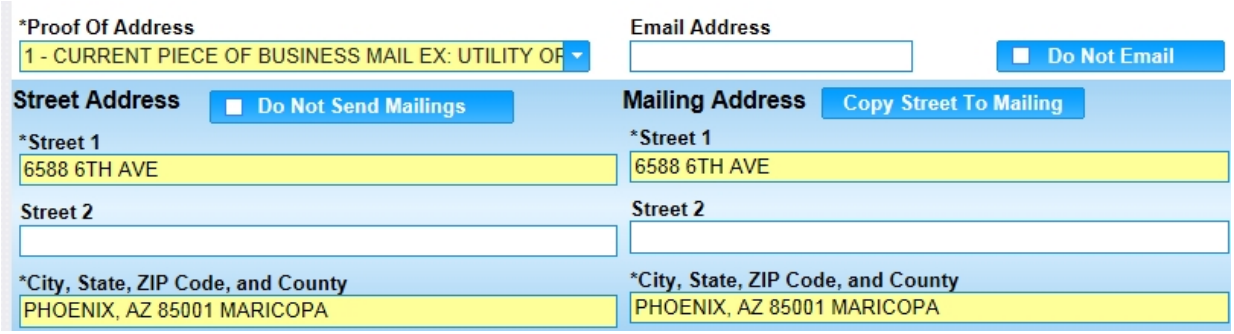
- **Print Proxy Form** - When clicked, displays the Proxy PDF form and the print options box.
- **Signatures** - Allows access to the Signature pad for the collection of signatures.
- **New Client** - When clicked, brings the user to a new Client Information page for the addition of a new WIC Client record.

Family Information Page Functionality Highlights

Street and Mailing Addresses

The Street and Mailing Address are required for each WIC Family Record in HANDS.

If the WIC Family's Mailing Address is the same as the Street Address, the user may select the Copy Street to Mailing button. See Module 2: Figure 6 below.

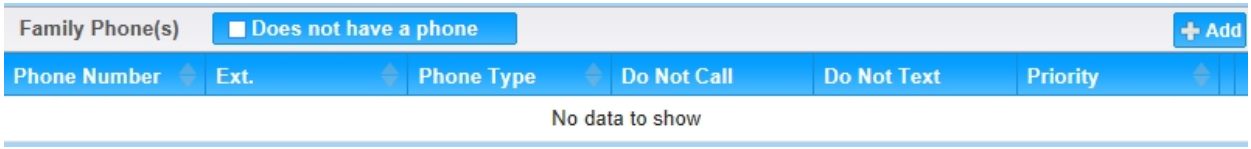


Module 2: Figure 6: Street and Mailing Addresses

Hint: The user may enter any item for the location and HANDS will auto complete the field for them. For Example, if you type in Phoenix all of the available ZIP Codes for Phoenix will appear for the user to choose from.

Note: Selecting the Do Not Send Mailings check box prevents the family from receiving mailings.

Phone Number & Contact Preference

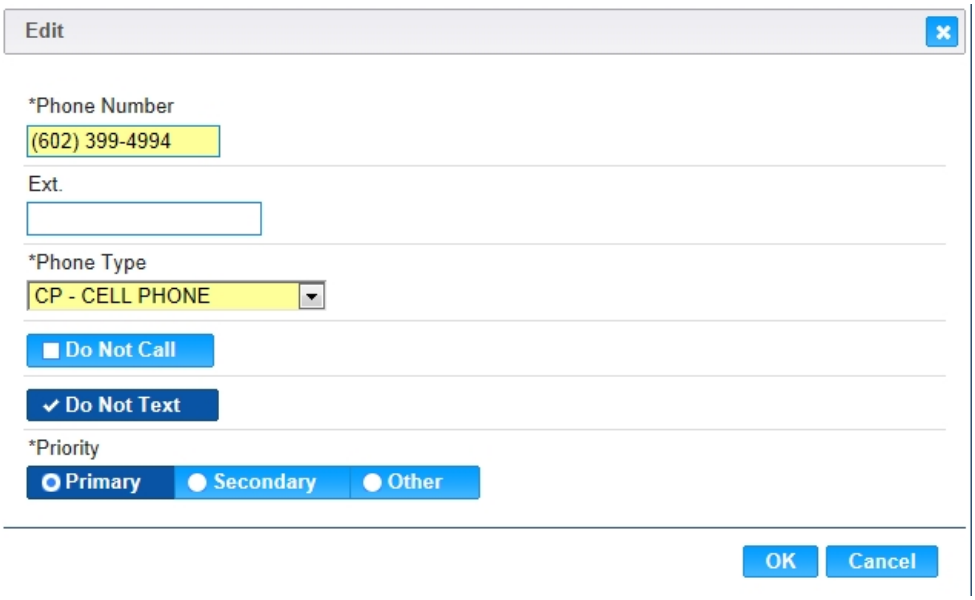


Module 2: Figure 7: Phone Number and Contact Preferences

In HANDS, the user may add a Family phone number and prioritize that number according to the preference of the client. Additional phone numbers may be added and

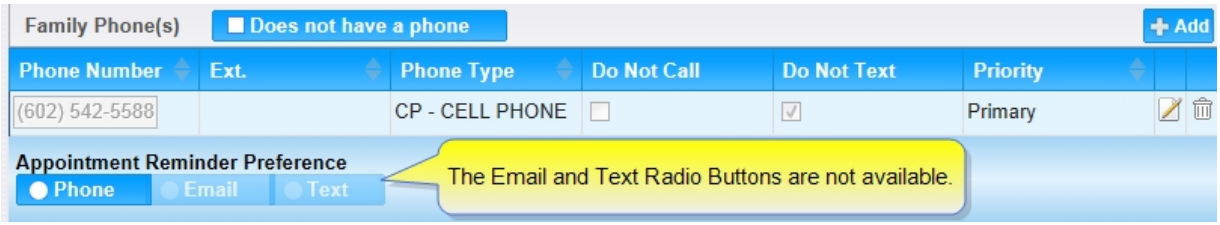
prioritized as needed. The user may also select Do Not Call or Do Not Text to reflect applicant or client preference. See Module 2: Figure 7 above.

Note: Only one Family phone number can be prioritized as Primary. Additionally, only one phone number can have the priority of Secondary but the user may have as many phone numbers listed with the priority of other.



Module 2: Figure 8: Edit Phone Information

For example, if a client does not want to be contacted by texting, the user will click the Do Not Text check box. If this occurs, then the Text option will become unavailable as an Appointment Reminder Preference. The Cell Phone or CP - Cell Phone phone type must be selected in order for the text option to become available. See Module 2: Figure 8 above.

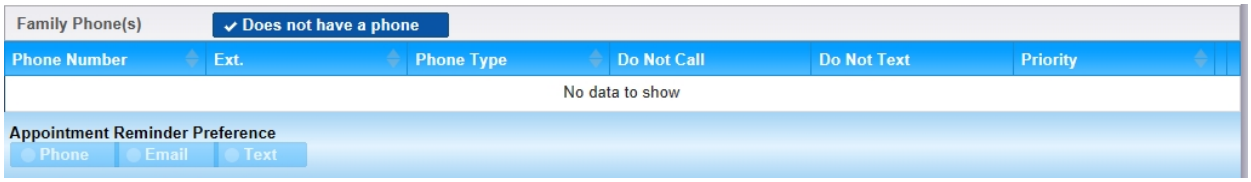


Module 2: Figure 9: Phone Number Preference

If the user clicked the Do Not Email check box located above the address section, the email radio button under Appointment Reminder Preference will become unavailable. See Module 2: Figure 9 above.

No Phone

If the Authorized Representative does not have a phone, click the Does Not Have a Phone check box, and HANDS will allow the certification to continue without adding a phone number. See Module 2: Figure 10 below.



Module 2: Figure 10: No Phone

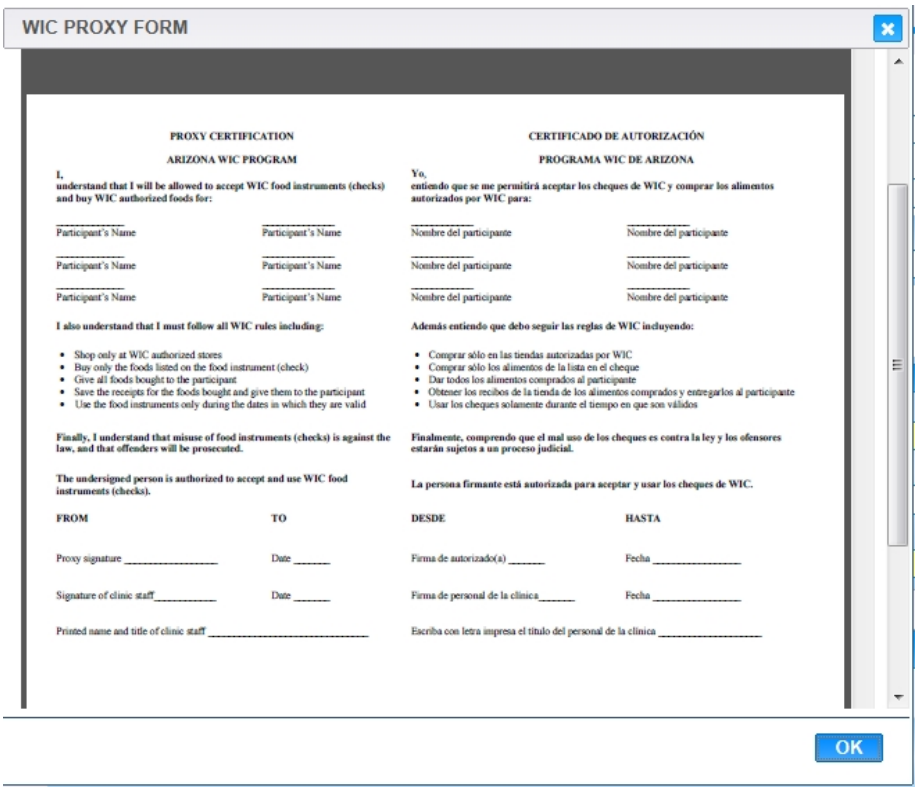
All phone entries may be edited or deleted using the Edit or Delete Icons.

Print Proxy Form

Clicking the Print Proxy button before any information has been entered and saved on the Family Information page allows the user to print a blank Proxy form.

After a family Proxy has been added and the Family Information saved, the user may print a Proxy Form with saved family data auto populated.

1. It the bottom right hand corner of the Family Information page, click the Print Proxy Form
button. This will open the Print Proxy Form window. See Module 2: Figure 11 below.



Module 2: Figure 11: Print Proxy Form

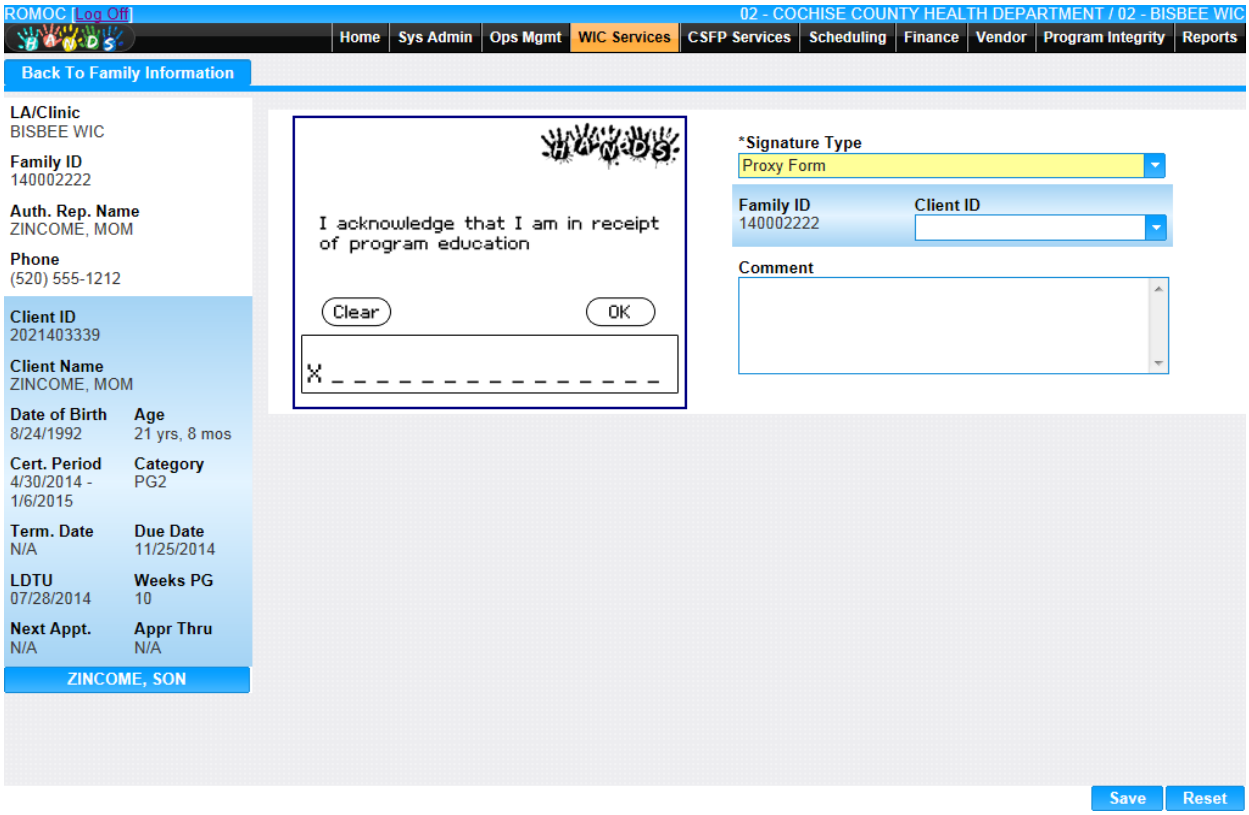
2. Use the printing icon to print form. Clicking the print icon accesses the computers standard print features.

Family Information Signature Pad-Collection of Signatures

HANDS allows the use of the signature pad from the Family Information Page.

Module 2: Figure 12: Signature Button

1. Click the Signatures button at the bottom of the page. See Module 2: Figure 12 above. The Signature page displays. See Module 2: Figure 13 below.



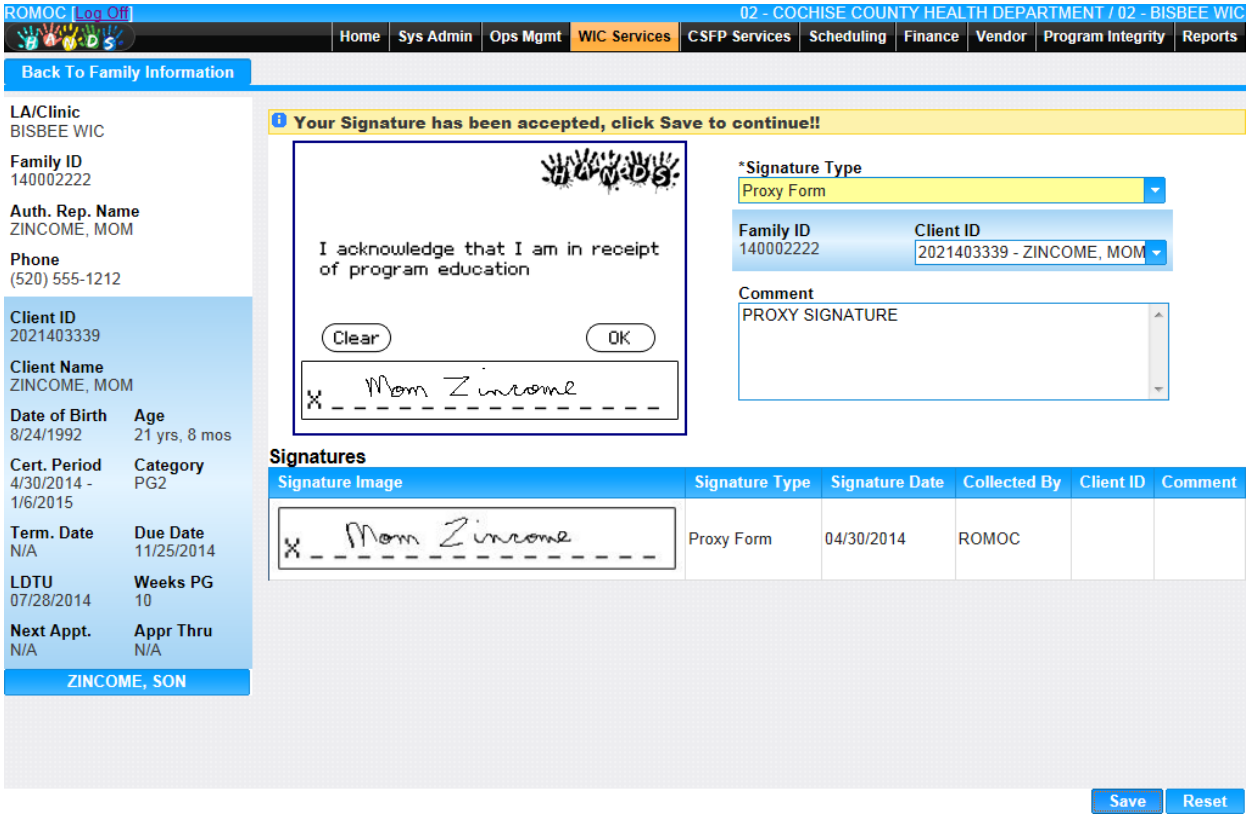
Module 2: Figure 13: Family Information Signature Pad

2. The client signs the signature pad and clicks OK to accept the signature. If the client wants to re-sign, they can click Clear and sign the signature pad again.

3. On the Signature page the user can select a Client ID from the drop down list if the signature is tied to a particular client.

4. The user can also enter a comment if desired.

5. Once the user clicks OK on the signature pad, the user still has to save the information on the page. See Module 2: Figure 14 below.

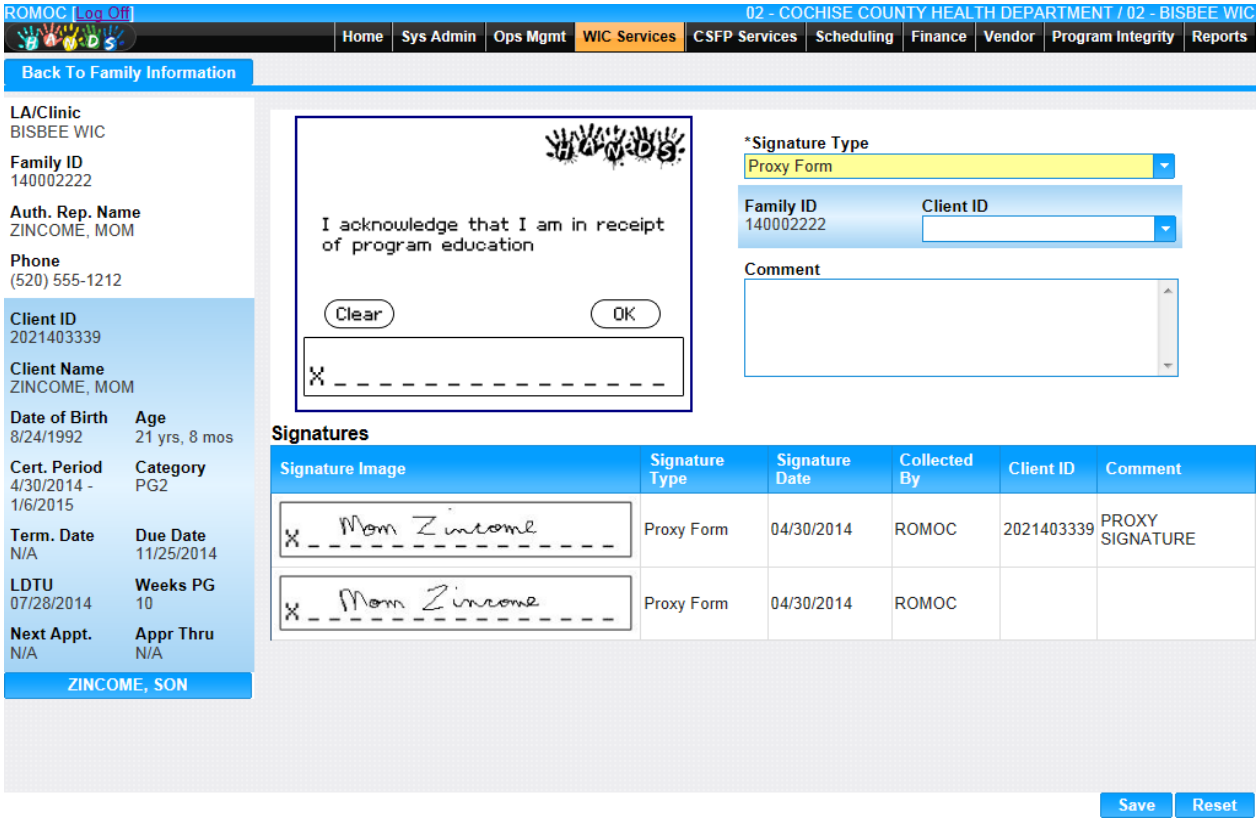


Module 2: Figure 14: Signature Pad

6. To discard the information entered, click the Reset button at the bottom of the page.

7. To save the information entered, click the Save button at the bottom of the page.

8. When you access the Signature page again, it will display the signature history. See Module 2: Figure 15 below.



Module 2: Figure 15: Signature History

Adding a New Client Record to the Family

1. After saving the Family on the Family Information Page, click on the New Client button at the bottom right of the screen. See Module 2: Figure 16 below.

Module 2: Figure 16: Adding a New Client to the Family Record

2. Complete the following required fields for adding the client:

Hint: HANDS will let you know if the client information is missing by showing a warning message at the top of the screen.

- Client Last Name & First Name

Hint: If the Authorized Representative is also applying for WIC for herself, it is recommended the user start with this client.

- Enter Date of Birth
- Choose the Gender.
- Choose Proof of Identity from drop down list.
- If an Infant or Child, Choose the Mother's ID from the Mother's ID Drop Down
- If the Mother of the Infant or Child is Outside of the current WIC Family and has a Client ID, enter the Mother's Client ID into the Mother Outside of Family field.

Hint: It saves time if the Mother is added first to the new family.

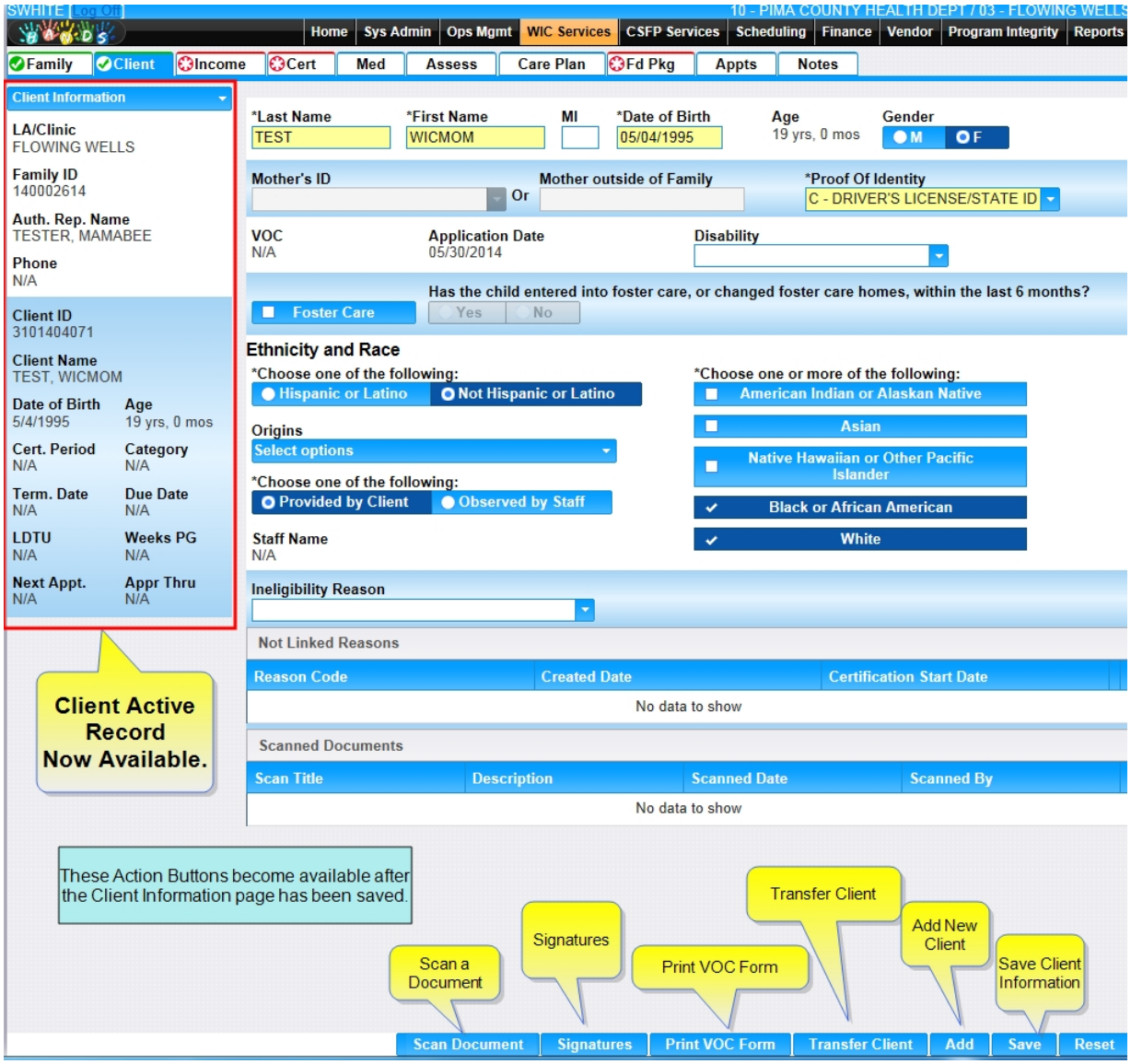
- Disability (if applicable)
- Foster Care (if applicable)

Note: If the user selects the Foster Care check box they are then required to answer the Has the child entered into foster care, or changed foster care homes, within the last 6 months? question. In order for the Foster Care WIC Code (WIC Codes are discussed at length later) to be assigned the Yes option must be selected and saved.

- Choose Ethnicity
- Choose Race(s).
- Choose either Observed by Staff or Provided by Client
- Ineligibility Reason (if applicable)

3. Click the Save button.

Hint: Before a Client record is saved, there is no Client ID information. Once the save function has been completed, the Client’s Active Record will appear.



Module 2: Figure 17: Required Fields for Adding the Client

4. Click the Add button to add the next client in the family if applicable.

Adding a New Client Record to the Family: Functionality Highlights

Client Birthdays

Some of the functionality in HANDS is based upon a client's birthday, so it is important to make sure the new Client's birthday is correct.

The user can enter the required date of birth in the Date of Birth field. It may be manually entered by simply clicking in the field and entering the date in this format MMDDYYYY. HANDS will format the date of birth as MM/DD/YYYY.

The Date of Birth calendar may be also be used if preferred. See Module 2: Figure 18 below.

Module 2: Figure 18: Date of Birth Calendar

After the user enters the date and tabs to or clicks on the next required field, HANDS will display a message asking the user to Verify the Client's Birth Date. See Module 2: Figure 19 below.

Module 2: Figure 19: Verify Client's Birth Date

After the user verifies the client's birthday and clicks the yes button, HANDS will display the client's age in years and months. If the user selects No the window will close, the Birth Date field will be cleared, and the user will be required to enter the client's birth date again.

Foster Child

Clicking the Foster Care check box will result in the foster child WIC code being assigned on the Assessment page. It will also place the child's name in the Foster Children field on HANDS Income page. See Module 2: Figure 20 below. A Foster Child is considered as being part of their own Family and their income data does not affect the Income Eligibility of the other members of the Family. (Income Eligibility is discussed in depth later in the manual.)

Has the child entered into foster care, or changed foster care homes, within the last 6 months?

✔ Foster Care | Yes | No

Module 2: Figure 20: Foster Child

Mother's ID and the Not Linked Reason Fields

The Not Linked Reason refers to the linking of the Mother's ID with the Infant or Child. If the Mother's ID field is not completed on the infant or Child's Client Information page, HANDS will prompt the user to enter a reason after the Client Category has been selected on the Certification Action page. If the user attempts to Complete Assessment without linking Mom and Infant or Child together or adding a Reason Not Linked an error message will be displayed. (Complete Assessment is discussed in depth later in the manual.) See Module 2: Figure 21 below.

Mother's ID | Or | Mother outside of Family | *Proof Of Identity

Not Linked Reasons

Reason Code	Created Date	Certification Start Date
No data to show		

Module 2: Figure 21: Mother's ID and the Not Linked Reason Fields

The entry on the Certification Action page will be listed in the Not Linked Reason display on the Client Information Page.

Mother Outside of Family

If the Infant or Child's Mother has a Client ID and is outside of the current WIC Family, the user may enter the Mother's Client ID in the Mother Outside of Family field.

Transfer Client Button

After the Client Record has been saved successfully, the Transfer Client button becomes available. The purpose and functionality of the Transfer Client button is covered in the In State, Out of State and Client Transfers module of this manual.

Disability Drop Down Field

If a Disability is chosen for a client and the record saved, the Disability Icon will appear by the client's name in the client's active record.

Ineligibility Reason

This field will be covered in the Ineligibility, Disqualification & Termination Module.

Potential Duplicate Record

HANDS will indicate when a potential duplicate record is being created.

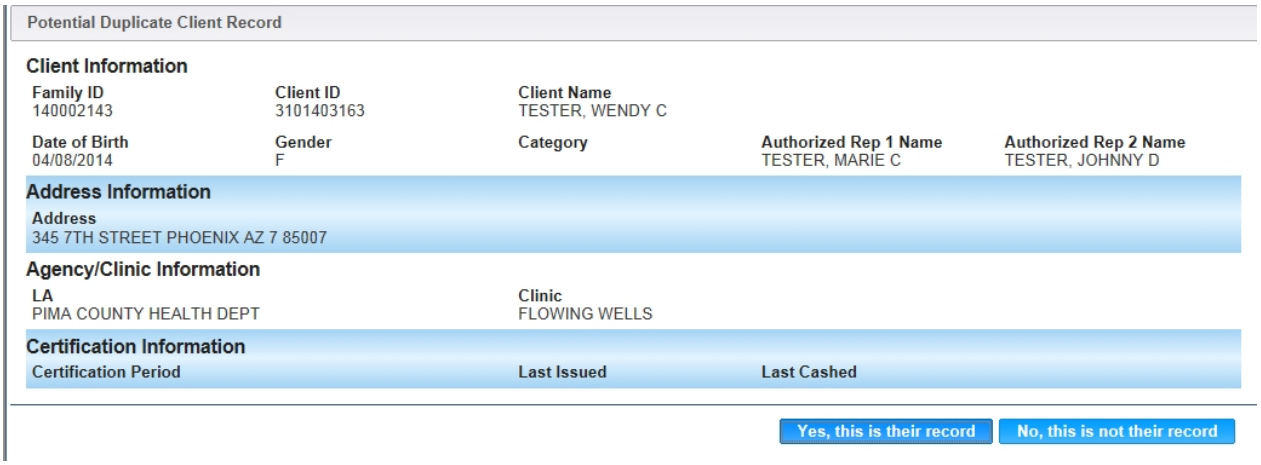
If a new client record during a precertification or certification contains the same information as an existing client, HANDS will alert the user if this is a potential duplicate record.

A client's record will be flagged if there is potentially matching criteria to another or the same client within HANDS.

HANDS uses the following criteria to identify an added record as a potential duplicate record:

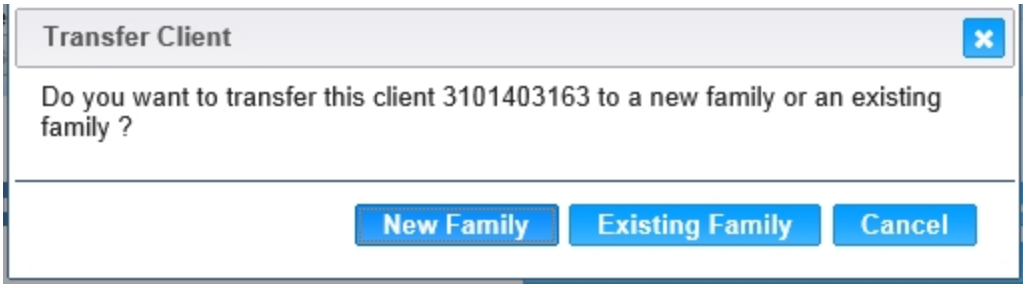
- First 8 letters of the last name of the client,
- First 6 letters of the first name of the client,
- Birth month,
- Birth year,
- Client gender,
- Middle Initial of the client.

When a match has been determined, HANDS will alert the user by displaying the potential duplicate record window. HANDS will ask the user to choose if the potential duplicate record is the same as the existing client or if the potential duplicate record is not the record of the existing client. See Module 2: Figure 22 below.



Module 2: Figure 22: Potential Duplicate Record

If the user chooses the ***Yes, this is their record button,*** HANDS will then display the Transfer Client box. The user may then transfer the existing client to a New Family, Existing Family or Cancel. See Module 2: Figure 23 below.



Module 2: Figure 23: Transfer Client Box

If the user chooses the ***No, this is not their record button***, HANDS will continue with the current certification.

Client Signature Page

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Client Information

LA/Clinic
BISBEE WIC

Family ID
140002222

Auth. Rep. Name
ZINCOME, MOM

Phone
(520) 555-1212

Client ID
2021403339

Client Name
ZINCOME, MOM

Date of Birth 8/24/1992 | Age 21 yrs, 8 mos

Cert. Period 4/30/2014 - 1/6/2015 | Category PG2

Term. Date N/A | Due Date 11/25/2014

LDTU 07/28/2014 | Weeks PG 10

Next Appt. N/A | Appr Thru N/A

ZINCOME, SON

*Last Name: ZINCOME | *First Name: MOM | MI | Date of Birth 08/24/1992 | Age 21 yrs, 8 mos | Gender M F

Application Date 04/30/2014 | Mother's ID | *Proof Of Identity: C - DRIVER'S LICENSE/STATE ID

VOC N/A | Disability

Foster Care | Has the child entered into foster care, or changed foster care homes, within the last 6 months? Yes No

Ethnicity and Race

*Choose one of the following: Hispanic or Latino | Not Hispanic or Latino

Origins: Select options

*Choose one of the following: Observed by Staff | Provided by Client

Staff Name N/A

*Choose one or more of the following: American Indian or Alaskan Native | Asian | Native Hawaiian or Other Pacific Islander | Black or African American | White

Ineligibility Reason N/A

Not Linked Reasons

Reason Code	Created Date	Certification Start Date
No data to show		

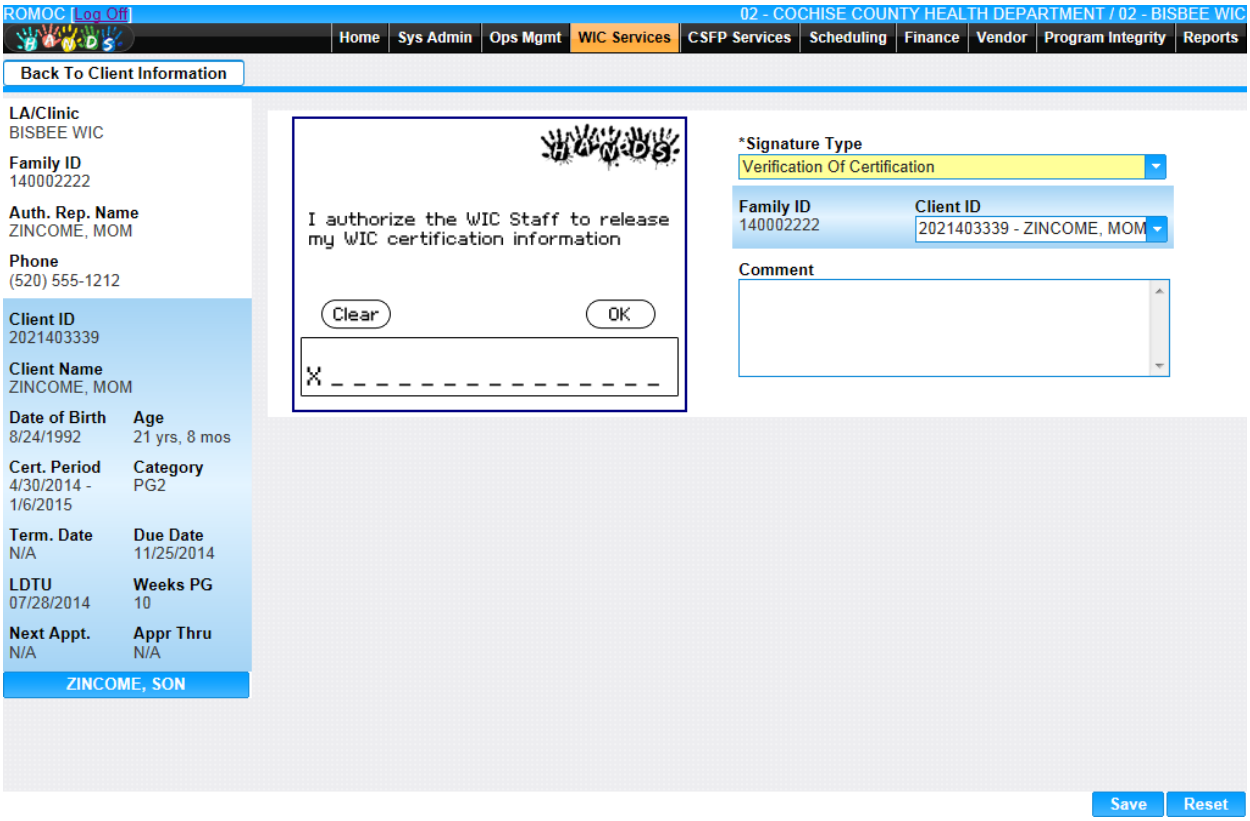
Scanned Documents

Scan Title	Description	Scanned Date	Scanned By
No data to show			

Scan Document | Signatures | Print VOC Form | Transfer Client | Add | Save | Reset

Module 2: Figure 24: Client Signature Page

1. Click the Signatures button at the bottom of the page. See Module 2: Figure 24 above. The Signature page displays.



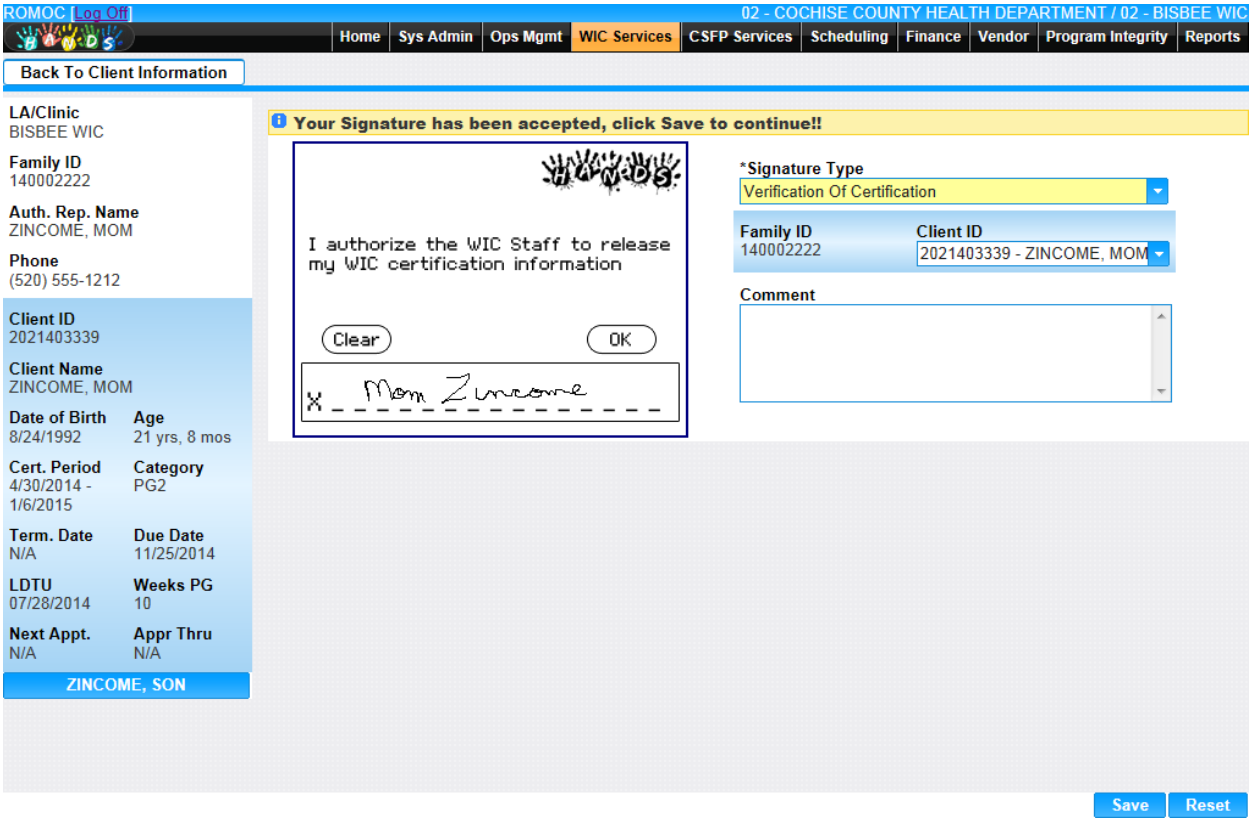
Module 2: Figure 25: Client Signature Pad

2. The client signs the signature pad and the client clicks the OK button on the signature pad to accept the signature. If the client wants to re-sign, they can click Clear and sign the signature pad again. See Module 2: Figure 25 above.

3. On the Signature page the user can select a Client ID from the drop down list if the signature is tied to a particular client.

4. The user can also enter a comment if desired.

5. The Client clicks OK on the signature pad, the user still has to save the information on the page. See Module 2: Figure 26 below.

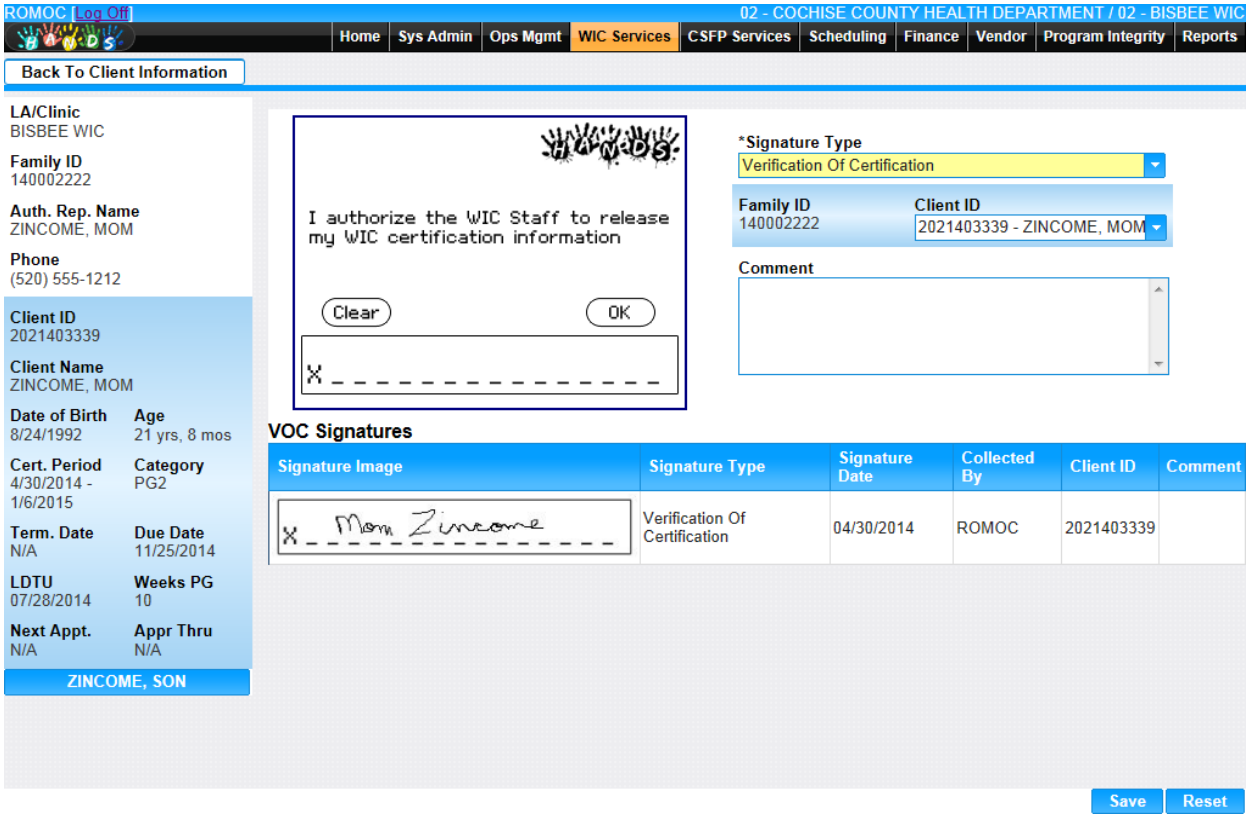


Module 2: Figure 26: Saving Information on the Page

6. To discard the information entered, click the Reset button at the bottom of the page.

7. To save the information entered, click the Save button at the bottom of the page.

8. When you enter the Signature page again, it will display the signature history. See Module 2: Figure 27 below.

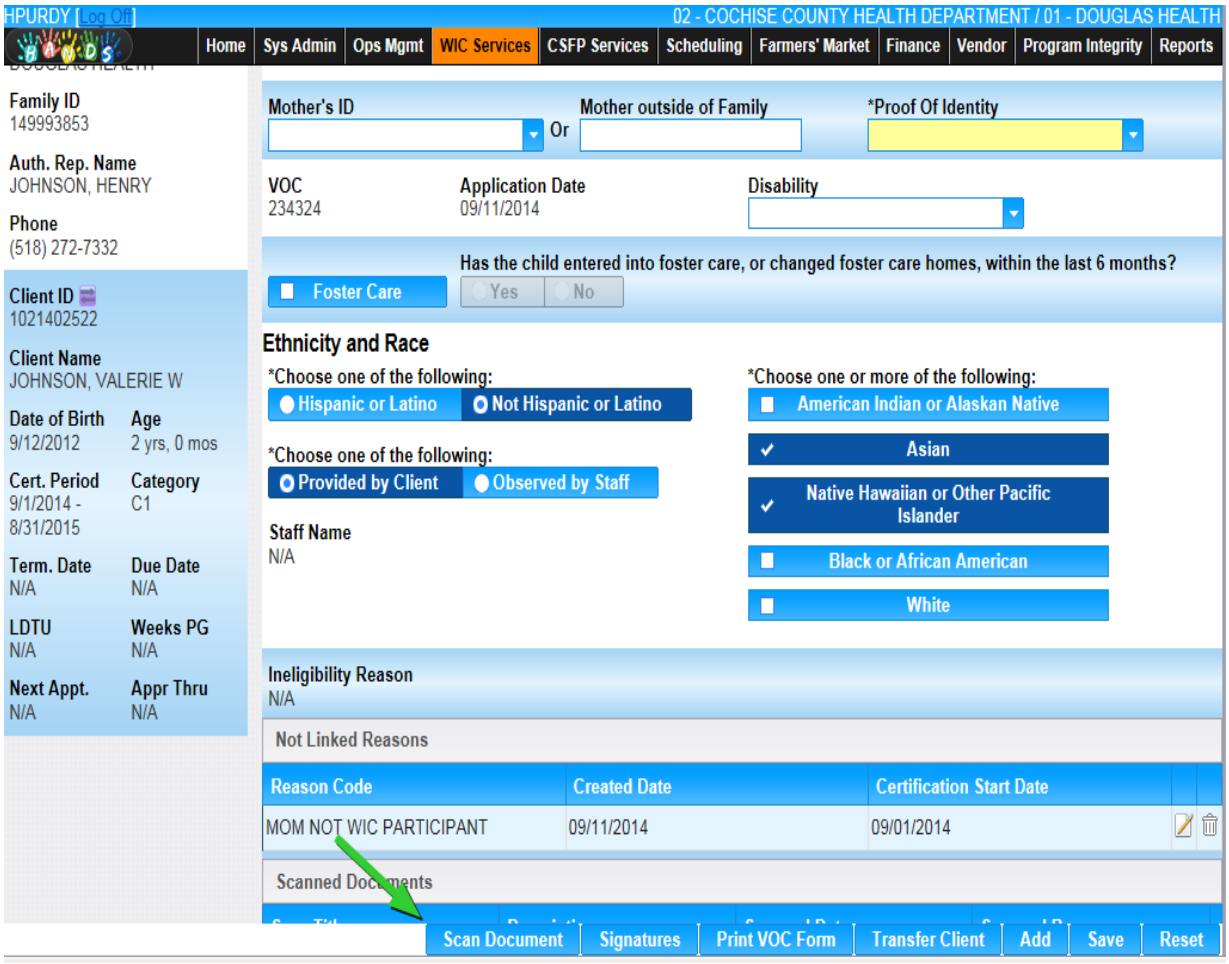


Module 2: Figure 27: Signature History

Document Scanning from the Client Information Page

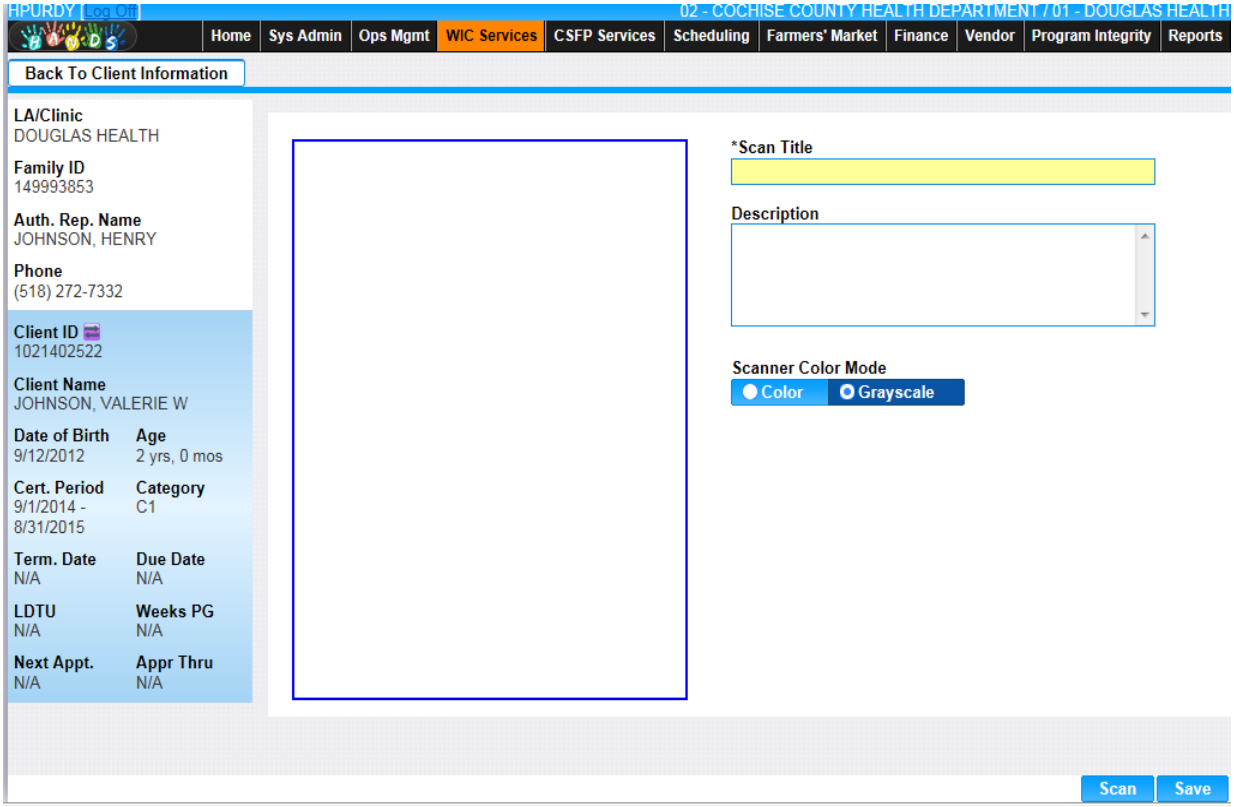
From the Client Information Page:

1. Click the Scan Document button at the bottom of the page. See Module 2: Figure 28 below.



Module 2: Figure 28: Scan Document Button

2. The Scan page displays. See Module 2: Figure 29 below.

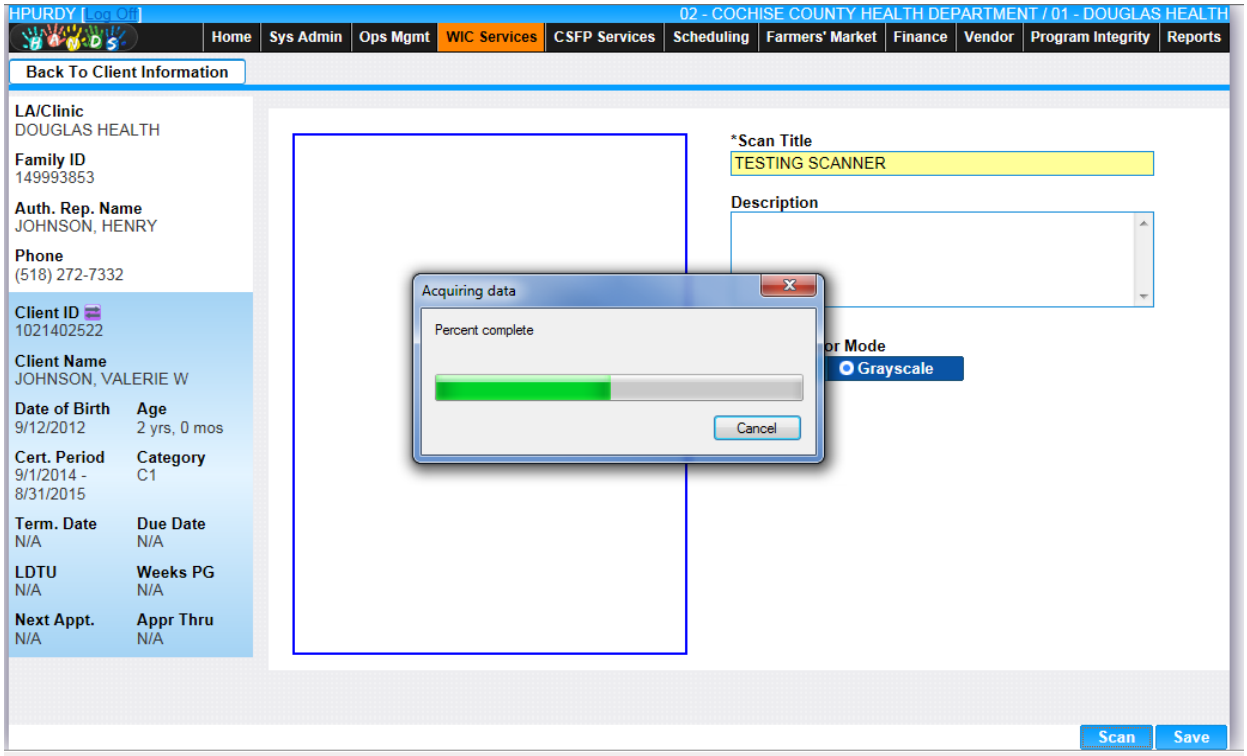


Module 2: Figure 29: Scan Document Page

3. You will see a box on the page that should have a blue line around it. If the line is red, there is a connection problem and HANDS cannot communicate to the scanner and you will not be able to scan a document until the box has a blue line.

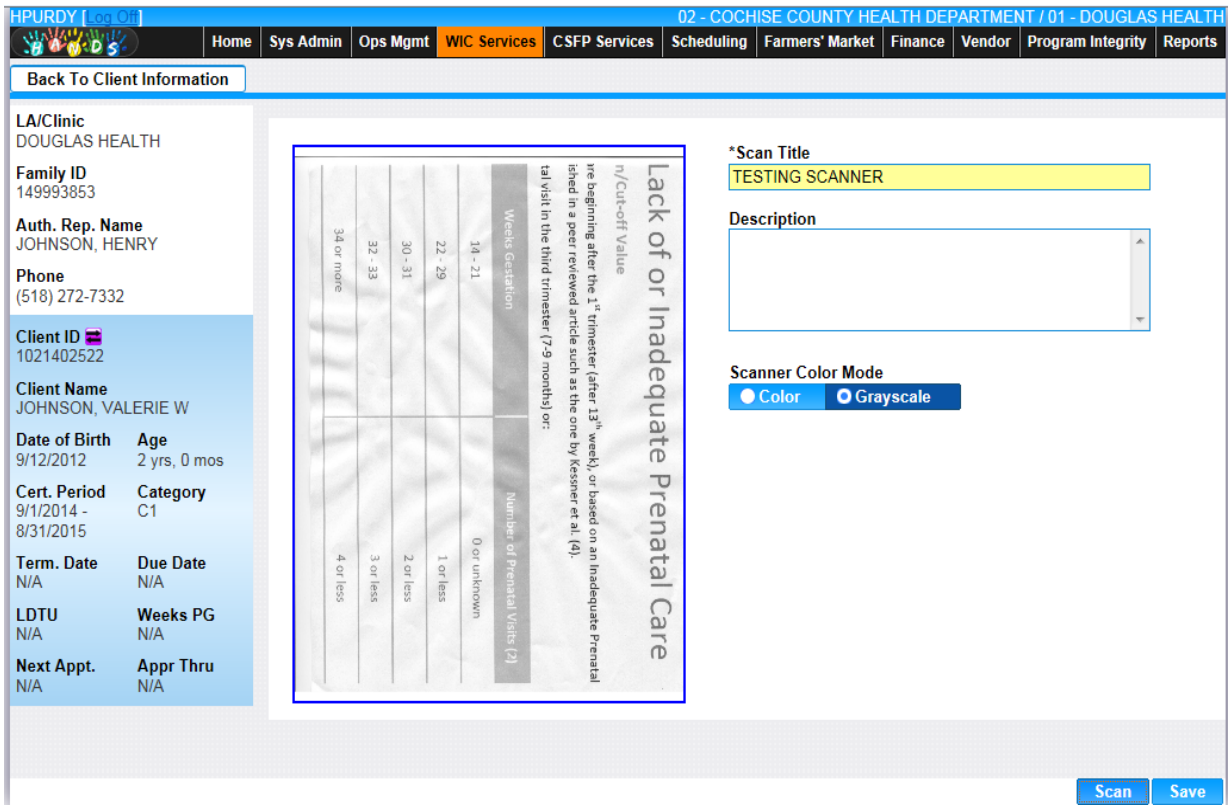
4. Enter a Title, Description if desired, and select the Color Mode. Color will scan the document in color and gray scale will scan the document in black and white.

5. Place the document on the scanner and click the Scan button at the bottom of the page. You will see the scan progress window. See Module 2: Figure 30 below.



Module 2: Figure 30: Scanning Document Progress

6. The image that was scanned will display in the box on the Scan page. See Module 2: Figure 31 below.



Module 2: Figure 31: Document Scanned

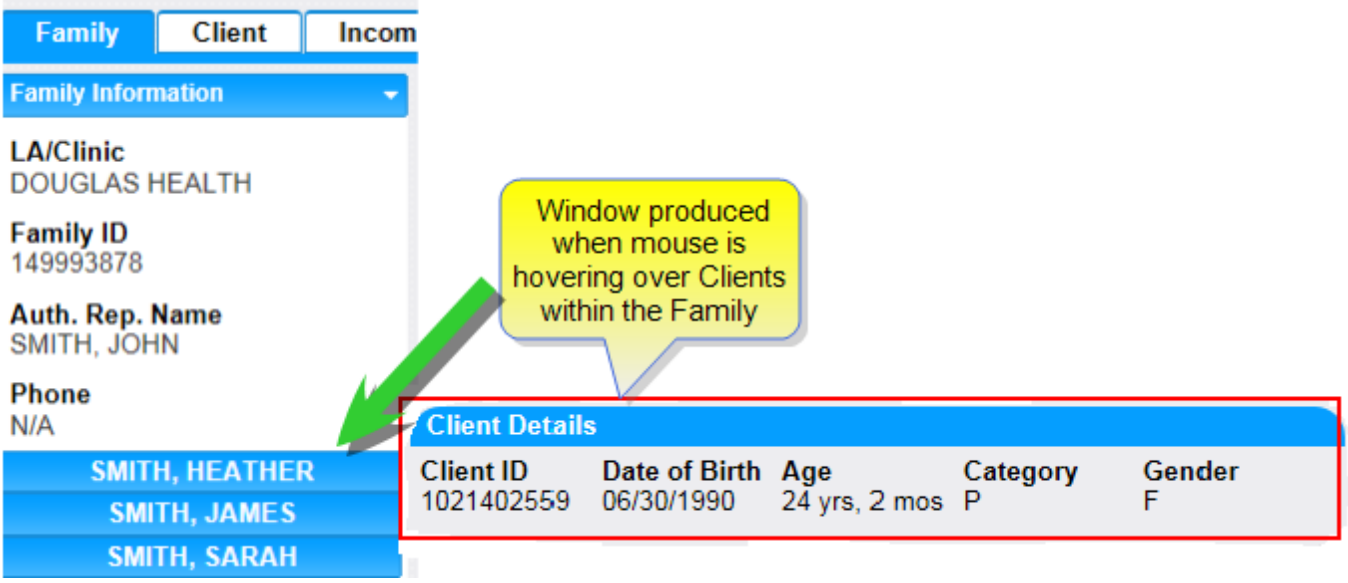
Note: If the user wants to adjust the Scan before saving they simply need to adjust the Scan and click the Scan button at the bottom of the page.

7. Click the Save button at the bottom of the Scan page.

8. Click Back to Client Information tab at the top of the page to return to the Client page.

Completion of the Family & Client Information Pages

After the completion of the Family Information and Client Information pages, the Family ID and client records become available for navigation from the Active Record. User may now maneuver between each client record by clicking on the client name. If the user hovers over the other family members records on the Active Record more client information will be displayed. See Module 2: Figure 32 below.



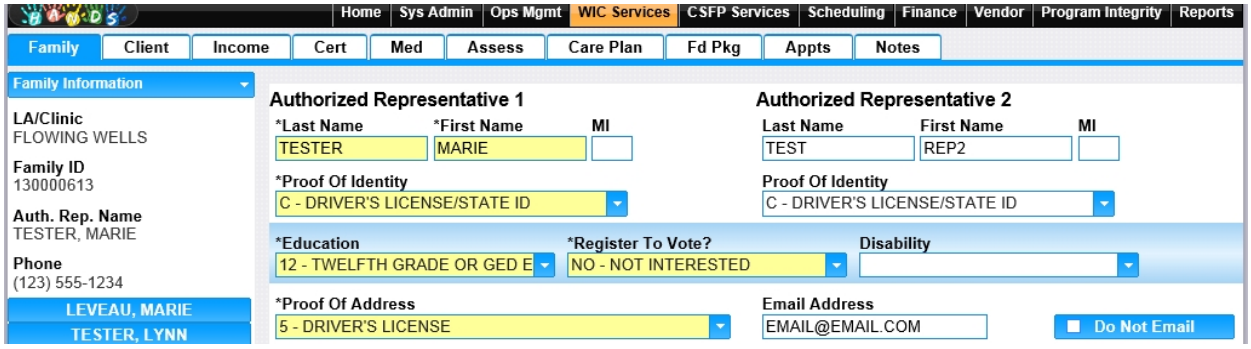
Module 2: Figure 32: Completion of Family & Client Information Pages

Updating Family Information

Note: The user will have to select Proof Of Identity for entered Authorized Representatives and select a Primary Family Phone number for all families that were originally created in AIM.

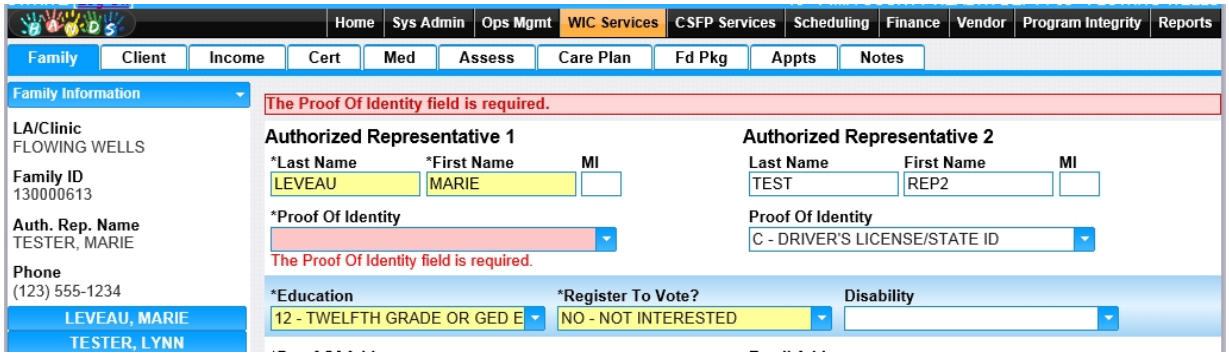
Change of Authorized Representative Name

1. Access the Authorized Representative's Family Information Page.
2. Click inside the name field and behind the name that is to be changed.
3. Use the Backspace on your keyboard to delete the former name.
4. Enter the new Name.
5. Click the Save button. See Module 2: Figure 33 below.



Module 2: Figure 33: Authorized Representative Name Change

When the name is changed and a save function is performed on the Family Information Page, HANDS will alert the user that the Representative's Proof Of ID is required. See Module 2: Figure 34 below.



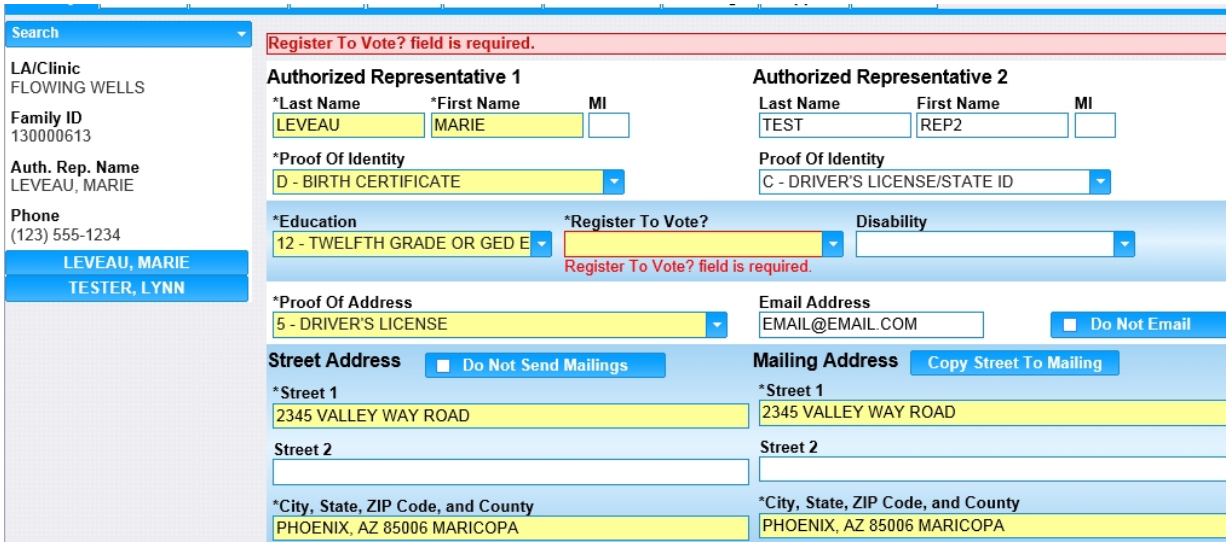
Module 2: Figure 34: New Proof of Identity Record

The user will need to add the new Proof Of Identity record and click the Save button.

Change of Address

1. Access the Family Information Page.
2. Click inside the Address field that needs to be updated
3. Use the Backspace on your keyboard to delete the former address.
4. Enter the new address
5. Click the Save button.

When the address is changed and a save function is performed on the Family Information Page, HANDS will alert the user that the Register to Vote? field is required. See Module 2: Figure 35 below.



Module 2: Figure 35: Change of Address

The user will need to answer the Register to Vote? field and click the Save button.

Change of Family Phone Information

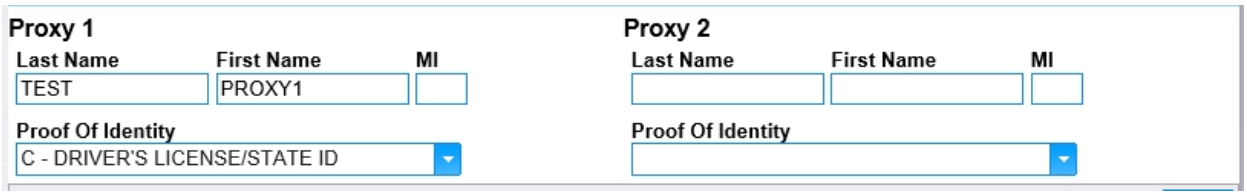
1. Access the Family Information Page.
2. Click the edit icon on the right of the Family Phone Information.

Note: You may also delete the last phone number record by clicking on the Delete Icon.

3. When the Edit Icon is clicked, the edit box for the Family Phone Information will open.
4. Update the phone information as needed.
5. Click the OK button to close the box.
6. Click the Family Information Page Save button.

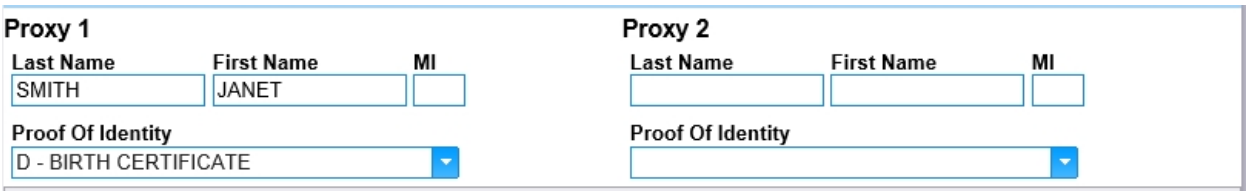
Change of Proxy

1. Access the Family Information Page.
2. Click inside the desired Proxy field and behind the proxy's name
3. Use the Backspace on your keyboard to delete the previous proxy. See Module 2: Figure 36 below.



Module 2: Figure 36: Change of Proxy

4. Enter the new proxy name and update the Proof of Identity.
5. Click the Save button.



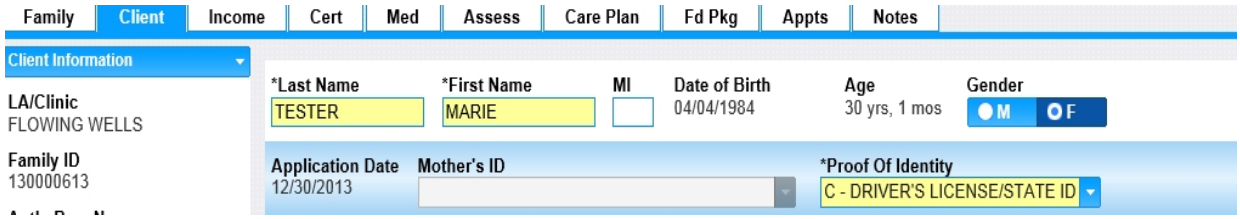
Module 2: Figure 37: New Proxy on Family Information Page

The new proxy will be visible on the Family Information page, and the previous proxy's record will be visible in the Family & Information History. See Module 2: Figure 37 above.

Updating Client Information

Change of Client Name

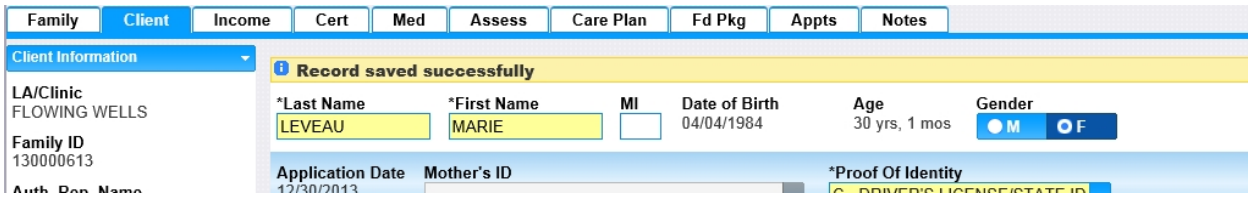
1. Access the Client Information Page.
2. Click inside the Client name field and behind the name.
3. Use the Backspace on your keyboard to delete the former name. See Module 2: Figure 38 below.



Module 2: Figure 38: Client Name Change

4. Add the Client's new name.
5. Click the Save button.

The client's new name will be visible on the Family Information page, and the former name will be visible in the History section of HANDS. See Module 2: Figure 39 below.

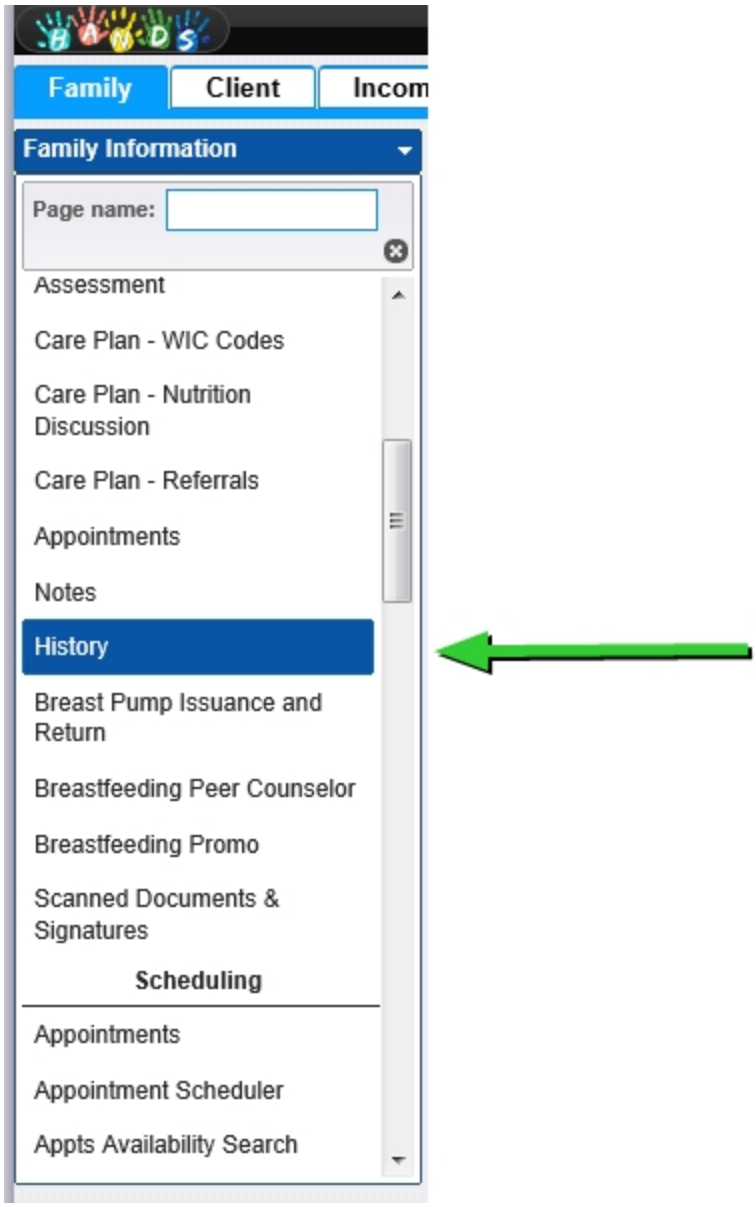


Module 2: Figure 39: Client's New Information

History - Family & Client Information

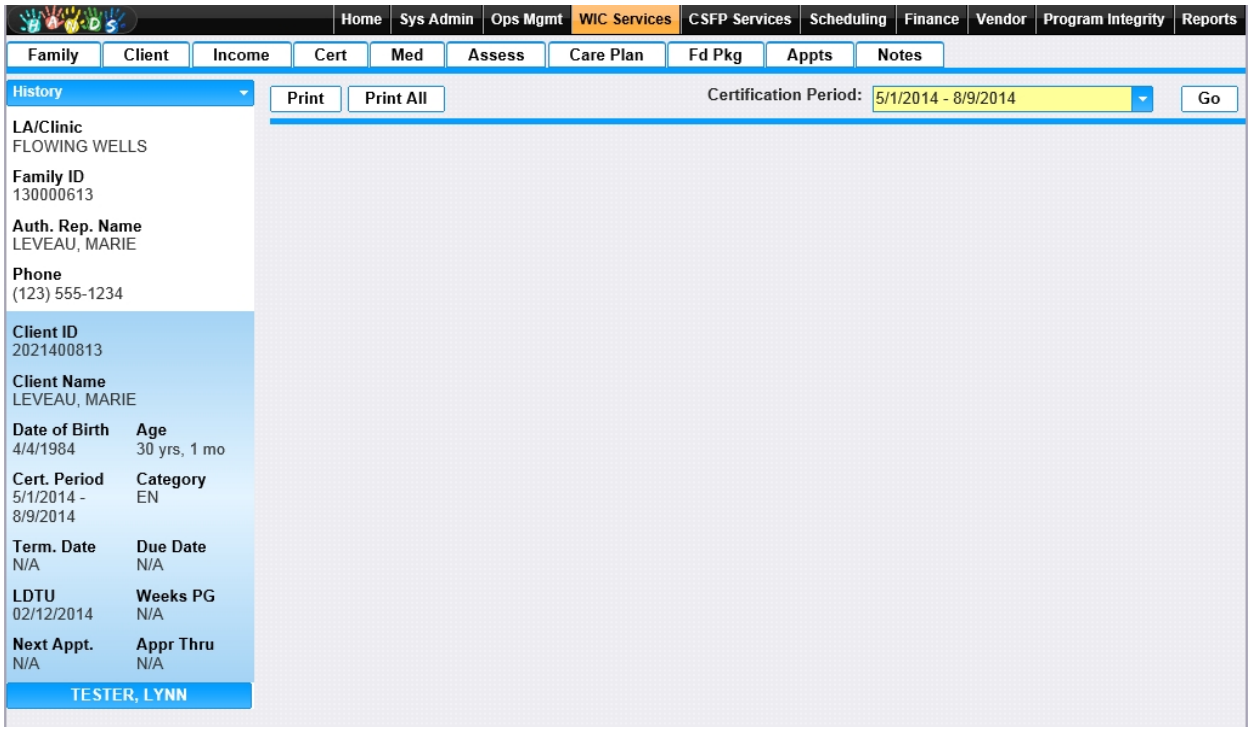
Family and Client record updates are recorded on the History page.

Access to the history page is through the WIC Services Navigation Pick Lists. The User will need to click on History in the Navigation Pick List drop down. See Module 2: Figure 40 below.



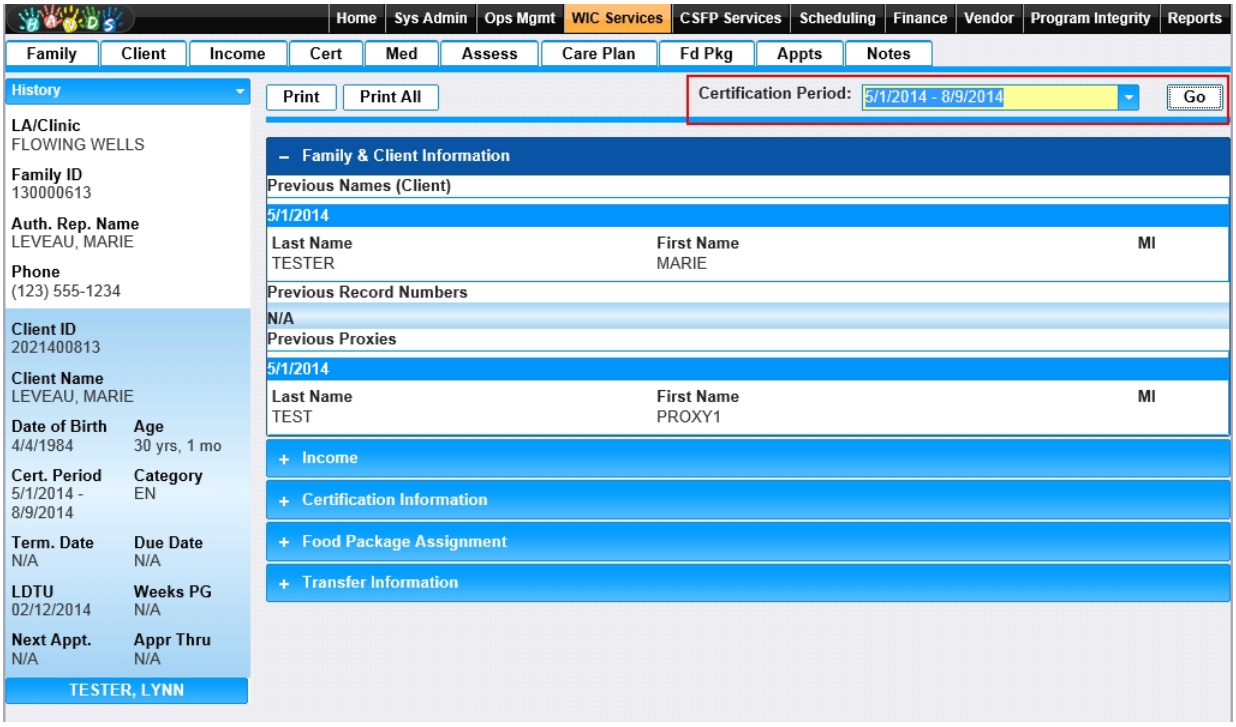
Module 2: Figure 40: History-Family & Client Information

The User will be taken directly to the History page. To view the history, the user will select the appropriate certification date from the certification period field and click the Go button. See Module 2: Figure 41 below.



Module 2: Figure 41: History Page

The previous family and client information updates will be visible for the certification period. See Module 2: Figure 42 below.



Module 2: Figure 42: Previous Family and Client Information Updates

Module 3: Certification Fundamentals

Module 3
Learning Objectives

After completing this module, the User should be able to:

- Recognize the name and purposes of the Certification Work Flow pages.
- Select the appropriate Immunization Status.
- Complete an entire WIC Income Screening in HANDS
- Choose a Client Category for a WIC Client
- Demonstrate the appropriate use of the Last Menstrual Period, Expected Delivery Date and Actual Delivery Date fields.
- Add an Anthropometric and Blood Work Record
- Identify the correct Graph for a client
- Select all applicable WIC Codes for a Client's certification
- Describe the difference between System Generated and Manually Assigned WIC Codes
- Demonstrate the completion of a WIC Assessment
- Add a Nutrition Discussion record
- Update and/or Add a WIC Referral record

Certification Work Flow Fundamentals

The HANDS WIC Certification pages are located in the WIC Services Module. The display, fields, and layout of each page are designed to offer a more intuitive, less repetitive, and consistent flow to the organization and collection of the data required for certification. See Module 3: Figure 1 below.

SWHITE [Log Off] 10 - PIMA COUNTY HEALTH DEPT / 03 - FLOWING WELLS

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Client Information

LA/Clinic
FLOWING WELLS

Family ID
140002143

Auth. Rep. Name
TESTER, MARIE

Phone
(602) 883-8838

Client ID
3101403162

Client Name
TESTER, MARIE B

Date of Birth 9/4/1993 | Age 20 yrs, 7 mos

Cert. Period N/A | Category N/A

Term. Date N/A | Due Date N/A

LDTU N/A | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

TESTER, VERA C

TESTER, WENDY C

*Last Name TESTER | *First Name MARIE | MI B | *Date of Birth 09/04/1993 | Age 20 yrs, 7 mos | Gender M F

Application Date 04/23/2014 | Mother's ID | *Proof Of Identity C - DRIVER'S LICENSE/STATE ID

VOC N/A | Disability

Foster Care | Has the child entered into foster care, or changed foster care homes, within the last 6 months? Yes No

Ethnicity and Race

*Choose one of the following: Hispanic or Latino | Not Hispanic or Latino

Origins Select options

*Choose one of the following: Observed by Staff | Provided by Client

Staff Name N/A

*Choose one or more of the following: American Indian or Alaskan Native | Asian | Native Hawaiian or Other Pacific Islander | Black or African American | White

Ineligibility Reason

Not Linked Reasons

Reason Code	Created Date	Certification Start Date
No data to show		

Scanned Documents

Scan Title	Description	Scanned Date	Scanned By
No data to show			

Scan Document | Print VOC Form | Transfer Client | Add | Save | Reset

Module 3: Figure 1: Certification Work Flow Certifications

The flow of the HANDS Certification pages includes adding the Family and Client Information Pages and then followed by the subsequent entering of the required data on the Income, Certification Action, Medical, Assessment, Care Plan/WIC Codes, and Food Package pages.

Note: The Food Package pages include Assignment, Issuance, Formula Replacement, and Void/Re-issuance.

Also included in this certification work flow are the Family Appointments and Notes pages.

The Immunization and Breastfeeding Surveillance pages only become available for infant and children under two years old.

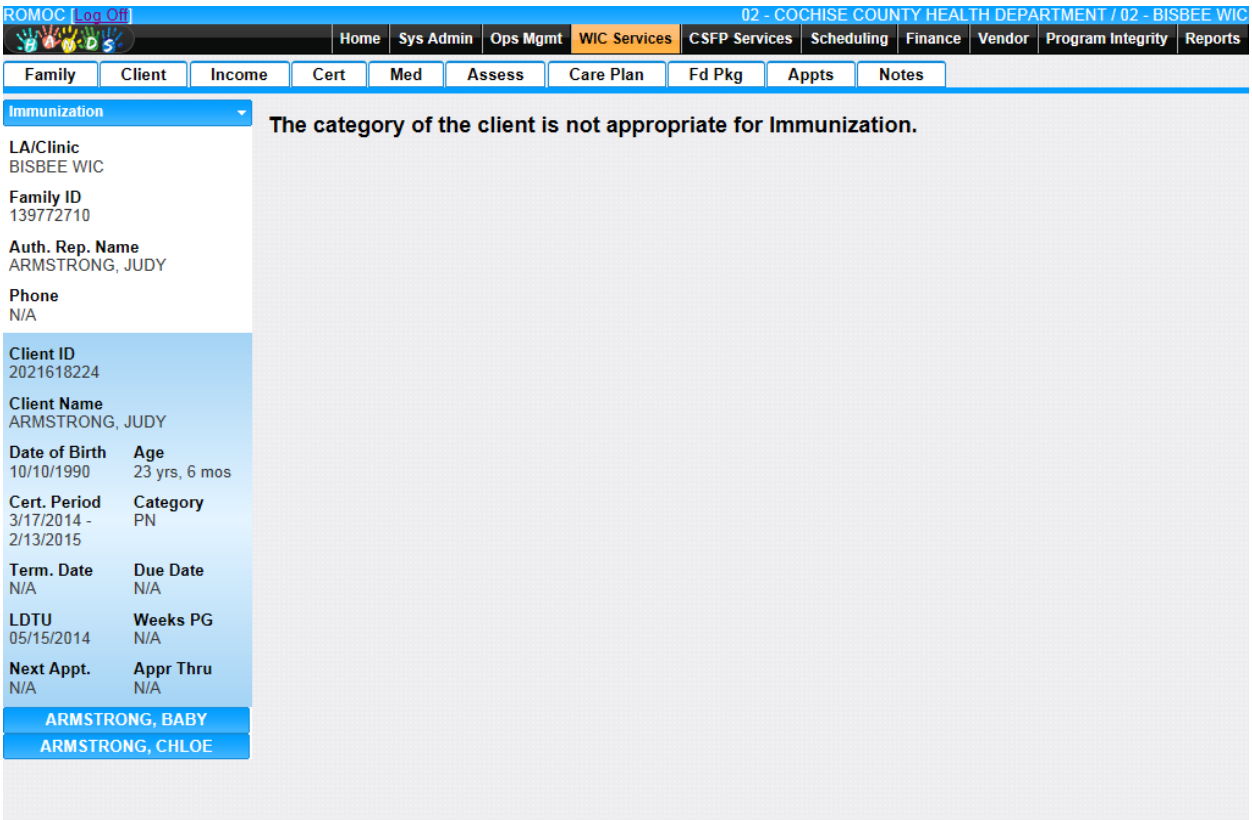
Other certification related functionality pages located in the WIC Services module include:

Name of Functionality Page	**Access from WIC Services Module**
WIC Transfer of Family & Client	Family & Client Search Page
Transfer to CSFP	Family & Client Search Page
Out of State Transfer	Navigation Pick List
Certification History	Navigation Pick List
Breast Pump Issuance & Return	Navigation Pick List
Breastfeeding Peer Counselor	Navigation Pick List
Breastfeeding Promotion	Navigation Pick List
Labels	Navigation Pick List

Immunization

The Immunization page is required for infants and children under two years old, and is only available on the Certification Work Flow when a user accesses the child's record.

On the Immunization page, if the user selects a client in a category that is not applicable for that page, the following page displays. See Module 3: Figure 2 below.

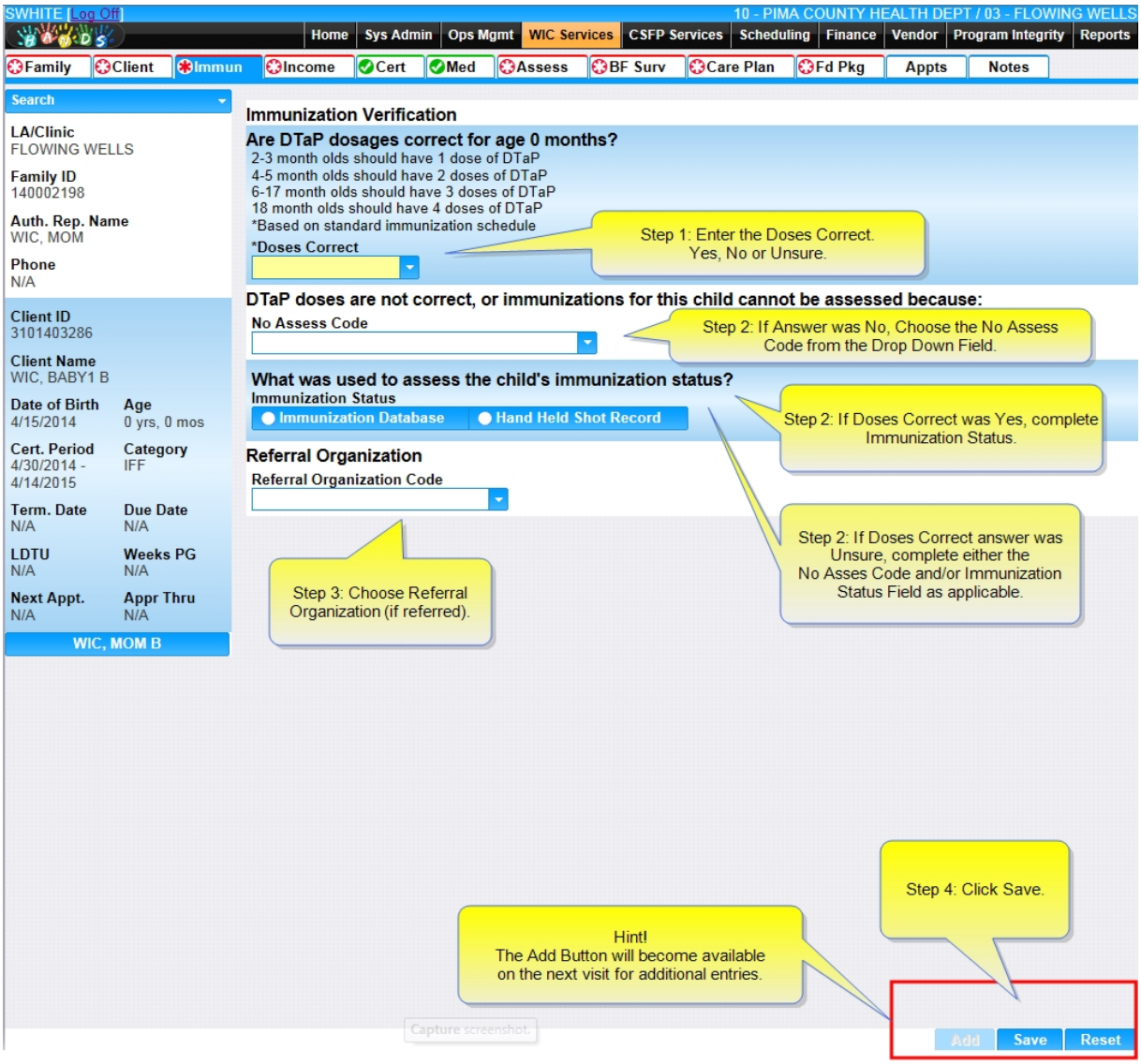


Module 3: Figure 2: Immunization Page

Adding an Immunization Record

1. On the Immunization page, the user will complete an Immunization Verification by choosing one of the following from the Doses Correct drop down:

- No
- Yes
- Unsure



Module 3: Figure 3: Adding an Immunization Record

2. Complete Immunization Status.

- If choosing No, complete the No Assess Code.
- If choosing Yes, choose the What was used to Assess the Child's Immunization Status.
- If choosing Unsure, complete the No Assess Code and/or What was used to assess the child's immunization status field if applicable.

3. Choose the Referral Organization (Optional).

4. Click Save. See Module 3: Figure 3 above.

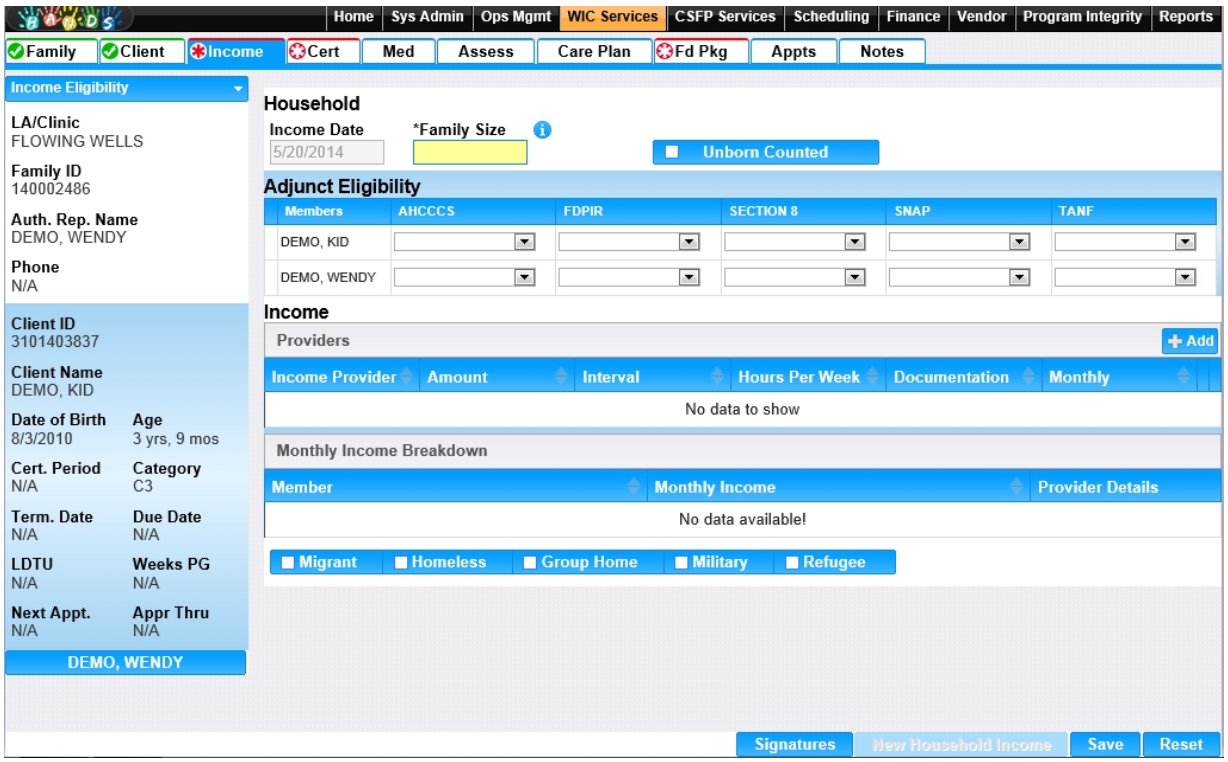
Hint: The Add button located at the bottom right of the page will become available for adding an additional data on the next visit. See Module 3: Figure 4 below.

Module 3: Figure 4: Add Button

Income Eligibility

The Income Eligibility page is used to document an income record for an entire family or individual clients within the family.

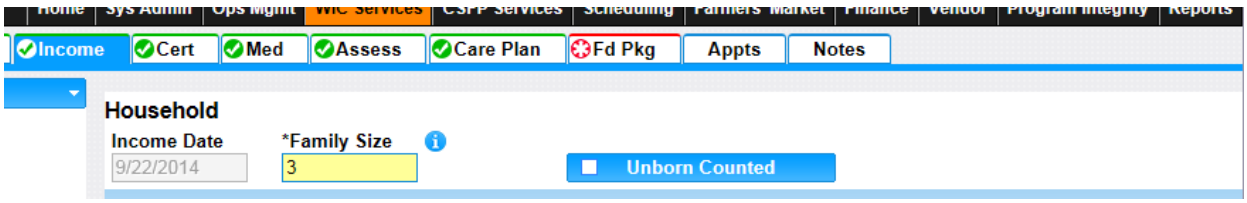
The Income Eligibility page contains the Household or Family Size; Adjunct Eligibility; Income providers; Monthly Income Breakdown and the Migrant, Homeless, Group Home, Military, Refugee check boxes. See Module 3: Figure 5 below.



Module 3: Figure 5: Income Eligibility Page

Adding an Income Eligibility Record

Household:



Module 3: Figure 6: Household Information

1. Click the Income Page located in the Certification Work Flow.. See Module 3: Figure 6 above.
2. The Income Dates will auto populate to the current date.
3. Add the Family Size (excluding Foster Children).
4. If one of the clients in the Family is a PG 1 or PG 2, click the Unborn Counted check box within the family size if applicable.
5. Go on to Adjunct Eligibility.

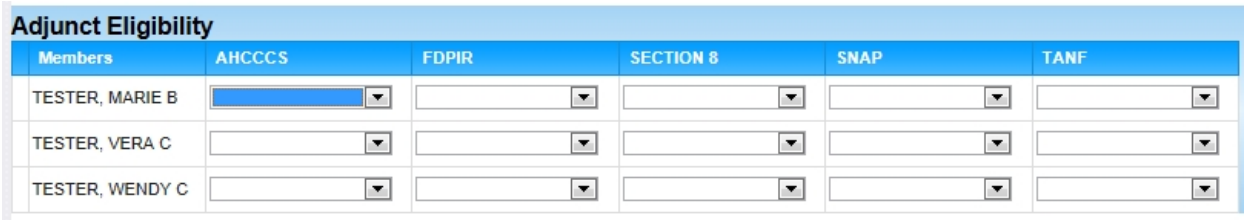
Adjunct Eligibility

Programs: AHCCCS; FDPIR; Section 8; SNAP; TANF

Note: Programs are controlled by the State Agency and may change.

Responses in each program drop down field:

- Participating with Proof
- Participating No Proof
- Referred
- Family with Proof
- N/A



Module 3: Figure 7: Adjunct Eligibility

6. Choose the appropriate Adjunct Eligibility Program (s) and Response. See Module 3: Figure 7 above.

Hint: The user can select one of the Adjunct Eligibility pick lists, type in the first letter of the selection they would like to use, and then click the tab key on the keyboard which will bring the user to the next pick list to repeat the process.

7. Go to Income Providers. See Module 3: Figure 8 below.

Income

Providers

Add

Income Provider	Amount	Interval	Hours Per Week	Documentation	Monthly	
PRIMARY PROVIDER	$11,000.00	A - ANNUALLY	20	1:EMPLOYMENT PAY STUBS	$916.67	

Monthly Income Breakdown

Member	Monthly Income	Provider Details
TESTING, CHILD	$916.67	Details

Module 3: Figure 8: Income Providers

Income Provider

The Income Provider record is required in order to complete the income screening. This is the section of the income screening where the user may add the income sources, amounts, intervals, hours per week (if applicable), income documentation, and monthly income amount. See Module 3: Figure 9 below.

Income

Providers

Add

Income Provider	Amount	Interval	Hours Per Week	Documentation	Monthly
No data to show					

Module 3: Figure 9: Income Provider

8. Click the Add button to activate the Add Income window. See 3: Figure 10 below.

Add

Zero Income

Yes

*Income Provider

PRIMARY PROVIDER

*Amount

670 Income Averaging

*Interval

BW - BIWEEKLY (EVERY 2 WEEKS)

Hours Per Week

*Documentation

4:AHCCCS ELIGIBILITY LETTER/ CMDP CARD

Family Members

2 selected

Foster Children

OK Cancel

Module 3: Figure 10: Add Income window

9. Enter the income information and select which family members the income applies to from the Family Members drop-down list.

10. Click OK. See Module 3: Figure 11 below.

Income

Providers Add

Income Provider	Amount	Interval	Hours Per Week	Documentation	Monthly		
PRIMARY PROVIDER	$670.00	BW - BIWEEKLY (EVERY 2 WEEKS)		4:AHCCCS ELIGIBILITY LETTER/ CMDP CARD	$1,451.67		

Module 3: Figure 11: Income window

Hint: The current income can be changed if needed by clicking on the Edit or Delete button as necessary. The user may add as many income providers as needed to complete the income screening.

Monthly Income Breakdown

In the Monthly Income Breakdown, the total amount of income, either monthly or annually, is listed for each individual in the family. See Module 3: Figure 12 below.

Monthly Income Breakdown

Member	Monthly Income	Provider Details
TESTER, MARIE B	$1,451.67	Details
TESTER, VERA C	$1,451.67	Details
TESTER, WENDY C	$1,451.67	Details

Module 3: Figure 12: Monthly Income Breakdown

Hint: Click on the Details button to see the income details.

Migrant, Homeless, Group Home, Military, and Refugee

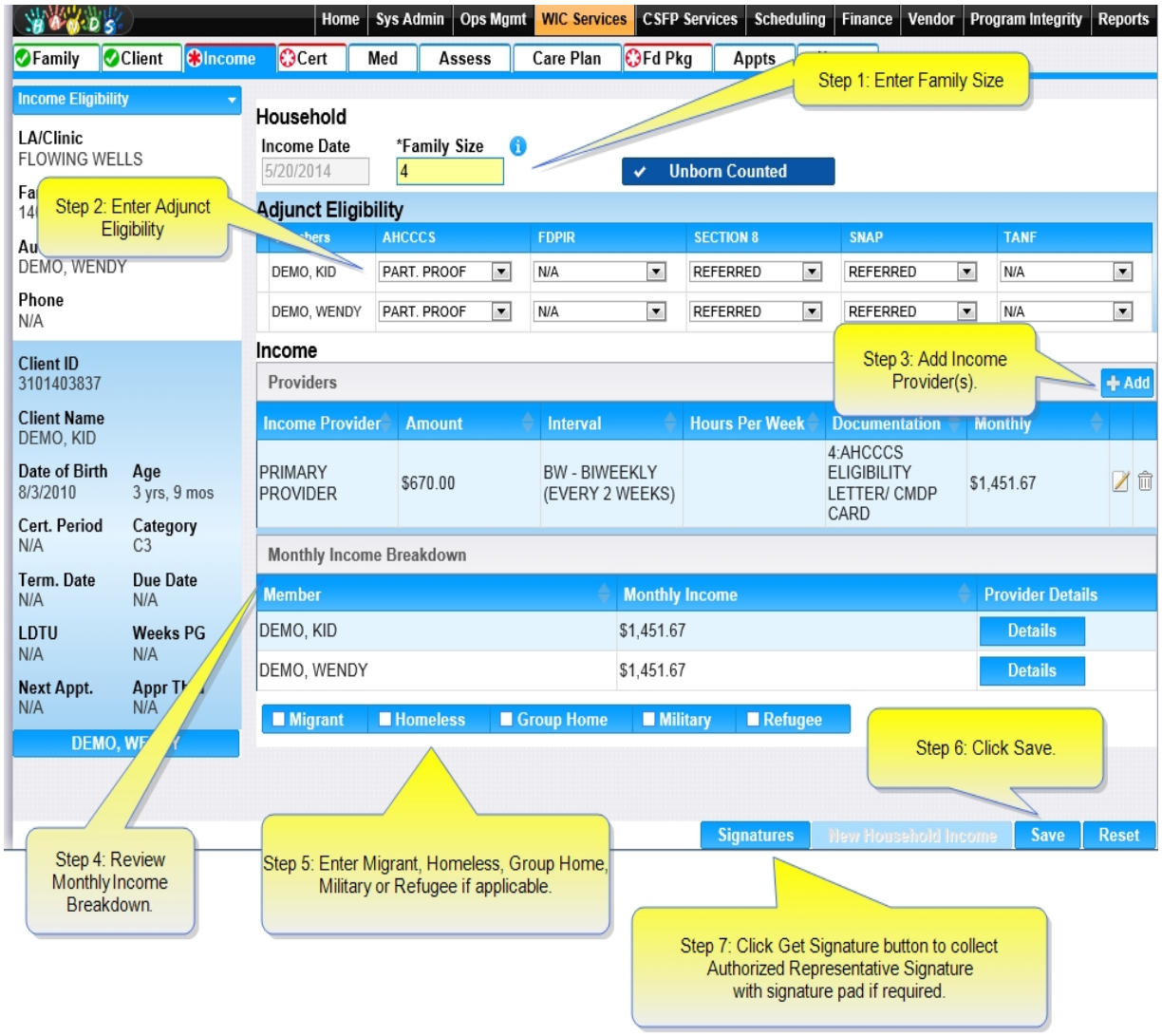
11. If applicable, choose from the following by clicking inside the check box. See Module 3: Figure 13 below.

☐ Migrant ☐ Homeless ☐ Group Home ☐ Military ☐ Refugee

Module 3: Figure 13: Migrant, Homeless, Group Home, Military, and Refugee check boxes

12. ***Remember:*** If the Migrant and/or Homeless check boxes are selected, The Migrant and Homeless WIC Codes will be auto selected on the Care Plan page.

13. Once all the information is entered on the page, click Save. The page will look similar to the screen below. See Module 3: Figure 14 below.



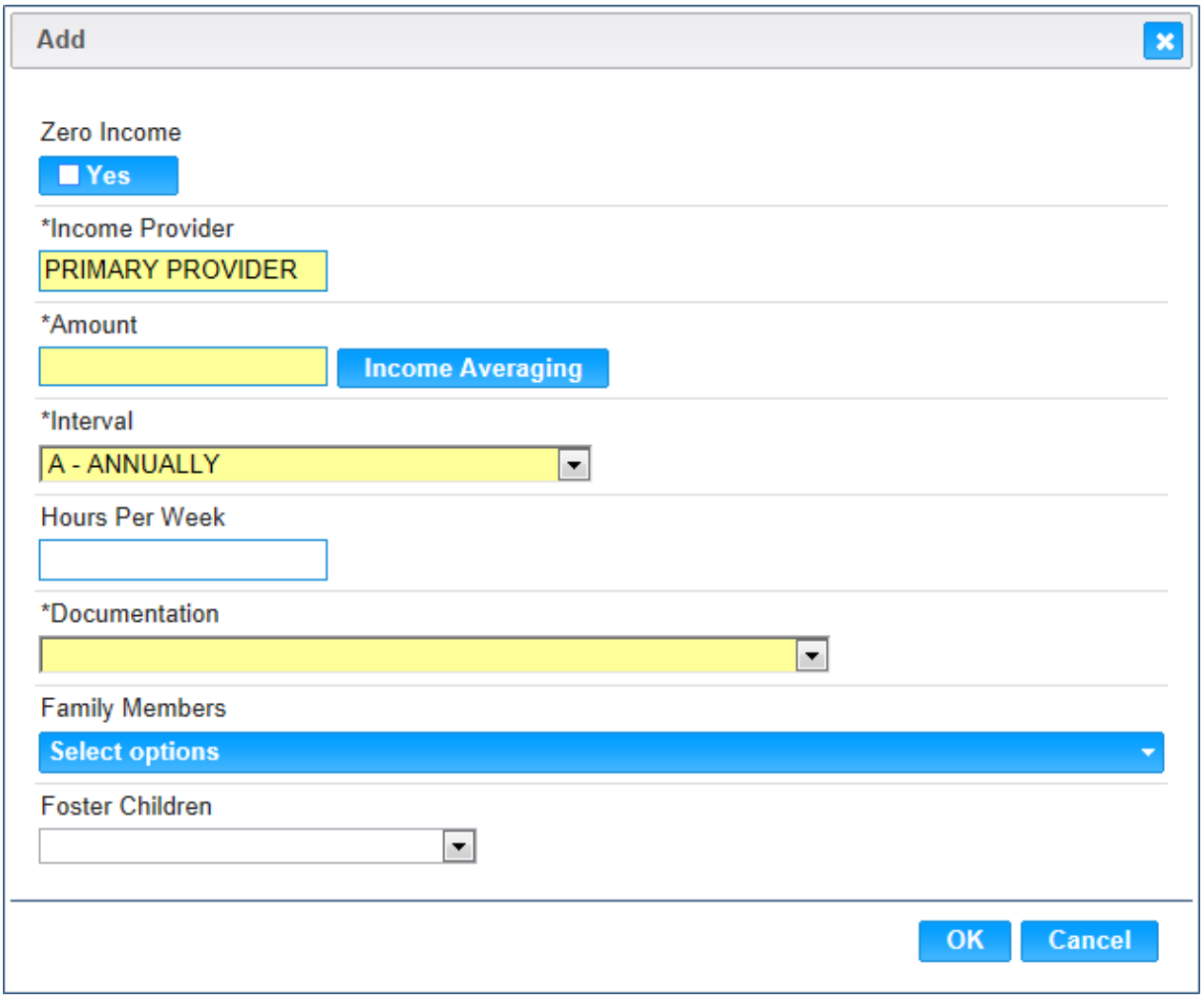
Module 3: Figure 14: Information Page

Income Averaging

In the Income Providers section, there is a tool which may be used for averaging income.

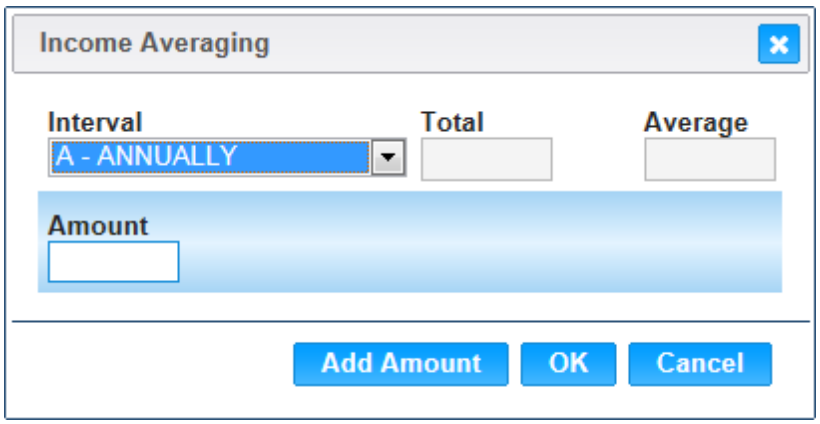
1. Click Add in the Income Providers section of the Income page. See Module 3: Figure 15 below.

2. Click on the Income Averaging button.



Module 3: Figure 15: Add Income

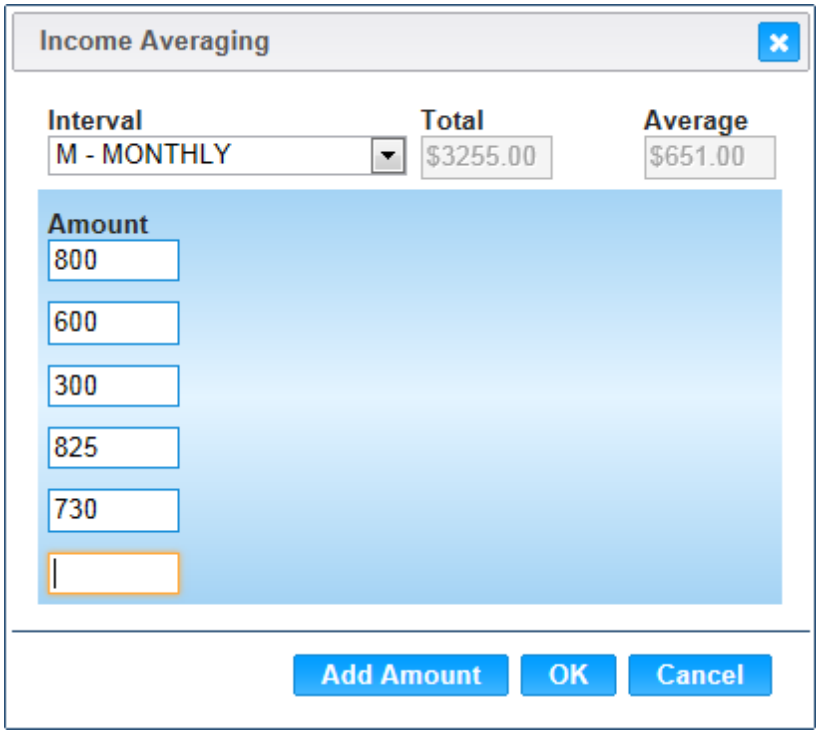
3. The Income Averaging window will display. See Module 3: Figure 16 below.



Module 3: Figure 16: Income Averaging window

4. Select the Interval and enter a dollar amount in the Amount field.

5. To add additional income amounts, click the Add Amount button and a new Amount field will appear. See Module 3: Figure 17 below.



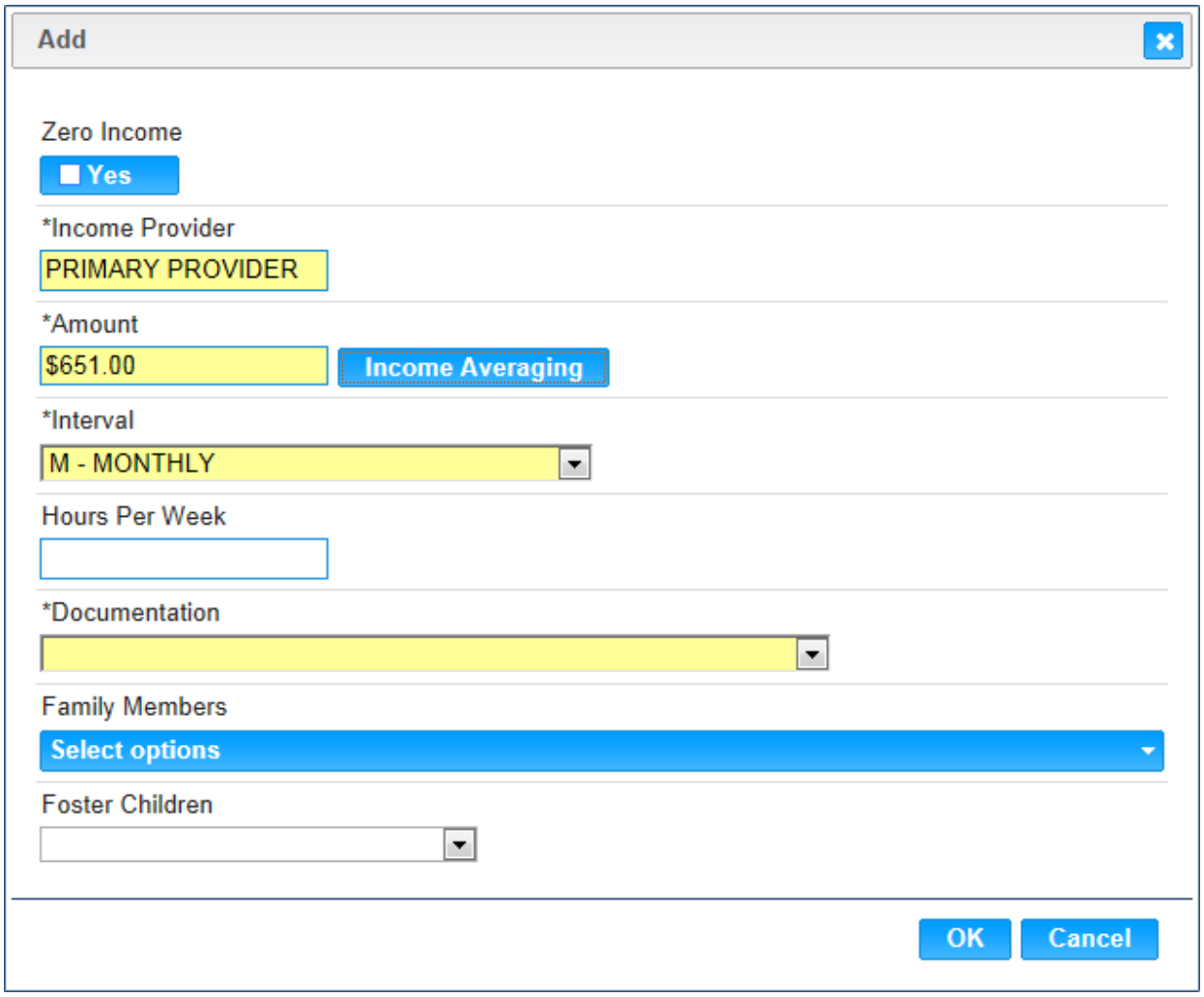
Module 3: Figure 17: Add Additional Amount

The Total and Average fields are automatically calculated and are display only.

6. Click OK once all income amounts are entered.

7. Click Cancel to close the window and not use the Income Averaging data.

The amount in the Average field will display in the Amount field on the Add Income window and the Interval will default to the selected option from the Income Averaging window. See Module 3: Figure 18 below.



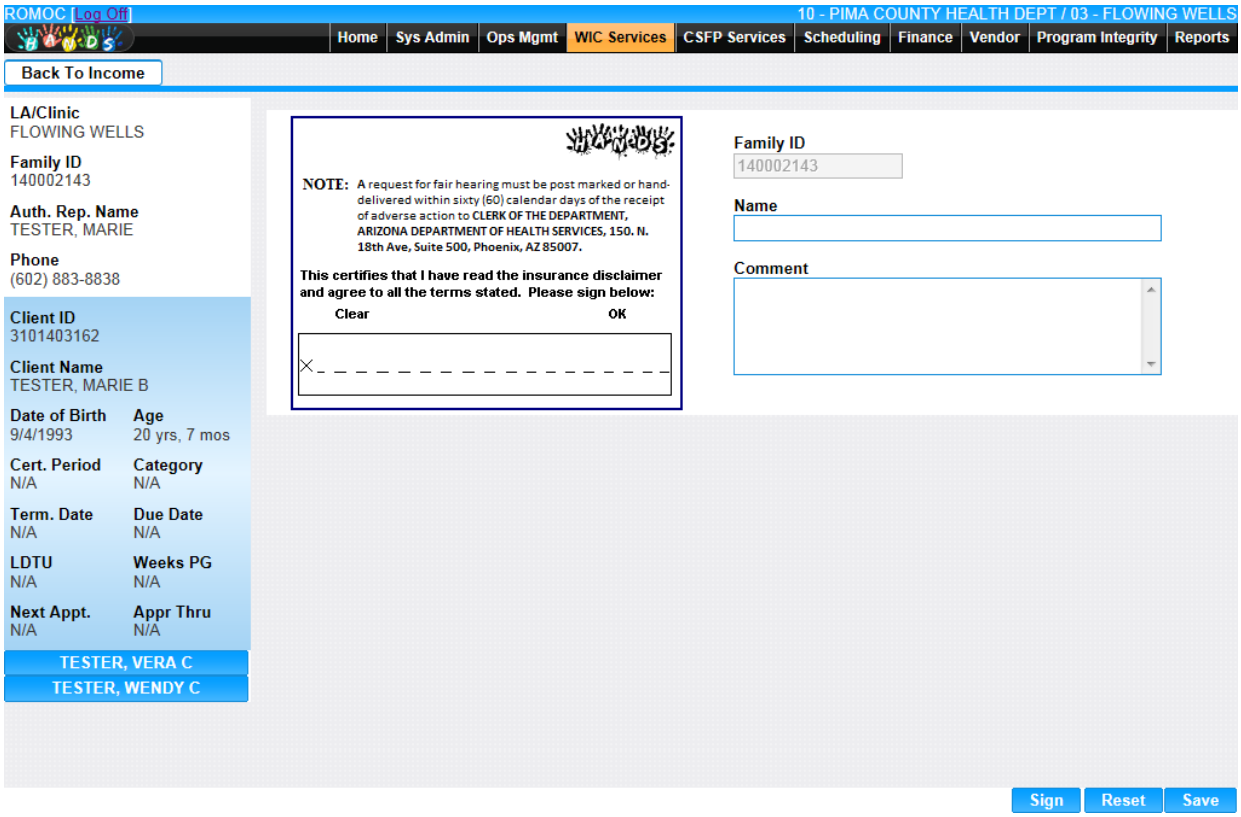
Module 3: Figure 18: Average Amount displayed on Add Income

Documenting the Authorized Representative Signature during Income

WIC Clinics will have access to signature pads to collect the signatures of Authorized Provider(s). HANDS offers functionality which will interface with the signature pads.

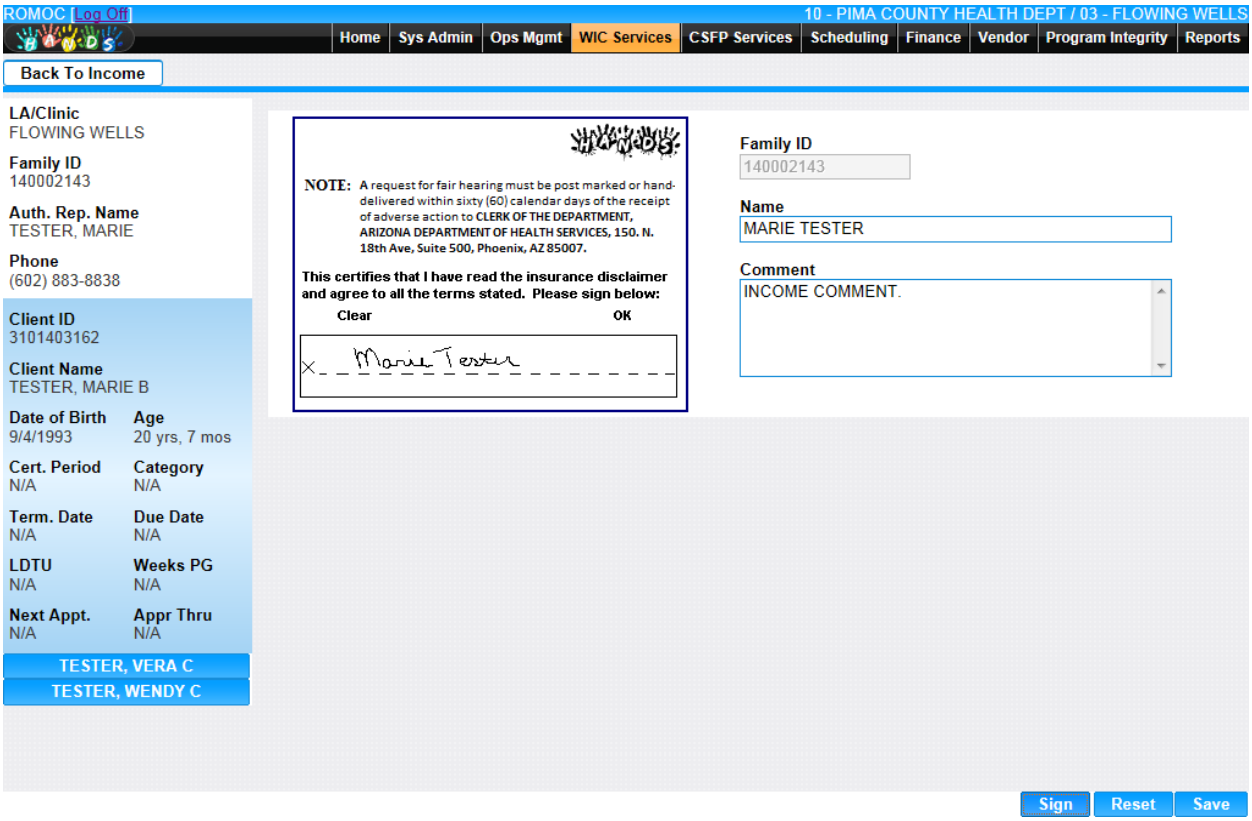
To collect the Authorized Representative Signature during the Income Screening:

1. Complete the entire Income Screening and Click the Save button.
2. Click the Get Signature button. See Module 3: Figure 19 below.



Module 3: Figure 19: Documenting the Authorized Signature during Income

3. This will open the Signature Collection Page.
4. Ask the Authorized Representative to sign the signature pad.
5. After signing, the Authorized Representative will click OK on the signature pad.
6. Complete the Name and Comment (if applicable) fields.
7. Click the Save button. See Module 3: Figure 20 below.



Module 3: Figure 20: Signature Collection Page

The Authorized Representative's Signature has been saved in HANDS.

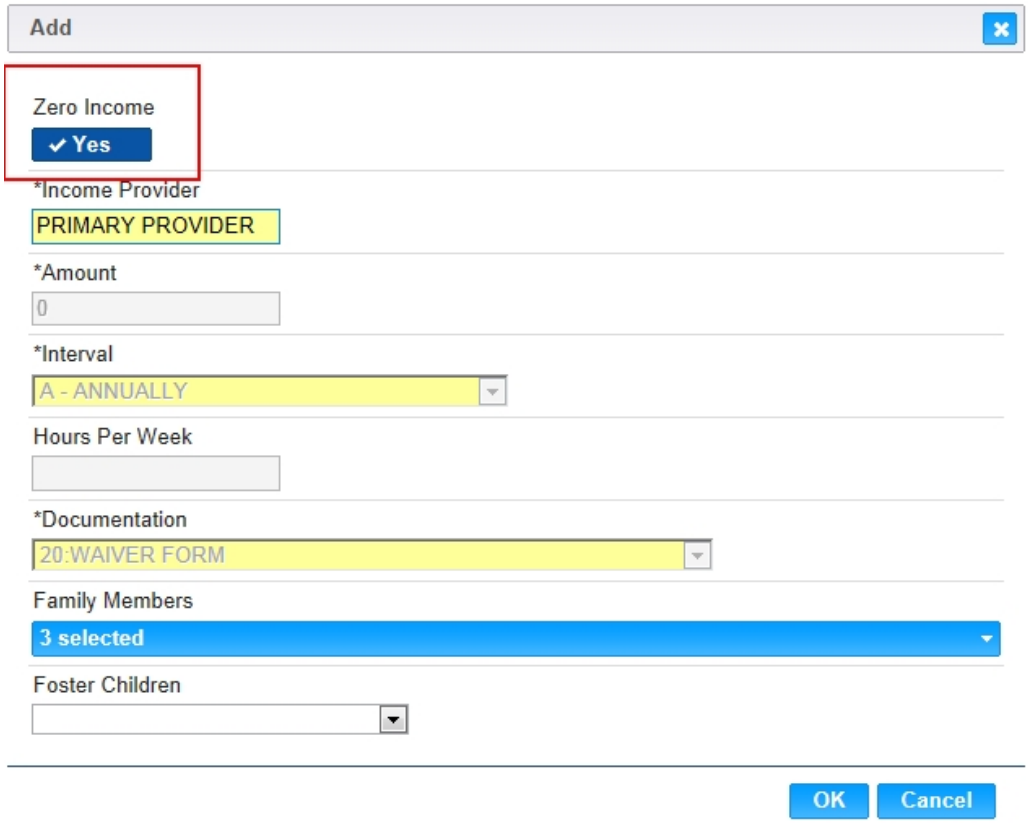
Income Functionality Highlights

Zero Income

When an applicant or Authorized Representative claims zero income and this information is entered into HANDS, the Waiver Form window will appear and allow the user to print the required form.

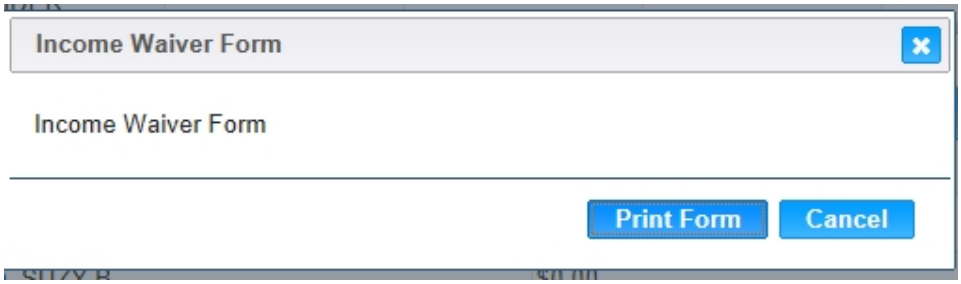
Zero must be entered as an income provider record by clicking the Zero Income check box in the Add Income Provider window.

The Amount, Interval and Documentation will populate automatically. The user will need to select the specific family member(s) receiving the income screening and then click the OK button. The save button should then be clicked to save the income record. See Module 3: Figure 21 below.

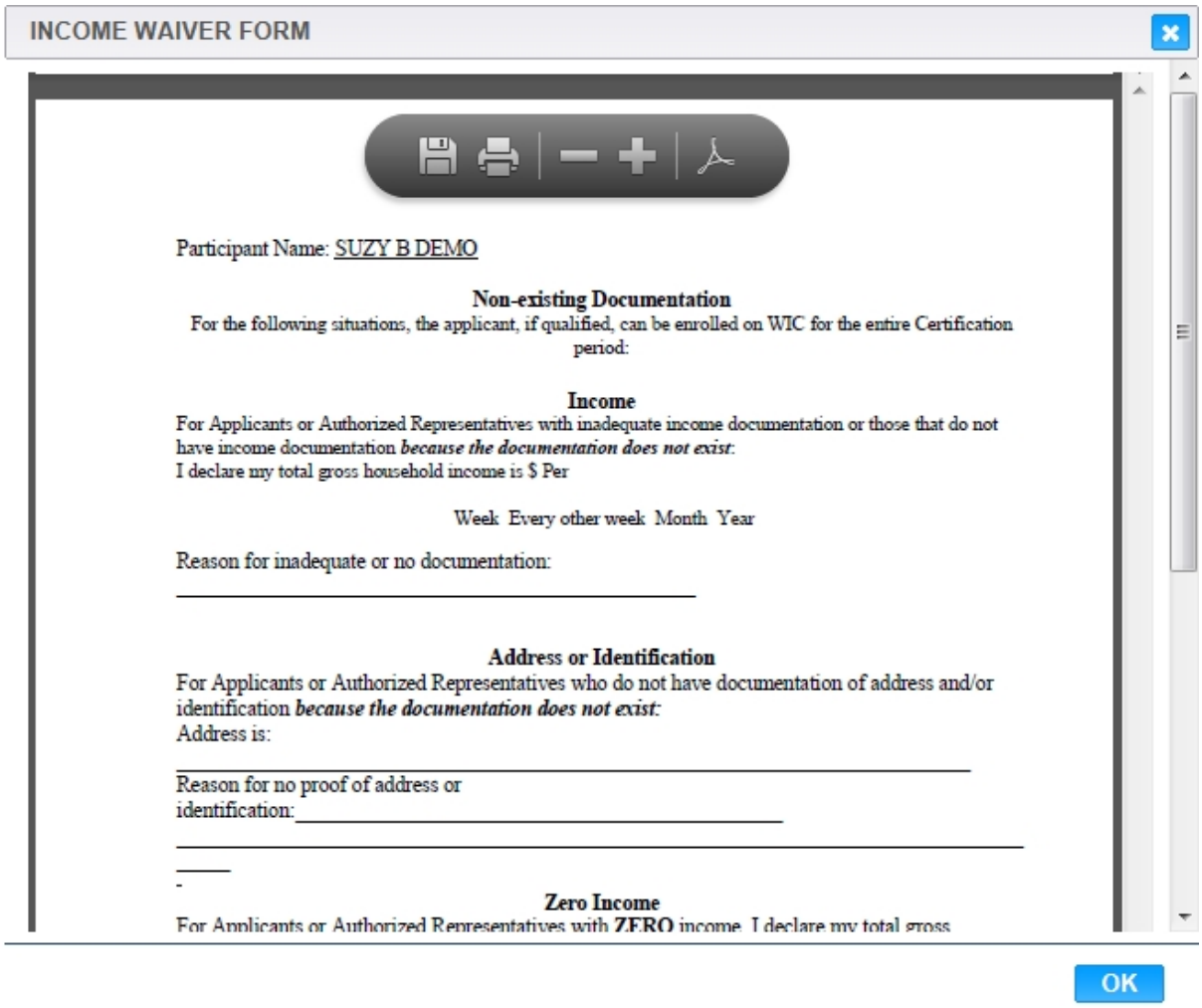


Module 3: Figure 21: Zero Income

When the income record has completed saving, HANDS will display the Income Waiver Form Print window for printing the required form. See Module 3: Figures 22 and 23 below.



Module 3: Figure 22: Income Waiver Form window

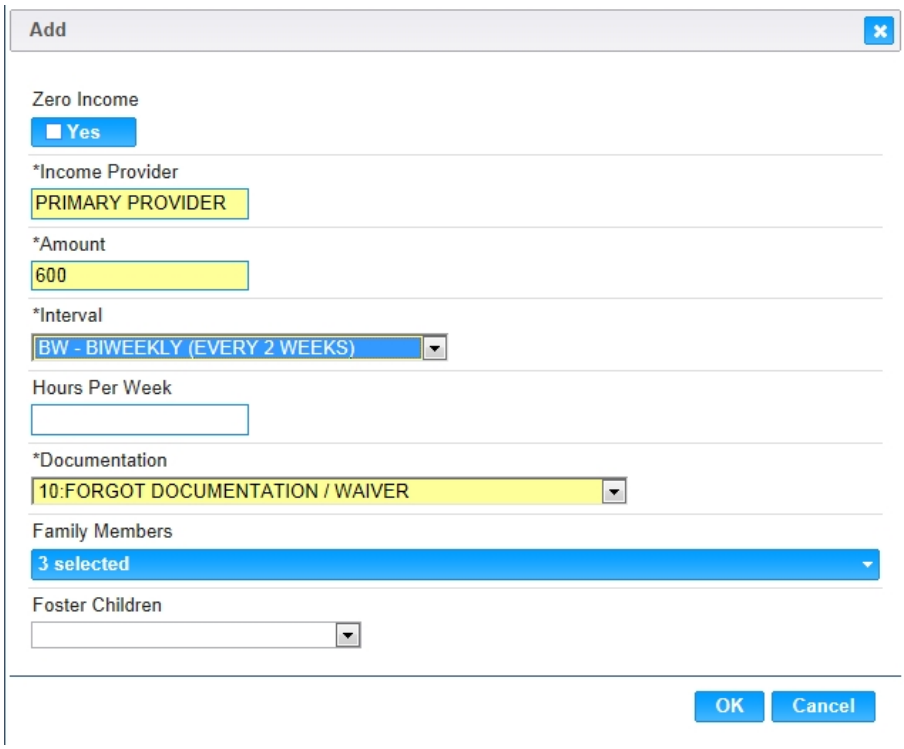


Module 3: Figure 23: Income Waiver Form

Income Screening: No Documentation

If a WIC Applicant or Authorized Representative fails to bring the required income documentation during certification, HANDS will allow the user to proceed with the certification and supplying up to 1 month of Food Benefits as dictated in policy.

The user must choose the Forgot to Bring Documentation option in the documentation drop down located within the Add Provider Income window. See Module 3: Figure 24 below.



Module 3: Figure 24: Add Information

The user will need to enter the amount which was verbally stated by the WIC Applicant or Authorized Representative. HANDS will not allow zero on the No Documentation status. The appropriate interval and the Forgot Documentation Waiver item in the Documentation drop down list will also need to be added. Click OK and the income record saved. See Module 3: Figure 25 below.

Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Household

Income Date: 4/23/2014

*Family Size (Excluding Foster Children): 3

☐ Unborn Counted

Adjunct Eligibility

Members	AHCCCS	FDPIR	SECTION 8	SNAP	TANF
DEMO, BABY B	N/A Verified: 4/23/2014				
DEMO, BILLY B	N/A Verified: 4/23/2014				
DEMO, SUZY B	N/A Verified: 4/23/2014				

Income

Providers + Add

Income Provider	Amount	Interval	Hours Per Week	Documentation	Monthly
PRIMARY PROVIDER	$600.00	BW - BIWEEKLY (EVERY 2 WEEKS)		10:FORGOT DOCUMENTATION / WAIVER	$1,300.00

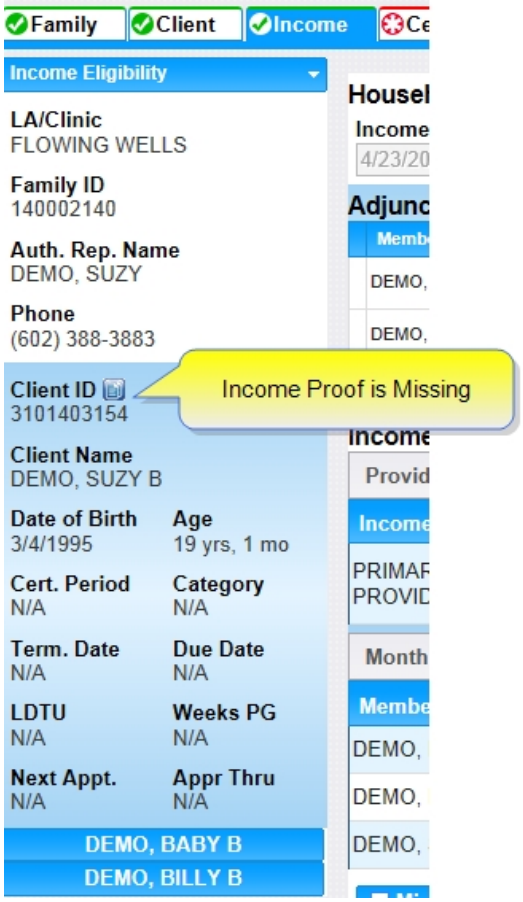
Monthly Income Breakdown

Member	Monthly Income	Provider Details
DEMO, BABY B	$1,300.00	Details
DEMO, BILLY B	$1,300.00	Details
DEMO, SUZY B	$1,300.00	Details

☐ Migrant ☐ Homeless ☐ Group Home ☐ Military ☐ Refugee

Module 3: Figure 25: Saved Income Record

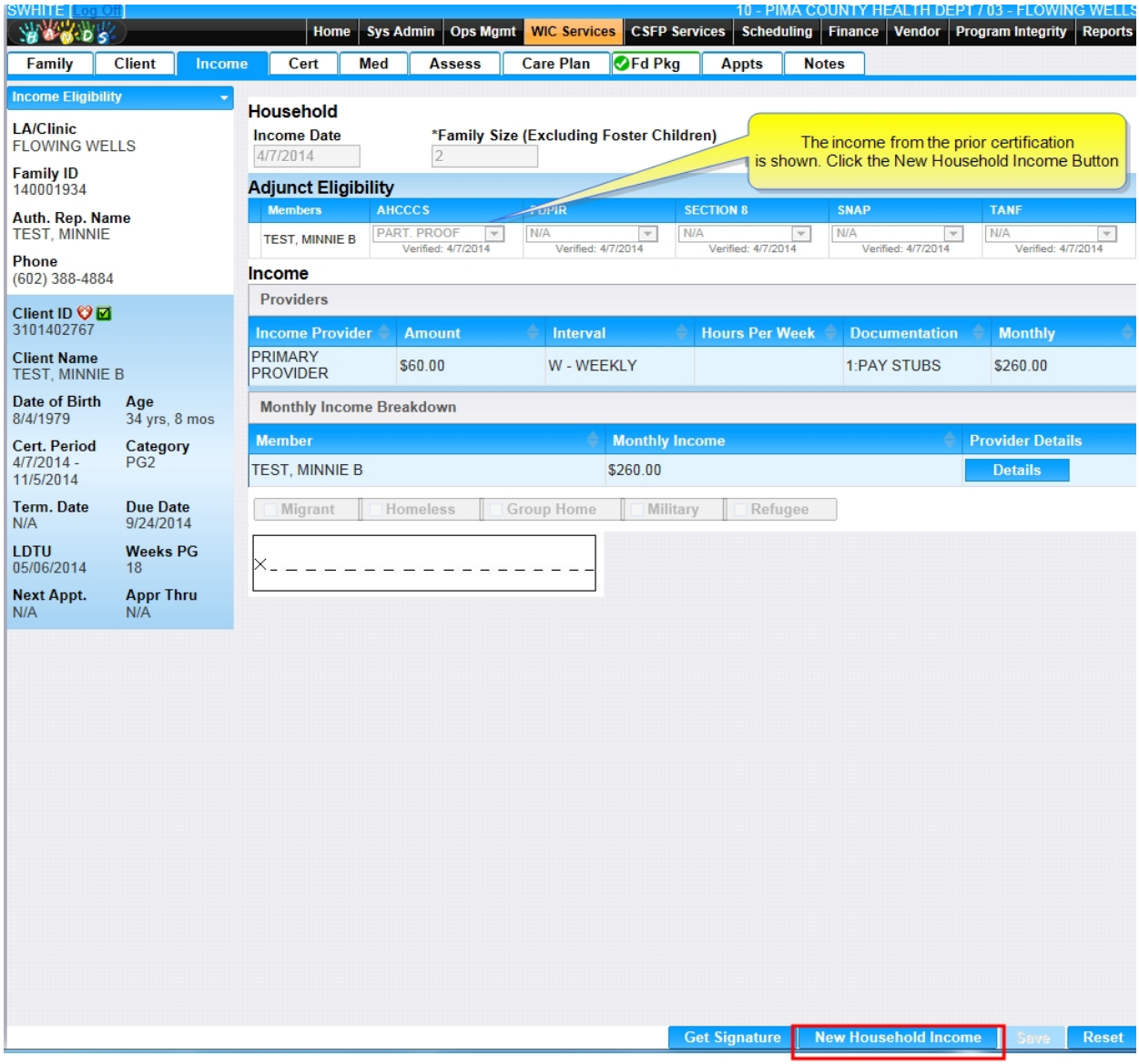
After completing the save function for the income record, HANDS will place the Forgot Documentation Icon beside the client's name. See Module 3: Figure 26 below.



Module 3: Figure 26: Forgot Documentation Icon

Adding or Updating a New Income for an Existing Family/Client

1. To update or add a new income for a current WIC Family or client, the user will need to access the Family/Income record and click the New Household Income button. See Module 3: Figure 27 below.

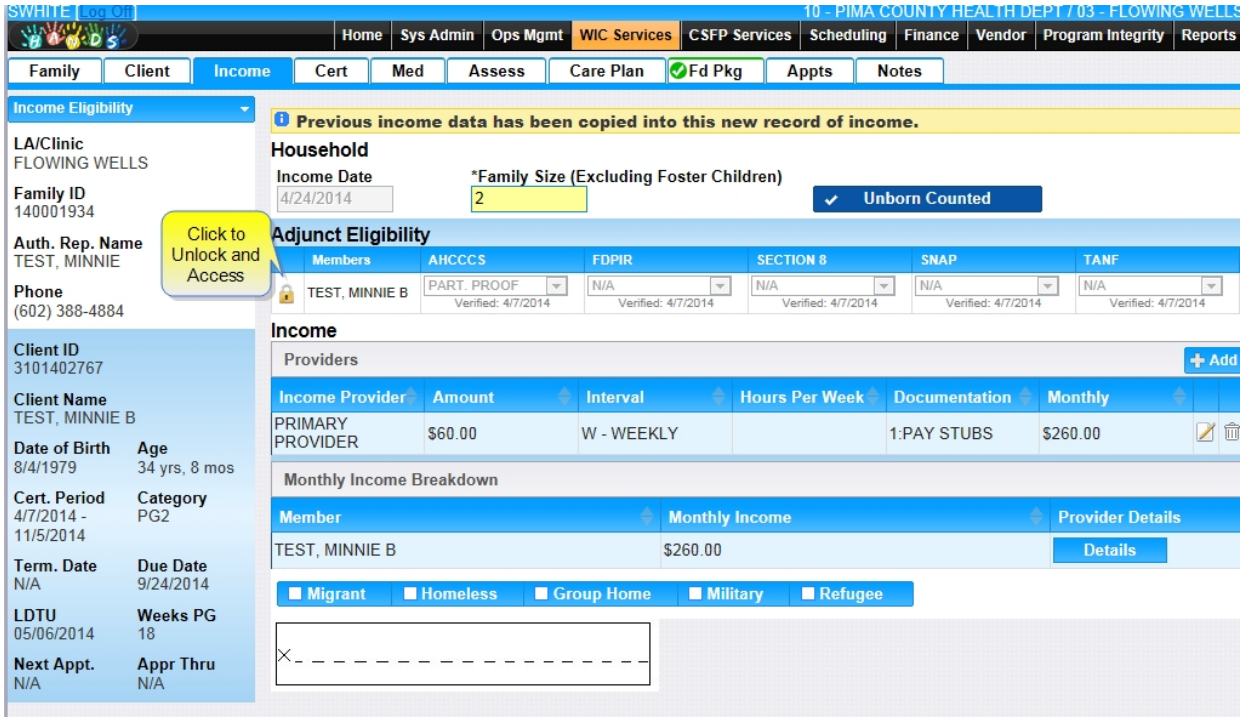


Module 3: Figure 27: Adding or Updating a New income for an Existing Family / Client

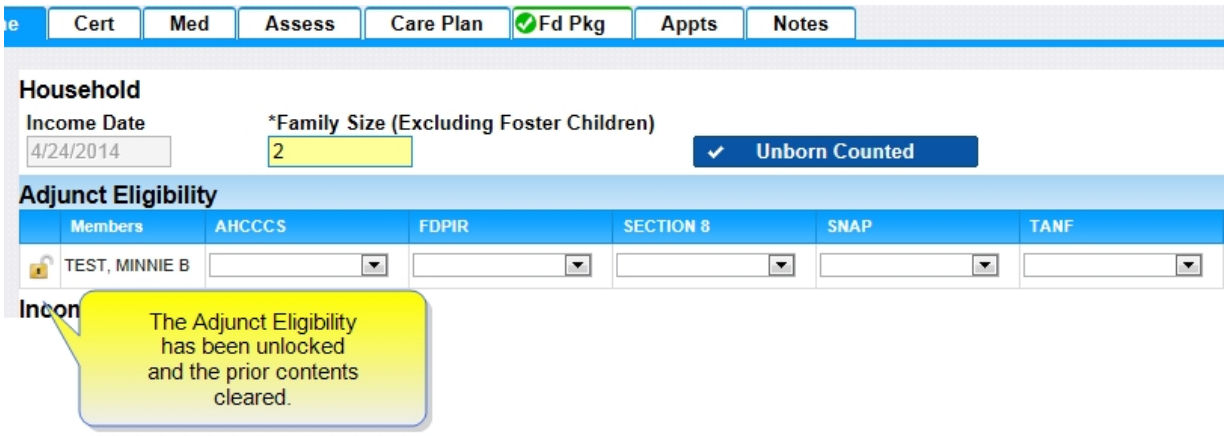
2. The Income Page will be populated with the data from the prior certification.
3. If the income information has not changed since the last certification, the user may simply save the new income record.
4. If the income information needs to be changed, proceed with the following steps:
5. Change the Family Size if required.

6. Click the Lock icon to gain access to the Adjunct Eligibility section. This will clear the information from the prior certification, so that the new Adjunct Eligibility information may be added. See Module 3: Figure 28 below.
7. Add the new or updated Adjunct Eligibility information.
8. On Income Provider, use the Edit icon to edit the current income amount. Change to the new income amount and click OK.
Another alternative is to delete the last Income Provider Record and add A New Income Provider record.
9. Click save. The new income information will be displayed while the prior income information may be found in the Certification History. (Access History from the Client Information Navigation Pick List).

Click the Lock icon to unlock the Adjunct Eligibility section. The Unlock option won't be available until 30 days prior to the Certification Due Date. See Module 3: Figure 29 below.

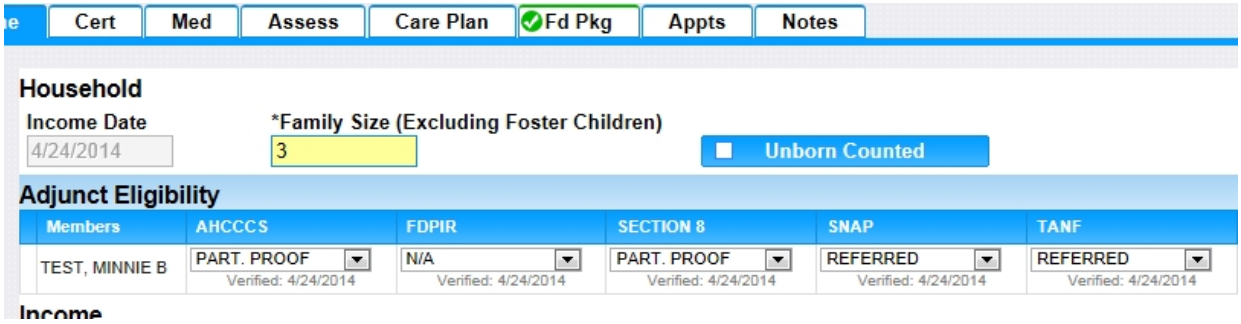


Module 3: Figure 28: New Income Information



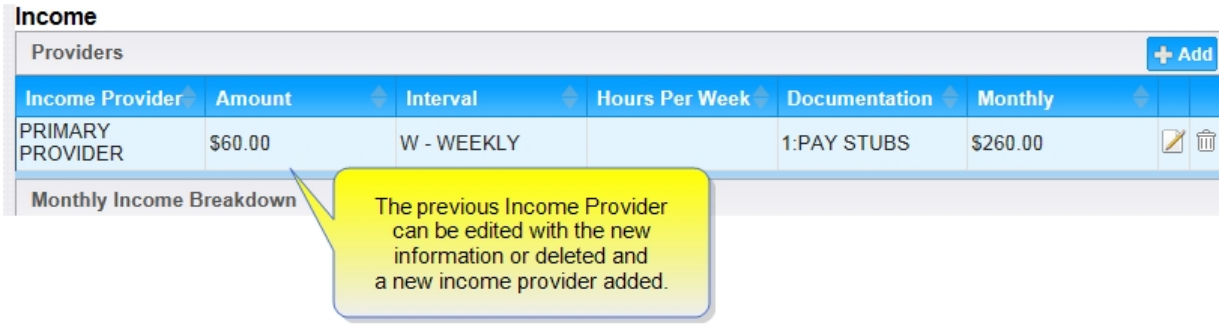
Module 3: Figure 29: Adding New Adjunct Eligibility Information

Add the new Adjunct Eligibility information. See Module 3: Figure 30 below.



Module 3: Figure 30: Adjunct Eligibility

The previous income provider entry can either be edited or deleted. A new Income Provider entry may be added. See Module 3: Figure 31 below.



Module 3: Figure 31: Income Provider Information

The new income record should be saved by clicking the Save button. This creates a new Income record which can be edited or removed from the Income screen. See Module 3: Figure 32 below.

Note: User is only allowed to edit and delete income records if the Income Date is today. The user would have to click the New Household Income button as was discussed previously.

Module 3: Figure 32: New Income Record

Adding Income for a Foster Child

When adding or updating an income record, HANDS will place the Foster Child in a household of 1 and separate the income record automatically. The user must make sure that the Foster Child check box on Client Information page has been checked for the client and a separate Income Provider entry has been associated with the Foster Child's name. See Module 3: Figure 33 below.

e | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

*Last Name: FOSTER
*First Name: BILLY
MI: B
*Date of Birth: 03/13/2012
Age: 2 yrs, 1 mos
Gender: M F

Application Date: 04/23/2014
Mother's ID: 3101403154 - DEMO, SUZY B
*Proof Of Identity: D - BIRTH CERTIFICATE

VOC: N/A

The Foster Child check box must be checked on the Client Information Page.

Has the child entered into foster care, or changed foster care homes, within the last 6 months?

Foster Care | Yes | No

Ethnicity and Race

*Choose one of the following: Hispanic or Latino | Not Hispanic or Latino

Origins: Select options

*Choose one of the following: Observed by Staff | Provided by Client

Staff Name: N/A

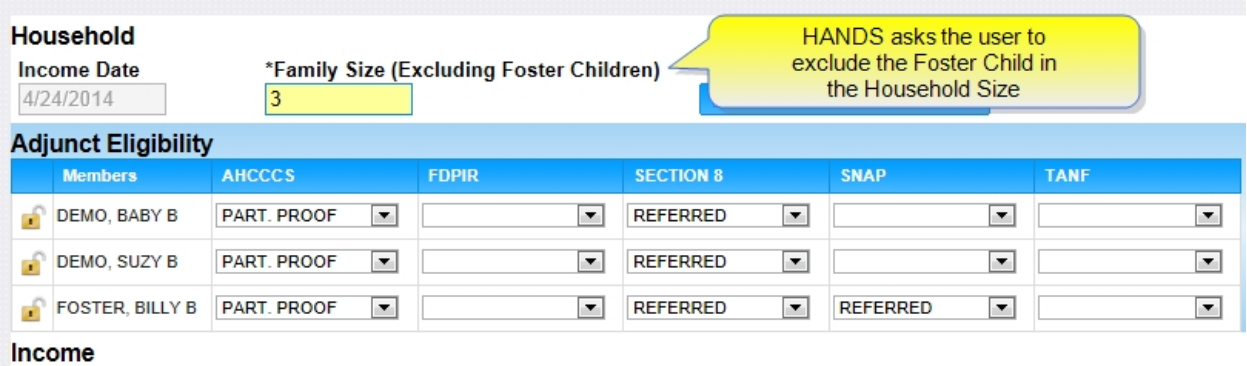
*Choose one or more of the following:
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White

Ineligibility Reason

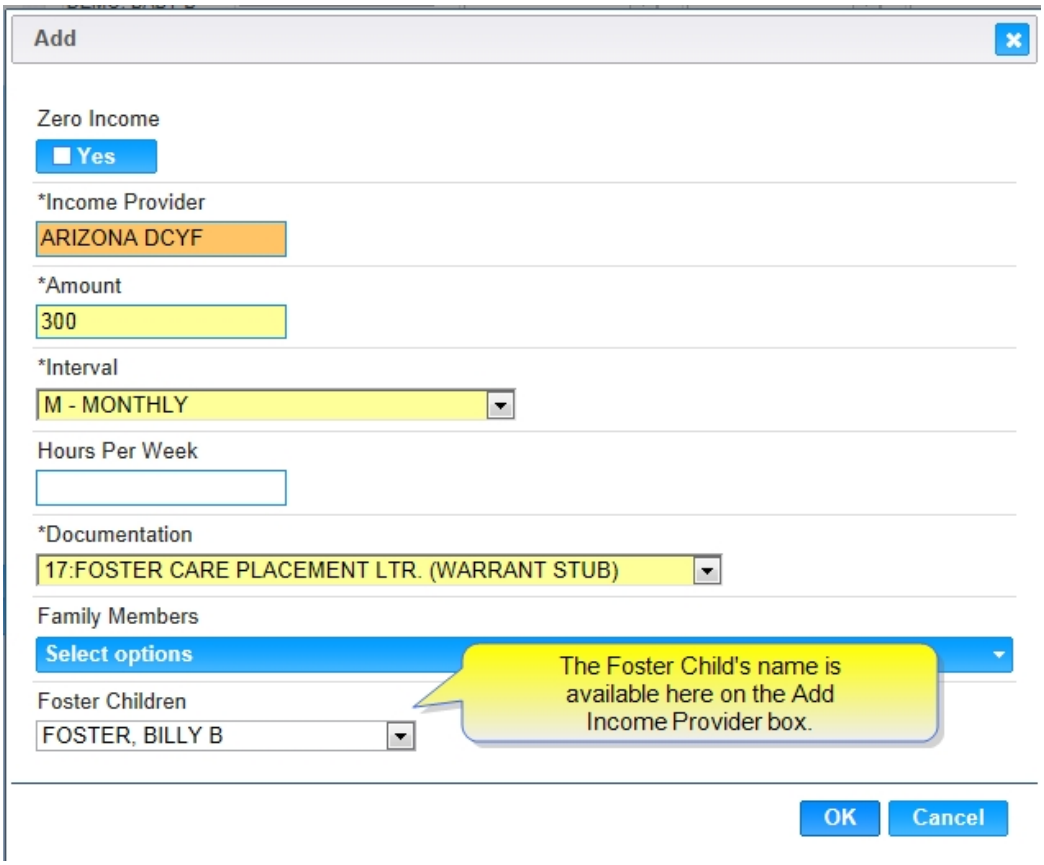
Module 3: Figure 33: Adding Income for a Foster Child

To Add Income for a Foster Child

1. Go to the Income Page located in the Certification Work Flow.
2. Add or update household size if needed. Remember that a Foster child is not included in the HANDS Household Size.
3. Add the Adjunct Eligibility Income Information for the foster child and other family members if certifying all together.
4. Add income provider record.
5. In the Add Income Provider window, add the foster child's income information.
6. In the Foster Child drop down field, choose the foster child's name.
7. Click the OK button.
8. Add another income provider record for the other family members if applicable.See Module 3: Figure 34 below.



Module 3: Figure 34: Adding Income for a Foster Child



Module 3: Figure 35: Income Provider and Monthly Income Breakdown

9. The Income Provider and Monthly Income Breakdown for the Foster Child and Other Family members are available to add when creating a new Income record. See Module 3: Figure 35 above.

Income

Providers

Add

Income Provider	Amount	Interval	Hours Per Week	Documentation	Monthly		
ARIZONA DCYF	$300.00	M - MONTHLY		17:FOSTER CARE PLACEMENT LTR. (WARRANT STUB)	$300.00		
PRIMARY PROVIDER	$600.00	M - MONTHLY		4:AHCCCS ELIGIBILITY LETTER/ CMDP CARD	$600.00		

Monthly Income Breakdown

Member	Monthly Income	Provider Details
DEMO, BABY B	$600.00	Details
DEMO, SUZY B	$600.00	Details
FOSTER, BILLY B	$300.00	Details

☐ Migrant ☐ Homeless ☐ Group Home ☐ Military ☐ Refugee

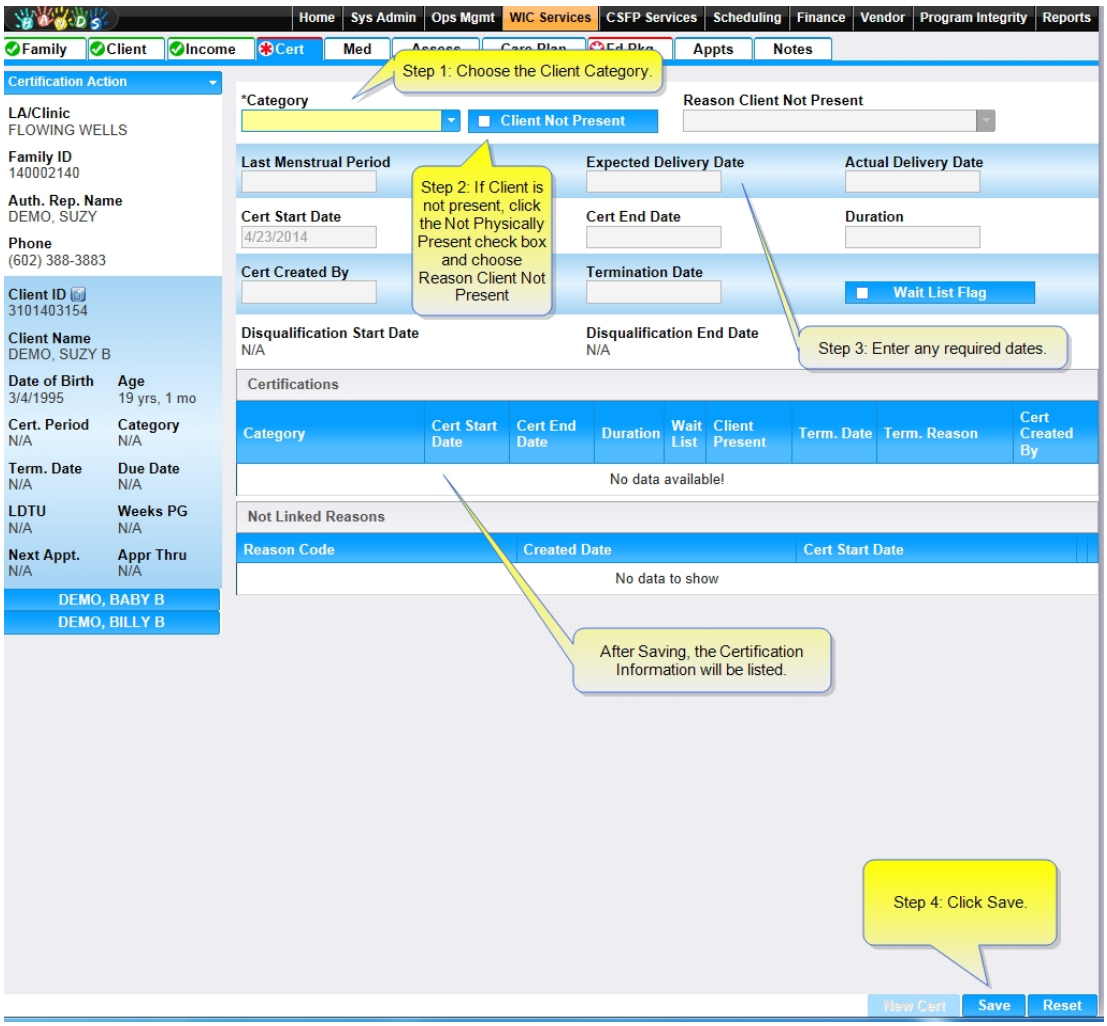
Module 3: Figure 36: Income Provider Information

When the Save button is clicked, HANDS will complete a separate income screening for the Foster Child and list it on the Income Page. See Module 3: Figure 36 above.

Certification Action

The Certification Action page is where the user will be able to choose a client category, terminate a certification, extend a certification, reinstate a certification or complete a category change. Also, State level staff will have the ability to disqualify a client from this page. The Disqualify functionality will not be covered in this section.

After the completion of the Family. Client Information and Income pages, the user will need to access the Certification Action page by clicking on the Cert tab from the Certification Work Flow. See Module 3: Figure 37 below.



Module 3: Figure 37: Certification Action

1. Choose the WIC Client Category that is the most appropriate.
2. Document Client Not Present & Reason if applicable.
3. Entered the required date (if applicable):

- For PG1 & PG 2 clients, document the Last Menstrual Period or the Expected Delivery Date (EDD).

Remember: HANDS requires at least one of these fields be complete. HANDS will calculate the other field for you.

- For the P or Postpartum Woman, or any Breastfeeding Woman category, enter the Actual Delivery Date.
- For infant or child less than 2 years (C1) categories, complete the Expected Date of Delivery field.

4. Click the Save button.

Hint: HANDS will guide you on which field is required for the Category Type by activating only the required field.

Client Category Change

1. On the Cert Action page select the client for the category change from the active record. See Module 3: Figure 38 below.

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Certification Action

LA/Clinic
FLOWING WELLS

Family ID
130000613

Auth. Rep. Name
TESTER, MARIE

Phone
(123) 555-1234

Client ID
2021400813

Client Name
TESTER, MARIE

Date of Birth
4/4/1984

Age
30 yrs, 0 mos

Cert. Period
3/31/2014 - 8/9/2014

Category
PN

Term. Date
N/A

Due Date
N/A

LDTU
02/12/2014

Weeks PG
N/A

Next Appt.
N/A

Appr Thru
N/A

TESTER, LYNN

*Category
PN (WOMAN, PARTIAL BREA

Client Not Present

Reason Client Not Present

Last Menstrual Period

Expected Delivery Date

Actual Delivery Date
08/10/2013

Cert Start Date
3/31/2014

Cert End Date
8/9/2014

Duration (Weeks)
18

Cert Created By
SSMITH1

Termination Date
N/A

Wait List Flag

Disqualification Start Date
N/A

Disqualification End Date
N/A

Disqualification Reason
N/A

Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Cert Created By
PN - WOMAN, PARTIAL BREASTFEEDING	3/31/2014	8/9/2014	18	N	Y			SSMITH1
EN - WOMAN, BREASTFEEDING, NO FORMULA	12/30/2013	8/9/2014	31	N	Y	03/31/2014	9 - CATEGORY CHANGE	SSMITH1

Not Linked Reasons

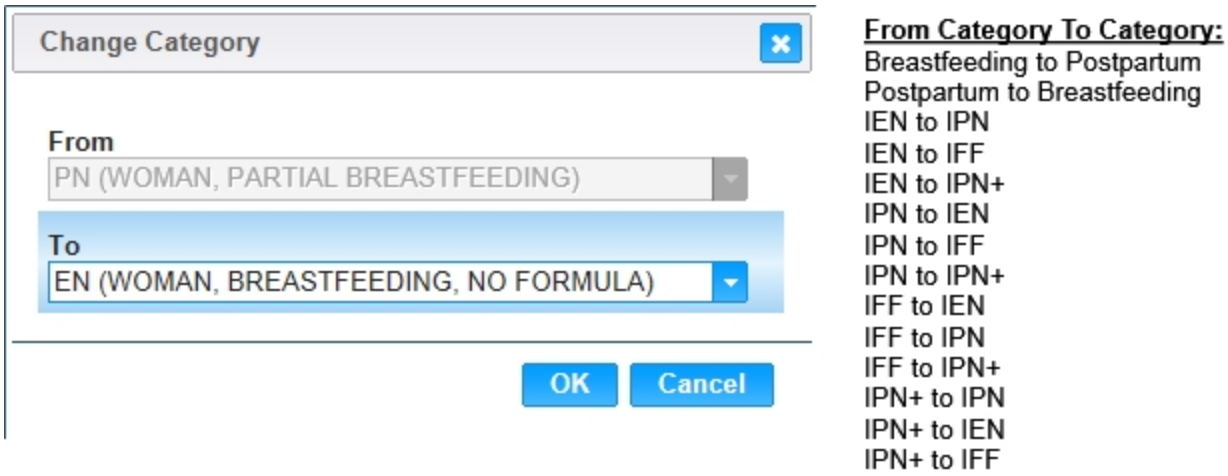
Reason Code	Created Date	Cert Start Date
No data to show		

Step 1: On the Certification Action page, click the Category Change button.

Category Change | Terminate Cert | Disqualify | Reinstate Cert | New Cert | Save | Reset

Module 3: Figure 38: Certification Action-Client Category Change

2. Click the Category Change button, the change category window displays. See Module 3: Figure 39 below.

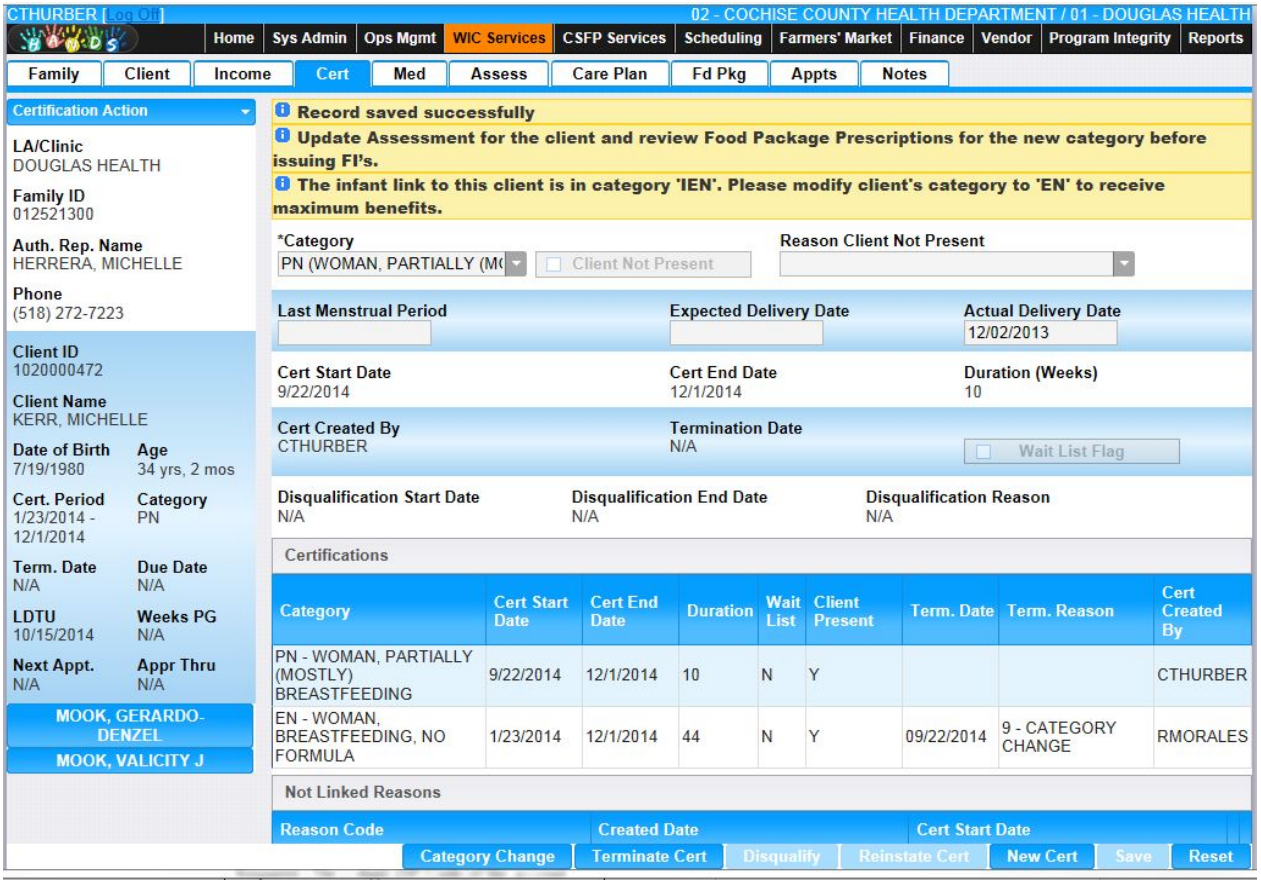


Module 3: Figure 39: Change Category window

3. Select the category for the client from the To drop-down list.

4. Click OK.

5. Click Save on the Cert Action page to save the category change. See Module 3: Figure 40 below.



Module 3: Figure 40: Certification Action-Saving Client Category Change

Extending a Certification:

1. On the Cert Action page, select the client to extend from the active record.
2. Click the Extend Cert button, the Extend Certification Confirmation displays. See Module 3: Figure 41 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

*Category: IFF (INFANT, ALL FORMULA)

Client Not Present

Reason Client Not Present

Last Menstrual Period

Expected Delivery Date: 04/15/2014

Actual Delivery Date

Cert Start Date: 4/30/2014

Cert End Date: 4/14/2015

Duration (Weeks): 49

Cert Created By: SWHITE

Termination Date: N/A

Wait List Flag

Disqualification Start Date: N/A

Disqualification End Date: N/A

Disqualification Reason: N/A

Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Cert Created By
IFF - INFANT, ALL FORMULA	4/30/2014	4/14/2015	49	N	Y			SWHITE
IEN - INFANT, BREASTFEEDING, NO FORMULA	4/29/2014	4/14/2015	50	N	Y	04/30/2014	9 - CATEGORY CHANGE	SWHITE
IFF - INFANT, ALL FORMULA	4/28/2014	4/14/2015	50	N	Y	04/29/2014	9 - CATEGORY CHANGE	SWHITE

Not Linked Reasons

Reason Code	Created Date	Cert Start Date
No data to show		

Category Change | Extend Cert | Terminate Cert | Disqualify | Reinstate Cert | New Cert | Save | Reset

Module 3: Figure 41: Extending a Certification

3. The Extend Certification Confirmation window displays. See Module 3: Figure 42 below.

Module 3: Figure 42: Extend Certification Confirmation

4. Click Yes, the certification is extended.

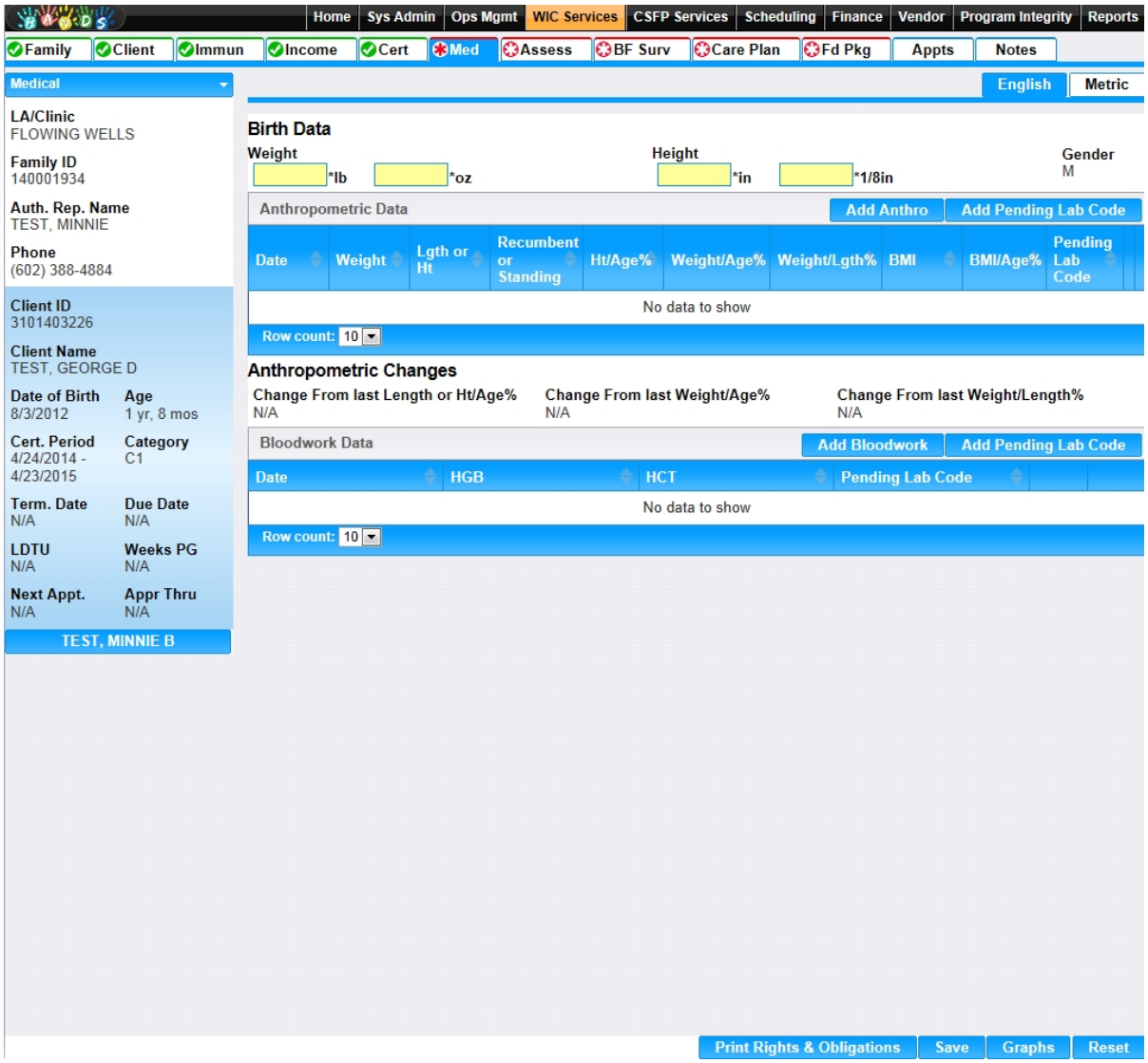
Note: Only Infant and Children will have the Extend Cert button on the Certification Action page. User is allowed to extend the Client's certification for 30 days and the button can only be used once per certification period.

Medical

The Medical page is used to view birth data, view anthropometric changes and document Anthropometric data, Blood work data or pending lab codes. You will also be able to view growth charts for clients.

Adding an Anthropometric Measurement

1. Click on the Medical tab at the top of the page. The Medical page displays. See Module 3,: Figure 43 below.

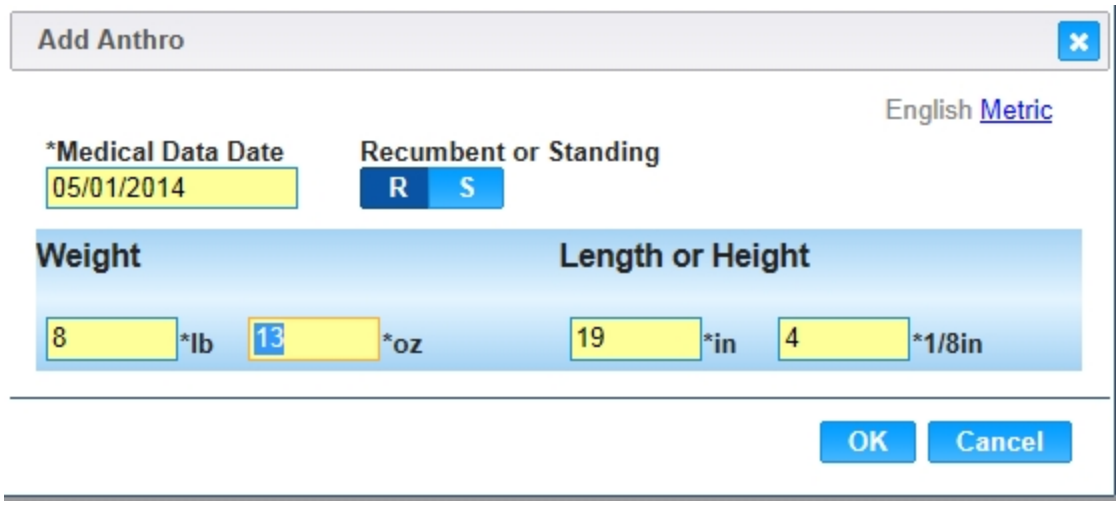


Module 3: Figure 43: Adding an Anthropometric Measurement

2. Click the Add Anthro button to add anthropometric data. See Module 3: Figure 44 below.

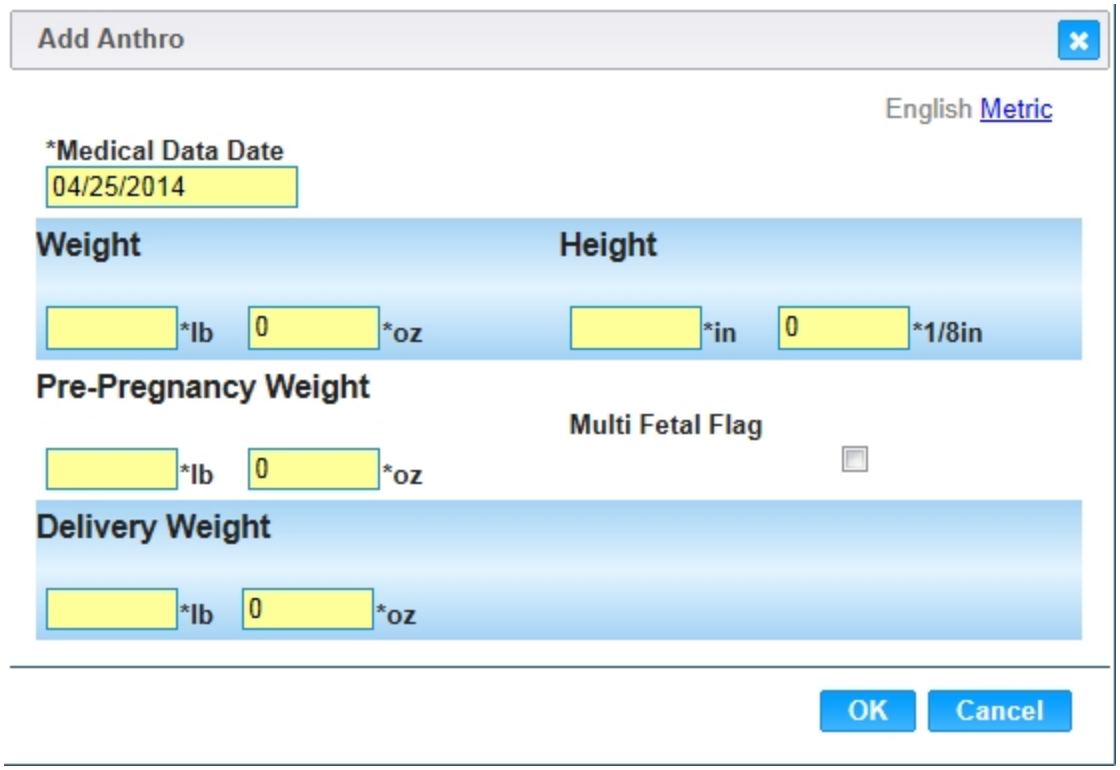
Hint: You may switch to the Metric display at any time by clicking on the blue Metric link.

Infant or Child Anthropometric Measurement window



Module 3: Figure 44: Infant or Child Anthropometric Measurement window

Woman Anthropometric Measurement window



Module 3: Figure 45: Woman Client Anthropometric Measurement window

3. Enter the Anthropometric Data for an infant or child less than 2 years by adding the birth weight and height and then clicking Add Anthro button for the Clinic measurement (if applicable). See Module 3: Figure 45 above.

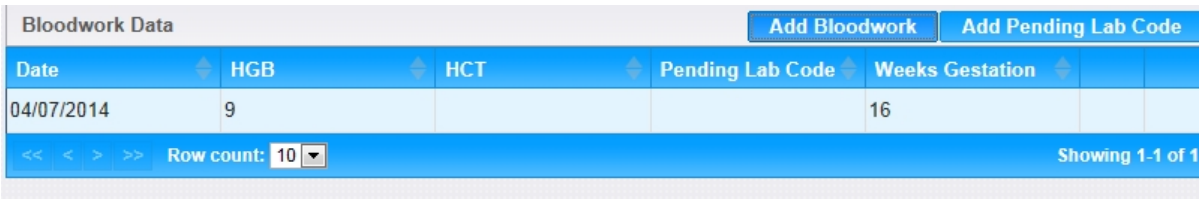
4. For a child over 2, the birth weight and height fields are not available. Click the Add button to enter a weight and height.

5. For the woman client, add the Pre pregnancy Weight, Current Weight and Height, and Delivery Weight (if applicable).

6. The anthropometric data will display in the appropriate grid.

Blood work

1. Click on the Add Blood work button to add blood work data. See Module 3: Figure 46 below.



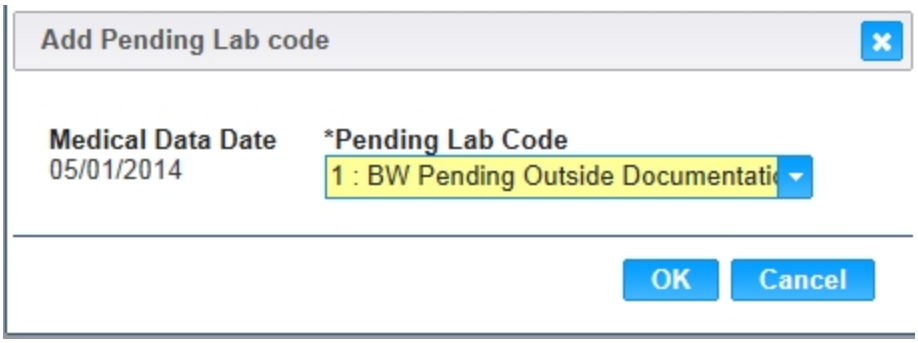
Module 3: Figure 46: Blood work Data

Module 3: Figure 47: Add Blood work

2. After the blood work data is entered, click OK. See Module 3: Figure 47 above.

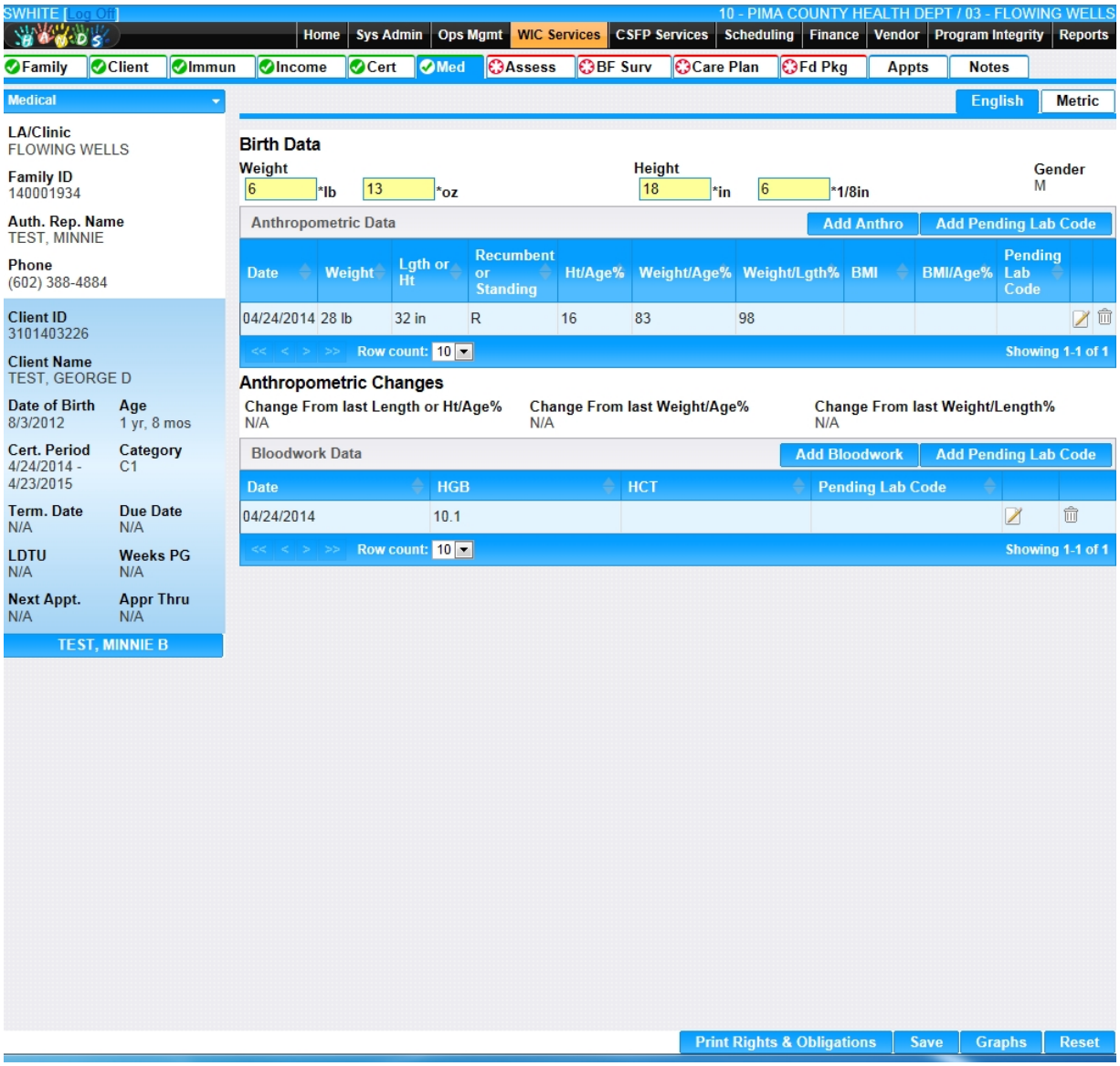
3. You may need to enter pending lab codes instead of anthro or blood work data.

4. Click the Add Pending Lab Code button. The Add Pending Lab code window displays. See Module 3: Figure 48 below.



Module 3: Figure 48: Add Pending Lab Code

5. The data will display in the grid. See Module 3: Figure 49 below.



Module 3: Figure 49: Medical Data Grid

6. Click Save on the Medical page to save the information entered.

Graphs

1. From the active record, select the client you want.

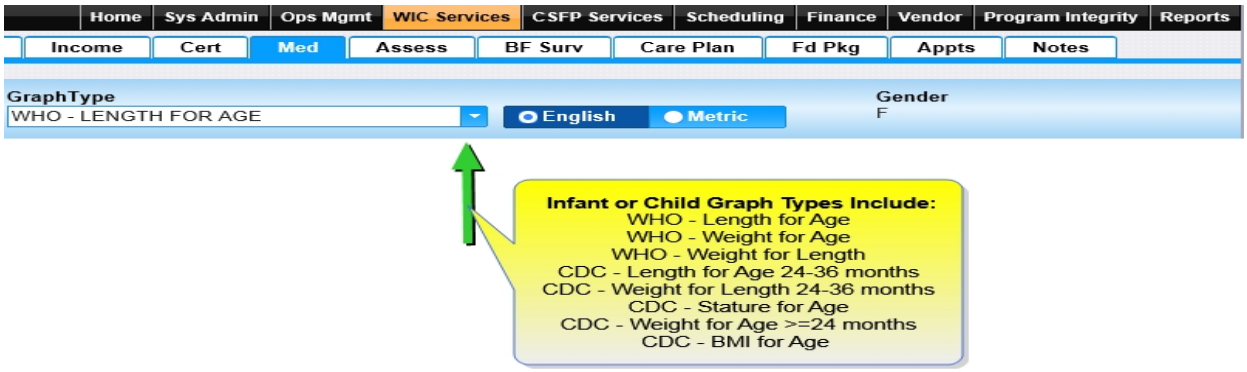
2. Click on the Medical tab.

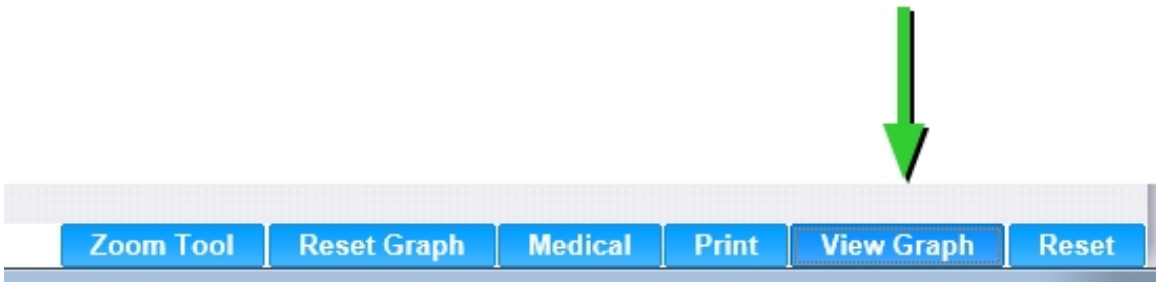
3. Click on the Graphs button on the Medical page. See Module 3: Figure 50 below.

Note:The Prenatal Weight Gain graphs available in HANDS include Normal, Obese, Overweight, and Underweight. HANDS will populate the appropriate Prenatal Weight Gain graph based on the woman's BMI and if she is pregnant with a single baby or multiple.

Module 3: Figure 50: Graphs

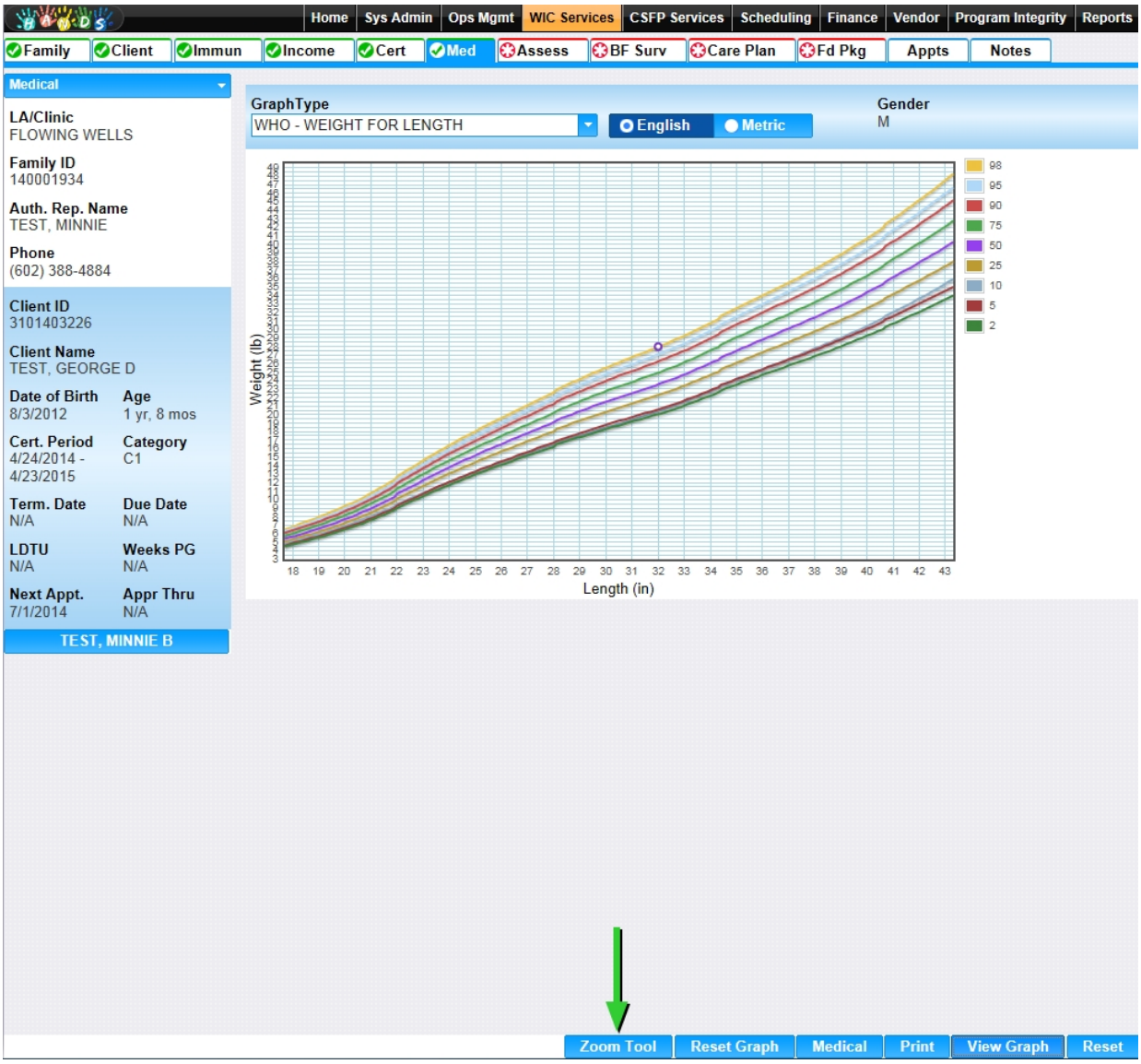
4. Select the Graph Type from the drop down list and click View Graph. The graph will display. See Module 3: Figure 51 below.





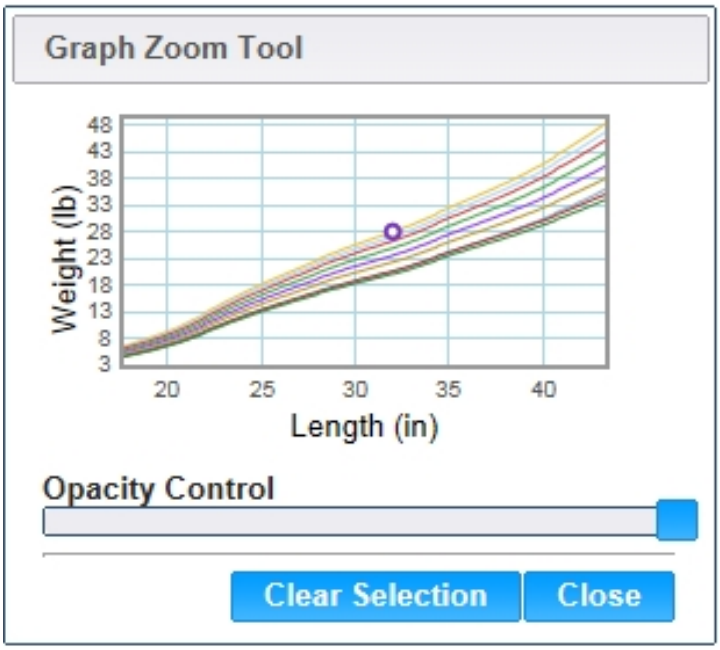
Module 3: Figure 51: Graph Display

The graph will display. See Module 3: Figure 52 below.



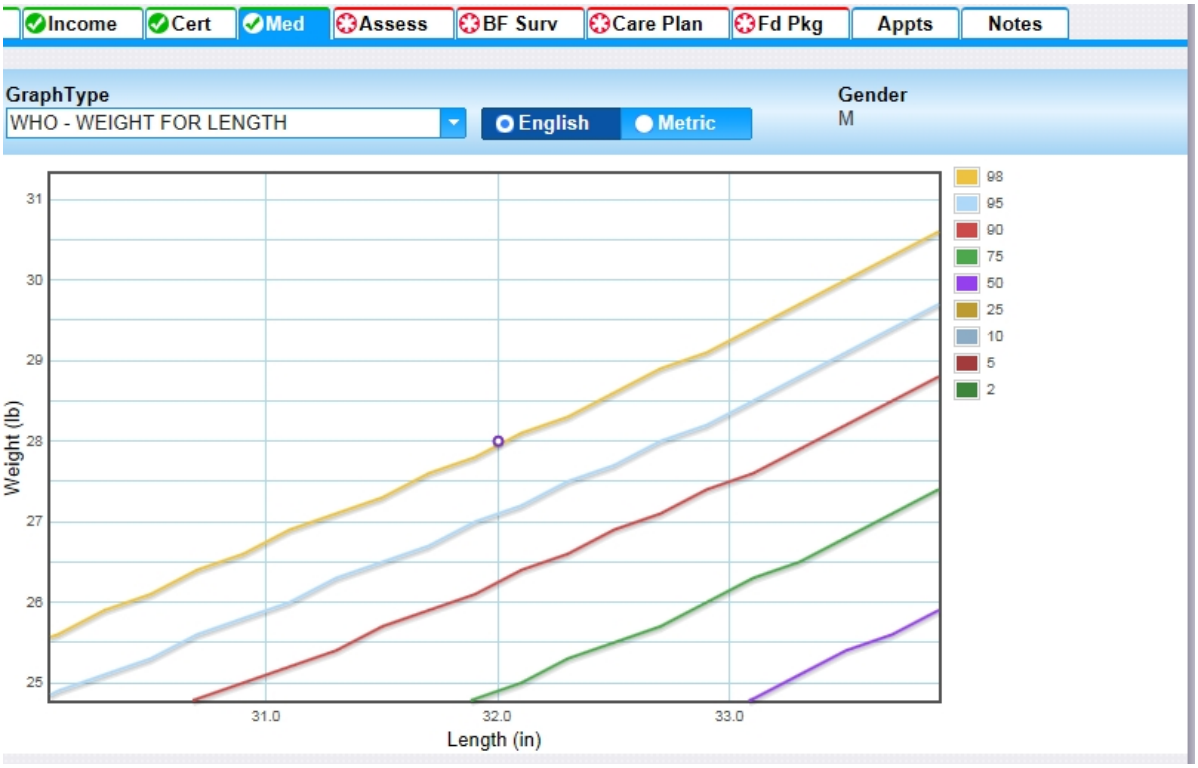
Module 3: Figure 52: Graph

5. To zoom in on the data in the graph click the Zoom Tool button. The Zoom Tool displays. See Module 3: Figure 53 below.



Module 3: Figure 53: Graph Zoom Tool

6. Highlight the area you want to zoom by clicking and dragging the mouse, which will display the highlighted area in the main graph. See Module 3: Figure 54 below.



Module 3: Figure 54: Zoomed In Graph

7. Click the Close button to close the Graph Zoom Tool.

8. Click the Print button to print the graph that is displayed on the page.

Remember: If the graph is zoomed in the zoomed in view will be the one that is printed.

9. Click the Reset Graph button to set the graph back to its original view.

10. You can select another graph from the drop down list to view or click the Medical button to return to the Medical page.

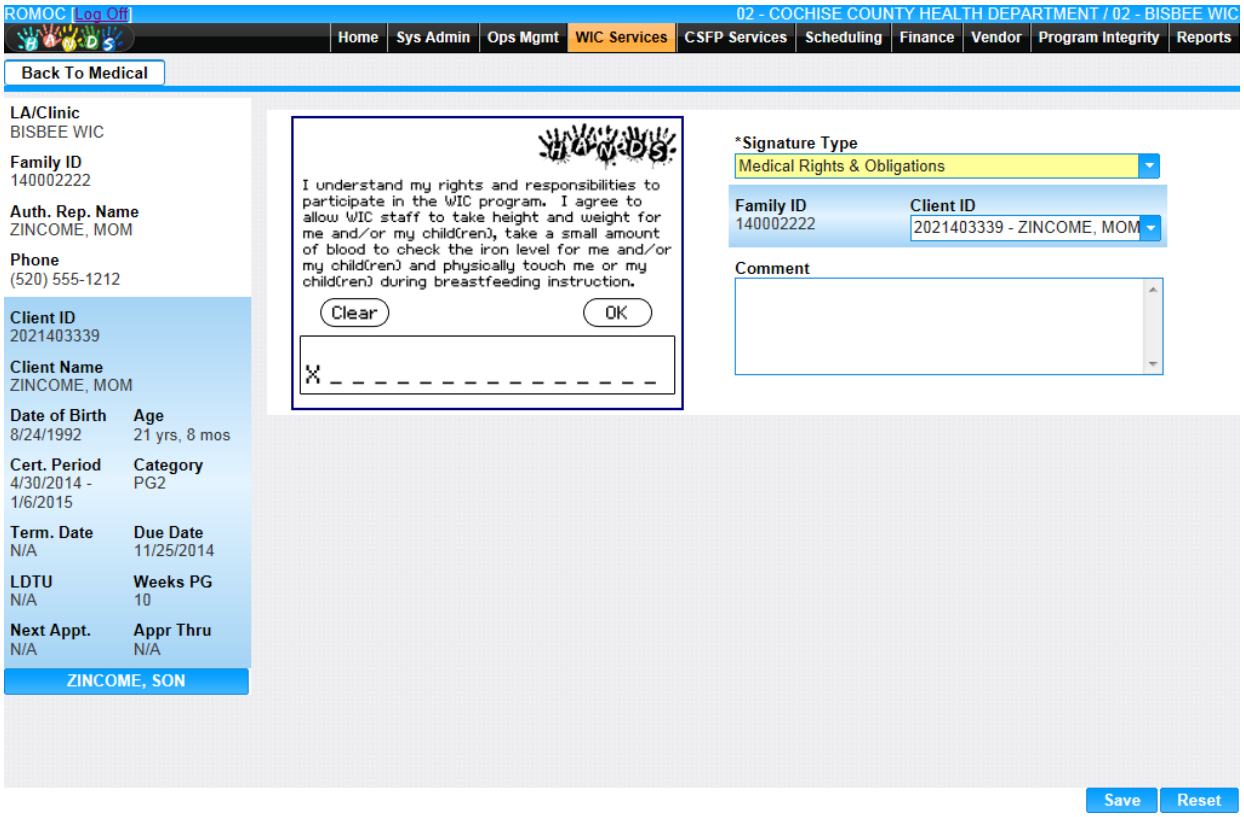
Signatures and Printing Rights & Obligations from the Medical Page:

The Authorized Representative's Signature and Rights and Obligations Form may be collected and printed from the Medical page.

1. On the Medical page, click the signatures button. See Module 3: Figure 55 below.

Module 3: Figure 55: Signatures Button on Medical Page

The Signature Page displays. See Module 3: Figure 56 below.



Module 3: Figure 56: Signatures Page

2. The client signs the signature pad and clicks OK to accept the signature. If the client wants to resign, they can click Clear and sign the signature pad again.

3. On the Signature page the Client ID field is defaulted from the Medical page but a different Client can be selected from the drop down list.

4. The user can also enter a comment if desired.

5. Once the user clicks OK on the signature pad, the user still has to save the information on the page. See Module 3: Figure 57 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Back To Medical

LA/Clinic
BISBEE WIC

Family ID
140002222

Auth. Rep. Name
ZINCOME, MOM

Phone
(520) 555-1212

Client ID
2021403339

Client Name
ZINCOME, MOM

Date of Birth 8/24/1992 | Age 21 yrs, 8 mos

Cert. Period 4/30/2014 - 1/6/2015 | Category PG2

Term. Date N/A | Due Date 11/25/2014

LDTU N/A | Weeks PG 10

Next Appt. N/A | Appr Thru N/A

ZINCOME, SON

Your Signature has been accepted, click Save to continue!!

I understand my rights and responsibilities to participate in the WIC program. I agree to allow WIC staff to take height and weight for me and/or my child(ren), take a small amount of blood to check the iron level for me and/or my child(ren) and physically touch me or my child(ren) during breastfeeding instruction.

Clear | OK

X Mom Zincome

*Signature Type
Medical Rights & Obligations

Family ID 140002222 | Client ID 2021403339 - ZINCOME, MOM

Comment

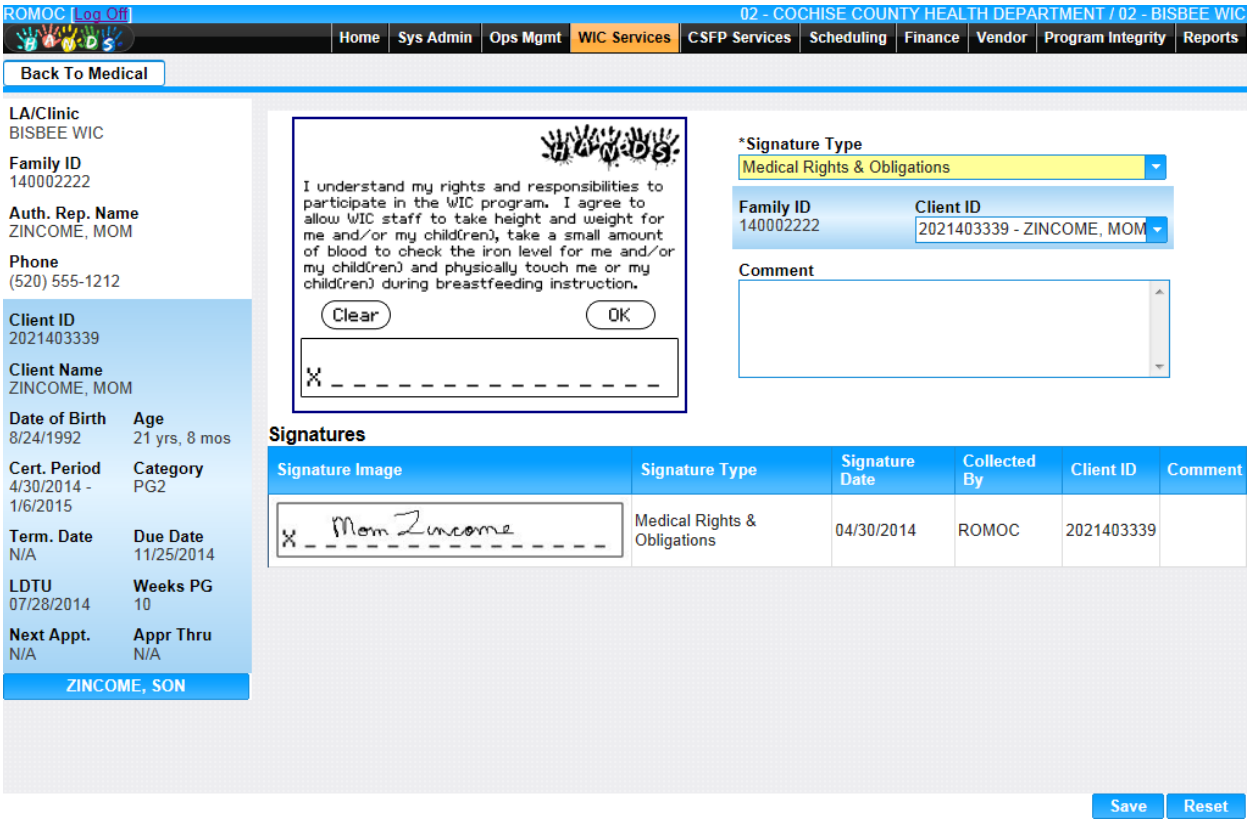
Save | Reset

Module 3: Figure 57: Signatures Captured

6. To discard the information entered, click the Reset button at the bottom of the page.

7. To save the information entered, click the Save button at the bottom of the page.

8. When you enter the Signature page again, it will display the signature history. See Module 3: Figure 58 below.



Module 3: Figure 58: Signatures Saved

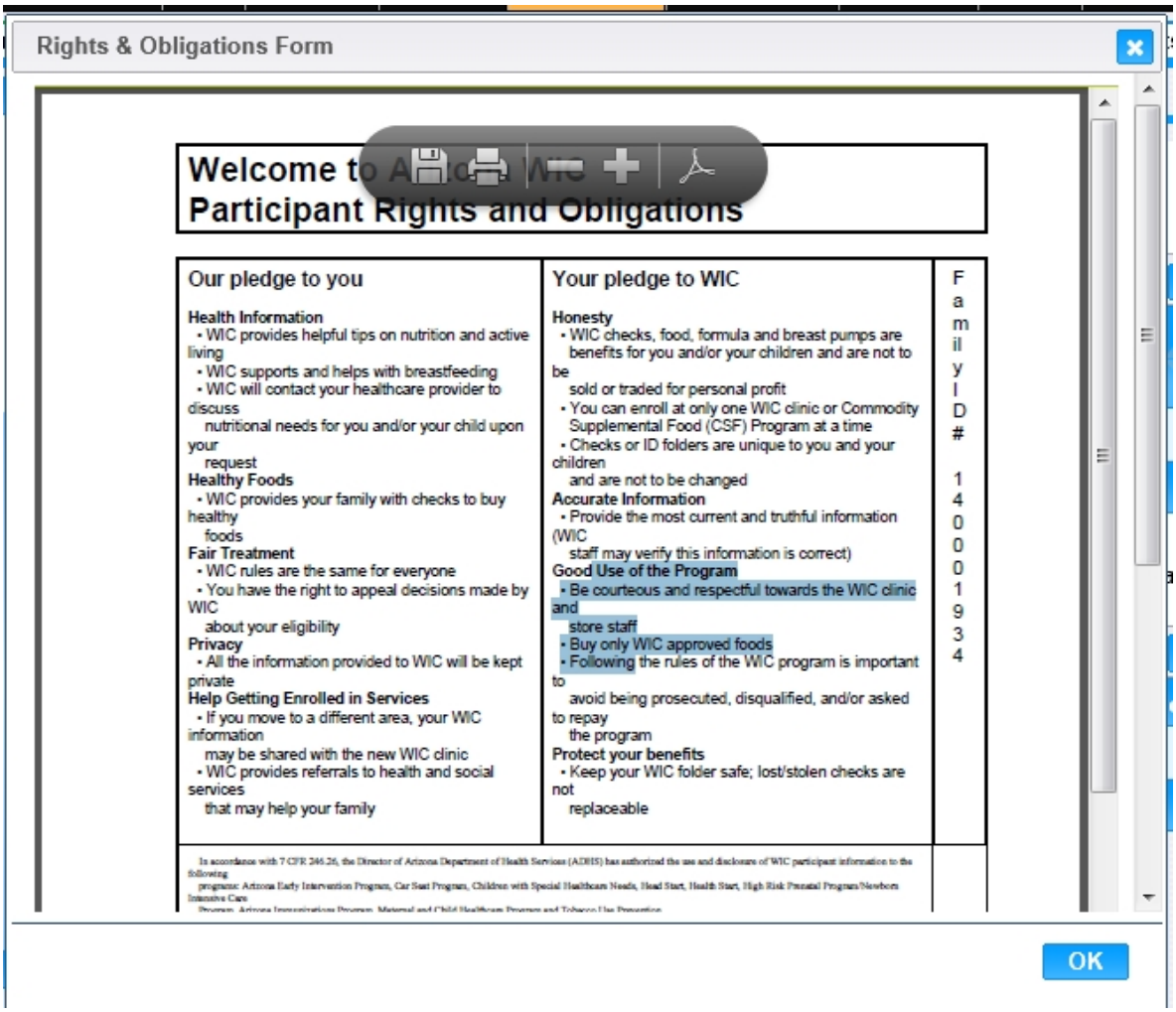
Printing the Rights and Obligations Form from the Medical Page:

After the Authorized Representative signature has been collected, the Rights and Obligations form may be printed from the Medical Page.

1. On the Client's Medical Page, click the Rights & Obligations button. See Module 3: Figure 59 below.

Module 3: Figure 59: Printing the Rights and Obligations Form from the Medical Page

2. The Rights & Obligations form and the PDF printing options window will display.
3. Click the printer icon to print a copy of the form. See Module 3: Figure 60 below.



Rights & Obligations Form

Welcome to Arizona WIC
Participant Rights and Obligations

Our pledge to you	Your pledge to WIC	Family ID #
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** • All the information provided to WIC will be kept private **Help Getting Enrolled in Services** • If you move to a different area, your WIC information may be shared with the new WIC clinic • WIC provides referrals to health and social services that may help your family	**Honesty** • WIC checks, food, formula and breast pumps are benefits for you and/or your children and are not to be sold or traded for personal profit • You can enroll at only one WIC clinic or Commodity Supplemental Food (CSF) Program at a time • Checks or ID folders are unique to you and your children and are not to be changed **Accurate Information** • Provide the most current and truthful information (WIC staff may verify this information is correct) **Good Use of the Program** • Be courteous and respectful towards the WIC clinic and store staff • Buy only WIC approved foods • Following the rules of the WIC program is important to avoid being prosecuted, disqualified, and/or asked to repay the program **Protect your benefits** • Keep your WIC folder safe; lost/stolen checks are not replaceable	1400019 34

In accordance with 7 CFR 246.26, 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, Head Start, Health Start, High Risk Prenatal Program/Newborn Intensive Care Program, Arizona Immunization Program, Maternal and Child Healthcare Program and Tobacco Use Prevention

OK

Module 3: Figure 60: Rights & Obligation Form

Assessment

The Assessment page will be used to Calculate WIC Codes, Preview WIC Codes and Complete Assessment. All questions will be client based and the Assessment will be broken into four sections:

1. Assessment Main Groups (A, B, C, D, and E), Assessment Topics, and Probing Questions

- A) Anthropometric
- B) Biochemical
- C) Clinical
- D) Diet and Nutrition
- E) Environmental

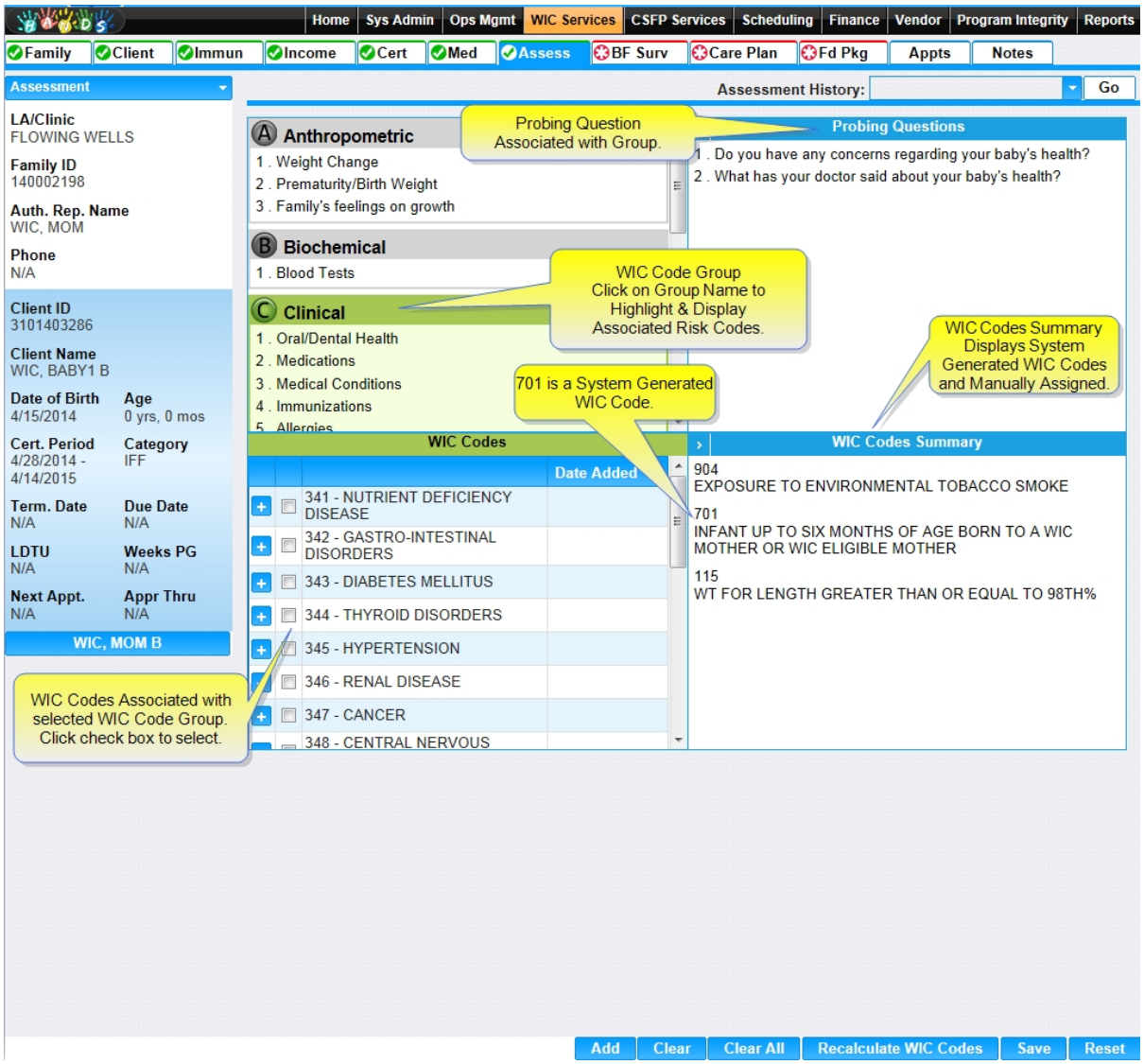
2. Contains Probing Questions which are associated with each of the WIC Code Groups.

3. All WIC Codes are listed for each Assessment Main Group. System generated WIC Codes will be display only and users will be allowed to manually assign WIC Codes. Only those WIC Codes associated with the selected Client's Category will be available for selection.

4. WIC Codes Summary panel displays HANDS system generated WIC Codes and manually assigned WIC Codes.

System Generated WIC Codes

Based upon previously entered data located on prior pages in the client record, HANDS will assign what is called system generated WIC Codes. This is when the data fits the criteria for the System Generated WIC Code. For example, if a PG2 client's Hemoglobin measurement is 10.0 gm/dl, HANDS will determine that the value meets the requirement for Anemia and will generate a 201 WIC Code on the Assessment page. See Module 3: Figure 61 below.



Module 3: Figure 61: System Generated WIC Codes

Adding WIC Codes for a Client

1. Click on the Assessment Page located in the WIC Services/Certification Work Flow.

2. All system generated WIC Codes will automatically display in the WIC Codes Summary section. System generated WIC Codes cannot be changed unless you update data that generates the codes, i.e. Medical Data.

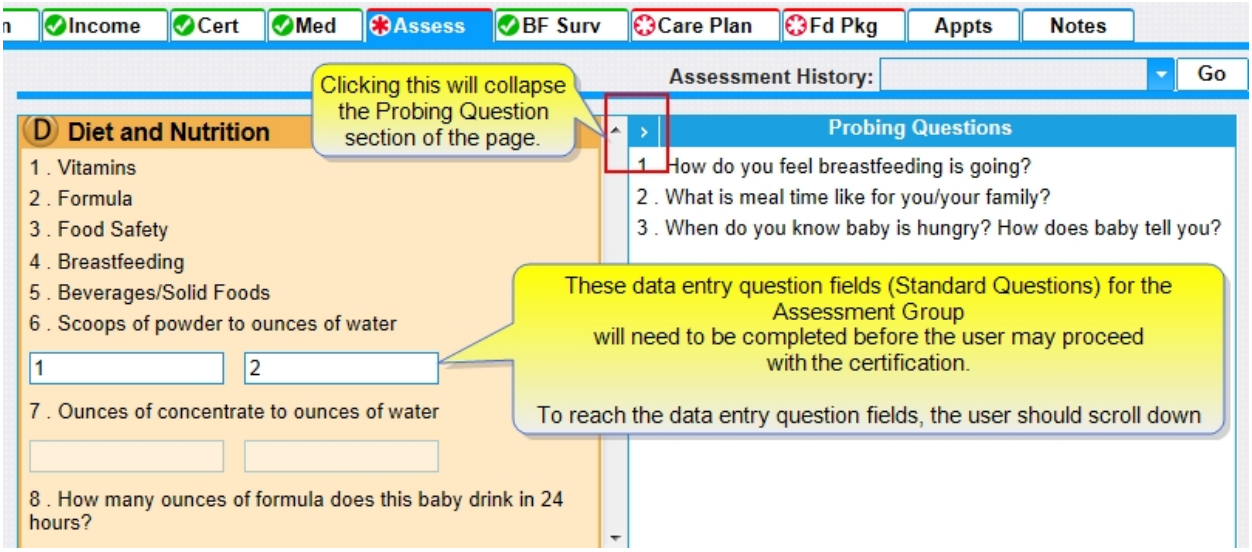
3. Click on each Assessment Main Groups (groups A thru E) to display the WIC Codes associated with that group. Click on the Probing Questions bar (to the right) in order to display the probing questions associated with each of the Main Groups and Topics.

Hint: User does not have to progress through the Assessment Main Groups or Assessment Group questions in any particular order.

4. To manually assign WIC Codes, click the check box next to the appropriate code in the WIC Codes section and the WIC Code will display in the WIC Codes Summary section.

5. To see the detailed description of a particular WIC Code, click the + to the left of the WIC Code and the detailed description displays.

6. ***Remember:*** You will need to complete all of the Assessment Group question data entry fields in order to proceed with the certification. See Module 3: Figure 62 below.



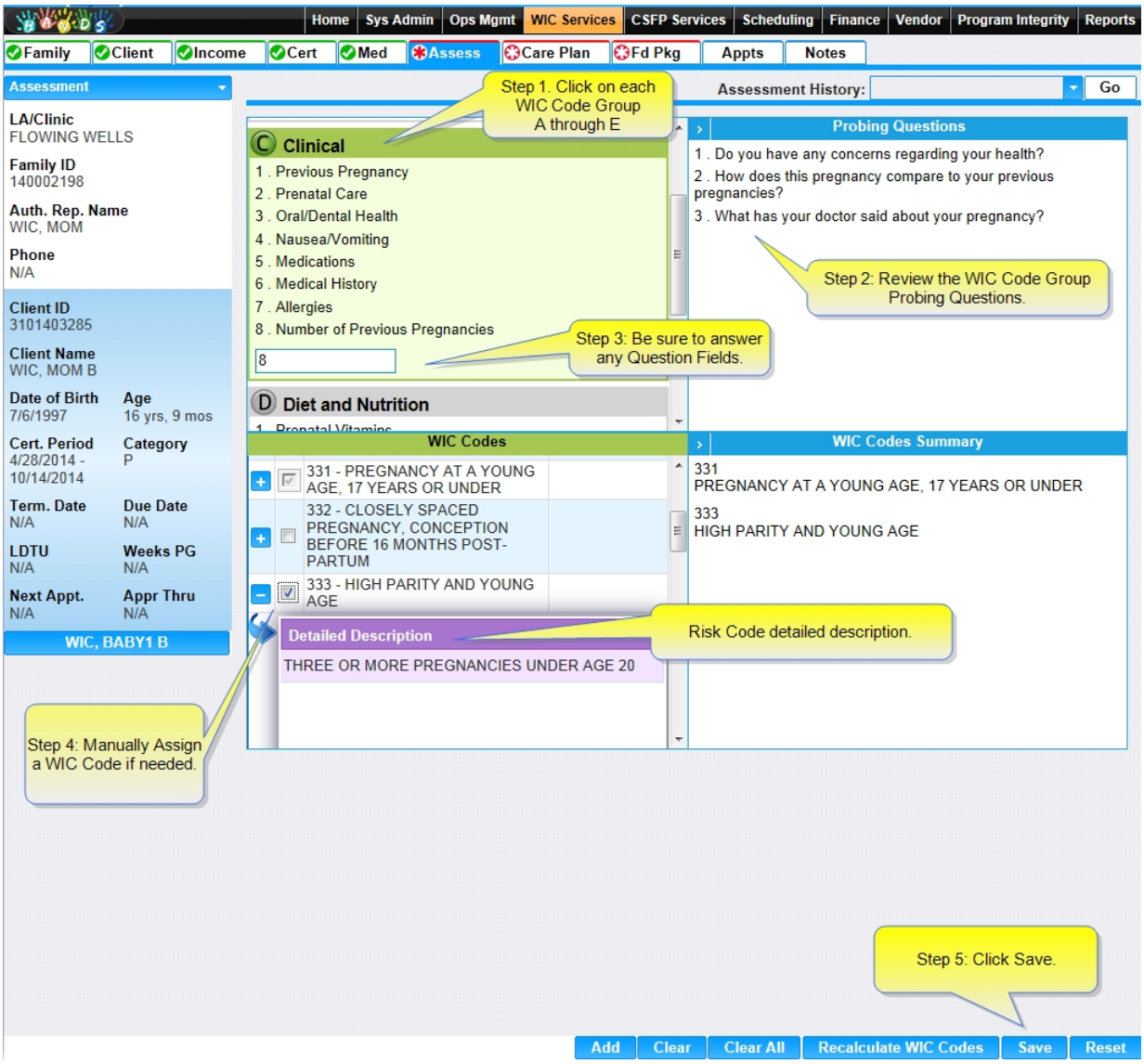
Module 3: Figure 62: Adding WIC Codes for a Client

7. WIC Codes are assigned, click Save.

8. If there are previous Assessments, you can select the assessment you want to view from the Assessment History drop-down list and click Go to view that Assessment.

9. To add a new Assessment, click the Add button.

10. If you need to change data you can make changes and click the Recalculate WIC Codes button, then click the Save. See Module 3: Figure 63 below.

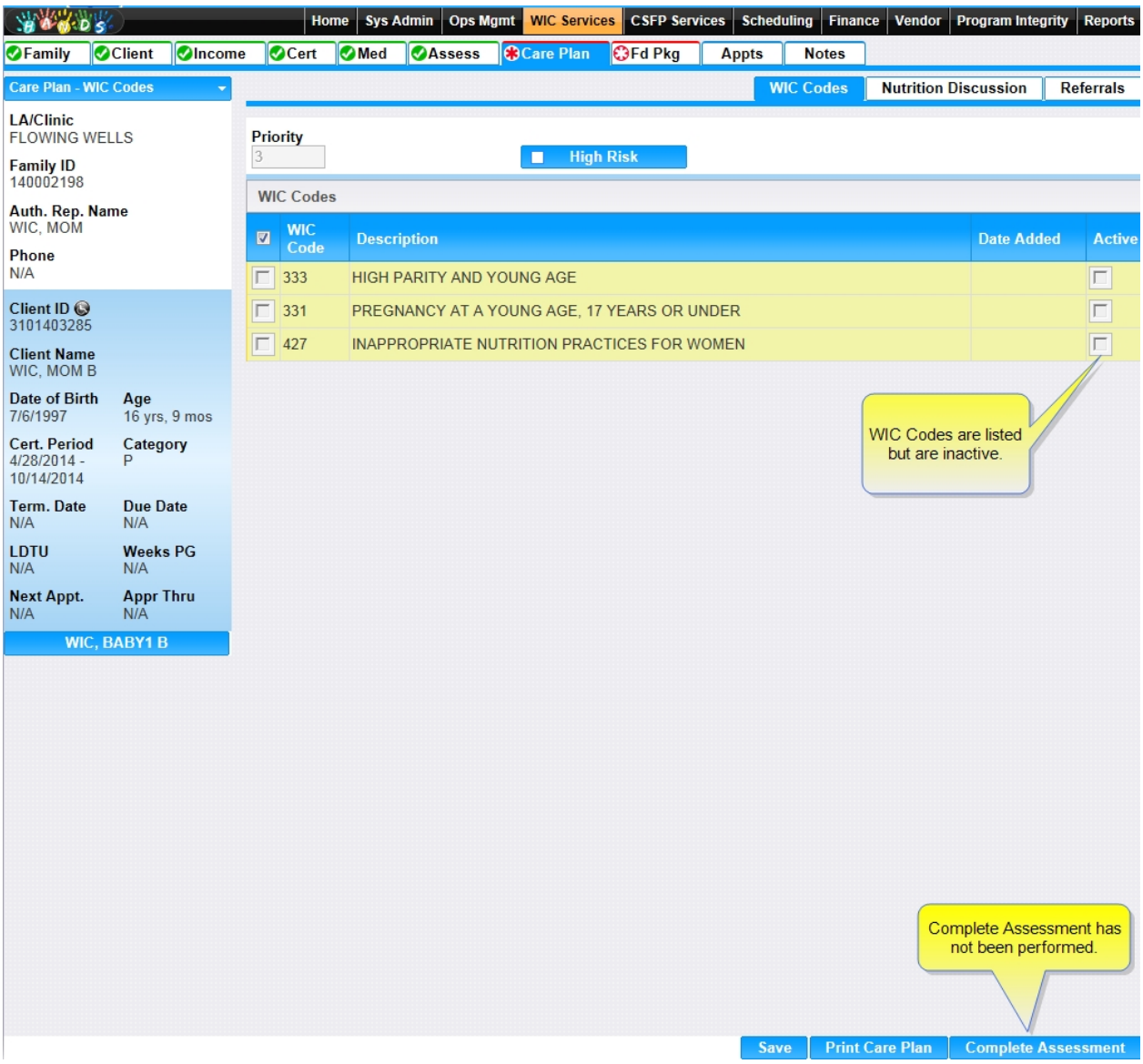


Module 3: Figure 63: Viewing and Adding Assessments

Care Plan

The Care Plan page allows for the review of the WIC Codes assigned to the client, Nutrition topics, and Referrals. The user may add additional Nutrition Discussion topics and add additional Referrals if needed. The pages on this screen do not need to be completed in order.

1. Click on the Care Plan page located in the WIC Services/Certification Work Flow. See Module 3: Figure 64 below.



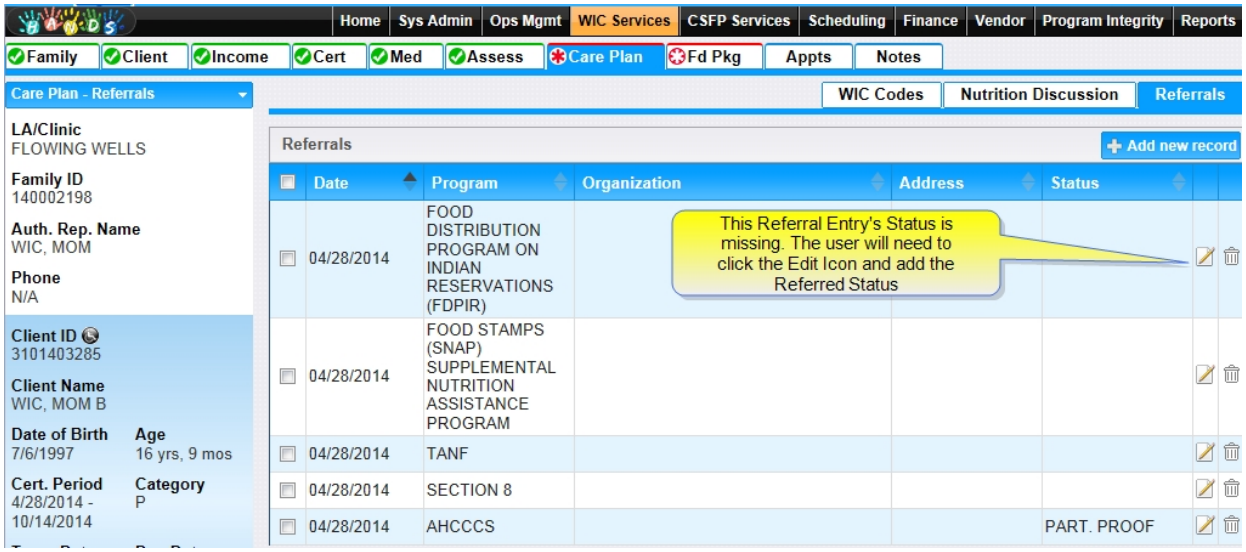
Module 3: Figure 64: Care Plan

2. You will see on the WIC Codes tab that the WIC Codes which have been assigned on the Assessment page are listed for the selected client. The Date Added information will not be populated until the assessment has been completed on the Care Plan page.

3. All WIC Codes listed are inactive until the Complete Assessment button has been clicked. Do not click the button yet. The Referrals tab will need to be completed.

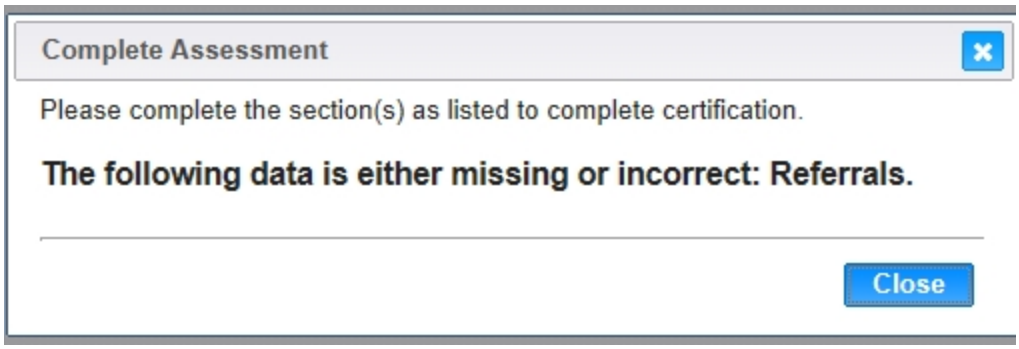
4. Go to Referrals Tab.

5. The Referrals record are transferred from the income screen. See Module 3: Figure 65 below.



Module 3: Figure 65: Referral Records

6. If the user clicks the Complete Assessment without updating the Referral record, a message window will appear informing the user about the missing Referrals. See Module 3: Figure 66 below.

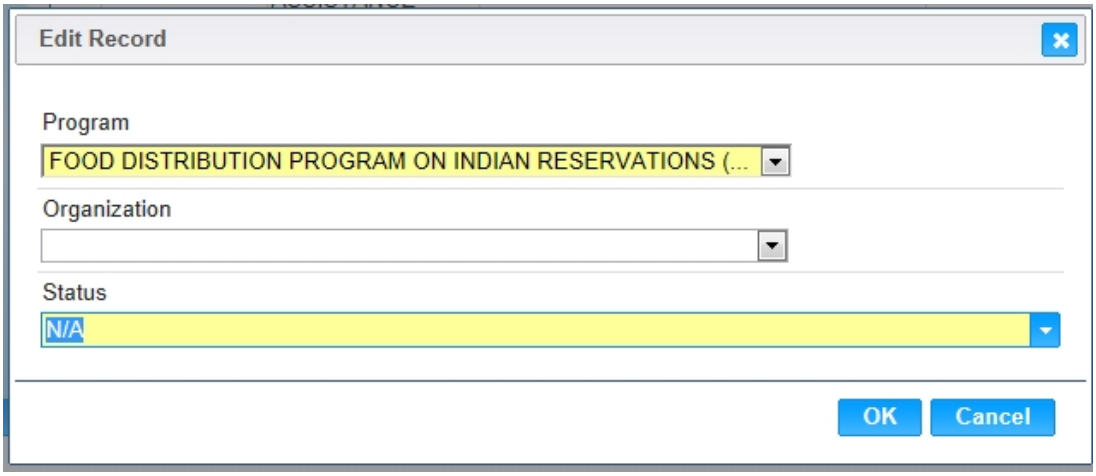


Module 3: Figure 66: Complete Assessment

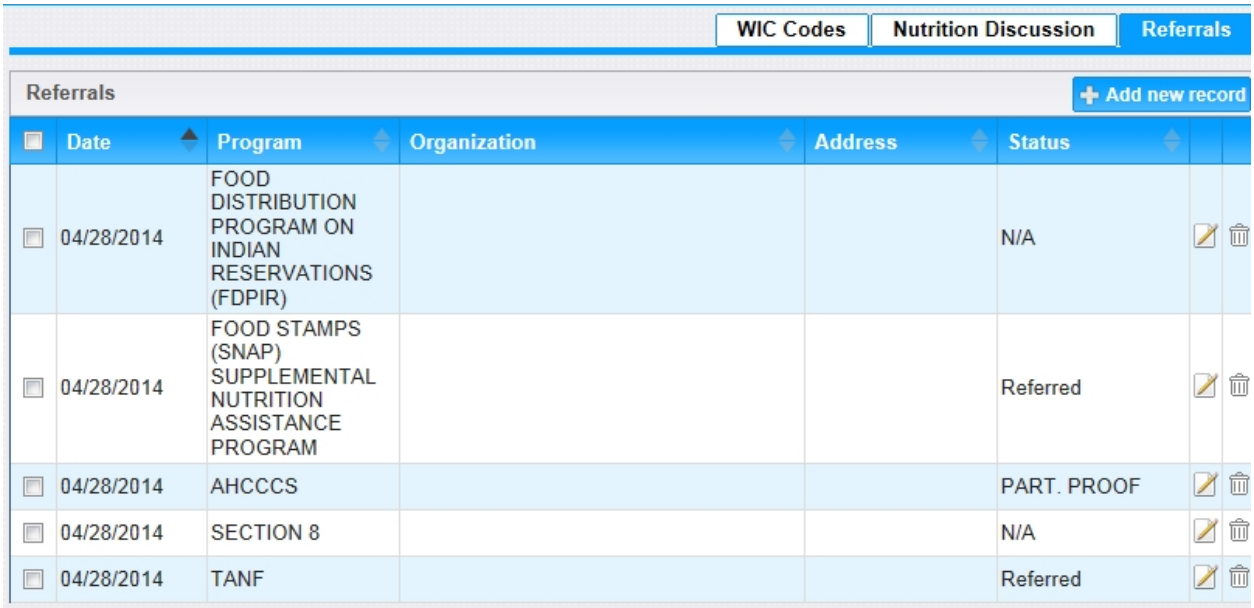
Note: If the user is missing any data required for completing a valid certification an error message will display informing them what still needs to be completed. See Module 3: Figure 66.

7. On the Referral Record, click the Edit icon beside each referral listing. Choose the appropriate status. Click OK. Repeat these steps for each referral listing. See Module 3: Figures 67 and 68 below.

8. Click Save.



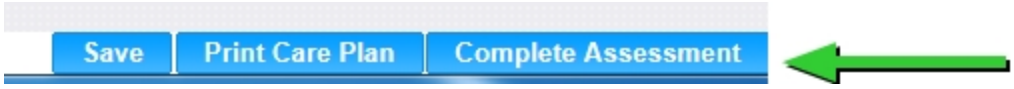
Module 3: Figure 67: Edit Record window



Module 3: Figure 68: Referrals Record

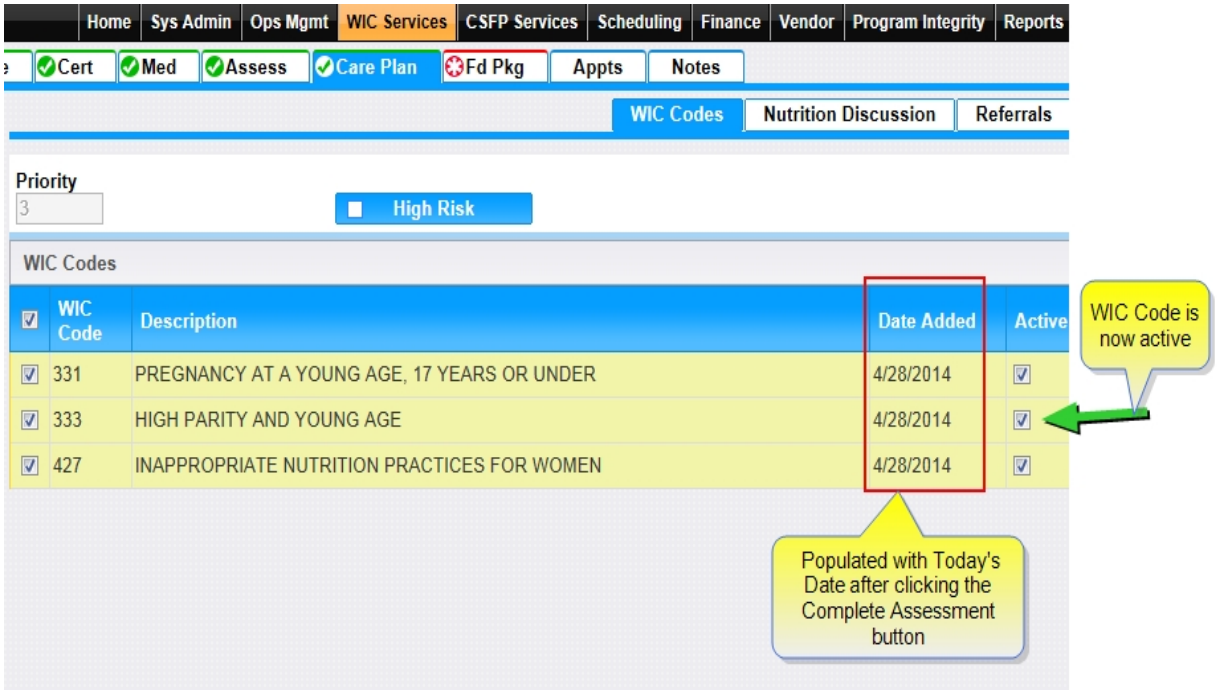
Hint: Each client's mandatory referral record may be completed while the user completes the income screening. This will automatically transfer to the Referrals page.

9. Click the Complete Assessment to certify the Client. See Module 3: Figure 69 below.



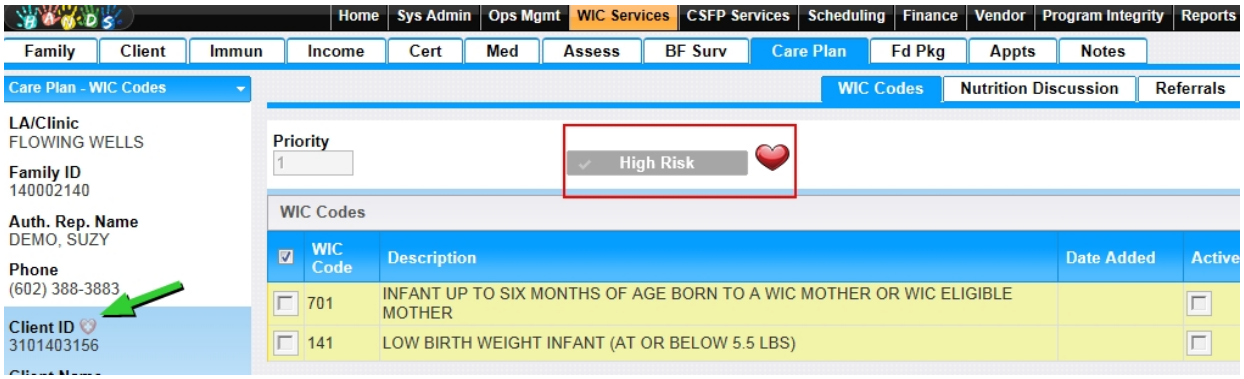
Module 3: Figure 69: Client Certification

10. The Assessment has been completed, and the WIC Codes are now active. See Module 3: Figure 70 below.



Module 3: Figure 70: Activated WIC Codes

11. High Risk priority and designation are also on this page. See Module 3: Figure 71 below.

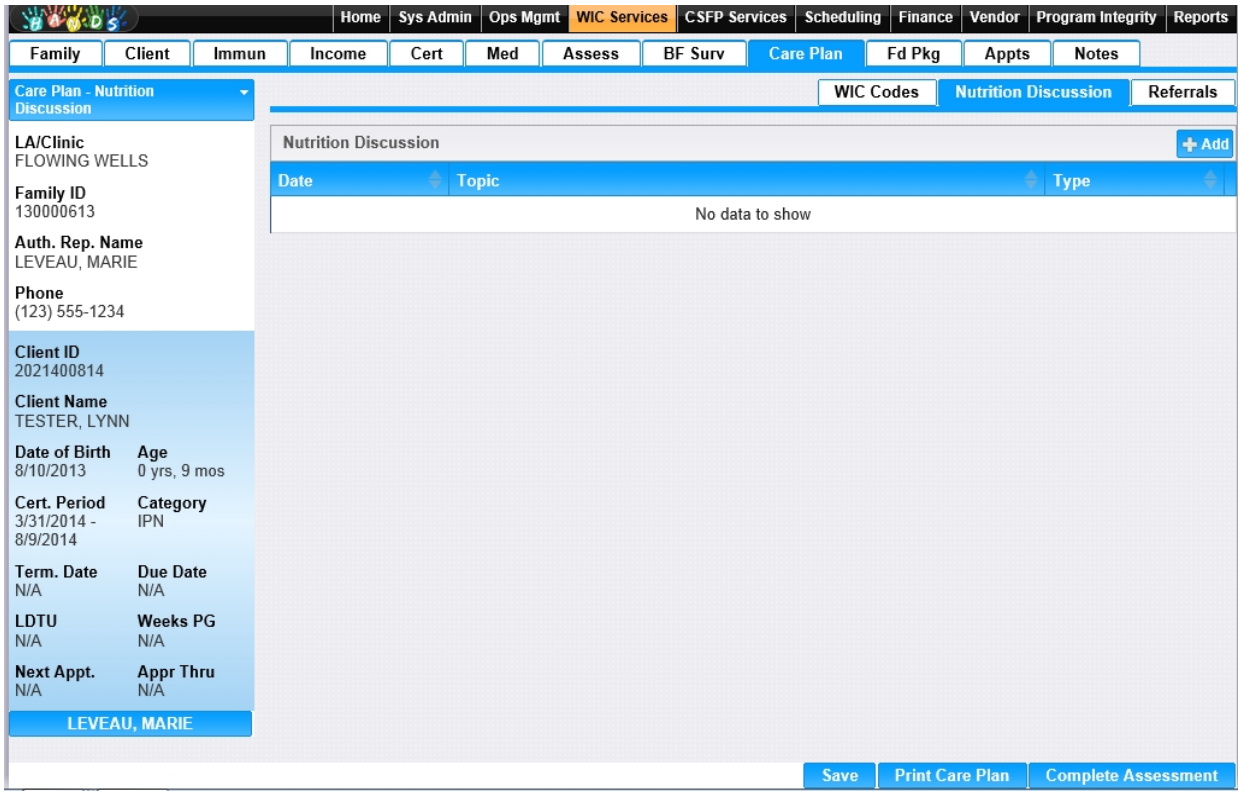


Module 3: Figure 71: High Risk Priority and Designation

12. If you want to print the care plan from this page, you can select the check box to the left of each WIC Code displayed in the WIC Codes Grid that you would like printed on the care plan and click the Print Care Plan button at the bottom of the page.

Nutrition Discussion: Individual & Group Documentation

The Nutrition Discussion Documentation tab is located in the WIC Services Certification Work Flow under the Care Plan Page. This page may be accessed at any time to document both individual and group nutrition discussion. See Module 3: Figure 72 below.

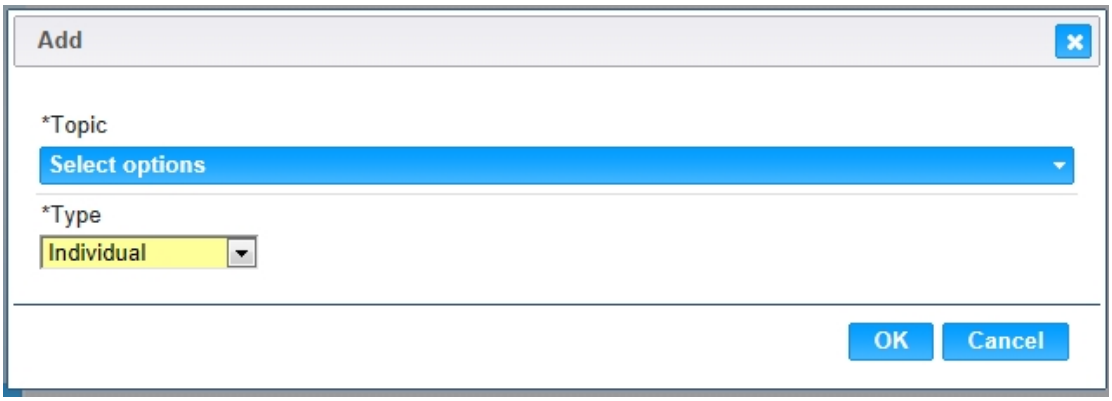


Module 3: Figure 72: Nutrition Discussion

1. To add additional Nutrition Discussion topics for an individual or group, go to the Clare Plan page and click the Nutrition Discussion tab.

2. Click the Add button for Nutrition Discussion.

3. The Nutrition Discussion Add Topics window will display and become available for entry. See Module 3: Figure 73 below.



Module 3: Figure 73: Add Button

4. Choose the appropriate Nutrition Discussion topic(s). You may choose one, several or all topics available on the drop down list.

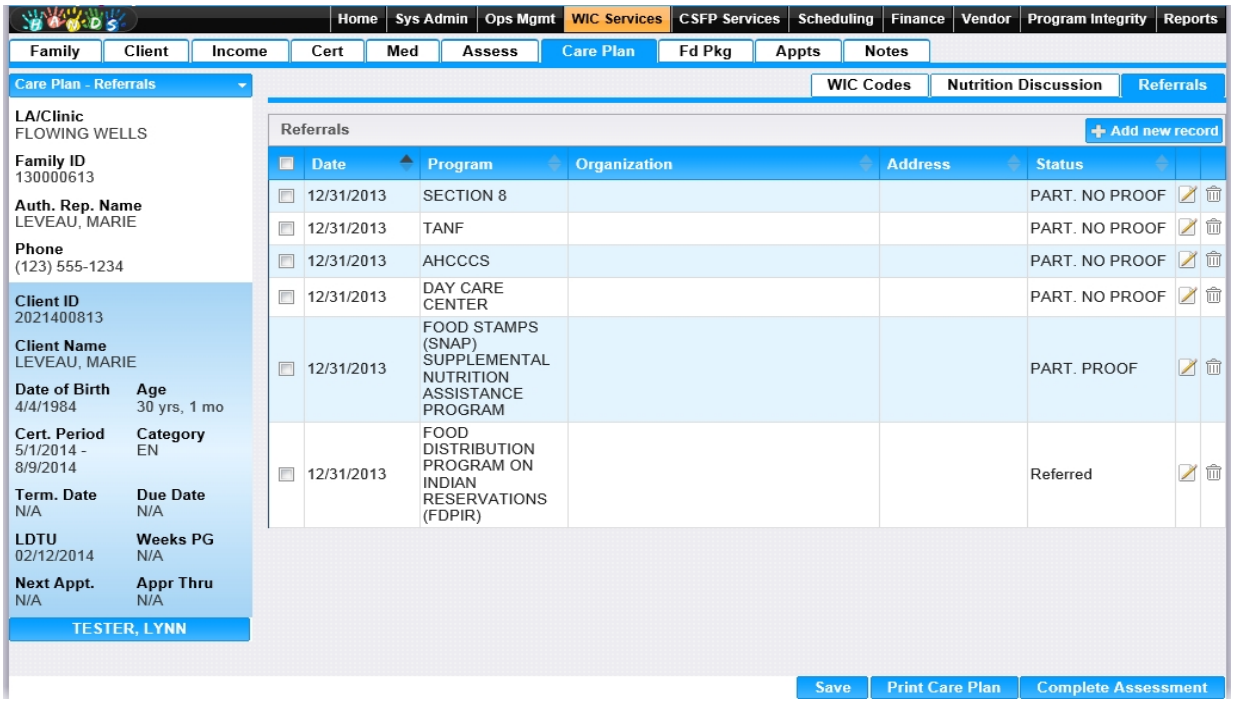
5. Choose the Individual or Group Type (of Nutrition Discussion) as appropriate.

6. Click OK.

7. The topic will display in the grid. Click Save to save if new information was added.

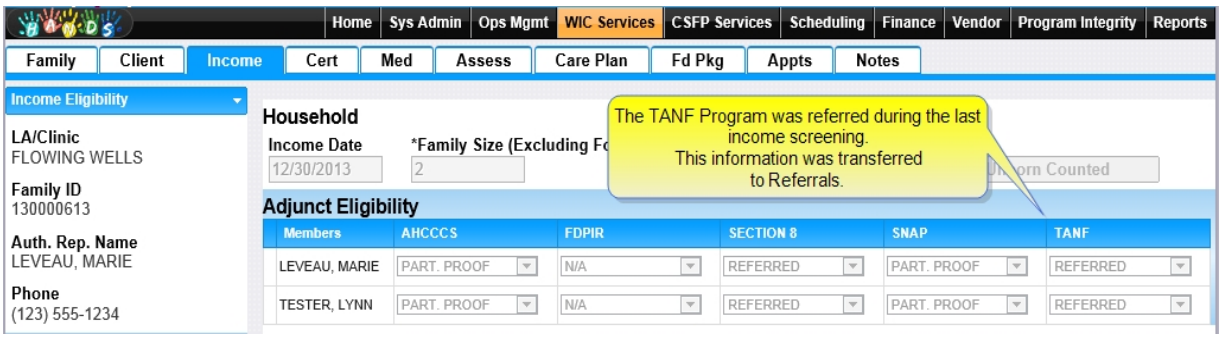
Referrals Documentation

The Referrals tab is located in the WIC Services Certification Work Flow under the Care Plan Page. This page may be accessed at any time to document referrals for a family and/or client. See Module 3: Figure 74 below.



Module 3: Figure 74: Referrals Documentation

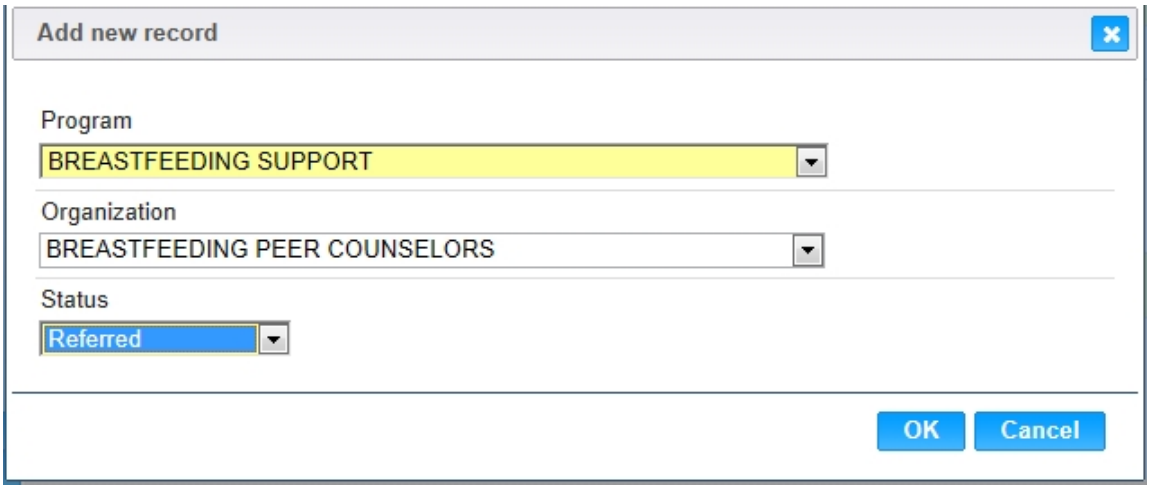
The Referrals may be added manually or they may be transferred from the last certification's income screening on the Income page. See Module 3: Figure 75 below.



Module 3: Figure 75: Adding Referrals

To Add a Referral to a Family or Client Record

1. Go to the WIC Services/Certification Work Flow/ Care Plan Page.
2. Click the Referrals tab.
3. Click Add New Record. See Module 3: Figure 76 below.



Module 3: Figure 76: Adding a New Record

4. Choose the program and organization.
5. Choose the Referred status.
6. Click OK.
7. Remember to also click the Save button on the Care Plan page. See Module 3: Figure 77 below.

Referrals

Add new record

Date	Program	Organization	Address	Status
03/24/2014	NUTRITIONIST			Referred
03/24/2014	AHCCCS			FAM ELIG PROOF
03/24/2014	SECTION 8			N/A
03/24/2014	FOOD STAMPS (SNAP) SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM			Referred
03/24/2014	TANF			N/A
03/24/2014	FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)			N/A
03/24/2014	FAMILY PLANNING	APACHE COUNTY HEALTH	119 MTN. AVE.	Referred
04/16/2014	BREASTFEEDING SUPPORT	BREASTFEEDING PEER COUNSELORS	13395 N. MARANA MAIN RD	Referred

Module 3: Figure 77: Referrals Page

Note: Referrals may be edited or deleted at any time by using the edit and delete icons located beside each listed referral. However, system assigned referrals can not be edited or deleted once a status has been saved for them.

Module 4: Food Packages & Food Issuance

Module 4
Learning Objectives

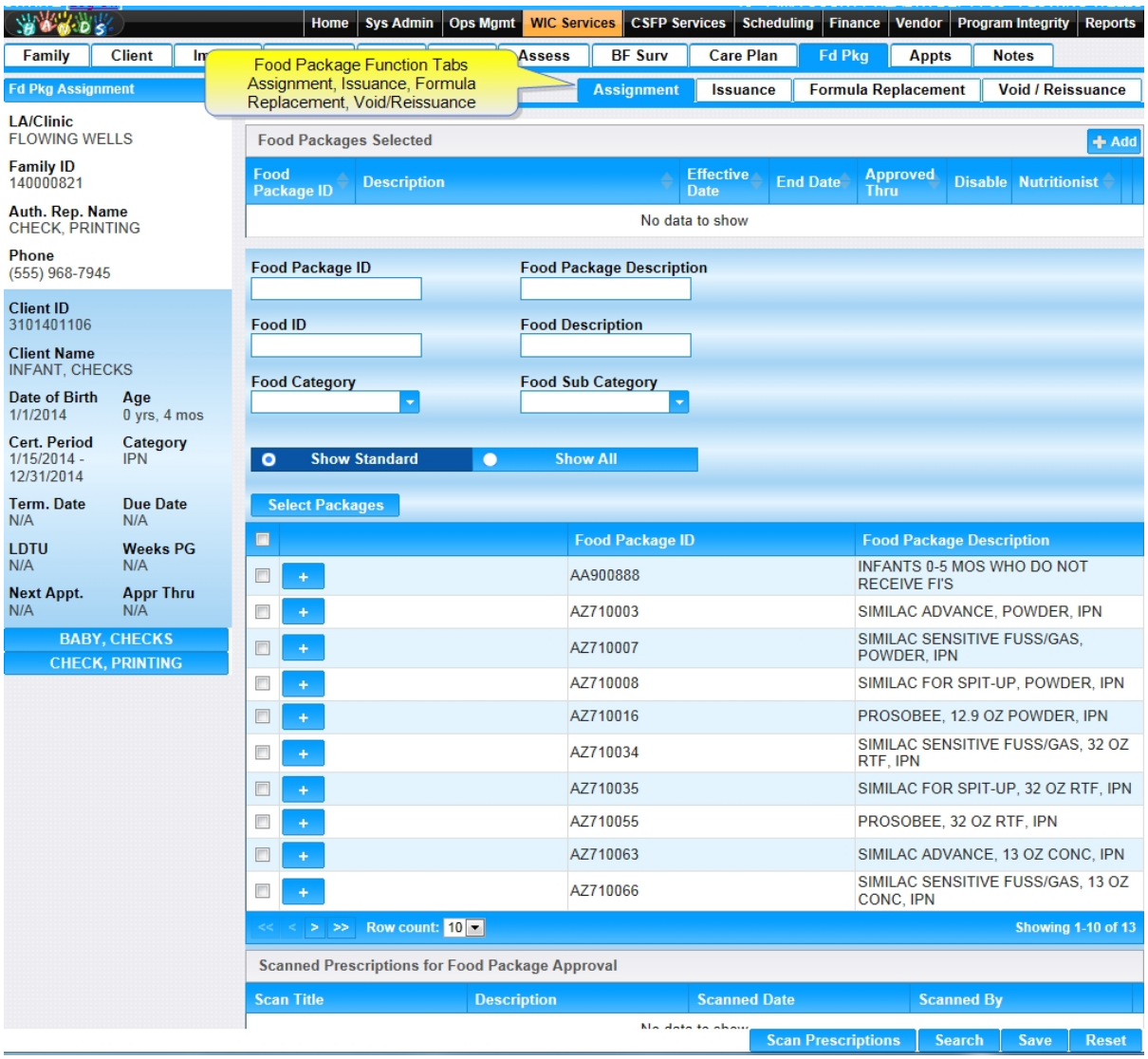
After completing this module, the User should be able to:

- Identify the name and purpose of the Food Package Page tabs
- Demonstrate a search for a Standard Food Package
- Complete a search of All Food Packages
- Choose and save a WIC Food Package for a client
- Assign multiple Food Packages for a client
- Utilize the scanning function to scan a Formula Prescription
- Complete a Food Package Issuance and printing of checks
- Utilize the Signature Pad function
- Demonstrate the Formula Replacement procedure
- Complete a void/reissuance procedure

WIC Food Package

The Food Package page is used for assigning food packages to clients, issuing the assigned food packages, formula replacement, and void/reissuance of benefits.
The fields and functions on the Food Package page have been consolidated and the searching of food packages streamlined.

The Food Package page contains the Assignment; Issuance; Formula Replacement and Void/Reissuance tabs. When a user goes to the Food Package page, the Food Package Assignment tab will be the first displayed. See Module 4: Figure 1 below.



Module 4: Figure 1: Food Package Page

Food Package Assignment

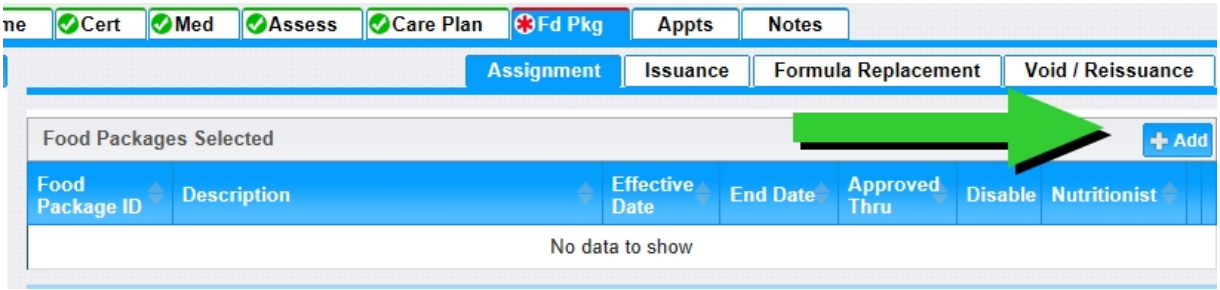
The Food Package Assignment page allows the user to look up and assign food packages for a client based on the following:

- Add using the Food Package ID.
- Search and Select from Standard Food Packages for the Client Category.
- Search and Select from All Available Food Packages for the Client Category.
- Search and Select a Food Package based upon specific Search Criteria.

1. To complete these functions, access the food package tab and complete the following steps depending on the process required to assign a food package. Once certification or re-certification tasks have been completed, the user can click on the Food Package page tab.

A. To add Food Package using the Add button

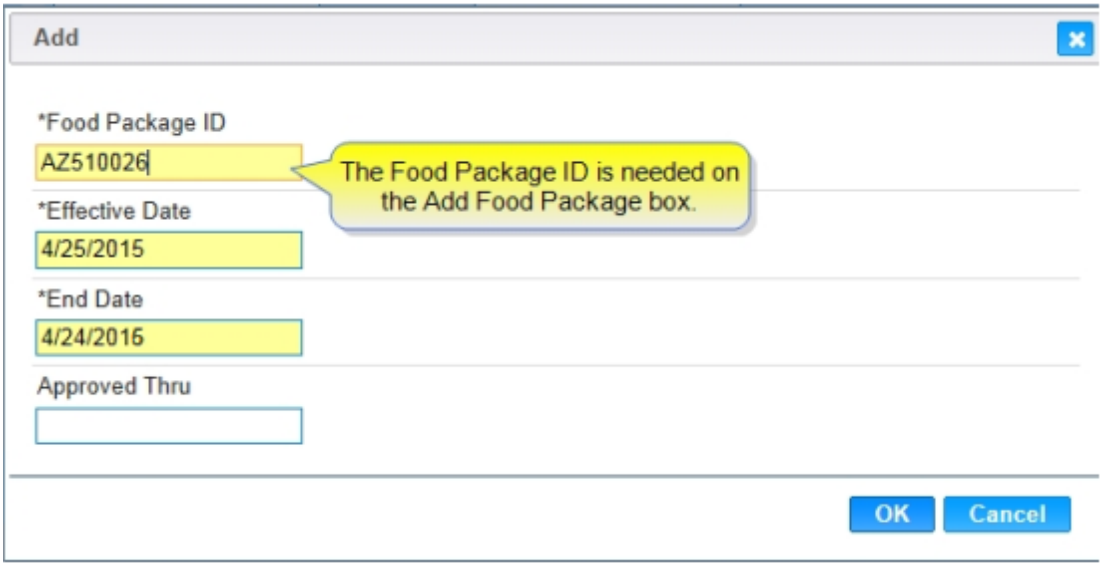
1. If you know the Food Package ID that you would like to add, click the Add button. See Module 4: Figure 2 below.



Module 4: Figure 2: Adding Food Package Using Add button

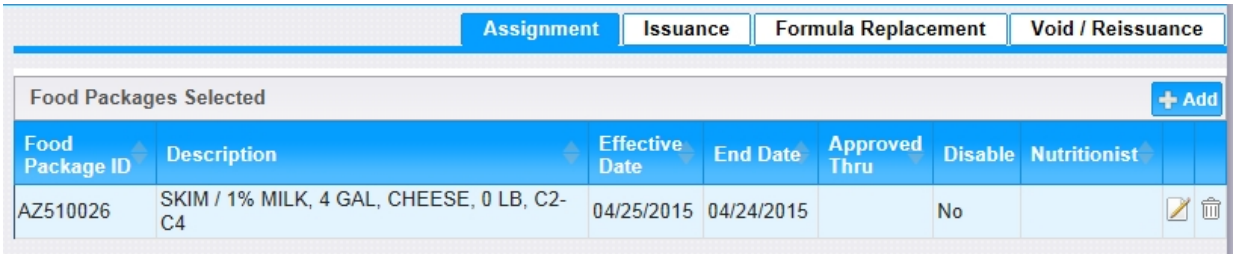
2.. The Add window displays. See Module 4: Figure 3 below.

Hint: If the user enters a food package through the Add Window, the Food Package ID will be needed.



Module 4: Figure 3: Add Window Display

3. Enter the Food Package ID and click OK. The Food Package information is displayed in the grid on the Food Package Assignment page. See Module 4: Figure 4 below.



Module 4: Figure 4: Food Package Information

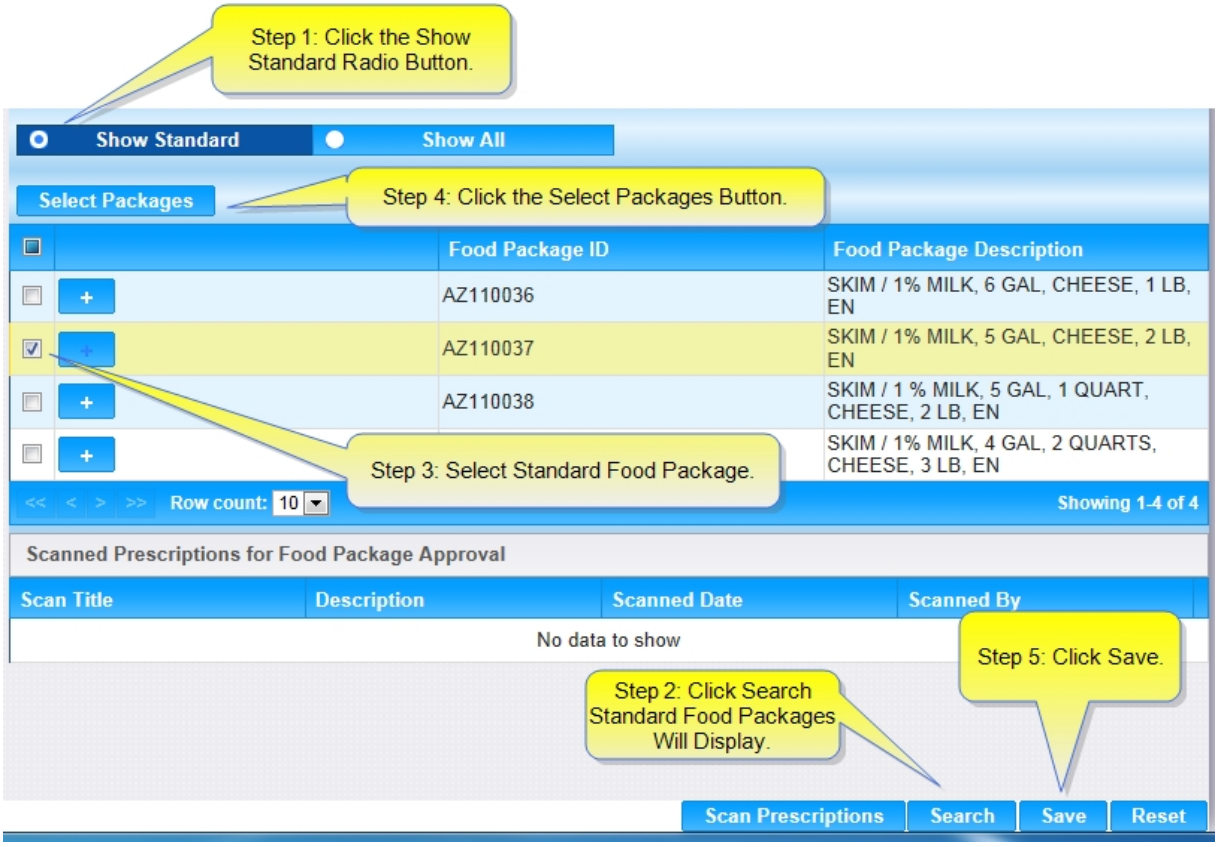
4. Click Save to save the food package.

Standard Food Packages

A. To Search, Select & Save a Standard Food Package

When a user searches for food packages HANDS will display the search results for all Standard Food Packages available for the Client's Category. For example, if the client is a child, the user may search for all standard food packages for that child's category, whether a C1, C2, C3 or C4. The Show Standard selection is defaulted and the page will display the standard food packages for the client selected.

1. On the WIC Services/Food Package page/Assignment tab, click the Show Standard radio button.
2. Click the Search button.
3. Choose the food package by selecting the check box in the search results next to the food package that is desired.
4. Click the Select Food Packages button. The food packages will appear in the Food Packages Selected section of the Assignment tab.
5. Click the Save button to save the food package. See Module 4: Figure 5 below.



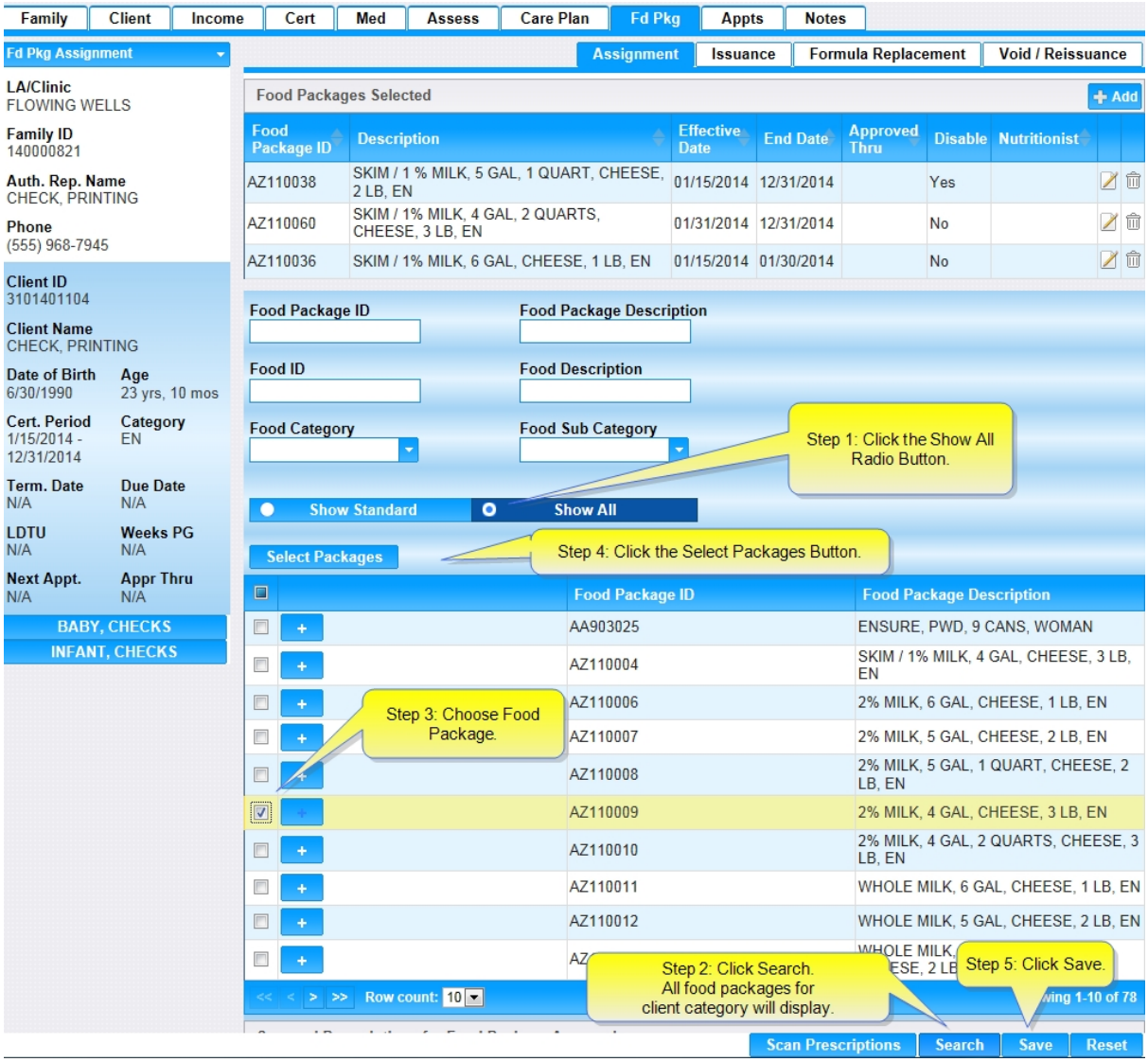
Module 4: Figure 5: Searching, Selecting, and Saving a Standard Food Package

Selecting from all Food Packages

A. Searching, Selecting and Saving from All Food Packages

If a user would like to broaden the scope of search results to include packages that are not the standard packages for the participant category, the "Show All" method should be used.

1. On the WIC Services/Food Package page/Assignment tab, click the Show All radio button.
2. Click the Search button.
3. Choose the food package by selecting the check box in the search results next to the food package that is desired.
4. Click the Select Food Packages button. The food packages will appear in the Food Packages Selected section of the Assignment tab.
5. Click the Save button to save the food package. See Module 5: Figure 6 below.



Module 4: Figure 6: Searching, Selecting, and Saving from All Food Packages

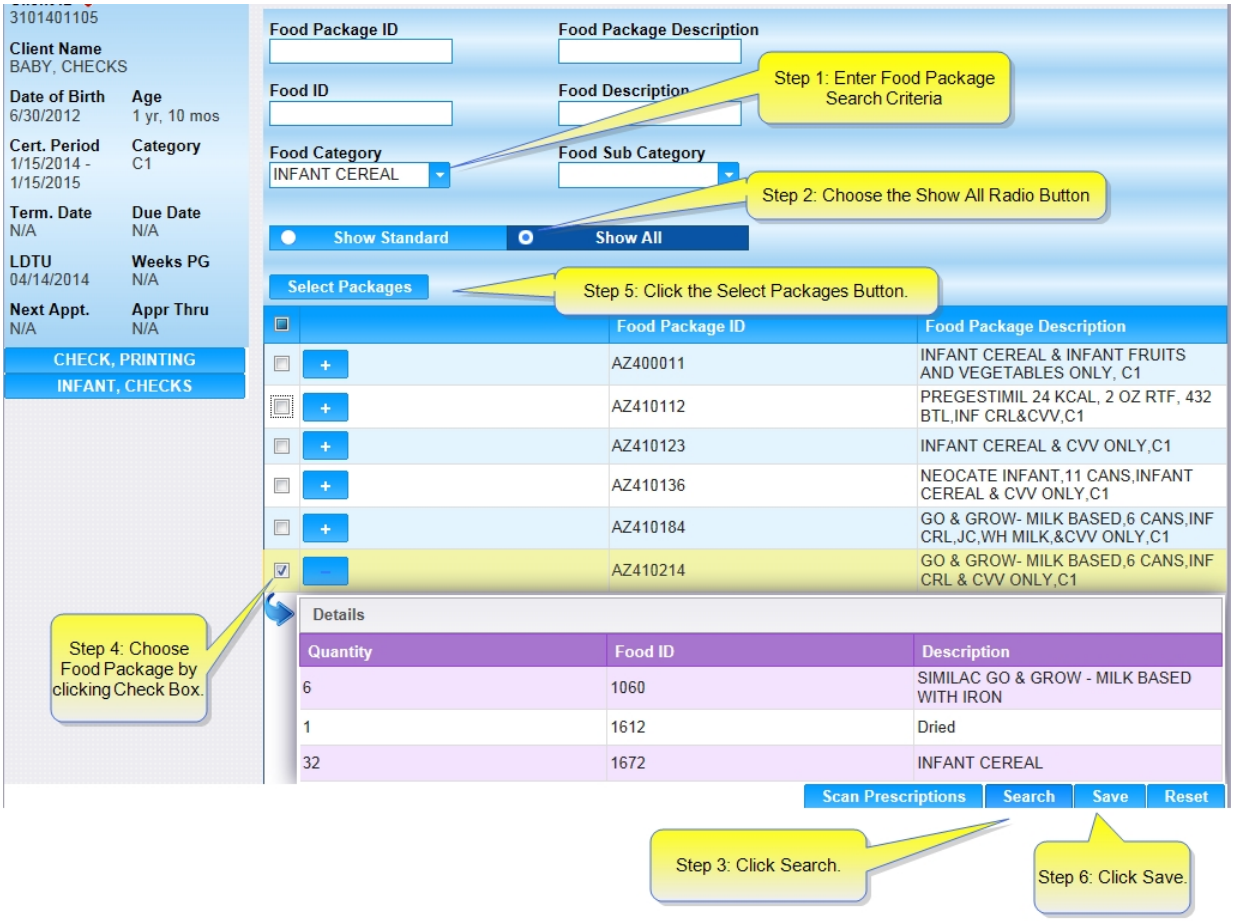
Food Package Search Criteria

A. Searching, Selecting and Adding a Food Package Using Search Criteria

You may also lookup a specific package by entering search criteria in the top portion of the page and clicking Search.

1. Enter the information within the specific search criteria. You may use only 1 criteria or a combination of criteria.
2. Click the Show All Radio button.
3. Click Search.
4.Click the "Select Food Packages" button. All Food Packages which contain the information listed in the Search Criteria will be displayed.

5. Choose the food package by selecting the check box in the search results next to the food package that is desired.
6. Click the Save button to save the food package. See Module 4: Figure 7 below.



Module 4: Figure 7: Searching, Selecting, and Adding a Food Package Using Search Criteria

Choosing Multiple Food Packages for a Infant Certifications:

For the infant, the user will only need to add one food package at the initial certification while HANDS will automatically change the food package to add the baby foods when the infant turns 6 months. See Module 4: Figure 8 and Module 4: Figure 9 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Fd Pkg Assignment

Assignment | Issuance | Formula Replacement | Void / Reissuance

LA/Clinic
FLOWING WELLS

Family ID
140000821

Auth. Rep. Name
CHECK, PRINTING

Phone
(555) 968-7945

Client ID
3101401106

Client Name
INFANT, CHECKS

Date of Birth 1/1/2014 | Age 0 yrs, 4 mos

Cert. Period 1/15/2014 - 12/31/2014 | Category IPN

Term. Date N/A | Due Date N/A

LDTU N/A | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

BABY, CHECKS

CHECK, PRINTING

Food Packages Selected

Add

Food Package ID	Description	Effective Date	End Date	Approved Thru	Disable	Nutritionist
No data to show						

Food Package ID | Food Package Description

Food ID | Food Description

Food Category | Food Sub Category

Show Standard | Show All

Select Packages

	Food Package ID	Food Package Description
+	AA900888	INFANTS 0-5 MOS WHO DO NOT RECEIVE FI'S
+	AZ710003	SIMILAC ADVANCE, POWDER, IPN
+	AZ710007	SIMILAC SENSITIVE FUSS/GAS, POWDER, IPN
+	AZ710008	SIMILAC FOR SPIT-UP, POWDER, IPN
—	AZ710016	PROSOBEE, 12.9 OZ POWDER, IPN

Details

Quantity	Food ID	Description
4	1011	ENFAMIL PROSOBEE
24	403	INFANT CEREAL
18	1613	INFANT FRUITS AND VEGETABLES
32	1614	INFANT FRUITS AND VEGETABLES

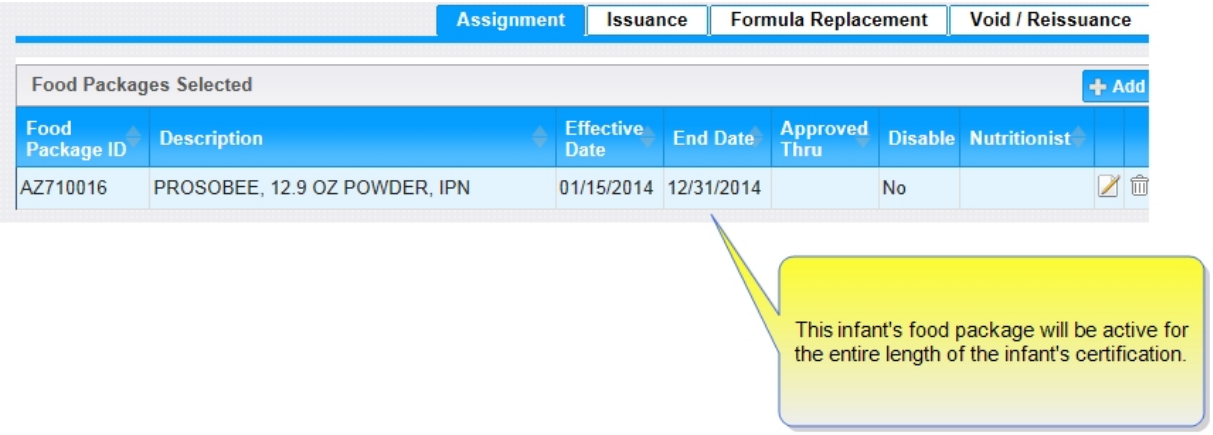
+	AZ710034	SIMILAC SENSITIVE FUSS/GAS, 32 OZ RTF, IPN
+	AZ710035	SIMILAC FOR SPIT-UP, 32 OZ RTF, IPN
+	AZ710055	PROSOBEE, 32 OZ RTF, IPN

Scan Prescriptions | Search | Save | Reset

When an Infant's Package is selected, HANDS will include the Infant Fruits & Vegetables and Cereal when the infant turns 6 months

The User will only need to select one food package during the infant's initial certification regardless of the category.

Module 4: Figure 8: Choosing Multiple Food Packages for Infant Children



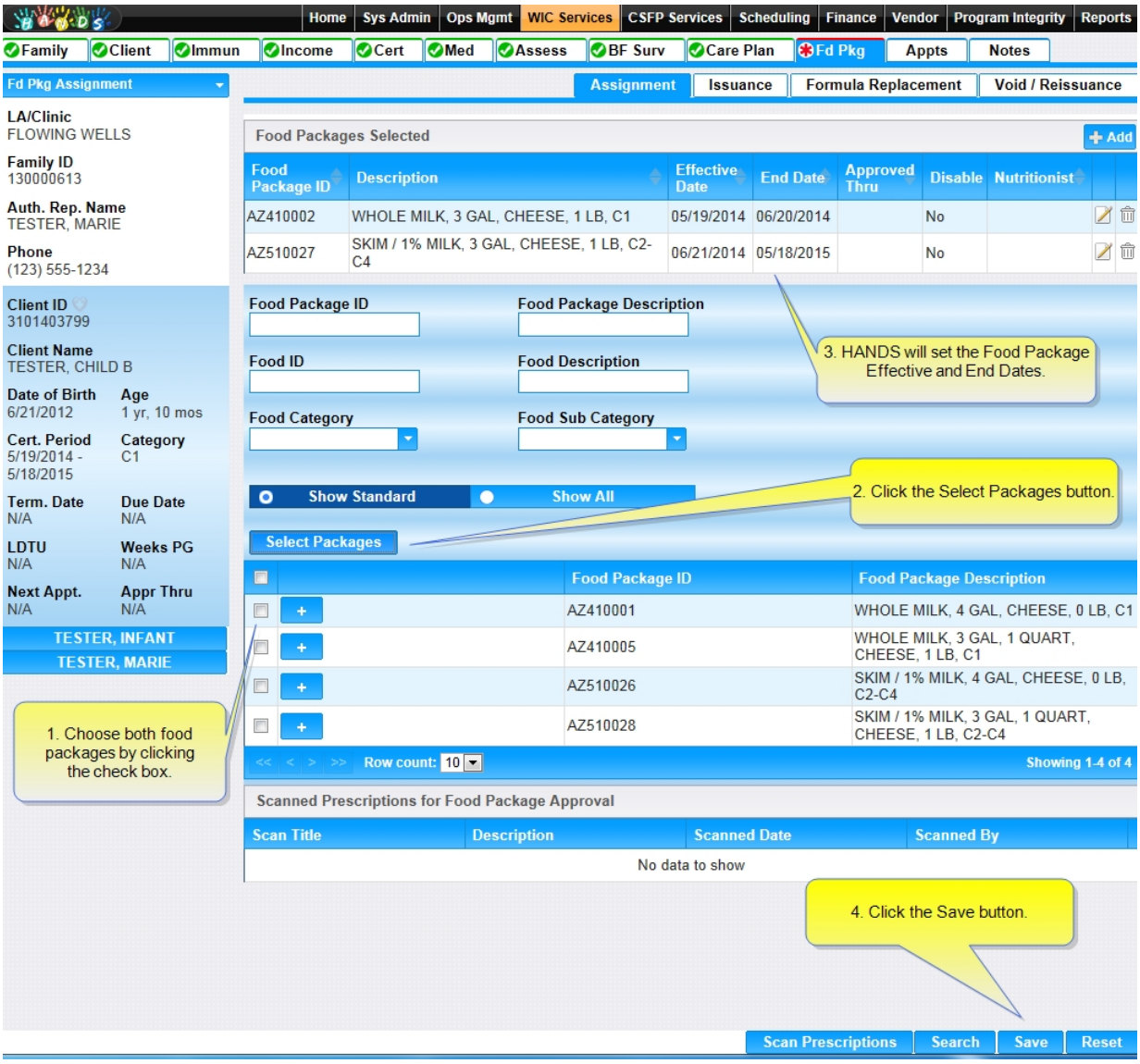
Module 4: Figure 9: Example of a Food Package for Infant Child

A. Multiple Food Packages for a Client with a Category Change:

This child is 22 months old and will be receiving the whole milk package for 2 more months. At 24 months, the child will need the low fat milk package.

The user should add the two food packages with the appropriate end dates.

1. In the HANDS Food Package Page, search and select the whole milk and low fat milk packages.
2. Click the Select Packages button.
3. HANDS will set the Effective and End dates to prevent overlapping.
4. Click the Save button. See Module 4: Figure 10 below.

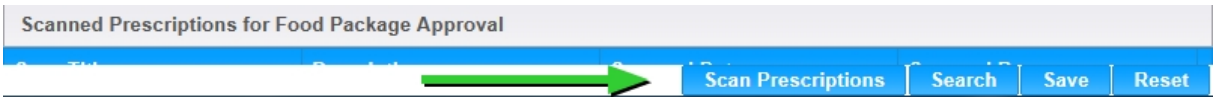


Module 4: Figure 10: Multiple Food Packages for a Client with a Client Change

Scanning Prescriptions

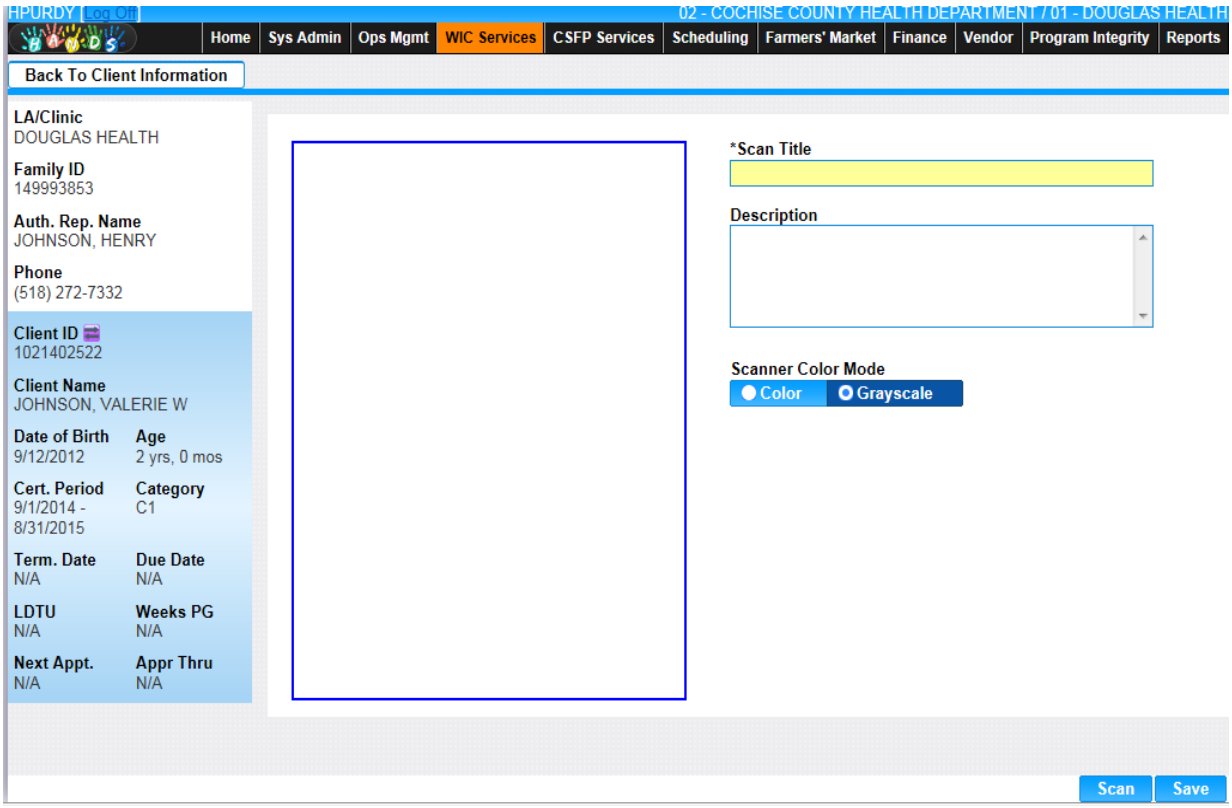
The system will allow the user to scan in a prescription.

1. On the Food Package Assignment Tab, click the Scan Prescriptions button. See Module 4: Figure 11 below.



Module 4: Figure 11: Scan Prescriptions button

2. The Scan page displays. See Module 4: Figure 12 below.



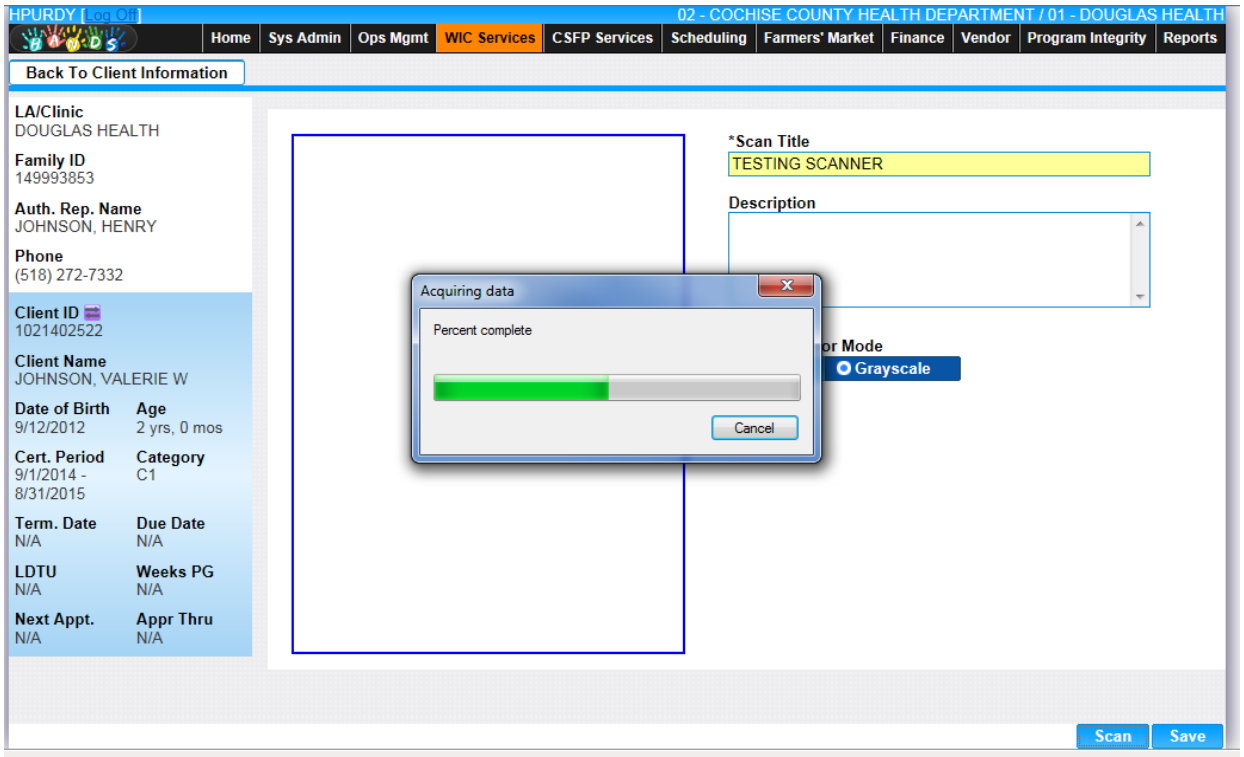
Module 4: Figure 12: Scan Page

Hint: You will see a box on the page that should have a blue line around it. If the line is red, there is a connection problem and HANDS cannot communicate to the scanner and you will not be able to scan a document until the box has a blue line.

3. Enter a Title, Description if desired, and select the Color Mode. Color will scan the document in color and Gray scale will scan the document in black and white.

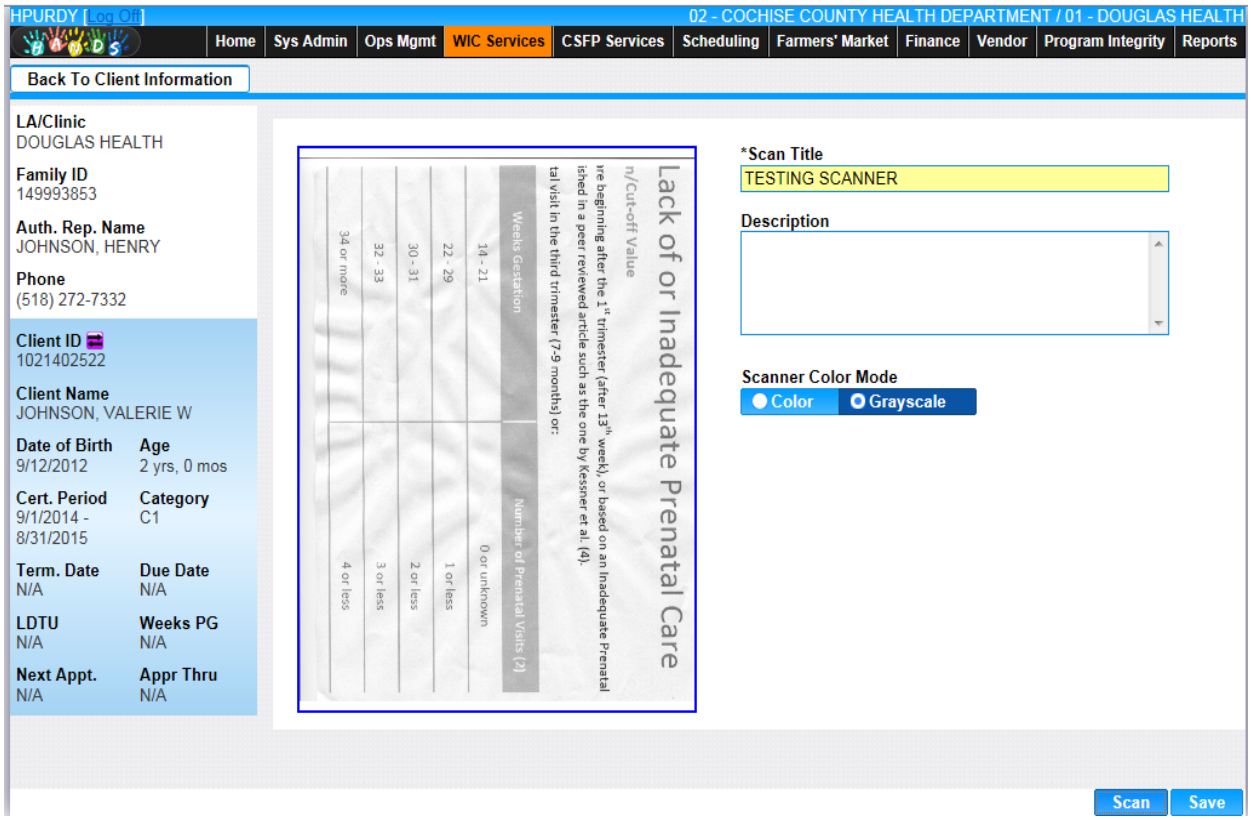
Hint: Color may take up more space, so use color only when necessary to preserve image quality.

4. Place the document on the scanner and click the Scan button at the bottom of the page. You will see the scan progress window. See Module 4: Figure 13 below.



Module 4: Figure 13: Scanning Document

5. The image that was scanned will display in the box on the Scan page. See Module 4: Figure 14 below.



Module 4: Figure 14: Document Scanned

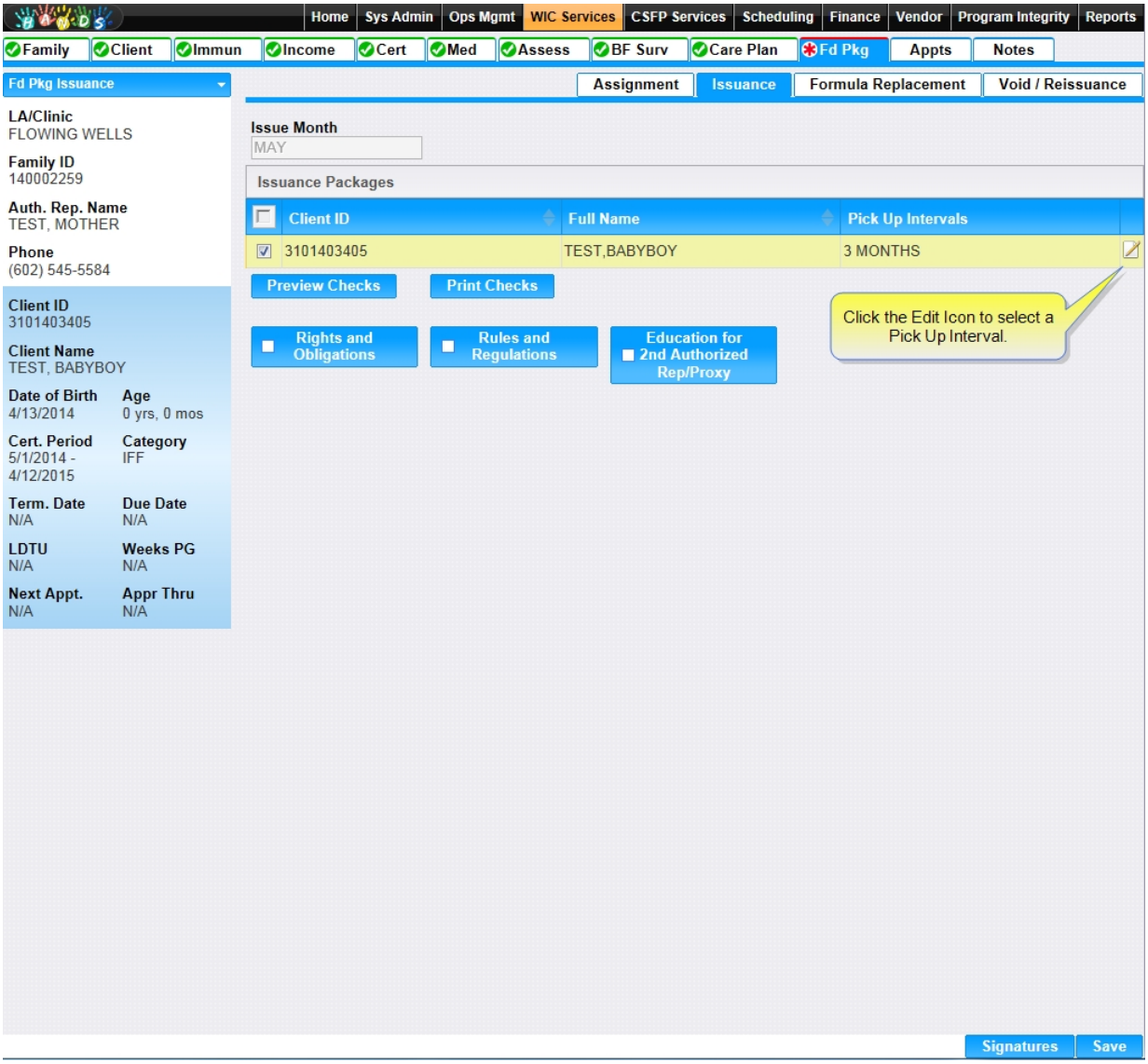
6. Click the Save button at the bottom of the Scan page.

7. Click Back to Client Information tab at the top of the page to return to the Client page.

Food Benefit Issuance

After all participating family members have been assigned food packages and supporting documentation has been scanned, next comes Food Benefit Issuance.

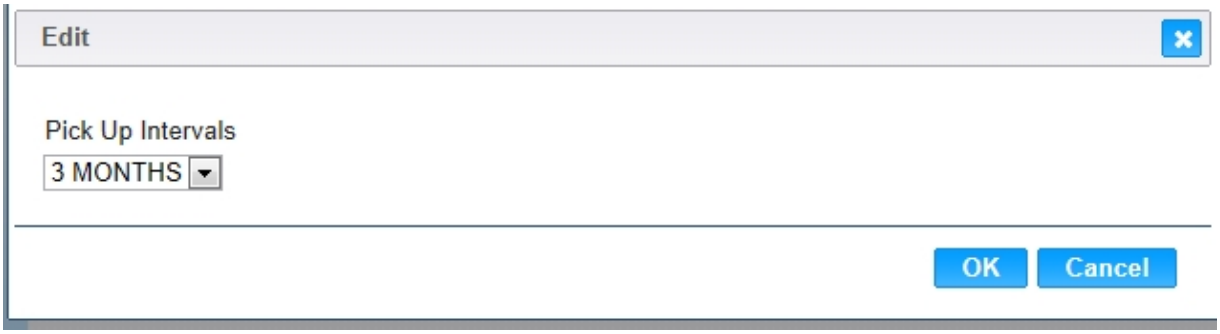
1. On the Food Package page, click on the Issuance tab. The Issuance page displays. See Module 4: Figure 15 below.



Module 4: Figure 15: Food Benefits Issuance Page

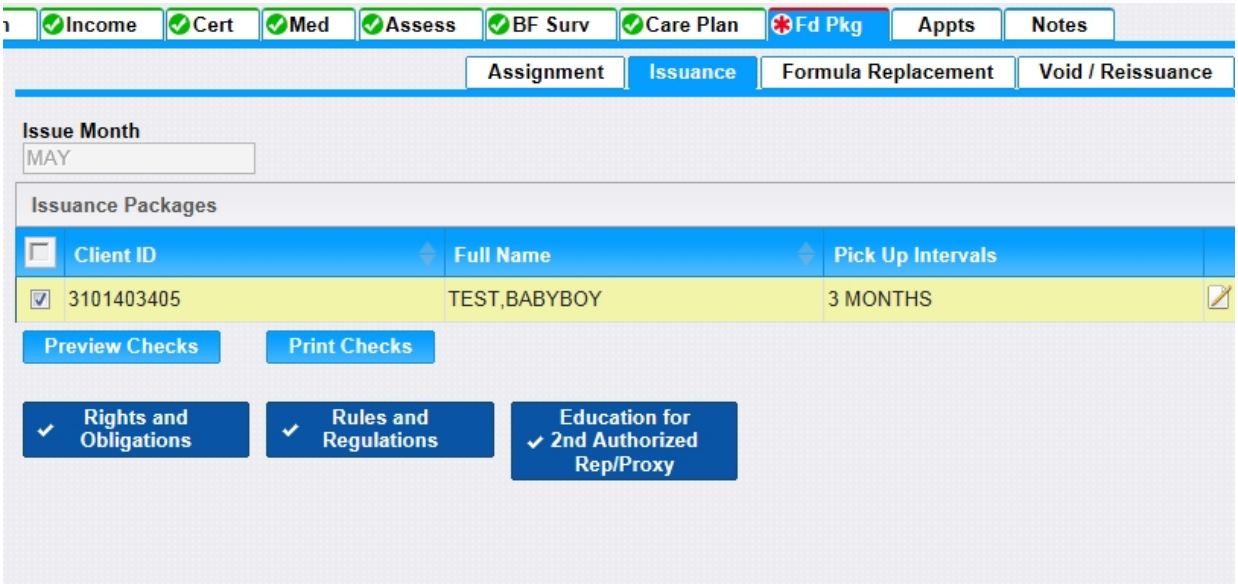
2. All the clients in the family will be listed in the grid but only the clients eligible to receive checks will have the check box next to their Client ID selected.

3. Select the Pick Up Intervals for each client package by clicking the Edit icon. See Module 4: Figure 16 below.



Module 4: Figure 16: Pick Up Intervals Drop-down in Edit Icon

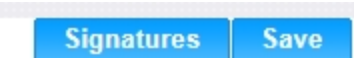
4. Select the Pick Up Intervals from the drop down list and click OK. The information selected will display in the grid. See Module 4: Figure 17 below.



Module 4: Figure 17: Pick Up Intervals Issuance Information Grid

5. If applicable, select the Rights and Obligations, Rules and Regulations, or Education for 2nd Authorized Rep/Proxy check boxes.

6. Click Save. See Module 4: Figure 18 below.

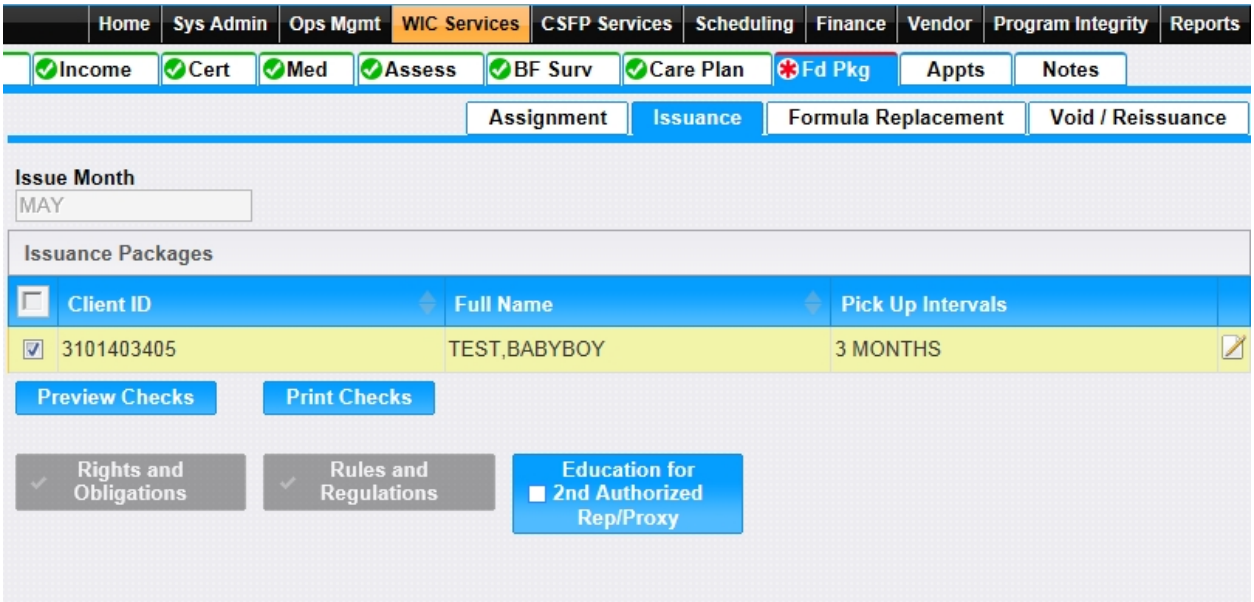


Module 4: Figure 18: Save button

A. Printing Food Benefits:

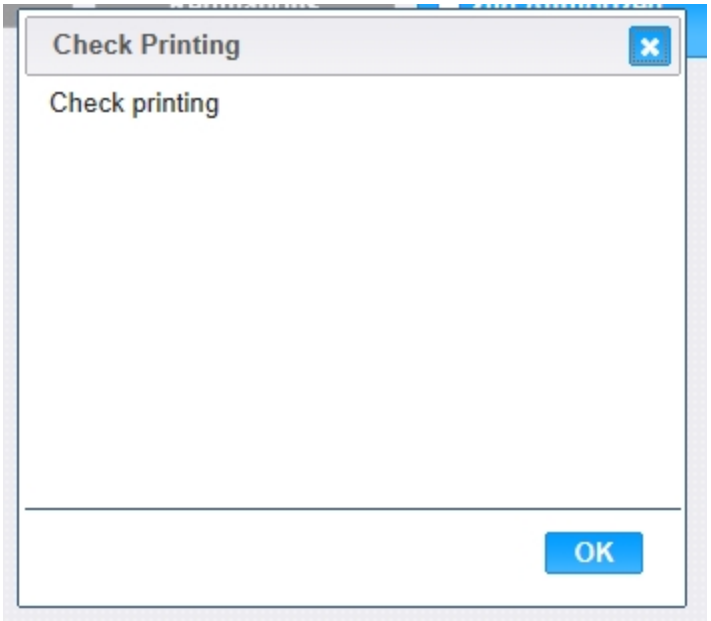
Note: Benefits for all of the clients in a family can be printed at the same time or separately.

1. On the Issuance Tab, click the Print Checks button. You may also click the Preview Checks button to review the checks before printing. See Module 4: Figure 19 below.



Module 4: Figure 19: Printing Food Benefits

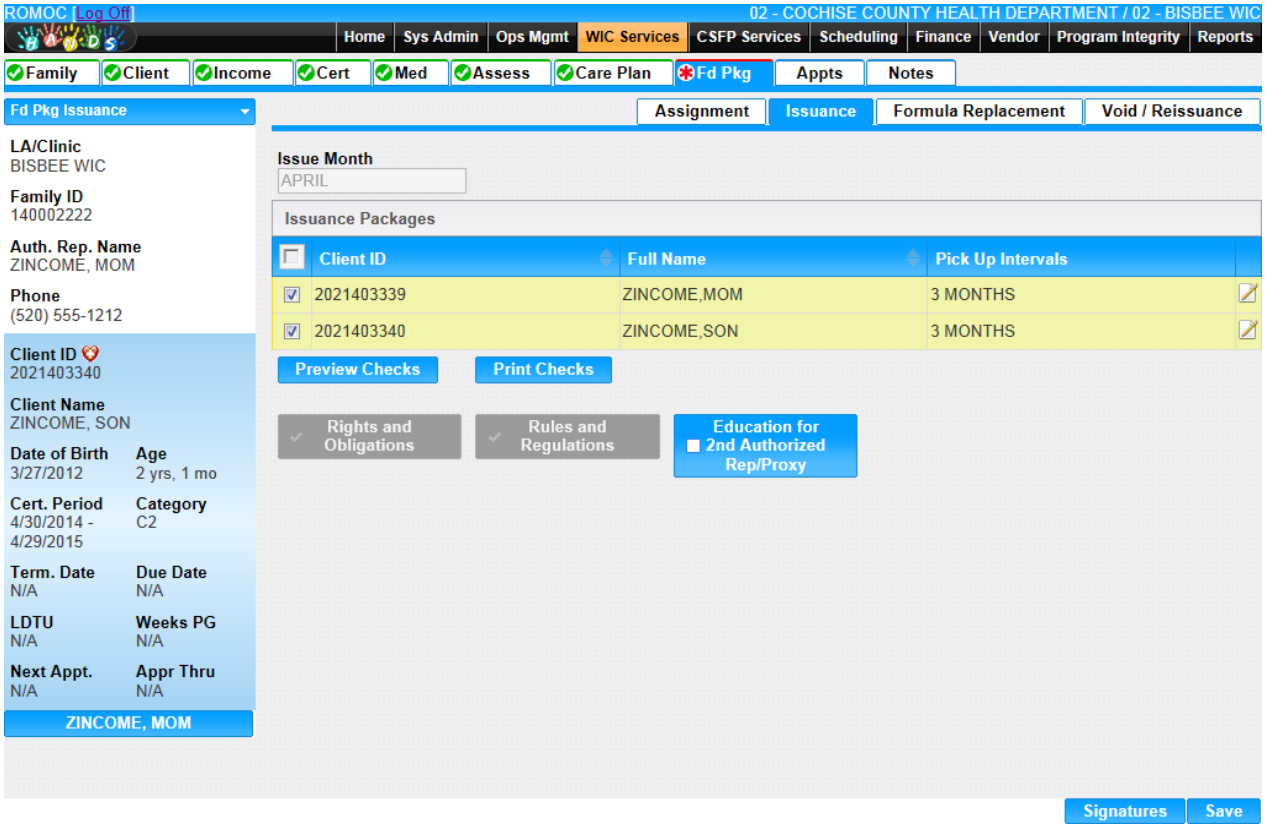
2. The Check Printing message window will inform you that the client's checks are printing from your assigned WIC Clinic MICR printer. See Module 4: Figure 20 below.



Module 4: Figure 20: Hands Check Printing Box

B. Food Benefit Issuance Signatures

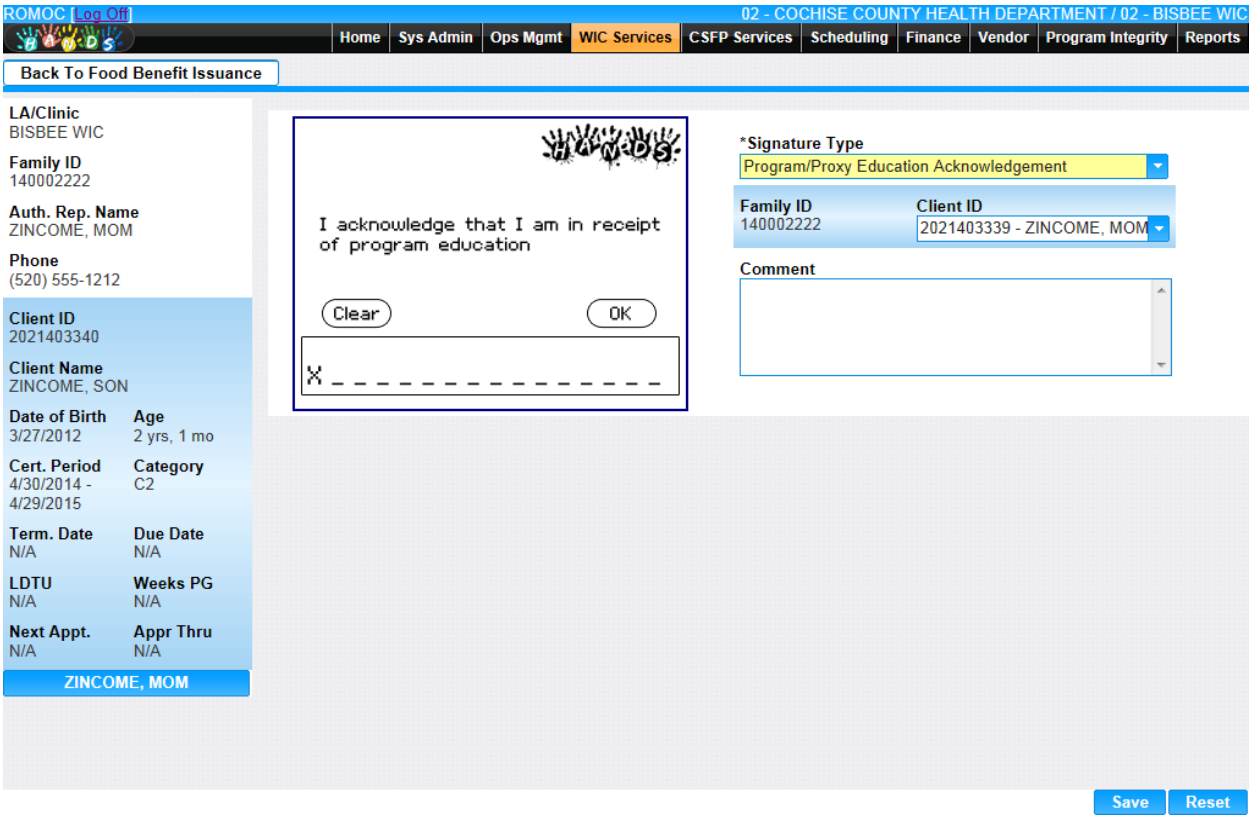
1. Click the Signatures button at the bottom of the page. The Signature page displays. See Module 4: Figure 21 below.



Module 4: Figure 21: Food Benefit Issuance Signatures Page

2. The user selects the client.

3. The client signs the signature pad and clicks "OK" to accept the signature or selects "Clear" to retry the signature. See Module 4: Figure 22 below.



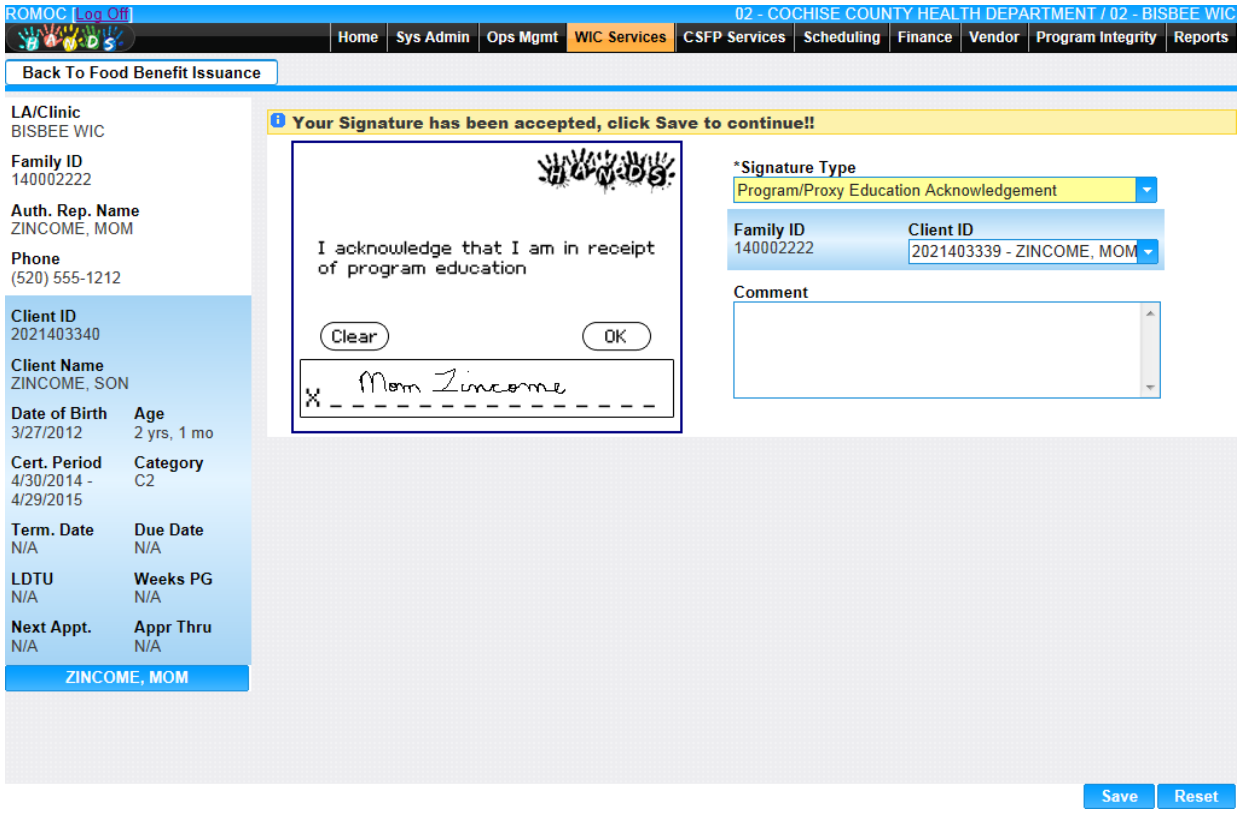
Module 4: Figure 22: Food Benefit Issuance Signature Pad

4. The user selects either the "Reset" button to start over or the "Save" button to save the information before proceeding. See Module 4: Figure 23 below.

Note: Once the client clicks OK on the signature pad, the user still has to save the information on the page.

5. On the Signature page the Client ID field is defaulted from the previous page but a different Client can be selected from the drop down list.

6. The user can also enter a comment if desired.



Module 4: Figure 23: Example Food Benefit Issuance Signature Pad

6. To discard the information entered, click the Reset button at the bottom of the page.

7. To save the information entered, click the Save button at the bottom of the page. See Module 4: Figure 24 below.

8. When you enter the Signature page again, it will display the signature history.

ROMOC [Log Off]

02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Back To Food Benefit Issuance

LA/Clinic
BISBEE WIC

Family ID
140002222

Auth. Rep. Name
ZINCOME, MOM

Phone
(520) 555-1212

Client ID
2021403339

Client Name
ZINCOME, MOM

Date of Birth 8/24/1992
Age 21 yrs, 8 mos

Cert. Period 4/30/2014 - 1/6/2015
Category PG2

Term. Date N/A
Due Date 11/25/2014

LDTU 07/28/2014
Weeks PG 10

Next Appt. N/A
Appr Thru N/A

ZINCOME, SON

I acknowledge that I am in receipt of program education

Clear | OK

X _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

*Signature Type
Program/Proxy Education Acknowledgement

Family ID 140002222
Client ID 2021403339 - ZINCOME, MOM

Comment

Food Benefit Issuance Signatures

Signature Image	Signature Type	Signature Date	Collected By	Client ID	Comment
X Mom Zincome	FB Program/Proxy Education	04/30/2014	ROMOC	2021403339	

Save | Reset

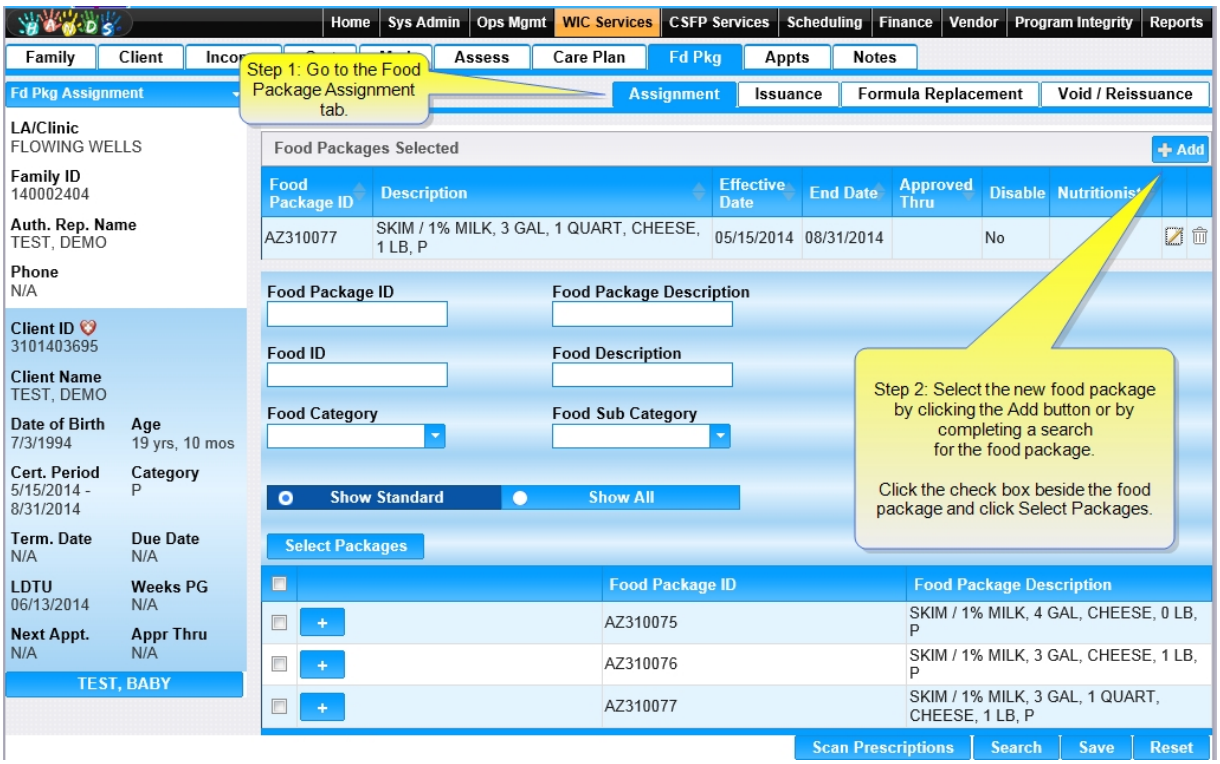
Module 4: Figure 24: Food Benefits Issuance Signature History

Food Package: Formula Replacement

Before you can process a formula replacement, you will need to assign a new package to the client and disable the old package.

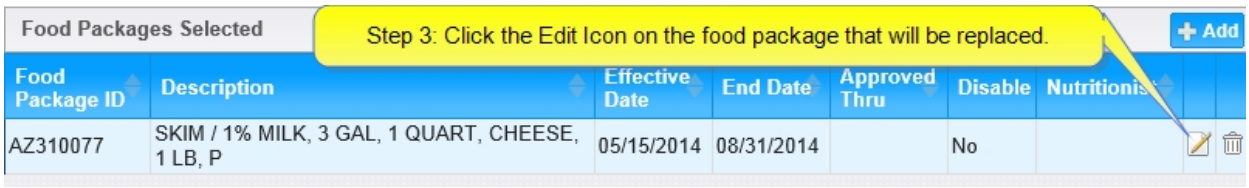
1. Click on the Assignment tab on the Food Package page. The current food package will be displayed in the grid.

2. Click Add if you know the Food Package ID or click Search to lookup a package to assign a new package to the client. The new food package will be displayed in the grid. See Module 4: Figure 25 below.



Module 4: Figure 25: Food Package Formula Replacement Steps 1 & 2

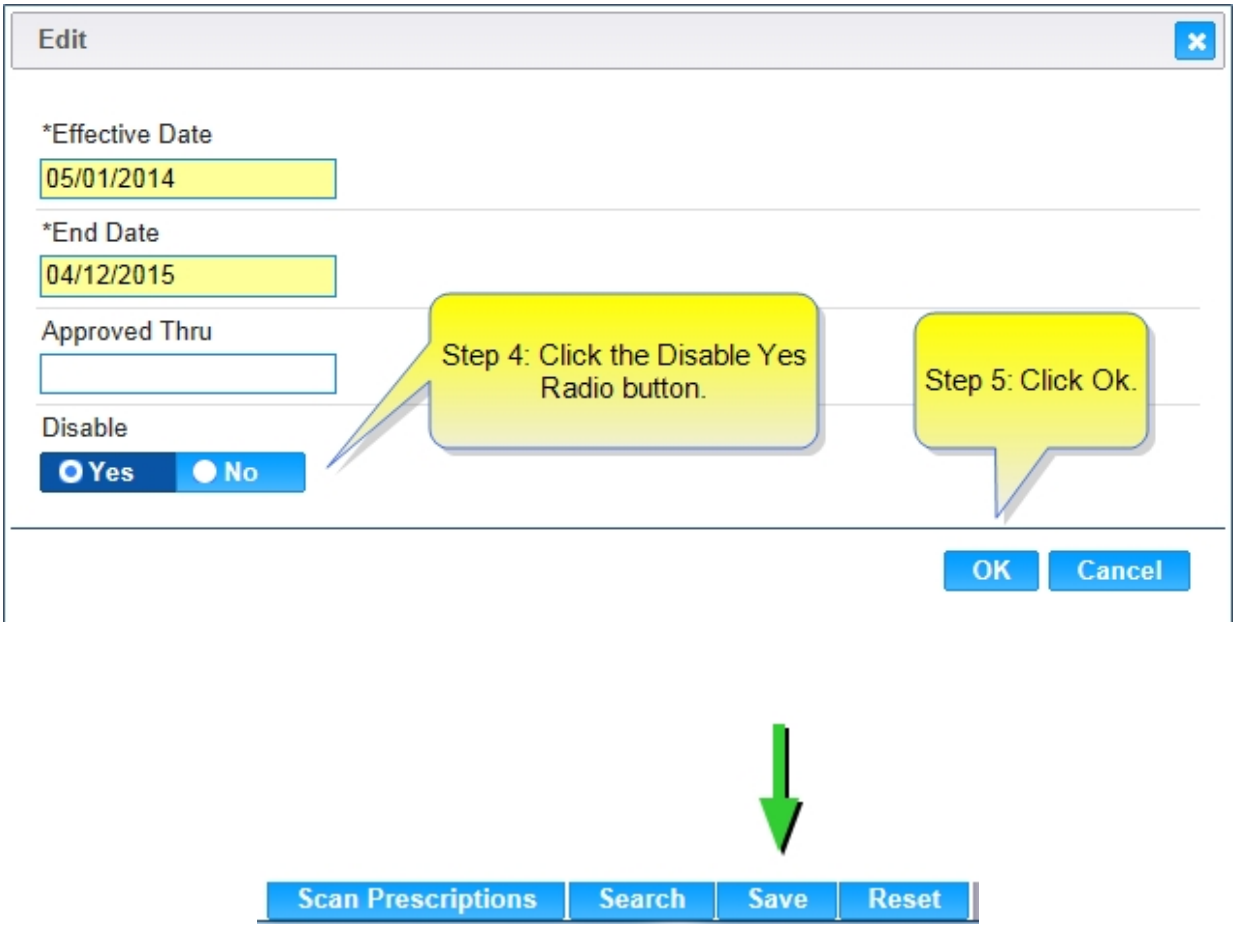
3. Click the edit icon for the food package that you want to disable. The Edit window for that food package is displayed. See Module 4: Figure 26 below.



Module 4: Figure 26: Food Package Formula Replacement Step 3

4. Click the Disable Yes radio button and click OK.

5. Click Save on the Food Package Assignment page. See Module 4: Figure 27 below.

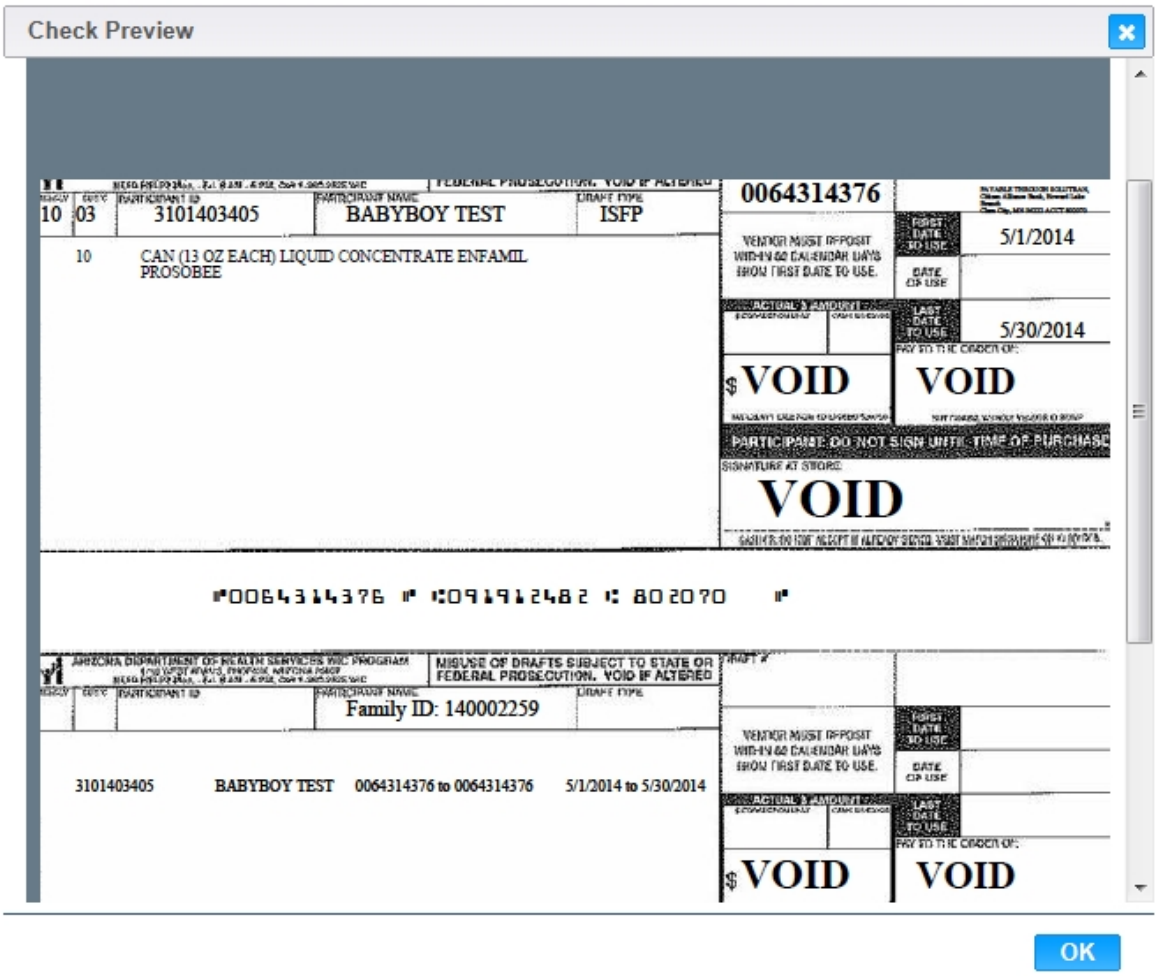


Module 4: Figure 27: Food Package Formula Replacement Edit Page

6. Click on the Formula Replacement tab on the Food Package page. All checks available for replacement will be displayed in the grid. See Module 4: Figure 28 below.

Module 4: Figure 28: Food Package Formula Replacement Steps 7-9

7. You can preview the check you want to replace by clicking on the Preview Check button next to the serial number. The Check Preview window displays. See Module 4: Figure 29 below.



Module 4: Figure 29: Check Preview Window

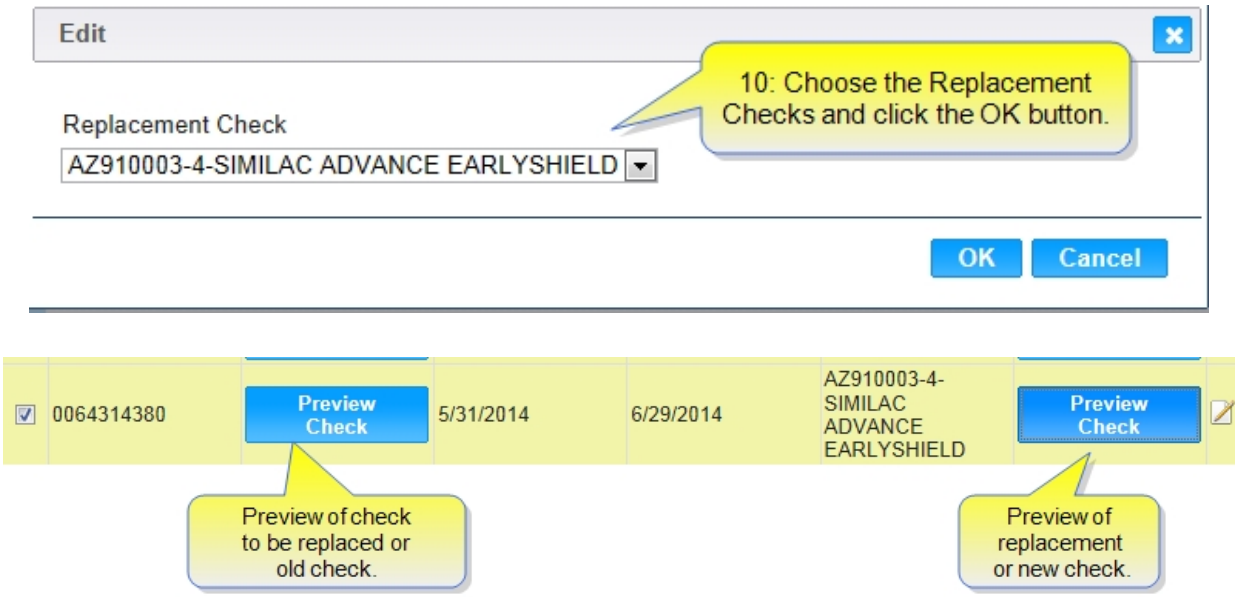
Click OK to close the Check Preview window.

8 / 9. Select the check box next to each of the formula checks you want to replace and click the Edit icon to select the replacement check. The Edit window displays. See Module 4: Figure 30 below.

	Serial Number	Preview Check	First Date To Use	Last Date To Use	Replacement Check	Preview Check	
☑	0064314377	Preview Check	5/1/2014	5/30/2014		Preview Check	
☑	0064314378	Preview Check	5/31/2014	6/29/2014	AZ910003-5-SIMILAC ADVANCE EARLYSHIELD	Preview Check	

Module 4: Figure 30: Edit Window Displays

10. Choose the Replacement Checks and click the OK button. See Module 4: Figure 31 below.



Module 4: Figure 31: Edit Replacement Checks Window

11. Click the Replace Checks button on the Food Package Formula Replacement page. See Module 4: Figure 32 below.

Module 4: Figure 32: Replace Checks button on Food Package Formula Replacement Page

12. The previous formula checks will be removed from the page, the new checks are displayed, and the checks are automatically printed.

Food Package: Void/Reissuance

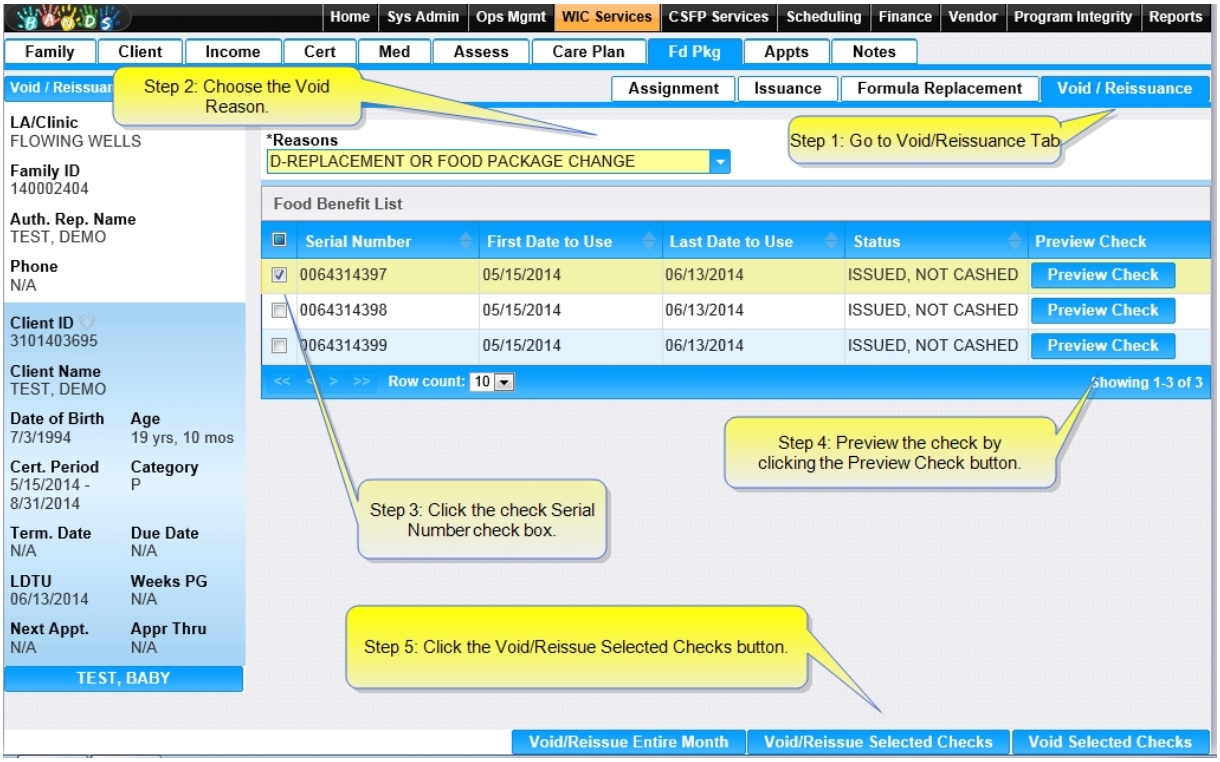
A. Voiding a Selected Check

1. Click on the Void/Reissuance tab on the Food Package page. All food benefits eligible for void or reissue will be displayed in the grid.

2. Choose the Void Reason.

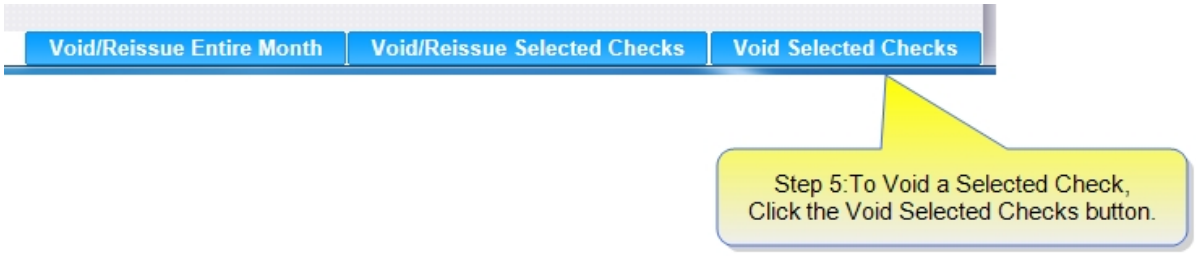
3. Select the check box beside the Check Serial Number(s).

4. You can preview the check you want to void/reissue by clicking on the Preview Check button for a particular food benefit. The Check Preview window displays. See Module 4: Figure 33 below.



Module 4: Figure 33: Voiding a Selected Check

5. To void a selected check, click the Void Selected Checks button. See Module 4: Figure 34 below.



Module 4: Figure 34: Void Selected Checks button

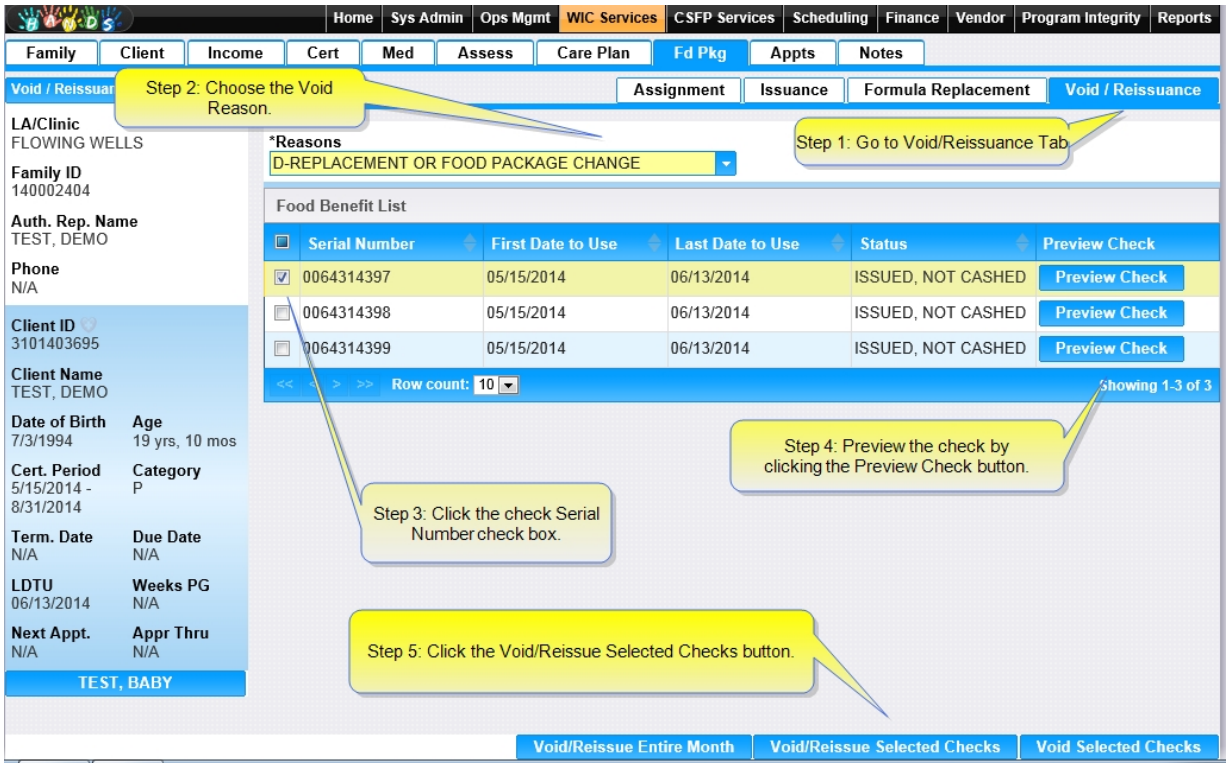
B. Void/Reissue Selected Checks

The Void/Reissue Selected Checks buttons is used for the replacement of Food Instruments from the current package. It is for routine replacement of checks such as a printer problems or Clinic error. It is not for the replacement of Food Benefits which occurs during a Food Package change.

1. Click on the Void/Reissuance tab on the Food Package page. All food benefits eligible for void or reissue will be displayed in the grid.

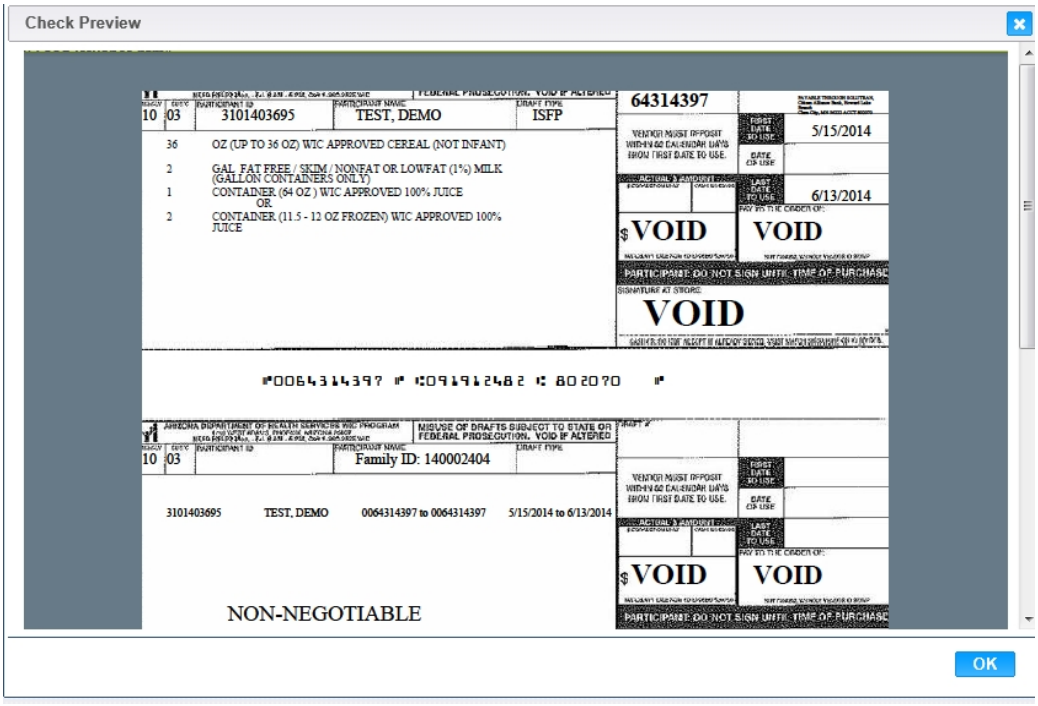
2. Choose the Void Reason.

3. Select the check box beside the Check Serial Number(s). See Module 4: Figure 35 below.



Module 4: Figure 35: Void / Reissue Selected Checks

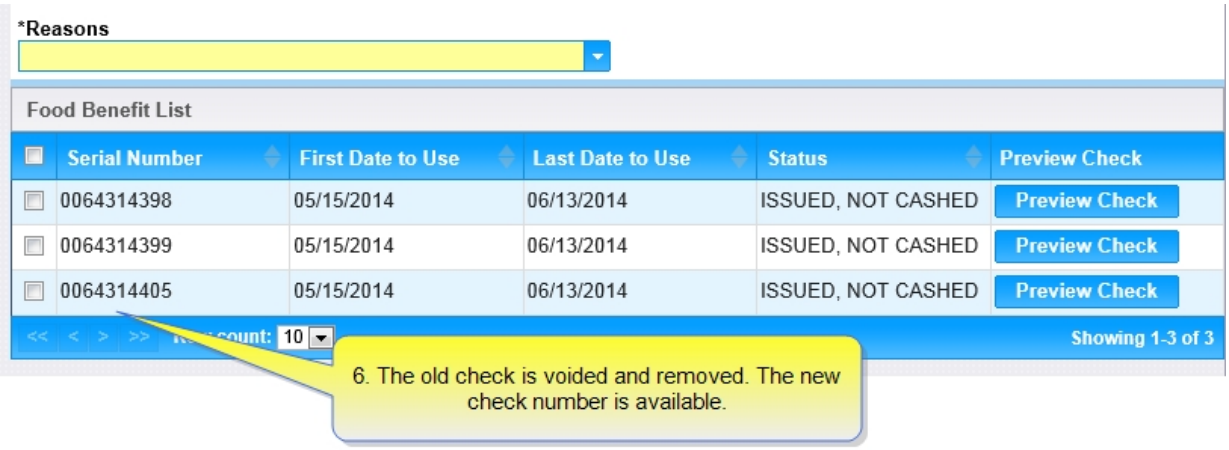
4. You can preview the check you want to void/reissue by clicking on the Preview Check button for a particular food benefit. The Check Preview window displays. See Module 4: Figure 36 below.



Module 4: Figure 36: Check Preview Window Display

5. Click the Void/Selected Checks button.

6. The selected check is voided and a new check is printed. See Module 4: Figure 37 below.



Module 4: Figure 37: Void / Selected Checks button

C. Voiding/Reissuing an Entire Month

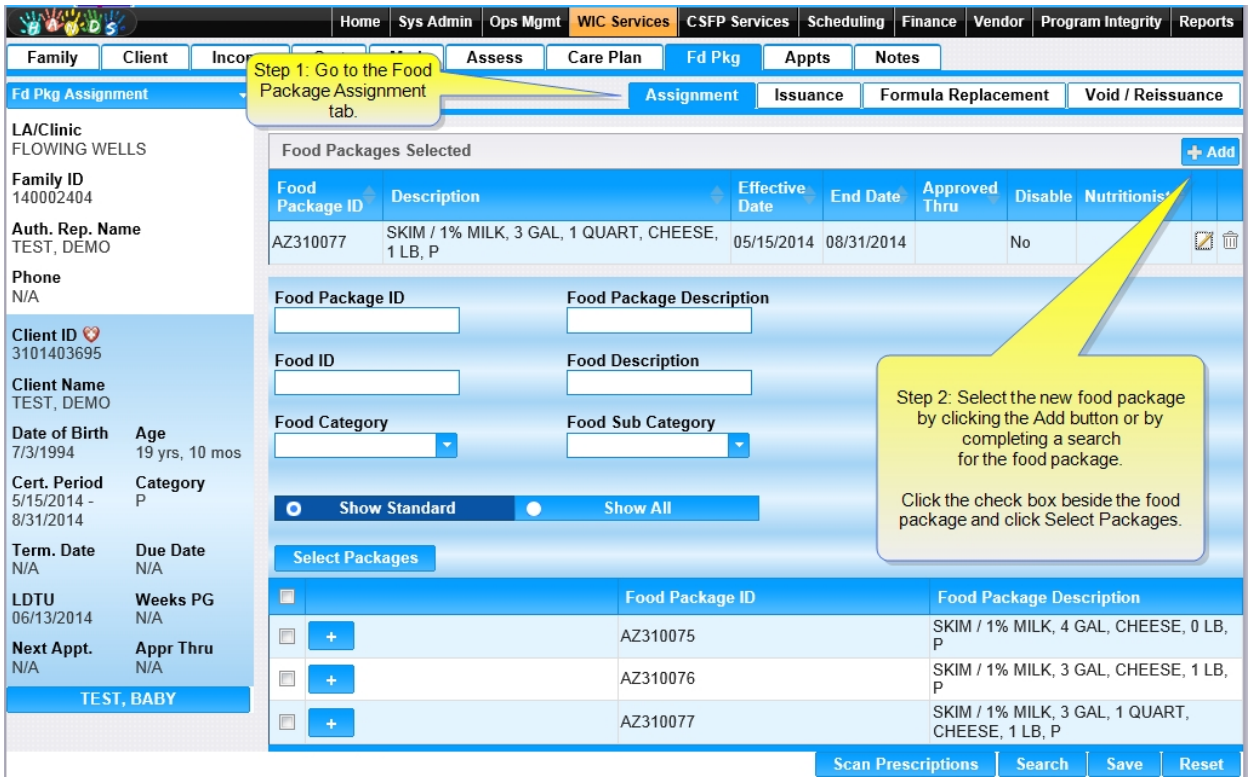
This button is also used for replacing food packages for any client category who needs a food package change which does not involve formula replacement.

D. Food Package Replacement using the Voiding/Reissuing Entire Month button

To replace a food package which does not contain formula, you will need to assign a new package to the client and disable the old package.

1. Click on the Assignment tab on the Food Package page. The current food package will be displayed in the grid.

2. Click Add if you know the Food or click Search to lookup a package to assign a new package to the client. The new food package will be displayed in the grid. See Module 4: Figure 38 below.



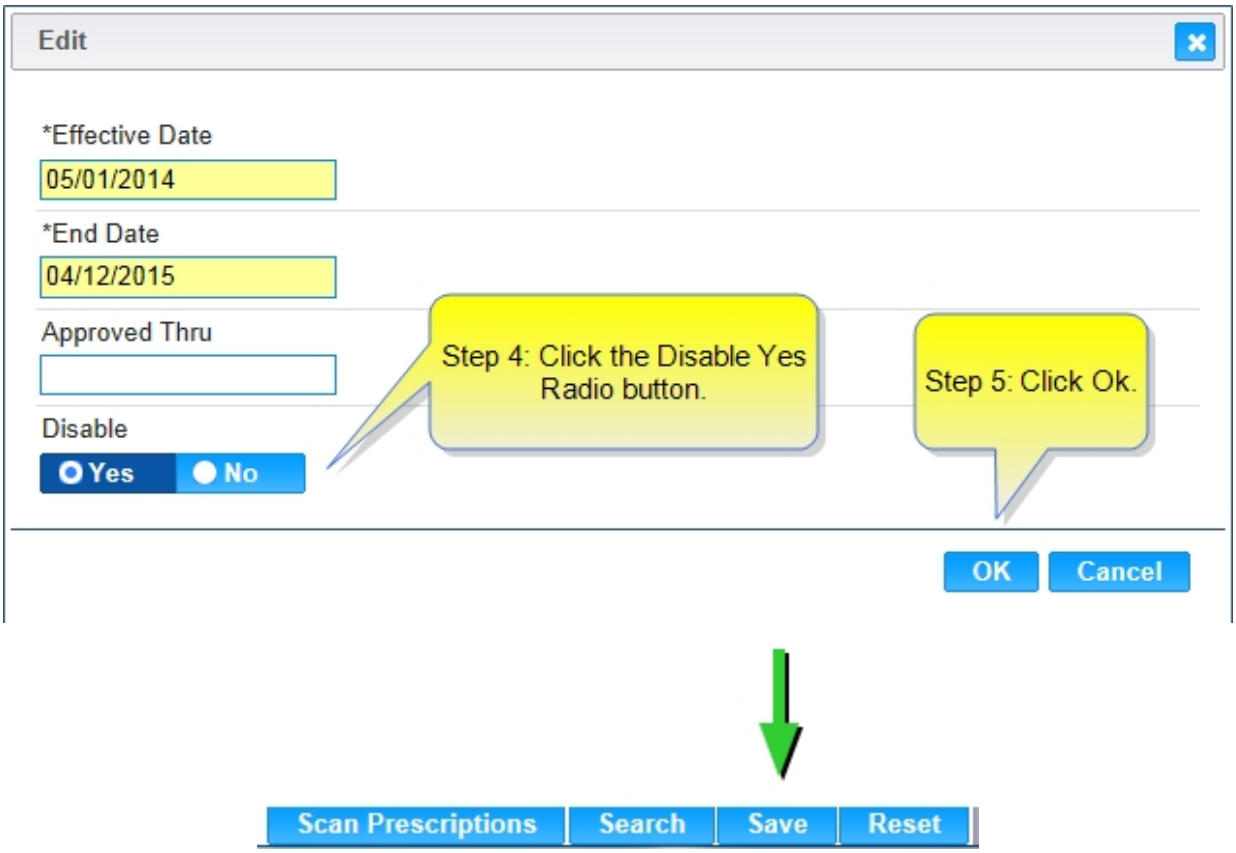
Module 4: Figure 38: Food Package Replacement Using Void / Reissue Entire Month button

3. Click the edit icon for the food package that you want to disable. The Edit window for that food package is displayed. See Module 4: Figure 39 below.

Module 4: Figure 39: Edit Window for Food Package Display

4. Click the Disable Yes radio button and click OK.

5. Click Save on the Food Package Assignment page. See Module 4: Figure 40 below.



Module 4: Figure 40: Save button on Food Package Assignment Page

6. Search and Select the new Food Package. See Module 4: Figure 41 below.

Food Category: CHEESE OR TOFU

Food Sub Category:

Show Standard | Show All

Select Packages

	Food Package ID	Food Package Description
+	AZ310076	SKIM / 1% MILK, 3 GAL, CHEESE, 1 LB, P
+	AZ310077	SKIM / 1% MILK, 3 GAL, 1 QUART, CHEESE, 1 LB, P
+	AZ310079	2% MILK, 3 GAL, CHEESE, 1 LB, P
+	AZ310080	2% MILK, 3 GAL, 1 QUART, CHEESE, 1 LB, P
+	AZ310082	WHOLE MILK, 3 GAL, CHEESE, 1 LB, P
+	AZ310083	WHOLE MILK, 3 GAL, 1 QUART, CHEESE, 1 LB, P
+	AZ310085	SKIM/1% LACTOSE RED MILK, 6 HALF GAL, CHEESE, 1 LB, P
+	AZ310087	LONG SHELF/UHT MILK, 13 QUARTS, CHEESE, 1 LB, P
+	AZ310091	2% LACTOSE RED MILK, 6 HALF GAL, CHEESE, 1 LB, P
+	AZ310093	SOY MILK- 8TH CONTINENT, 7 HALF GAL, TOFU, 2 LB, P

<< < > >> Row count: 10 Showing 1-10 of 29

Scanned Prescriptions for Food Package Approval

Scan Prescriptions | Search | Save | Reset

Module 4: Figure 41: Search and Select New Food Package Page

7. The new Food Package will show up on the Food Packages Selected display. See Module 4: Figure 42 below.

Assignment | Issuance | Formula Replacement | Void / Reissuance

Food Packages Selected + Add

Food Package ID	Description	Effective Date	End Date	Approved Thru	Disable	Nutritionist		
AZ310077	SKIM / 1% MILK, 3 GAL, 1 QUART, CHEESE, 1 LB, P	05/15/2014	08/31/2014		Yes			
AZ310093	SOY MILK- 8TH CONTINENT, 7 HALF GAL, TOFU, 2 LB, P	05/15/2014	08/31/2014		No			

Module 4: Figure 42: New Food Package Display

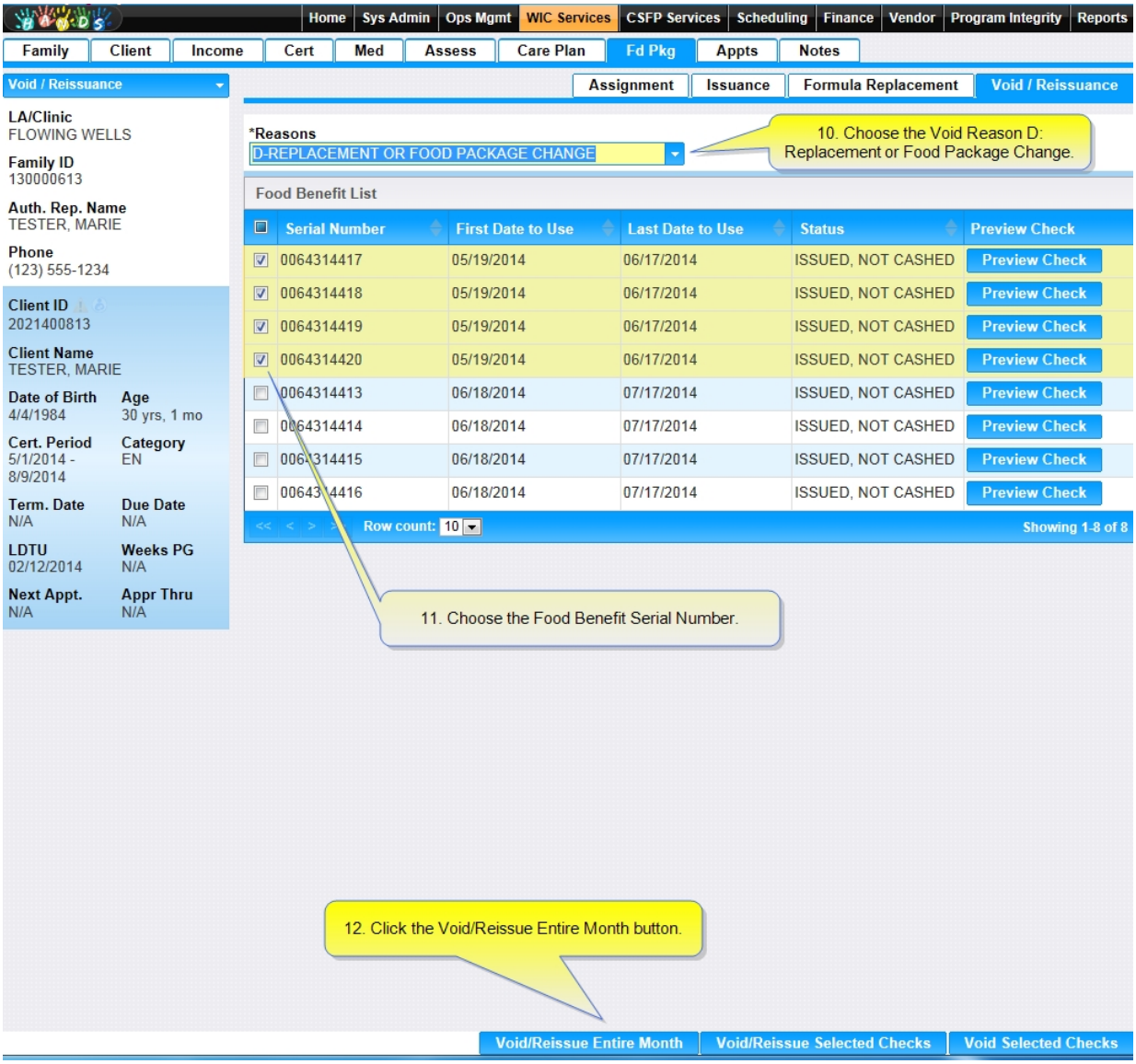
8. Click the Save button.

9. Go to the Void/Reissuance Tab.

10. Choose the Void Reason, Replacement or Food Package Change.

11. Click the check box beside the FI numbers associated with the old package.

12. Click the Void/Reissue Entire Month button. See Module 4: Figure 43 below.

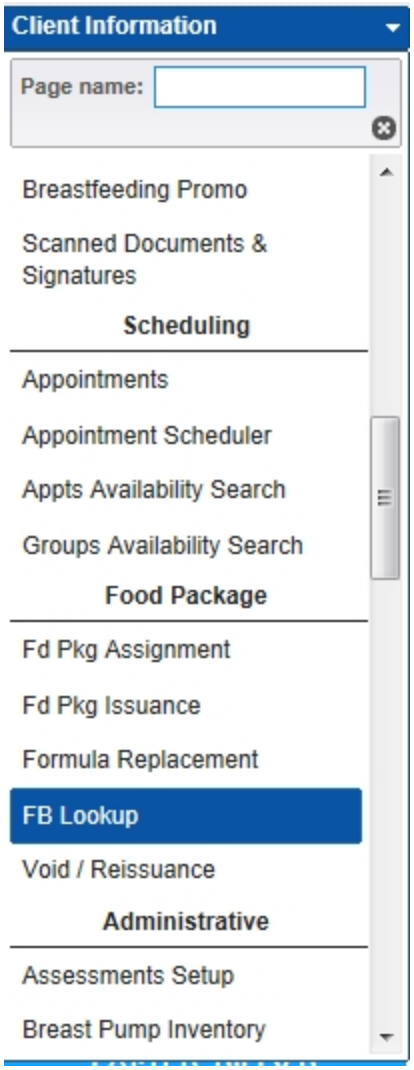


Module 4: Figure 43: Steps 10-12 for Food Replacement Using Void / Reissue for Entire Month

13. The current food benefits are voided and the new Food Package benefits are printed.

Food Benefits Look Up Page

1. In the WIC Services Family Information or Client Information page, click on the Navigation Pick List. Choose the FB Look Up in the Navigation Pick List drop down. See Module 4: Figure 44 below.



Module 4: Figure 44: FB Lookup in Navigation Pick List

2. On the FB Look Up Page, enter the search criteria required. See Module 4: Figure 45 below.
You may search by the following:

- Family ID
- Client ID
- First Date & Last Date to Use Range
- Serial Number Range

FB Lookup

Search Criteria

Family ID: 140002259

Client ID

Vendor ID

Farmer ID

CVV ID

Date to Use Range

First Date to Use

Last Date to Use

Serial Number Range

Starting Serial Number

Ending Serial Number

Food Benefits

Serial Number	Preview Check	Family ID	Client ID	Issue Date	First Date to Use	Last Date to Use	Cleared Date	Redemption Amount	Void Date	Void Reason	Voided By	Vendor ID	Rejected Date	Requested Amount	Rejected Reason	Issued By	LA/Clinic

No data to show

Row count: 10

CVVs

Serial Number	Preview Check	Family ID	Client ID	Issue Date	First Date to Use	Last Date to Use	Cleared Date	Redemption Amount	Void Date	Void Reason	Voided By	Vendor ID	Farmer ID	Rejected Date	Requested Amount	Rejected Reason	Issued By

No data to show

Row count: 10

Capture screenshot

Search | New Search

Module 4: Figure 45: Search Criteria on FB Lookup Page

3. Click the Search button.
4. The Food Issuance Information displays.
5. The user may review a check listed by clicking the Preview Check button. See Module 4: Figure 46 below.

FB Lookup

Search Criteria

Family ID | Client ID

Vendor ID | Farmer ID | CVV ID

Date to Use Range

First Date to Use | Last Date to Use

Serial Number Range

Starting Serial Number | Ending Serial Number

Food Benefits

Serial Number	Preview Check	Family ID	Client ID	Issue Date	First Date to Use	Last Date to Use	Cleared Date	Redemption Amount	Void Date	Void Reason	Voided By	Vendor ID	Rejected Date
994944433	Preview Check	139772717	1021618244	11/18/2013	11/18/2013	12/18/2013							
992907018	Preview Check	139772717	1021618244	11/18/2013	11/18/2013	12/18/2013				DAMAGED, UNISSUED			
984771578	Preview Check	010272486	1000007953		11/12/2013	01/10/2014						4	
981243891	Preview Check	139772717	1021618244	11/18/2013	11/18/2013	12/18/2013							
971559153	Preview Check	139772717	1021618244	11/18/2013	11/18/2013	12/18/2013				LOST OR STOLEN			
962022202	Preview Check	139772717	1021618244	11/18/2013	11/18/2013	12/18/2013							
95687576	Preview Check	020272551	1000008077		10/09/2013	12/07/2013						24	
940024815	Preview Check	139772717	1021618244	11/18/2013	11/18/2013	12/18/2013				DAMAGED, UNISSUED			
922022425	Preview Check	139772717	1021618244	11/18/2013	11/18/2013	12/18/2013				LOST OR STOLEN			
91577011	Preview Check	139772941	1051618582	12/12/2013	12/12/2013	01/10/2014							

<< < > >> Row count: 10 Showing 1-10 of 55751685

CVVs

Search | New Search

Module 4: Figure 46: Food Information Issuance Display

Module 5: Breastfeeding Surveillance, Breast Pump Issuance & Return, Peer Counseling & Breastfeeding Promotion

Module 5
Learning Objectives

After completing this module, the User should be able to:

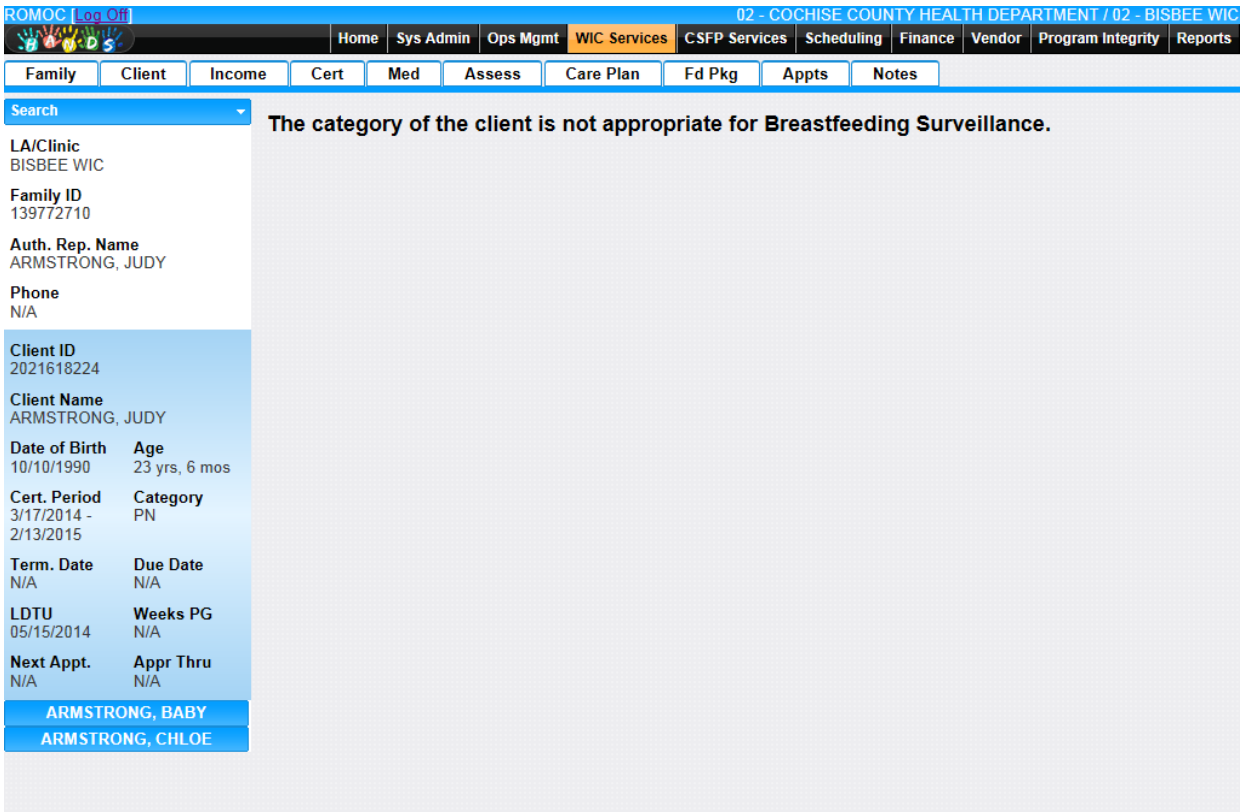
- Complete the Breastfeeding Surveillance for all Infant Categories.
- Demonstrate the issuance of a breast pump in HANDS
- Demonstrate the return of a breast pump in HANDS
- Utilize the Breast Pump Release Form and Signature function
- Add a Breastfeeding Peer Counselor Contact
- Complete the Printing of a Breastfeeding Peer Counselor Referral Form
- Add a Breastfeeding Promotional Item record

Breastfeeding Surveillance

The Breastfeeding Surveillance is part of the Certification Work flow within the WIC Services Module.

On the Certification Work Flow, the Breastfeeding Surveillance becomes available when an infant category is chosen on the Certification Action Page. It is only available for an infant category.

On the Breastfeeding Surveillance page, if the user selects a client in a category that is not applicable for that page, the following message displays. See Module 5: Figure 1 below.



Module 5: Figure 1: Inappropriate Category Message

The Breastfeeding Surveillance collects an infant's breastfeeding initiation, duration, formula initiation (if any), and reason for stopping (if any). This will help HANDS to create Breastfeeding related Reports and determine the Clinic, Local agency, and State breastfeeding rates. See Module 5: Figure 2 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Most Recent Surveillance Date

Breastfeeding Surveillance

Family ID
140002198

Auth. Rep. Name
WIC, MOM

Phone
N/A

Client ID
3101403286

Client Name
WIC, BABY1 B

Date of Birth
4/15/2014

Age
0 yrs, 0 mos

Cert. Period
4/28/2014 - 4/14/2015

Category
IFF

Term. Date
N/A

Due Date
N/A

LDTU
N/A

Weeks PG
N/A

Next Appt.
N/A

Appr Thru
N/A

WIC, MOM B

Most Recent Surveillance Date
04/28/2014

Is this infant/child currently breastfeeding?
YES NO

Has this infant/child ever been breastfed?
YES NO

How old was this infant/child when he/she completely stopped breastfeeding?
Days 10 Weeks Months

Why did you stop breastfeeding?
BABY PREFERRED BOTTLE

How old was this infant/child when he/she was first fed something other than breast milk?
Not Applicable, Nothing Given

Days 10 Weeks Months

Add Save Reset

Module 5: Figure 2: Breastfeeding Surveillance

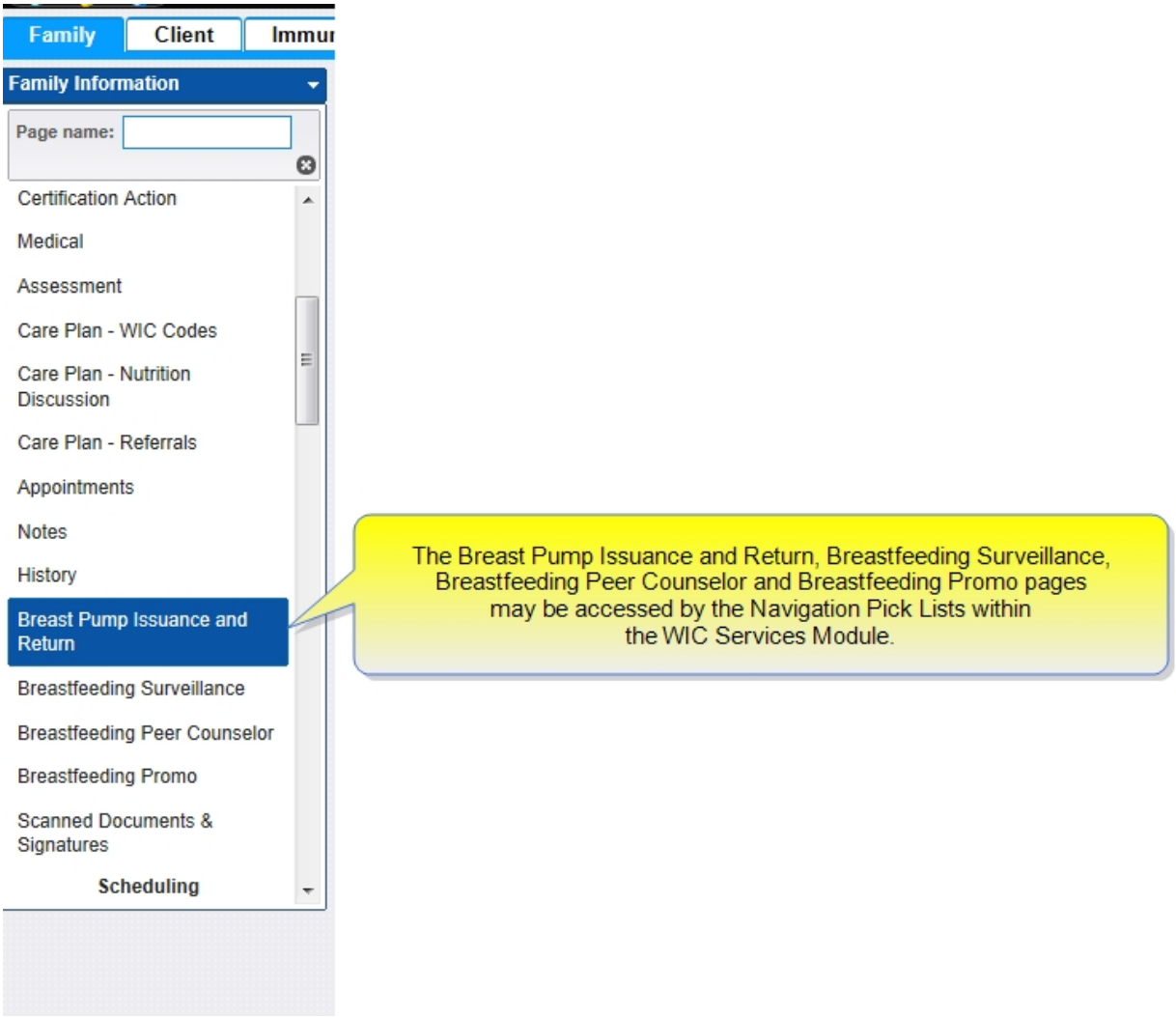
1. Select the BF Surveillance tab at the top of the page and the Breastfeeding Surveillance page will display.
2. Choose the appropriate radio button for the Is this Infant/Child currently breastfeeding field.
3. Choose the appropriate radio button (yes or no) for the Has this Infant/Child ever been breastfed field.
4. If applicable, enter the age of the Infant/Child when he/she completely stopped breastfeeding in Days, Weeks, or Months.

5. If applicable, choose the Why did you stop breastfeeding reason from the drop down list field.
6. If applicable, enter the age that the Infant/Child was first fed something other than breast milk. The age may be entered in days, weeks or months.
7. If nothing other than breast milk has been given to the infant, click the Not Applicable, Nothing Given check box.

Breast Pump Issuance and Return

The Breast Pump Issuance and Return page is used to issue a personal or hospital grade breast pump to a client or to return a pump to the Clinic. The page can be accessed from the navigation drop-down list while in WIC Services. A client can only be issued a breast pump if they are certified in one of the following categories: EN, P, PN, PN+, PG1 or PG2. See Module 5: Figure 3 below.

Breast Pump Issuance and Return Navigation:



Module 5: Figure 3: Breast Pump Issuance and Return Navigation Page

1. The Breast Pump Issuance and Return page may be reached from the WIC Services Navigation Pick List.

2. The user may do a search for the client and then access the page through the pick list or navigate directly to the Breast Pump Issuance and Return page without a prior search.

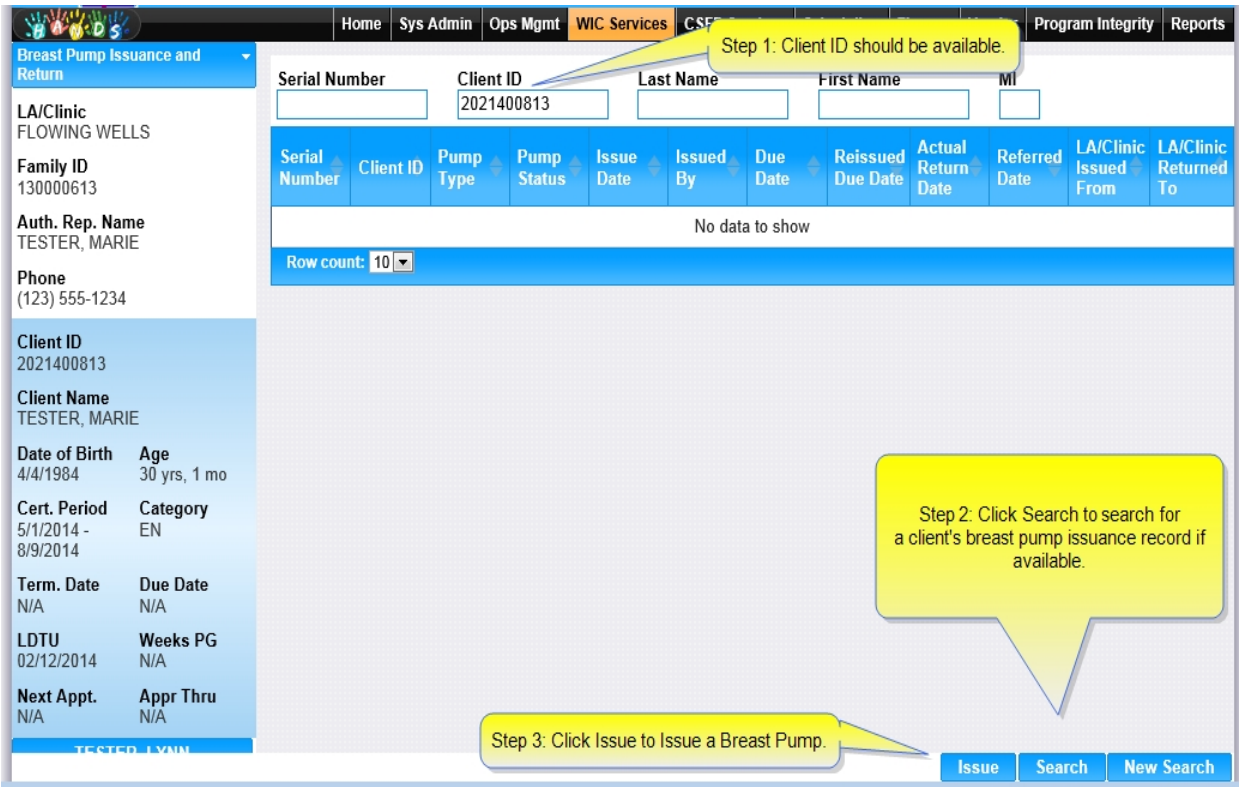
3. When the Breast Pump Issuance and Return page is reached, the Client ID will either be visible in the Client ID field or will have to be added manually.

Issuing a Breast Pump

1. Client ID should be available on the Breast Pump Issuance and Return Page; If not, enter the Client ID.

2. The user may search for the client's current breast pump issuance record, if available, by clicking the search button.

3. To issue a breast pump, click the Issue Button. See Module 5: Figure 4 below.



Module 5: Figure 4: Issue Breast Pump

The Breast Pump Issuance page will display.

4. On the Breast Pump Issue page, choose the pump serial number to be issued.

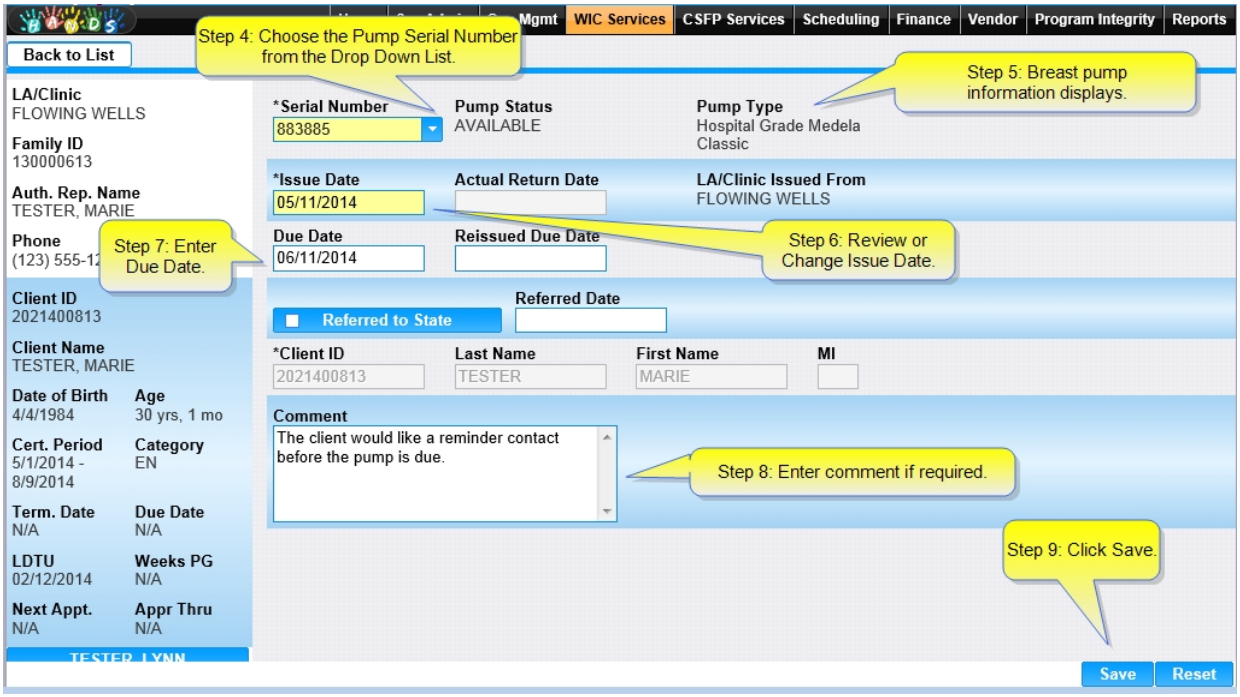
5. The Pump Status and Type will auto populate with the selected pump information.

6. The Issue Date will auto populate with today's date. Change the date if needed.

7. Enter the Due Date if required.

8. Enter a comment if needed.

9. Click Save. See Module 5: Figure 5 below.



Module 5: Figure 5: Breast Pump Issuance Page

Collecting the Breast Pump Issuance Signature

For a Breast Pump that is scheduled to be returned, such as a Hospital Grade Electric Pump, the Client signature may be collected and Breast Pump Release Form printed and issued to the client.

<u>Breast Pump Issuance Signature:</u>

1. On the Breast pump Issuance page, click on the Breast Pump Serial number associated with the Client. See Module 5: Figure 6 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Serial Number | Client ID: 2021400813 | Last Name | First Name | MI

Serial Number	Client ID	Pump Type	Pump Status	Issue Date	Issued By	Due Date	Reissued Due Date	Actual Return Date	Referred Date	LA/Clinic Issued From	LA/Clinic Returned To
883885	2021400813	Hospital Grade Medela Classic	ISSUED	05/11/2014	WHITE, SHEILA,	06/11/2014				FLOWING WELLS	

Row count: 10 — Showing 1-1 of 1

Step 1: Click on the Breast Pump Serial Number on the Issuance page.

Module 5: Figure 6: Breast Pump Issuance Page

The Breast Pump Information page will display.

2. Click the Signatures button at the bottom of the page. See Module 5: Figure 7 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Back to List

LA/Clinic: FLOWING WELLS
Family ID: 130000613
Auth. Rep. Name: TESTER, MARIE
Phone: (123) 555-1234
Client ID: 2021400813
Client Name: TESTER, MARIE
Date of Birth: 4/4/1984 | Age: 30 yrs, 1 mo
Cert. Period: 5/1/2014 - 8/9/2014 | Category: EN
Term. Date: N/A | Due Date: N/A
LDTU: 02/12/2014 | Weeks PG: N/A
Next Appt.: N/A | Appr Thru: N/A
TESTER, LYNN

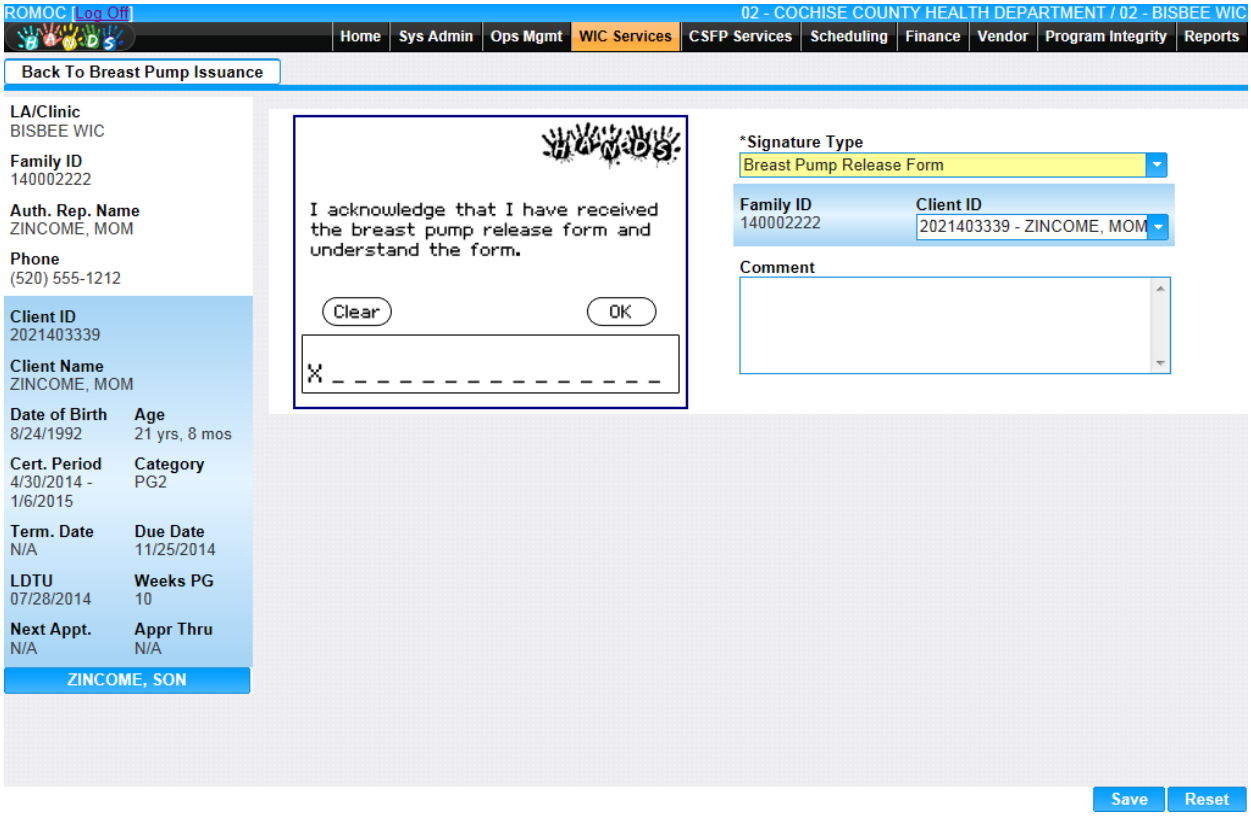
*Serial Number: 883885 | *Pump Status: ISSUED | Pump Type: Hospital Grade Medela Classic
*Issue Date: 05/11/2014 | Actual Return Date: | LA/Clinic Issued From: FLOWING WELLS
Due Date: 06/11/2014 | Reissued Due Date: | LA/Clinic Returned To: N/A
Referred to State | Referred Date:
*Client ID: 2021400813 | Last Name: TESTER | First Name: MARIE | MI:
Comment: THE CLIENT WOULD LIKE A REMINDER CONTACT BEFORE THE PUMP IS DUE.

Step 2: On the Breast Pump Information Page, click the Signatures button.

Print Release Form | Signatures | Save | Reset

Module 5: Figure 7: Breast Pump Information Page

The Signature page displays. See Module 5: Figure 8 below.



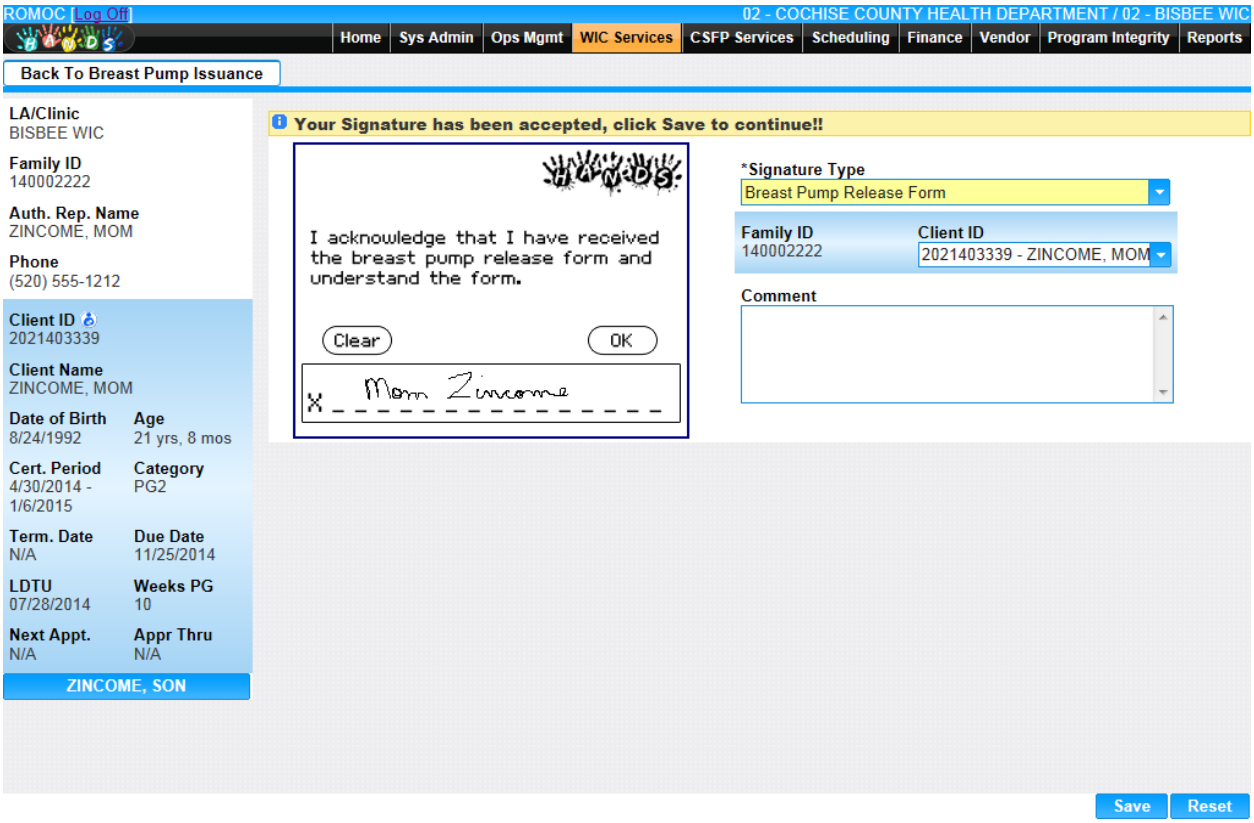
Module 5: Figure 8: Signature Page Display

3. The client signs the signature pad and clicks OK to accept the signature. If the client wants to resign, they can click Clear and sign the signature pad again.

4. On the Signature page the Client ID field is defaulted from the previous page but a different Client can be selected from the drop down list.

5. The user can also enter a comment if desired.

6. Once the user clicks OK on the signature pad, the user still has to save the information on the page. See Module 5: Figure 9 below.

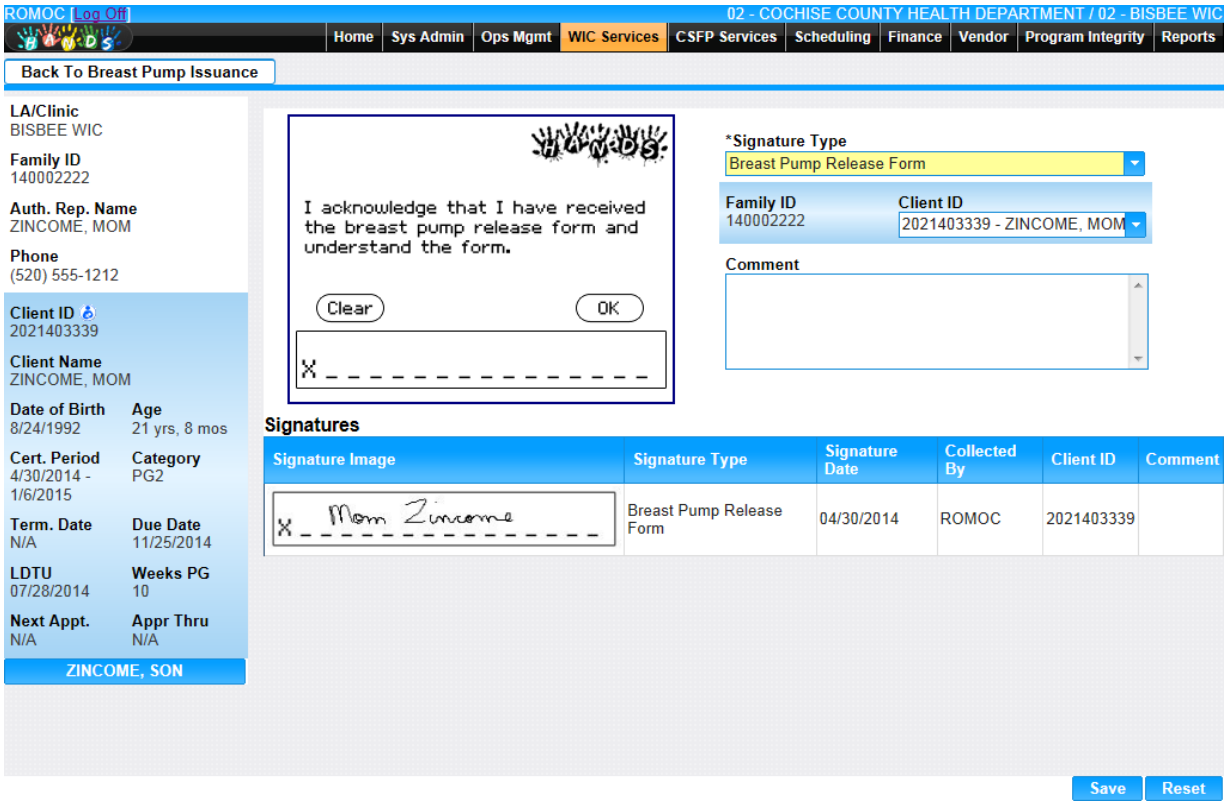


Module 5: Figure 9: Signature Pad

7. To discard the information entered, click the Reset button at the bottom of the page.

8. To save the information entered, click the Save button at the bottom of the page.

9. When you enter the Signature page again, it will display the signature history. See Module 5: Figure 10 below.



Module 5: Figure 10: Signature History

Issuing the Breast Pump Release Form

1. On the Breast pump Information Page, click on the Breast pump Release Form button at the bottom of the page. See Module 5: Figure 11 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Back to List

LA/Clinic
FLOWING WELLS

Family ID
130000613

Auth. Rep. Name
TESTER, MARIE

Phone
(123) 555-1234

Client ID
2021400813

Client Name
TESTER, MARIE

Date of Birth 4/4/1984
Age 30 yrs, 1 mo

Cert. Period 5/1/2014 - 8/9/2014
Category EN

Term. Date N/A
Due Date N/A

LDTU 02/12/2014
Weeks PG N/A

Next Appt. N/A
Appr Thru N/A

TESTER, LYNN

*Serial Number 883885
*Pump Status ISSUED
Pump Type Hospital Grade Medela Classic

*Issue Date 05/11/2014
Actual Return Date
LA/Clinic Issued From FLOWING WELLS

Due Date 06/11/2014
Reissued Due Date
LA/Clinic Returned To N/A

Referred to State
Referred Date

*Client ID 2021400813
Last Name TESTER
First Name MARIE
MI

Comment
THE CLIENT WOULD LIKE A REMINDER CONTACT BEFORE THE PUMP IS DUE.

Print Release Form | Signatures | Save | Reset

Module 5:Figure 11: Breast Pump Information Page

2. In the Print Breast Pump Release Form box, select the form based upon the type of Breast Pump.See Module 5: Figure 12 below.

Print Breast Pump Release Form

Please select one of the following based on the type of the Breast Pump

- (selected) Hospital Grade Double Electric Breast Pump Release Form
- Personal Use Double Electric Breast Pump Release Form

Print | Cancel

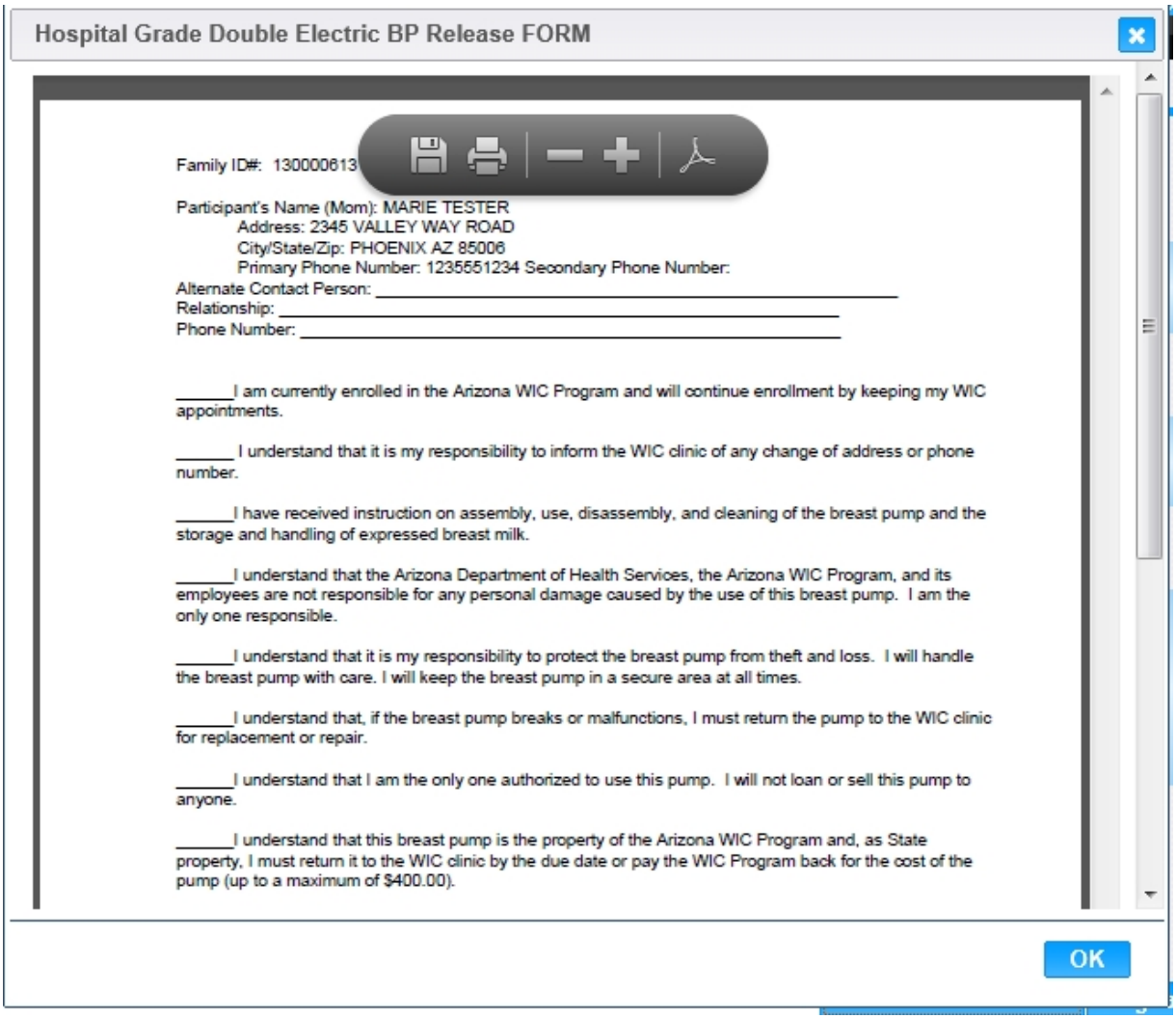
Module 5: Figure 12: Print Breast Pump Release Form Box

3. Click the Print button.

4. The Breast Pump Release Form and the printing options box will display.

5. Click the Printer Icon in the printing options box to print the form.

6. Click the OK Button to close the box. See Module 5: Figure 13 below.



Hospital Grade Double Electric BP Release FORM

Family ID#: 130000613

Participant's Name (Mom): MARIE TESTER
Address: 2345 VALLEY WAY ROAD
City/State/Zip: PHOENIX AZ 85006
Primary Phone Number: 1235551234 Secondary Phone Number:
Alternate Contact Person: _____
Relationship: _____
Phone Number: _____

_____I am currently enrolled in the Arizona WIC Program and will continue enrollment by keeping my WIC appointments.

_____ I understand that it is my responsibility to inform the WIC clinic of any change of address or phone number.

_____I have received instruction on assembly, use, disassembly, and cleaning of the breast pump and the storage and handling of expressed breast milk.

_____I understand that the Arizona Department of Health Services, the Arizona WIC Program, and its employees are not responsible for any personal damage caused by the use of this breast pump. I am the only one responsible.

_____I understand that it is my responsibility to protect the breast pump from theft and loss. I will handle the breast pump with care. I will keep the breast pump in a secure area at all times.

_____I understand that, if the breast pump breaks or malfunctions, I must return the pump to the WIC clinic for replacement or repair.

_____I understand that I am the only one authorized to use this pump. I will not loan or sell this pump to anyone.

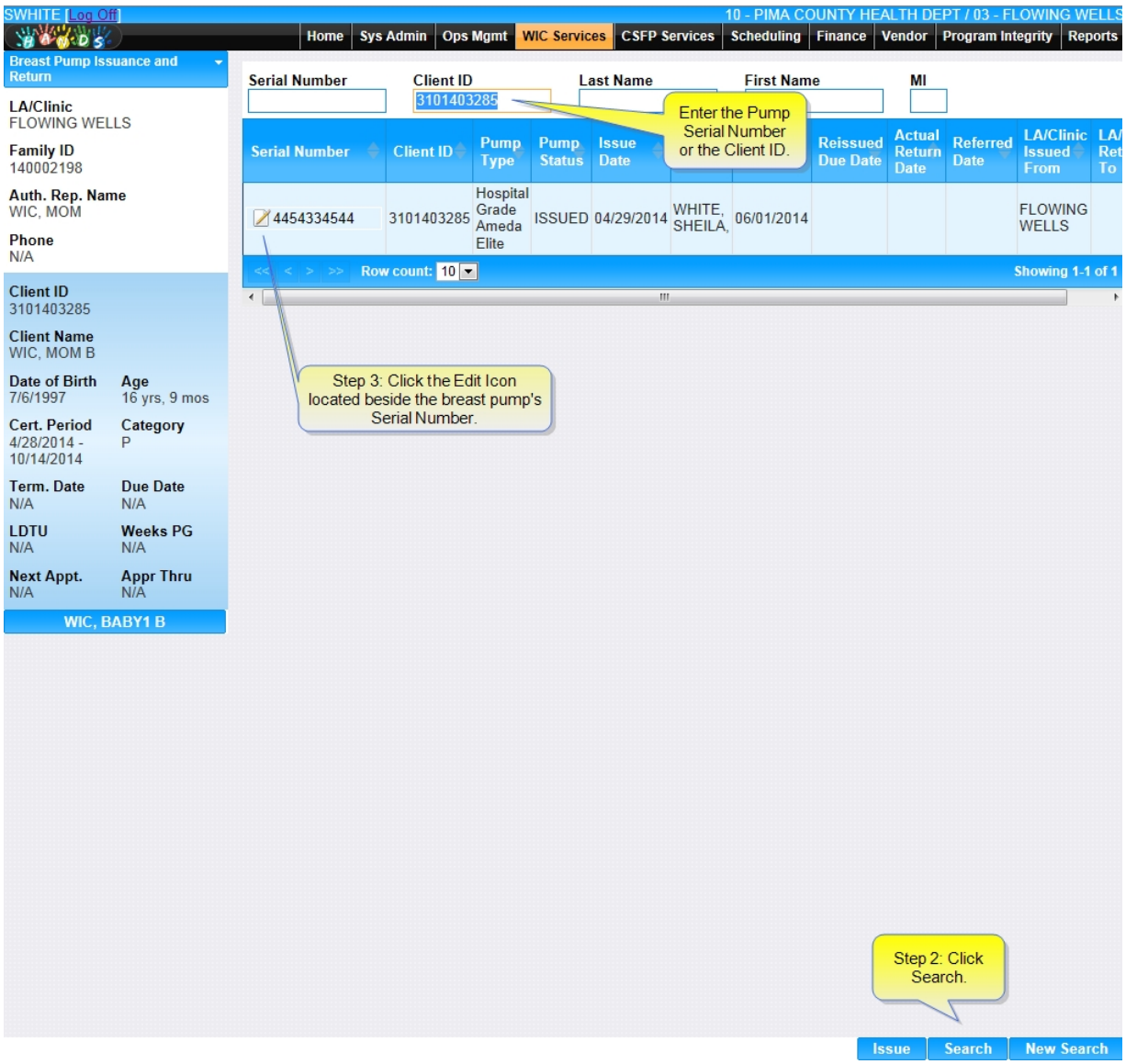
_____I understand that this breast pump is the property of the Arizona WIC Program and, as State property, I must return it to the WIC clinic by the due date or pay the WIC Program back for the cost of the pump (up to a maximum of $400.00).

OK

Module 5: Figure 13: Breast Pump Release Printer Form

Returning a Breast Pump

When breast pumps are returned to the WIC Clinic, the user may go directly to the Breast pump Issuance and Return page and complete a search by the Serial or Client ID number. The Breast Pump information will display and an Edit icon will become available for the user to access. See Module 5: Figure 14 below.

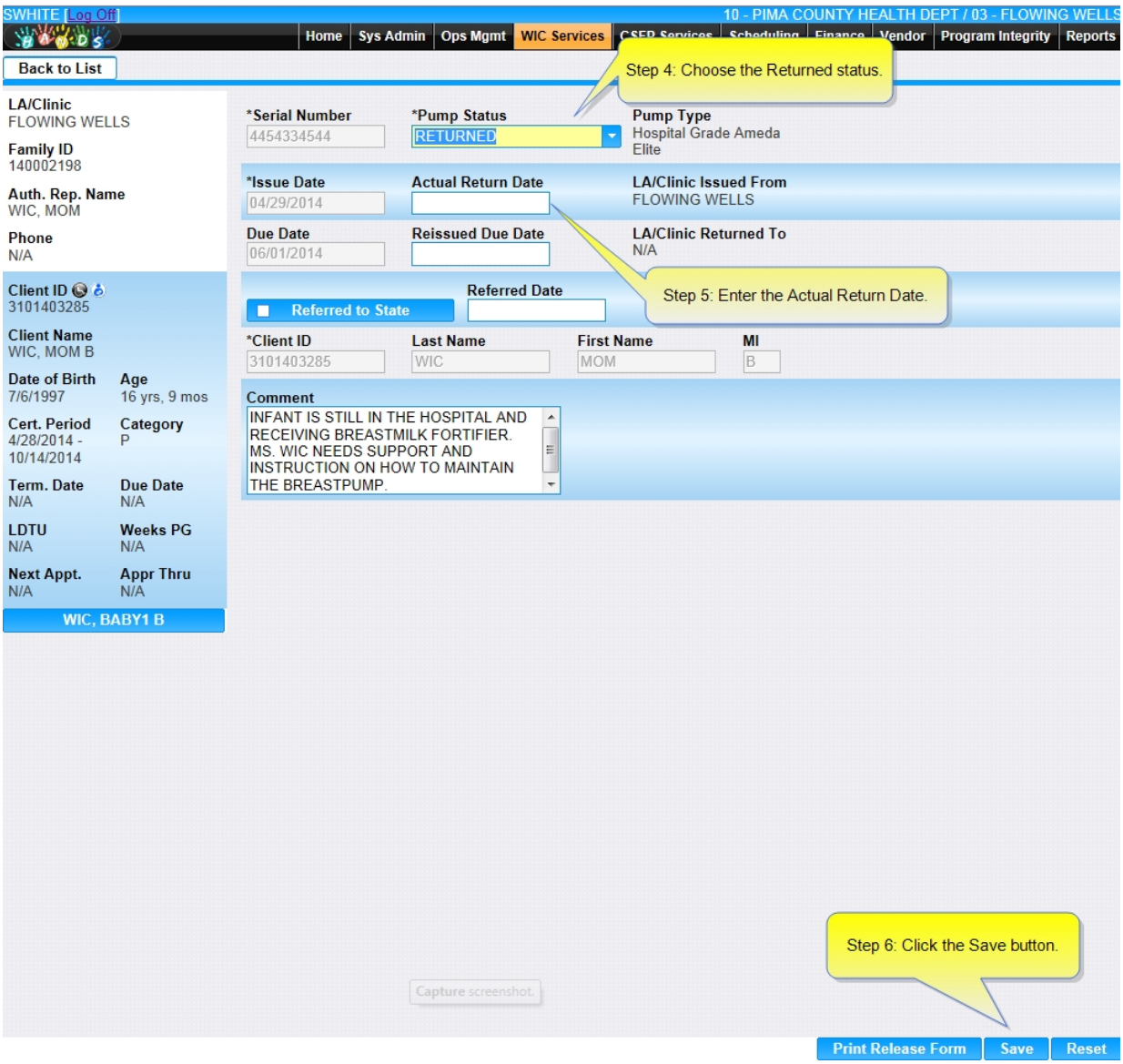


Module 5: Figure 14: Returning a Breast Pump

1. On the Breast Pump Issuance and Return Page, enter either the pump Serial Number or Client ID.

2. Click Search.

3. In the breast pump information display, click the Edit Icon beside the breast pump Serial Number. This will bring you to the Breast Pump Issue Page. See Module 5: Figure 15 below.

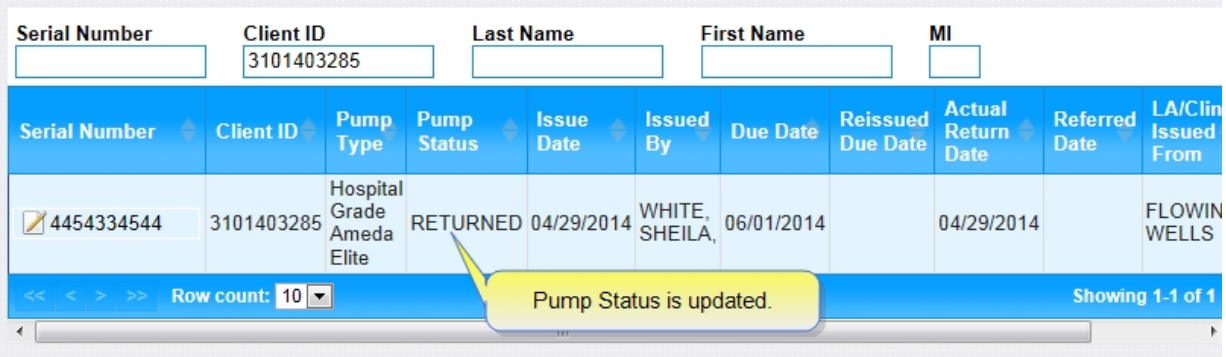


Module 5: Figure 15: Breast Pump Issue Page

4. In the Pump Status drop down list, choose Returned.

5. Enter the Actual Return Date.

6. Click Save.See Module 5: Figure 16 below.



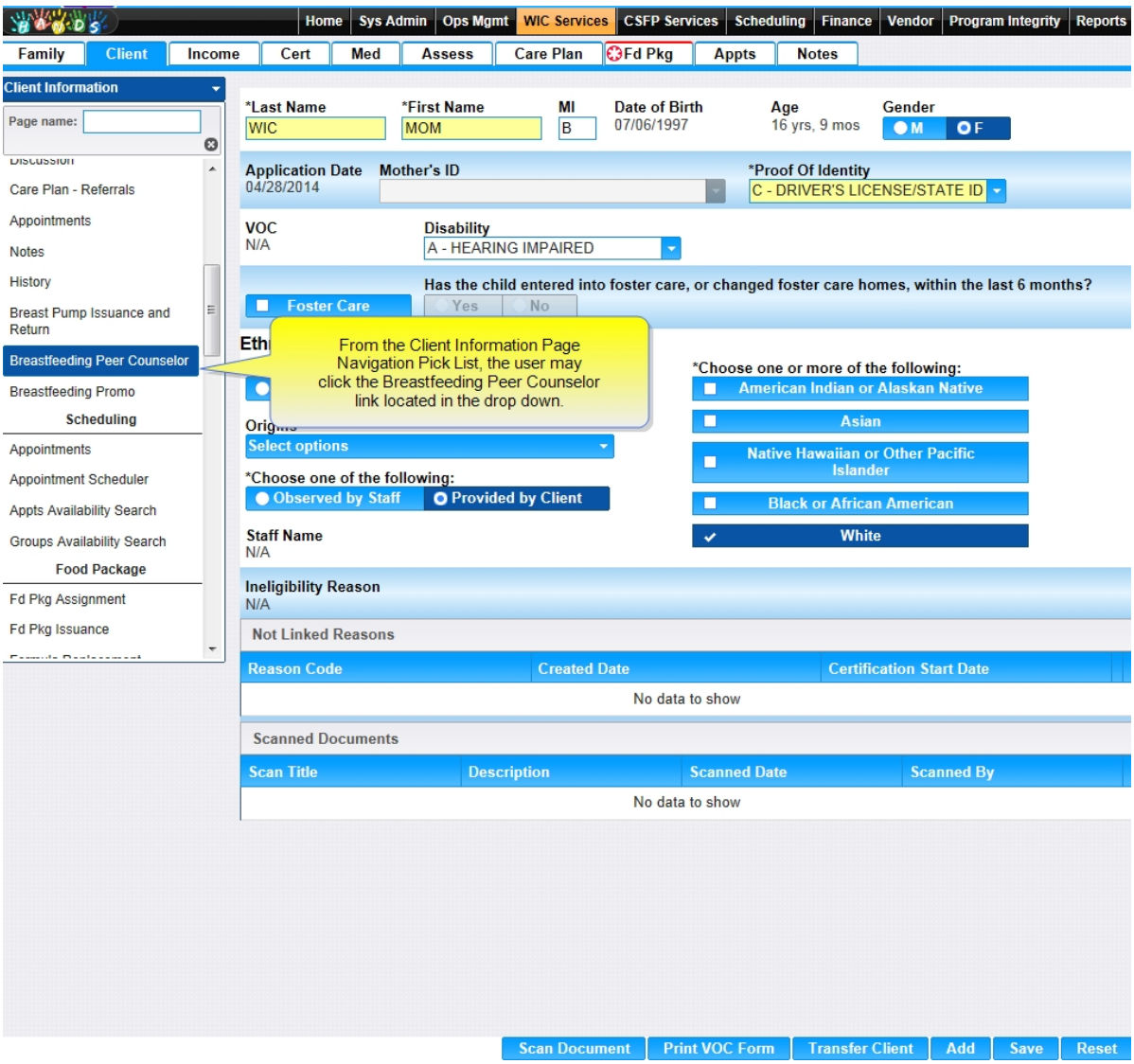
Module 5: Figure 16: Pump Status Updated Page

Breastfeeding Peer Counselor

The Breastfeeding Peer Counselor page is used to document contact with a breast-feeding client. Peer counseling can only be documented for a client if they are certified in one of the following categories: EN, IEN, IPN, IPN+, P, PN, PN+, PG1 or PG2.

Breastfeeding Peer Counselor Page Navigation:

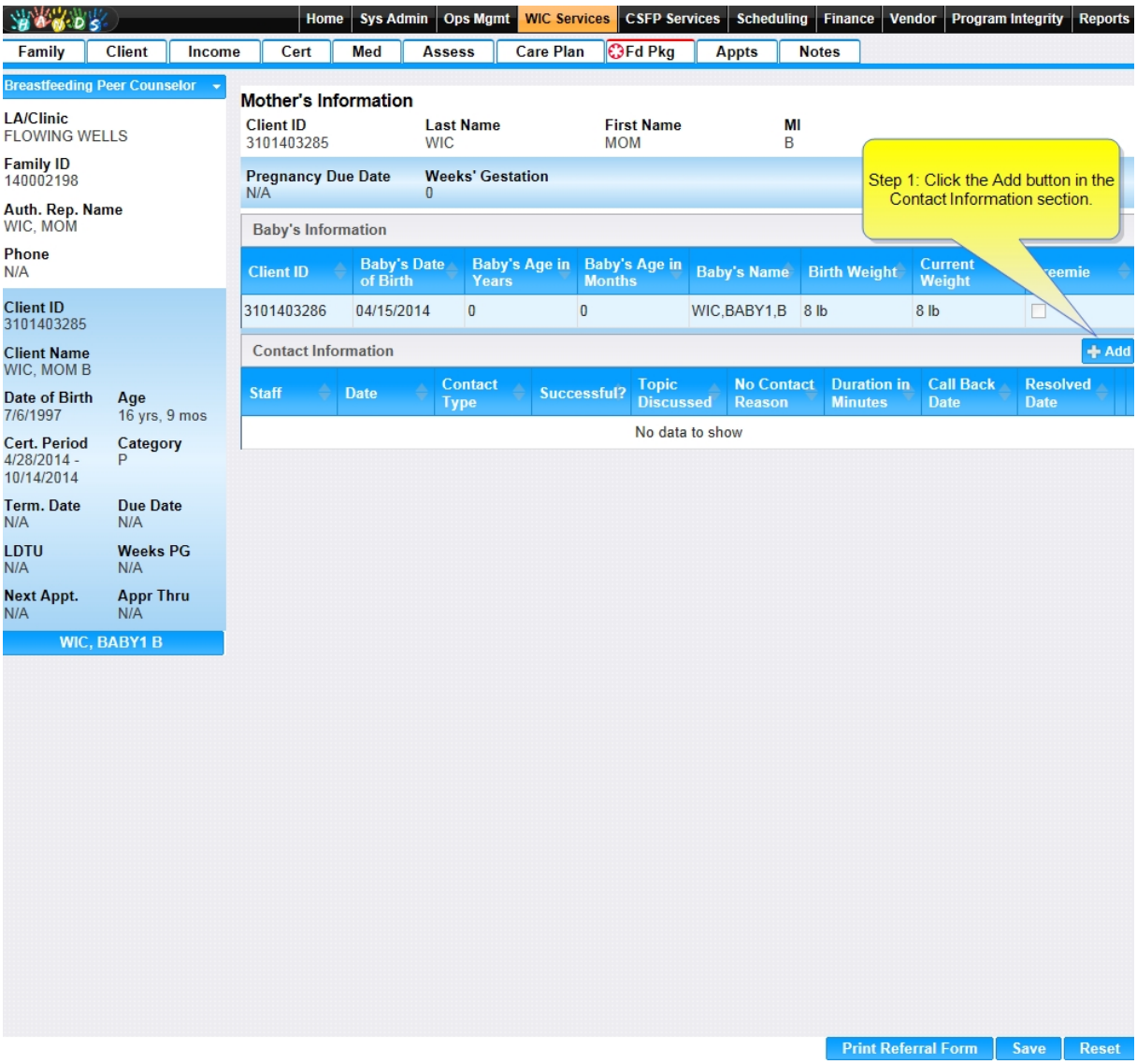
To reach the Breastfeeding Peer Counselor Page, the user will need to access the Navigation Pick List located within the Family or Client Information pages. See Module 5: Figure 17 below.



Module 5: Figure 17: Breastfeeding Peer Counselor Page Navigation

The Breastfeeding Peer Counselor page displays.

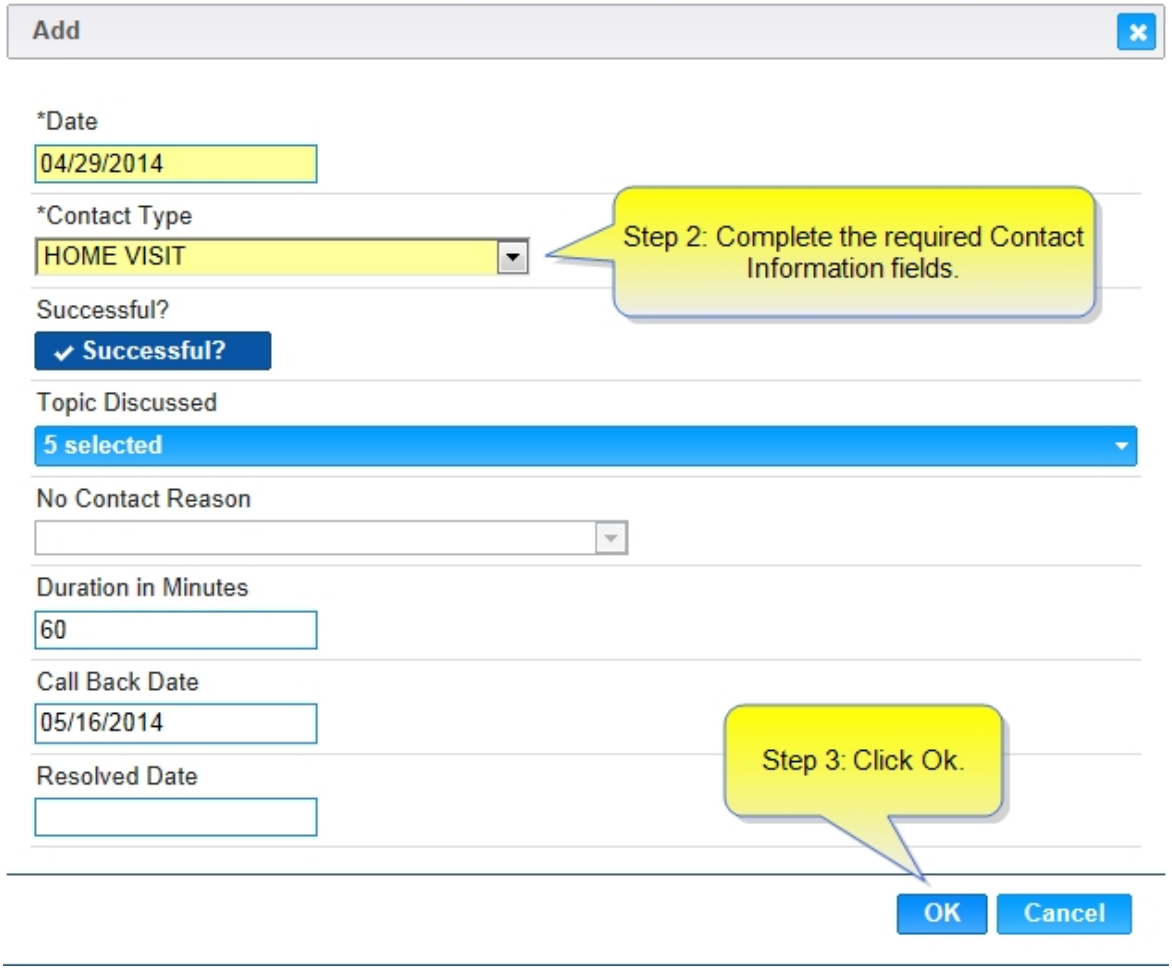
Adding a Breastfeeding Peer Counselor Record



Module 5: Figure 18: Adding a Breastfeeding Peer Counselor Page

1. On the Breastfeeding Peer Counselor page, click the Add button located in the Contact Information section. See Module 5: Figure 18 above.

2. Complete the required fields in the Add Contact Information box. See Module 5: Figure 19 below.



Module 5: Figure 19: Add Contact Information Box

3. Click OK.

4. Click Save on the Breastfeeding Peer Counselor page.

5. The contact record will display in the grid. See Module 5: Figure 20 below.

un | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Mother's Information

Client ID	Last Name	First Name	MI
3101403285	WIC	MOM	B

Pregnancy Due Date	Weeks' Gestation
N/A	0

New Contract entry is now displayed.

Baby's Information

Client ID	Baby's Date of Birth	Baby's Age in Years	Baby's Age in Months	Baby's Name	Birth Weight	Current Weight	Preemie
3101403286	04/15/2014	0	0	WIC,BABY1,B	8 lb	8 lb	☐

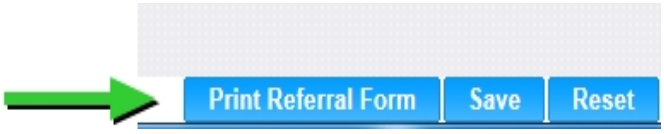
Contact Information + Add

Staff	Date	Contact Type	Successful?	Topic Discussed	No Contact Reason	Duration in Minutes	Call Back Date	Resolved Date
SWHITE	04/29/2014	HOME VISIT	☑	BABY WEIGHT GAIN,BABY STOOLS,ALTERNATE FEEDING: CUP/ FINGER / BOTTLE,BITING / TEETHING,BABY SICK		60	05/16/2014	

Module 5: Figure 20: Contact Record Grid

Printing Breastfeeding Peer Counselor Referral Form

1. Click the Print Referral Form located at the bottom of the Breastfeeding Peer Counselor Page. See Module 5: Figure 21 below.



Module 5: Figure 21: Print Retrieval Form

2. The Breastfeeding Peer Counselor Referral PDF Form box displays.

3. Click the Print icon at the top of the box.

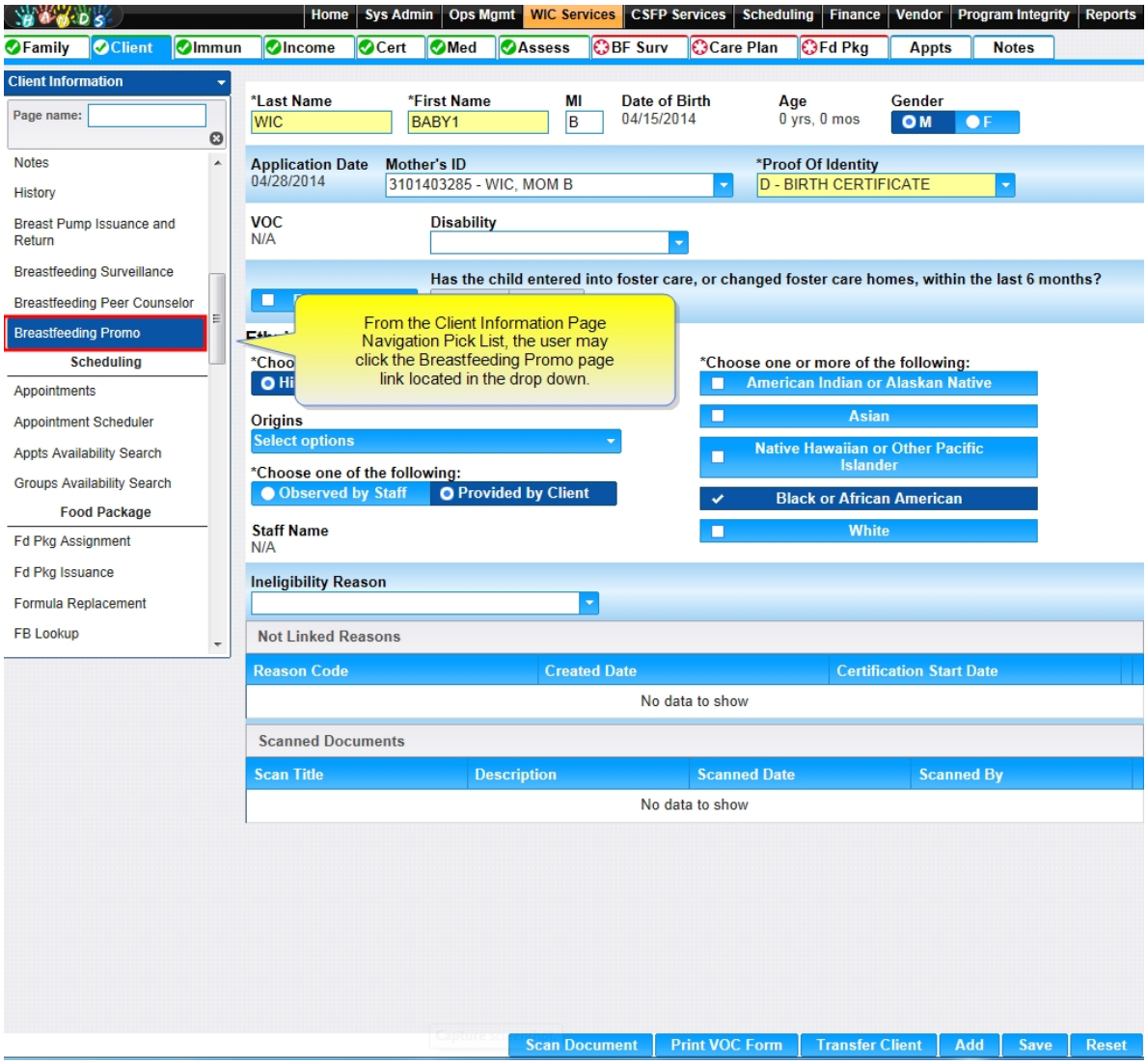
Hint: The Breastfeeding Peer Counselor Contact entry may be edited or deleted at any time using the Edit and Delete icons.

Breastfeeding Promotional Items

The Breastfeeding Promotional Items page is used to document the issuance of breast-feeding promotional items.

Breastfeeding Promotional Items Page Navigation:

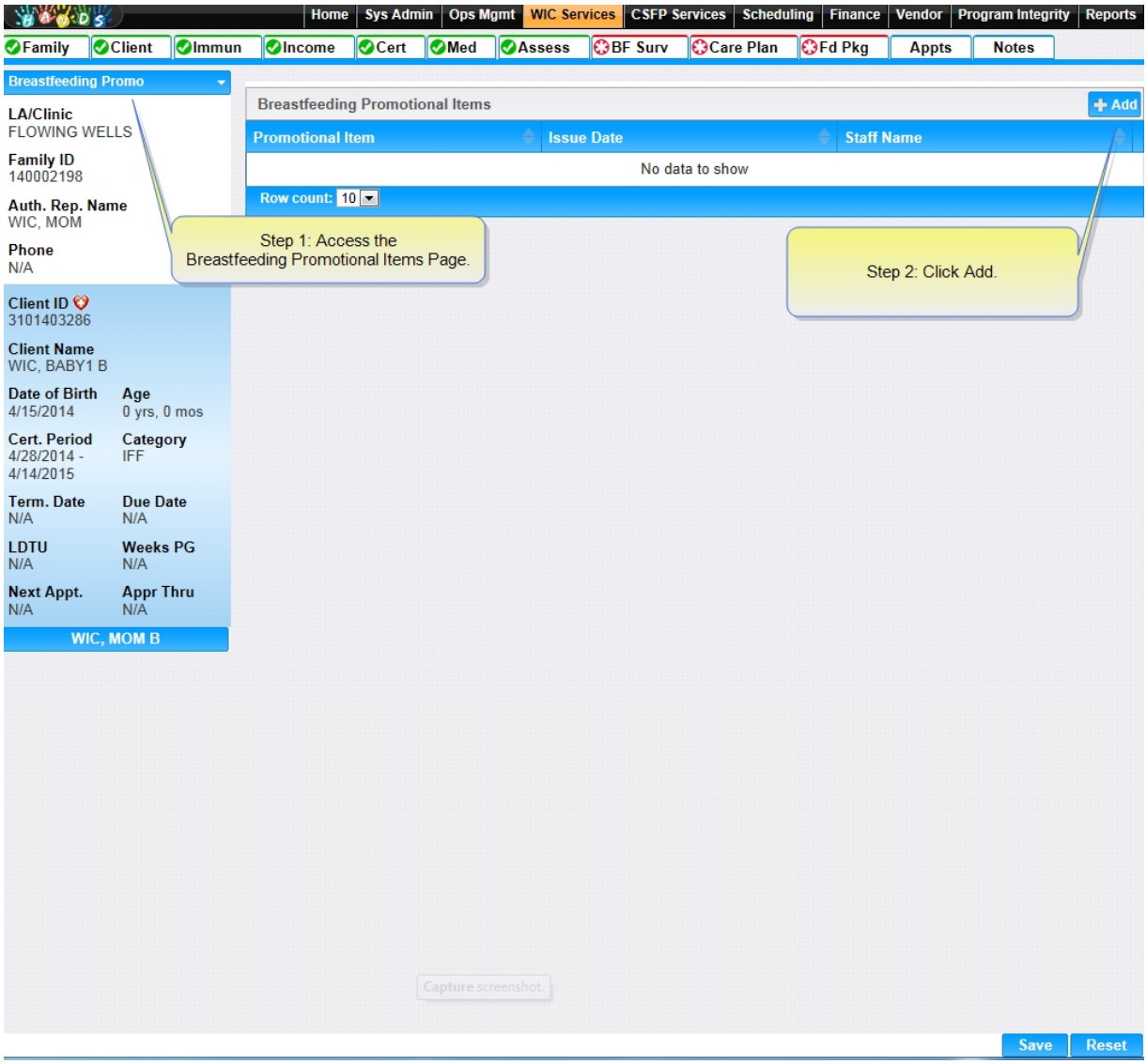
To reach the Breastfeeding Peer Counselor Page, the user will need to access the Navigation Pick List located within the Family or Client Information pages. See Module 5: Figure 22 below.



Module 5: Figure 22: Breastfeeding Promotional Items Navigation Page

Adding a Breastfeeding Promotional Item Record

1. Access the Breastfeeding Promotional Item Page. See Module 5: Figure 23 below.



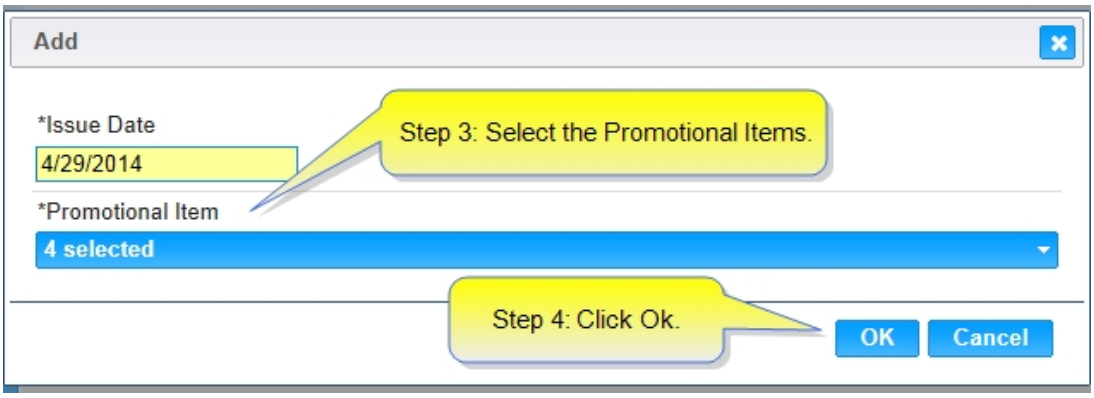
Module 5: Figure 23: Breastfeeding Promotional Items Page

2. Click the Add button.

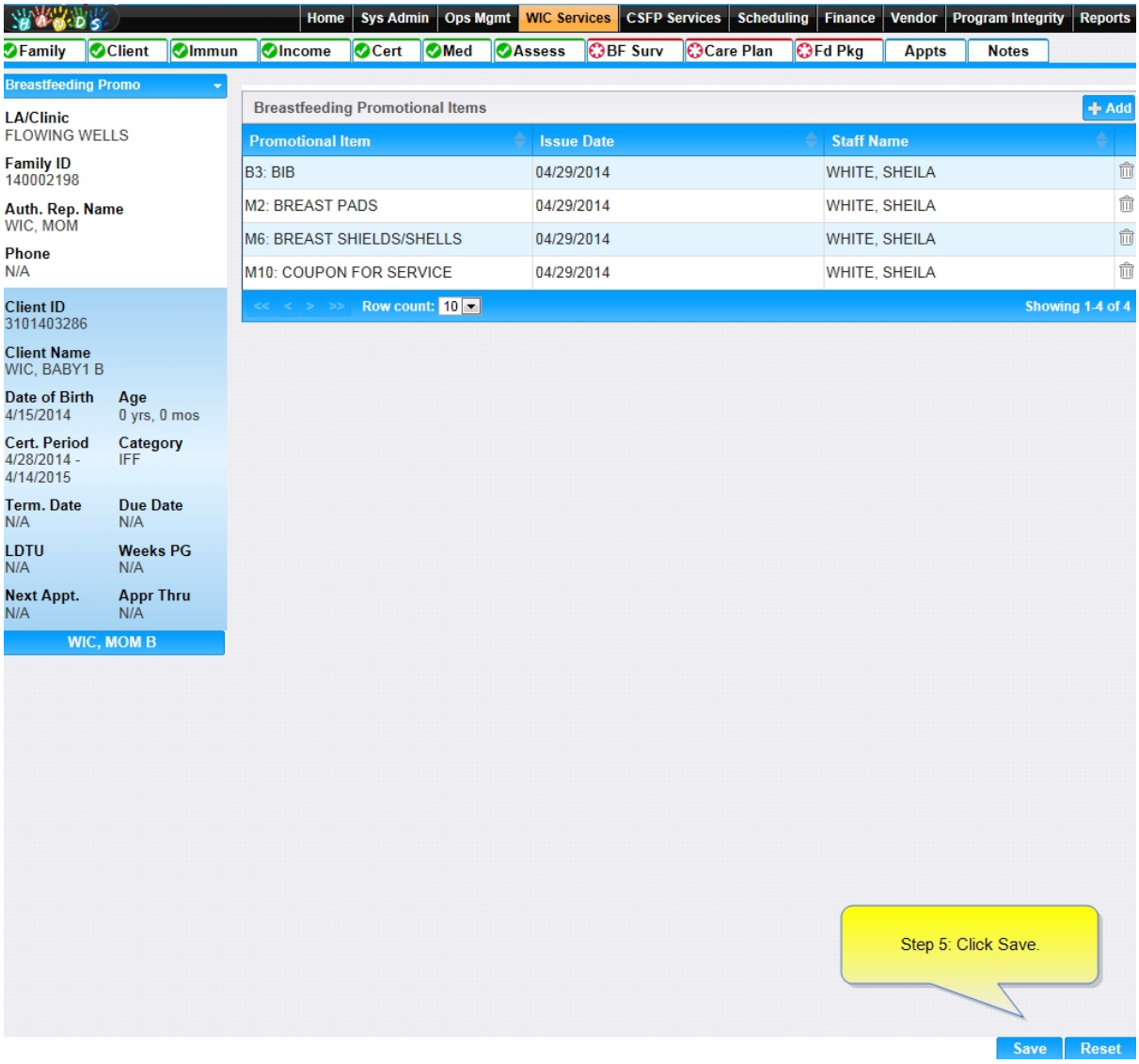
3. In the Add Breastfeeding Promotional Items box, select the promotional items.

4. Click the OK button.

5. On the Breastfeeding Promotional Items page, click the Save button. See Module 5: Figures 24 and 25 below.



Module 5: Figure 24: Adding Breastfeeding Promotional Items Box



Module 5: Figure 25: Save Breastfeeding Promotional Items

Module 6: Appointment Scheduling

Module 6
Learning Objectives

After completing this module, the User should be able to:

- Describe the sections of the Scheduler Calendar
- Demonstrate various ways of Scheduling an Appointment
- Coordinate a WIC Walk In Appointment
- Complete a rescheduling of a WIC appointment
- Conduct a cancellation of a WIC appointment
- Demonstrate scheduling for a Nutrition Discussion Group
- Remove a client from a scheduled Nutrition Discussion Group
- Manage the documentation of Nutrition Discussion Group Attendance
- Describe a WIC Clinic Day Appointment Check In
- Utilize the Pre-certification function for scheduling
- Review Family Appointments Page History
- Locate the Appointment Roster Report for a WIC Clinic Day

Scheduling Overview

HANDS Scheduler offers a variety of appointment styles for managing WIC Clinic flow and appointment availability. This flexibility will help Local agencies to better manage the daily Clinic service flow and meet mandatory federal guidelines or the 10/20 rule for scheduling WIC clients.

HANDS Scheduler allows traditional scheduling, open access scheduling, centralized appointment scheduling, walk in appointments and group appointments. The system will have indicators to track all appointment activity. As a result, there will be a variety of Scheduling Reports that will help Clinic administration to determine if the current schedule is meeting the requirements indicated by Arizona WIC Policy and Procedures.

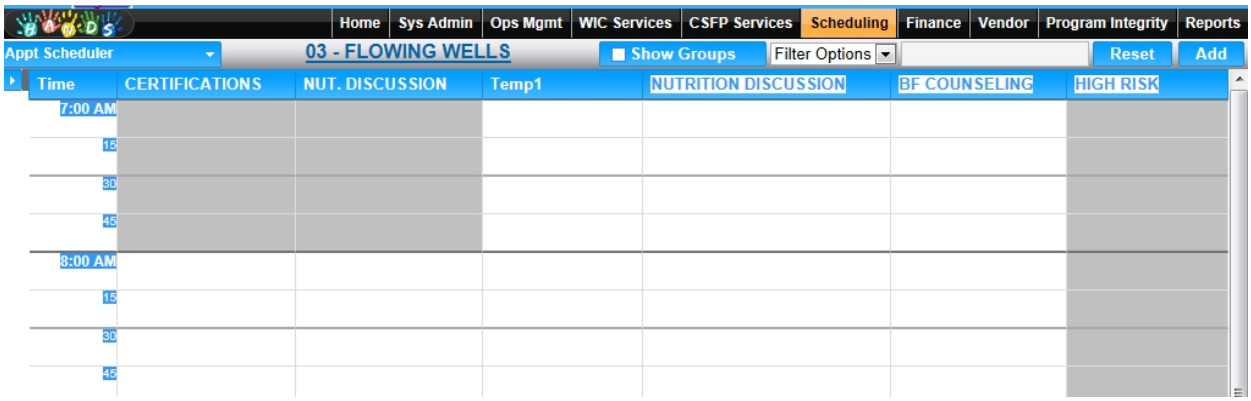
The design of the HANDS Scheduler area provides staff with easy navigation for scheduling and updating WIC appointments. For example, there are at least 3 different ways to add appointments for a WIC client located in both the Scheduler and WIC Services modules of HANDS. A Clinic user could make an appointment for a client while in the WIC Services module or by going directly to Scheduler. In addition, all client records within a family are available on the same screen for making, rescheduling or canceling WIC appointments.

For setting up a Clinic schedule, HANDS Schedule templates offer many appointment types, time slots and columns which may be opened or blocked as needed without having to alter the entire schedule. Changes to a Clinic schedule may be added for a certain day or range of days, and HANDS will provide alerts if there are any existing conflicts between the new and existing schedule

Services, Provider Columns, Time Slots & Nutrition Groups

The schedule day is divided into Services, Columns and Time Slots. The types of services and columns which a Local agency chooses are maintained by the Arizona WIC State Agency. The Local agencies decide the starting and ending times as well as the number of services and service providers per schedule day.

Examples of the services and columns that Clinic staff may choose from when making an appointment in HANDS. See Module 6: Figure 1 below.



Module 6: Figure 1: Services and Columns When Making Appointments

Services may include Certification, High Risk, Breast Pump Issuance, Nutrition Discussion, BF Counseling.

Appointment Time Slots

The default time for a time slot will vary depending upon the service and the needs of the worker and client. HANDS schedule templates are set up automatically in 15 minute increments from start time until close. For example, there will be 4 15 minute time slots within an hour. The user may use only 15 minutes for an appointment or change the time to 30 minutes or longer.

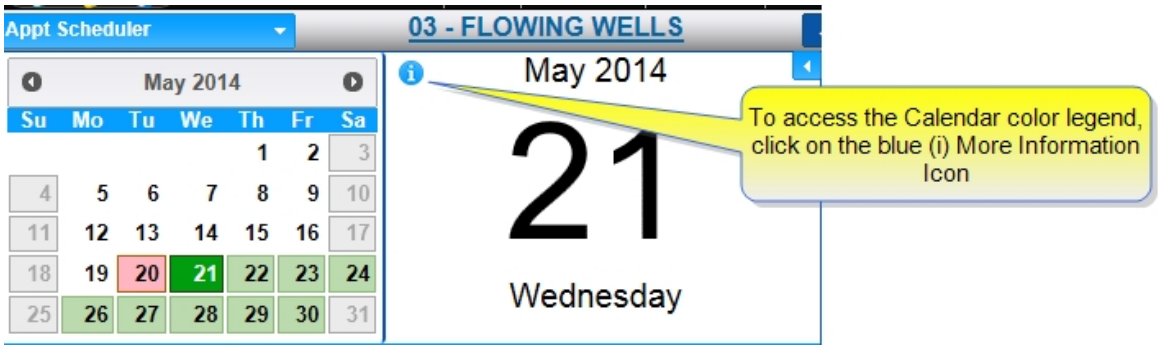
Hands will not allow more than 1 appointment per 15 minutes, so that only 1 WIC client is scheduled per time slot.

Scheduling Appointments

HANDS offers flexibility and a variety of ways to add and provide updates to WIC appointments.

WIC Appointments may be viewed, added, rescheduled or canceled from either the Scheduling Area or in the Family Appointments Page in WIC Services.

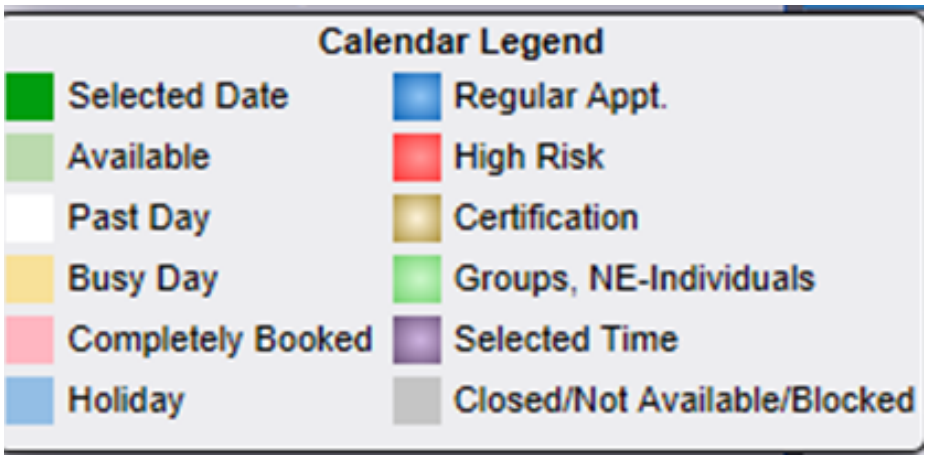
Clinic Calendars



Module 6: Figure 2: Clinic Calendars

The Clinic calendar month view will display a preview of appointment availability information including Clinic hours of operation, Clinic closed dates within the month and holidays. When you navigate to the calendar, by default the calendar will load for the Clinic you are logged into for the current month and the selected date will be today. See Module 6: Figure 2 above.

The calendar view is color coded to assist you with scheduling. See Module 6: Figure 3 below. The dates on the Scheduler Calendar and the Appointment Sheet will have different colors as follows:



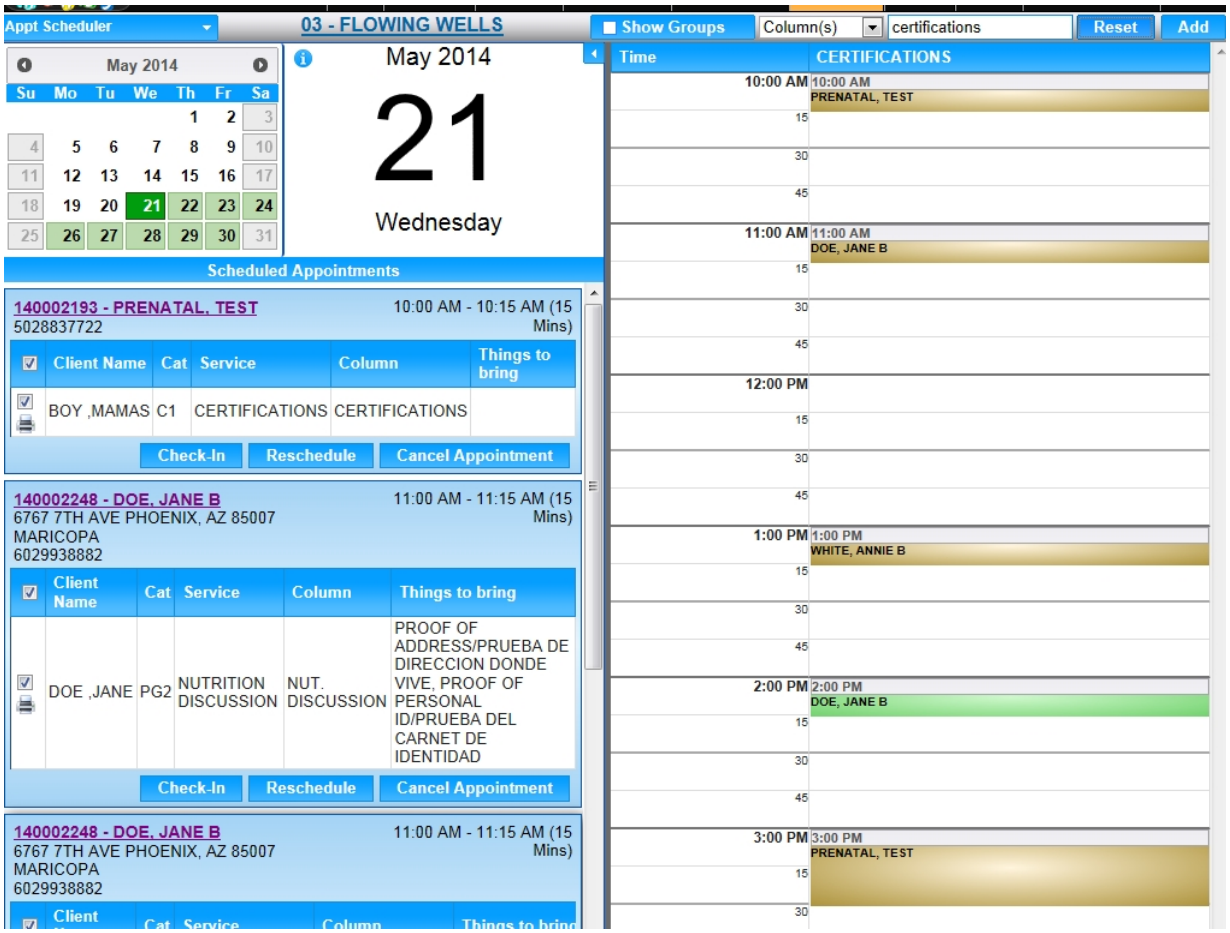
Module 6: Figure 3: Clinic Calendar Legend

Calendar: Selected Date- Dark Green; Available- Light Green; Past Day-White; Busy Day-Yellow; Completely Booked- Pink; Holiday- Light Blue
Appointment Sheet: Regular Appointment- Dark Blue; High Risk- Red; Certification- Gold; Groups, NE-Individuals- Neon Green; Selected Time- Purple; Closed/Not Available/Blocked- Gray

Scheduler Appointment Sheet Filter Options:

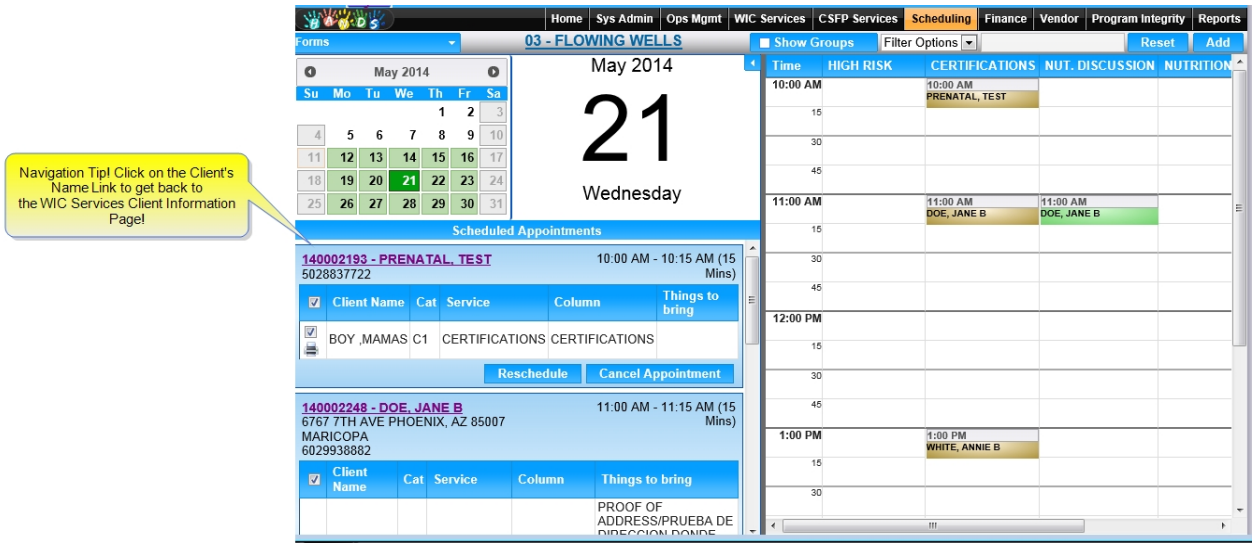
The appointments listed on the Appointment Sheet may be filtered by Family IDs, Columns or Services.

1. On the Appointment Scheduler Appointment Sheet, choose a filter option. See Module 6: Figure 4 below.



Module 6: Figure 4: Appointment Scheduler Appointment Sheet

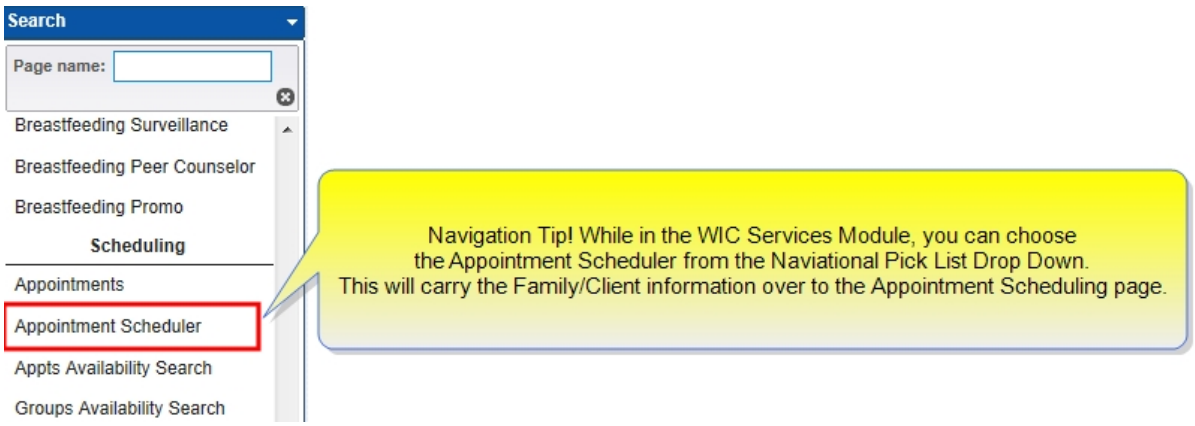
2. In the blank field, type in the name of the filter option you want to see. For example, choosing the Column filter option, the user would type in the column desired, such as Certifications.
3. The Appointment Sheet should display only those appointments which match the column or filter option chosen. If the filter does not display automatically, click the tab button on the keyboard to display the filter. See Module 6: Figure 5 below.



Module 6: Figure 5: Appointment Sheet Options

Navigation Tip! If you have clients displayed under the Scheduled Appointments list to the Left of the appointment sheet, you may click on the Client's NAME link and it will take you directly to the WIC Services/Certification Work flow pages.

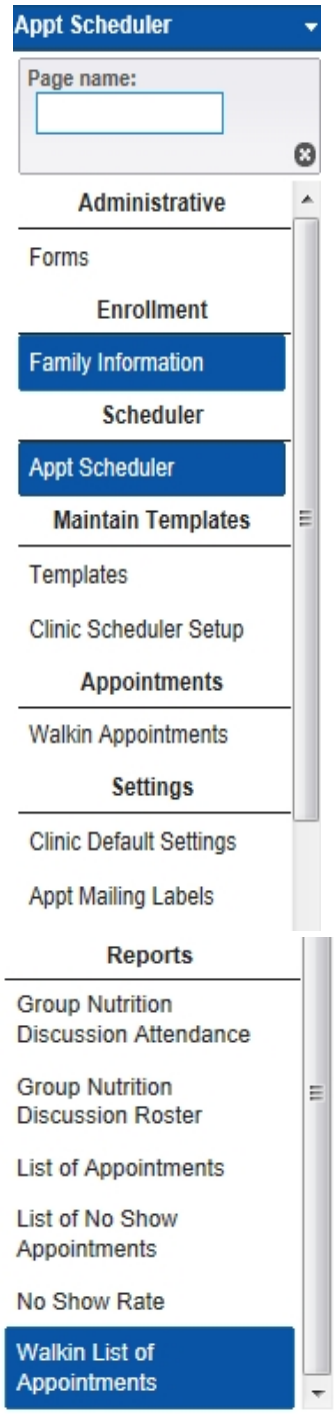
If you use your Navigation Pick List while in the Family/Client Record in WIC Services to Navigate over to the Appointment Scheduler page, the family ID information travels with you when you start to add an appointment. See Module 6: Figure 6 below.



Module 6: Figure 6: Appointment Scheduler in Navigational Pick List Drop Down

Scheduler Navigation Pick List

The Navigation Pick List provides an easy and quick way to navigate through the HANDS Scheduling Area and from the Scheduling area back to WIC Services. See Module 6: Figure 7 below.



Module 6: Figure 7: Scheduler Navigation Pick List

Scheduling an Appointment from the WIC Services Family/Client Search Page

There are a few different ways to schedule appointments, however, scheduling from the WIC Services area allows you to designate which client or family you want to schedule before actually scheduling. By completing a search in WIC Services, the user may go directly to Scheduling with the family information already loaded in order to choose an appointment from the chosen day's calendar.

1. Click on the WIC Services menu.
2. Search for the WIC family or client.
3. In the search results, click the check box beside the name of the client you want to schedule.

Hint: If scheduling for the entire family, just simply choose one of the clients in the family. All clients in a family will become available in the Scheduling area.

4. On the lower left hand of the Search screen, click the Schedule Appointments button. You will be taken to the Scheduling area's Appointment Scheduler page. From here the calendar will open for you to be able to select a day for scheduling. See Module 6: Figure 8 below.

SWHITE [Log Off] 10 - PIMA COUNTY HEALTH DEPT / 03 - FLOWING WELLS

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Search

CLINIC | AGENCY | STATE | ACTIVE | PENDING / INACTIVE | ALL

Client ID | Family ID | Last Name: TESTER | First Name | MI | Gender: M F | Client Category

Date of Birth | Cert. Start Date | Cert. End Date | Auth. Rep. 1 Last Name | Auth. Rep. 1 First Name | Phone Number

	Client ID	Family ID	Client Name	Cat	Gender	Date of Birth	Status
+	3101403173	140002145	TESTER, MARGE C		F	09/03/1994	P
+	3101403162	140002143	TESTER, MARIE B		F	09/04/1993	P
+	3101403164	140002143	TESTER, VERA C	C1	F	01/08/2013	P
+	3101403163	140002143	TESTER, WENDY C		F	04/08/2014	P

<< < > >> Row count: 10 Showing 1-4 of 4

Schedule Appointments | Add a New Family | Transfer to CSFP | Transfer Family | Transfer Client | Search | New Search

Module 6: Figure 8: Scheduling an Appointment from the Search Page

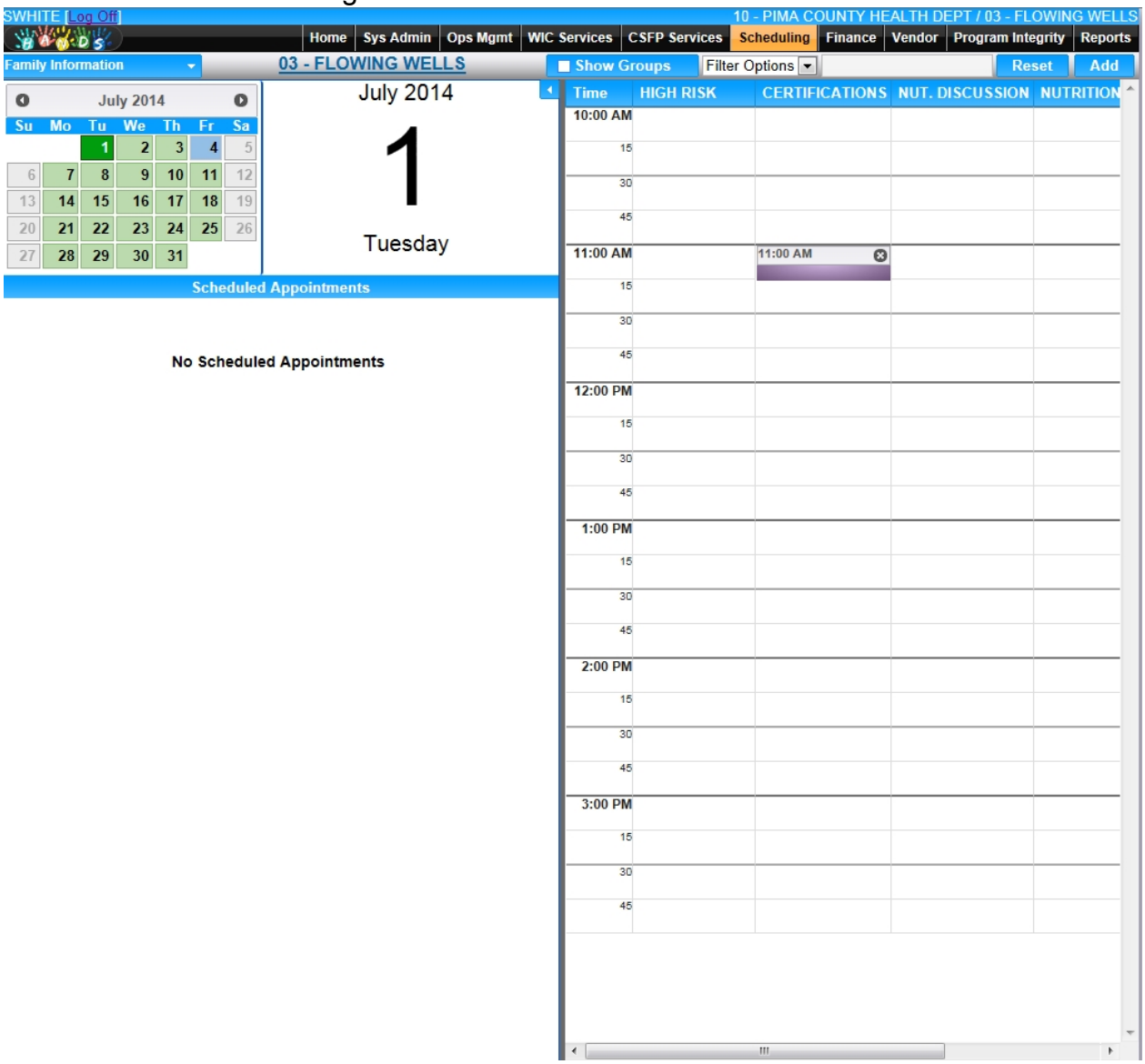
5. On the monthly calendar, click on the day which shows appointments are available.

Remember: The square will be dark green for the selected day or green for any other available days.

6. When your selected day becomes visible, notice the columns across the top of your appointment sheet. These are the services which are available for your Clinic day.
7. Choose a time slot in the desired service provider on the appointment sheet and click inside the time slot box. You will notice that the time slot is now highlighted in purple and the time of the appointment appears.

Hint: HANDS assigns a 15 minute value to each appointment slot. You can extend the time of the appointment slot by moving your cursor over the bottom of the appointment slot, clicking and dragging your cursor to extend the appointment time.

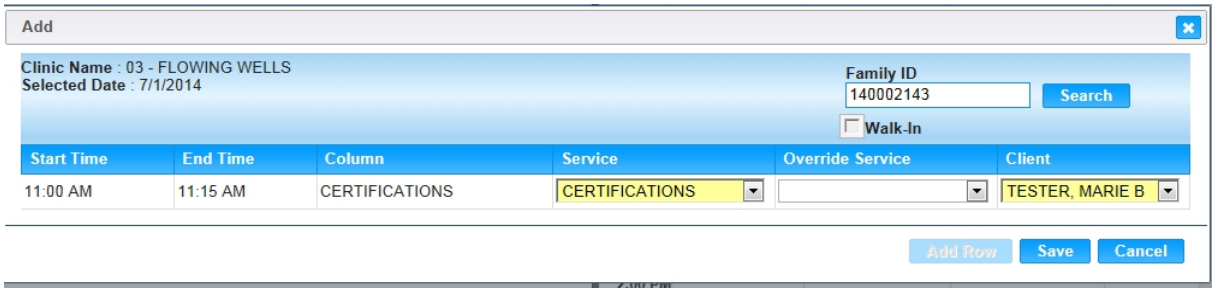
You can expand the appointment sheet by clicking on the white arrow next to the Time Column. See Module 6: Figure 9 below.



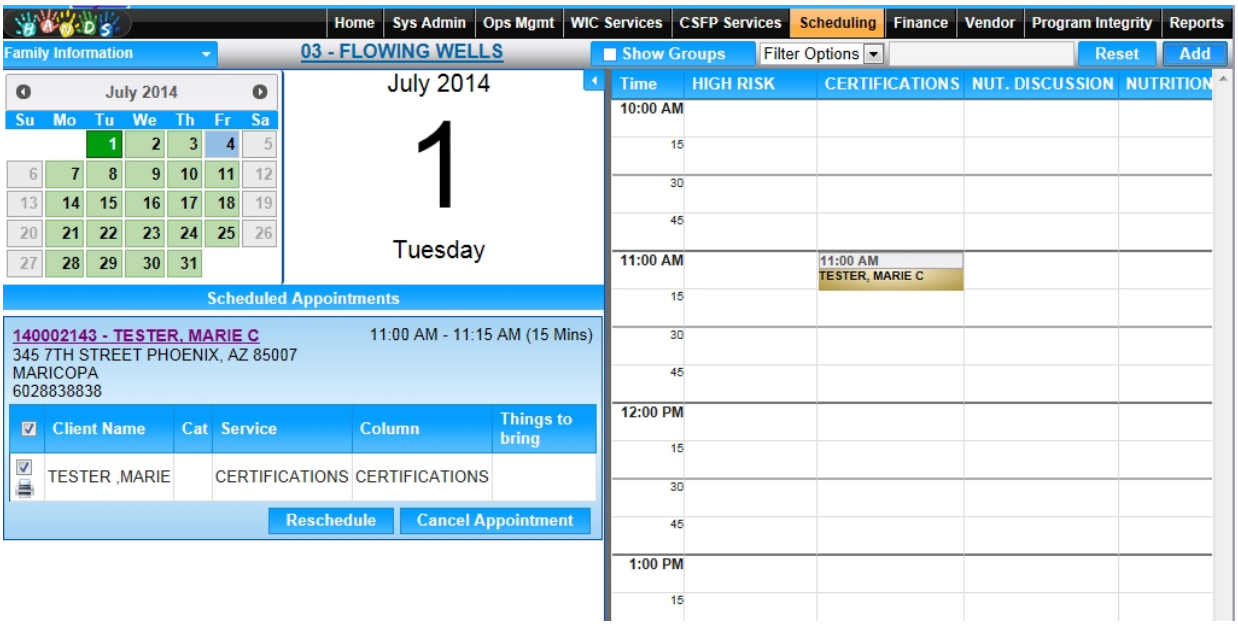
Module 6: Figure 9: Calendar Appointment Sheet

8. Click the Add button at the top right hand of the Appointment Scheduler page.
9. When the family is searched from the WIC Services Search page, the family ID will auto-populate within the family ID field on the Add Appointments box. You do not have to click search again.
10. Select the appropriate service for the appointment.
11. Select the appropriate client.

12. Click Save. See Module 6: Figures 10 and 11 below.



Module 6: Figure 10: Adding an Appointment



Module 6: Figure 11: Added Appointment on the Calendar

Scheduling Appointments from the WIC Services/ Family Appointments Page

The Family Appointments Page is located in WIC Services. It lists the appointments scheduled for all clients within a WIC Family. This allows a user to make new appointments, reschedule current appointments or cancel current appointments without leaving the WIC services area and going to the scheduling area.

1. In the WIC Services Search, complete a search for a WIC family or client.
2. In the Family/Client Certification Work flow, go to the Appts page.
3. On the bottom right of the page, click on the Find Appointments Available button. See Module 6: Figure 12 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Appointments

LA/Clinic
FLOWING WELLS

Family ID
140002143

Auth. Rep. Name
TESTER, MARIE

Phone
(602) 883-8838

Client ID
3101403162

Client Name
TESTER, MARIE B

Date of Birth 9/4/1993 | Age 20 yrs, 7 mos

Cert. Period N/A | Category N/A

Term. Date N/A | Due Date N/A

LDTU N/A | Weeks PG N/A

Next Appt. 5/9/2014 | Appr Thru N/A

TESTER, VERA C

TESTER, WENDY C

– Scheduled Appointments

Appointment Date : 05/09/2014
Appointment Time : 9:00 AM - 9:30 AM (30 Mins)

☑	Client Name	Cat	Service	Column	Things to bring
☑	TESTER, MARIE		HIGH RISK COUNSELING	HIGH RISK	

Reschedule | Cancel Appointment

Appointment Date : 07/01/2014
Appointment Time : 11:00 AM - 11:15 AM (15 Mins)

☑	Client Name	Cat	Service	Column	Things to bring
☑	TESTER, MARIE		CERTIFICATIONS	CERTIFICATIONS	

Reschedule | Cancel Appointment

+ Scheduled Group Nutrition Discussion Appointments

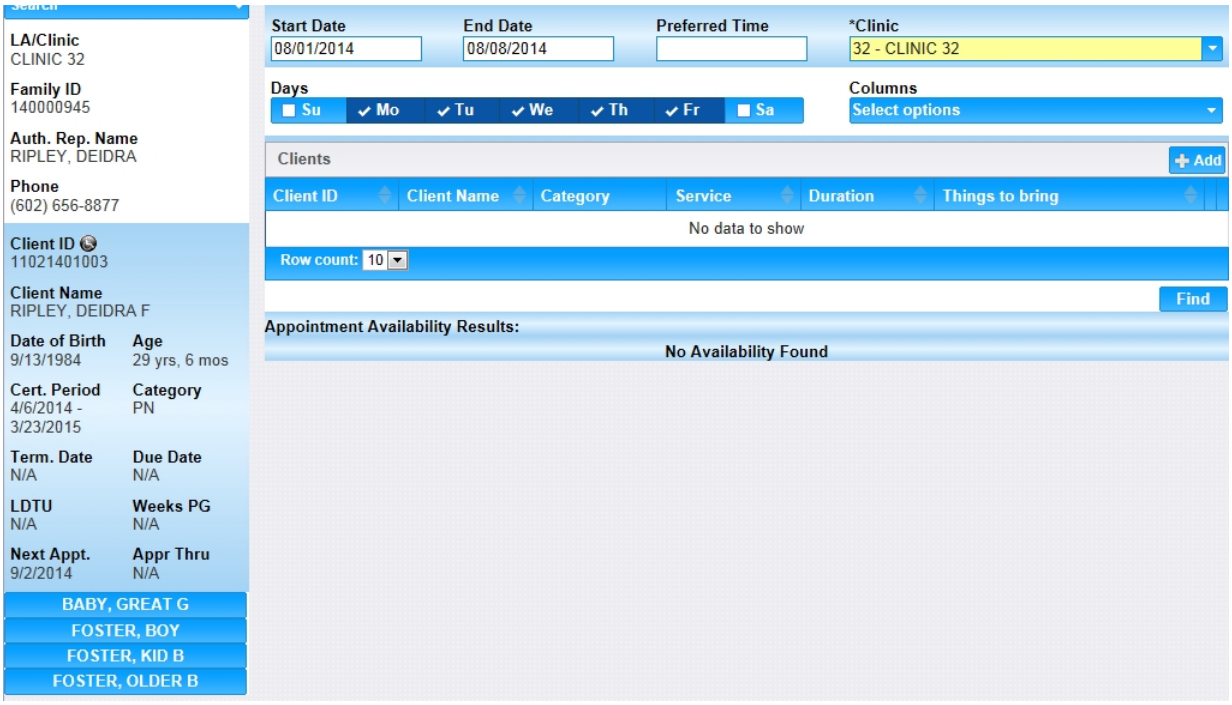
+ Pending Services

+ Appointment History

Find Appointment Availability | Find Groups

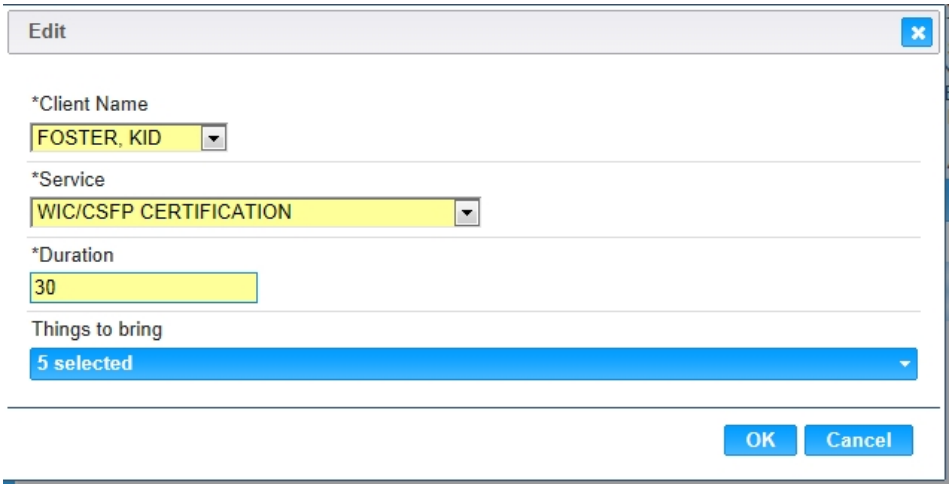
Module 6: Figure 12: WIC Services / Family Appointments Page

4. Choose a start and end date range. Make sure your Clinic number is correct. You may also enter the Preferred Time, Day of the Week or Column into your search if desired. See Module 6: Figure 13 below.



Module 6: Figure 13: WIC Services / Family Appointments Page Required Information

5. Click the Add button, and add your client. See Module 6: Figure 14 below.



Module 6: Figure 14: WIC Services / Family Appointments-Adding a Client

6. Choose the Client Name, Service, Duration and Things to Bring. Click OK.
7.Under the client information, click the Find button. See Module 6: Figure 15 below.

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Search

LA/Clinic
CLINIC 32

Family ID
140000945

Auth. Rep. Name
RIPLEY, DEIDRA

Phone
(602) 656-8877

Client ID
11021401003

Client Name
RIPLEY, DEIDRA F

Date of Birth 9/13/1984 | Age 29 yrs, 6 mos

Cert. Period 4/6/2014 - 3/23/2015 | Category PN

Term. Date N/A | Due Date N/A

LDTU | Weeks PG

Start Date 08/01/2014 | End Date 08/08/2014 | Preferred Time | *Clinic 32 - CLINIC 32

Days: Su | ✓ Mo | ✓ Tu | ✓ We | ✓ Th | ✓ Fr | Sa

Columns: Select options

Clients | Add

Client ID	Client Name	Category	Service	Duration	Things to bring
11021401007	FOSTER, KID	C2	WIC/CSFP CERTIFICATION	30	PROOF OF ADDRESS/PRUEBA DE DIRECCION DONDE VIVE PROOF OF INCOME/PRUEBA DE INGRESO TANF/AHCCCS/FOOD STAMP APPROVAL LETTER/CARTA APROBACION IMMUNIZATION RECORDS / CARDS/REGISTRO DE VACUNAS

<< < > >> Row count: 10 Showing 1-1 of 1

Find

Appointment Availability Results:

No Availability Found

Module 6: Figure 15: WIC Services / Family Appointments Page-Client Information

8. HANDS will display all available appointments within the date range. See Module 6: Figure 16 below.

Start Date 08/01/2014 | End Date 08/08/2014 | Preferred Time | *Clinic 32 - CLINIC 32

Days: Su | ✓ Mo | ✓ Tu | ✓ We | ✓ Th | ✓ Fr | Sa

Columns: Select options

Clients | Add

Client ID	Client Name	Category	Service	Duration	Things to bring
11021401007	FOSTER, KID	C2	WIC/CSFP CERTIFICATION	30	PROOF OF ADDRESS/PRUEBA DE DIRECCION DONDE VIVE PROOF OF INCOME/PRUEBA DE INGRESO TANF/AHCCCS/FOOD STAMP APPROVAL LETTER/CARTA APROBACION IMMUNIZATION RECORDS / CARDS/REGISTRO DE VACUNAS

<< < > >> Row count: 10 Showing 1-1 of 1

Find

Appointment Availability Results:

Clients	Date	Time	Service	Column
FOSTER, KID B	8/1/2014	7:00 AM - 7:30 AM	WIC/CSFP CERTIFICATION	RD
FOSTER, KID B	8/1/2014	7:30 AM - 8:00 AM	WIC/CSFP CERTIFICATION	RD
FOSTER, KID B	8/1/2014	8:30 AM - 9:00 AM	WIC/CSFP CERTIFICATION	RD
FOSTER, KID B	8/1/2014	9:00 AM - 9:30 AM	WIC/CSFP CERTIFICATION	RD
FOSTER, KID B	8/1/2014	9:30 AM - 10:00 AM	WIC/CSFP CERTIFICATION	RD
FOSTER, KID B	8/1/2014	10:00 AM - 10:30 AM	WIC/CSFP CERTIFICATION	RD
FOSTER, KID B	8/1/2014	10:30 AM - 11:00 AM	WIC/CSFP CERTIFICATION	RD

Book

Module 6: Figure 16: WIC Services / Family Appointments Page-Available Appointments

9. Choose an appointment by clicking on the appropriate radio button, and click the Book button.

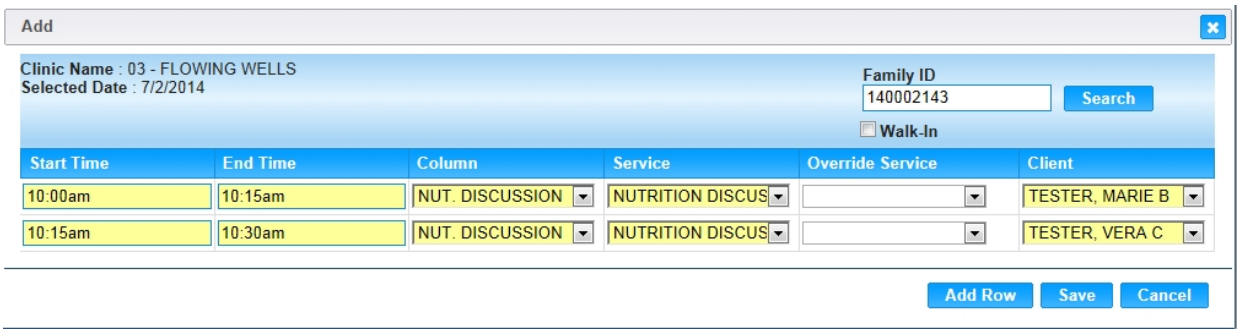
10. The appointment will be scheduled for your chosen client.

Scheduling for Multiple Clients within a Family by Adding Rows

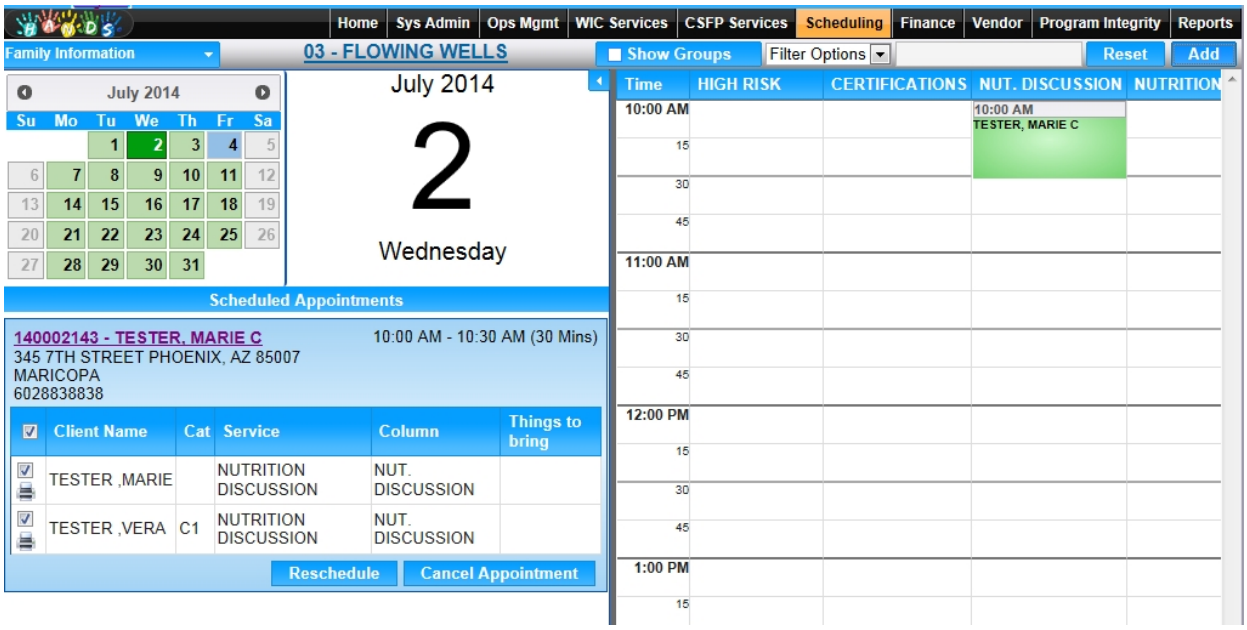
As an alternative to scheduling for one appointment slot at a time for each family member, HANDS allows the user to add appointment rows in the Add Appointments box. Each row could be used to schedule for each family member so that all family members may be scheduled in one save function. Just remember that there is only one client per appointment slot, but you can use this function to schedule all family members for one service provider.

For example: Marie Tester and her child, Vera, both need a Nutrition Discussion appointment with the Nutritionist. The staff user can search for Marie Tester's family in HANDS, go to the appointment scheduler and add a certification appointment for both of them within the same time frame. So if the staff user appoints Marie Tester starting at 10:00 AM and ending at 10:15 AM for a Nutrition Discussion Services. Another appointment row can be added, and the child may be appointed starting at 10:15 AM and ending at 10:30 AM for the same service. This way both clients in the family are appointed together.

1. Search for your family on the WIC Services search screen.
2. Choose a client in the family by clicking the check box beside the client’s name.
3. Click the Schedule Appointment button.
4. On the Appointment Sheet/Calendar, click Add. (Do not highlight an appointment slot on the appointment sheet)
5. In the Add Appointments box, you will see a blank appointment row with a start time, end time, column, service & client fields.
6. Click the Add Row button in the lower right hand corner of the Add Appointments box.
7. This will add another blank row for your appointment. Add as many rows as necessary to make the appointments for your family’s clients.
8. Choose the start time, end time, column, service & client fields.
9. Click save. HANDS will let you know if there are any conflicts on the Appointment Calendar. See Module 6: Figures 17 below.



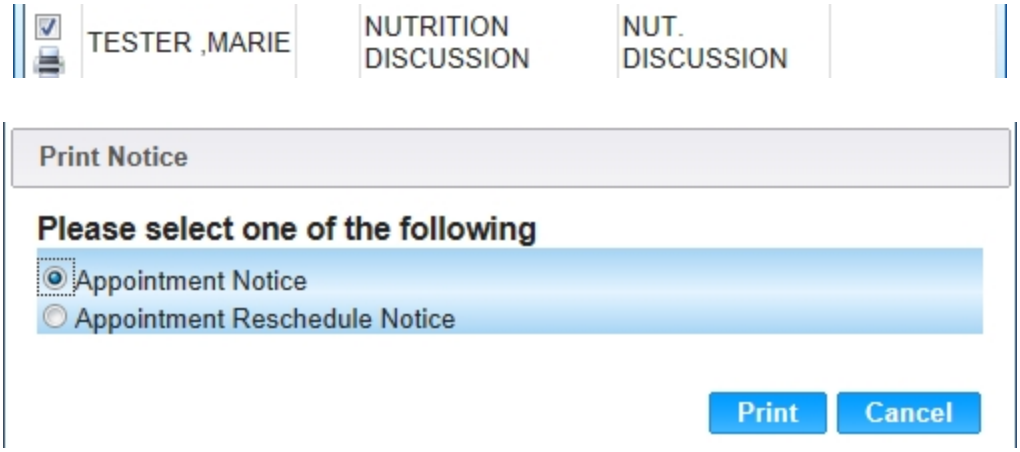
Module 6: Figure 17: Scheduling for Multiple Clients within a Family by Adding Rows



Module 6: Figure 18: Scheduling for Multiple Clients within a Family by Adding Rows-Appointment Sheet

Both appointments have now been saved and show up on the scheduled day's Appointment Sheet. See Module 6: Figures 18 above.

Hint: If you click on the printer icon beside the Client's name under the Scheduled Appointments list, you will be able to print the Appointment Notice or Appointment Reschedule Notice. See Module 6: Figure 19 below.

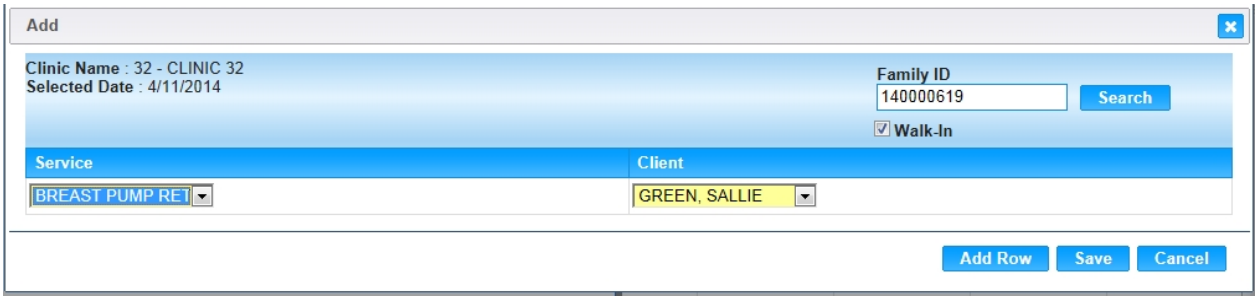


Module 6: Figure 19: Print Notice Page

Scheduling Walk-In Appointments

Using the Add function, walk-in appointments can also be created. Walk-in appointments are used to track and check-in families/clients that do have a scheduled appointment. Walk-in appointments are not tied to a specific time slot, just a listing of the clients that walked into the Clinic, the service type and the time they walked in.

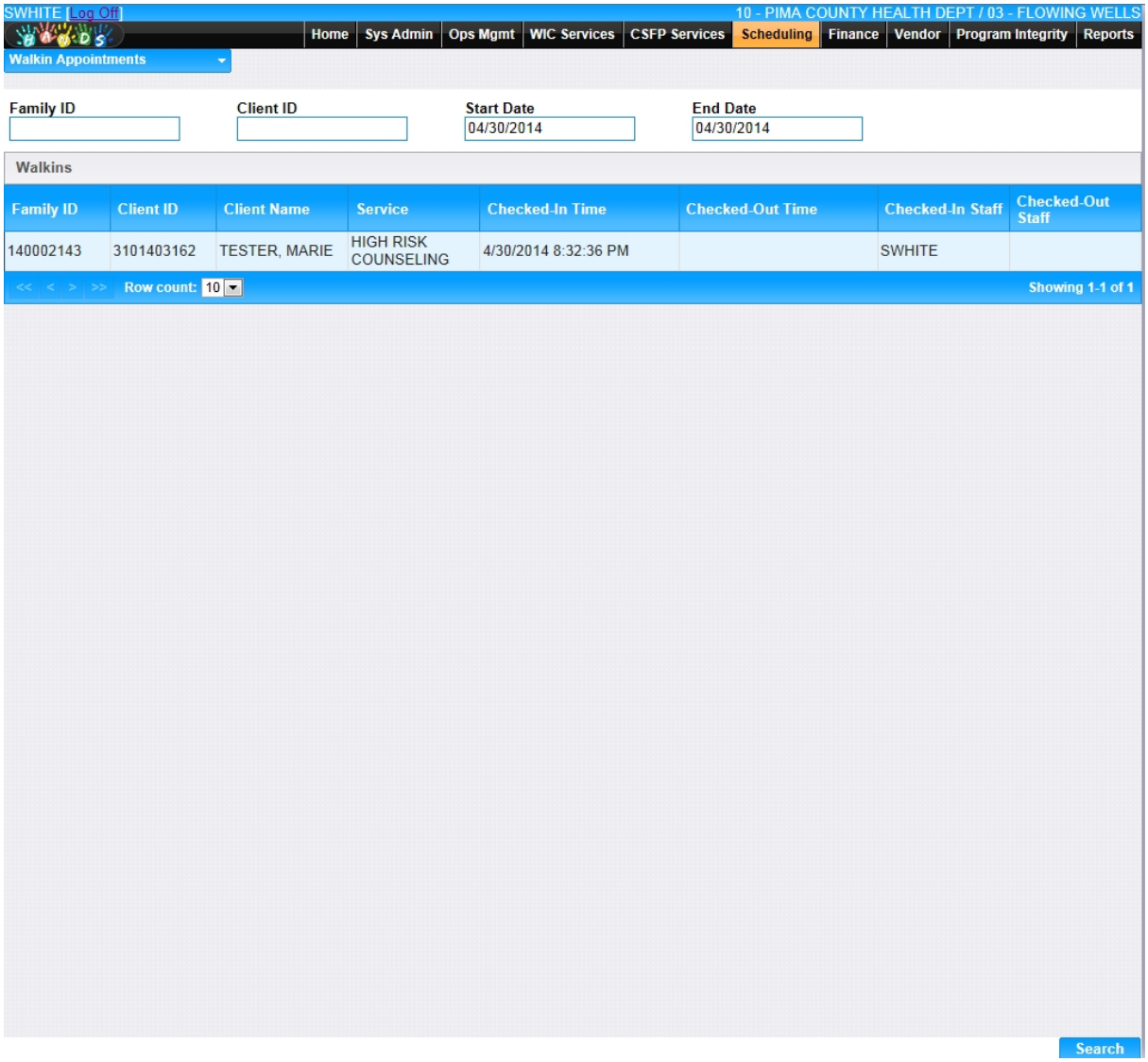
1. Search for the WIC Family or Client in WIC Services Search.
2. Click the Schedule Appointment button to open the Appointment Scheduler Page.
3. Click the Add button to open the Add Appointments box.
4. Click the Walk In check box.
5. Choose the Service.
6. Choose a client.
7. Click the Save button. See Module 6: Figure 20 below.



Module 6: Figure 20: Scheduling Walk-In Appointments

Walk-In Appointments may be searched on the Walk-In page located in HANDS Scheduler Module drop down.

Search for all Walk-In Appointments by entering the Start and End Dates and clicking the Search button. See Module 6: Figure 21 below.



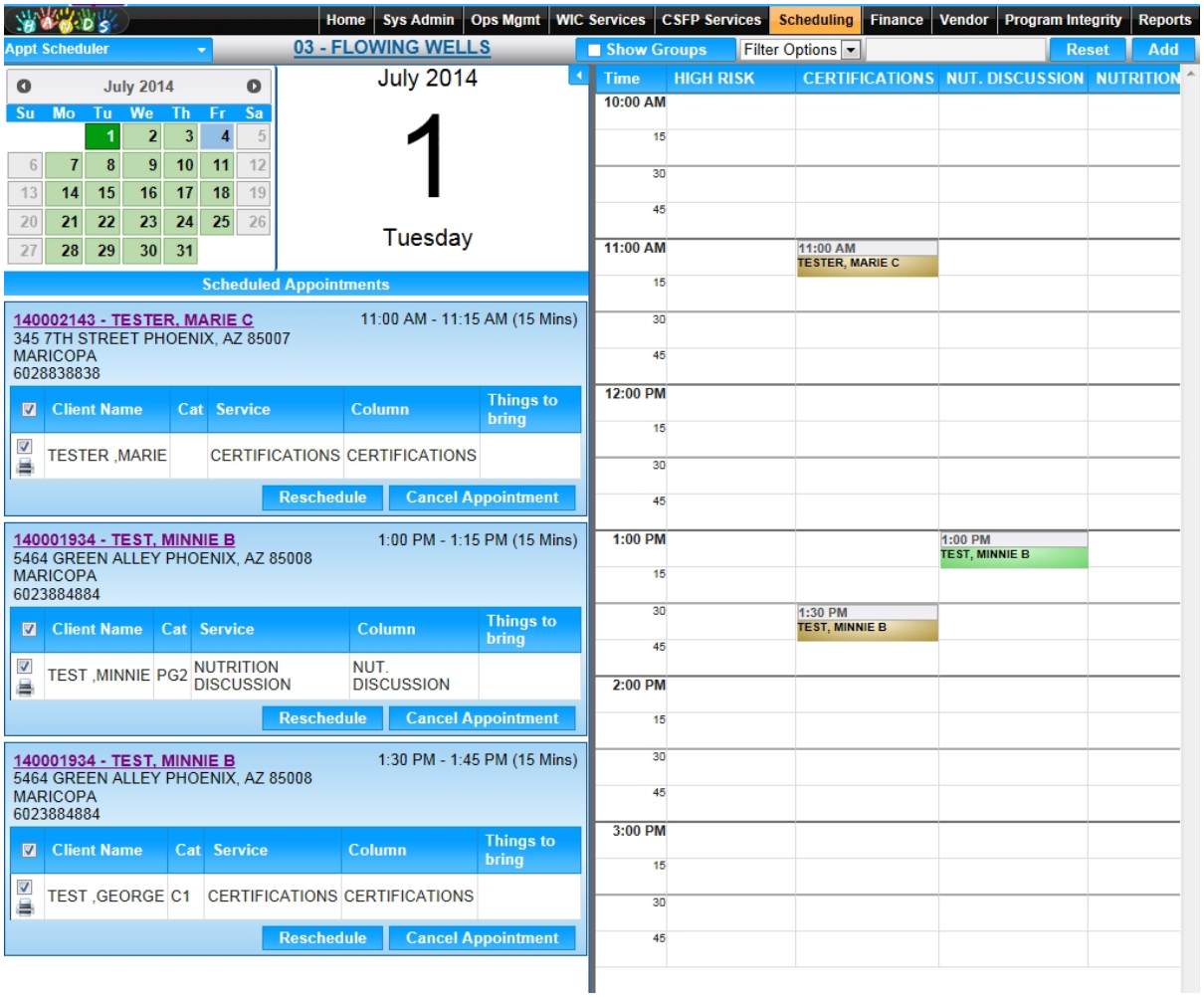
Module 6: Figure 21: Searching for all Walk-In Appointments

Re-Scheduling Appointments

Re-Scheduling from HANDS Appointment Scheduler

1. Go to the HANDS Scheduling Area.
2. Choose Appointment Scheduler from the Scheduler Drop Down, Menu Scheduler Calendar, look up the Appointment Day and click on the date to bring up the Appointment Sheet.
3. Find the client on the Scheduled Appointments List which is to the left of the Appointment Sheet.

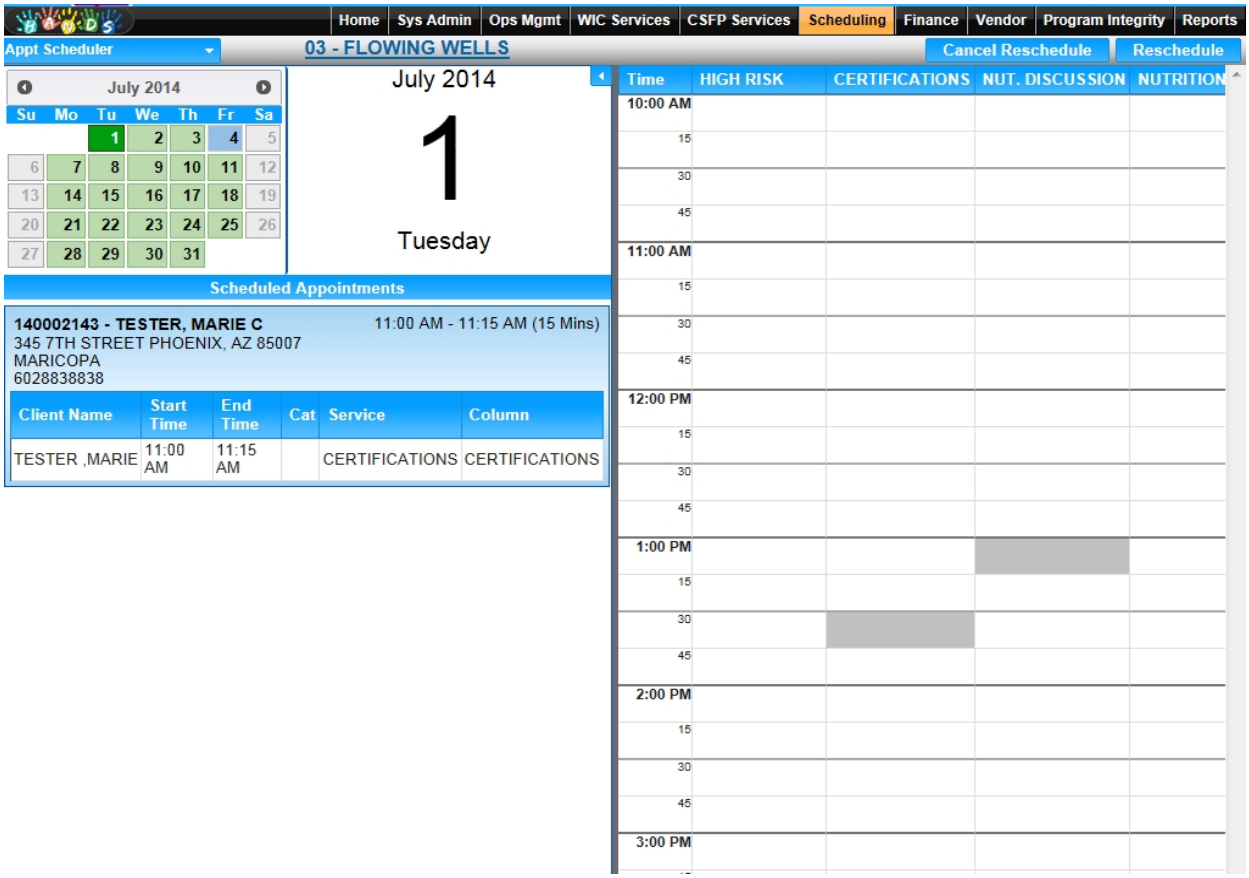
Hint: If you click on the client's highlighted appointment time slot listed on the Appointment Sheet on the right, HANDS will move to that client's appointment record on the Scheduled Appointments List on the left. See Module 6: Figure 22 below.



Module 6: Figure 22: Rescheduling from HANDS Appointment Scheduler

4. Click the Reschedule Button for the desired Client in the Scheduled Appointments List.

5. You will see the Appointment Sheet and only your chosen client listed. In the Upper Right hand of the page, click on the Reschedule Button. See Module 6: Figure 23 below.



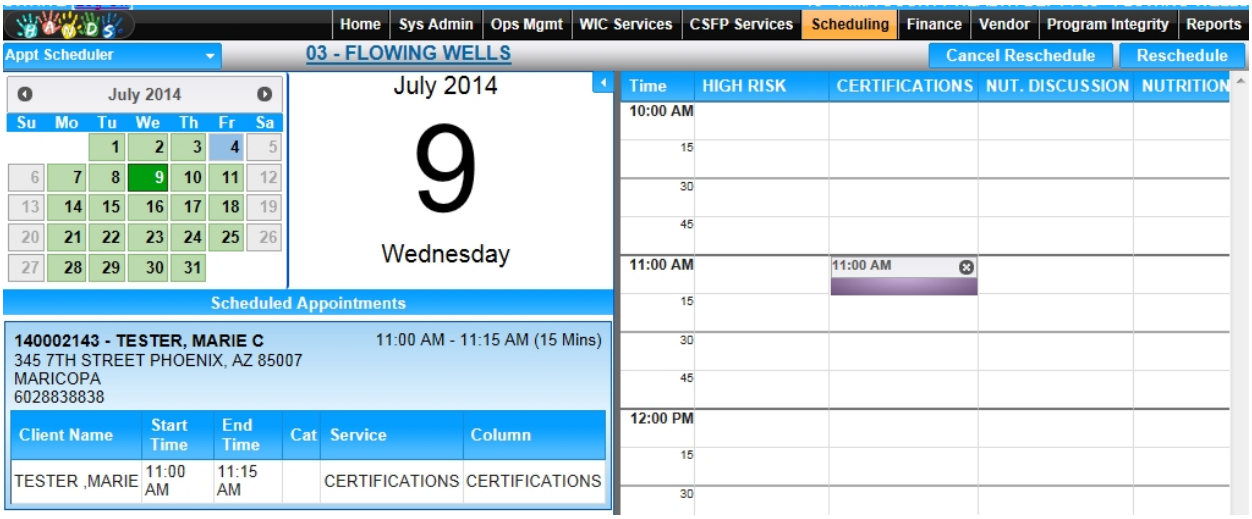
Module 6: Figure 23: Appointment Sheet

6. On the Appointment Sheet Calendar for your chosen day, you will see the other time slots which contain appointments shaded in gray.

7. Choose an open time slot, and click inside the time slot field to choose the appointment.

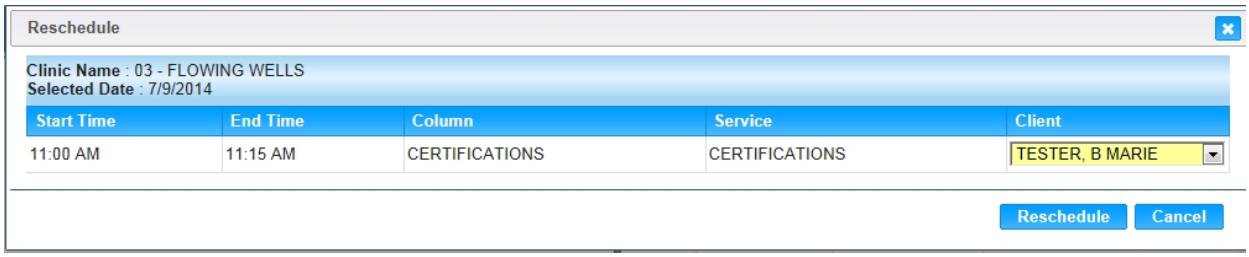
8. Highlight the time slot and appointment time. Use your cursor to extend the appointment time if needed.

9. Click Reschedule. See Module 6: Figure 24 below.



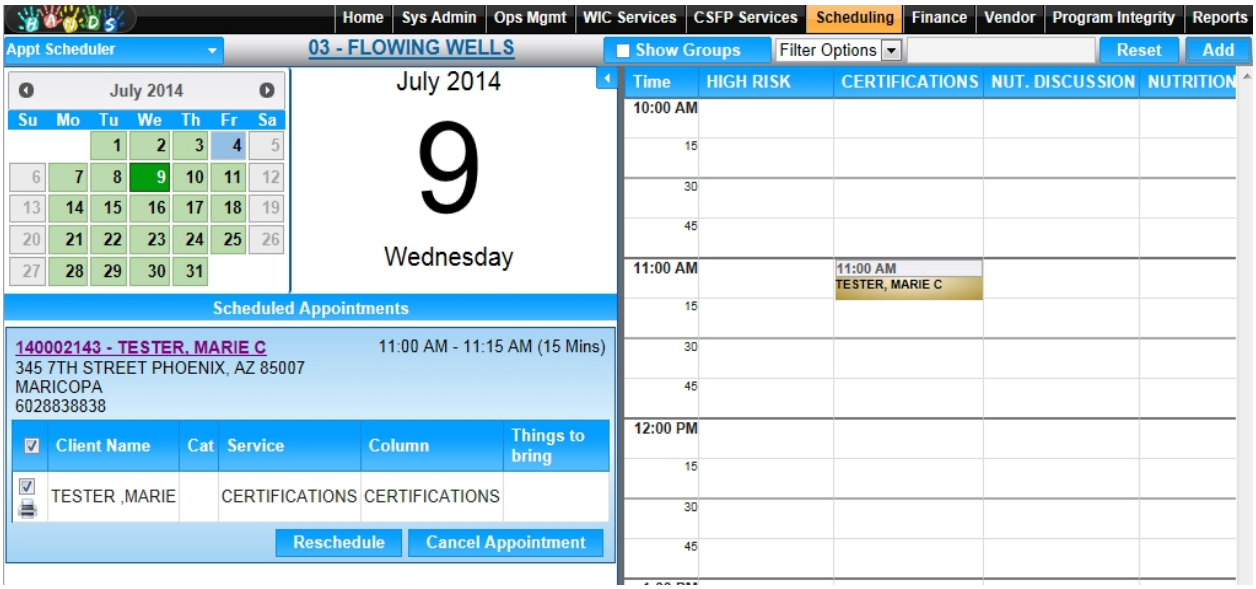
Module 6: Figure 24: Appointments Scheduler

10. The Reschedule Appointments Box will open.
11. Click the Reschedule Button to reschedule the Appointment.
12. The previous appointment will automatically be canceled and taken off of the Scheduler Calendar. The new appointment will be added, and the rescheduling documentation will go into the Appointment History. See Module 6: Figure 25 below.



Module 6: Figure 25: Reschedule Appointments Box

13. The new appointment information is now displayed on the Appointment Scheduler Calendar and on the Family Appointment Page. See Module 6: Figure 26 below.

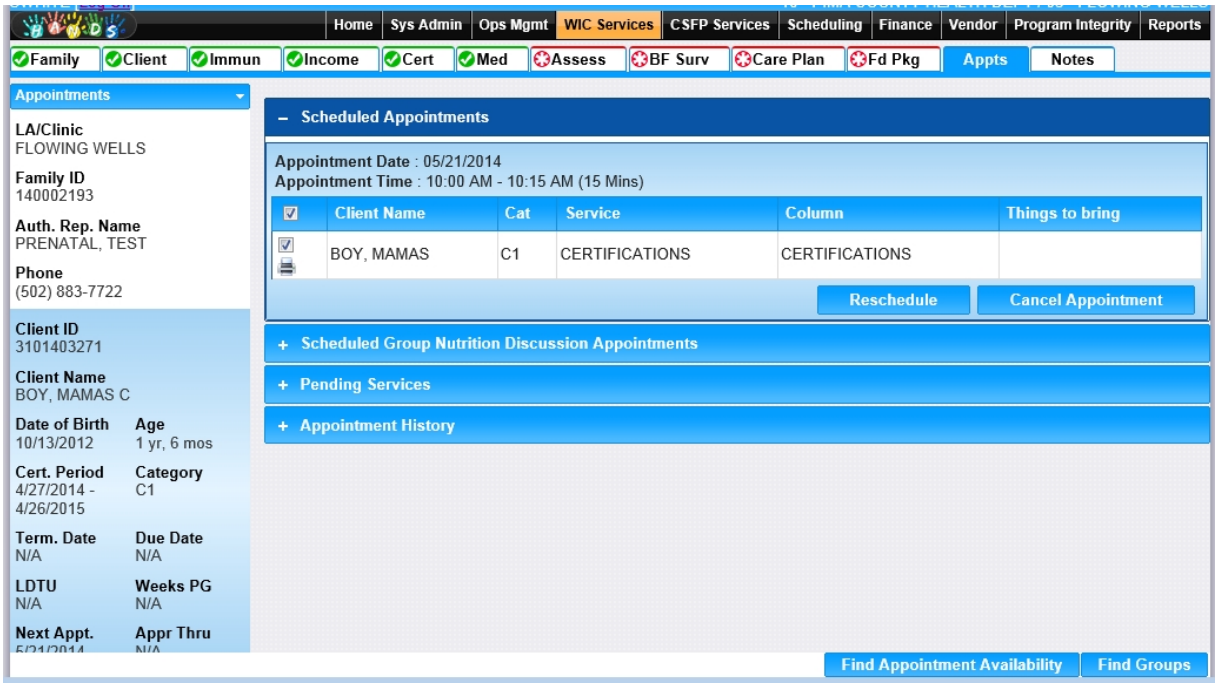


Module 6: Figure 26: New Appointment Information

Rescheduling from the WIC Services Family Appointments Page

The Family Appointments Page is located in WIC Services on the Appts page. It lists the appointments scheduled for all clients within a WIC Family. Appointments may be canceled or Rescheduled from here.

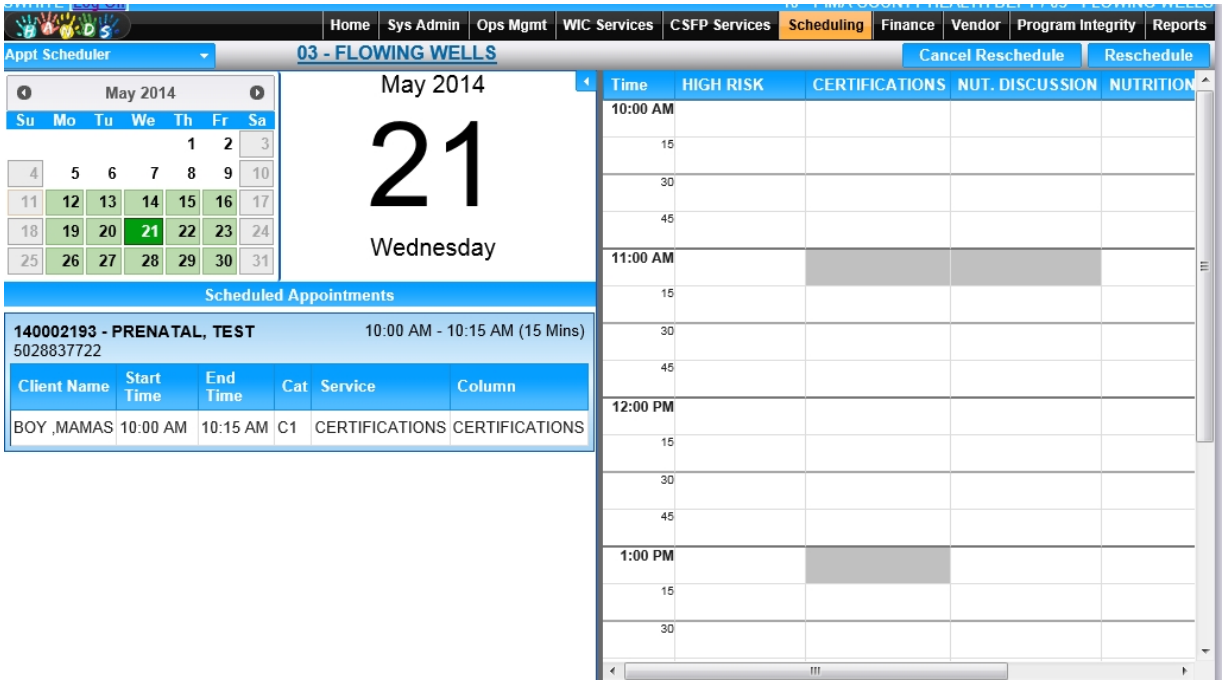
1. While in the WIC Services Certification Work flow for a family/client record, click the Appts tab at the top of the page. The Scheduled Appointments section automatically displayed. See Module 6:Figure 27 below.



Module 6: Figure 27: Rescheduling from the WIC Services Family Appointments Page

2. The section will display scheduled appointments for clients in the family. You can Reschedule or Cancel an appointment.

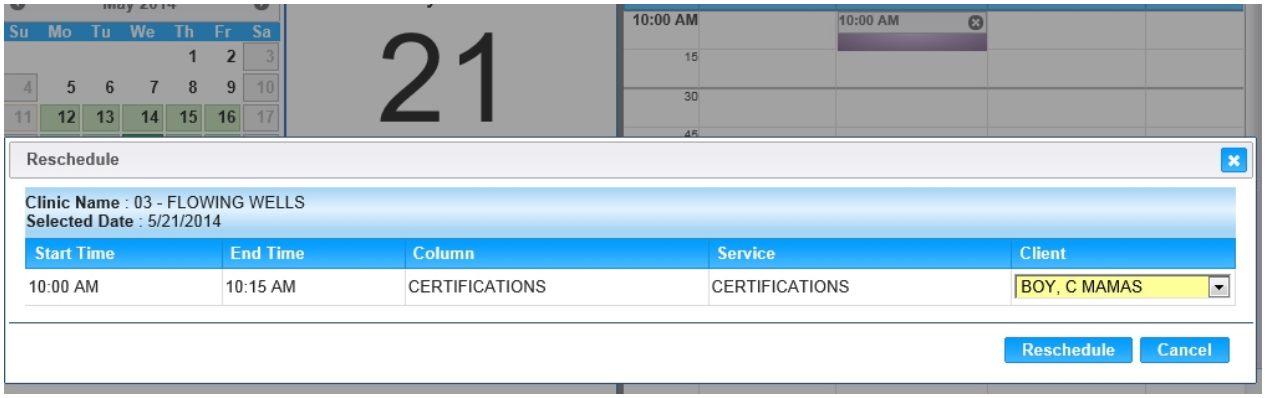
3. Select the check box next to the appointment you want to reschedule and click the Reschedule button. The Appointment Sheet displays. See Module 6: Figure 28 below.



Module 6: Figure 28: Appointment Calendar

4. Click the date that you want to reschedule the appointment to and select a time slot for the appointment.

Note: If you select Cancel Reschedule, the current date on the Appointment Sheet will remain in place. See Module 6: Figure 29 below.



Module 6: Figure 29: Reschedule Window Display

5. Click the Reschedule button to reschedule the appointment. The Reschedule window displays.

6. Select the client from the drop down list and click Reschedule. The appointment is rescheduled to the new date and time.

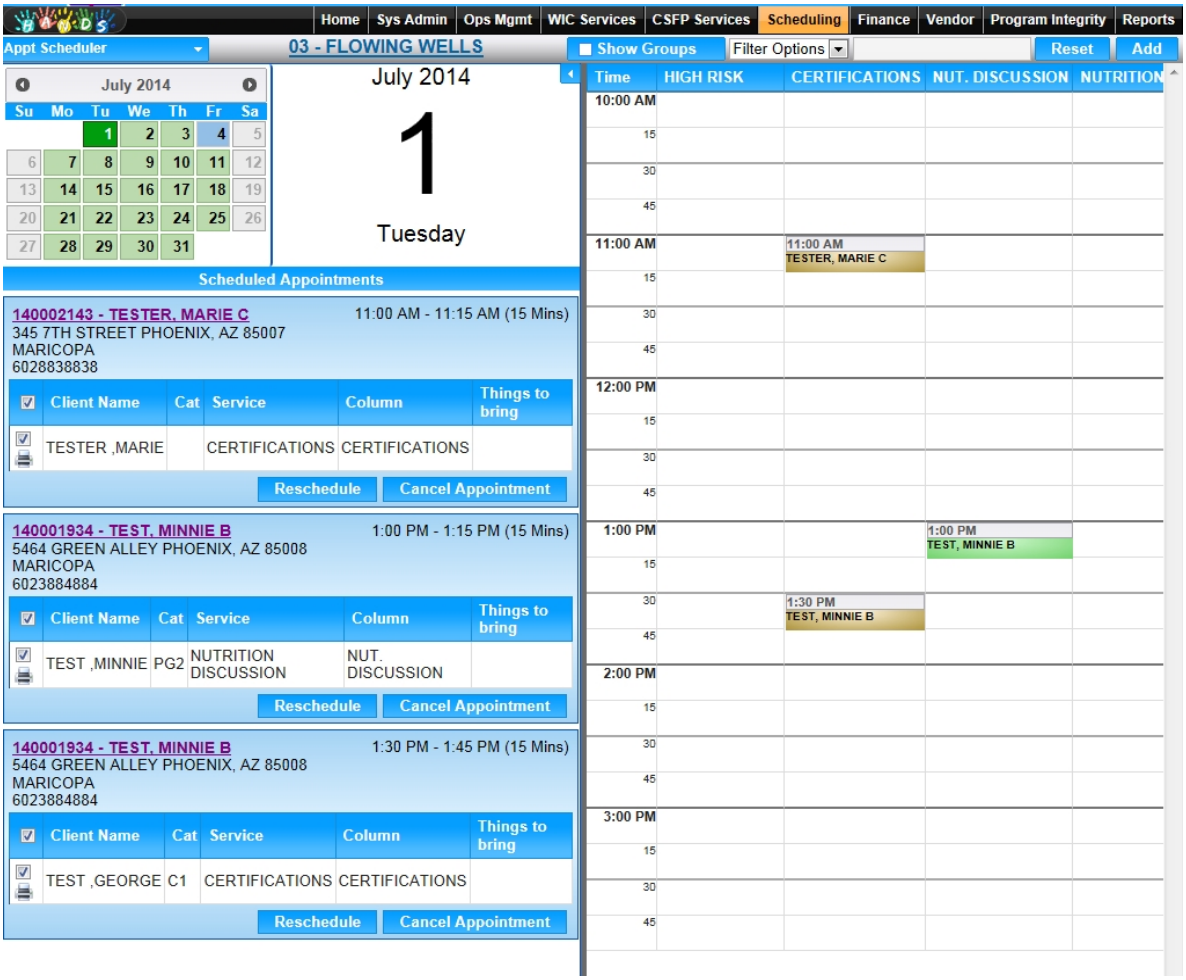
7. The previous appointment will automatically be canceled and taken off of the Scheduler Calendar. The new appointment will be added and the rescheduling documentation will go into the Appointment History.

Canceling Appointments

Canceling from HANDS Appointment Schedule

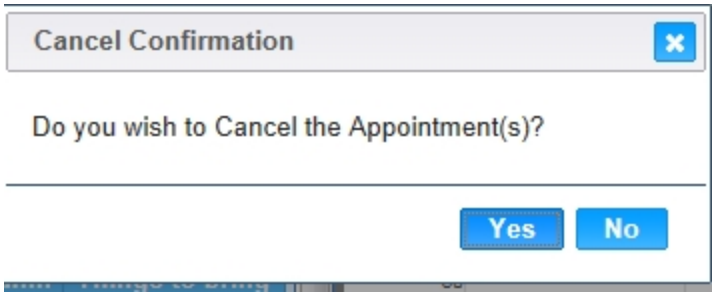
1. Go to the HANDS Scheduling Area.
2. Choose Appointment Scheduler from the Scheduler Drop Down, Menu Scheduler Calendar, look up the Appointment Day and click on the date to bring up the Appointment Sheet.
3. Find the client on the Scheduled Appointments List which is to the left of the Appointment Sheet.

Hint: If you click on the client's highlighted appointment time slot listed on the Appointment Sheet on the right, HANDS will move to that client's appointment record on the Scheduled Appointments List on the left. See Module 6: Figure 30 below.



Module 6: Figure 30: Canceling from HANDS Appointment Schedule

4. On the WIC Client's scheduled appointment box, click the Cancel Button. See Module 6: Figure 31 below.

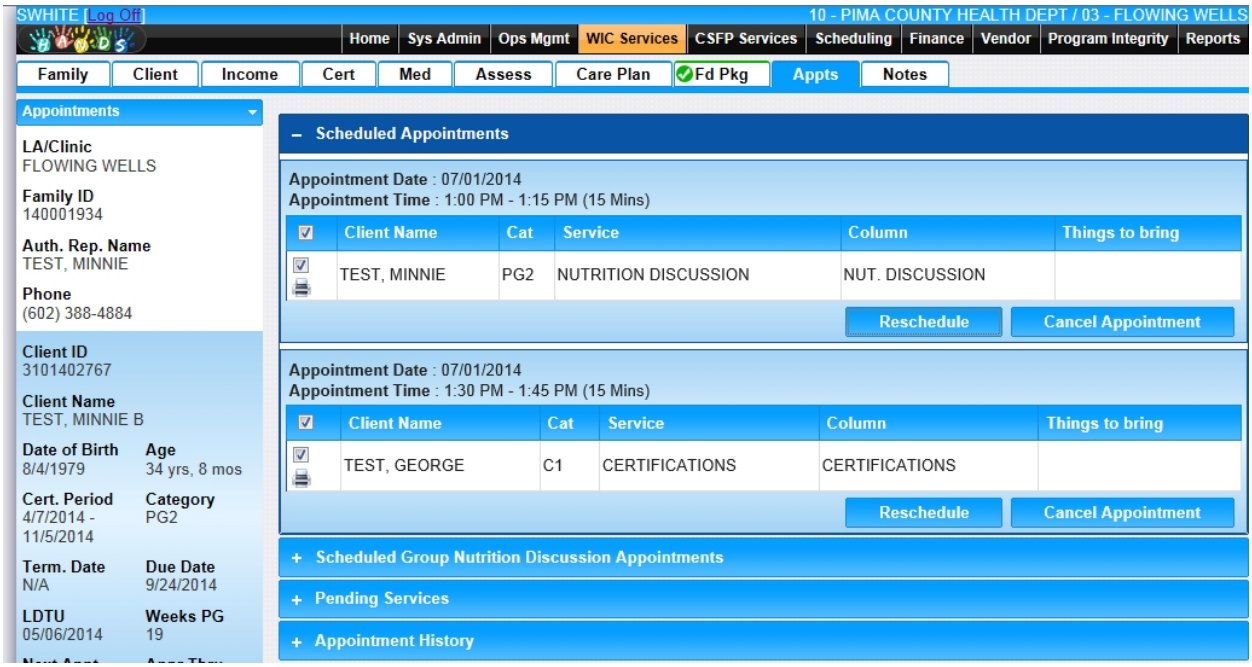


Module 6: Figure 31: Cancel Confirmation Box

5. Click Yes on the Cancel Confirmation Box. HANDS will cancel the appointment and document the cancellation in Appointments History.

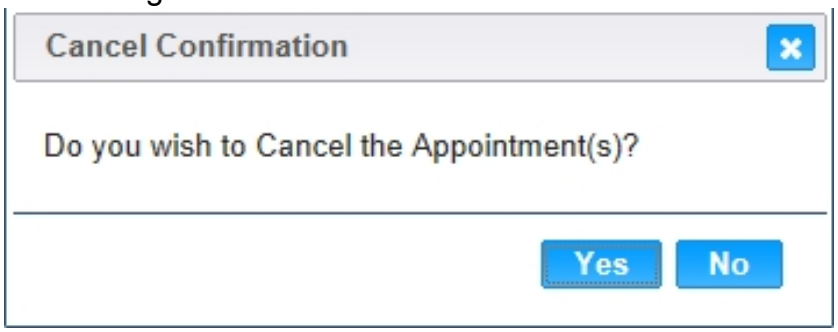
Canceling Appointments from the WIC Services/Family Appointments Page

1. While in the WIC Services Certification Work flow for a family/client record, click the Appts tab at the top of the page. The Scheduled Appointments section is the first section of the Family Appointments Page for review. If needed, click the details (+) sign to open the tab. See Module 6: Figure 32 below.



Module 6: Figure 32: Canceling Appointments from the WIC Services / Family Appointments Page

2. Find the desired client and appointment to cancel. Click the Cancel Appointment Button. See Module 6: Figure 33 below.



Module 6: Figure 33: Cancel Confirmation Box

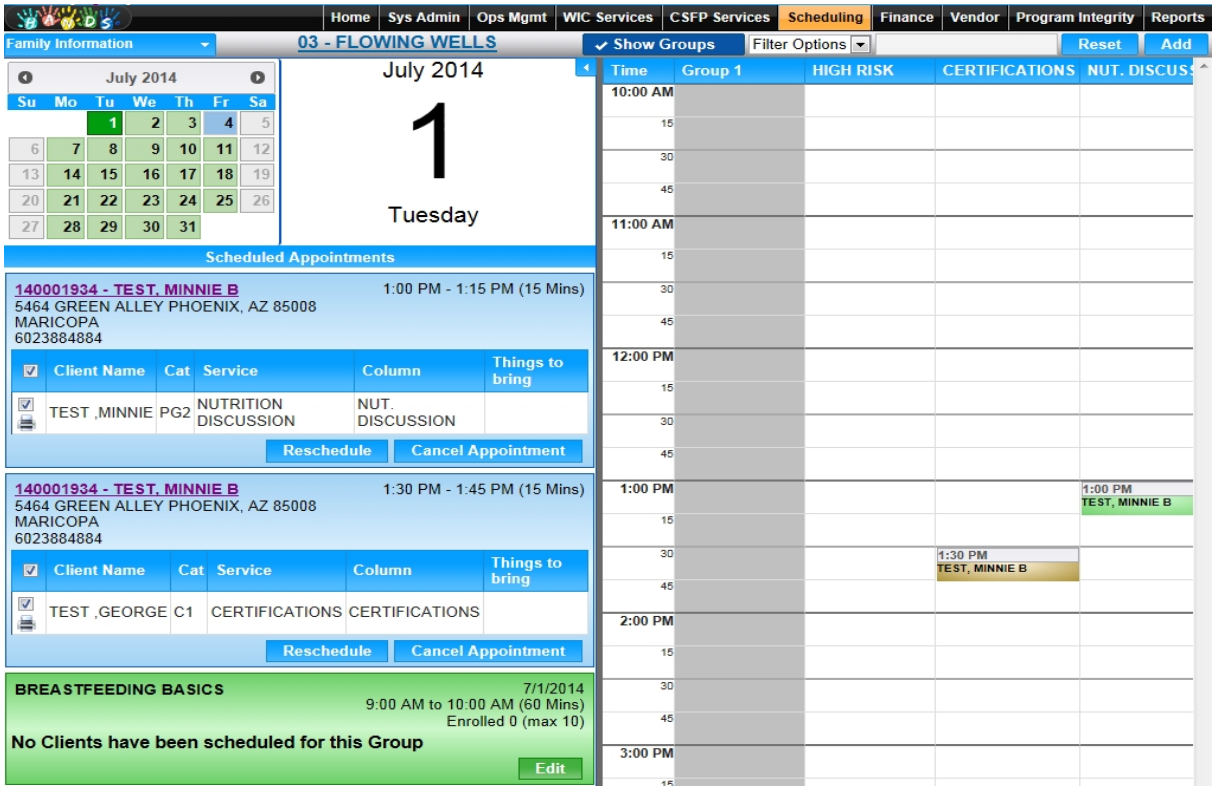
3. Click Yes on the Cancel Confirmation Box. HANDS will cancel the appointment and document the cancellation in Appointments History.

Scheduling Nutrition Discussion Groups from HANDS Appointment Scheduler

For WIC Clinics who provide WIC Client Nutrition Education through groups, HANDS allows for the set up of Nutrition Discussion Groups for appointment scheduling.

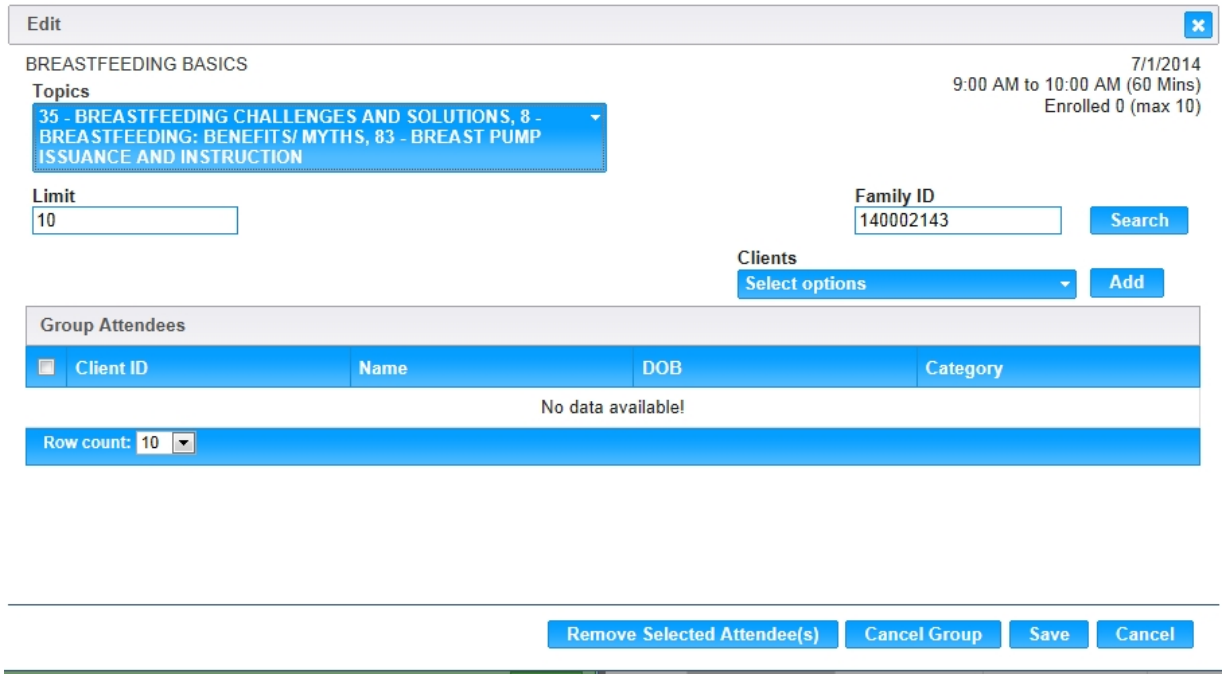
The WIC Clinic administration or a designee will set up the times and days groups are available.

1. Nutrition Discussion Groups may be accessed on a Clinic's schedule day by clicking the Groups check box above the Appointment Scheduler calendar. When the box is checked, all of the scheduled groups for that day will display. See Module 6: Figure 34 below.



Module 6: Figure 34: Scheduling Nutrition Discussion Groups from HANDS Appointment Scheduler

2. All available Nutrition Discussion Groups will display below the Scheduled Appointments list.
3. Click the Edit button for the desired group. The Nutrition Discussion Edit Box will become available. See Module 6: Figure 35 below.



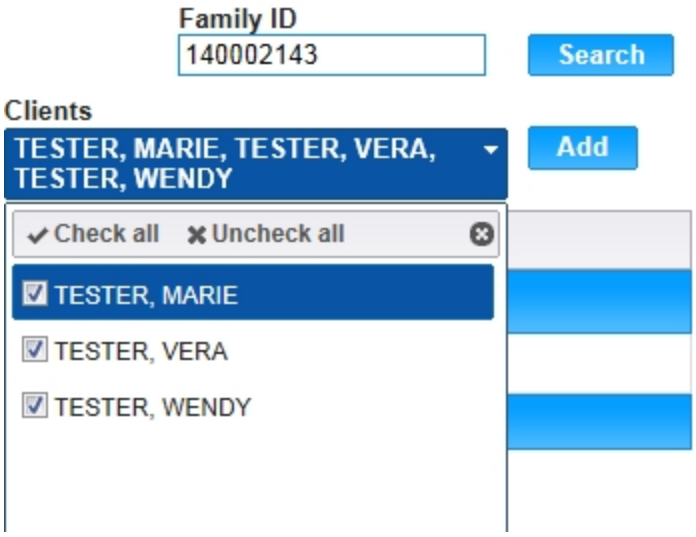
Module 6: Figure 35: Nutrition Discussion Edit Box

Hint: The HANDS Nutrition Discussion Group functionality allows for all clients within a family to be scheduled at the same time for a class.

The Nutrition Discussion Group Topics will be listed. Selected clients may be added or removed as needed, and the entire class canceled if needed.

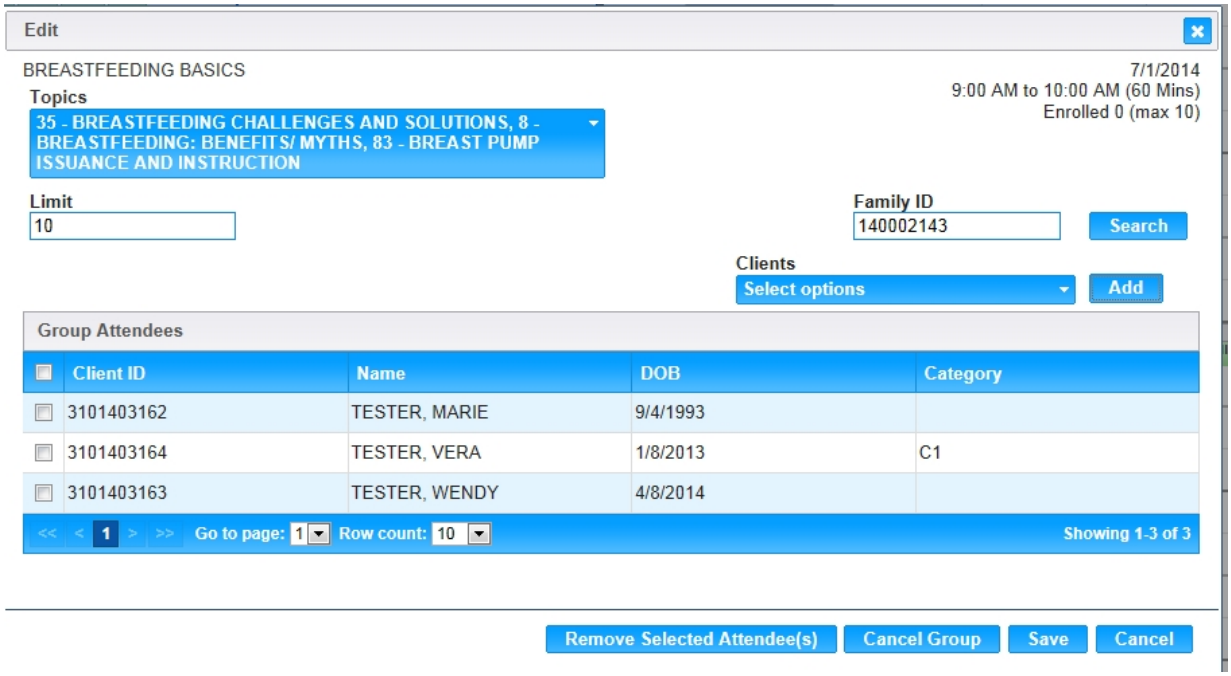
4. To schedule a family, the user will need to search for the family in WIC Services and click the Schedule Appointment button and access the Nutrition Group box. Or if the user has the family ID available, can complete a family search within the Family ID box.

5. Click the clients drop down and choose the required clients from the WIC family. See Module 6: Figure 36 below.



Module 6: Figure 36: Nutrition Group Box

6. Click the add button to add your clients to the group. See Module 6: Figure 37 below.



Module 6: Figure 37: Adding Clients to the Group

7. Click the Client ID or individual client check boxes and click Save button to schedule the clients for the group discussion.

8. The clients are now scheduled for the Nutrition Discussion Group. See Module 6: Figure 38 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services

Appt Scheduler

03 - FLOWING WELLS

Show Groups

July 2014

Su Mo Tu We Th Fr Sa

July 2014

1

Tuesday

Time | Group 1

10:00 AM 15 30 45 11:00 AM 15 30 45 12:00 PM 15 30 45 1:00 PM 15 30 45 2:00 PM 15 30 45 3:00 PM 15 30 45

Scheduled Appointments

140001934 - TEST, MINNIE B — 1:00 PM - 1:15 PM (15 Mins)
5464 GREEN ALLEY PHOENIX, AZ 85008
MARICOPA
6023884884

Client Name	Cat	Service	Column	Things to bring
TEST ,MINNIE	PG2	NUTRITION DISCUSSION	NUT. DISCUSSION	

Reschedule | Cancel Appointment

140001934 - TEST, MINNIE B — 1:30 PM - 1:45 PM (15 Mins)
5464 GREEN ALLEY PHOENIX, AZ 85008
MARICOPA
6023884884

Client Name	Cat	Service	Column	Things to bring
TEST ,GEORGE	C1	CERTIFICATIONS	CERTIFICATIONS	

Reschedule | Cancel Appointment

BREASTFEEDING BASICS — 7/1/2014
9:00 AM to 10:00 AM (60 Mins)
Enrolled 3 (max 10)

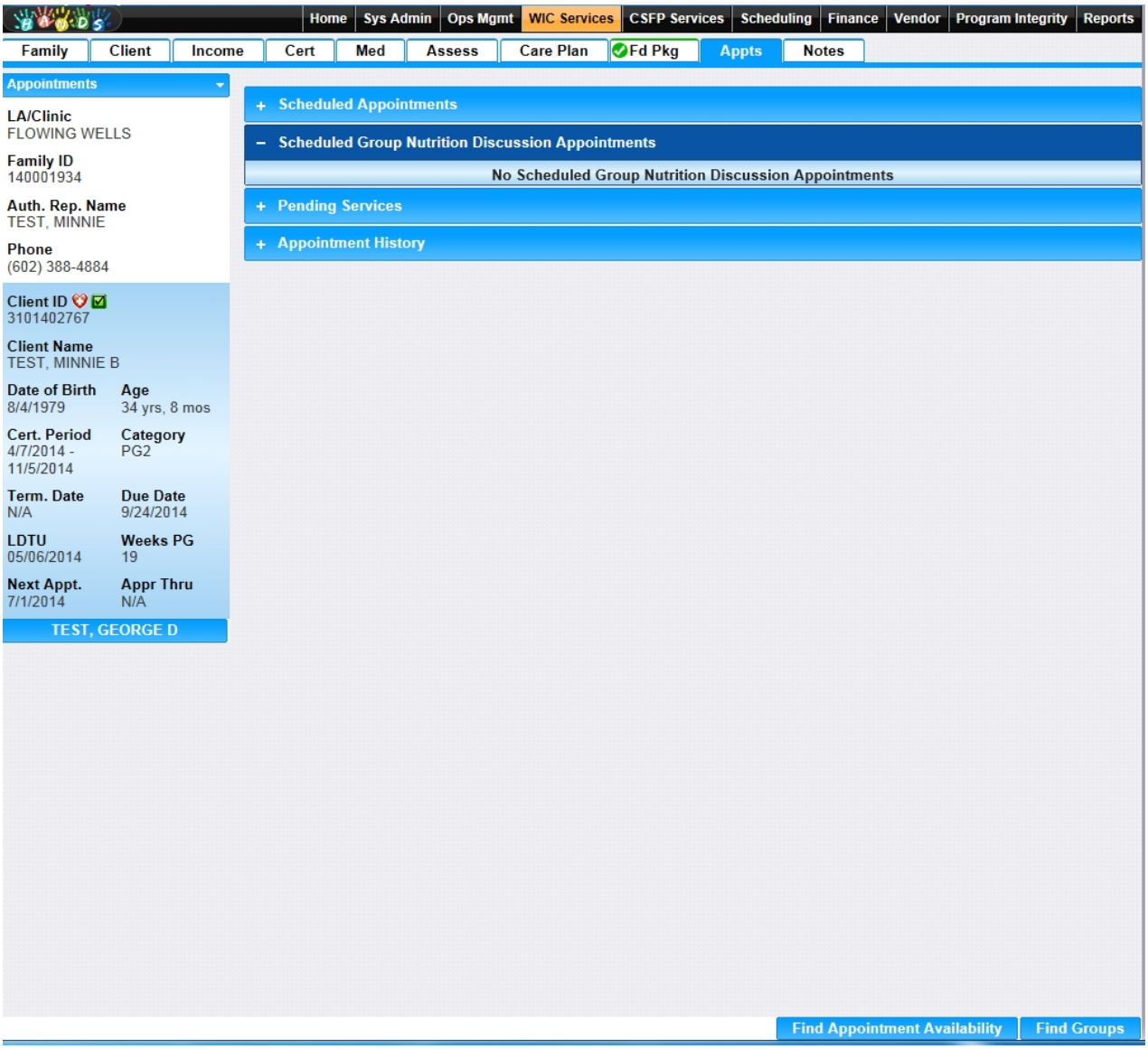
Client ID	Name	DOB	Cat
3101403162	TESTER, MARIE	9/4/1993	
3101403164	TESTER, VERA	1/8/2013	C1
3101403163	TESTER, WENDY	4/8/2014	

Edit

Module 6: Figure 38: Clients Scheduled in Nutrition Discussion Group

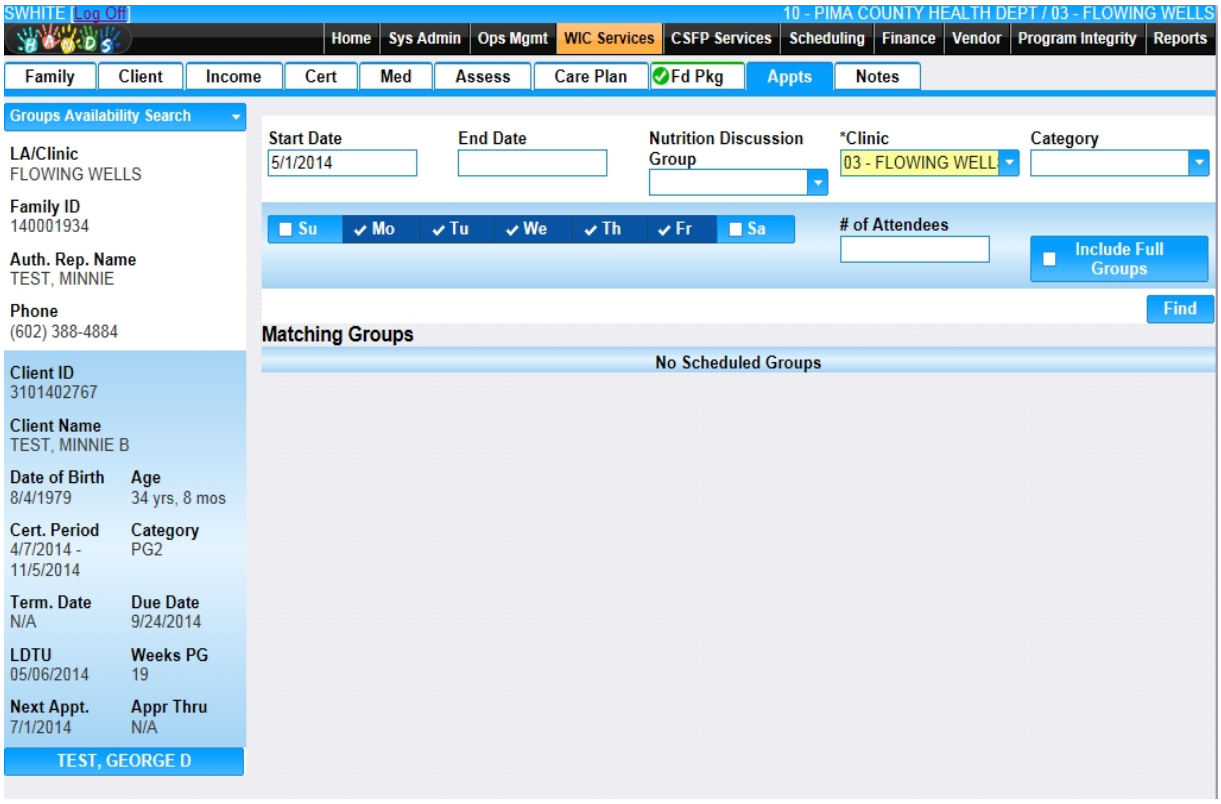
Scheduling Nutrition Discussion Groups from the Family Appointments Page

1. While in the WIC Services Certification Work flow for a family/client record, click the Appts tab at the top of the page. See Module 6: Figure 39 below.



Module 6: Figure 39: Scheduling Nutrition Discussion Groups from the Family Appointments Page

2. Click the "Find Groups" at the bottom right of the page.
3. Enter the Start Date and End Date of the range of classes you wish to find. Add Nutrition Discussion Topic if desired. Make sure you are searching in the right Clinic.
4. Click the Find Button. See Module 6: Figure 40 below.



Module 6: Figure 40: Finding a Discussion Group

5. On the search results, select a Group and click the Edit button. See Module 6: Figure 41 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Start Date: 05/08/2014
End Date:
Nutrition Discussion Group:
*Clinic: 03 - FLOWING WELL
Category:

Su | Mo | Tu | We | Th | Fr | Sa

# of Attendees:
Include Full Groups

Find

Matching Groups

FOOD SAFETY
5/8/2014
1:30 PM to 2:30 PM (60 Mins)
Enrolled 0 (max 20)
No Clients have been scheduled for this Group
Edit

BREASTFEEDING BASICS
5/9/2014
9:00 AM to 10:00 AM (60 Mins)
Enrolled 0 (max 10)
No Clients have been scheduled for this Group
Edit

FOOD SAFETY
5/9/2014
1:30 PM to 2:30 PM (60 Mins)
Enrolled 0 (max 20)
No Clients have been scheduled for this Group
Edit

Module 6: Figure 41: Nutrition Discussion Group Search Results

Edit

FOOD SAFETY
+

5/8/2014
1:30 PM to 2:30 PM (60 Mins)
Enrolled 0 (max 20)

Topics: Select options
Limit: 20
Family ID: 140001934
Clients: Select options
Add

Group Attendees

Client ID	Name	DOB	Category
3101403226	TEST, GEORGE	8/3/2012	C1
3101402767	TEST, MINNIE	8/4/1979	PG2

<< < 1 > >> Go to page: 1 Row count: 10 Showing 1-2 of 2

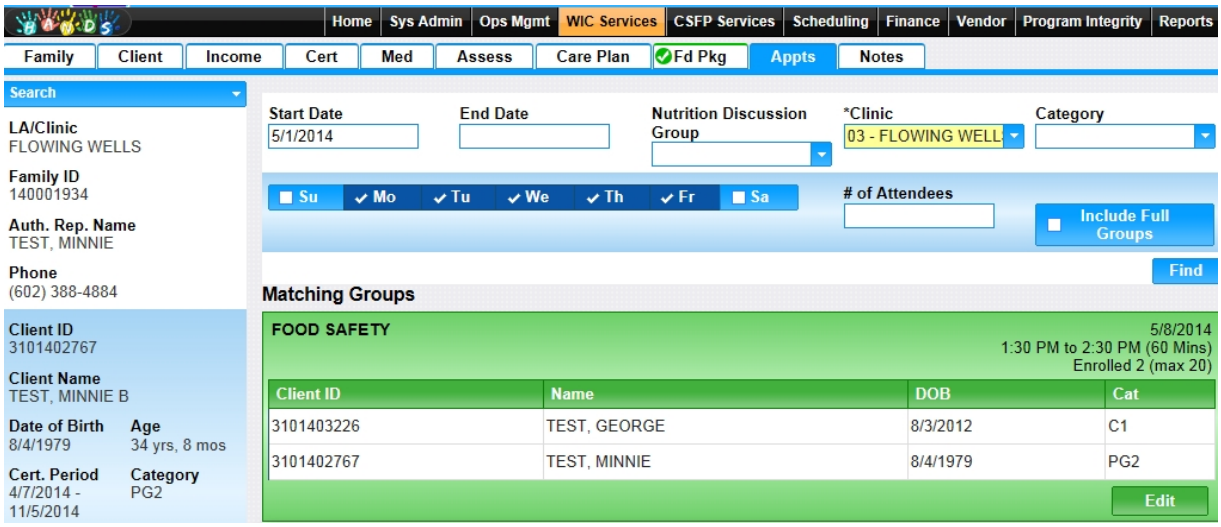
Remove Selected Attendee(s) | Save | Cancel

Module 6: Figure 42: Nutrition Discussion Group Edit Box

6. Choose the required clients and add them to schedule within the Nutrition Discussion Group Edit box. Click the check box beside the client names and click save. See Module 6: Figure 42 above.

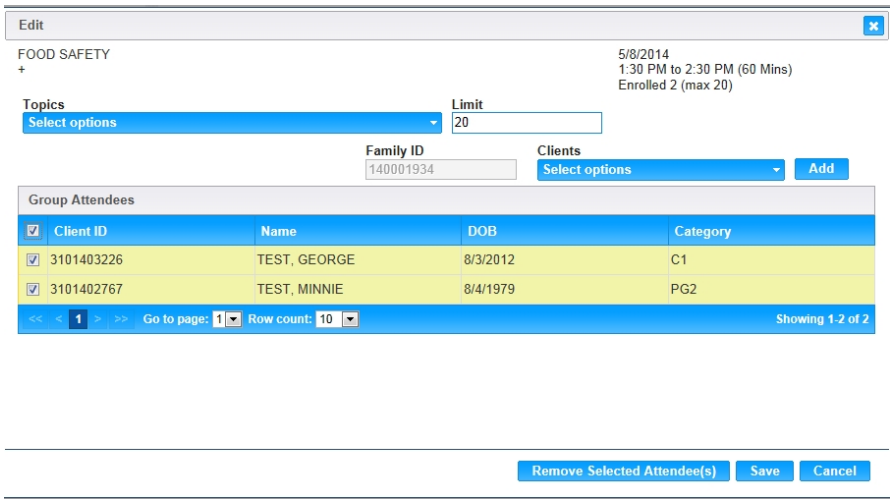
Removing a Client from the Scheduled Nutrition Discussion Group

1. While in the WIC Services Certification Work flow for a family/client record, click the Appts page button. See Module 6: Figure 43 below.
2. Click the (+) details on the Scheduled Group Nutrition Discussion Appointments Tab.



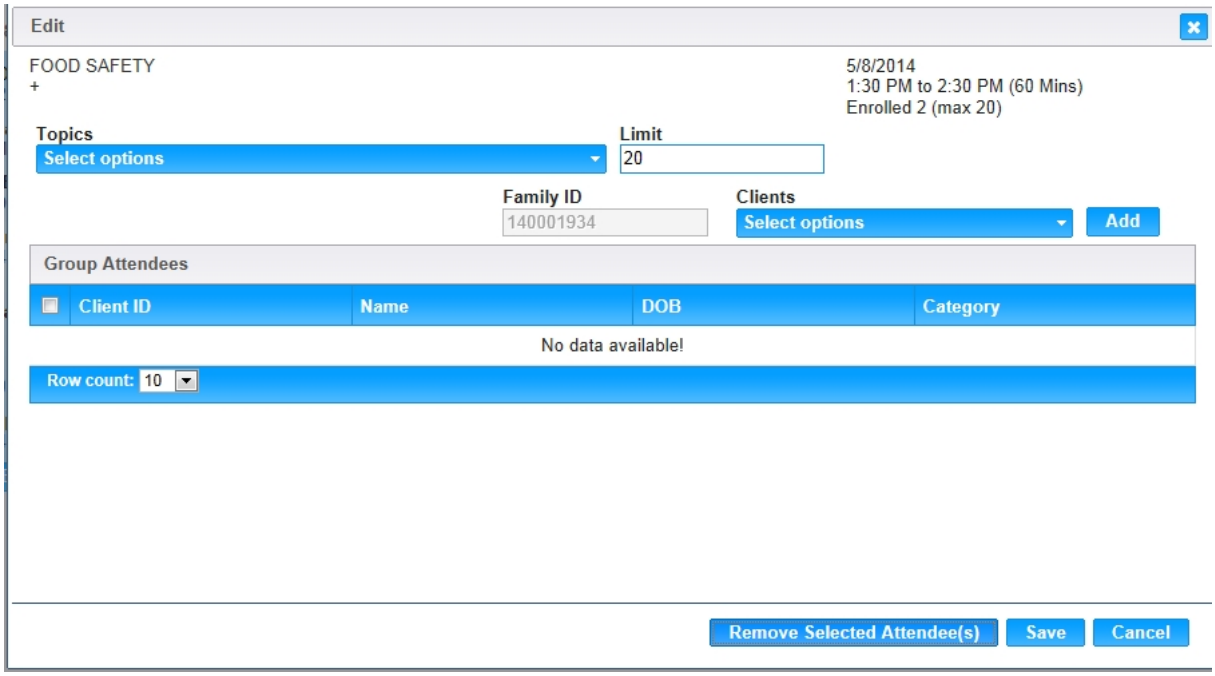
Module 6: Figure 43: Removing a Client from the Scheduled Nutrition Discussion Group

3. Choose the class by clicking the Edit button.



Module 6: Figure 44: Edit Nutrition Discussion Group

4. The clients who are scheduled for the class will be listed automatically.
5. Click the check box beside the Client(s) name. See Module 6: Figure 44 above.
6. Click the Remove Selected Attendee button.
7. The client(s) will be removed from the class. See Module 6: Figure 45 below.



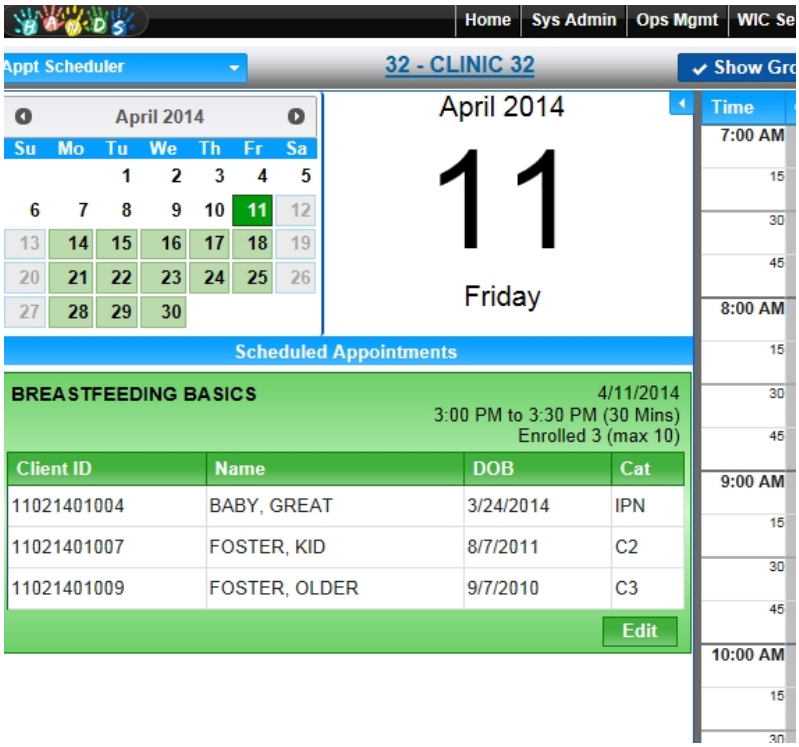
Module 6: Figure 45: Client Removed from Nutrition Discussion Group

Module 6: Figure 46: Client Removed Page

The Clients have been removed from the Nutrition Discussion Group. See Module 6: Figure 46 above.

Documenting Attendance for Nutrition Discussion Groups

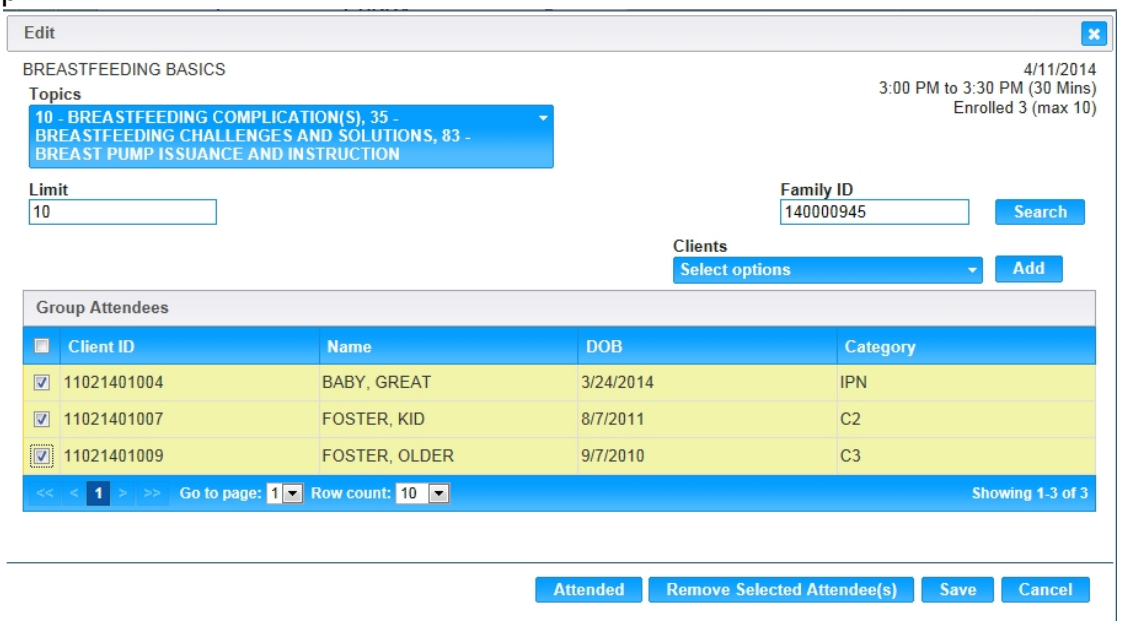
1. On the day of the scheduled Nutrition Discussion Group, access the Appointment Scheduler Page,and bring up the Nutrition Discussion Group by clicking the Show Group check box. See Module 6: Figure 47 below.



Module 6: Figure 47: Documenting Attendance for Nutrition Discussion Groups

2. On the Nutrition Discussion Group Edit box, choose the present Attendees and click the Attended button. HANDS will mark the client as having attended the class in the Family Appointments History. See Module 6: Figure 48 below.

Hint: The Attended button only becomes available during the scheduled day of the group.



Module 6: Figure 48: Nutrition Discussion Group Edit Box

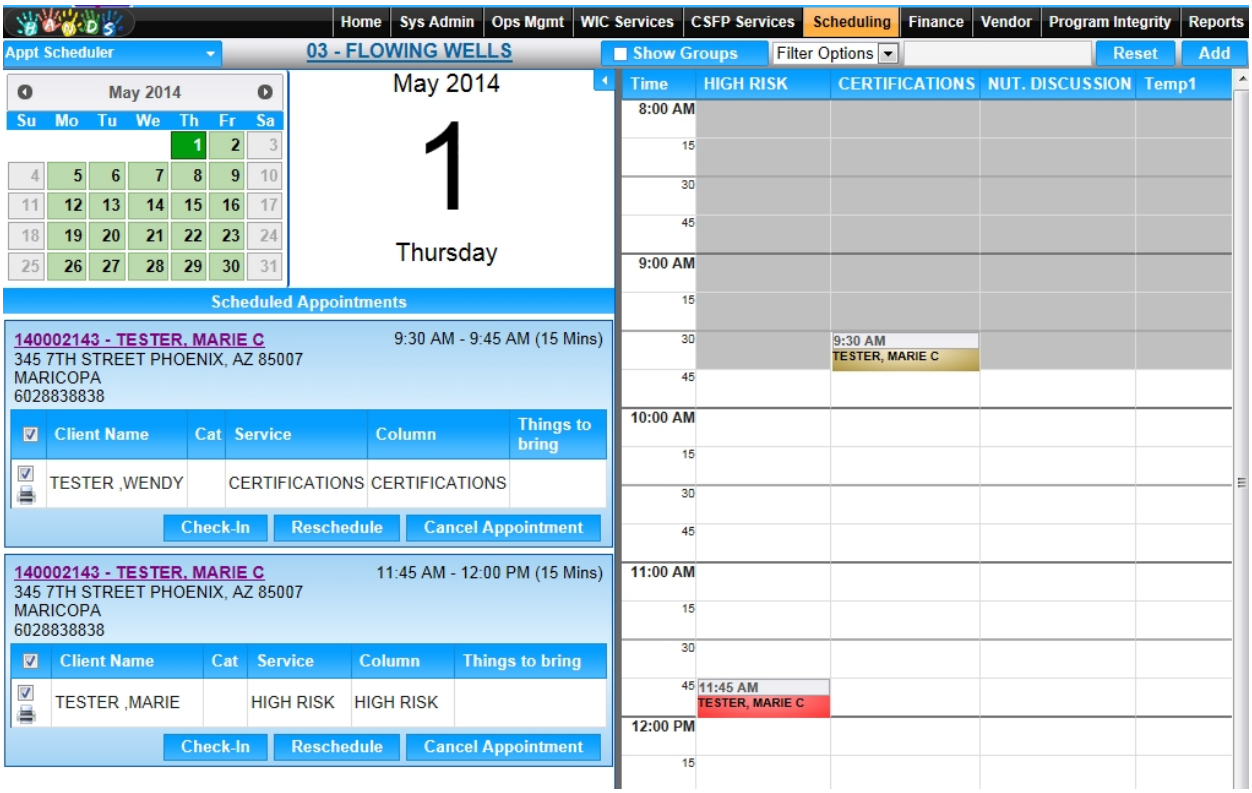
WIC Clinic Day Appointment Check In & Check Out

On the day of the WIC Clinic Appointment, the user will need to check in the WIC Family/Client to document that the appointment was kept.

The client may be checked in either the Family Appointments page or the Appointments Schedule page in the Scheduling module.

To Check in a Client from the Appointment Scheduler Page

1. Go directly to the Appointment Scheduler page located in the WIC Services Appointment module drop down list.
2. The Appointment Scheduler Page defaults to the appointment list for the current date.
3. Find the Client's appointment in the Scheduled Appointments list.
4. Click the Check In button.
5. The user may undo the check in by clicking on the UnDo Check-In button.
6. Clicking the Check Out button will bring the client's appointment status back to the Previous Check-In status. See Module 6: Figures 49 and 50 below.

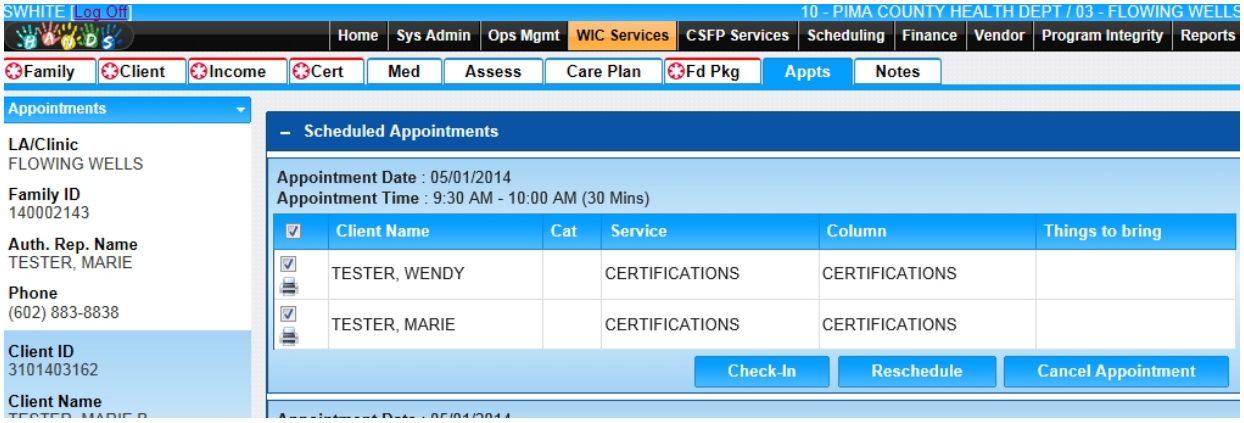


Module 6: Figure 49: Checking in a Client from Appointment Scheduler Page

Module 6: Figure 50: Scheduled Appointments Box

To Check in and Check Out a Client from the Family Appointments Window

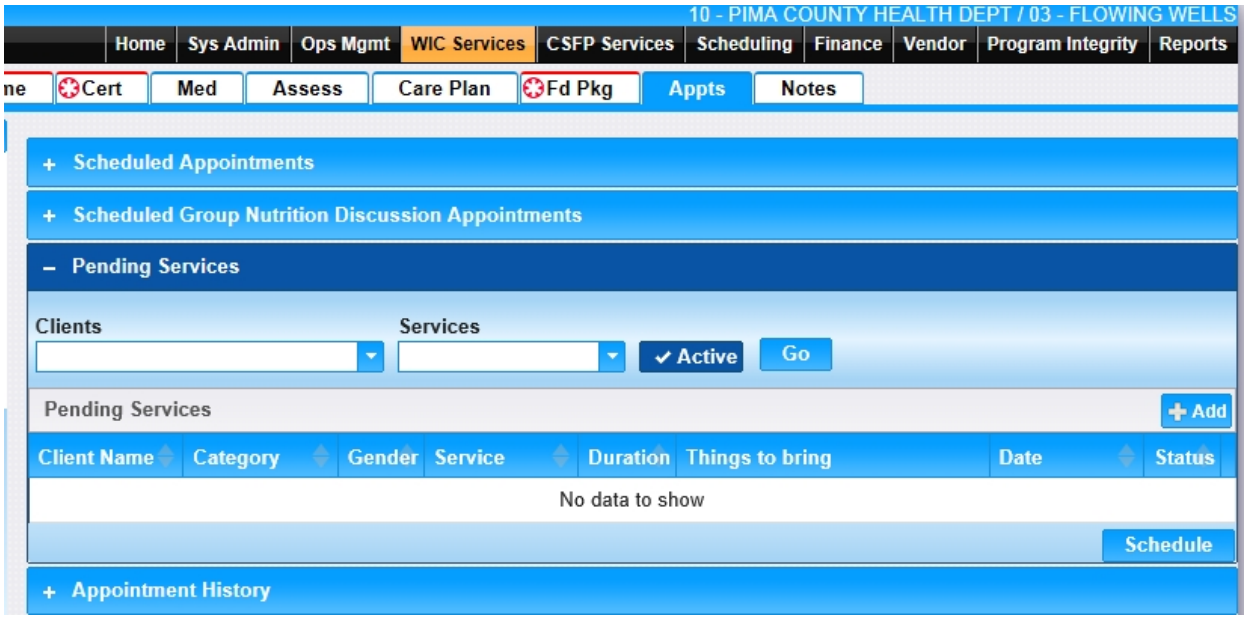
1. In the WIC Services Certification Work Flow, go to the Family Appointments Page.
2. In the appointment listed for the day of check in, click the Check In button.
3. HANDS will check in the client(s).
4. The user may Undo the Check-In by clicking the Undo Check-In button.
6. Clicking the Check Out button will bring the client's appointment status back to the Previous Check-In Status. See Module 6: Figure 51 below.



Module 6: Figure 51: Checking a Client In / Out from Family Appointments Window

WIC Services/Family Appointment: Pending Services

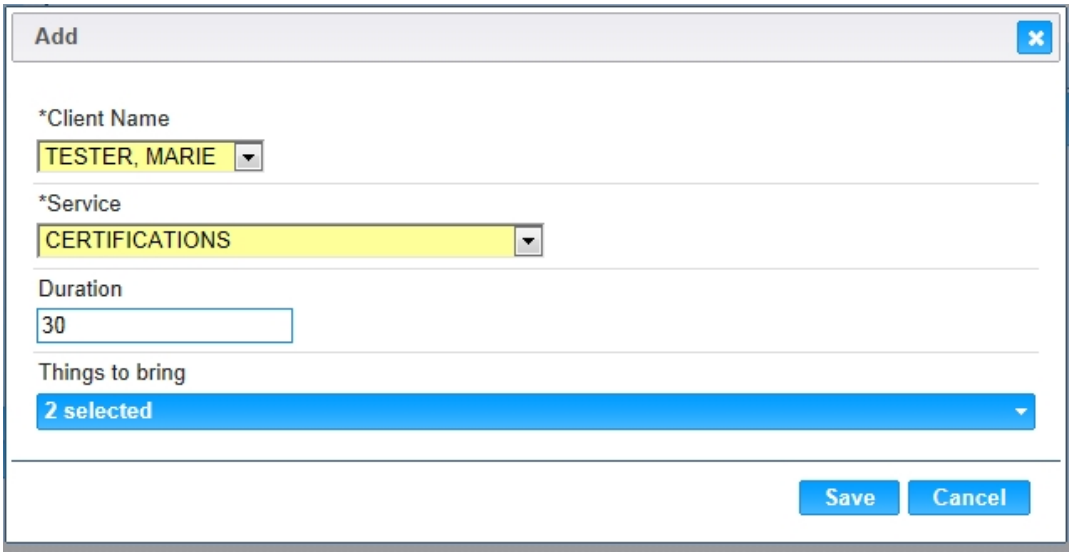
1. In the Family Appointments page located in the WIC Services Certification Work Flow, Click the + sign on the Pending Services tab. See Module 6: Figure 52 below.



Module 6: Figure 52: WIC Family Appointment Pending Services Page

2. Choose the client and services in the Clients and Services Drop Down fields.

3. To add a Pending Service, click the Add button in the Pending Services section. The Add window displays. See Module 6: Figure 53 below.



Module 6: Figure 53: Add Window Display

4. Enter the information on the window and click Save. The pending service information will be displayed in the grid.

5. After saving, the Pending Service entry is displayed on the Family Appointments page. See Module 6: Figure 54 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

e | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

+ Scheduled Appointments

+ Scheduled Group Nutrition Discussion Appointments

– Pending Services

Clients: TESTER, MARIE | Services: CERTIFICATIONS | ✓ Active | Go

Pending Services | + Add

Client Name	Category	Gender	Service	Duration	Things to bring	Date	Status
TESTER, MARIE		F	CERTIFICATIONS	30	PROOF OF ADDRESS/PRUEBA DE DIRECCION DONDE VIVE, PROOF OF INCOME/PRUEBA DE INGRESO	5/1/2014	Y

Schedule

+ Appointment History

Module 6: Figure 54: Pending Service Entry on Family Appointments Page

6. To schedule an appointment for the Pending Service, click the Schedule button. The Appointment Availability Search page displays. The client information is already listed as part of the search criteria. See Module 6: Figure 55 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Start Date: 5/1/2014 | End Date: | Preferred Time: | *Clinic: 03 - FLOWING WELLS

Days: ☐ Su | ✓ Mo | ✓ Tu | ✓ We | ✓ Th | ✓ Fr | ☐ Sa

Columns: Select options

Clients | + Add

Client ID	Client Name	Category	Service	Duration	Things to bring
3101403162	TESTER, MARIE B		CERTIFICATIONS	30	PROOF OF ADDRESS/PRUEBA DE DIRECCION DONDE VIVE PROOF OF INCOME/PRUEBA DE INGRESO

<< < > >> Row count: 10 | Showing 1-1 of 1

Find

Appointment Availability Results:

No Availability Found

Module 6: Figure 55: Appointment Availability Search Page

Family Appointment Page: Appointment History

1. In the Family Appointments page located in the WIC Services Certification Work Flow, Click the + sign on the Appointment History tab. See Module 6: Figure 56 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

+ Scheduled Appointments

+ Scheduled Group Nutrition Discussion Appointments

+ Pending Services

– Appointment History

Client Name	Service/ Group	Date	Time	Things to bring	Status	Walkin
TESTER, MARIE	BREASTFEEDING BASICS	07/01/2014	9:00 AM - 10:00 AM		SCHEDULED	No
TESTER, VERA	BREASTFEEDING BASICS	07/01/2014	9:00 AM - 10:00 AM		SCHEDULED	No
TESTER, WENDY	BREASTFEEDING BASICS	07/01/2014	9:00 AM - 10:00 AM		SCHEDULED	No
TESTER, MARIE	CERTIFICATIONS	07/01/2014	11:00 AM - 11:15 AM		RESCHEDULED	No
TESTER, MARIE	BREASTFEEDING BASICS	05/01/2014	9:30 AM - 10:00 AM		SCHEDULED	No
TESTER, VERA	BREASTFEEDING BASICS	05/01/2014	9:30 AM - 10:00 AM		SCHEDULED	No
TESTER, WENDY	BREASTFEEDING BASICS	05/01/2014	9:30 AM - 10:00 AM		SCHEDULED	No
TESTER, MARIE	HIGH RISK COUNSELING	04/30/2014			ATTENDED	Yes

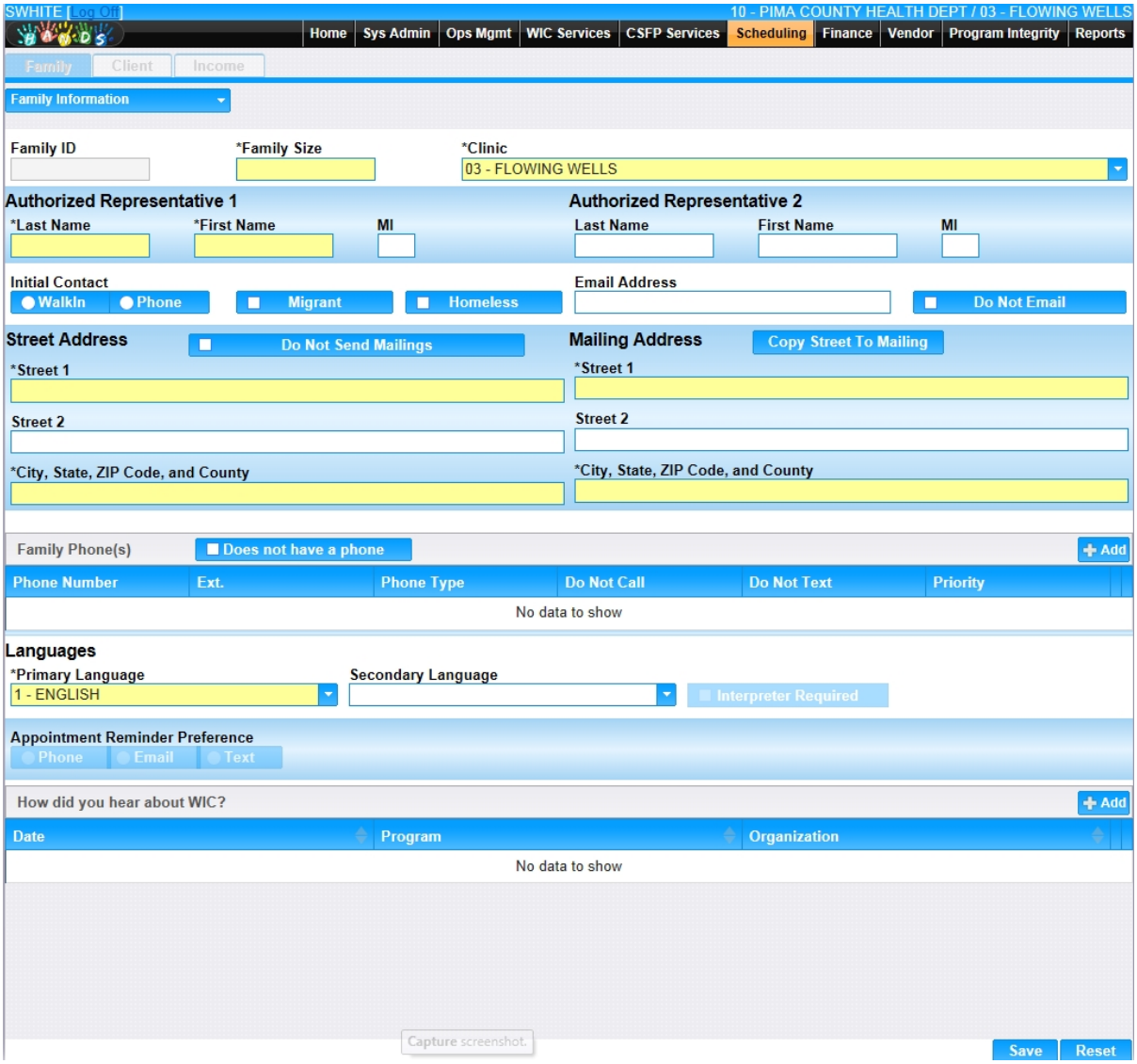
<< < > >> Row count: 10 Showing 1-8 of 8

Module 6: Figure 56: Family Appointment Page

2. If there are many appointments in the History you can increase the Row count to view more or page through the list using the arrows.

Pre-Certification for Scheduling New Clients

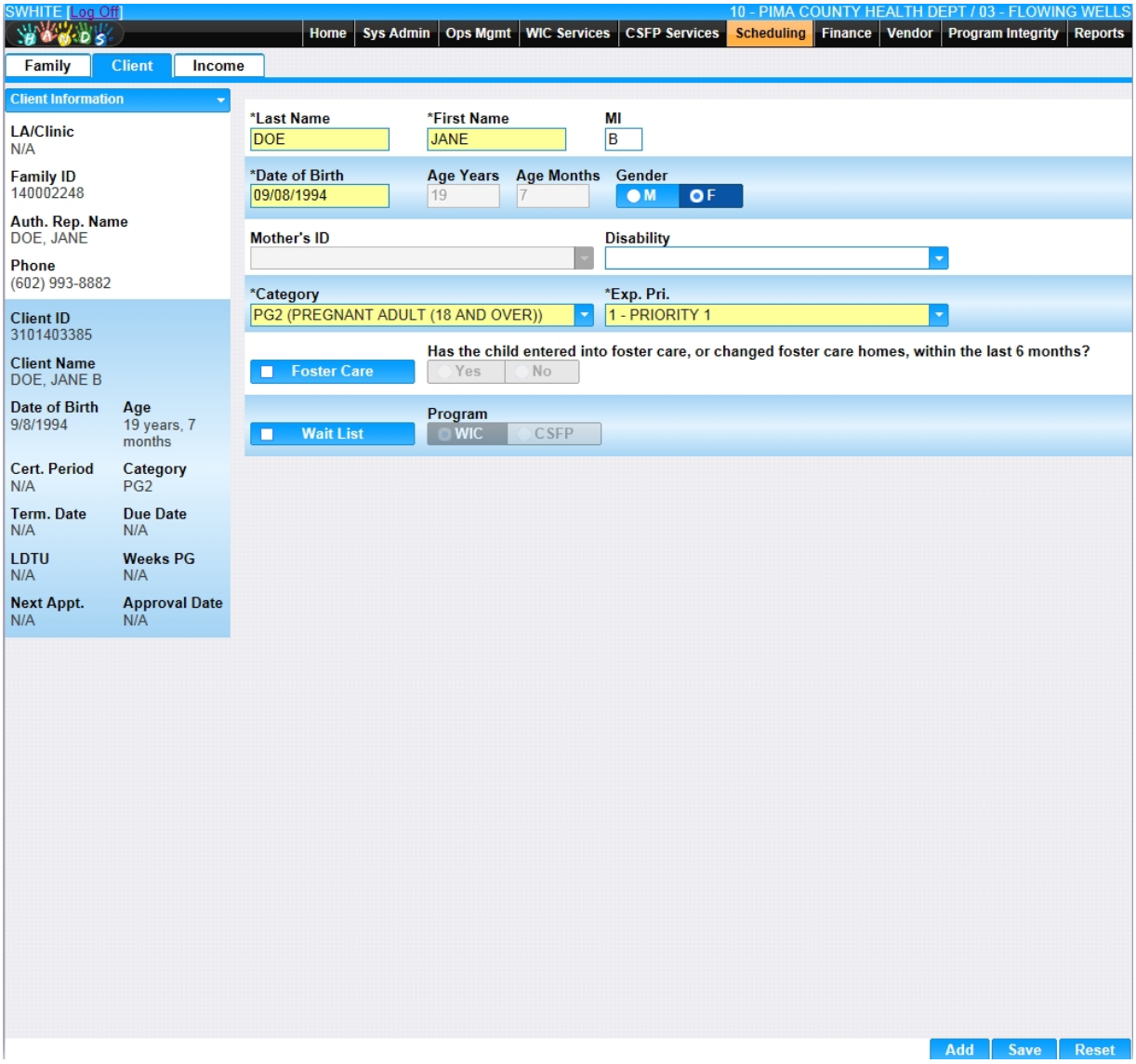
1. Go to HANDS Scheduling and click on the Pre-Certification option in the drop down.
2. This will bring you to the Pre-Certification Page.
3. The Pre-Certification page outline is similar to the WIC Services/Family page.
4. Complete all required and/or optional fields and click save.
5. The New Client action button will become available
6. Add all clients in the family on the Client Page. See Module 6: Figure 57 below.



Module 6: Figure 57: Pre-certification for Scheduling New Clients

7. The client page allows for the entry of the most basic information needed to make the appointment such as client name, birth date, gender,category, priority and program being applied for (WIC or CSFP).

8. After adding the required information on the Client page, click save. You may click add again to enter the required information for other clients within the family. See Module 6: Figure 58 below.



Module 6: Figure 58: Client Information

9. After the client information has been saved, the pre-certification income page becomes available. Click on the income tab to add the precertification income record. However, income pre-certification entry is optional and not required to make an appointment. See Module 6: Figure 59 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Income

Household

Income Date: 5/1/2014

*Family Size (Excluding Foster Children): 5

Unborn Counted

Adjunct Eligibility

Members	AHCCCS	FDPIR	SECTION 8	SNAP	TANF
DOE, JANE B	PART. PROOF	N/A	REFERRED	REFERRED	REFERRED

Income

Providers — Add

Income Provider	Amount	Interval	Hours Per Week	Documentation	Monthly
PRIMARY PROVIDER	$400.00	M - MONTHLY		4:AHCCCS ELIGIBILITY LETTER/ CMDP CARD	$400.00

Monthly Income Breakdown

Member	Monthly Income	Provider Details
DOE, JANE B	$400.00	Details

Migrant

Module 6: Figure 59: Pre-certification Income Page

10. The WIC applicant's record will now become available in the WIC services Search Page, and the user may assign an appointment in the Scheduling area. See Module 6: Figure 60 below.

SWHITE [Log Off] — 10 - PIMA COUNTY HEALTH DEPT / 03 - FLOWING WELLS

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Search

CLINIC | AGENCY | STATE — ACTIVE | PENDING / INACTIVE | ALL

Client ID | Family ID | Last Name: DOE | First Name: JANE | MI | Gender: M F | Client Category

Date of Birth | Cert. Start Date | Cert. End Date | Auth. Rep. 1 Last Name | Auth. Rep. 1 First Name | Phone Number

Client ID	Family ID	Client Name	Cat	Gender	Date of Birth	Status
3101403385	140002248	DOE, JANE B	PG2	F	09/08/1994	P

Row count: 10 — Showing 1-1 of 1

Module 6: Figure 60: Scheduling Area

Hint: On the day of the actual certification, the staff user will still need to add information to some of the required fields on Family, Client and Income pages which were not covered by pre-certification.

Appointment Mailing Labels

1. Go to the WIC Services Scheduling Module and choose Appointment Mailing Labels from the drop down list.
2. On the Appointment Mailing Labels page, enter the family or client ID of the client who requires a mailing label.
3. Click the Search button.
4. Choose the WIC Clinic.
5. Choose from the Appointment Status, Categories, and Services drop down fields as applicable.
6. Click the Print Labels button.
7. In the Print Labels box, the user may preview the labels and then print. See Module 6: Figures 61, 62, and 63 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Appt Mailing Labels

Family ID: 1400002143
Client ID:
*Appointment From Date: 05/01/2014
*Appointment To Date: 05/01/2014

*Clinic: 03 - FLOWING WELLS
Appointment Statuses: SCHEDULED
Categories: PG2
Services: CERTIFICATIONS

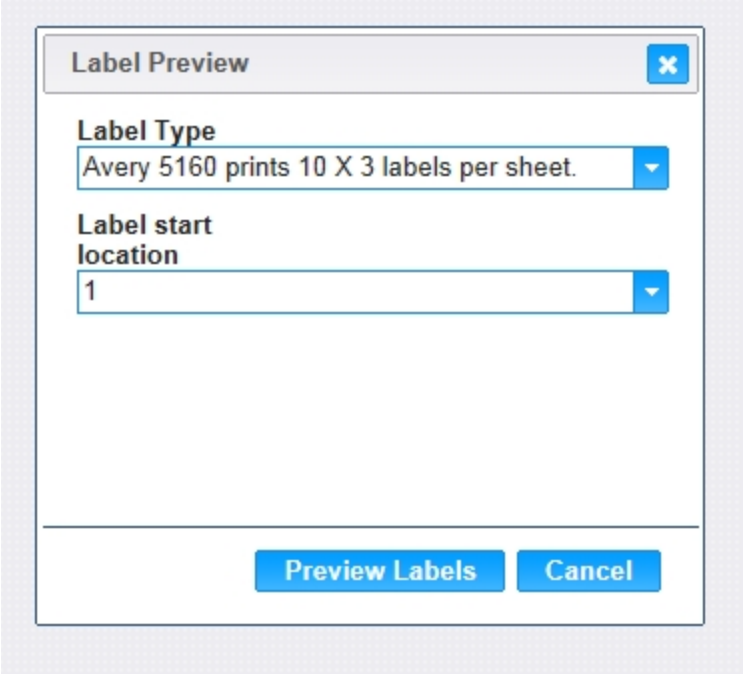
Print Labels

Name	Street Address 1	Street Address 2	City	State	Zip Code
TESTER, MARIE	345 7TH STREET		PHOENIX	AZ	85007

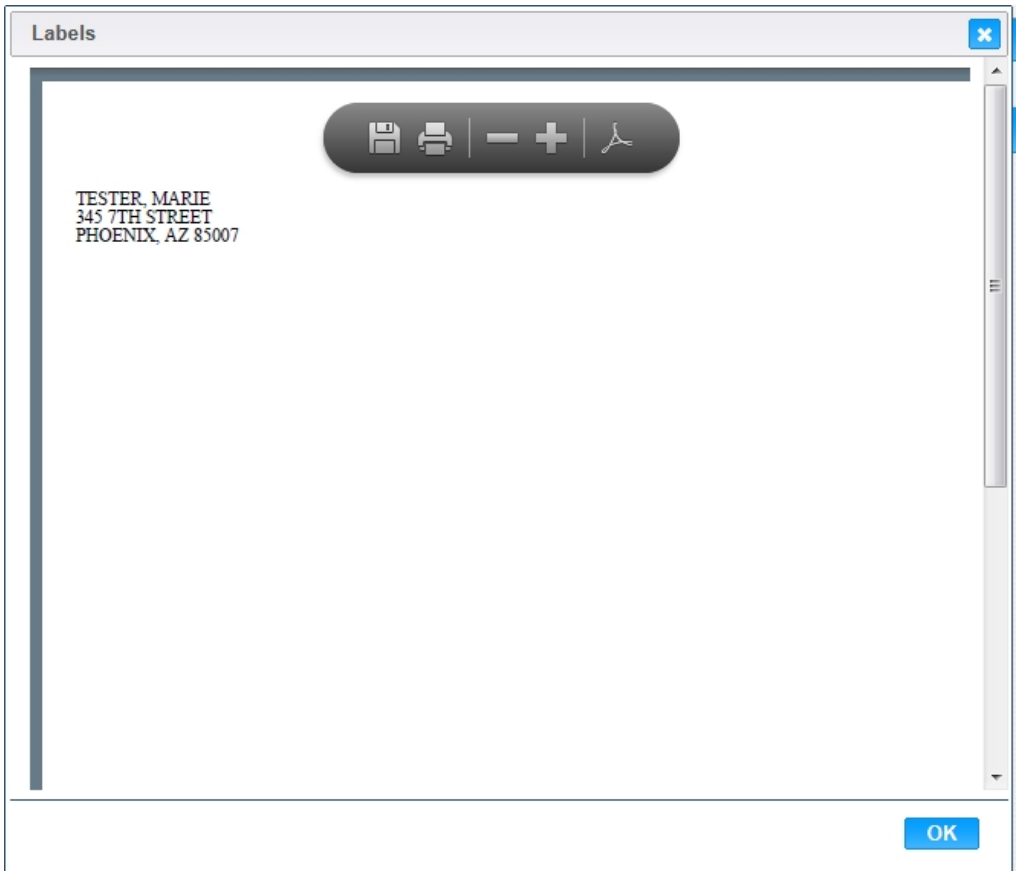
<< < > >> Row count: 10 Showing 1-1 of 1

Search | New Search

Module 6: Figure 61: Appointment Mailing Labels



Module 6: Figure 62: Label Preview Box



Module 6: Figure 63: Example of Label Preview

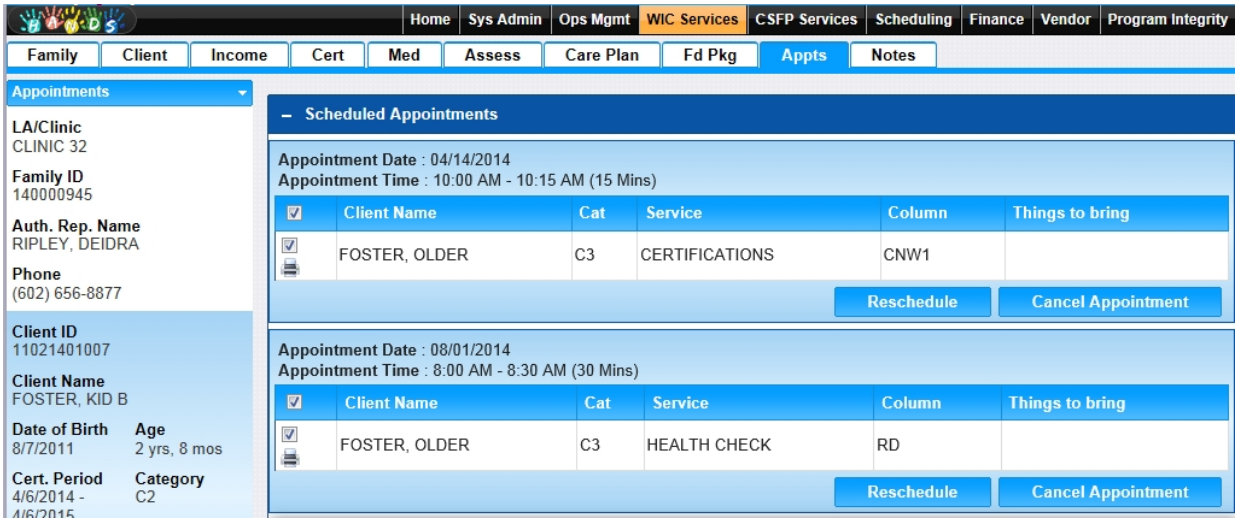
Printing Appointment and Appointment Rescheduled Notices

The printing icon for the Appointment Notice and Appointment Rescheduled Notice may be found both in WIC Services/Family Appointments Page and in the Scheduling/Appointment Scheduler- Scheduled Appointments List.

The printer icon beside the Client's Name should be clicked on to access the print notice.

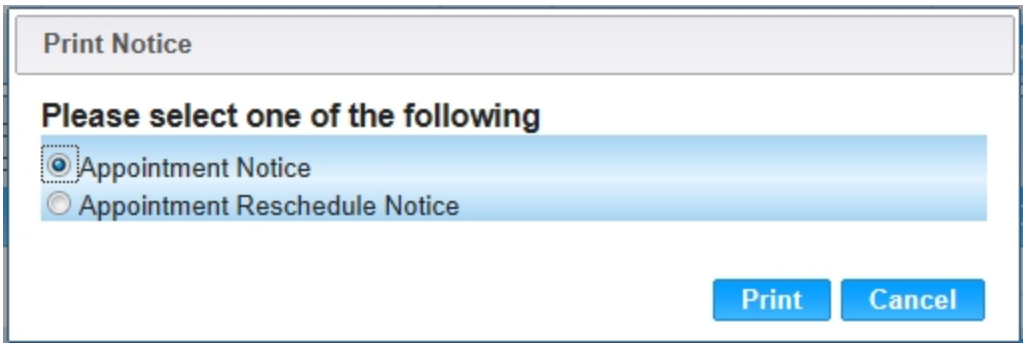
To access the printer icon in the WIC Services/Family Appointments window:

1. Go to WIC Services/Family Appointments Window
2. You will see all of the appointments scheduled for your client at the top of the screen.
3. Scroll down to the desired appointment if there is more than one appointment for your client. See Module 6: Figure 64 below.



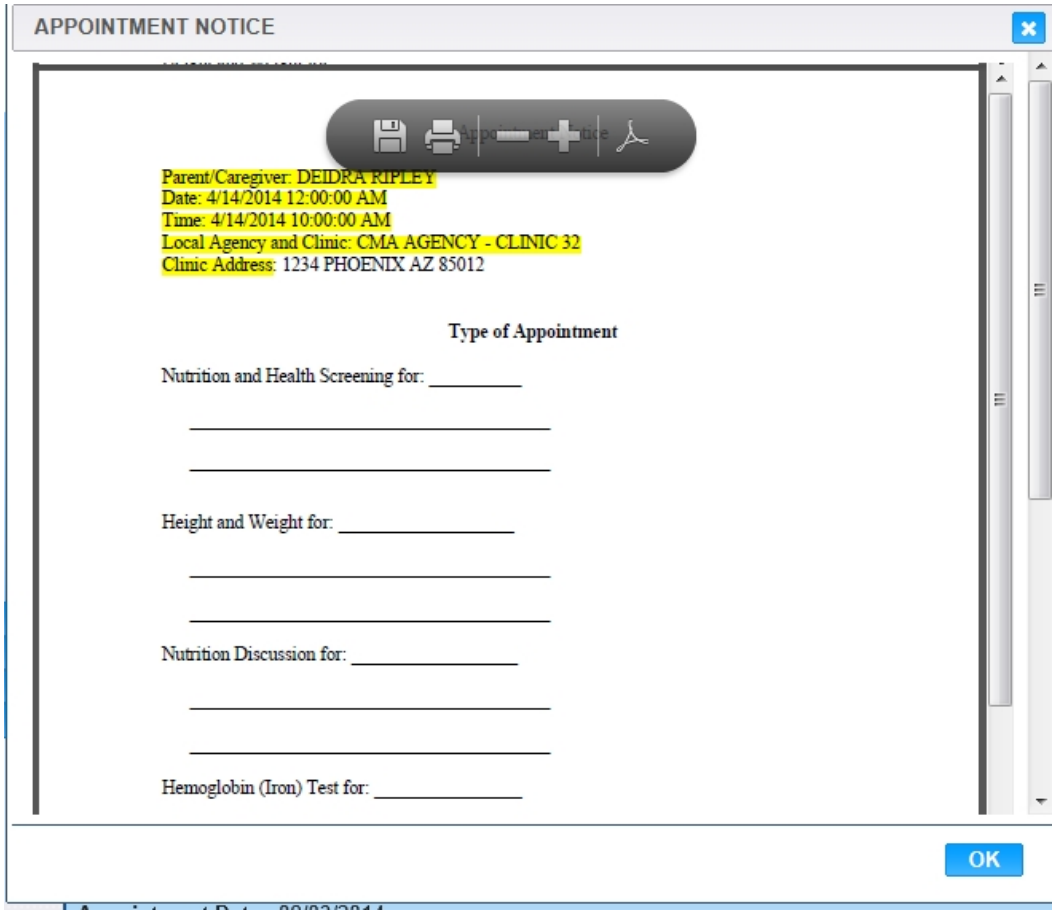
Module 6: Figure 64: Appointments Page

4. Click on the printer icon to access the print notice box.
5. Choose the appropriate notice. See Module 6: Figure 65 below.



Module 6: Figure 65: Print Notice

6. Click print.
7. The selected Appointment Notice and the printing options box will display. See Module 6: Figure 66 below.



Module 6: Figure 66: Appointment Notice Printing Options Box

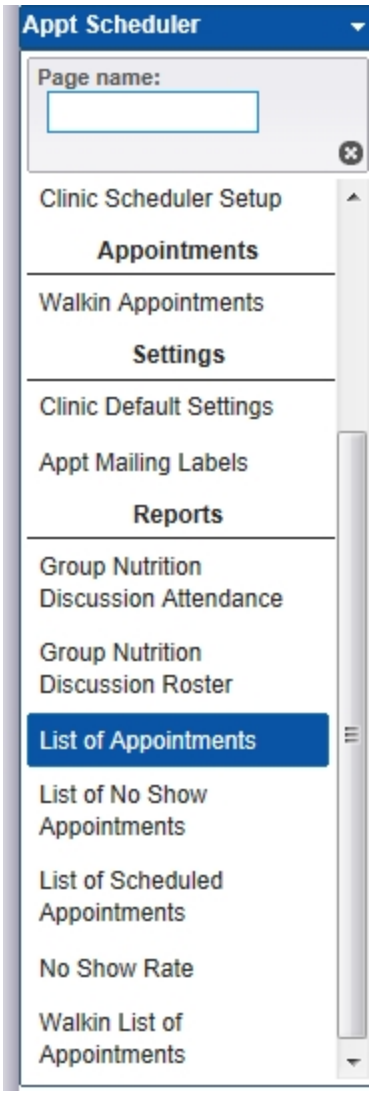
8. Click the printer icon in the printer options box to print the form.
9. Click the OK button to close the box.

Printing an Appointment Roster Report for a WIC Clinic Day

An appointment roster for the WIC Clinic day or for a Nutrition Discussion Group may be printed to help staff prepare for Clinic services and/or update the schedule as clients are checked in.

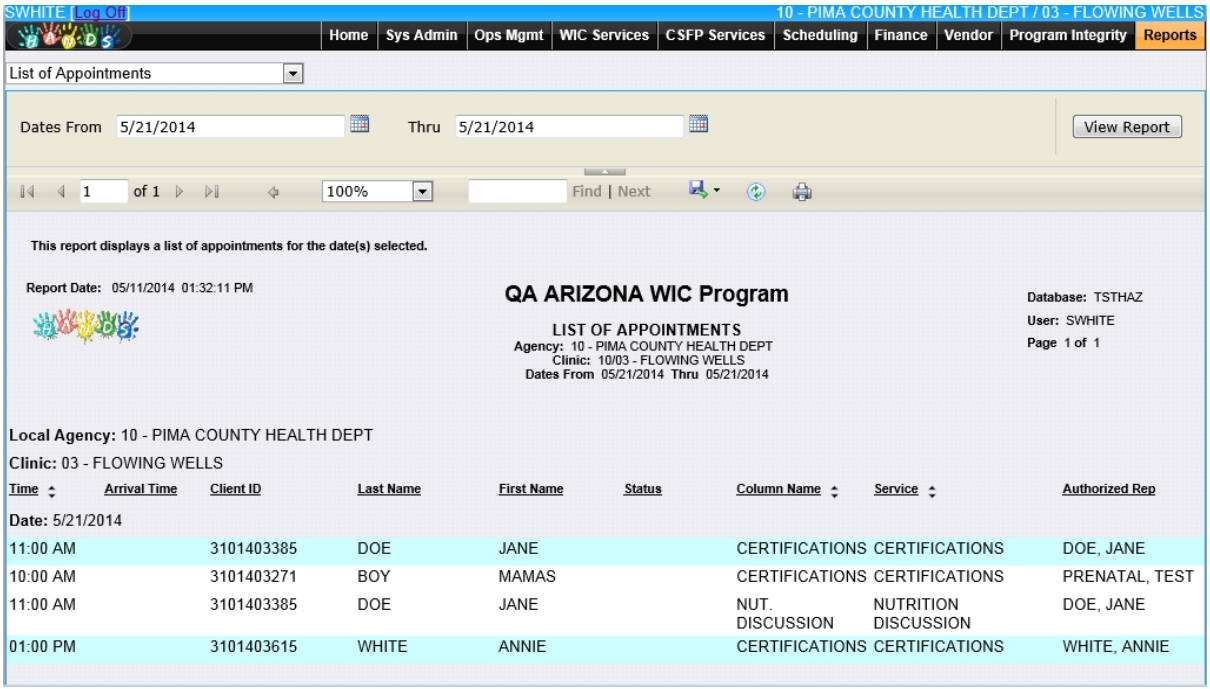
The appointment rosters are located in the HANDS Report section, but they may be accessed from the Scheduling Area's Navigation Pick List or by clicking on the Reports module located on the black Top Menu Bar.

1. Go to the HANDS Scheduling Area.
2. Choose the Appointment Scheduler from the Scheduling Area drop down list.
3. Open your Scheduling Navigation Pick List by clicking on the white arrow just above your Appointment Sheet mini calendar.
4. Scroll down to the Reports list and choose List of Appointments. See Module 6: Figure 67 below.



Module 6: Figure 67: Appointment Scheduler Drop-down Box

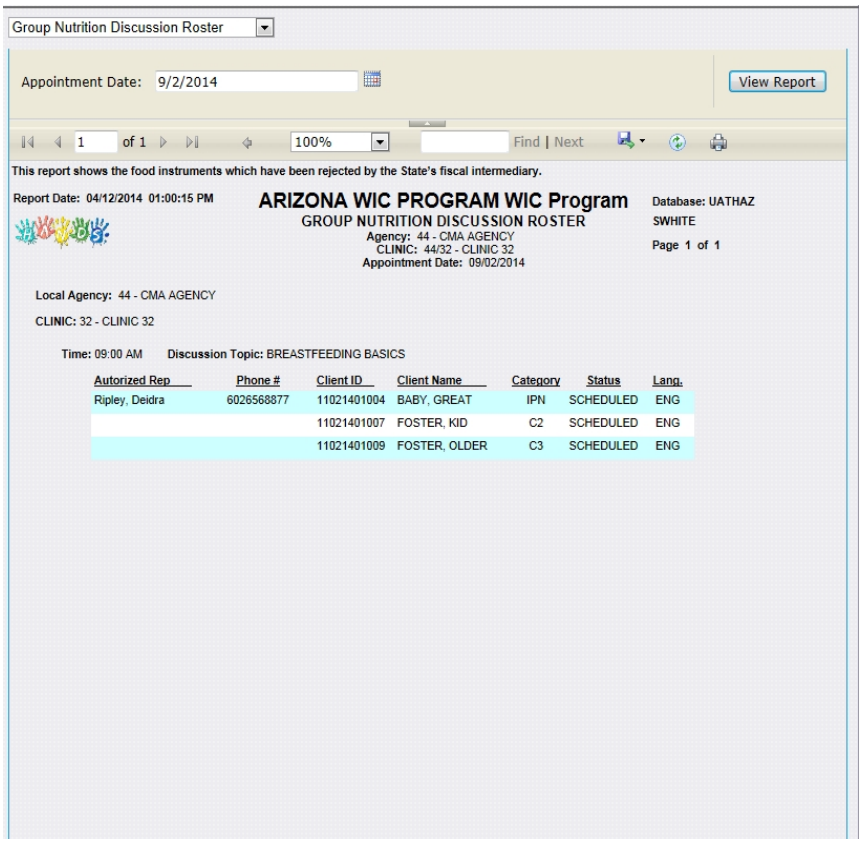
5. In the Report window, choose the Clinic date range you would like to view.
6. Click the View Report button.
7. The appointment information will appear.
8. You may print or save the Report as desired by clicking on the save or printer icon.
9. Other scheduling Reports may be accessed in the Reports drop down list. See Module 6: Figure 68 below.



Module 6: Figure 68: Scheduling Reports List of Appointments

Printing an Appointment Roster Report for a Nutrition Discussion Group

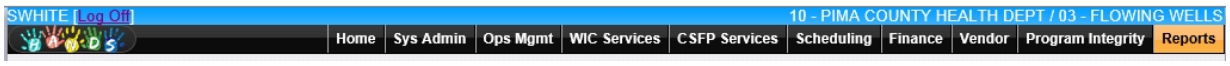
1. Go to the HANDS Scheduling area.
2. Choose the Appointment Scheduler from the Scheduling Area drop down list.
3. On the Appointment Scheduler Navigation Pick List, scroll down to Reports.
4. Click on the Group Nutrition Roster Report.
5. In the Report window, choose the Nutrition Discussion Group scheduled date you would like to view.
6. Click the View Report button.
7. The appointment information will appear.
8. You may print or save the Report as desired by clicking on the save or printer icon.
9. Other scheduling Reports may be accessed in the Reports drop down list. See Module 6: Figure 69 below.



Module 6: Figure 69: Nutrition Discussion Group Appointment Roster Report

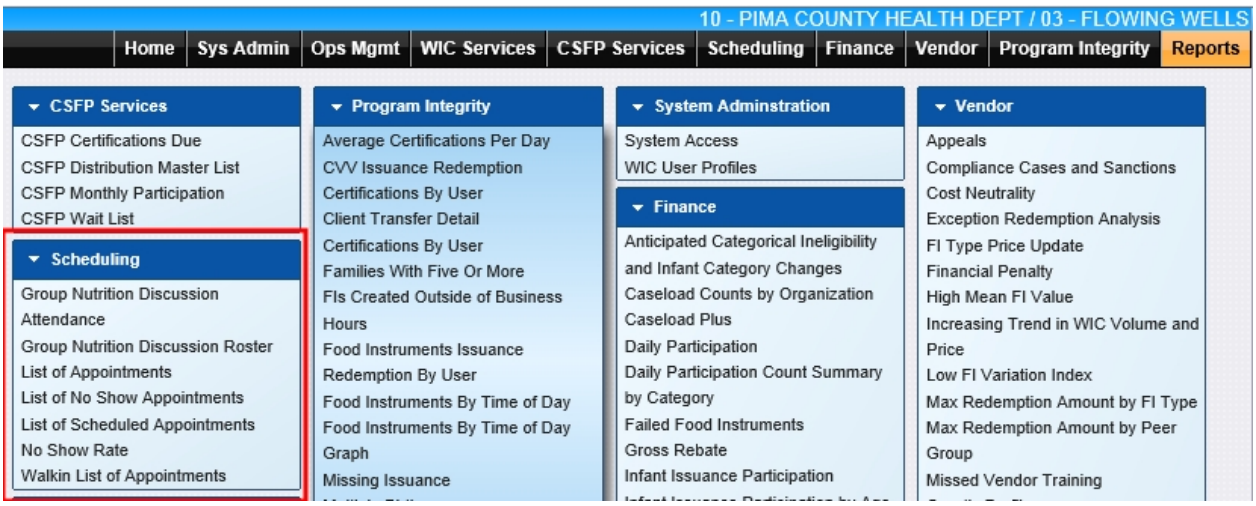
To Reach Other Scheduling Reports from the Top Menu Bar

1. On the Top Menu Bar, click the Reports module tab. See Module 6: Figure 70 below.



Module 6: Figure 70: Reports Module Tab

2. In the Scheduling Section, choose a report by clicking on the Report Name link. See Module 6: Figure 71 below.



Module 6: Figure 71: Report Name Link

Remember: What type of report a user has access to depends upon the user's job title and responsibilities.

3. HANDS will open the report for viewing.
4. Choose the desired date range for the report.
5. Click the View Report button to view the report.

Module 7: In State and Out of State Family & Client Transfers

Module 7
Learning Objectives

After completing this module, the User should be able to:

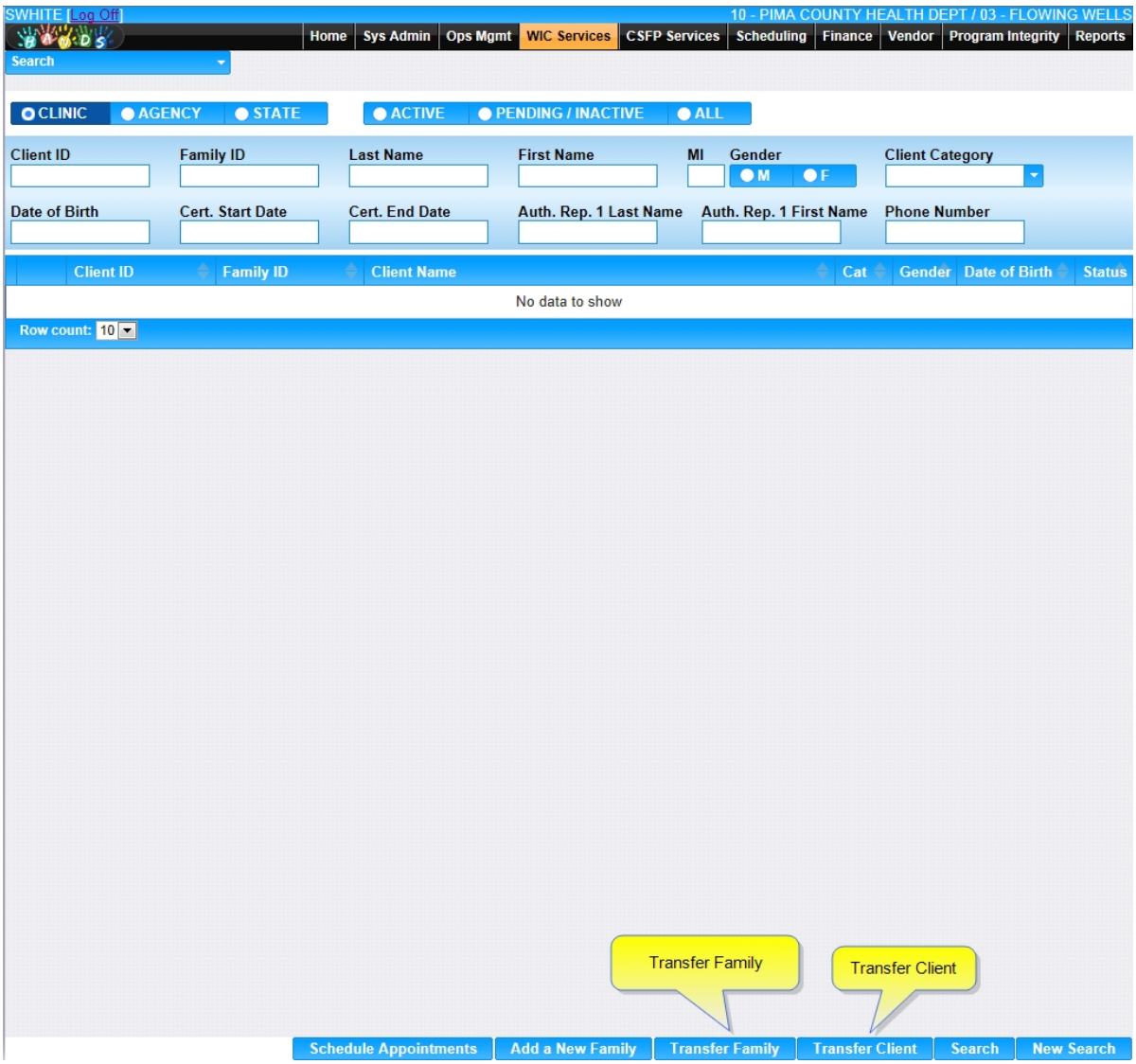
- Describe the different types of transfers in HANDS
- Complete the In State transfer of a WIC Family
- Complete the In State Transfer of a WIC Client
- Demonstrate the procedure for an Out of State Transfer
- Complete the printing of a Verification of Certification form

Transfers in HANDS: In State, Out of State, & Client

The transfer procedure for families and clients, whether an In State or Out of State, has been simplified and centralized by the HANDS system.

Most of the HANDS Transfer functionality is found on the WIC Services Module Search Page in the form of the following action buttons:

- Transfer Family
- Transfer Client - This button is also located on the Client Information Page. See Module 7: Figure 1 below.

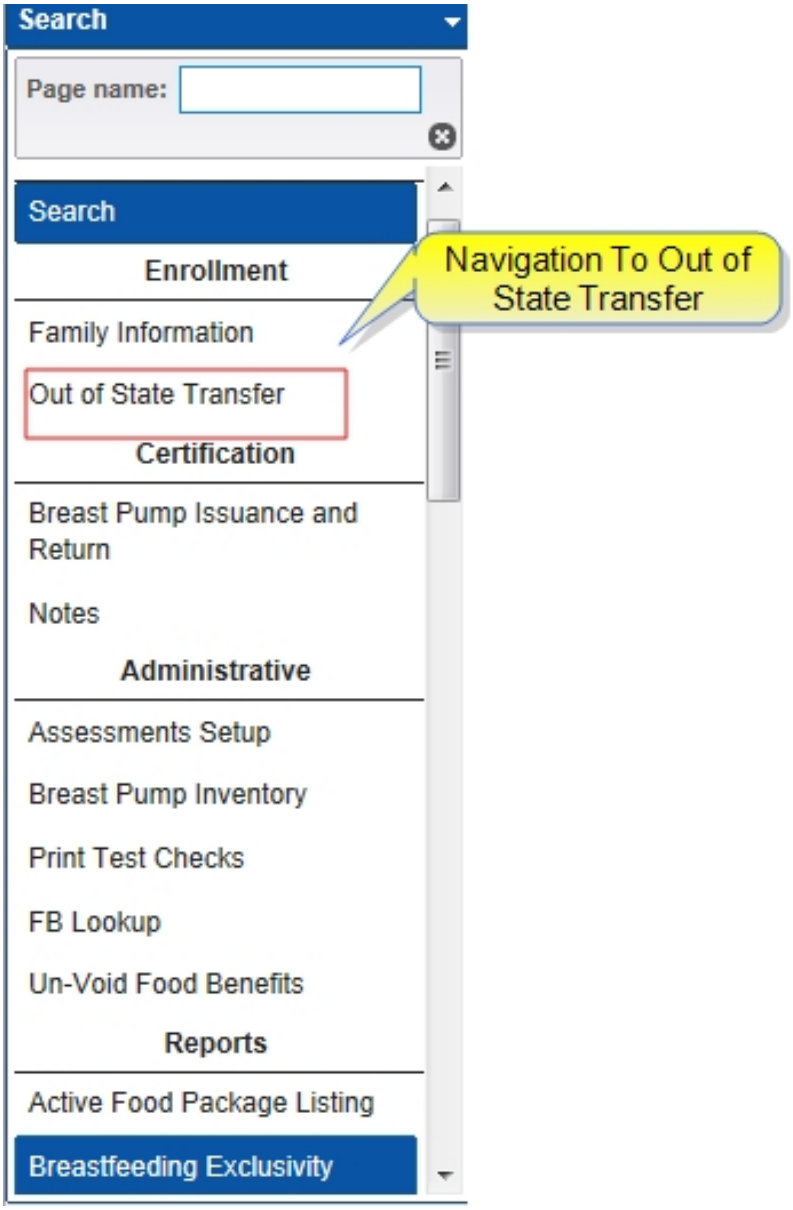


Module 7: Figure 1: Transfer in HANDS: In State, Out of State, and Client

This location allows the user to be able to search for a Family or Client from any WIC Clinic in Arizona in order to complete a Family or Client transfer.

A user may transfer a family or client within their Partner service areas only.

The user may access the Out of State Transfer functionality through the WIC Services Navigation Pick List. See Module 7: Figure 2 below.



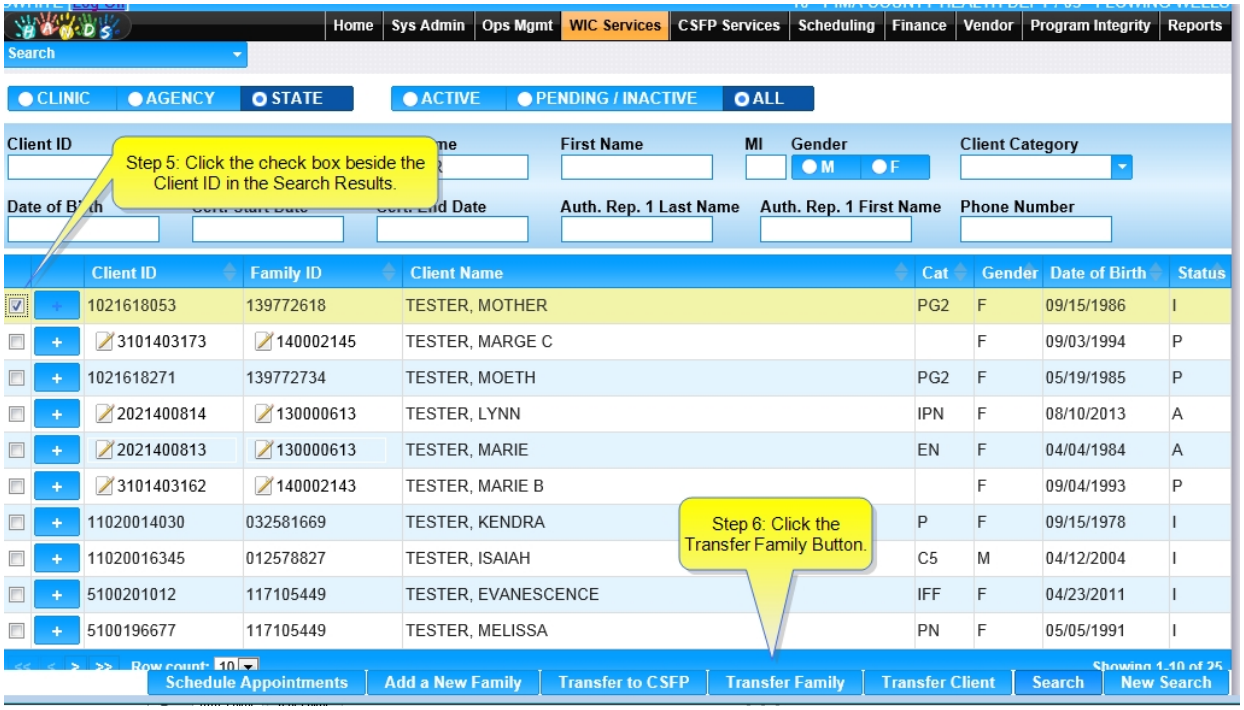
Module 7: Figure 2: Search Box

In State Transfer - WIC Family

HANDS functionality allows for a WIC Family Record to be transferred from one WIC Clinic to another instantly.

Remember: The user may make in a transfer into their Clinic but not initiate a transfer to another Clinic.

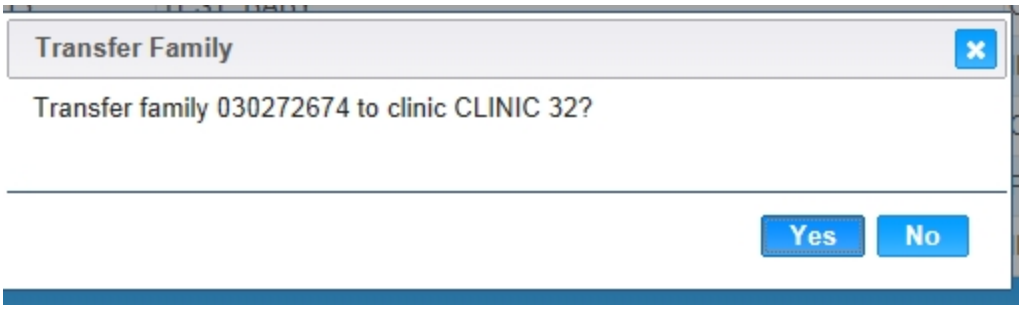
1. Complete a search for family on the WIC Services Module Search Page.
2. Click the expand row button to see the search result details.
3. View the Local agency and Clinic where the family record currently resides.
4. Click on the expand row button to hide the search result details.
5. Click the check box by the Client and Family ID.
6. At the bottom right of the screen, click on the Transfer Family button. See Module 7: Figure 3 below.



Module 7: Figure 3: In State Transfer-WIC Family

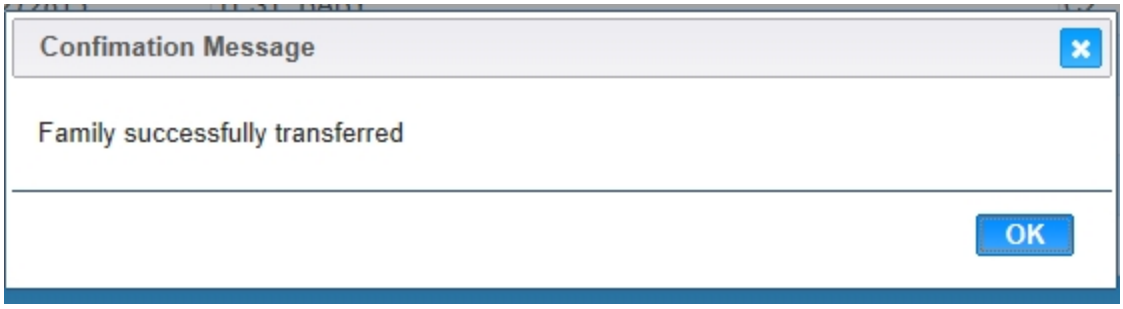
7. The Transfer Box will appear and queries the user about the transfer.

8. Click the Yes button to complete the transfer. See Module 7: Figure 4 below.



Module 7: Figure 4: Transfer Box

9. The user will receive a confirmation message that the family has successfully transferred into the user's Clinic. See Module 7: Figure 5 below.



Module 7: Figure 5: Confirmation Message Box

10. Click OK on the Confirmation Message box.

11. HANDS will automatically display the Family Information Page.

In State Transfer - WIC Client

In HANDS, a user may transfer a client from one family to another family within the State of Arizona.

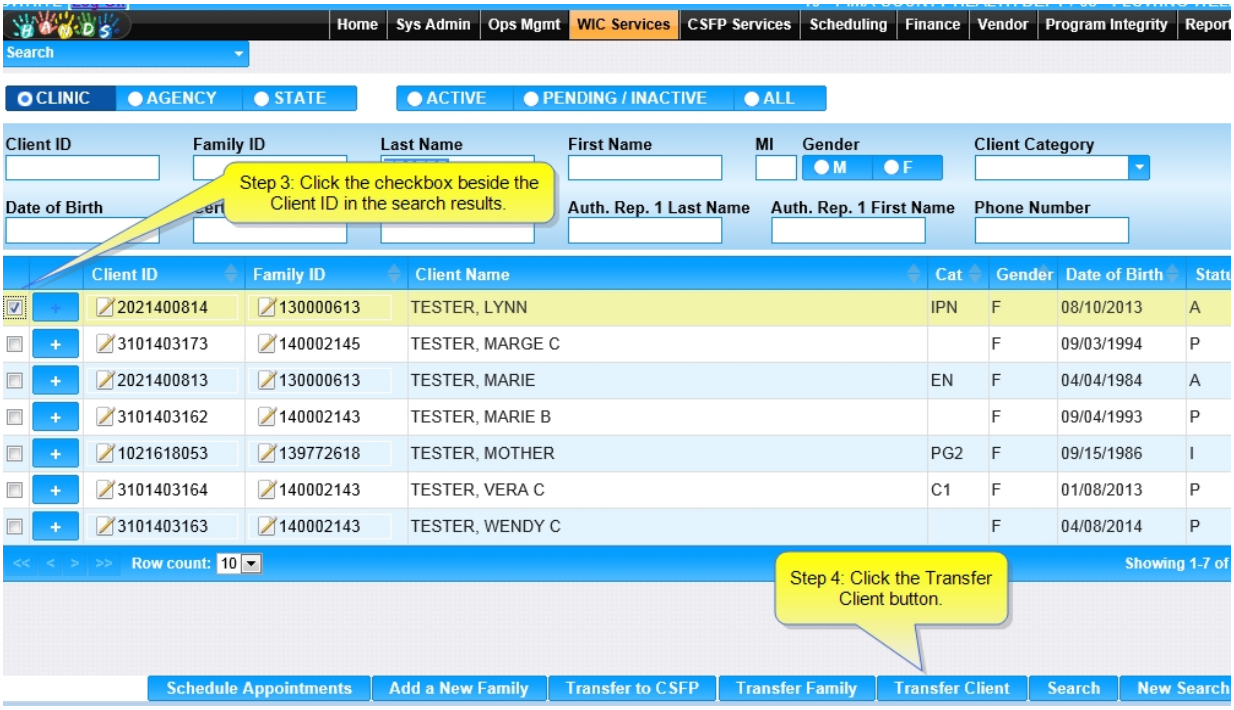
For the Partner constituents, a user may transfer a client from one family to another family within Partner's service area.

The user will find the Transfer Client button on the Family/Client Search Page and the Client Information Page.

Transferring a Client from the WIC Services Family/Client Search Page

1. On the WIC Services Family/Client Search page, complete a search of the client who will be transferred.

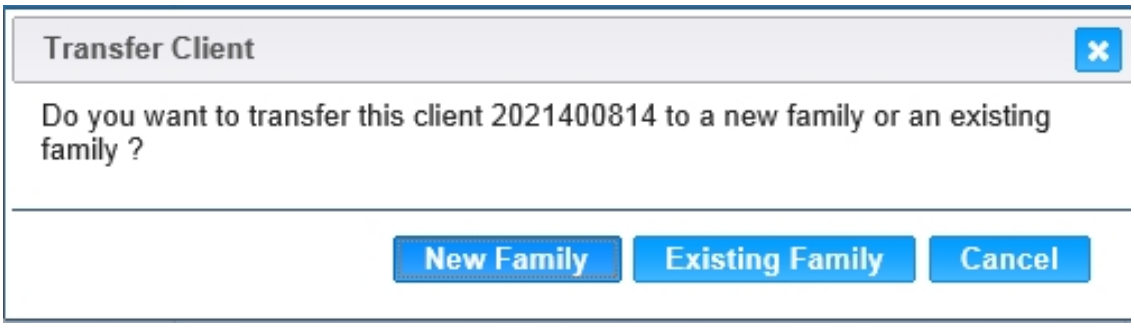
2. Select the check box next to the client's name. See Module 7: Figure 6 below.



Module 7: Figure 6: Transferring a Client from the WIC Services Family / Client Search Page

3. Click the Transfer Client button at the bottom of the page.

4. A message asking if you want to transfer to a New Family, Existing Family or Cancel will display. See Module 7: Figure 7 below.



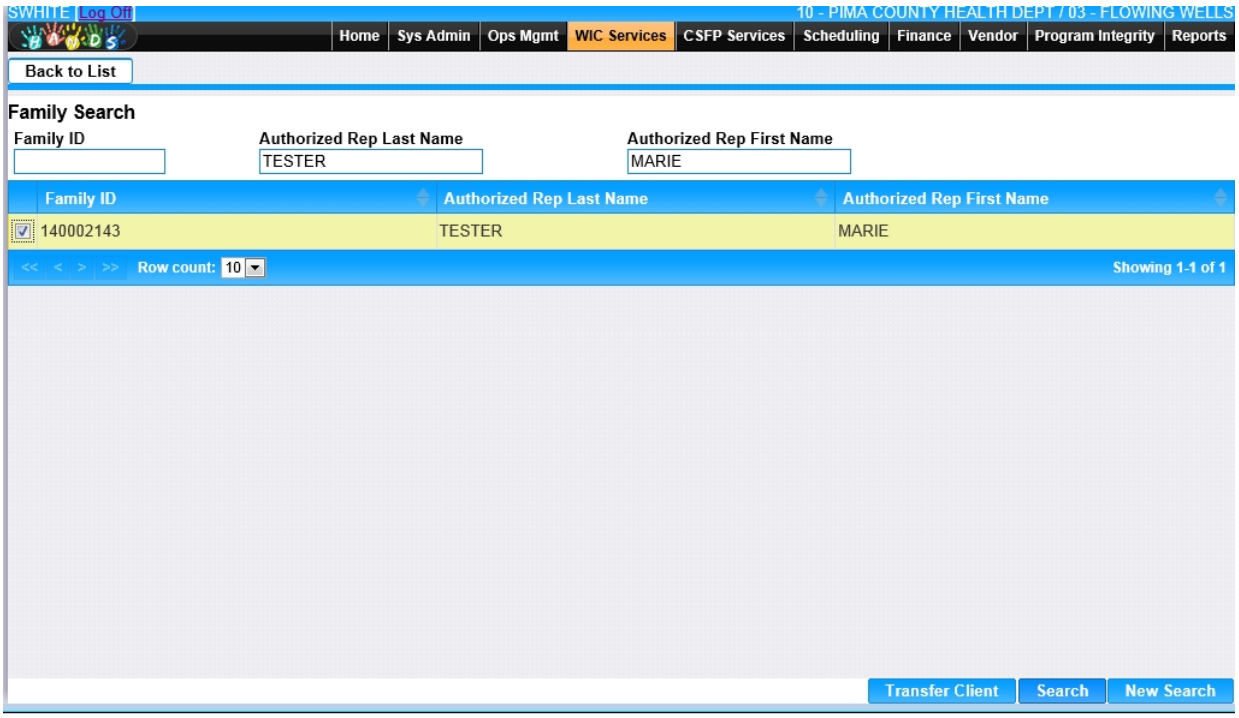
Module 7: Figure 7: Transfer Client Box

5. Select the appropriate button for the action you need to take.

6. If the New Family button is selected, a new Family Information Page will display. The user will need to follow the steps for adding a new family to HANDS.

7. If the Existing Family button is selected, HANDS will open a Client Transfer Family Search page.

8. The user may search for the family by Family ID or Authorized Representative's First and/or Last Name. Enter the Search criteria, and click the Search button. See Module 7: Figure 8 below.

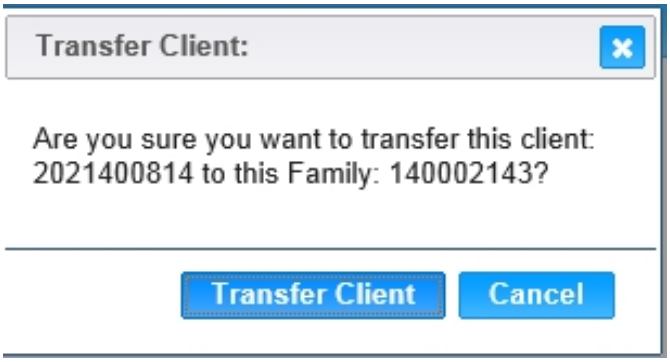


Module 7: Figure 8: New Family Information Page

9. In the search results, click the check box listed beside the Family ID.

10. Click the Transfer Client button.

11. The Transfer Client Query box will display and ask to proceed with the transfer. See Module 7: Figure 9 below.



Module 7: Figure 9: Transfer Client Query Box

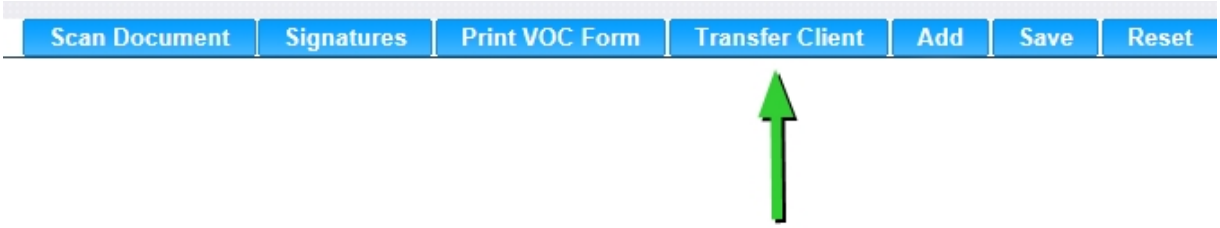
12. Click the Transfer Client Button to complete the Client Transfer.

Transferring a Client from the Client Information Page

1. Search for the client in the WIC Services Family/Client Search Page.

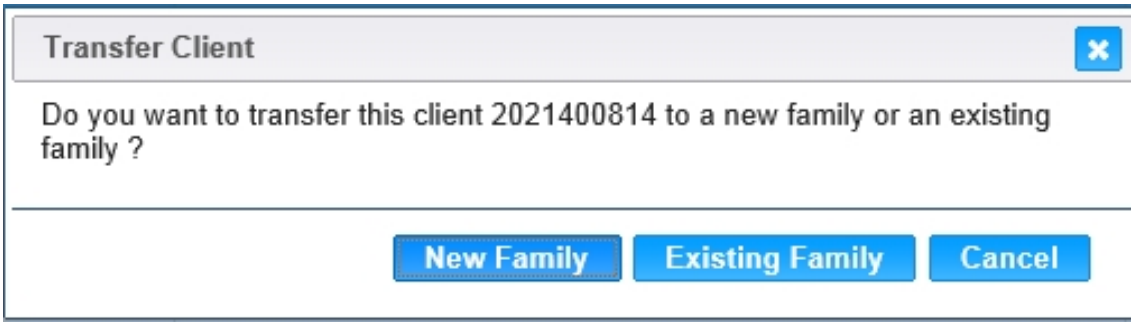
2. Go to the Client Information Page.

3. Click the Transfer Client button. See Module 7: Figure 10 below.



Module 7: Figure 10: Transferring a Client from the Client Information Page

4. A message asking if you want to transfer to a New Family, Existing Family or Cancel will display. See Module 7: Figure 11 below.



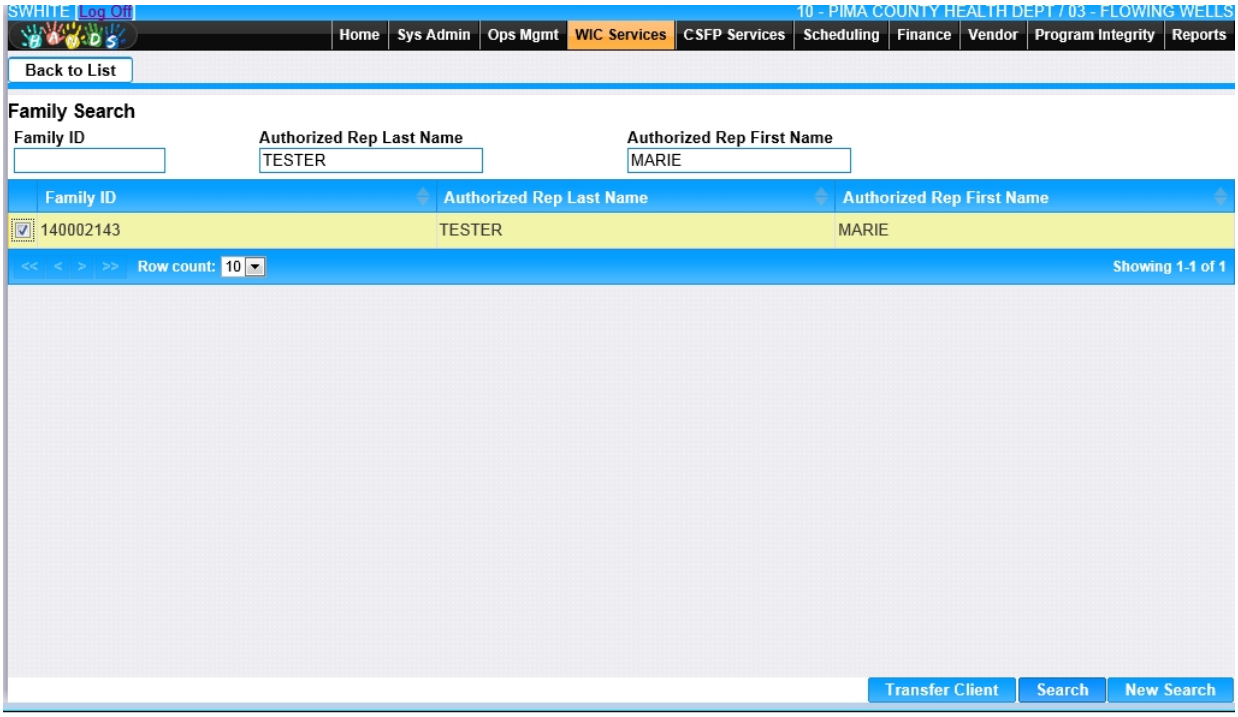
Module 7: Figure 11: Transfer Client Box

5. Select the appropriate button for the action you need to take.

6. If the New Family button is selected, a new Family Information Page will display. The user will need to follow the steps for adding a new family to HANDS.

7. If the Existing Family button is selected, HANDS will open a Client Transfer Family Search page.

8. The user may search for the family by Family ID or Authorized Representative's First and / or Last Name. Enter the Search criteria, and click the Search button. See Module 7: Figure 12 below.

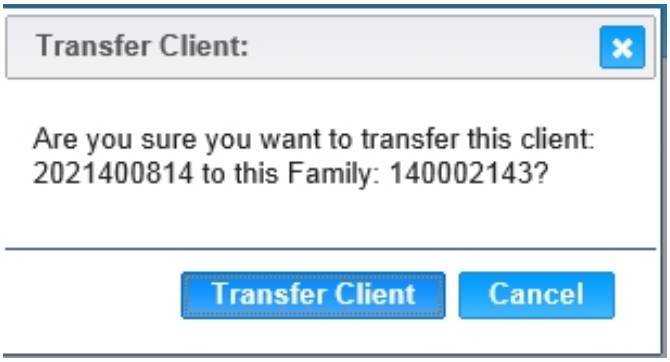


Module 7: Figure 12: Client Transfer Family Search Page

9. In the search results, click the check box listed beside the Family ID.

10. Click the Transfer Client button.

11. The Transfer Client Query box will display and ask to proceed with the transfer. See Module 7: Figure 13 below.



Module 7: Figure 13: Transfer Client Query Box

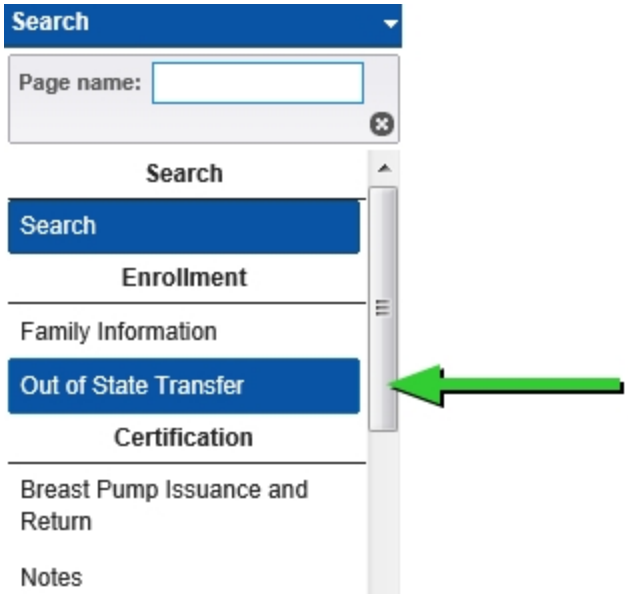
12. Click the Transfer Client Button to complete the Client Transfer.

WIC Out of State Transfer

The Out of State Transfer function in HANDS may be used to provide a transfer of WIC benefits for a Family/Client from another state. Information from the VOC or Verification of Certification may be added to HANDS in order to complete the transfer, add a food package and issue food benefits.

The Out of State transfer functionality is called the Out of State Transfer Flow and is designed to work with the certification information which may be found in the VOC.

Once you select Out of State Transfer Flow, you will be within that process until you create the family, add all clients and certify the clients. See Module 7: Figure 14 below.



Module 7: Figure 14: Search Box

1. In the WIC Services module, select the Out of State Transfer from the Navigation Pick List drop down.

2. HANDS will display the Out of State Transfer Flow, Family Page. See Module 7: Figure 15 below.

SWHITE [Log Off] 10 - PIMA COUNTY HEALTH DEPT / 03 - FLOWING WELLS

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Out of State Transfer

Out Of State Transfer Flow

*Family Size

*Clinic: 03 - FLOWING WELLS

Authorized Representative 1

*Last Name | *First Name | MI

*Proof Of Identity

Authorized Representative 2

Last Name | First Name | MI

Proof Of Identity

*Education | *Register To Vote? | Disability

Email Address | Do Not Email

Street Address | Do Not Send Mailings

*Street 1

Street 2

*City, State, ZIP Code, and County

Mailing Address | Copy Street To Mailing

*Street 1

Street 2

*City, State, ZIP Code, and County

Family Phone(s) | Does not have a phone | Add

Phone Number	Ext.	Phone Type	Do Not Call	Do Not Text	Priority
No data to show					

Appointment Reminder Preference: Phone | Email | Text

Languages

*Primary Language: 1 - ENGLISH

Secondary Language | Interpreter Required

Proxy 1

Last Name | First Name | MI

Proof Of Identity

Proxy 2

Last Name | First Name | MI

Proof Of Identity

How did you hear about WIC? | Add

Print Proxy Form | Save | Reset | Cancel

Module 7: Figure 15: Out of State Transfer Flow, Family Page

3. Complete the Out of State Transfer Flow Family page.

4. Click the Save Button.

5. Add a client by selecting the New Client from the Family page.

6. Complete the Client Information page.

7. Click the Save Button. See Module 7: Figure 16 below.

SWHITE [Log Off] 10 - PIMA COUNTY HEALTH DEPT / 03 - FLOWING WELLS

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Client Information

LA/Clinic
FLOWING WELLS

Family ID
140002169

Auth. Rep. Name
LADY, DEMO

Phone
N/A

VOC Graphic Identifier

Client ID
3101403225

Client Name
LADY, DEMO

Date of Birth 7/6/1986 | Age 27 yrs, 9 mos

Cert. Period N/A | Category N/A

Term. Date N/A | Due Date N/A

LDTU N/A | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

Out Of State Transfer Flow

*Last Name: LADY | *First Name: DEMO | MI | *Date of Birth: 07/06/1986 | Age: 27 yrs, 9 mos | Gender: M F

Application Date: 04/24/2014 | Mother's ID

*VOC: TEXAS | Disability

Foster Care | Has the child entered into foster care, or changed foster care homes, within the last 6 months? Yes No

Ethnicity and Race

*Choose one of the following: Hispanic or Latino | Not Hispanic or Latino

*Choose one or more of the following: American Indian or Alaskan Native | Asian | Native Hawaiian or Other Pacific Islander | Black or African American | White

Origins: Select options

*Choose one of the following: Observed by Staff | Provided by Client

Staff Name
N/A

Ineligibility Reason

Not Linked Reasons

Reason Code	Created Date	Certification Start Date
No data to show		

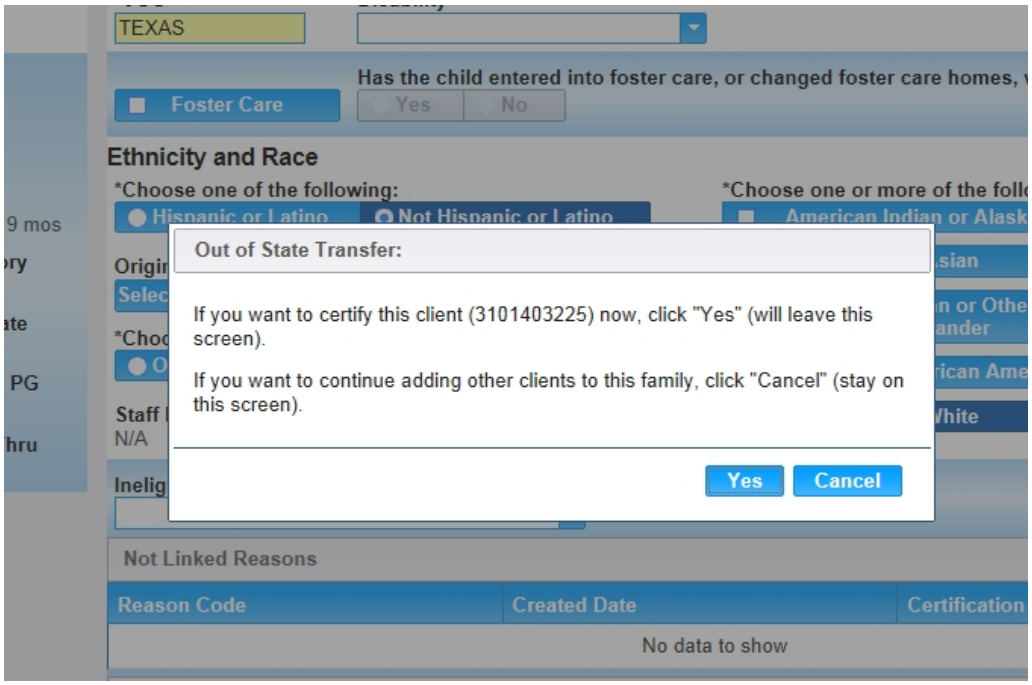
Scanned Documents

Scan Title	Description	Scanned Date	Scanned By
No data to show			

Scan Document | Print VOC Form | Transfer Client | Add | Save | Reset

Module 7: Figure 16: Client Information Page

After saving, you will receive a message asking if you want to certify the client or cancel and add other clients. If the Cancel button is selected you will return to the Client screen. See Module 7: Figure 17 below.



Module 7: Figure 17: Out of State Transfer Message

8. If Yes is clicked, HANDS will display the Out of State Transfer Flow/Certification Action page to add the client category, priority level and other related dates (EDD, Certification Start Date.) See Module 7: Figure 18 below.

Hint: Enter the certification start date as listed on the VOC information. HANDS will automatically calculate an end date for you.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Search

LA/Clinic
FLOWING WELLS

Family ID
140002169

Auth. Rep. Name
LADY, DEMO

Phone
N/A

Client ID
3101403225

Client Name
LADY, DEMO

Date of Birth
7/6/1986

Age
27 yrs, 9 mos

Cert. Period
N/A

Category
N/A

Term. Date
N/A

Due Date
N/A

LDTU
N/A

Weeks PG
N/A

Next Appt.
N/A

Appr Thru
N/A

Out Of State Transfer Flow

*Category
PG2 (PREGNANT ADULT (18 AND OVER))

Expected Delivery Date
05/20/2014

Client Not Present

Reason Client Not Present

*Start Date
03/03/2014

End Date
7/1/2014

*Priority Level
PRIORITY 1

Save | Reset

Module 7: Figure 18: Out of State Transfer Flow/Certification Action Page

9. Click Save.

10. When saved, the Certification Action page will display the certification information. The user will be taken to the Certification Work flow and will need to add a Food Package and Issue Food Benefits. See Module 7: Figure 19 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Certification Action

LA/Clinic
FLOWING WELLS

Family ID
140002169

Auth. Rep. Name
LADY, DEMO

Phone
N/A

Client ID
3101403225

Client Name
LADY, DEMO

Date of Birth
7/6/1986

Age
27 yrs, 9 mos

Cert. Period
3/3/2014 - 7/1/2014

Category
PG2

Term. Date
N/A

Due Date
5/20/2014

LDTU
N/A

Weeks PG
36

Next Appt.
N/A

Appr Thru
N/A

Out Of State Transfer Flow

*Category
PG2 (PREGNANT ADULT (18

Client Not Present

Reason Client Not Present

Last Menstrual Period
08/13/2013

Expected Delivery Date
05/20/2014

Actual Delivery Date
06/25/2014

Cert Start Date
3/3/2014

Cert End Date
7/1/2014

Duration (Weeks)
17

Cert Created By
SWHITE

Termination Date
N/A

Wait List Flag

Disqualification Start Date
N/A

Disqualification End Date
N/A

Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Cert Created By
PG2 - PREGNANT ADULT (18 AND OVER)	3/3/2014	7/1/2014	17	N	Y			SWHITE

Not Linked Reasons

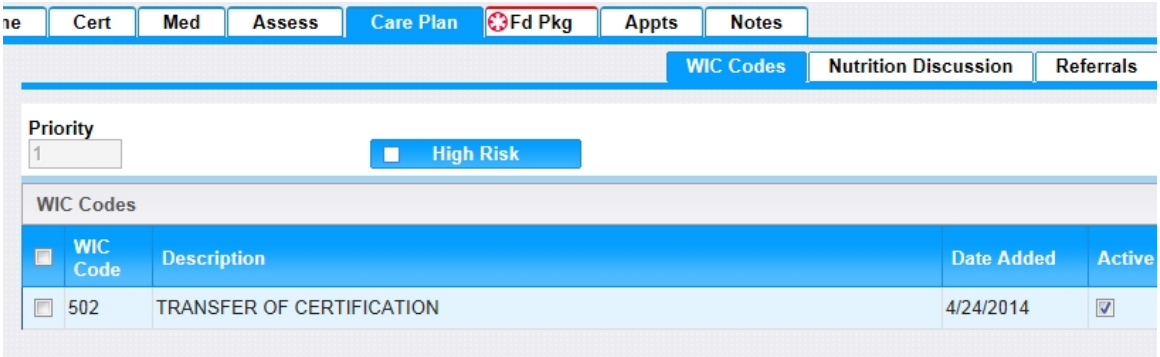
Reason Code	Created Date	Cert Start Date
No data to show		

Category Change | Terminate Cert | Disqualify | Reinstate Cert | New Cert | Save | Reset

Module 7: Figure 19: Certification Action Page

For an Out of State Transfer, HANDS will allow the user to skip the Medical Page.

Hint: HANDS will add the 502 -Transfer of Certification WIC Code for the Out of State Transfer. This can be found on the Assessment and Care Plan pages. See Module 7: Figure 20 below.



Module 7: Figure 20: 502-Transfer of Certification WIC Code on Care Plan Page

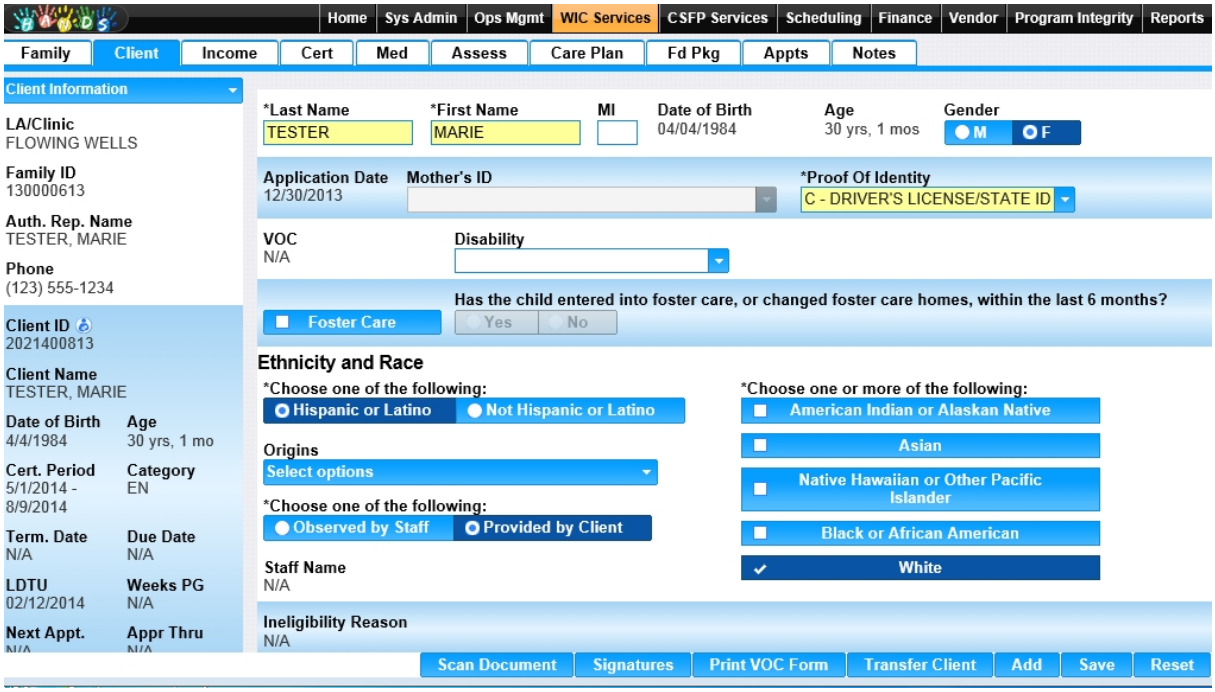
11. The user may Complete the Out of State Transfer Assessment without having to add a referral record.

12. The Referrals and Nutrition Discussion tabs are available for any referrals and nutrition discussion services offered to the Out of State Transfer family/ client.

Printing a VOC (Verification of Certification) Form in HANDS

1. Complete a WIC Services Family/Client Search for the client.

2. Go to the WIC Client Information Page. See Module 7: Figure 21 below.



Module 7: Figure 21: Printing a VOC Form in Hands

3. Click the Print VOC Form button at the bottom of the page.

4. The VOC Form and print options box will display.

5. Click the printer icon to print the VOC form. See Module 7: Figure 22 below.

Module 7: Figure 22: WIC VOC Form

Module 8: Termination, Ineligibility & Reinstatement

Module 8
Learning Objectives

After completing this module, the User should be able to:

- Complete the Termination of a Client in HANDS
- Describe the process for determining ineligibility
- Demonstrate the Reinstatement of a Terminated Client

Termination

Located in Certification Action

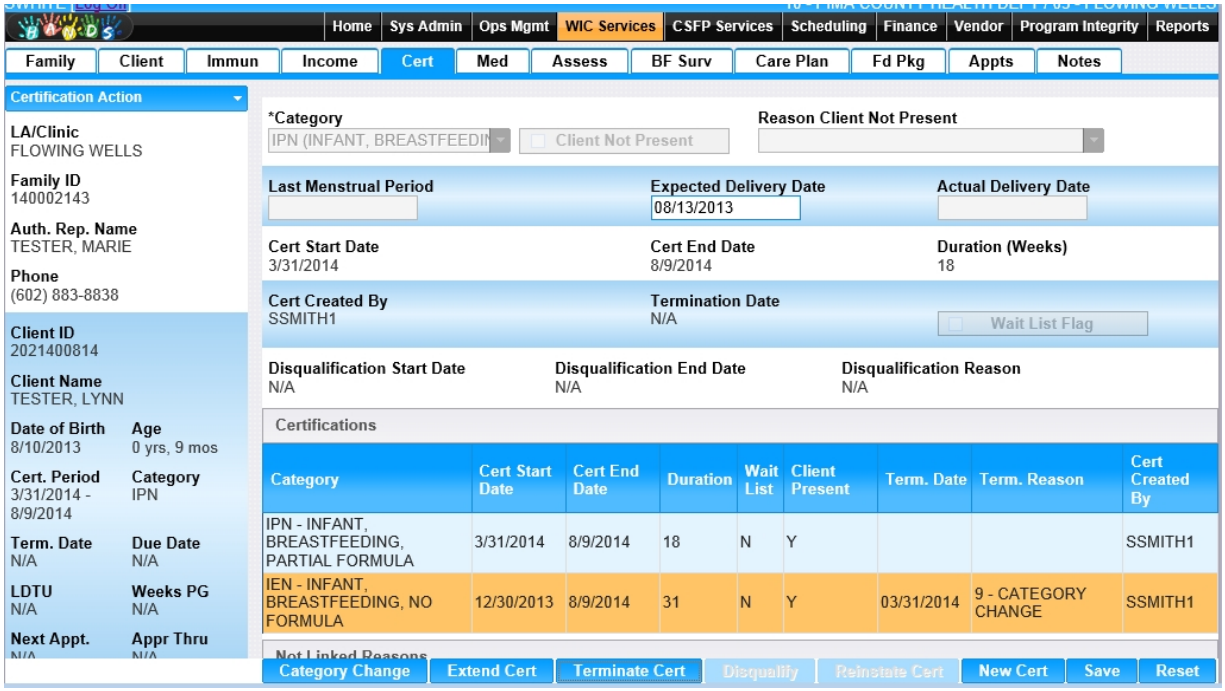
The Cert Action page is where you will be able to certify a client, terminate a certification, extend a certification, reinstate a certification or complete a category change. Also, State level staff will have the ability to disqualify a client from this page. The Disqualify functionality will not be covered in this section.

To Terminate a Certification

1. Select the Certification Action Page from the Certification Work flow

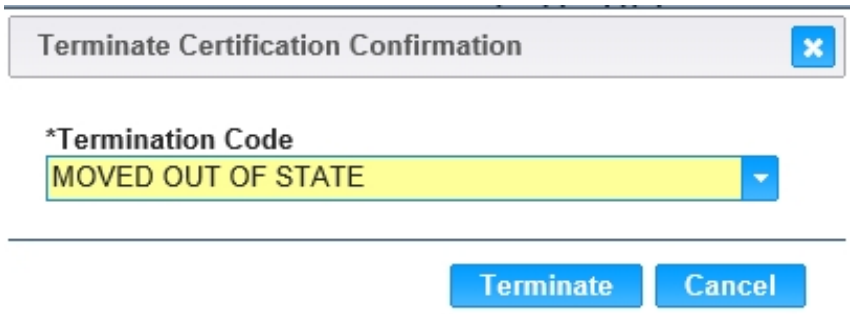
2. A client will already be selected in the active record.

3. On the Cert Action page, select the client to terminate from the active record. See Module 8: Figure 1 below.



Module 8: Figure 1: Terminating a Certification

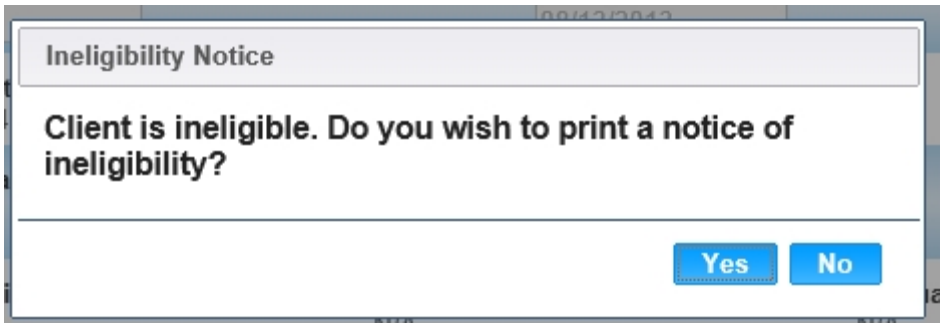
4. Click the Terminate Cert button, the Terminate Certification Confirmation displays. See Module 8: Figure 2 below.



Module 8: Figure 2: Terminate Certification Confirmation

5. Select a Termination Code from the drop-down list and click Terminate.

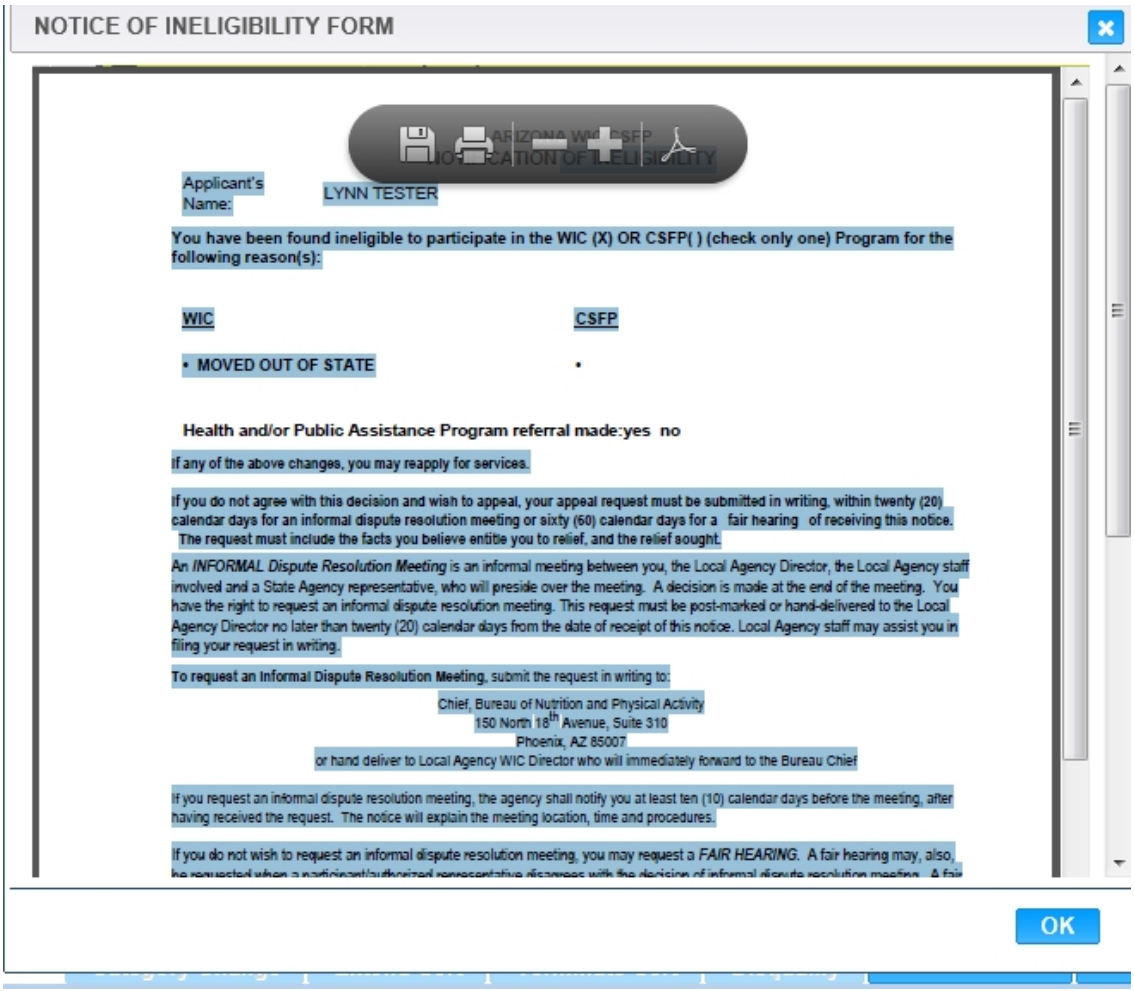
6. You will have the opportunity to print the Ineligibility Notice. See Module 8: Figure 3 below.



Module 8: Figure 3: Ineligibility Notice

7. Click Yes to Print a Notice of Ineligibility.

8. The Notice of Ineligibility and the Printer Options box will display. See Module 8: Figure 4 below.



NOTICE OF INELIGIBILITY FORM

ARIZONA WIC CSFP
NOTIFICATION OF INELIGIBILITY

Applicant's Name: LYNN TESTER

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

WIC	CSFP
• MOVED OUT OF STATE	•

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

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.

If you do not wish to request an informal dispute resolution meeting, you may request a *FAIR HEARING*. A fair hearing may, also,

OK

Module 8: Figure 4: Notice of Ineligibility Form

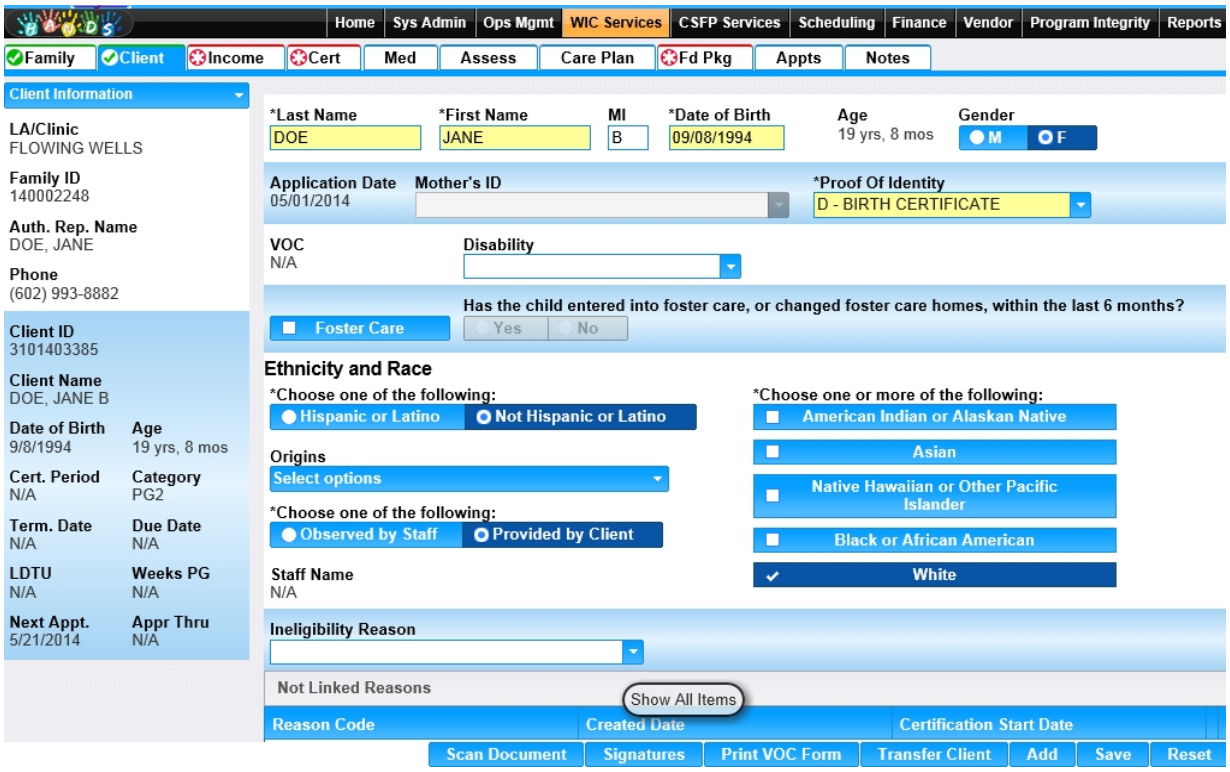
9. Click the printer icon to print the Notice.

10. Click the OK button to close the box.

11. The Cert Action page will display the Term. Date and Term. Reason for the client.

Ineligibility

Ineligibility is located on the Client Information Page within the Certification Work flow. See Module 8: Figure 5 below.



Module 8: Figure 5: Ineligibility in Client Information Page with the Certification Work flow

Some of the most common forms of WIC ineligibility include

- Categorical ineligibility
- Residence outside of Arizona
- Income above maximum allowable income
- Current participation in CSFP
- Other: The specific reason must be noted

HANDS automatically determines ineligibility for most of the reasons above. For example, if a client was determined to be income ineligible on the Income page, HANDS would designate the client as ineligible and prevent the completion of the WIC certification.

In this case, the Family is receiving a new income screening and is no longer adjunctively eligible. The family income is now over the WIC income guidelines, making the family or client ineligible to receive WIC. See Module 8: Figure 6 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Income Eligibility

LA/Clinic
FLOWING WELLS

Family ID
140002248

Auth. Rep. Name
DOE, JANE

Phone
(602) 993-8882

Client ID
3101403385

Client Name
DOE, JANE B

Date of Birth 9/8/1994
Age 19 yrs, 8 mos

Cert. Period N/A
Category PG2

Term. Date N/A
Due Date N/A

LDTU N/A
Weeks PG N/A

Next Appt. 5/21/2014
Appr Thru N/A

Household

Income Date 5/11/2014
*Family Size (Excluding Foster children Unless Foster Only Family) 5
Unborn Counted

Adjunct Eligibility

Members	AHCCCS	FDPIR	SECTION 8	SNAP	TANF
DOE, JANE B					

Income

Providers | Add

Income Provider	Amount	Interval	Hours Per Week	Documentation	Monthly
PRIMARY PROVIDER	$2,700.00	BW - BIWEEKLY (EVERY 2 WEEKS)		11:BANK ACCOUNT STATEMENT	$5,850.00

Monthly Income Breakdown

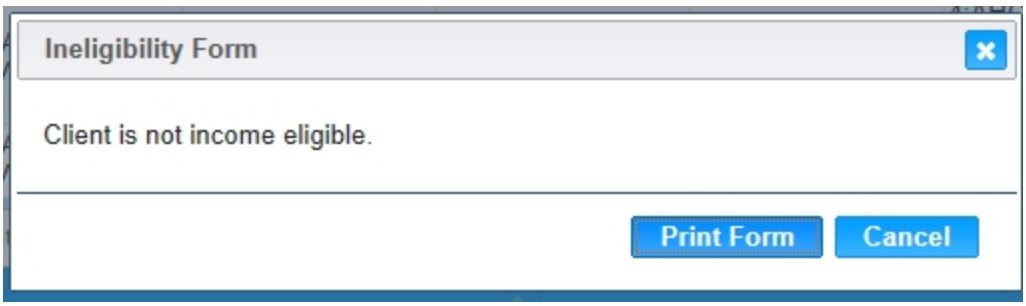
Member	Monthly Income	Provider Details
DOE, JANE B	$5,850.00	Details

Migrant | Homeless | Group Home | Military | Refugee

Signatures | New Household Income | Save | Reset

Module 8: Figure 6: Example of Ineligibility

When the new income record is saved, the Ineligibility Form alert appears. See Module 8: Figure 7 below.



Module 8: Figure 7: Ineligibility Form

From here the user may print the Ineligibility form. See Module 8: Figure 8 below.

NOTICE OF INELIGIBILITY FORM

Applicant's Name: JANE B DOE

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

WIC	CSFP
• NOT INCOME ELIGIBLE	•

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

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.

If you do not wish to request an informal dispute resolution meeting, you may request a *FAIR HEARING*. A fair hearing may, also,

OK

Module 8: Figure 8: Printer Version of Ineligibility Form

The Ineligibility Reason is now on the Client Information Page. See Module 8: Figure 9 below.

SWHITE [Log Off] 10 - PIMA COUNTY HEALTH DEPT / 03 - FLOWING WELLS

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Client Information

LA/Clinic: FLOWING WELLS
Family ID: 140002248
Auth. Rep. Name: DOE, JANE
Phone: (602) 993-8882
Client ID: 3101403385
Client Name: DOE, JANE B
Date of Birth: 9/8/1994 Age: 19 yrs, 8 mos
Cert. Period: N/A Category: PG2
Term. Date: N/A Due Date: N/A
LDTU: N/A Weeks PG: N/A
Next Appt.: 5/21/2014 Appr Thru: N/A

*Last Name: DOE *First Name: JANE MI: B *Date of Birth: 09/08/1994 Age: 19 yrs, 8 mos Gender: M F

Application Date: 05/01/2014 Mother's ID: *Proof Of Identity: D - BIRTH CERTIFICATE

VOC: N/A Disability:

Foster Care — Has the child entered into foster care, or changed foster care homes, within the last 6 months? Yes No

Ethnicity and Race

*Choose one of the following: Hispanic or Latino | Not Hispanic or Latino

*Choose one or more of the following: American Indian or Alaskan Native | Asian | Native Hawaiian or Other Pacific Islander | African American | White

Origins: Select options

*Choose one of the following: Observed by Staff | Provided

Staff Name: N/A

Ineligibility Reason: B - NOT INCOME ELIGIBLE

The Ineligibility Reason now appears on the Client Information Page.

Scan Document | Signatures | Print VOC Form | Transfer Client | Add | Save | Reset

Module 8: Figure 9: Ineligibility Reason on Client Information Page

Client Reinstatement

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Certification Action

LA/Clinic
FLOWING WELLS

Family ID
140001658

Auth. Rep. Name
WHITE, SHEILA

Phone
(601) 480-5767

Client ID
3101402315

Client Name
WHITE, SHEILA

Date of Birth 8/3/1976 | Age 37 yrs, 9 mos

Cert. Period N/A | Category P

Term. Date 5/16/2014 | Due Date N/A

LDTU 06/03/2014 | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

JESTER, MICHAEL
WHITE, WILLIAMS

Client is ineligible(8 - CATEGORICALLY INELIGIBLE). Insert/Update of Certification Records not allowed.

*Category: P (P--WOMAN, POSTPARTUM) | Client Not Present | Reason Client Not Present

Last Menstrual Period | Expected Delivery Date | Actual Delivery Date 01/13/2014

Cert Start Date 3/6/2014 | Cert End Date 7/12/2014 | Duration (Weeks) 18

Cert Created By JSURLS | Termination Date 05/16/2014 | Wait List Flag

Disqualification Start Date N/A | Disqualification End Date N/A | Disqualification Reason N/A

Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Cert Created By
P - P--WOMAN, POSTPARTUM	3/6/2014	7/12/2014	18	N	Y	05/16/2014	8 - CATEGORICALLY INELIGIBLE	JSURLS

Not Linked Reasons

Reason Code	Created Date	Cert Start Date
No data to show		

On the Certification Action page, click the Reinstate Cert button.

Category Change | Terminate Cert | Disqualify | Reinstate Cert | New Cert | Save | Reset

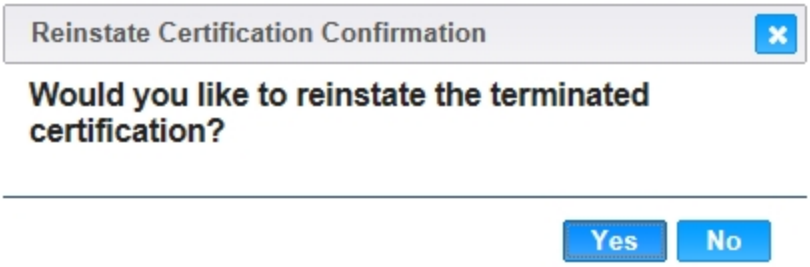
Module 8: Figure 10: Client Reinstatement

1. On the Cert Action page, select the client to reinstate from the active record.

2. Click the Reinstate Cert button, the Reinstate Certification Confirmation displays. See Module 8: Figure 10 above.

3. Click Yes to reinstate the certification or click No to cancel the reinstate process.

4. You will receive the save confirmation message and the Term Date and Term Reason will no longer be populated. See Module 8: Figure 11 below.



Module 8: Figure 11: Reinstate Certification Confirmation

Module 9: Subsequent Certification & Mid Certification

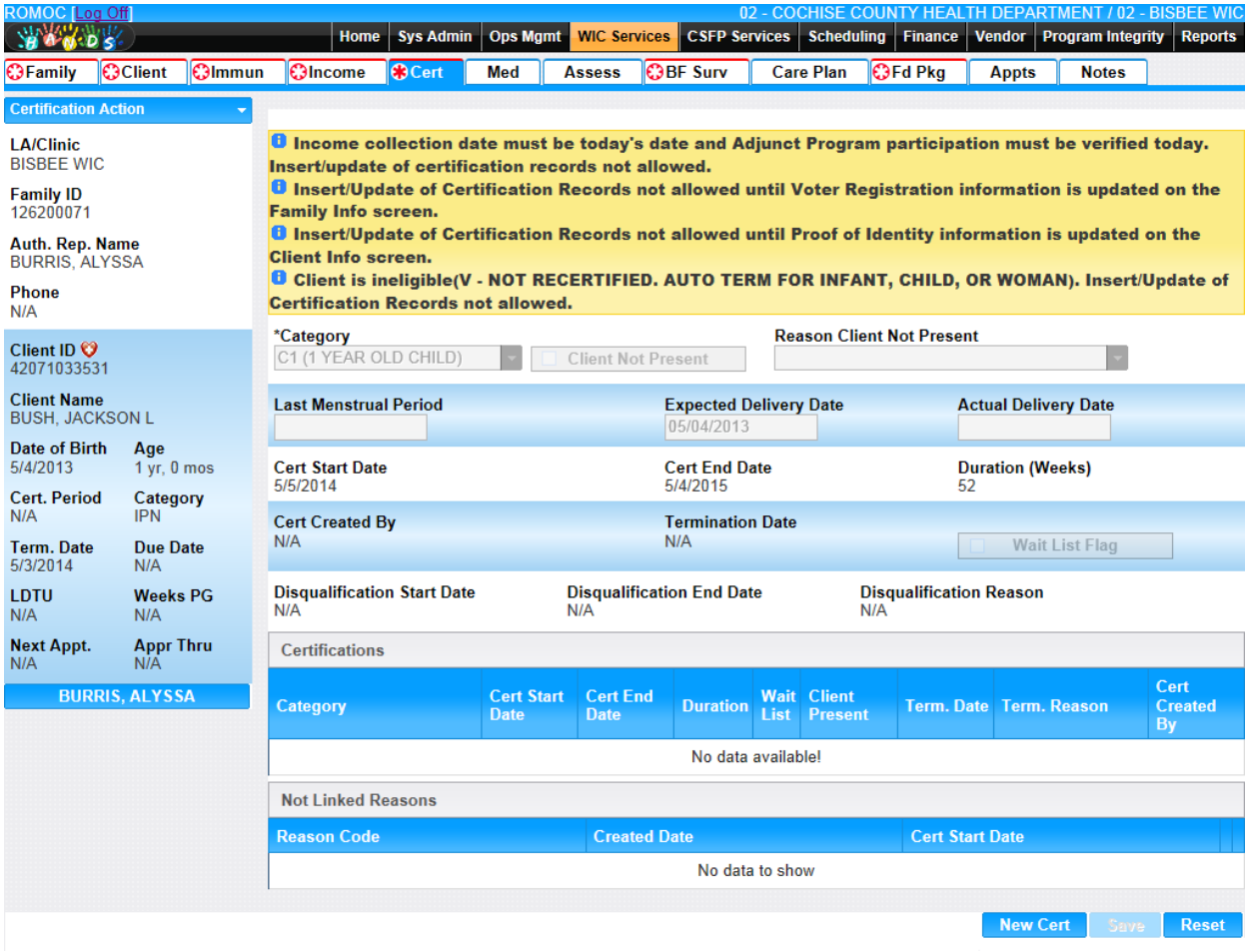
Module 9
Learning Objectives

After completing this module, the User should be able to:

- Describe the procedure for conducting a Subsequent Certification.
- Complete the Mid Certification process for a Client

Completing a Subsequent Certification for a Client

1. Go to the Certification Action Page and Click the New Cert Button.



Module 9: Figure 1: Certification Action page

2. After clicking the New Cert button on the Certification Action Page, the messages at the top of the screen let the user know what will need to be completed to re-certify the client. See Module 9: Figure 1 above.

These messages include:

- Income Collection Date must be today's date and Adjunct Program participation verified.
- The update of Certification Records may not proceed without Voter Registration information being updated on the Family Information Screen.

- The update of Certification Records is not allowed without the Proof of Identity information being updated on the Client Information Screen.

See Module 9: Figure 2 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Certification Action

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
N/A

Client ID
42071033531

Client Name
BUSH, JACKSON L

Date of Birth 5/4/2013 | Age 1 yr, 0 mos

Cert. Period N/A | Category IPN

Term. Date 5/3/2014 | Due Date N/A

LDTU N/A | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

BURRIS, ALYSSA

Income collection date must be today's date and Adjunct Program participation must be verified today. Insert/update of certification records not allowed.
Insert/Update of Certification Records not allowed until Voter Registration information is updated on the Family Info screen.
Insert/Update of Certification Records not allowed until Proof of Identity information is updated on the Client Info screen.

*Category: C1 (1 YEAR OLD CHILD) | Client Not Present | Reason Client Not Present

Last Menstrual Period | Expected Delivery Date 05/04/2013 | Actual Delivery Date

Cert Start Date 5/6/2014 | Cert End Date 5/5/2015 | Duration (Weeks) 52

Cert Created By N/A | Termination Date N/A | Wait List Flag

Disqualification Start Date N/A | Disqualification End Date N/A | Disqualification Reason N/A

Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Cert Created By
No data available!								

Not Linked Reasons

Reason Code	Created Date	Cert Start Date
No data to show		

New Cert | Save | Reset

Module 9: Figure 2: Certification Action New Cert page

3. Go to the Family Information Page. See Module 9: Figure 3 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Family Information

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
N/A

BURRIS, ALYSSA
BUSH, JACKSON L

Authorized Representative 1

*Last Name: BURRIS
*First Name: ALYSSA
MI: R
*Proof Of Identity: A - VALID MEDICAID CARD / LETTER

Authorized Representative 2

Last Name:
First Name:
MI:
Proof Of Identity:

*Education: 13 - 1-3 YEARS OF COLLEGE OR
*Register To Vote?: CR - CURRENTLY REGISTERED
Disability:

*Proof Of Address: 1 - CURRENT PIECE OF BUSINESS MAIL EX: UTILITY OF
Email Address:
Do Not Email

Street Address Do Not Send Mailings

*Street 1: 12430 N 19TH AVE APT 145
Street 2:
*City, State, ZIP Code, and County: PHOENIX, AZ 85029 MARICOPA

Mailing Address Copy Street To Mailing

*Street 1: 12430 N 19TH AVE APT 154
Street 2:
*City, State, ZIP Code, and County: PHOENIX, AZ 85029 MARICOPA

Family Phone(s) Does not have a phone Add

Phone Number	Ext.	Phone Type	Do Not Call	Do Not Text	Priority
(602) 754-7195		CP - CELL PHONE			Other

Appointment Reminder Preference
Phone | Email | Text

Languages

*Primary Language: 1 - ENGLISH
Secondary Language:
Interpreter Required

Proxy 1

Last Name: BUSH
First Name: RANDALL
MI:
Proof Of Identity:

Proxy 2

Last Name:
First Name:
MI:
Proof Of Identity:

How did you hear about WIC? Add

Date	Program	Organization
05/13/2013	FRIEND OR RELATIVE	

Print Proxy Form | Signatures | New Client | Save | Reset

Module 9: Figure 3: Family Information page

4. Update and verify the Voter Registration.

5. Update any other information on the Family page if required and click Save.

6. From the Certification Work Flow, click on the Client Information Page tab. See Module 9: Figure 4 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Client Information

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
(602) 754-7195

Client ID
42071033531

Client Name
BUSH, JACKSON L

Date of Birth 5/4/2013 | Age 1 yr, 0 mos

Cert. Period N/A | Category IPN

Term. Date 5/3/2014 | Due Date N/A

LDTU N/A | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

BURRIS, ALYSSA

*Last Name: BUSH | *First Name: JACKSON | MI: L | Date of Birth: 05/04/2013 | Age: 1 yrs, 0 mos | Gender: M F

Application Date: 05/13/2013 | Mother's ID: 42070993050 - BURRIS, ALYSSA | *Proof Of Identity: T - IMMUNIZATION RECORD

VOC: N/A | Disability:

Foster Care | Has the child entered into foster care, or changed foster care homes, within the last 6 months? Yes No

Ethnicity and Race

*Choose one of the following: Hispanic or Latino | Not Hispanic or Latino

Origins: Select options

*Choose one of the following: Observed by Staff | Provided by Client

Staff Name: N/A

*Choose one or more of the following:
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White

Ineligibility Reason:

Not Linked Reasons

Reason Code	Created Date	Certification Start Date
No data to show		

Scanned Documents

Scan Title	Description	Scanned Date	Scanned By
No data to show			

Scan Document | Signatures | Print VOC Form | Transfer Client | Add | Save | Reset

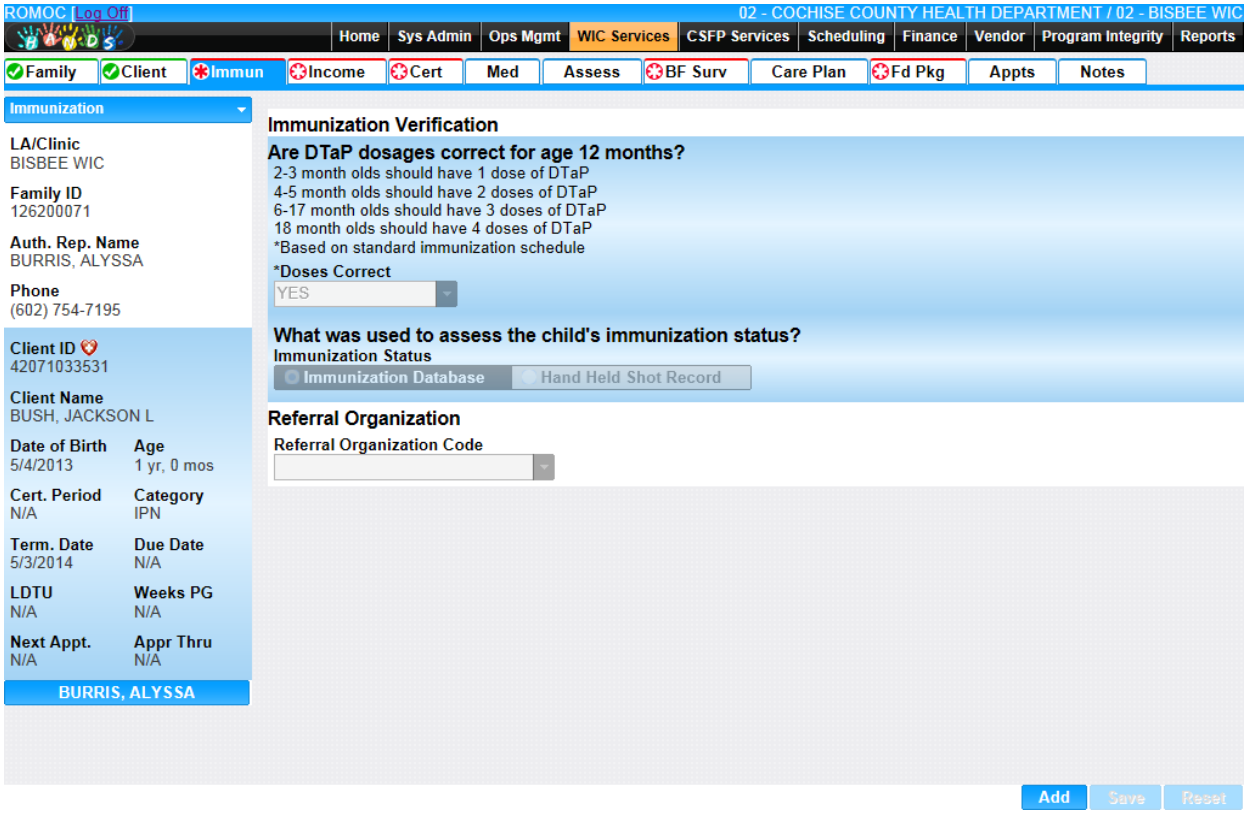
Module 9: Figure 4: Client Information page

7. Verify and Update Proof of Identity.

8. Update any other information on the Client Information page if required.

9. Click Save.

10. If applicable, click on the Immunization tab at the top of the page. See Module 9: Figure 5 below.



Module 9: Figure 5: Immunization page

11. Click the Add button to add a new immunization record.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Search

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
(602) 754-7195

Client ID
42071033531

Client Name
BUSH, JACKSON L

Date of Birth 5/4/2013 | Age 1 yr, 0 mos

Cert. Period N/A | Category IPN

Term. Date 5/3/2014 | Due Date N/A

LDTU N/A | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

BURRIS, ALYSSA

Immunization Verification

Are DTaP dosages correct for age 12 months?

2-3 month olds should have 1 dose of DTaP
4-5 month olds should have 2 doses of DTaP
6-17 month olds should have 3 doses of DTaP
18 month olds should have 4 doses of DTaP
*Based on standard immunization schedule

*Doses Correct

DTaP doses are not correct, or immunizations for this child cannot be assessed because:

No Assess Code

What was used to assess the child's immunization status?

Immunization Status

Immunization Database | Hand Held Shot Record

Referral Organization

Referral Organization Code

Add | Save | Reset

Module 9: Figure 6: Add New Immunization page

12. Enter information, click Save. See Module 9: Figure 6 above.

13. Click on the Income tab at the top of the page. See Module 9: Figure 7 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Income Eligibility

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
(602) 754-7195

Client ID
42071033531

Client Name
BUSH, JACKSON L

Date of Birth 5/4/2013 | Age 1 yr, 0 mos

Cert. Period N/A | Category IPN

Term. Date 5/3/2014 | Due Date N/A

LDTU N/A | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

BURRIS, ALYSSA

Household

Income Date: 3/14/2014 | *Family Size (Excluding Foster children Unless Foster Only Family): 2 | Unborn Counted

Adjunct Eligibility

Members	AHCCCS	FDPIR	SECTION 8	SNAP	TANF
BURRIS, ALYSSA	PART. PROOF Verified: 3/14/2014	REFERRED Verified: 3/14/2014	PART. PROOF Verified: 3/14/2014	REFERRED Verified: 3/14/2014	PART. NO PROOF Verified: 3/14/2014
BUSH, JACKSON L	PART. PROOF Verified: 3/14/2014	REFERRED Verified: 3/14/2014	PART. PROOF Verified: 3/14/2014	FAM ELIG PROOF Verified: 3/14/2014	PART. NO PROOF Verified: 3/14/2014

Income

Providers

Income Provider	Amount	Interval	Hours Per Week	Documentation	Monthly
AHCCS/ FS	$1,128.75	M - MONTHLY	40	4:AHCCCS ELIGIBILITY LETTER/ CMDP CARD	$1,128.75

Monthly Income Breakdown

Member	Monthly Income	Provider Details
BURRIS, ALYSSA	$1,128.75	Details
BUSH, JACKSON L	$1,128.75	Details

Migrant | Homeless | Group Home | Military | Refugee

Signatures | New Household Income | Save | Reset

Module 9: Figure 7: Income page

14. Click the New Household Income button to enter a new income and/or verify Adjunct Eligibility. See Module 9: Figure 8 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Income Eligibility

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
(602) 754-7195

Client ID
42071033531

Client Name
BUSH, JACKSON L

Date of Birth 5/4/2013 | Age 1 yr, 0 mos

Cert. Period N/A | Category IPN

Term. Date 5/3/2014 | Due Date N/A

LDTU N/A | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

BURRIS, ALYSSA

Household

Income Date: 5/6/2014

*Family Size (Excluding Foster children Unless Foster Only Family): 2

Unborn Counted

Adjunct Eligibility

Members	AHCCCS	FDPIR	SECTION 8	SNAP	TANF
BURRIS, ALYSSA	PART. PROOF Verified: 3/14/2014	REFERRED Verified: 3/14/2014	PART. PROOF Verified: 3/14/2014	REFERRED Verified: 3/14/2014	PART. NO PROOF Verified: 3/14/2014
BUSH, JACKSON L	PART. PROOF Verified: 3/14/2014	REFERRED Verified: 3/14/2014	PART. PROOF Verified: 3/14/2014	FAM ELIG PROOF Verified: 3/14/2014	PART. NO PROOF Verified: 3/14/2014

Income

Providers — Add

Income Provider	Amount	Interval	Hours Per Week	Documentation	Monthly
AHCCS/ FS	$1,128.75	M - MONTHLY	40	4:AHCCCS ELIGIBILITY LETTER/ CMDP CARD	$1,128.75

Monthly Income Breakdown

Member	Monthly Income	Provider Details
BURRIS, ALYSSA	$1,128.75	Details
BUSH, JACKSON L	$1,128.75	Details

Migrant | Homeless | Group Home | Military | Refugee

Signatures | New Household Income | Save | Reset

Module 9: Figure 8: New House Hold Income page

15. After the income/adjunct eligibility information is entered, click Save.

16. Click on the Cert tab at the top of the page. See Module 9: Figure 9 below.

ROMOC [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Certification Action

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
(602) 754-7195

Client ID
42071033531

Client Name
BUSH, JACKSON L

Date of Birth
5/4/2013

Age
1 yr, 0 mos

Cert. Period
N/A

Category
IPN

Term. Date
5/3/2014

Due Date
N/A

LDTU
N/A

Weeks PG
N/A

Next Appt.
N/A

Appr Thru
N/A

BURRIS, ALYSSA

*Category
C1 (1 YEAR OLD CHILD)

Client Not Present

Reason Client Not Present

Last Menstrual Period

Expected Delivery Date
05/04/2013

Actual Delivery Date

Cert Start Date
5/6/2014

Cert End Date
5/5/2015

Duration (Weeks)
52

Cert Created By
N/A

Termination Date
N/A

Wait List Flag

Disqualification Start Date
N/A

Disqualification End Date
N/A

Disqualification Reason
N/A

Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Cert Created By
No data available!								

Not Linked Reasons

Reason Code	Created Date	Cert Start Date
No data to show		

New Cert | Save | Reset

Module 9: Figure 9: Certification Action page

17. After the Certification Action page has been completed, click Save. See Module 9: Figure 10 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Certification Action

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
(602) 754-7195

Client ID
42071033531

Client Name
BUSH, JACKSON L

Date of Birth
5/4/2013

Age
1 yr, 0 mos

Cert. Period
5/6/2014 - 5/5/2015

Category
C1

Term. Date
N/A

Due Date
N/A

LDTU
09/07/2013

Weeks PG
N/A

Next Appt.
N/A

Appr Thru
N/A

BURRIS, ALYSSA

*Category
C1 (1 YEAR OLD CHILD)

Client Not Present

Reason Client Not Present

Last Menstrual Period

Expected Delivery Date
05/04/2013

Actual Delivery Date

Cert Start Date
5/6/2014

Cert End Date
5/5/2015

Duration (Weeks)
52

Cert Created By
ROMOC

Termination Date
N/A

Wait List Flag

Disqualification Start Date
N/A

Disqualification End Date
N/A

Disqualification Reason
N/A

Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Cert Created By
C1 - 1 YEAR OLD CHILD	5/6/2014	5/5/2015	52	N	Y			ROMOC

Not Linked Reasons

Reason Code	Created Date	Cert Start Date
No data to show		

Category Change | Extend Cert | Terminate Cert | Disqualify | Reinstate Cert | New Cert | Save | Reset

Module 9: Figure 10: Saved Certification Action page

18. Click on the Medical tab at the top of the page. See Module 9: Figure 11 below.

ROMOC [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Medical

English | Metric

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
(602) 754-7195

Client ID
42071033531

Client Name
BUSH, JACKSON L

Date of Birth
5/4/2013

Age
1 yr, 0 mos

Cert. Period
5/6/2014 - 5/5/2015

Category
C1

Term. Date
N/A

Due Date
N/A

LDTU
09/07/2013

Weeks PG
N/A

Next Appt.
N/A

Appr Thru
N/A

BURRIS, ALYSSA

Birth Data

Weight		Height		Gender
9lb	0oz	18in	11/8in	M

Anthropometric Data — Add Anthro | Add Pending Lab Code

Date	Weight	Lgth or Ht	Recumbent or Standing	Ht/Age%	Weight/Age%	Weight/Lgth%	BMI	BMI/Age%	Pending Lab Code
03/14/2014	18 lb	22 in	R	2	15	98			
05/13/2013	9 lb 1 oz	19 6/8 in	R	53		97			

<< < > >> Row count: 10 Showing 1-2 of 2

Anthropometric Changes

Change From last Length or Ht/Age%	Change From last Weight/Age%	Change From last Weight/Length%
N/A	N/A	N/A

Bloodwork Data — Add Bloodwork | Add Pending Lab Code

Date	HGB	HCT	Pending Lab Code
03/14/2014	21	45	

<< < > >> Row count: 10 Showing 1-1 of 1

Signatures | Print Rights & Obligations | Save | Graphs | Reset

Module 9: Figure 11: Medical page

19. Anthropometric data must be entered on the date of certification. Once all Medical data is entered, click Save. See Module 9: Figure 12 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Medical

English | Metric

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
(602) 754-7195

Client ID
42071033531

Client Name
BUSH, JACKSON L

Date of Birth 5/4/2013 | Age 1 yr, 0 mos

Cert. Period 5/6/2014 - 5/5/2015 | Category C1

Term. Date N/A | Due Date N/A

LDTU 09/07/2013 | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

BURRIS, ALYSSA

Birth Data

Weight 9lb 0oz | Height 18in 11/8in | Gender M

Anthropometric Data — Add Anthro | Add Pending Lab Code

Date	Weight	Lgth or Ht	Recumbent or Standing	Ht/Age%	Weight/Age%	Weight/Lgth%	BMI	BMI/Age%	Pending Lab Code
05/06/2014	22 lb 2 oz	28 1/8 in	R	4	64	96			
03/14/2014	18 lb	22 in	R	2	15	98			
05/13/2013	9 lb 1 oz	19 6/8 in	R	53		97			

<< < > >> Row count: 10 Showing 1-3 of 3

Anthropometric Changes

Change From last Length or Ht/Age% 2 | Change From last Weight/Age% 49 | Change From last Weight/Length% -2

Bloodwork Data — Add Bloodwork | Add Pending Lab Code

Date	HGB	HCT	Pending Lab Code
05/06/2014	13		
03/14/2014	21	45	

<< < > >> Row count: 10 Showing 1-2 of 2

Signatures | Print Rights & Obligations | Save | Graphs | Reset

Module 9: Figure 12: Add New Medical page

20. Click on the Assess (Assessment) tab at the top of the page. See Module 9: Figure 13 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Assessment

Assessment History: Go

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
(602) 754-7195

Client ID
42071033531

Client Name
BUSH, JACKSON L

Date of Birth 5/4/2013 | Age 1 yr, 0 mos

Cert. Period 5/6/2014 - 5/5/2015 | Category C1

Term. Date N/A | Due Date N/A

LDTU 09/07/2013 | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

BURRIS, ALYSSA

A Anthropometric
1 . Weight Change
2 . Prematurity/Birth Weight
3 . Family's feelings on growth

B Biochemical
1 . Blood Tests

C Clinical
1 . Oral/Dental Health
2 . Medications
3 . Medical Conditions
4 . Immunizations
5 . Allergies

Probing Questions

WIC Codes

			Date Added
+	☐	103.1 - WT FOR LENGTH LESS THAN OR EQUAL TO 2ND %	
+	☐	103.2 - WT FOR LENGTH GREATER THAN 2ND% AND LESS THAN 5TH%	
+	☑	114 - FAMILY HISTORY OF BMI GREATER THAN OR EQUAL TO 30	3/14/2014
+	☑	115 - WT FOR LENGTH GREATER THAN OR EQUAL TO 98TH%	3/14/2014
+	☐	134 - FAILURE TO THRIVE	
+	☐	142 - PREMATURE INFANT	

WIC Codes Summary

153 - 5/13/2013
LARGE FOR GESTATIONAL AGE

115 - 3/14/2014
WT FOR LENGTH GREATER THAN OR EQUAL TO 98TH%

114 - 3/14/2014
FAMILY HISTORY OF BMI GREATER THAN OR EQUAL TO 30

Add | Clear | Clear All | Recalculate WIC Codes | Save | Reset

Module 9: Figure 13: Assessment page

21. Complete the Assessment for each client that is being re certified.

22. Click Save.

23. If applicable, click the BF Surv (Breastfeeding Surveillance) tab at the top of the page. See Module 9: Figure 14 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Breastfeeding Surveillance

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
(602) 754-7195

Client ID
42071033531

Client Name
BUSH, JACKSON L

Date of Birth 5/4/2013 | Age 1 yr, 0 mos

Cert. Period 5/6/2014 - 5/5/2015 | Category C1

Term. Date N/A | Due Date N/A

LDTU 09/07/2013 | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

BURRIS, ALYSSA

Most Recent Surveillance Date
06/10/2013

Is this infant/child currently breastfeeding?
YES NO

Has this infant/child ever been breastfed?
YES NO

How old was this infant/child when he/she completely stopped breastfeeding?
Days | Weeks | Months

Why did you stop breastfeeding?

How old was this infant/child when he/she was first fed something other than breast milk?
Not Applicable, Nothing Given

Days 1 | Weeks | Months

Add | Save | Reset

Module 9: Figure 14: BF Surv page

24. The previous breastfeeding surveillance record will display on the page. Click Add to add a new record. See Module 9: Figure 15 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Search

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
(602) 754-7195

Client ID
42071033531

Client Name
BUSH, JACKSON L

Date of Birth 5/4/2013 | Age 1 yr, 0 mos

Cert. Period 5/6/2014 - 5/5/2015 | Category C1

Term. Date N/A | Due Date N/A

LDTU 09/07/2013 | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

BURRIS, ALYSSA

Most Recent Surveillance Date
05/06/2014

Is this infant/child currently breastfeeding?
YES NO

Has this infant/child ever been breastfed?
YES NO

How old was this infant/child when he/she completely stopped breastfeeding?
Days Weeks Months

Why did you stop breastfeeding?

How old was this infant/child when he/she was first fed something other than breast milk?
Not Applicable, Nothing Given

Days Weeks Months

Add Save Reset

Module 9: Figure 15: Add New BF Surv page

25. Enter information for Breastfeeding Surveillance record.

26. Click Save

27.Click on the Care Plan tab at the top of the page See Module 9: Figure 16 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Care Plan - WIC Codes

WIC Codes | Nutrition Discussion | Referrals

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
(602) 754-7195

Client ID
42071033531

Client Name
BUSH, JACKSON L

Date of Birth 5/4/2013 | **Age** 1 yr, 0 mos

Cert. Period 5/6/2014 - 5/5/2015 | **Category** C1

Term. Date N/A | **Due Date** N/A

LDTU 09/07/2013 | **Weeks PG** N/A

Next Appt. N/A | **Appr Thru** N/A

BURRIS, ALYSSA

Priority 3

High Risk

WIC Codes

	WIC Code	Description	Date Added	Active
	425.2	ROUTINELY FEEDING A CHILD ANY SUGAR-CONTAINING FLUIDS.		
	353	FOOD ALLERGIES		

Save | Print Care Plan | Complete Assessment

Module 9: Figure 16: Care Plan page

28. Add Nutrition Discussion or Referrals if applicable.See Module 9: Figures 17 and 18 below.

Nutrition Discussion:

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Care Plan - Nutrition Discussion

WIC Codes | Nutrition Discussion | Referrals

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
(602) 754-7195

Client ID
42071033531

Client Name
BUSH, JACKSON L

Date of Birth
5/4/2013

Age
1 yr, 0 mos

Cert. Period
5/6/2014 - 5/5/2015

Category
C1

Term. Date
N/A

Due Date
N/A

LDTU
09/07/2013

Weeks PG
N/A

Next Appt.
N/A

Appr Thru
N/A

BURRIS, ALYSSA

Nutrition Discussion | Add

Date	Topic	Type	
05/06/2014	19: DENTAL	Individual	
05/06/2014	48: FAST FOODS	Individual	
06/10/2013	8: BREASTFEEDING: BENEFITS/ MYTHS		
06/10/2013	13: INFANT FEEDING GUIDELINES / TECHNIQUES		
05/13/2013	13: INFANT FEEDING GUIDELINES / TECHNIQUES		
05/13/2013	15: INTRODUCTION TO SOLIDS		
05/13/2013	51: REFERRALS-REFERRAL LIST PROVIDED		
05/13/2013	57: WIC RULES AND REGULATIONS		
05/13/2013	79: WIC RIGHTS AND OBLIGATIONS		

Save | Print Care Plan | Complete Assessment

Module 9: Figure 17: Nutrition Discussion page

Referrals:

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Immun | Income | Cert | Med | Assess | BF Surv | Care Plan | Fd Pkg | Appts | Notes

Care Plan - Referrals

WIC Codes | Nutrition Discussion | Referrals

LA/Clinic
BISBEE WIC

Family ID
126200071

Auth. Rep. Name
BURRIS, ALYSSA

Phone
(602) 754-7195

Client ID
42071033531

Client Name
BUSH, JACKSON L

Date of Birth 5/4/2013 | **Age** 1 yr, 0 mos

Cert. Period 5/6/2014 - 5/5/2015 | **Category** C1

Term. Date N/A | **Due Date** N/A

LDTU 09/07/2013 | **Weeks PG** N/A

Next Appt. N/A | **Appr Thru** N/A

BURRIS, ALYSSA

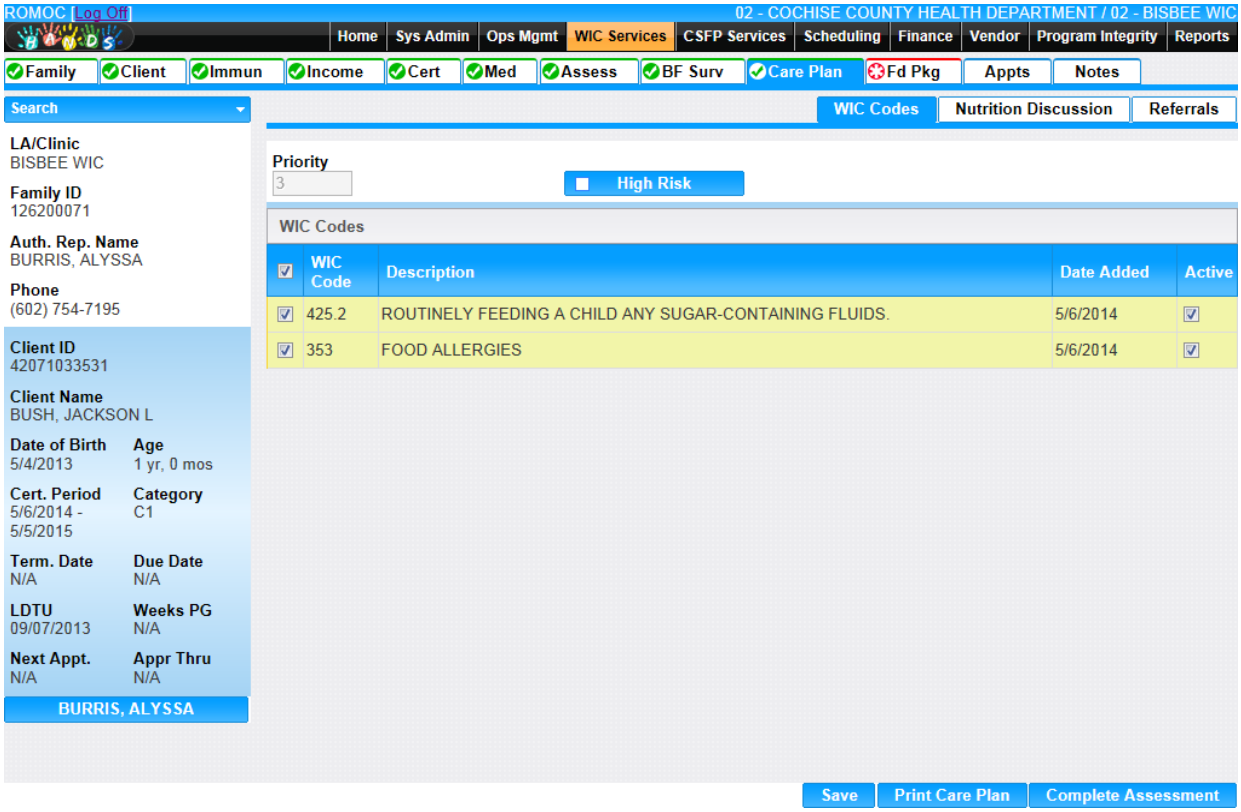
Referrals | Add new record

Date	Program	Organization	Address	Status
05/06/2014	NUTRITIONIST			Referred
05/06/2014	IMMUNIZATION			PART. PROOF
05/06/2014	AHCCCS			PART. PROOF
05/06/2014	SECTION 8			PART. PROOF
05/06/2014	FOOD STAMPS (SNAP) SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM			FAM ELIG PROOF
05/06/2014	TANF			PART. NO PROOF
05/06/2014	FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)			Referred
05/06/2014	SCHOOL LUNCH PROGRAM	COCHISE COUNTY HEALTH DEPT. BISBEE	1415 MELODY LANE	Referred

Save | Print Care Plan | Complete Assessment

Module 9: Figure 18: Referrals page

29. After all information is entered, click the Complete Assessment button. See Module 9: Figure 19 below.



Module 9: Figure 19: Complete Assessment

30. Click on the Food Package tab at the top of the page. See Module 9: Figure 20 below.

JERNEST [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Farmers' Market | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Fd Pkg Assignment

Assignment | Issuance | Formula Replacement | Void / Reissue | FMNP Issuance | FMNP Void / Reissue

LA/Clinic
BISBEE WIC

Family ID
149993874

Auth. Rep. Name
TESTYCRT, MOM

Phone
(520) 555-1212

Client ID
2021402550

Client Name
TESTYCRT, KID

Date of Birth
5/27/2012

Age
2 yrs, 3 mos

Cert. Period
9/16/2014 - 9/15/2015

Category
C2

Term. Date
N/A

Due Date
N/A

LDTU
12/15/2014

Weeks PG
N/A

Next Appt.
N/A

Appr Thru
N/A

TESTYCRT, BABY

Food Packages Selected

+ Add

Food Package ID	Description	Effective Date	End Date	Approved Thru	Disable	Nutritionist
AZ510028	SKIM / 1% MILK, 3 GAL, 1 QUART, CHEESE, 1 LB, C2-C4	09/16/2014	09/15/2015		No	

Food Package Search

Food Package ID

Food Package Description

Food Category

Food ID

Food Description

Food Sub Category

Show Standard | Show All

	Food Package ID	Food Package Description
+	AZ20089	CEREAL- NOT INFANT
+	AZ510026	SKIM / 1% MILK, 4 GAL, CHEESE, 0 LB, C2-C4
+	AZ510027	SKIM / 1% MILK, 3 GAL, CHEESE, 1 LB, C2-C4
+	AZ510028	SKIM / 1% MILK, 3 GAL, 1 QUART, CHEESE, 1 LB, C2-C4

<< < > >> Row count: 10 Showing 1-4 of 4

Select Packages | Scan Prescriptions | Search | Save | Reset

Module 9: Figure 20: Food Package Assignment page

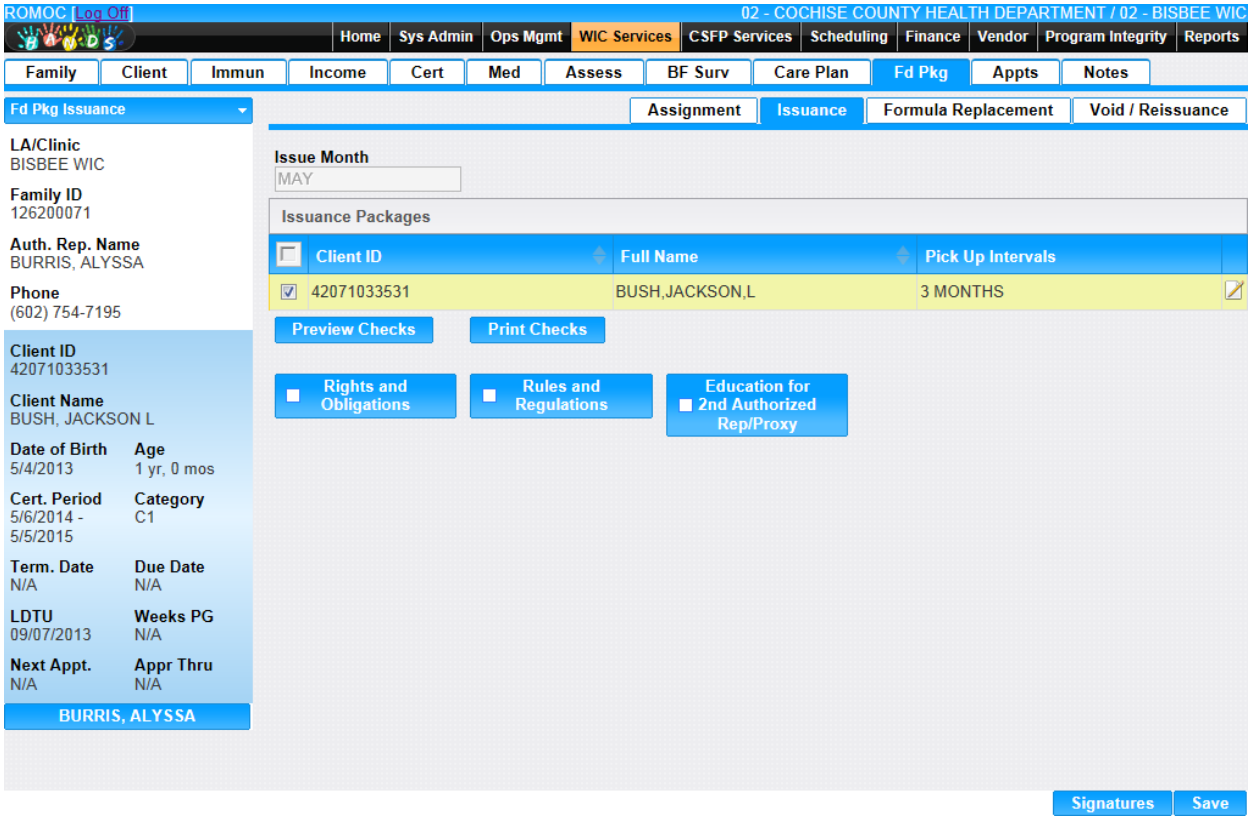
31. The standard food packages will be displayed at the bottom of the page. To see all food packages, click the Show All radio button.

32. Click the check box next to the food package you want to assign.

33. Click Select Packages. The food package will display in the Food Packages Selected grid.

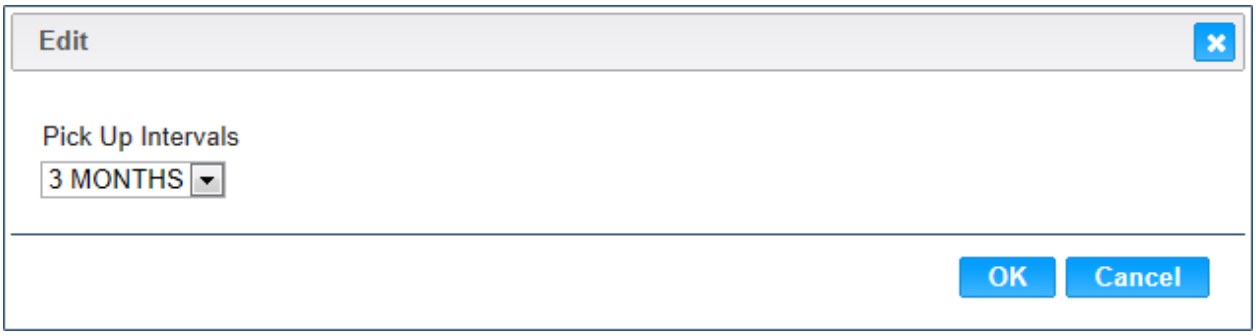
34. Click Save.

35. Click on the Issuance tab. See Module 9: Figure 21 below.



Module 9: Figure 21: Food Package Issuance page

36. The Pick Up Interval will default to 3 Months. To change this, click the Edit icon. See Module 9: Figure 22 below.



Module 9: Figure 22: Pick Up Interval edit window

37. Select a value from the drop down list and click OK.

38. On the Issuance page, you have to click Save before you can Preview or Print checks even if you do not change the Pick Up Interval value.

Mid Cert

The Mid-Cert Active Record icon will display for a client that needs a mid-cert health check completed. The Medical, Assessment and Care Plan pages need to be completed for a mid-cert health check. See Module 9: Figure 23 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Client Information

LA/Clinic
BISBEE WIC

Family ID
139772655

Auth. Rep. Name
TESTING, HOMELESS

Phone
N/A

Client ID
2021618118

Client Name
TESTING, KID

Date of Birth 7/21/2011 | Age 2 yrs, 9 mos

Cert. Period 11/6/2013 - 12/6/2014 | Category C2

Term. Date N/A | Due Date N/A

LDTU N/A | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

TESTING, INFANT

*Last Name: TESTING | *First Name: KID | MI | Date of Birth 07/21/2011 | Age 2 yrs, 9 mos | Gender: M / F

Application Date 11/06/2013 | Mother's ID | *Proof Of Identity: D - BIRTH CERTIFICATE

VOC N/A | Disability

Foster Care | Has the child entered into foster care, or changed foster care homes, within the last 6 months? Yes / No

Ethnicity and Race

*Choose one of the following: Hispanic or Latino / Not Hispanic or Latino

Origins: Select options

*Choose one of the following: Observed by Staff / Provided by Client

Staff Name N/A

*Choose one or more of the following: American Indian or Alaskan Native / Asian / Native Hawaiian or Other Pacific Islander / Black or African American / White

Ineligibility Reason N/A

Not Linked Reasons

Reason Code	Created Date	Certification Start Date
MOM NEVER WIC PARTICIPANT	11/06/2013	11/06/2013

Scanned Documents

Scan Title	Description	Scanned Date	Scanned By
No data to show			

Scan Document | Signatures | Print VOC Form | Transfer Client | Add | Save | Reset

Module 9: Figure 23: Mid Cert Client Information page

Medical

1. Click on the Med tab in the certification work flow tabs. The Medical page displays. See Module 9: Figure 24 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Medical

LA/Clinic
BISBEE WIC

Family ID
139772655

Auth. Rep. Name
TESTING, HOMELESS

Phone
N/A

Client ID
2021618118

Client Name
TESTING, KID

Date of Birth 7/21/2011 | Age 2 yrs, 9 mos

Cert. Period 11/6/2013 - 12/6/2014 | Category C2

Term. Date N/A | Due Date N/A

LDTU N/A | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

TESTING, INFANT

English | Metric

Birth Data

Weight 7lb 0oz | Height 18in 01/8in | Gender M

Anthropometric Data — Add Anthro | Add Pending Lab Code

Date	Weight	Lgth or Ht	Recumbent or Standing	Ht/Age%	Weight/Age%	Weight/Lgth%	BMI	BMI/Age%	Pending Lab Code
11/06/2013	25 lb	33 in	S	7	8	23	16.1	41	

<< < > >> Row count: 10 Showing 1-1 of 1

Anthropometric Changes

Change From last Length or Ht/Age% N/A | Change From last Weight/Age% N/A | Change From last Weight/Length% N/A

Bloodwork Data — Add Bloodwork | Add Pending Lab Code

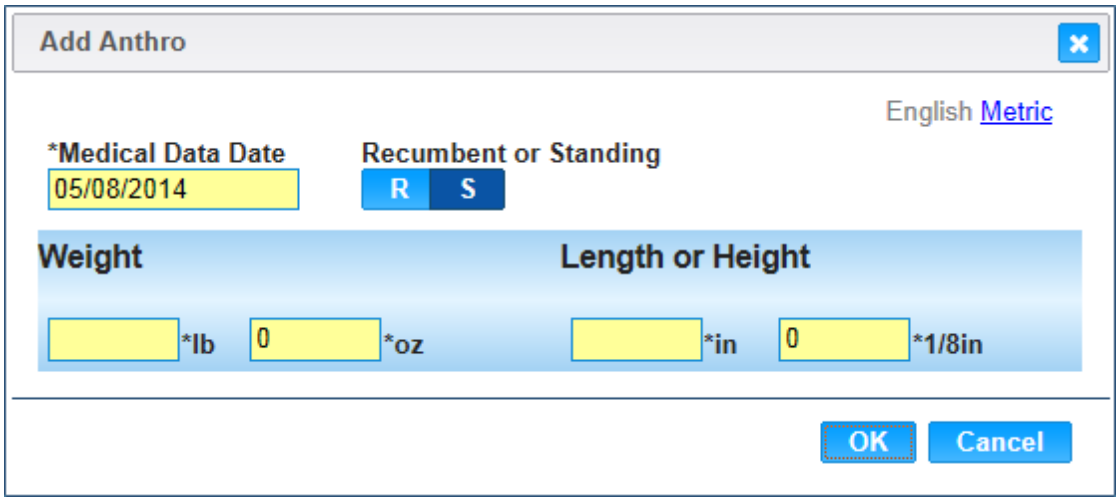
Date	HGB	HCT	Pending Lab Code
11/06/2013	11		

<< < > >> Row count: 10 Showing 1-1 of 1

Signatures | Print Rights & Obligations | Save | Graphs | Reset

Module 9: Figure 24: Mid Cert Medical page

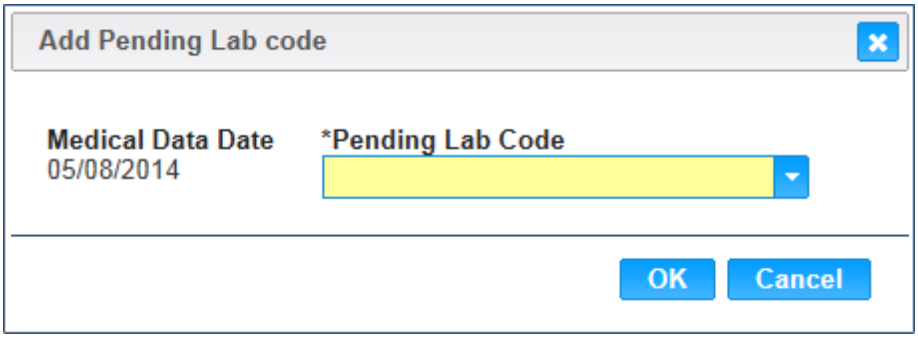
2. Enter Anthropometric data by clicking the Add Anthro button in the Anthropometric Data section. The Add Anthro window displays. See Module 9: Figure 25 below.



Module 9: Figure 25: Add Anthro window

3. Enter Anthropometric data and click OK.

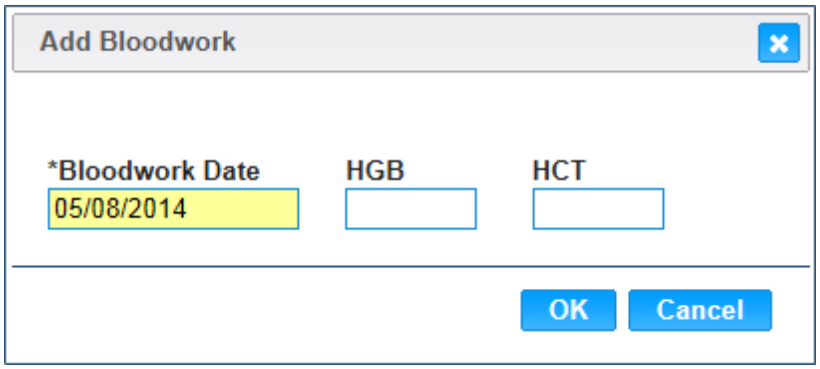
4. If you cannot enter the Anthropometric data, you can enter a pending lab code. Click the Add Pending Lab Code button in the Anthropometric Data section. The Add Pending Lab code window displays. See Module 9: Figure 26 below.



Module 9: Figure 26: Add Anthro Pending Lab Code window

5. Select the Pending Lab Code value from the drop down list and click OK.

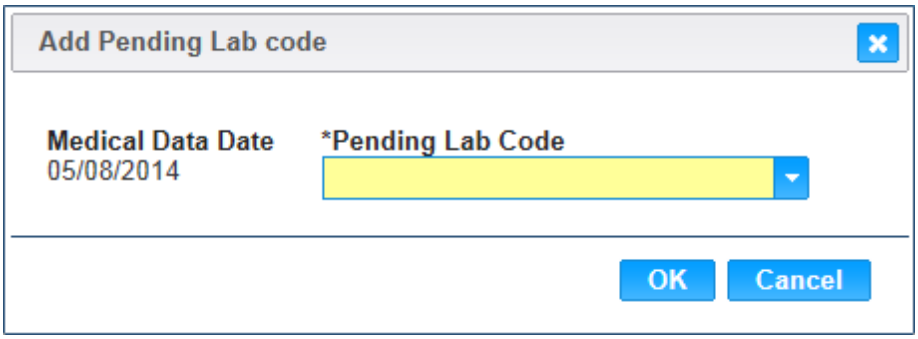
6. If applicable enter Blood work data by clicking the Add Blood work button in the Blood work Data section. The Add Blood work window displays. See Module 9: Figure 27 below.



Module 9: Figure 27: Add Blood work window

7. Enter the Blood work data and click OK.

8. If you cannot enter the Blood work data, you can enter a pending lab code. Click the Add Pending Lab Code button in the Blood work Data section. The Add Pending Lab code window displays. See Module 9: Figure 28 below.



Module 9: Figure 28: Add Blood work Pending Lab Code window

9. Select the Pending Lab Code value from the drop down list and click OK.

10. The Anthropometric and Blood work Data entered will display in the grids on the Medical page. See Module 9: Figure 29 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Medical

English | Metric

LA/Clinic
BISBEE WIC

Family ID
139772655

Auth. Rep. Name
TESTING, HOMELESS

Phone
N/A

Client ID
2021618118

Client Name
TESTING, KID

Date of Birth 7/21/2011 | Age 2 yrs, 9 mos

Cert. Period 11/6/2013 - 12/6/2014 | Category C2

Term. Date N/A | Due Date N/A

LDTU N/A | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

TESTING, INFANT

Birth Data

Weight 7lb 0oz | Height 18in 01/8in | Gender M

Anthropometric Data — Add Anthro | Add Pending Lab Code

Date	Weight	Lgth or Ht	Recumbent or Standing	Ht/Age%	Weight/Age%	Weight/Lgth%	BMI	BMI/Age%	Pending Lab Code		
05/08/2014	29 lb 1 oz	36 1/8 in	S	35	30	28	15.7	36			
11/06/2013	25 lb	33 in	S	7	8	23	16.1	41			

<< < > >> Row count: 10 Showing 1-2 of 2

Anthropometric Changes

Change From last Length or Ht/Age% N/A | Change From last Weight/Age% N/A | Change From last Weight/Length% N/A

Bloodwork Data — Add Bloodwork | Add Pending Lab Code

Date	HGB	HCT	Pending Lab Code		
11/06/2013	11				
05/08/2014	12				

<< < > >> Row count: 10 Showing 1-2 of 2

Signatures | Print Rights & Obligations | Save | Graphs | Reset

Module 9: Figure 29: Newly Add Anthro and Blood work data display

11. Once all Medical information is entered, click Save at the bottom of the page.

Assessment

12. Click on the Assess tab in the certification work flow tabs. The Assessment page displays. See Module 9: Figure 30 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Assessment

Assessment History: Go

LA/Clinic
BISBEE WIC

Family ID
139772655

Auth. Rep. Name
TESTING, HOMELESS

Phone
N/A

Client ID
2021618118

Client Name
TESTING, KID

Date of Birth 7/21/2011 | Age 2 yrs, 9 mos

Cert. Period 11/6/2013 - 12/6/2014 | Category C2

Term. Date N/A | Due Date N/A

LDTU N/A | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

TESTING, INFANT

A Anthropometric
1 . Weight Change
2 . Family's feelings on growth
3 . Prematurity/Birth Weight

B Biochemical
1 . Blood Tests

C Clinical
1 . Medical Conditions
2 . Oral/Dental Health
3 . Immunizations
4 . Medications
5 . Allergies

Probing Questions

WIC Codes

			Date Added
+	☐	103.1 - BMI FOR AGE LESS THAN OR EQUAL TO 5TH%	
+	☐	103.2 - BMI FOR AGE GREATER THAN 5TH% AND LESS THAN 10TH%	
+	☐	113 - BMI FOR AGE GREATER THAN OR EQUAL TO 95TH%	
+	☐	114 - BMI FOR AGE GREATER THAN 85TH% AND LESS THAN 95TH% OR FAMILY HISTORY OF BMI GREATER THAN OR EQUAL TO 30	
+	☐	134 - FAILURE TO THRIVE	

WIC Codes Summary
201 - 11/6/2013
ANEMIA
801 - 11/6/2013
HOMELESSNESS

Add | Clear | Clear All | Recalculate WIC Codes | Save | Reset

Module 9: Figure 30: Mid Cert Assessment page

13. Any previous system generated WIC Codes are displayed in the WIC Codes Summary section with the date they were assigned. Any additional system assigned WIC Codes will display in the same section without a date.

14. Answer all standard questions in the A, B, C, D, and E sections. You can also manually assign WIC Codes as needed.

15. To manually assign WIC Codes, click the check box next to the appropriate code in the WIC Codes section and the WIC Code will display in the WIC Codes Summary section. The Date Added information will populate when the assessment has been completed on the Care Plan page.

16. Click Save.

Care Plan

17. Click on the Care Plan tab in the certification work flow tabs. The Care Plan page displays. See Module 9: Figure 31 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Care Plan - WIC Codes

WIC Codes | Nutrition Discussion | Referrals

LA/Clinic
BISBEE WIC

Family ID
139772655

Auth. Rep. Name
TESTING, HOMELESS

Phone
N/A

Client ID
2021618118

Client Name
TESTING, KID

Date of Birth
7/21/2011

Age
2 yrs, 9 mos

Cert. Period
11/6/2013 - 12/6/2014

Category
C2

Term. Date
N/A

Due Date
N/A

LDTU
N/A

Weeks PG
N/A

Next Appt.
N/A

Appr Thru
N/A

TESTING, INFANT

Priority
3

High Risk

WIC Codes

☑	WIC Code	Description	Date Added	Active
☐	425	INAPPROPRIATE NUTRITION PRACTICES FOR CHILDREN		☐
☑	801	HOMELESSNESS	11/6/2013	☑
☑	201	ANEMIA	11/6/2013	☑

Save | Print Care Plan | Complete Assessment

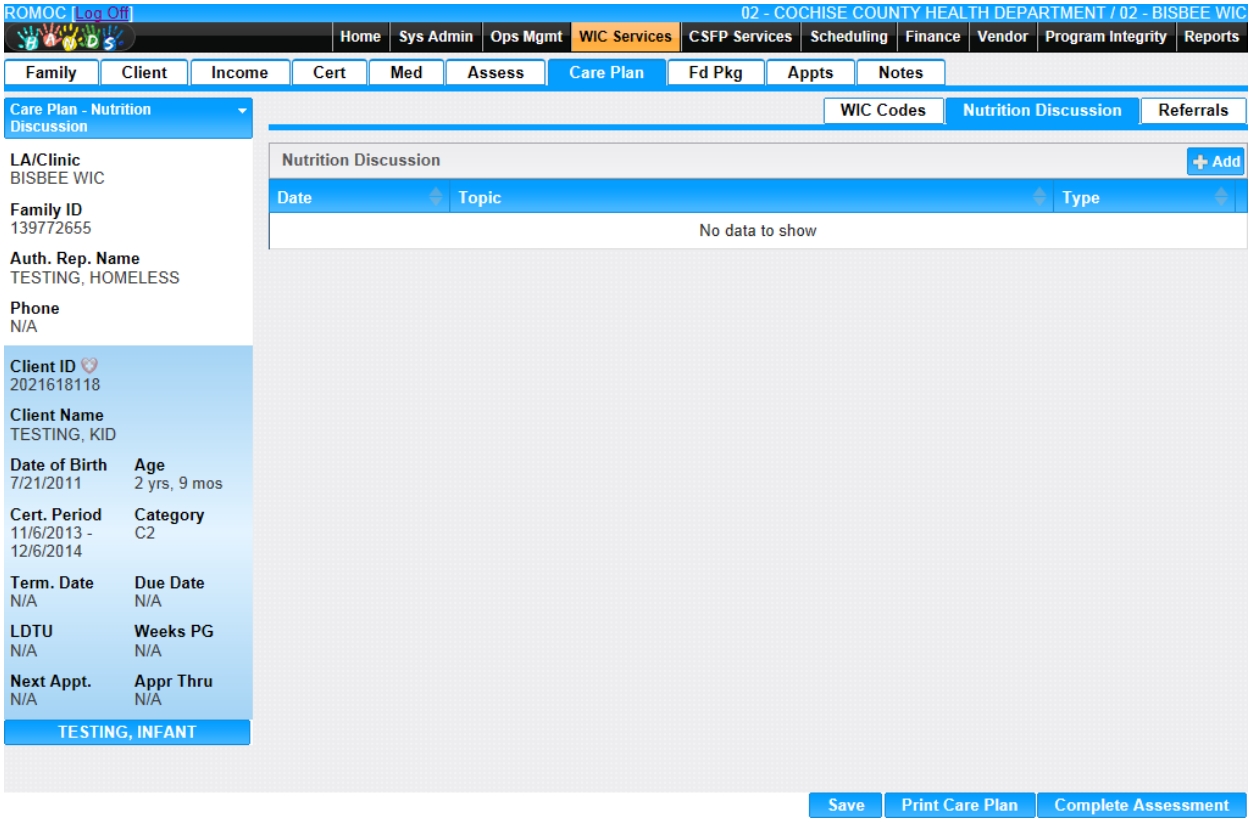
Module 9: Figure 31: Mid Cert Care Plan page

18. The previously assigned WIC Codes will display on the WIC Codes tab with the check box selected and the Date Added field already populated with the date those WIC Codes were assigned. Any newly assigned WIC Codes will not be checked and the Date Added field will be blank until the assessment is completed.

19. If there are any Nutrition Discussions or Referrals to be documented you can enter that information before completing the assessment.

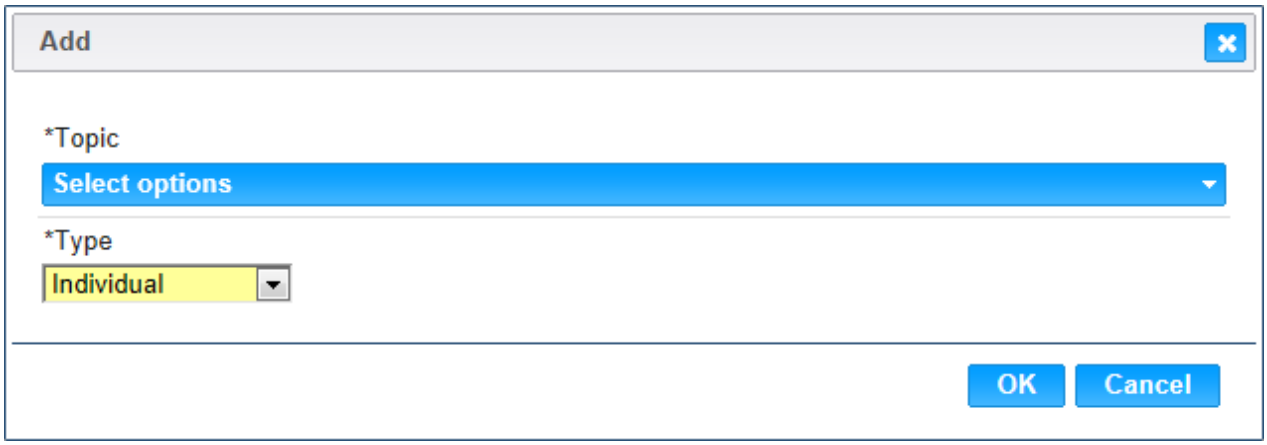
Nutrition Discussion

20. Click on the Nutrition Discussion tab on the Care Plan page. The Nutrition Discussion page displays. See Module 9: Figure 32 below.



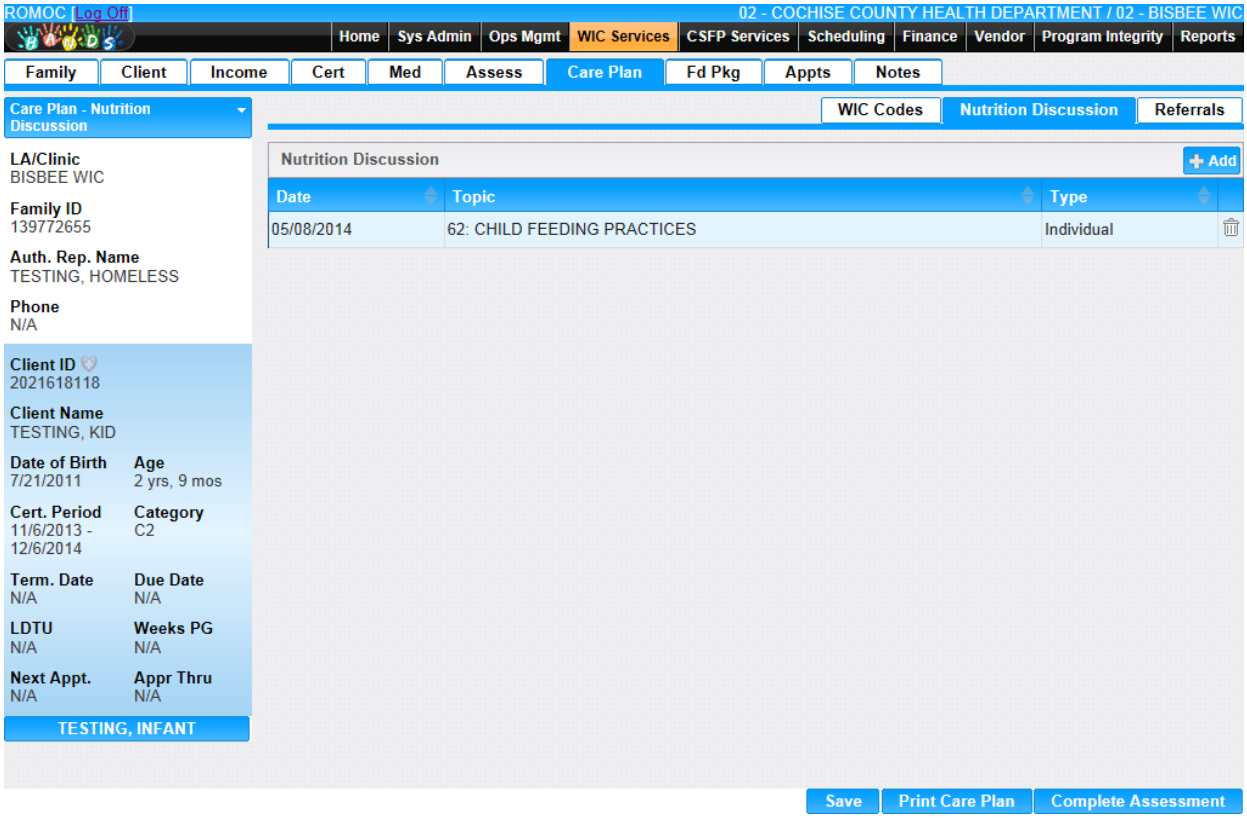
Module 9: Figure 32: Mid Cert Nutrition discussion page

21. To add a record, click the Add button in the Nutrition Discussion section. The Add window displays. See Module 9: Figure 33 below.



Module 9: Figure 33: Add Nutrition Discussion window

22. Select a Topic(s) and Type then click OK. You must Save the Nutrition Discussion page before going to another page in the Care Plan or selecting Complete Assessment. See Module 9: Figure 34 below.

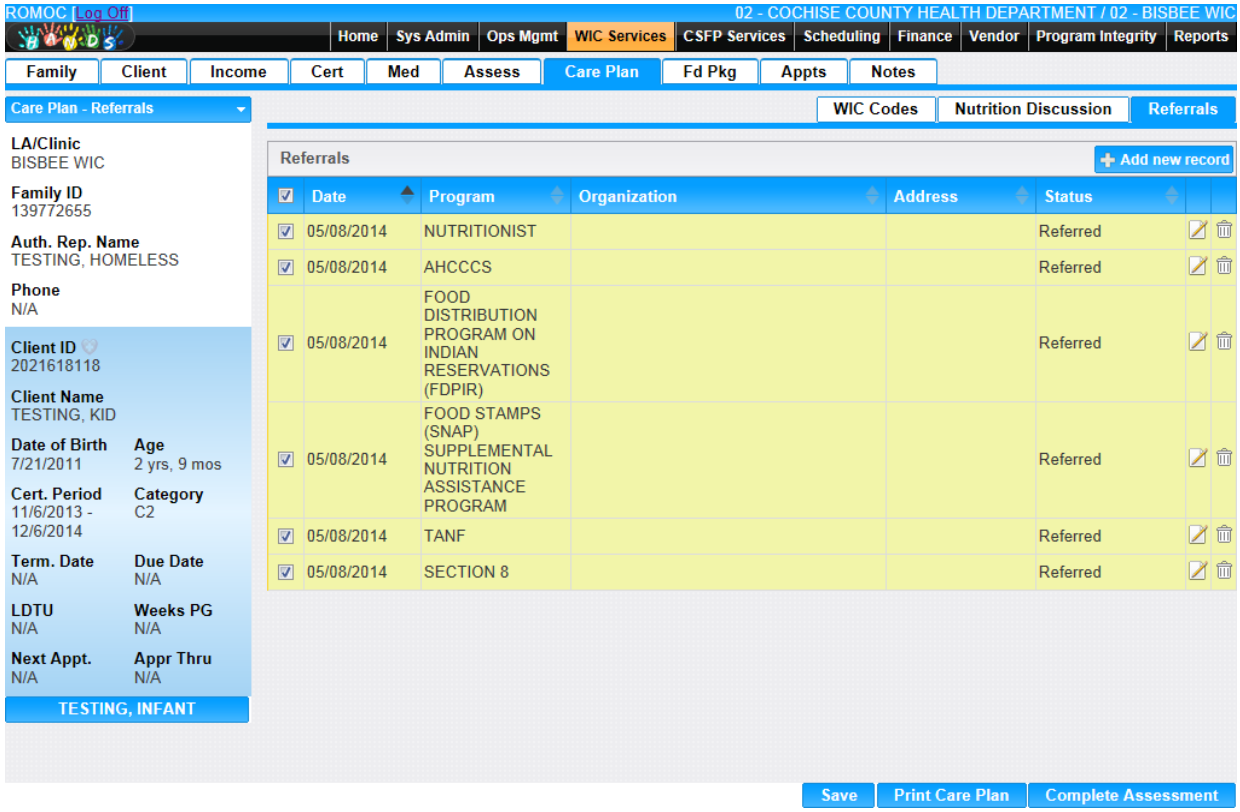


Module 9: Figure 34: Newly Added Nutrition Discussion display

23. Click Save.

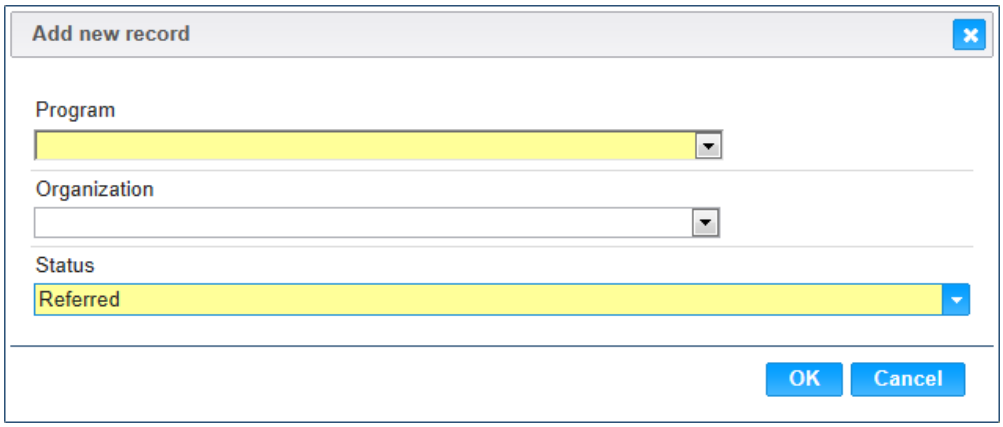
Referrals

24. Click on the Referrals tab on the Care Plan page. The Referrals page displays. See Module 9: Figure 35 below.



Module 9: Figure 35: Mid Cert Referrals page

25. To add a record, click the Add new record button in the Referrals section. The Add new record window displays. See Module 9: Figure 36 below.



Module 9: Figure 36: Add Referral window

26. Select the Program, Organization (if applicable), and the Status.

27. Click OK. The record will display in the Referrals grid. You must Save the Referrals page before going to another page in the Care Plan or selecting Complete Assessment. See Module 9: Figure 37 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Care Plan - Referrals

WIC Codes | Nutrition Discussion | Referrals

LA/Clinic
BISBEE WIC

Family ID
139772655

Auth. Rep. Name
TESTING, HOMELESS

Phone
N/A

Client ID
2021618118

Client Name
TESTING, KID

Date of Birth 7/21/2011
Age 2 yrs, 9 mos

Cert. Period 11/6/2013 - 12/6/2014
Category C2

Term. Date N/A
Due Date N/A

LDTU N/A
Weeks PG N/A

Next Appt. N/A
Appr Thru N/A

TESTING, INFANT

Referrals | Add new record

Date	Program	Organization	Address	Status
05/08/2014	NUTRITIONIST			Referred
05/08/2014	AHCCCS			Referred
05/08/2014	FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)			Referred
05/08/2014	FOOD STAMPS (SNAP) SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM			Referred
05/08/2014	TANF			Referred
05/08/2014	SECTION 8			Referred
05/08/2014	DAY CARE CENTER			Referred

Save | Print Care Plan | Complete Assessment

Module 9: Figure 37: Newly Added Referral display

28. Click Save.

29. Once all information has been entered for the Care Plan click the Complete Assessment button at the bottom of the page. See Module 9: Figure 38 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Care Plan - WIC Codes

WIC Codes | Nutrition Discussion | Referrals

LA/Clinic
BISBEE WIC

Family ID
139772655

Auth. Rep. Name
TESTING, HOMELESS

Phone
N/A

Client ID
2021618118

Client Name
TESTING, KID

Date of Birth
7/21/2011

Age
2 yrs, 9 mos

Cert. Period
11/6/2013 - 12/6/2014

Category
C2

Term. Date
N/A

Due Date
N/A

LDTU
N/A

Weeks PG
N/A

Next Appt.
N/A

Appr Thru
N/A

TESTING, INFANT

Priority
3

High Risk

WIC Codes

	WIC Code	Description	Date Added	Active
☐	425	INAPPROPRIATE NUTRITION PRACTICES FOR CHILDREN		☐
☑	801	HOMELESSNESS	11/6/2013	☑
☑	201	ANEMIA	11/6/2013	☑

Save | Print Care Plan | Complete Assessment

Module 9: Figure 38: Mid Cert Complete Assessment page

Food Package

30. Click on the Food Pkg tab in the certification work flow tabs. The Food Package page displays. See Module 9: Figure 39 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Fd Pkg Assignment

Assignment | Issuance | Formula Replacement | Void / Reissuance

LA/Clinic
BISBEE WIC

Family ID
139772655

Auth. Rep. Name
TESTING, HOMELESS

Phone
N/A

Client ID
2021618118

Client Name
TESTING, KID

Date of Birth 7/21/2011 | Age 2 yrs, 9 mos

Cert. Period 11/6/2013 - 12/6/2014 | Category C2

Term. Date N/A | Due Date N/A

LDTU N/A | Weeks PG N/A

Next Appt. N/A | Appr Thru N/A

TESTING, INFANT

Food Packages Selected

Add

Food Package ID	Description	Effective Date	End Date	Approved Thru	Disable	Nutritionist
AZ510050	LONG SHLF/UHT MILK, 16 QUARTS,CANNED BEANS, CHS, 0 LB, C2-C4	11/06/2013	11/06/2014		No	

Food Package ID | Food Package Description

Food ID | Food Description

Food Category | Food Sub Category

Show Standard | Show All

Select Packages

	Food Package ID	Food Package Description
+	AZ510026	SKIM / 1% MILK, 4 GAL, CHEESE, 0 LB, C2-C4
+	AZ510027	SKIM / 1% MILK, 3 GAL, CHEESE, 1 LB, C2-C4
+	AZ510028	SKIM / 1% MILK, 3 GAL, 1 QUART, CHEESE, 1 LB, C2-C4

<< < > >> Row count: 10 Showing 1-3 of 3

Scanned Prescriptions for Food Package Approval

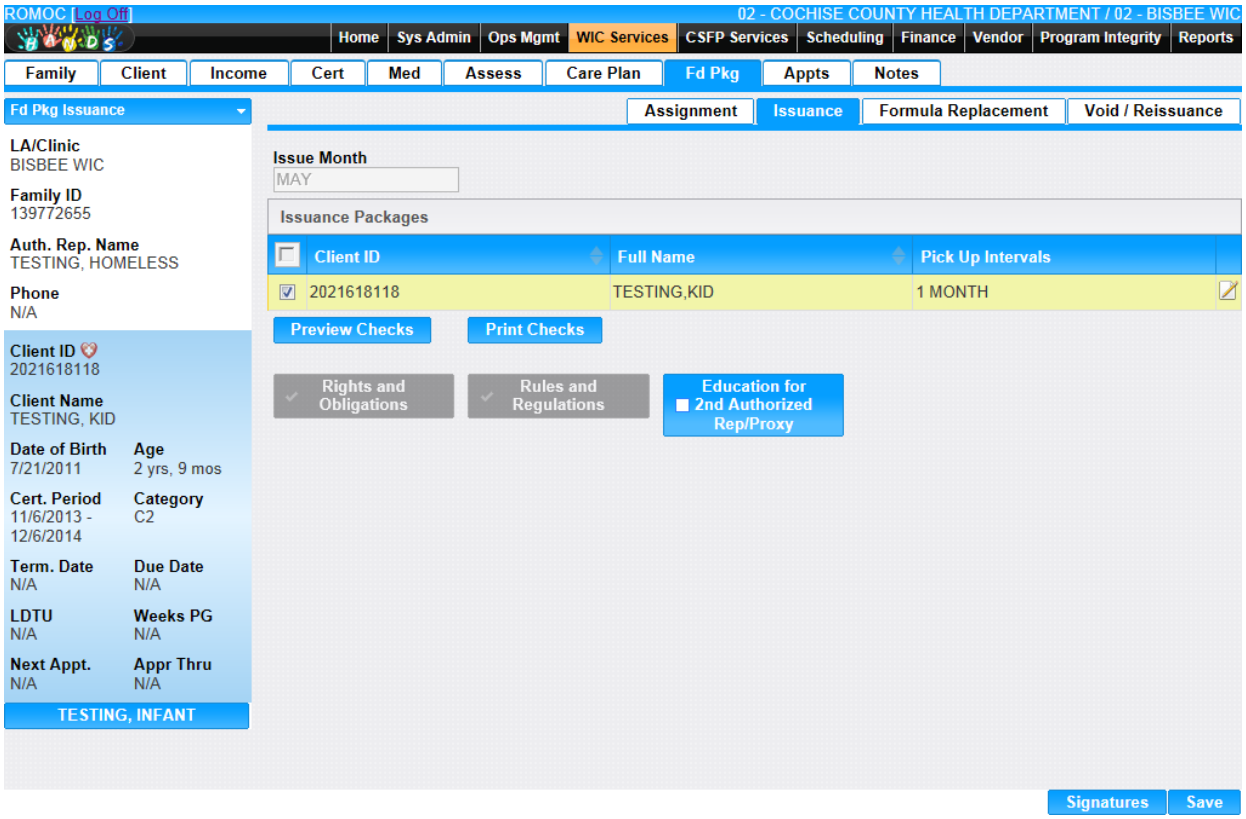
Scan Title	Description	Scanned Date	Scanned By
No data to show			

Scan Prescriptions | Search | Save | Reset

Module 9: Figure 39: Mid Cert Food Package Assignment page

31. The client already has a food package assigned, but the user can assign a different package if needed.

32. Click on the Issuance tab on the Food Package page. The Issuance page displays. See Module 9: Figure 40 below.



Module 9: Figure 40: Mid Cert Food Package Issuance page

33. Pick Up Intervals will default, but the information can be changed by selecting the Edit icon.

34. Click Save on the Issuance Page.

Module 10: Labels, Notes, History, Reports, Scanned Documents & Signatures

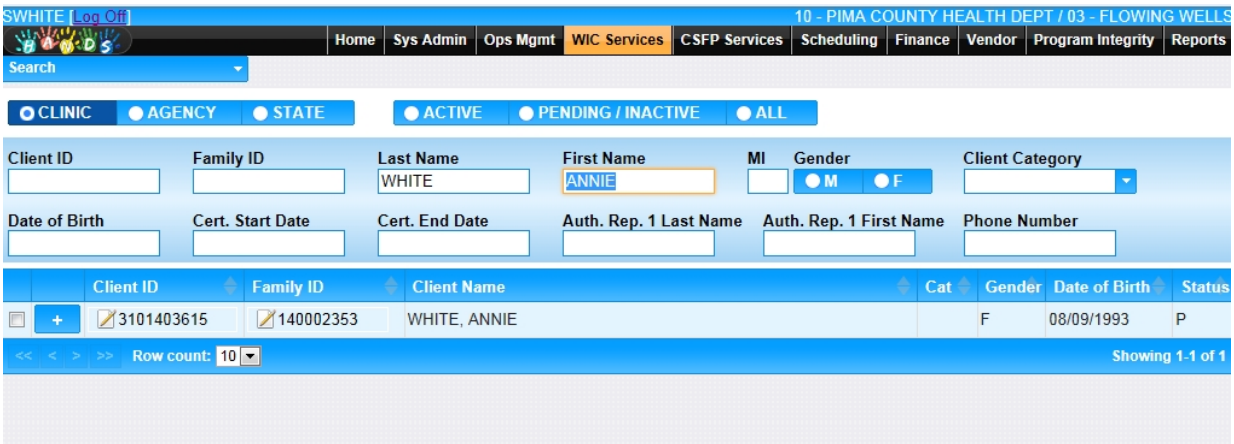
Module 10
Learning Objectives

After completing this module, the User should be able to:

- Demonstrate the printing of labels in HANDS
- Add a Note for a Client
- Complete a Staff Alert Note
- Review the History for a Family or Client
- Describe the HANDS Report page
- Locate the Scanned Document and Signatures page

Printing a Mailing Label for a Family or Client

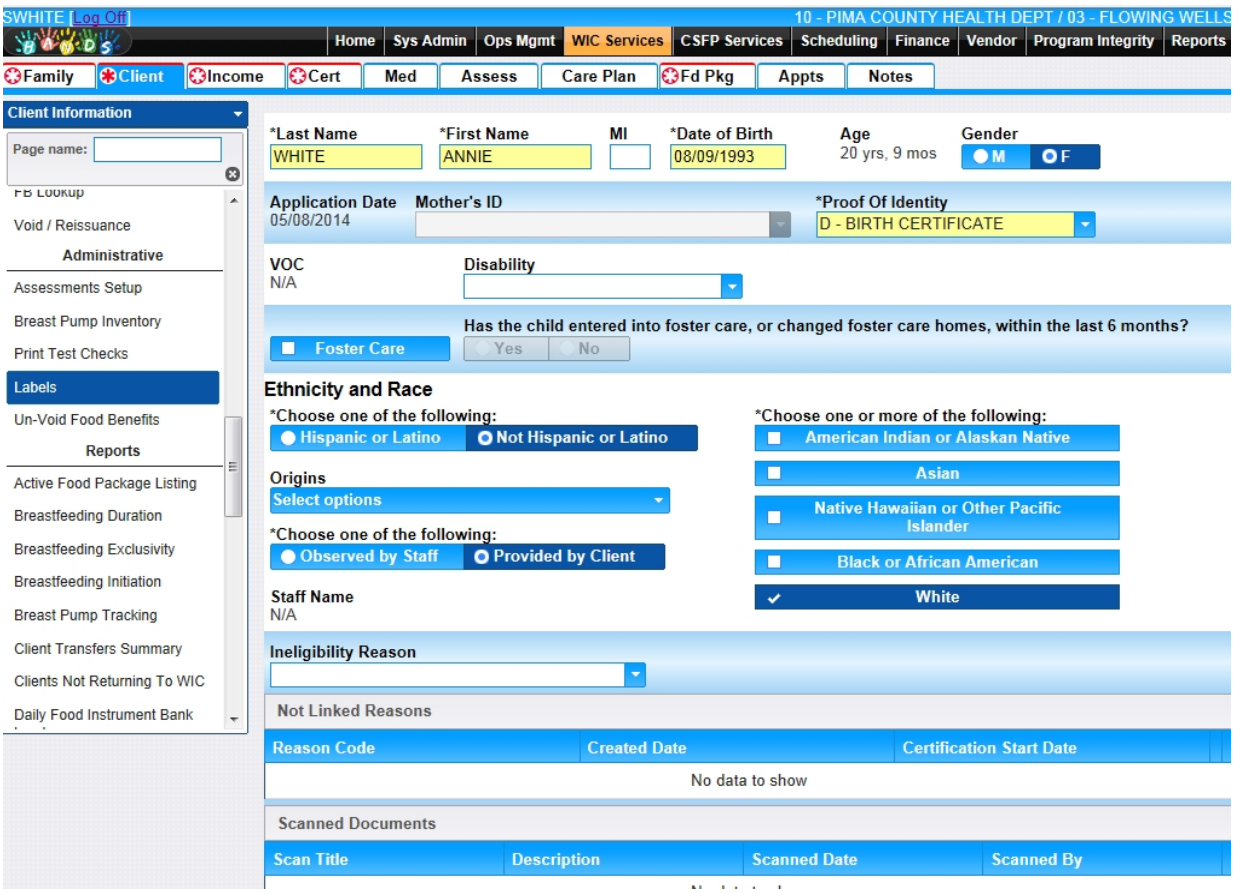
1. On WIC Services Family/Client Search page, complete a Family/Client Search. See Module 10: Figure 1 below.



Module 10: Figure 1: Printing a Mailing Label for a Family or Client

2. Click on the Client ID and access the client record.

3. In the Client's Record, access the Labels on the Navigation Pick List. See Module 10: Figure 2 below.

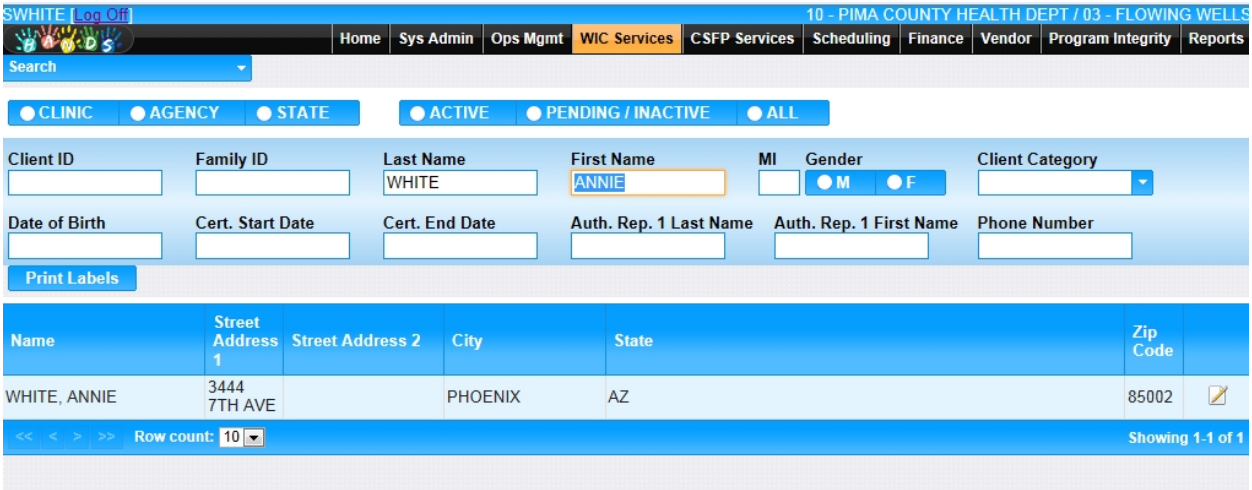


Module 10: Figure 2: Client Record Page

4. A search page will display.

5. Search for the Client. See Module 10: Figure 3 below.

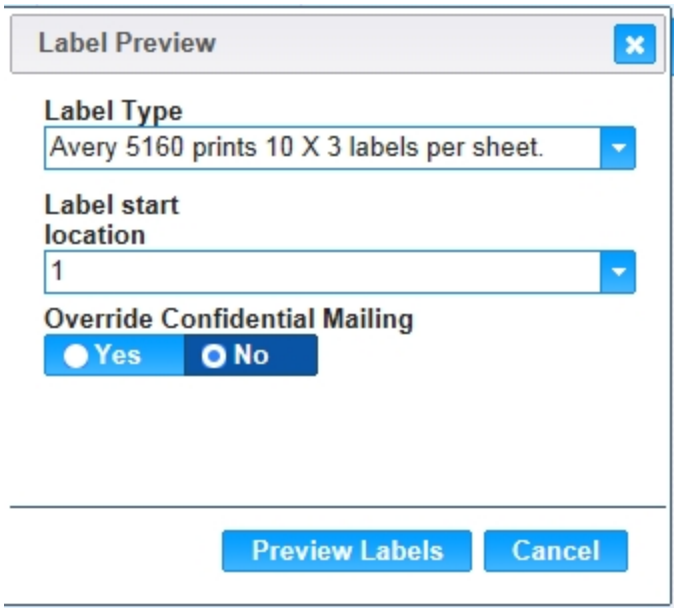
6. The Print Label button becomes available.



Module 10: Figure 3: Search for Client Page

7. Click the Print Labels button.

8. The Label Preview box will display. See Module 10: Figure 4 below.



Module 10: Figure 4: Label Preview Box

9. To access the Printing Options box, click the Preview Labels button.

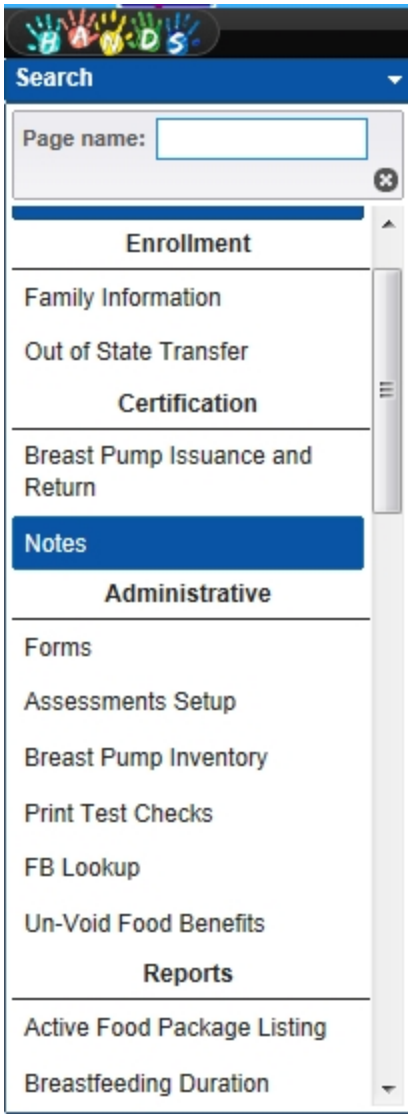
10. The Mailing Label and the Printing Options box displays.

11. Click the printer icon to print the label. See Module 10: Figure 5 below.

Module 10: Figure 5: Preview Labels Box

Notes

The Notes page is used for documentation for a particular client. You can access the notes from the navigation drop down in WIC Services or you can click on the Notes tab while you are in a WIC record. See Module 10: Figure 6 below.



Module 10: Figure 6: Accessing the Notes Page

1. In HANDS, click on WIC Services.

2. From the drop-down navigation menu, select Notes.

3. This will bring back all notes for your Clinic.

4. HANDS will display all of the notes for the Clinic. The user may complete a search on the notes page for a specific date or client's name. See Module 10: Figure 7 below.

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Notes

Date | Client | Note Type | Created By

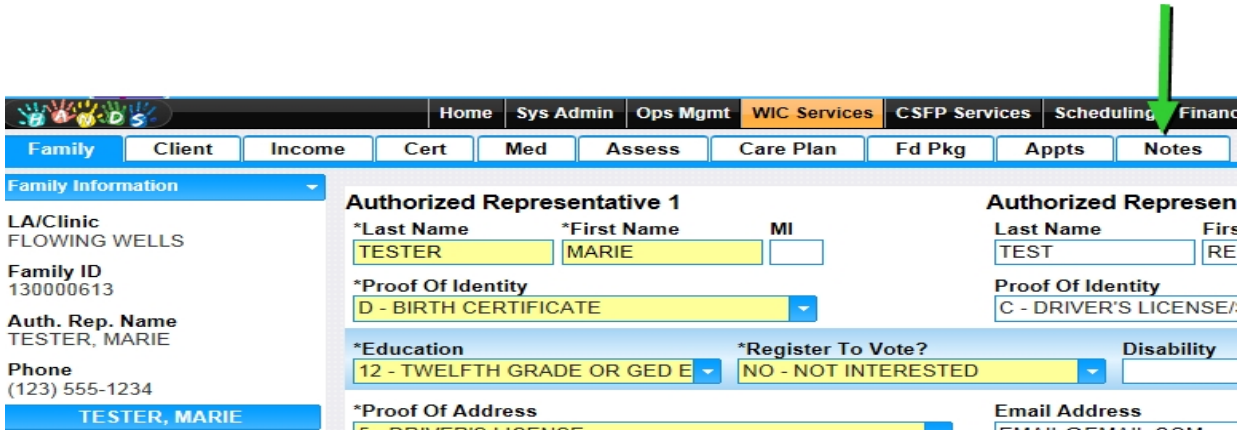
Date	Client	Note Type	Note	Created By
04/17/3013	11110888349 MITCHELL-RUIZ, AYDEN	General Info	T: Faces/ Mom feels satisfied about child's eating habits G: Mom will wean child off the bottle with in the next 3 months I: Discussed bottle weaning. Child falls asleep with bottle and also drinks juice, milk, and water in bottle, assigned 425.3 & 425.2. No medical condition and lead test was done. Child eats thee meals and 2 snacks a day. His favorite foods are chicken, cooked carrots, noodles, bananas, and mac and cheese. F: F/U on bottle weaning	MIRYAM
02/23/2207	1340457734 VAZQUEZ, VICTORIA	General Info	S: Mother states appetite is good and she is able to eat all foods. No N/V. She began taking prenatal vitamin 2 weeks ago. O: Down 3 lbs from 1 mo ago. A: Mother interested in healthy eating and breastfeeding. P: Provided mother with handout of healthy eating and emphasized consuming recommend portions of Fruits & Vegetables and protein. Also reviewed healthy sources of fat including avocadoes, oilves and olive & canola oil. Disucessed imporatance of taking prenatal vitamins for baby's development/growth. Advised client that she will start gaining about 1 pound a week through the end of pregnacy and this equates to 500 kcal per day, will be able to achieve this with F/V, protein and fat. Finally, breifly reviewed benefits of breastfeeding and provided handouts. Kristen Thurmond, Dietetic Intern	MWILLIAM
08/20/2204	1300011596 CORELLA, DAMIAN	General Info	Recert done. Rev. & expl. FI red-proc., quant. & auth. foods & comp. cards.	WIC29
12/09/2203	2280018379 MEDINA, MARIA	General Info	child no longer overwt. she grew 3 inches in the past 3 months.Importance of healthy snacks and iron rich foods.	KEMP
04/12/2112	2010806100 GOSEYUN, AIYANA	General Info	Aiyana g-chg to 1% milk @ 2 yrs i-mom concerned if she should cont w/whole milk f-how is chg going?	SANCHEZI
04/02/2112	42070203579 PEDRAZA, NOELIA	General Info	BFPC-seen at clininc for bf follow up she is doing much better her breast dont feel as full anymore and baby is latching better. Mom breastfed in front of me and she is doing great. will follw up	BRENDAB
01/17/2026	18070347962 CLARK, JACOB	General Info	please verify tel#	ACARR
02/01/2023	51110843344 DOWNING, DEVON	General Info	T Used = excited face dad is happy that his child not picky willing to eat most foods G= eat more veggies aday I =dad said child willing to eat all foods not picky at all will hardly eat veggies not very much verity Assigned Codes =425-2 32 oz of milk and juice *PG: Pregnancy =n/a BF Feelings: =n/a *Infants: # feedings per day: =n/a oz of formula per day: =n/a *Food Package Changes (IPN Tailoring) ? Because =n/a F Referrals made: =referral sheet and shots Ask about = ask dad if child eating morer veggies aday Next apt remember to = if any changies and if child has all shoots for age	BDEHERRE
10/06/2018	15100012771 COJANIS, MARY LOU	General Info	faxed the VOC to Donna today	SBURRUEL
03/06/2016	16070842874 MILES, MARGARET	General Info	T; no tool used have not been trained G: to have a healthy pregnancy I: 1. singleton	GUADAL

<< < > >> Row count: 10 Showing 1-10 of 2442105

Search Reset

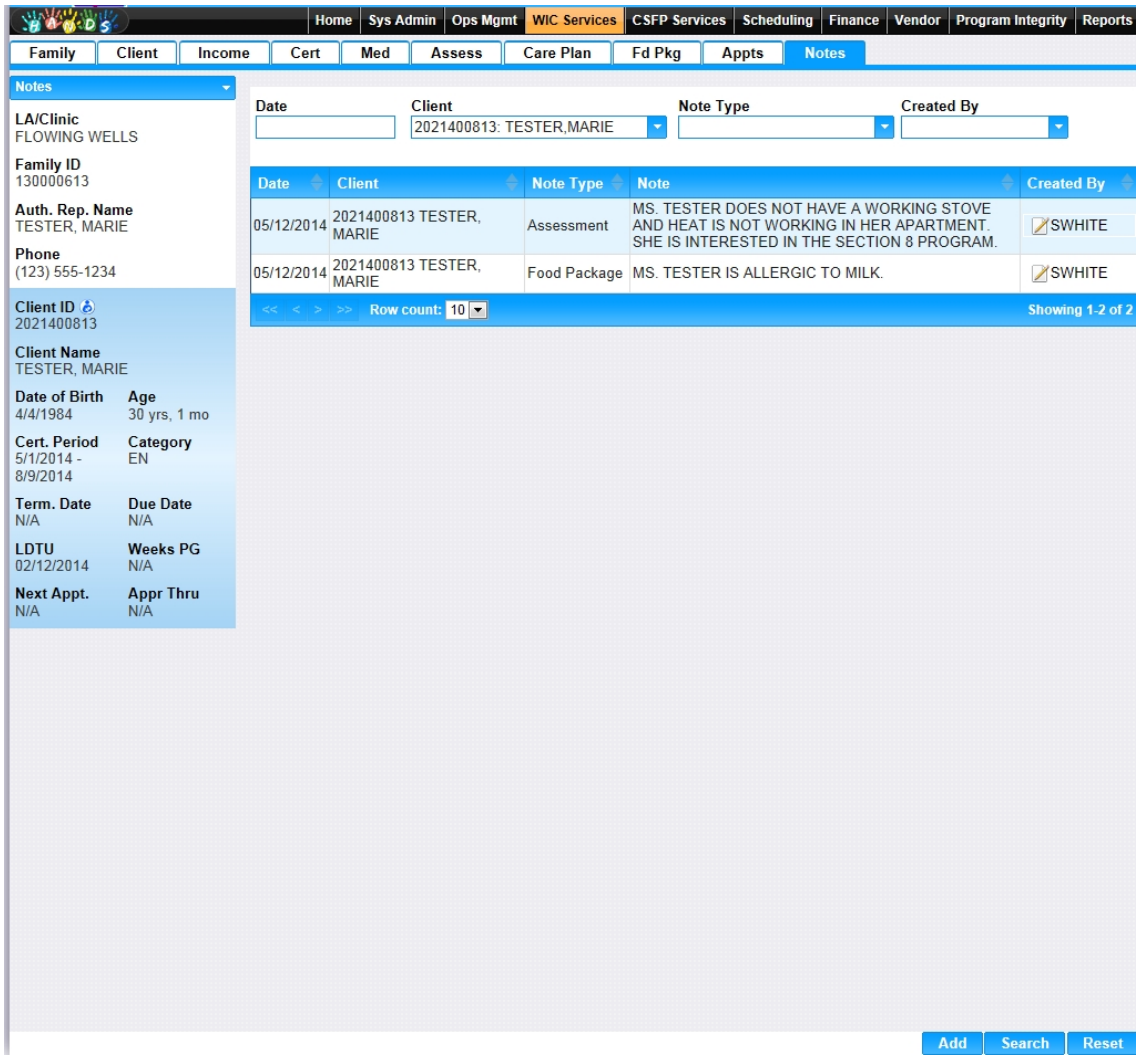
Module 10: Figure 7: All Notes for the Clinic

To view notes for a family or a particular client in a family, you access notes from within the work flow. See Module 10: Figure 8 below.



Module 10: Figure 8: View Notes for a Particular Family / Client

5. While viewing a family or client record, select the Notes tab from the top of the page. See Module 10: Figure 9 below.



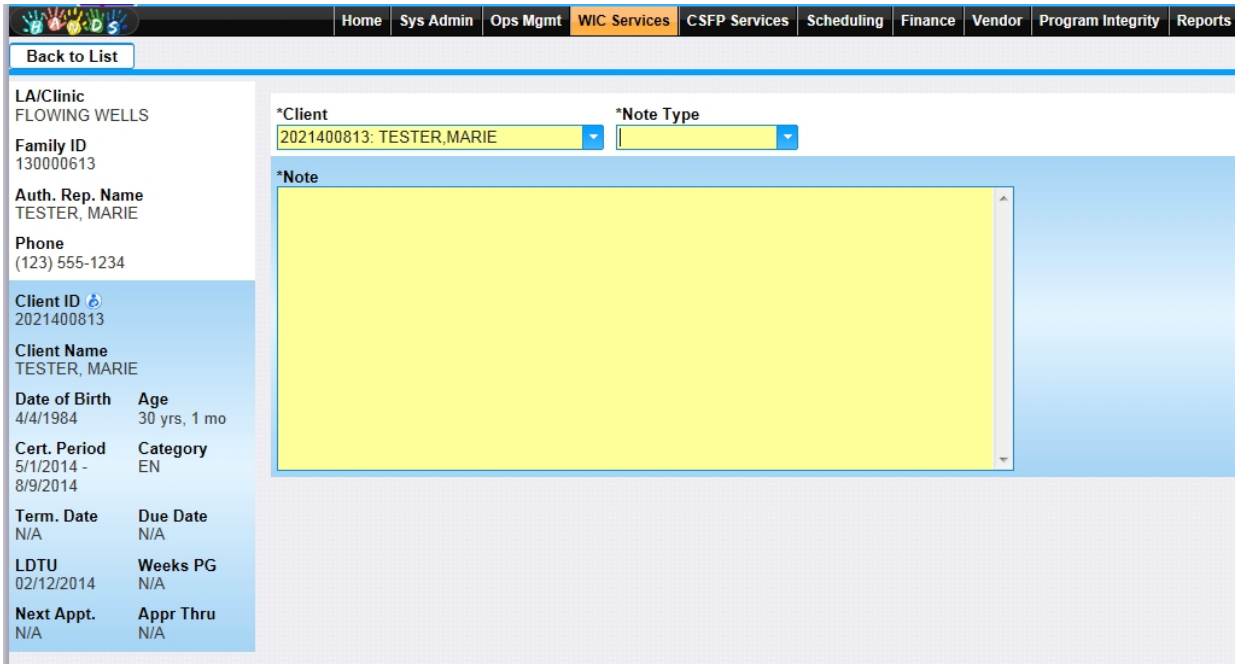
Module 10:Figure 9: Notes for the Client Display

6. The notes for the Client will display.

7. You can change clients by selecting another client from the Client drop-down list.

9. Click Search to search for notes for that client.

10. To create a new note, click the Add button. See Module 10: Figure 10 below.



Module 10: Figure 10: Creating a New Note

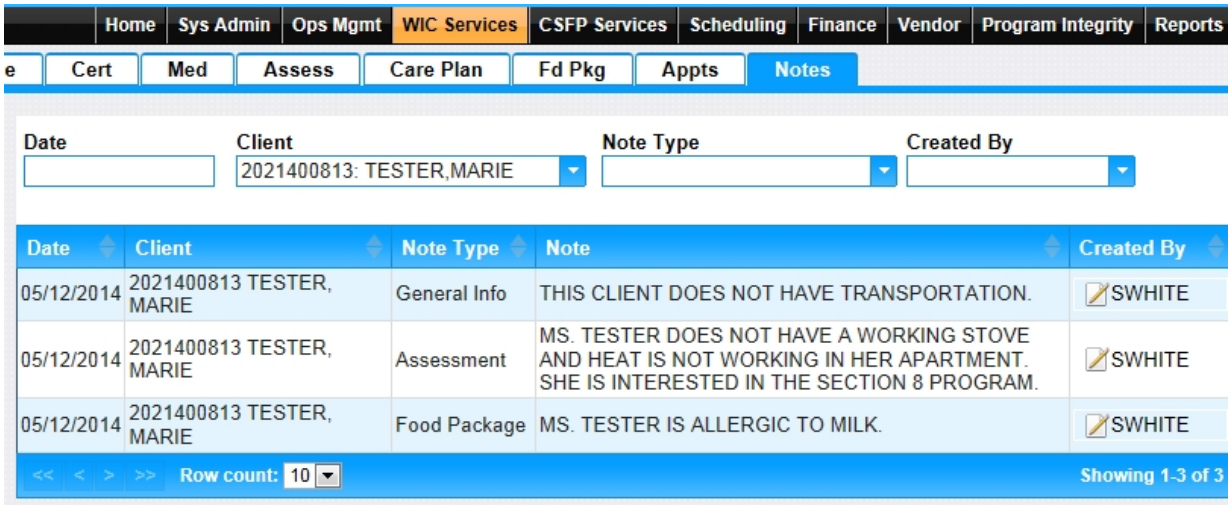
11. Choose the Client and Note Type.

12. Enter the note for the Client.

13. Click Save.

14. Before saving if you want to remove the information entered, click Reset.

15. Saved notes will display in the grid. See Module 10: Figure 11 below.



Module 10: Figure 11: Saved Notes in Grid Display

Adding a Staff Alert

A Staff Alert may be added to a Family or Client record. This note type will alert any staff who will be accessing the record in the future with the note's message.

1. Click Add on the Family or Client's Notes page.

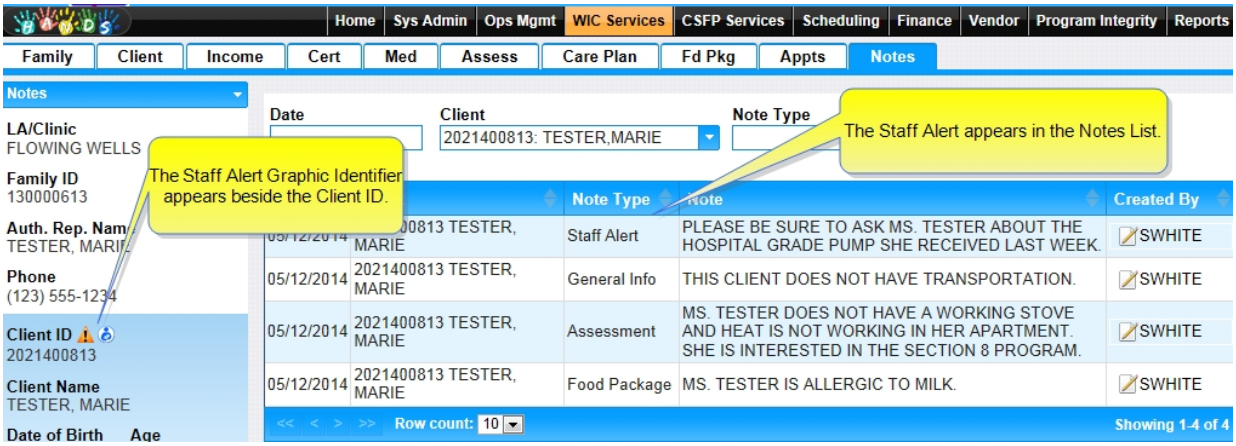
2. Choose the Client from the drop down list.

3. Choose the Note Type, Staff Alert.

4. Add the Note.

5. Click Save.

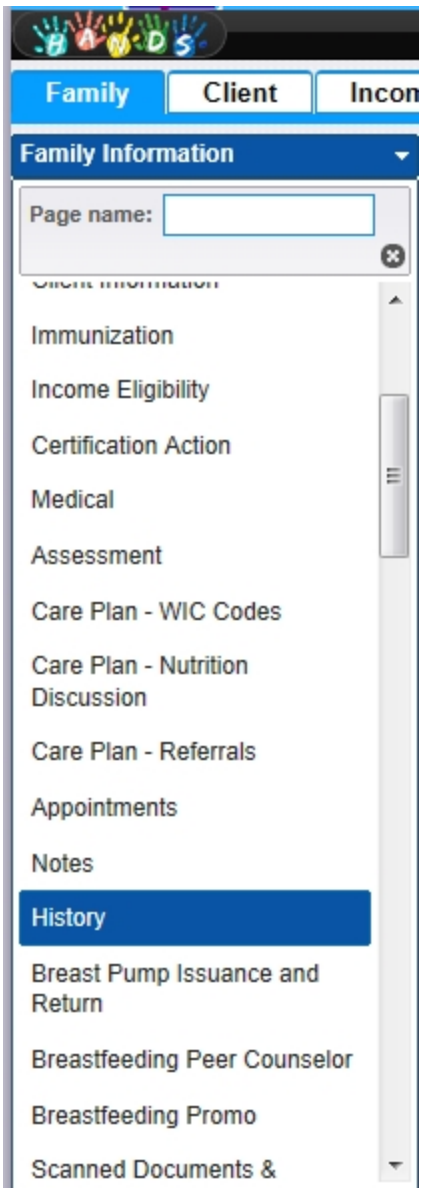
6. The Staff Alert Graphic Identifier will appear beside the Client's Name on the Active Client Record, and the note will be displayed in the Note List. See Module 10: Figure 12 below.



Module 10: Figure 12: Adding a Staff Alert

History

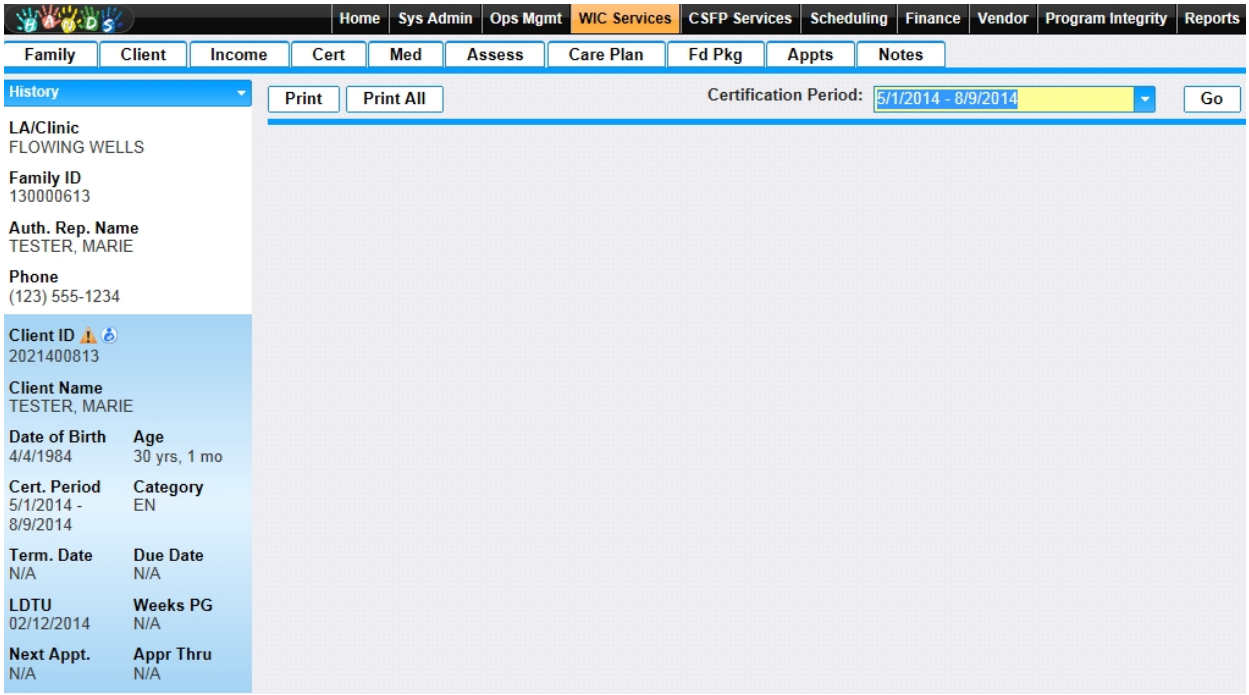
The History page will display historic information for clients. The page is accessible from anywhere within the WIC Services module using the navigation drop-down. You can see the history for Family & Client Information, Income, Immunization, Certification Information, Food Package Assignment, and Transfer Information for a selected certification period. See Module 10: Figure 13 below.



Module 10: Figure 13: Accessing the History Page

1. While viewing a family in the WIC Services module select History from the navigation Pick List drop-down.

2. The History page will display. Select a certification period from the drop-down list and click Go. See Module 10: Figure 14 below.



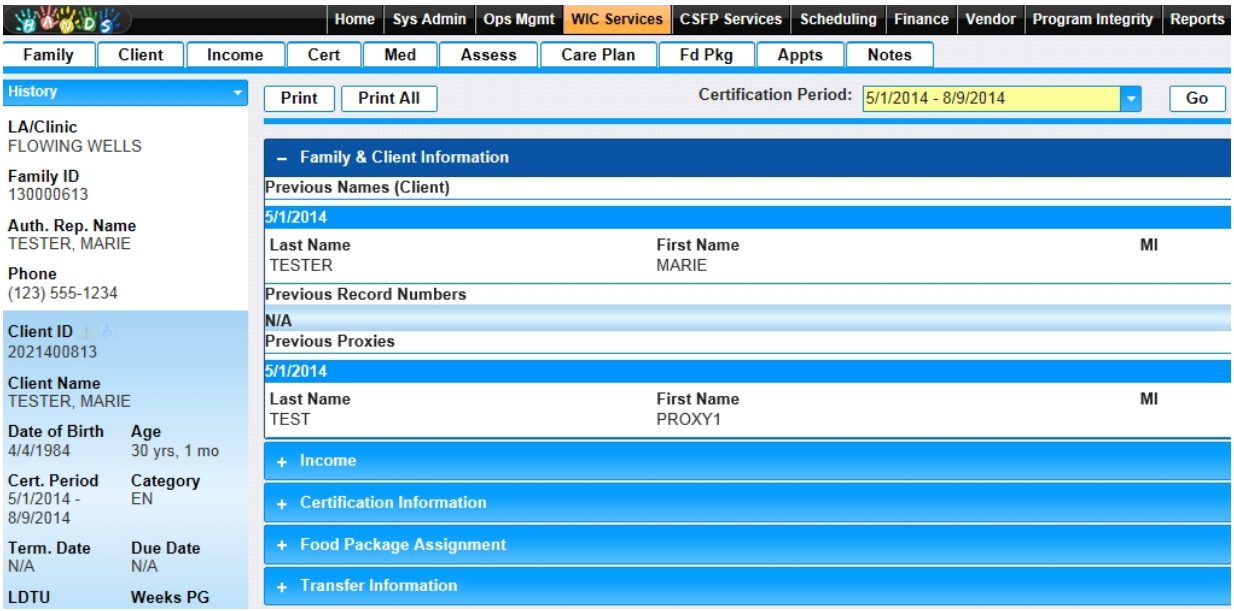
Module 10: Figure 14: History Page Display

3. The History information will open to Family & Client Information. You can view other history information by clicking on the + symbol next to the title of each section.

The sections of the History page include:

- Family and Client Information
- Income
- Certification Information
- Food Package Assignment
- Transfer Information

See Module 10: Figure 15 below.

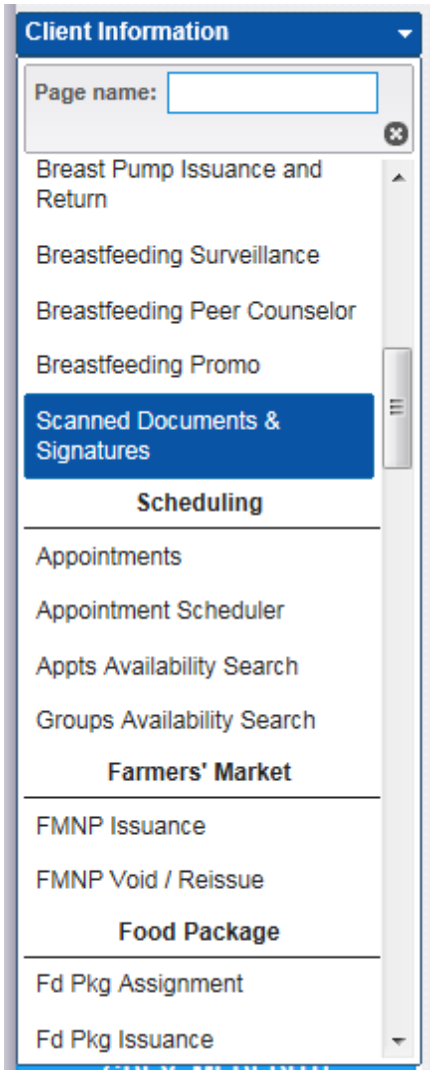


Module 10: Figure 15: Family and Client Information on the History Page

4. To see the history for another client, click on the client in the active record, select the certification period from the drop-down list and click Go.

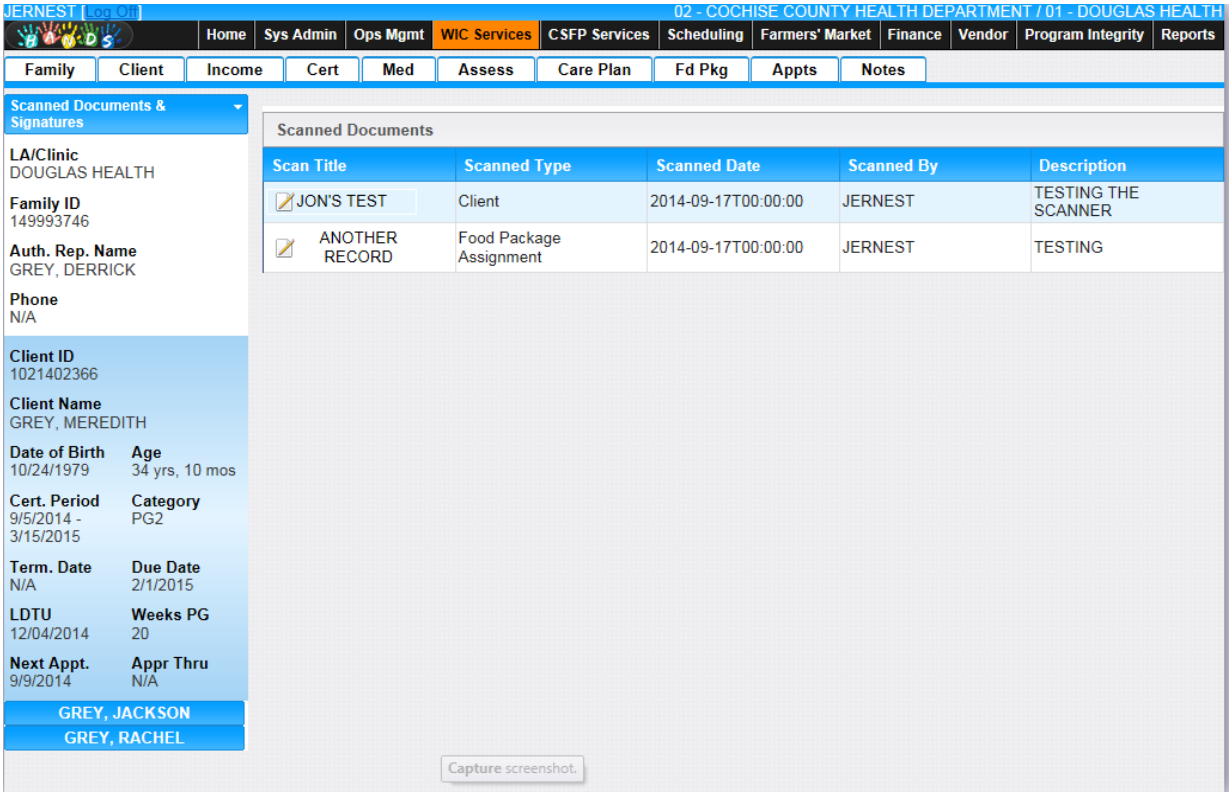
Scanned Documents & Signatures

The scanned documents and signatures page displays all documents and signatures taken for the selected client on any page in HANDS. The page is accessible from anywhere within the WIC Services module using the navigation drop-down. See Module 10: Figure 16 below.



Module 10: Figure 16: Accessing the Scanned Documents and Signatures Page

1. The scanned documents and signatures page will open. The page will show all documents and signatures taken for the selected client. See Module 10: Figure 17 below.



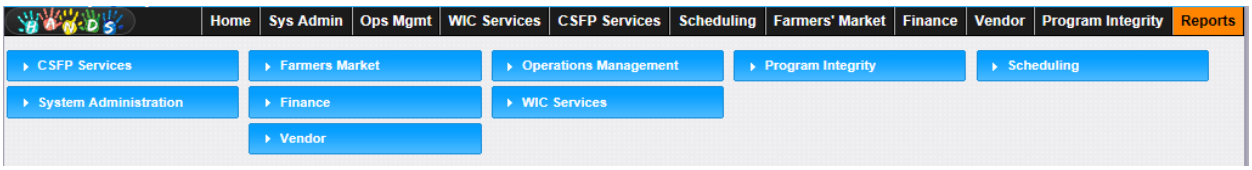
Module 10: Figure 17: Scanned Documents and Signatures Page

HANDS Reports

The HANDS Reports module contains all of the Reports accessible to a user based upon that user's job title, role and user account rights.

There are some Reports which are only visible to WIC State Agency personnel, for example, while other Reports may be visible to all job titles. The details of the Report are also dependent upon a User's account role or status.

Users may access the Reports module from Top Menu Bar. See Module 10: Figure 18 below.



Module 10: Figure 18: Reports Module

Module 11: CSFP: Commodity Supplemental Food Program Functionality

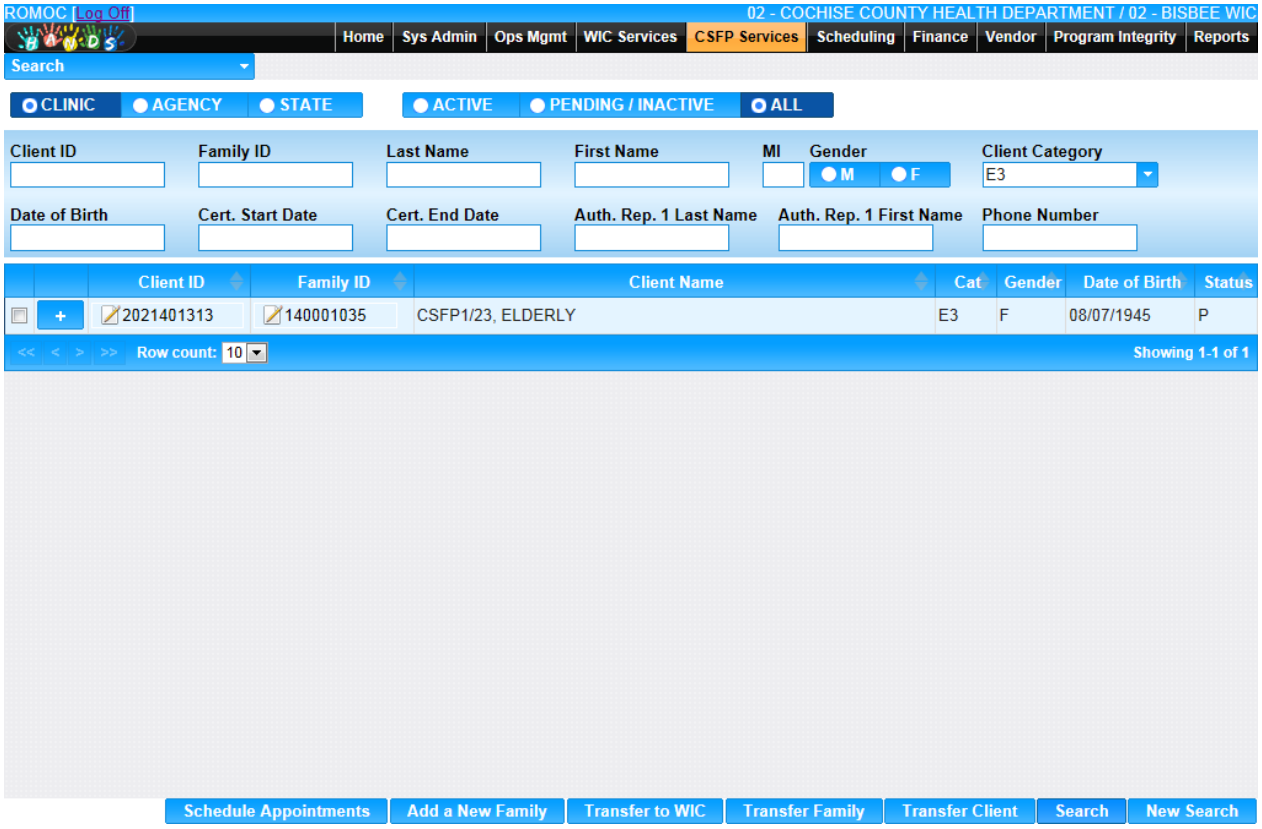
Module 11
Learning Objectives

After completing this module, the User should be able to:

- Describe the CSFP Family/Client Search
- View/Edit an Existing CSFP Family and Client
- Add a New CSFP Family and Client record
- Demonstrate the procedure for an In State Transfer
- Demonstrate the procedure for an Out of State Transfer
- Complete a CSFP Income Screening
- Conduct a CSFP Certification
- Describe the CSFP Distribution process
- Complete the termination of a CSFP certification
- Conduct a Reinstatement of a CSFP Client
- Extend a CSFP Certification
- Add a note to the CSFP record
- Review CSFP History
- Demonstrate the procedure for making a CSFP Appointment

Client/Family Search

The Search page will allow you to search for a client or family using specific search criteria or a combination of search criteria. Using this page will allow you to see if a client or family has ever been enrolled before or are currently receiving CSFP or WIC services. See Module 11: Figure 1 below.



Module 11: Figure 1: CSFP Client/Family Search page

1. Log into HANDS.

2. Click on CSFP Services in the menu.

3. Enter the search criteria.

(**Note:** the more information you enter will narrow your search results)

4. Click Search and the results will display on the page.

5. Select the Family ID/Client ID link for the family/client you need.

6. If the Family/Client does not exits, click the Add a New Family button.

View/Edit and Existing Family

On the Family page you can view and/or edit the Authorized Representative information such as address, phone, language, proxy and referral information. You can also view the list of other members of the family within the Active Record section of the page. See Module 11: Figure 2 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Distribution | Appts | Notes

Family Information

LA/Clinic
BISBEE WIC

Family ID
140001035

Auth. Rep. Name
TRANSFER, TEST

Phone
N/A

CSFP1/23, ELDERLY

Authorized Representative 1

*Last Name: TRANSFER
*First Name: TEST
MI:
*Proof Of Identity: C - DRIVER'S LICENSE/STATE ID

Authorized Representative 2

Last Name:
First Name:
MI:
Proof Of Identity:

*Register To Vote?: CR - CURRENTLY REGISTERED
Disability:

*Proof Of Address: 10 - MAIL WITH POSTMARK (NO PO BOX)
Email Address:
Do Not Email

Street Address Do Not Send Mailings

*Street 1: 111 MAIN ST
Street 2:
*City, State, ZIP Code, and County: BISBEE, AZ 85603 COCHISE

Mailing Address Copy Street To Mailing

*Street 1: 111 MAIN ST
Street 2:
*City, State, ZIP Code, and County: BISBEE, AZ 85603 COCHISE

Family Phone(s) Does not have a phone

Phone Number	Ext.	Phone Type	Do Not Call	Do Not Text	Priority
No data to show					

Languages

*Primary Language: 1 - ENGLISH
Secondary Language:
Interpreter Required

Proxy 1

Last Name:
First Name:
MI:
Proof Of Identity:

Proxy 2

Last Name:
First Name:
MI:
Proof Of Identity:

How did you hear about CSFP? Add

Date	Program	Organization
No data to show		

New Client | Save | Reset

Module 11: Figure 2: CSFP View/Editing Existing Family Information page

1. Search for a family/client in CSFP Services.

2. Click the Family ID link in the search results.

3. The Family page will display where you can edit or view the family data.

Add a New Family

If you do not find the family/client you need in the search results page, you can create a new family. See Module 11: Figure 3 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Distribution | Appts | Notes

Family Information

*Clinic: 02 - BISBEE WIC

Authorized Representative 1: *Last Name | *First Name | MI | *Proof Of Identity

Authorized Representative 2: Last Name | First Name | MI | Proof Of Identity

*Register To Vote? | Disability

*Proof Of Address | Email Address | Do Not Email

Street Address | Do Not Send Mailings | Mailing Address | Copy Street To Mailing

*Street 1 | Street 2 | *City, State, ZIP Code, and County

Family Phone(s) | Does not have a phone | Add

Phone Number	Ext.	Phone Type	Do Not Call	Do Not Text	Priority
No data to show					

Appointment Reminder Preference: Phone | Email | Text

Languages: *Primary Language: 1 - ENGLISH | Secondary Language | Interpreter Required

Proxy 1: Last Name | First Name | MI | Proof Of Identity

Proxy 2: Last Name | First Name | MI | Proof Of Identity

How did you hear about CSFP? | Add

Date	Program	Organization
No data to show		

Print Proxy Form | Save | Reset | Cancel

Module 11: Figure 3: CSFP Add a New Family page

1. If you do not find the Family/Client you need after your search, you can click the Add A New Family button at the bottom of the page.

2. The Clinic field will default to the Clinic you are logged into and the Primary Language field will default to English. These fields can be changed.

3. Once all data is entered, click the Save button at the bottom of the page.

View/Edit an Existing Client

The Client page is where you can view or edit existing client information or transfer a client. See Module 11: Figure 4 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Distribution | Appts | Notes

Client Information

LA/Clinic
BISBEE WIC

Family ID
140001477

Auth. Rep. Name
TEST, CSFP

Phone
(520) 555-1212

Client ID
2021402047

Client Name
TEST, CSFP

Date of Birth 1/31/1943 | Age 71 yrs, 3 mos

Cert. Period N/A | Category N/A

Term. Date N/A | Due Date N/A

Next Appt. N/A | Weeks PG N/A

Distribution Site
N/A

*Last Name: TEST | *First Name: CSFP | MI | *Date of Birth: 01/31/1943 | Age: 71 yrs, 3 mos | Gender: M F

Application Date: 02/25/2014 | VOC: N/A | *Proof Of Identity: C - DRIVER'S LICENSE/STATE ID | Disability

Foster Care | Has the child entered into foster care, or changed foster care homes, within the last 6 months? Yes No

Ethnicity and Race

*Choose one of the following: Hispanic or Latino | Not Hispanic or Latino

Origins: Select options

*Choose one of the following: Observed by Staff | Provided by Client

Staff Name
N/A

*Choose one or more of the following: American Indian or Alaskan Native | Asian | Native Hawaiian or Other Pacific Islander | Black or African American | White

Ineligibility Reason

Scanned Documents

Scan Title	Description	Scanned Date	Scanned By
No data to show			

Scan Document | Signatures | Print VOC Form | Transfer Client | Add | Save | Reset

Module 11: Figure 4: CSFP View/Editing Existing Client Information page

1. From the Family page you can select a client by clicking on the name in the Active Record or you can view the first client in the list by clicking on the Client tab.

2. The client information will display where you can edit or view the client information.

3. After editing the data, click the Save button.

Add a New Client

You can use the Client page to add CSFP clients to an existing family. See Module 11: Figure 5 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Distribution | Appts | Notes

Family ID 140001477 | *Last Name | *First Name | MI | *Date of Birth | Age N/A | Gender M F

Application Date 02/25/2014 | VOC N/A | *Proof Of Identity | Disability

Foster Care | Has the child entered into foster care, or changed foster care homes, within the last 6 months? Yes No

Ethnicity and Race

*Choose one of the following: Hispanic or Latino | Not Hispanic or Latino

Origins: Select options

*Choose one of the following: Observed by Staff | Provided by Client

Staff Name N/A

*Choose one or more of the following: American Indian or Alaskan Native | Asian | Native Hawaiian or Other Pacific Islander | Black or African American | White

Ineligibility Reason

Save | Reset | Cancel

Module 11: Figure 5: CSFP Add a New Client page

1. From the Family page click the New Client button at the bottom of the page.

2. The Application Date field will default to the current date.

3. Enter all the client information and click the Save button.

In-State Transfer

You can use the In-State Transfer function in HANDS to transfer a client to another family within the State or transfer a family from another Clinic in the State into your Clinic.

There are two ways to transfer a client. From the Search page and from the Client page. See Module 11: Figure 6 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Search

CLINIC | AGENCY | STATE | ACTIVE | PENDING / INACTIVE | ALL

Client ID | Family ID | Last Name: TEST | First Name | MI | Gender: M F | Client Category

Date of Birth | Cert. Start Date | Cert. End Date | Auth. Rep. 1 Last Name | Auth. Rep. 1 First Name | Phone Number

	Client ID	Family ID	Client Name	Cat	Gender	Date of Birth	Status
+	2021401883	140001389	TEST, BUG28142	PG2	F	05/04/1986	A
+	2021401878	140001308	TEST, BUG28238	C1	M	01/15/2013	A
+	2021401758	112565570	TEST, BUG28238	C2	M	07/21/2011	A
+	2021401966	140001272	TEST, BUG28238	C4	F	02/02/2010	A
+	2021401706	140001295	TEST, BUG29544	P	F	05/04/1986	P
+	2021401705	140001295	TEST, BUG29623	C2	M	02/01/2012	A
+	2021401929	140001402	TEST, BUG29852	C2	M	02/02/2012	A
+	2021618374	139772795	TEST, C1 C	C1	F	11/01/2012	A
+	2021402037	140001472	TEST, C2	C2	M	12/25/2011	A
+	2021401632	140001255	TEST, C2	C2	F	08/08/2011	A

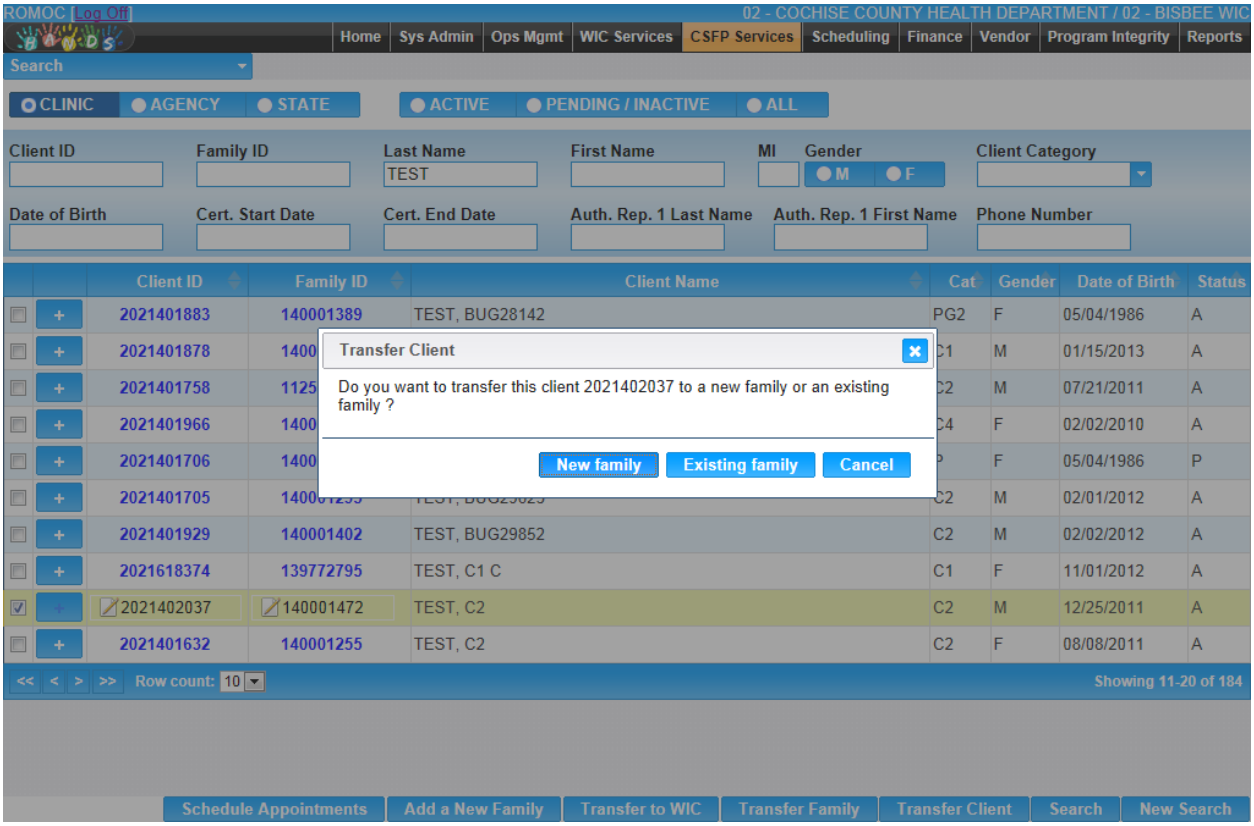
<< < > >> Row count: 10 Showing 11-20 of 184

Schedule Appointments | Add a New Family | Transfer to WIC | Transfer Family | Transfer Client | Search | New Search

Module 11: Figure 6: CSFP Selecting a Client to In-State Transfer from the Search page

1. On the Search Results page, select the check box next to the client that you want to transfer.

2. Click the Transfer Client button at the bottom of the page. See Module 11: Figure 7 below.



Module 11: Figure 7: CSFP In-State Transfer selection window

3. A message asking if you want to transfer to a New Family, Existing Family or Cancel will display.

4. Select the appropriate button for the action you need to take.

5. If you select New Family, the Family Information Page will display. See Module 11: Figure 8 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Distribution | Appts | Notes

Search

*Clinic
02 - BISBEE WIC

Authorized Representative 1
*Last Name *First Name MI
*Proof Of Identity

Authorized Representative 2
Last Name First Name MI
Proof Of Identity

*Register To Vote? Disability

*Proof Of Address Email Address Do Not Email

Street Address Do Not Send Mailings
*Street 1
Street 2
*City, State, ZIP Code, and County

Mailing Address Copy Street To Mailing
*Street 1
Street 2
*City, State, ZIP Code, and County

Family Phone(s) Does not have a phone Add

Phone Number	Ext.	Phone Type	Do Not Call	Do Not Text	Priority
No data to show					

Appointment Reminder Preference
Phone Email Text

Languages
*Primary Language
1 - ENGLISH
Secondary Language
Interpreter Required

Proxy 1
Last Name First Name MI
Proof Of Identity

Proxy 2
Last Name First Name MI
Proof Of Identity

How did you hear about CSFP? Add

Date	Program	Organization
No data to show		

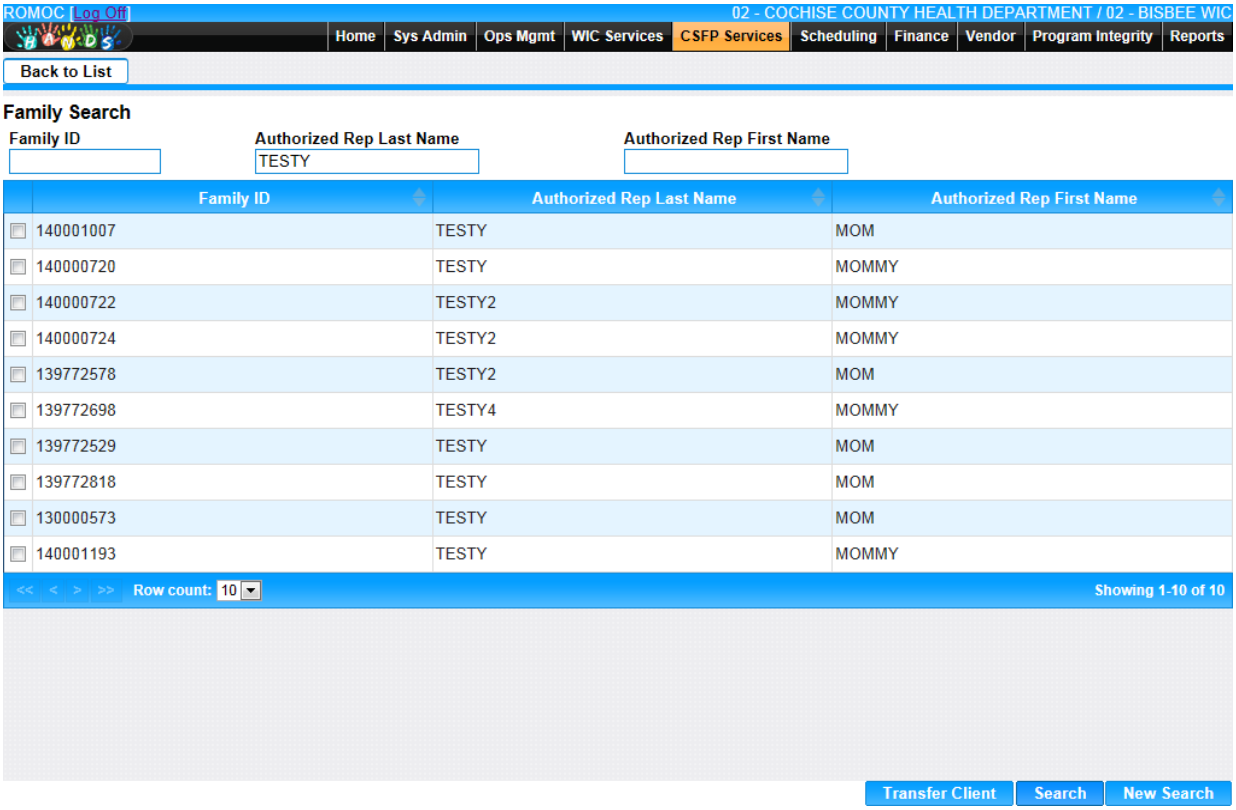
Print Proxy Form | Save | Reset | Cancel

Module 11: Figure 8: CSFP In-State Transfer to New Family page

6. Enter the new family information and click Save at the bottom of the page.

7. Save message appears confirming the client was successfully transferred.

8. If you select Existing Family when transferring the client, the Family Search page will display. See Module 11: Figure 9 below.

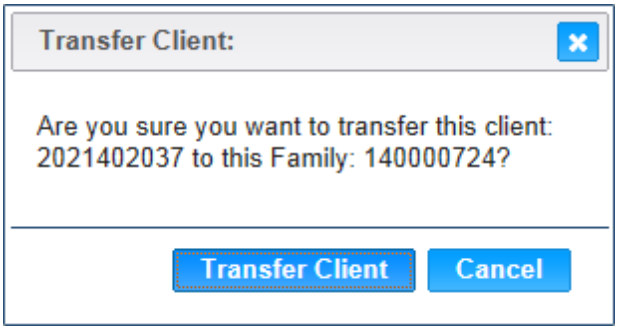


Module 11: Figure 9: CSFP In-State Transfer to Existing Family Search page

9. Search for the family where you want to transfer this client by entering the search criteria and clicking Search.

10. Select the check box next to the correct family and click the Transfer Client button.

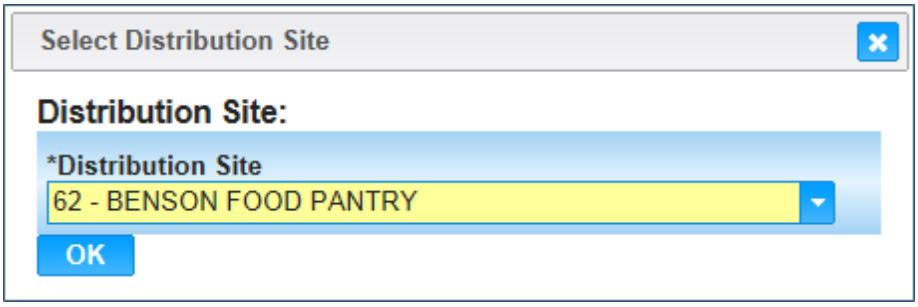
11. A confirmation message will appear. See Module 11: Figure 10 below.



Module 11: Figure 10: CSFP In-State Transfer to Existing Family window

12. Select the Transfer Client button to complete the transfer or select the Cancel button to cancel the transfer.

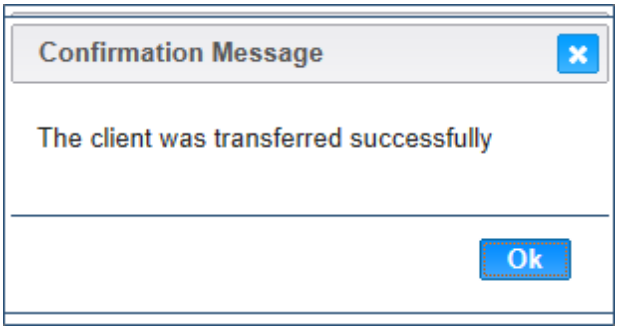
13. After selecting Transfer Client, you will need to select a Distribution Site for the Client. See Module 11: Figure 11 below.



Module 11: Figure 11: CSFP In-State Transfer Selecting New Distribution Site window

14. Select the appropriate Distribution Site and click OK.

15. A confirmation message will appear. See Module 11: Figure 12 below.



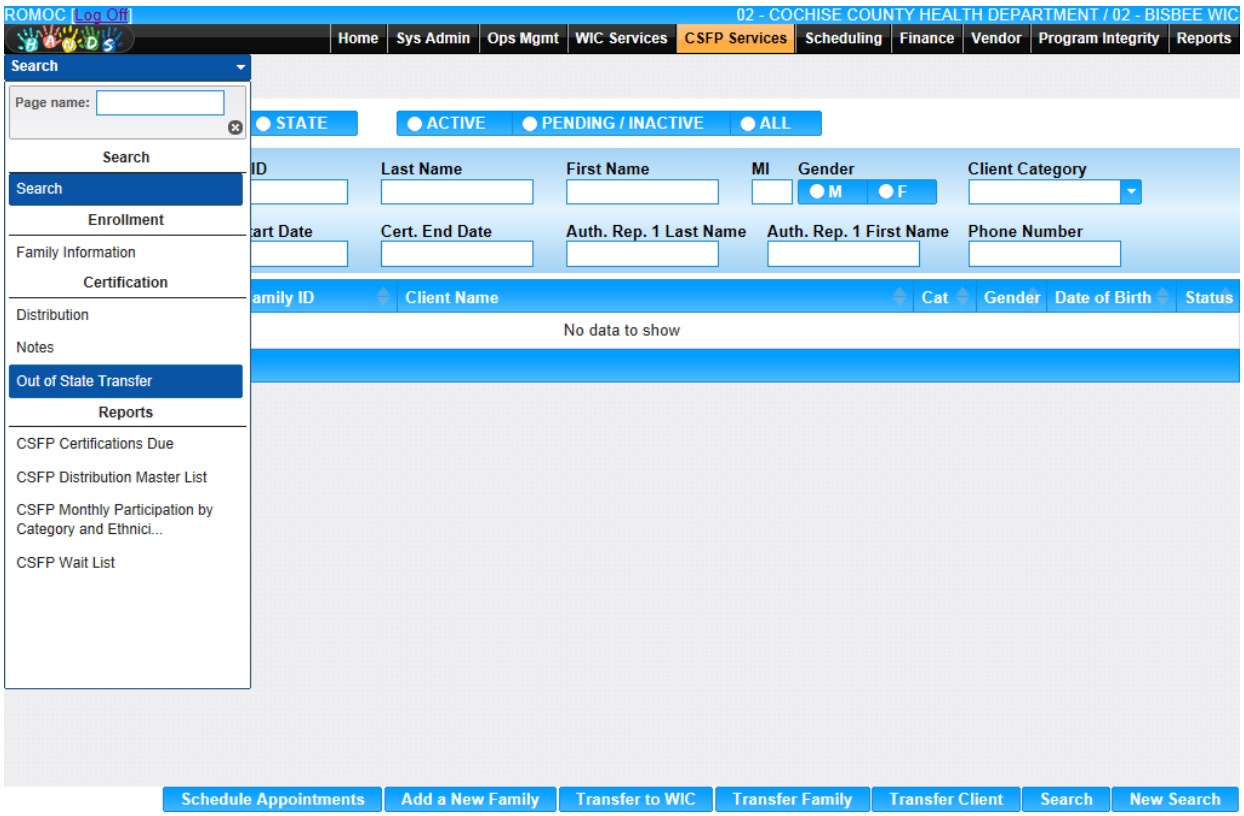
Module 11: Figure 12: CSFP In-State Transfer Confirmation Message of Successful Transfer window

16. The Family page will open to the family the Client was transferred into.

Out of State Transfer

You can use the Out of State Transfer function in HANDS to transfer a family/client from another State into CSFP.

To access the Out of State Transfer process, you will need to be in either the WIC Services module or the CSFP Services module. Once you select Out of State Transfer, you will be within that process until you create the family, add all clients and certify the clients. See Module 11: Figure 13 below.



Module 11: Figure 13: Navigating to the Out of State Transfer page

1. From the navigation menu select Out of State Transfer in the drop-down list. HANDS will display a Family page. See Module 11: Figure 14 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Distribution | Appts | Notes

Out of State Transfer

Out Of State Transfer Flow

*Family Size

*Clinic: 02 - BISBEE WIC

Authorized Representative 1

*Last Name | *First Name | MI

*Proof Of Identity

Authorized Representative 2

Last Name | First Name | MI

Proof Of Identity

*Register To Vote?

Disability

Email Address

Do Not Email

Street Address Do Not Send Mailings

*Street 1

Street 2

*City, State, ZIP Code, and County

Mailing Address Copy Street To Mailing

*Street 1

Street 2

*City, State, ZIP Code, and County

Family Phone(s) Does not have a phone Add

Phone Number	Ext.	Phone Type	Do Not Call	Do Not Text	Priority
No data to show					

Appointment Reminder Preference: Phone | Email | Text

Languages

*Primary Language: 1 - ENGLISH

Secondary Language

Interpreter Required

Proxy 1

Last Name | First Name | MI

Proof Of Identity

Proxy 2

Last Name | First Name | MI

Proof Of Identity

How did you hear about CSFP? Add

Date	Program	Organization
No data to show		

Print Proxy Form | Save | Reset | Cancel

Module 11: Figure 14: CSFP Out of State Transfer Add New Family page

2. Text at the top of the page indicates you are in the out of State transfer process.

3. Enter family information and click Save.

4.Add a client by selecting the New Client button on the Family page. The Client page displays. See Module 11: Figure 15 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Distribution | Appts | Notes

Out Of State Transfer Flow

Family ID 140002292 | *Last Name | *First Name | MI | *Date of Birth | Age N/A | Gender ● M ● F

Application Date 05/05/2014 | *VOC | Disability

Has the child entered into foster care, or changed foster care homes, within the last 6 months?

☐ Foster Care | Yes | No

Ethnicity and Race

*Choose one of the following: ● Hispanic or Latino ● Not Hispanic or Latino

Origins: Select options

*Choose one of the following: ● Observed by Staff ● Provided by Client

Staff Name N/A

*Choose one or more of the following:
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White

Ineligibility Reason

Save | Reset | Cancel

Module 11: Figure 15: CSFP Out of State Transfer Add New Client page

5. After clicking Save the following message appears. See Module 11: Figure 16 below.

Out of State Transfer:

If you want to certify this client (2021403475) now, click "Yes" (will leave this screen).

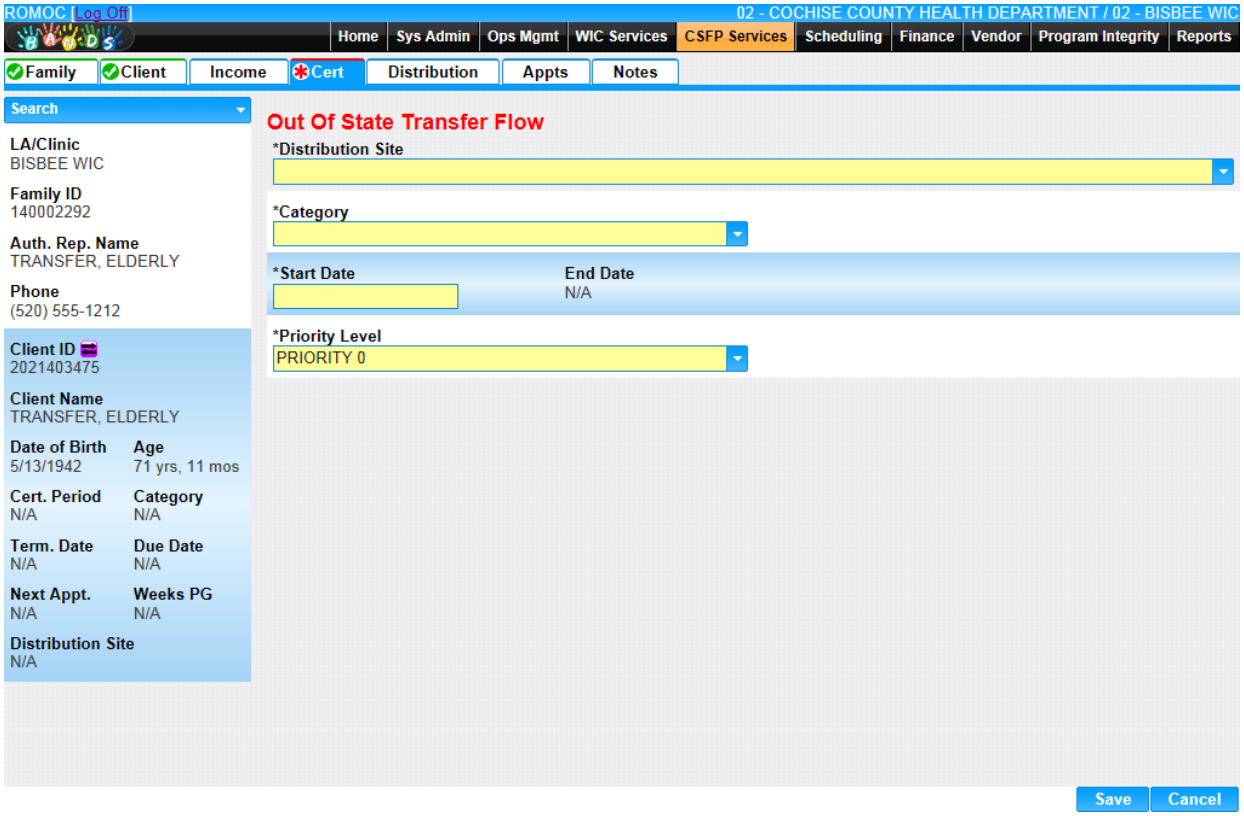
If you want to continue adding other clients to this family, click "Cancel" (stay on this screen).

Yes | Cancel

Module 11: Figure 16: CSFP Out of State Transfer Certify Client Now window

6. Click Yes if there are no additional clients to add to this family. The Cert Action page will display to certify the client.

7. Click Cancel to add additional clients to this family. Click Add to add another client. See Module 11: Figure 17 below.



Module 11: Figure 17: CSFP Out of State Transfer Cert Action page

8. On the Cert Action page enter all the information and click Save. See Module 11: Figure 18 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Distribution | Appts | Notes

Search

LA/Clinic
BISBEE WIC

Family ID
140002292

Auth. Rep. Name
TRANSFER, ELDERLY

Phone
(520) 555-1212

Client ID
2021403475

Client Name
TRANSFER, ELDERLY

Date of Birth
5/13/1942

Age
71 yrs, 11 mos

Cert. Period
2/3/2014 - 7/31/2014

Category
E3

Term. Date
N/A

Due Date
N/A

Next Appt.
N/A

Weeks PG
N/A

Distribution Site
BISBEE WIC

Out Of State Transfer Flow

*Distribution Site: 02 - BISBEE WIC

*Category: E3 (E3-ELDERLY, NOT HOME

Client Not Present

Reason Client Not Present

Last Menstrual Period

Expected Delivery Date

Actual Delivery Date

Cert Start Date
2/3/2014

Cert End Date
7/31/2014

Duration (Weeks)
25

Cert Created By
ROMOC

Termination Date
N/A

Wait List Flag

Rights & Obligations | Rules & Regulations | Education for Second Authorized Representatives

Disqualification Start Date
N/A

Disqualification End Date
N/A

Disqualification Reason
N/A

Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Created By
E3 - E3-ELDERLY, NOT HOMEBOUND, NOT REC'V FS	2/3/2014	7/31/2014	25	N	Y			ROMOC

Print Reapply Form | Print Rights & Obligations | Signatures | Category Change | Extend Cert | Terminate Cert | Disqualify | Reinstate Cert | New Cert | Save | Reset

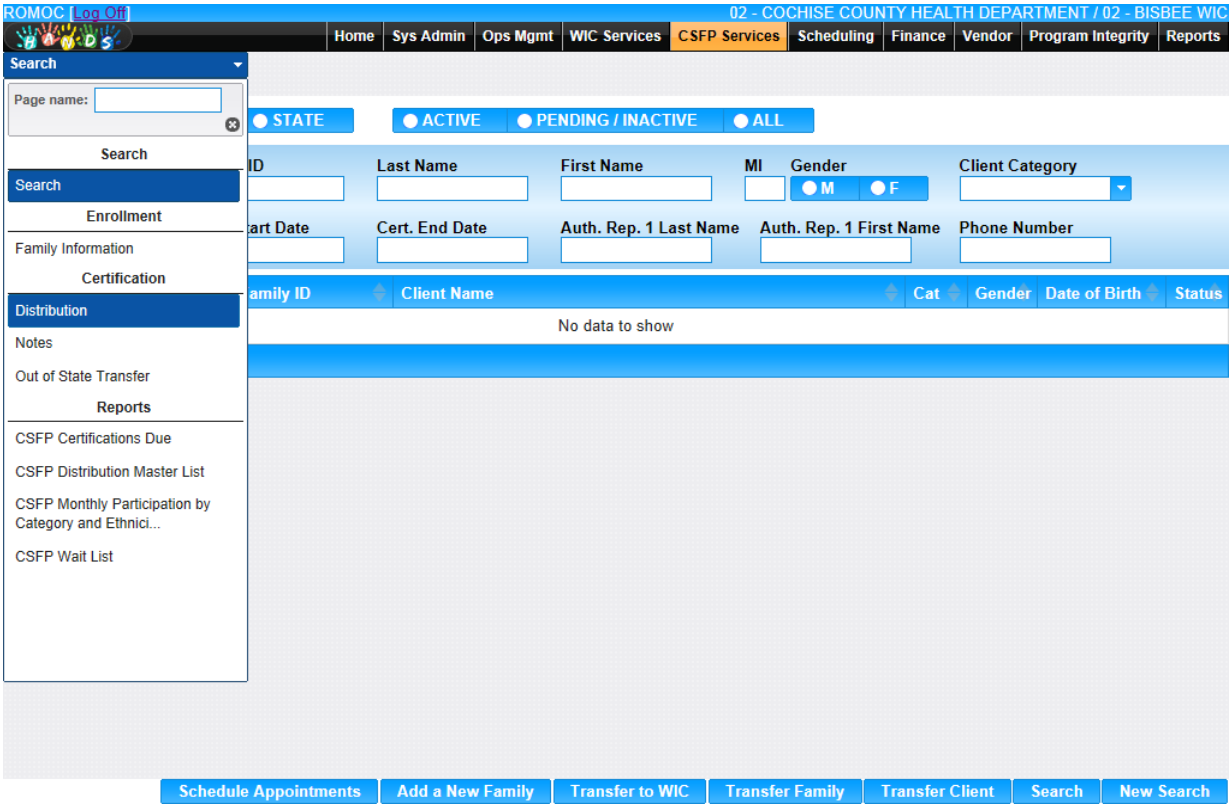
Module 11: Figure 18: CSFP Out of State Transfer Cert Action page after Saving a New Certification

9. The certification information displays on the page.

Distribution

If you distribute a food box after certifying a client, click the Distribution tab after the certification is complete.

If your location only distributes food boxes, you can go to the Distribution page from navigation drop down within the CSFP Services module. See Module 11: Figure 19 below.



Module 11: Figure 19: Navigating to the Distribution page

1. The Distribution page displays. The Local Agency and Distribution Site will Default to the Agency/Clinic you are logged into. See Module 11: Figure 20 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Distribution

*Local Agency (Issue Site): 02 - COCHISE COUNTY HEALTH DEPARTMENT

*Clinic (Distribution Site): 02 - BISBEE WIC

*Month: May

*Year: 2014

Pickup Date

Distribution Master List

Name	Date of Birth	Client ID	Category	Cert Start Date	Cert End Date	Pickup Date	Food Box	Nut Ed	Other	Extend
No data available!										

Scan History | Display List | Save | Reset

Module 11: Figure 20: Distribution page

2. If needed, change the Local Agency/Clinic, select the Month and Year and click the Display List button to see the Distribution Master List information. See Module 11: Figure 21 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Distribution

*Local Agency (Issue Site): 02 - COCHISE COUNTY HEALTH DEPARTMENT
*Clinic (Distribution Site): 02 - BISBEE WIC
*Month: May
*Year: 2014

Pickup Date

Distribution Master List

Name	Date of Birth	Client ID	Category	Cert Start Date	Cert End Date	Pickup Date	Food Box	Nut Ed	Other	Extend
3/13/14, E4	6/30/1212	1021402454	E4	3/13/2014	8/31/2014					
4/25/14, CSFP	4/26/1938	1021403241	E3	3/24/2014	9/30/2014					
ARANJO, BETTY	10/12/1922	43070009877	E3	2/21/2014	7/31/2014					
BLUE, OLE	3/12/1948	1021402705	E2	3/28/2014	8/31/2014					
BRIGGS, JODI E	9/3/1952	1021403132	E2	4/14/2014	9/30/2014					
BROOKS, MARY P	9/3/2009	1021401309	C4	1/22/2014	6/30/2014					
BUTTER, MILDRED A	9/3/1945	1021402191	E3	2/28/2014	7/31/2014					
CLUSTERS, KIM	1/23/1945	1021401562	E3	2/11/2014	7/31/2014					
CSFP, C1	7/30/2012	1021401298	C1	1/23/2014	6/30/2014					
CSFP, CHILD	7/7/2010	2021400797	C3	12/24/2013	5/31/2014					
CSFP, EXTEND	8/15/1945	2021402416	E3	12/6/2013	2/28/2015					
CSFP, TESTING	10/15/1989	2021402413	P	11/22/2013	8/31/2014					
CSFP1/23,	8/7/1945	2021401313	E3	1/23/2014	6/30/2014					

Scan History | Display List | Save | Reset

Module 11: Figure 21: Populated Distribution page

3. To enter a pickup date for multiple clients, enter a date in the Pickup Date field and select the Food Box check boxes next to the clients that picked up a box on that date. The pickup Date will populate for the clients selected. See Module 11: Figure 22 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Distribution

*Local Agency (Issue Site): 02 - COCHISE COUNTY HEALTH DEPARTMENT
*Clinic (Distribution Site): 02 - BISBEE WIC
*Month: Mar
*Year: 2014

Pickup Date: 03/07/2014

Distribution Master List

Name	Date of Birth	Client ID	Category	Cert Start Date	Cert End Date	Pickup Date	Food Box	Nut Ed	Other	Extend
ARANJO, BETTY	10/12/1922	43070009877	E3	2/21/2014	7/31/2014					
ARMSTRONG, BOBBY	9/6/2008	2021618226	C5	11/14/2013	4/30/2014					
BROOKS, MARY P	9/3/2009	1021401309	C4	1/22/2014	6/30/2014	03/07/2014	☑			
BUTTER, MILDRED A	9/3/1945	1021402191	E3	2/28/2014	7/31/2014					
CLUSTERS, KIM	1/23/1945	1021401562	E3	2/11/2014	7/31/2014					
CSFP, C1	7/30/2012	1021401298	C1	1/23/2014	6/30/2014	03/07/2014	☑			
CSFP, CHILD	7/7/2010	2021400797	C3	12/24/2013	5/31/2014					
CSFP1/23, ELDERLY	8/7/1945	2021401313	E3	1/23/2014	6/30/2014					
CSFP12/24, CHILD	8/8/2010	2021400796	C3	12/24/2013	5/31/2014	03/07/2014	☑			
CSFPNEWCLIENT, C1	6/30/2012	1021618523	C1	12/9/2013	5/31/2014					
CSFPNEWCLIENT, C2	6/30/2011	1021618524	C2	12/9/2013	5/31/2014					
CSFPNEWCLIENT, C3	6/30/2010	1021618525	C3	12/9/2013	5/31/2014					

Scan History | Scan | Display List | Save | Clear

Module 11: Figure 22: Selecting a Client on the Distribution page and Populating the Pick Up Date

4. If all participants on the list picked up a food box on that date you can select the check box next to the Food Box label and all Food Box check boxes will be checked and all Pickup Dates will be entered. See Module 11: Figure 23 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Distribution

*Local Agency (Issue Site): 02 - COCHISE COUNTY HEALTH DEPARTMENT
*Clinic (Distribution Site): 02 - BISBEE WIC
*Month: May
*Year: 2014

Pickup Date: 05/05/2014

Distribution Master List

Name	Date of Birth	Client ID	Category	Cert Start Date	Cert End Date	Pickup Date	Food Box	Nut Ed	Other	Extend
3/13/14, E4	6/30/1212	1021402454	E4	3/13/2014	8/31/2014		☐	☐	☐	☐
4/25/14, CSFP	4/26/1938	1021403241	E3	3/24/2014	9/30/2014		☐	☐	☐	☐
ARANJO, BETTY	10/12/1922	43070009877	E3	2/21/2014	7/31/2014		☐	☐	☐	☐
BLUE, OLE	3/12/1948	1021402705	E2	3/28/2014	8/31/2014	05/05/2014	☑	☐	☐	☐
BRIGGS, JODI E	9/3/1952	1021403132	E2	4/14/2014	9/30/2014		☐	☐	☐	☐
BROOKS, MARY P	9/3/2009	1021401309	C4	1/22/2014	6/30/2014		☐	☐	☐	☐
BUTTER, MILDRED A	9/3/1945	1021402191	E3	2/28/2014	7/31/2014		☐	☐	☐	☐
CLUSTERS, KIM	1/23/1945	1021401562	E3	2/11/2014	7/31/2014	05/05/2014	☑	☐	☐	☐
CSFP, C1	7/30/2012	1021401298	C1	1/23/2014	6/30/2014		☐	☐	☐	☐
CSFP, CHILD	7/7/2010	2021400797	C3	12/24/2013	5/31/2014		☐	☐	☐	☐
CSFP, EXTEND	8/15/1945	2021402416	E3	12/6/2013	2/28/2015	05/05/2014	☑	☐	☐	☑
CSFP, TESTING	10/15/1989	2021402413	P	11/22/2013	8/31/2014		☐	☐	☐	☐
CSFP1/23,	8/7/1945	2021401313	E3	1/23/2014	6/30/2014		☐	☐	☐	☐

Scan History | Display List | Save | Reset

Module 11: Figure 23: Checking the Food box Check box

5. Click the check box next to the Food Box label to de-select all the participants in the list. The pickup date will be removed. See Module 11: Figure 24 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Distribution

*Local Agency (Issue Site): 02 - COCHISE COUNTY HEALTH DEPARTMENT
*Clinic (Distribution Site): 02 - BISBEE WIC
*Month: Mar
*Year: 2014

Pickup Date: 03/07/2014

Distribution Master List

Name	Date of Birth	Client ID	Category	Cert Start Date	Cert End Date	Pickup Date	Food Box	Nut Ed	Other	Extend
ARANJO, BETTY	10/12/1922	43070009877	E3	2/21/2014	7/31/2014	03/07/2014	☑	☐	☐	☐
ARMSTRONG, BOBBY	9/6/2008	2021618226	C5	11/14/2013	4/30/2014	03/07/2014	☑	☐	☐	☐
BROOKS, MARY P	9/3/2009	1021401309	C4	1/22/2014	6/30/2014	03/07/2014	☑	☐	☐	☐
BUTTER, MILDRED A	9/3/1945	1021402191	E3	2/28/2014	7/31/2014	03/07/2014	☑	☐	☐	☐
CLUSTERS, KIM	1/23/1945	1021401562	E3	2/11/2014	7/31/2014	03/07/2014	☑	☐	☐	☐
CSFP, C1	7/30/2012	1021401298	C1	1/23/2014	6/30/2014	03/07/2014	☑	☐	☐	☐
CSFP, CHILD	7/7/2010	2021400797	C3	12/24/2013	5/31/2014	03/07/2014	☑	☐	☐	☐
CSFP1/23, ELDERLY	8/7/1945	2021401313	E3	1/23/2014	6/30/2014	03/07/2014	☑	☐	☐	☐
CSFP12/24, CHILD	8/8/2010	2021400796	C3	12/24/2013	5/31/2014	03/07/2014	☑	☐	☐	☐
CSFPNEWCLIENT, C1	6/30/2012	1021618523	C1	12/9/2013	5/31/2014	03/07/2014	☑	☐	☐	☐
CSFPNEWCLIENT, C2	6/30/2011	1021618524	C2	12/9/2013	5/31/2014	03/07/2014	☑	☐	☐	☐
CSFPNEWCLIENT, C3	6/30/2010	1021618525	C3	12/9/2013	5/31/2014	03/07/2014	☑	☐	☐	☐

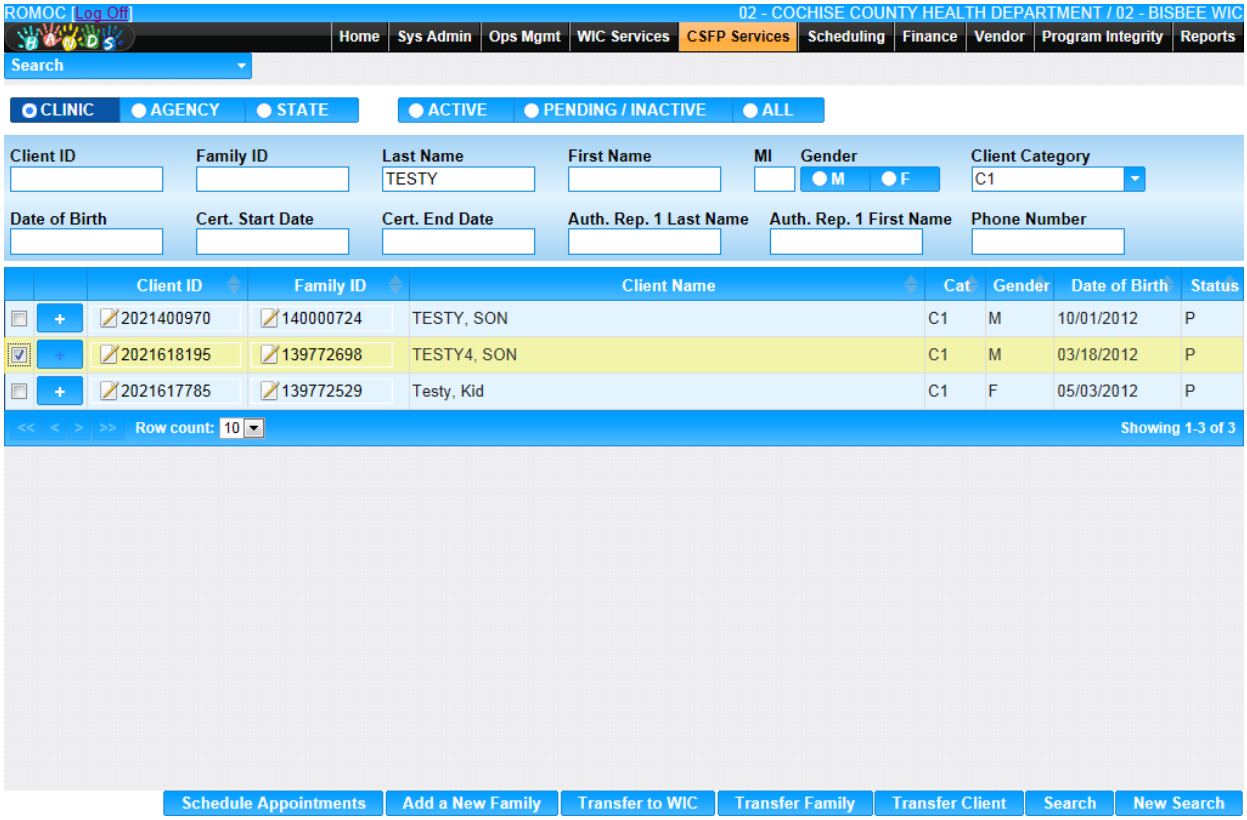
Scan History | Scan | Display List | Save | Clear

Module 11: Figure 24: Selecting and de-selecting the Food Box check box for all Participants on the page

6. Click save once all pickup information has been entered.

Transfer Programs

HANDS allows you to transfer a client from one program to another WIC to CSFP or CSFP to WIC. You can only do a program transfer from the Search Page within the module you want to transfer the client from. See Module 11: Figure 25 below.

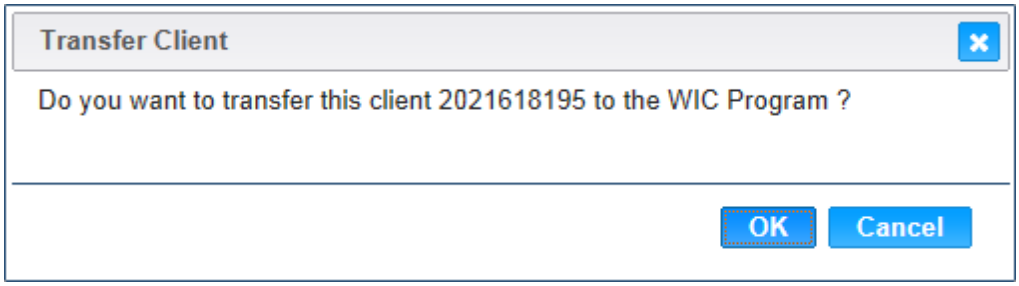


Module 11: Figure 25: Selecting a Client to Transfer between Programs

1. From the Search Page, find the client you want to transfer.

2. Select the check box to the left of the Client.

3. Click the Transfer to WIC button. See Module 11: Figure 26 below.



Module 11: Figure 26: Transfer Client between Programs window

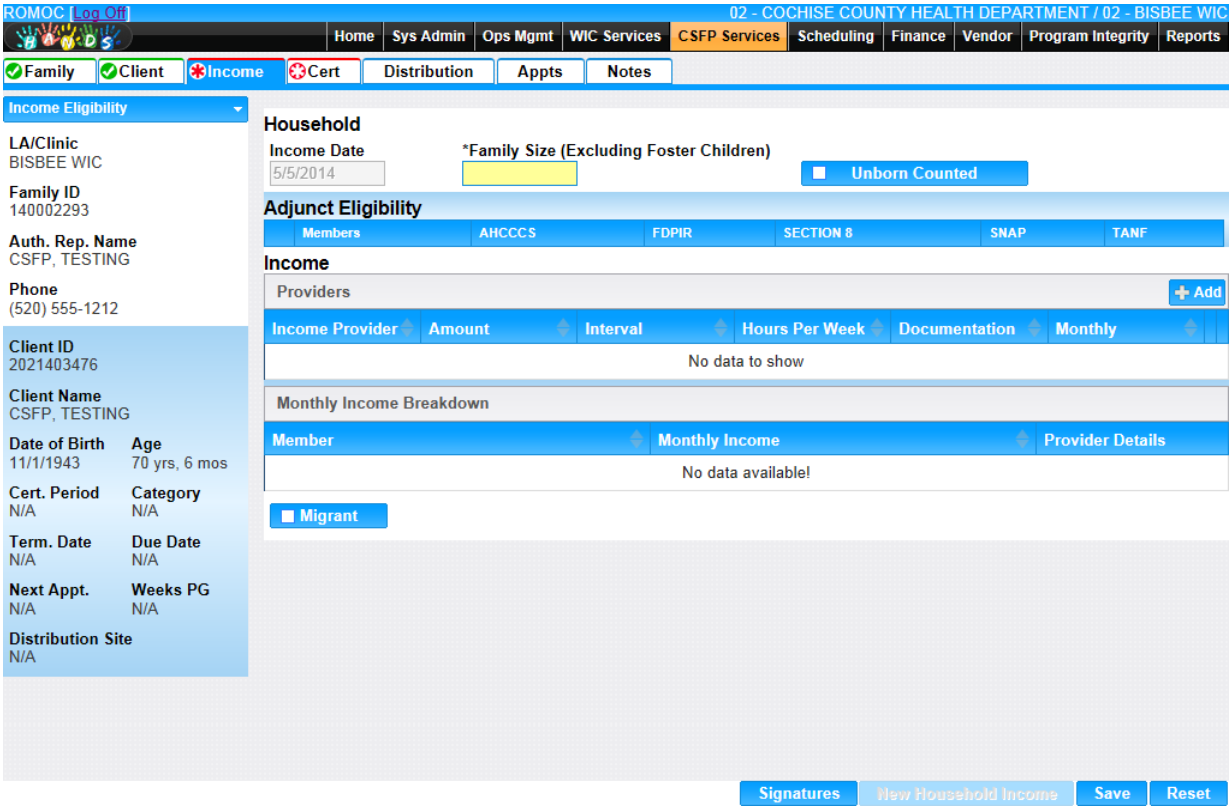
4. A confirmation message will appear. Click OK to continue the transfer or click Cancel to end the process.

5. After clicking OK a confirmation message will display stating the transfer was successful. See Module 11: Figure 27 below.

Module 11: Figure 27: Transfer Client between Programs Confirmation window

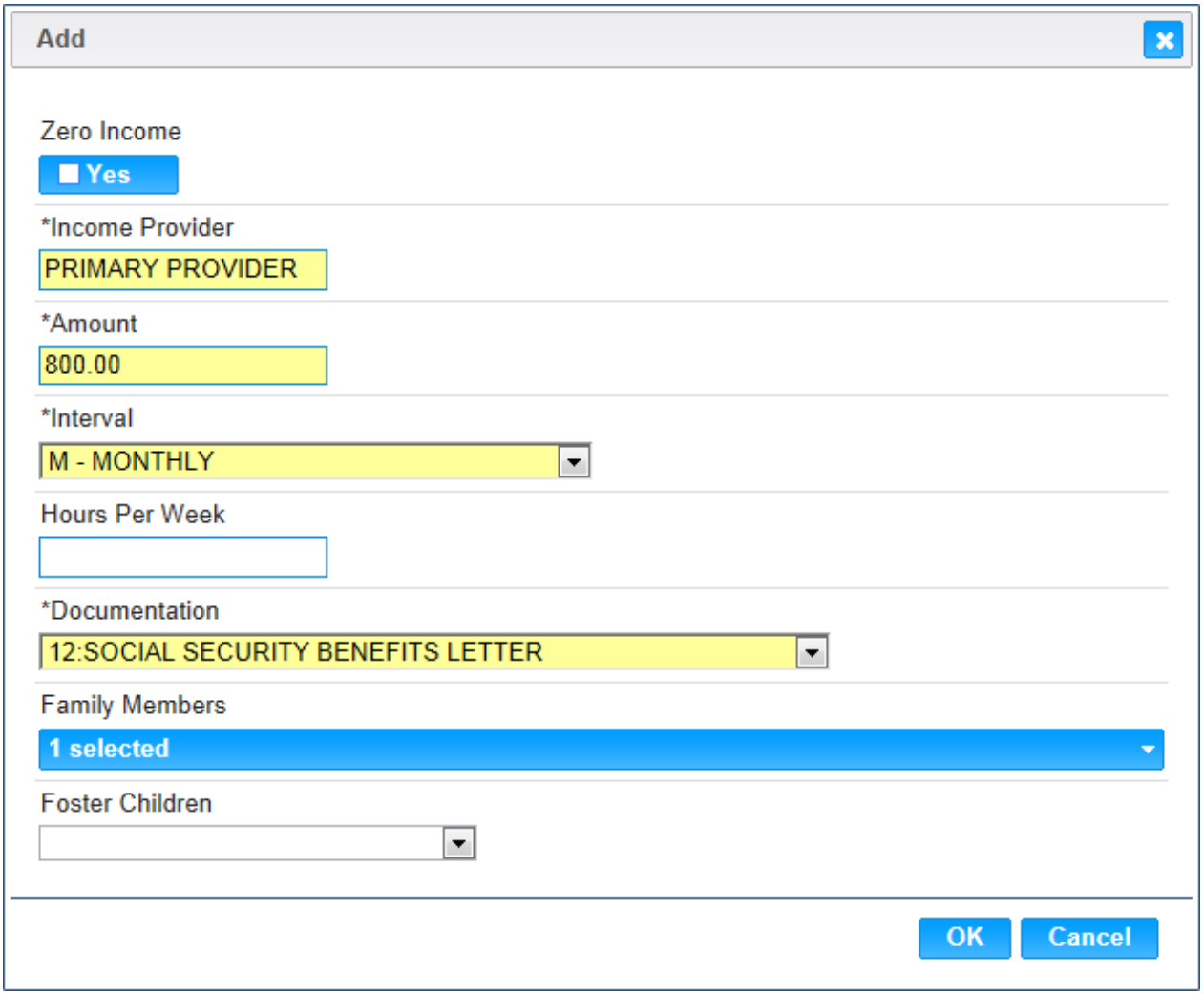
CSFP Income

Once the Family and Client(s) has been added within the CSFP module, you will need to navigate to the Income page to document the income. From the Client page, click on the Income tab at the top of the page. See Module 11: Figure 28 below.



Module 11: Figure 28: CSFP Income page

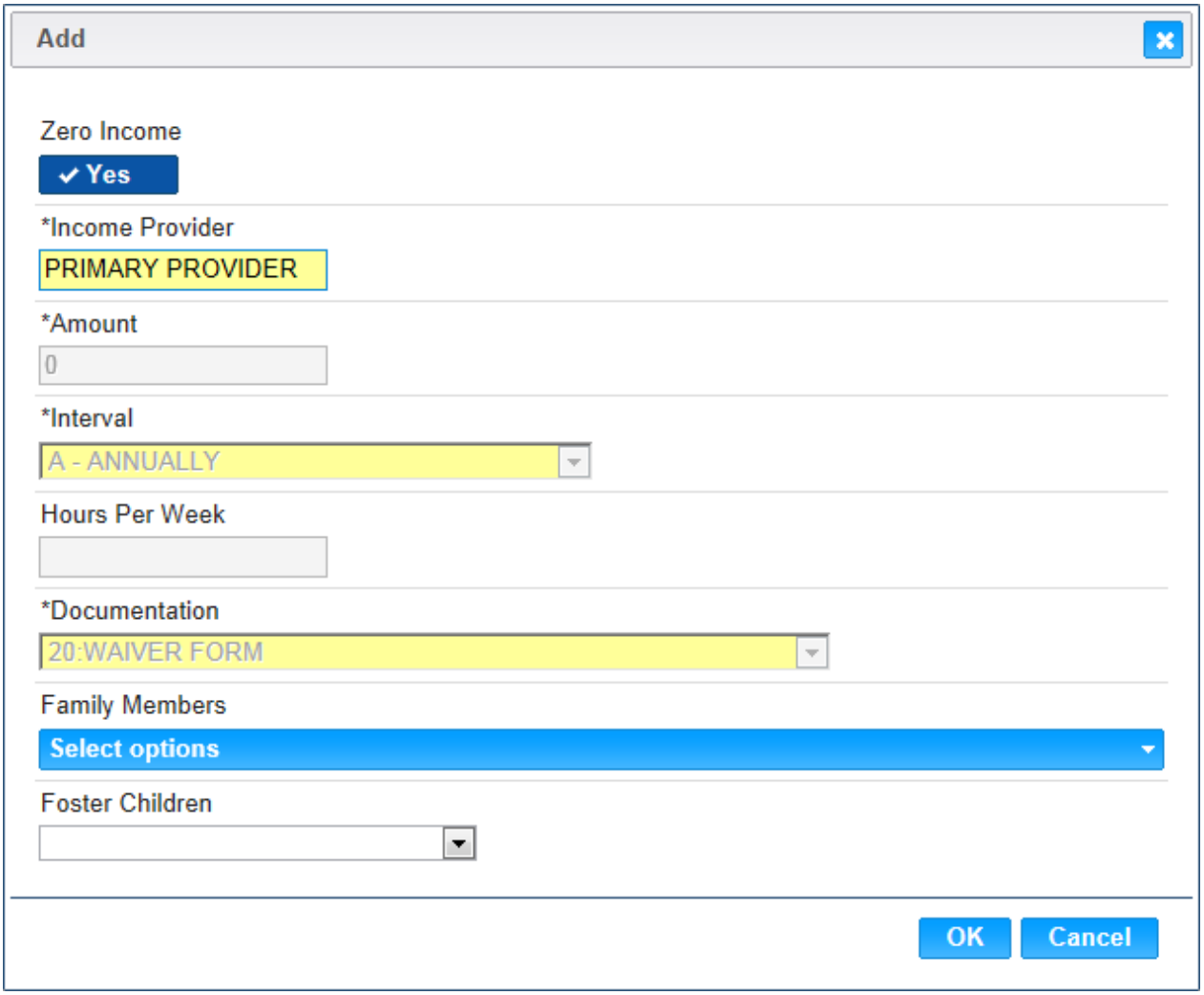
1. Enter the Family Size and add an income record by selecting the Add button in the Income grid. See Module 11: Figure 29 below.



Module 11: Figure 29: CSFP Add a New Income window

2. Enter income information and select the Family Members the income should be applied to from the drop down list.

3. Click the Zero Income check box if you are documenting Zero Income. You can change the Income Provider name and select the Family Members from the drop down list. See Module 11: Figure 30 below.



Module 11: Figure 30: CSFP Adding Zero Income window

4. Click OK when complete or click Cancel to close the window without keeping any of the information entered.

5. The income record will display in the Income grid and the Monthly Income Breakdown grid will display the calculated monthly income for each family member where income was applied. See Module 11: Figure 31 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Distribution | Appts | Notes

Income Eligibility

LA/Clinic
BISBEE WIC

Family ID
140002293

Auth. Rep. Name
CSFP, TESTING

Phone
(520) 555-1212

Client ID
2021403476

Client Name
CSFP, TESTING

Date of Birth 11/1/1943 | Age 70 yrs, 6 mos

Cert. Period N/A | Category N/A

Term. Date N/A | Due Date N/A

Next Appt. N/A | Weeks PG N/A

Distribution Site
N/A

Household

Income Date 5/5/2014 | *Family Size (Excluding Foster Children) 1 | Unborn Counted

Adjunct Eligibility

Members	AHCCCS	FDPIR	SECTION 8	SNAP	TANF

Income

Providers | Add

Income Provider	Amount	Interval	Hours Per Week	Documentation	Monthly
PRIMARY PROVIDER	$800.00	M - MONTHLY		12:SOCIAL SECURITY BENEFITS LETTER	$800.00

Monthly Income Breakdown

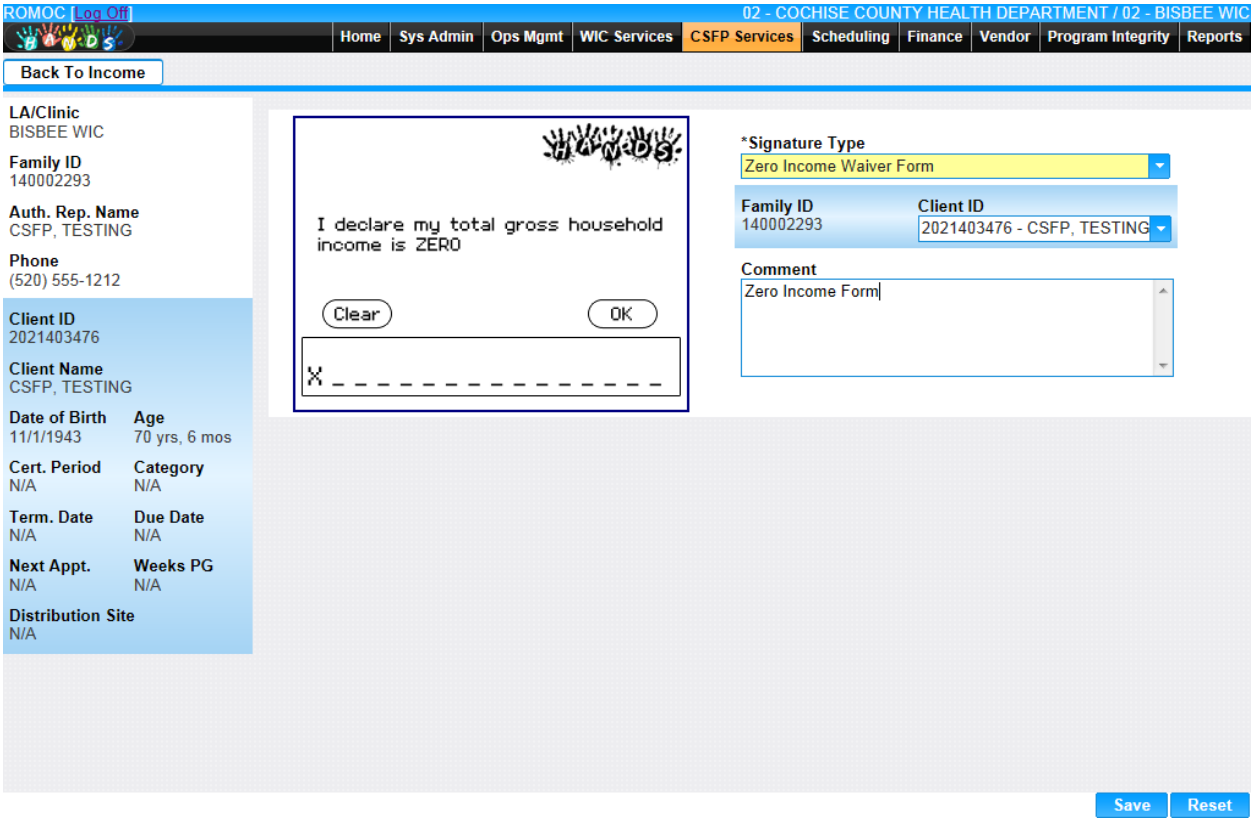
Member	Monthly Income	Provider Details
CSFP, TESTING	$800.00	Details

Migrant

Signatures | New Household Income | Save | Reset

Module 11: Figure 31: CSFP Saving Income display

6. If Zero Income was selected on the Income record, click the Get Signature button to collect the client signature on the signature pad. See Module 11: Figure 32 below.



Module 11: Figure 32: CSFP Capturing Zero Income Signature

7. Once the client signs the signature pad, click Save.

8. Click the Save button on the Income page to save the information entered.

CSFP Certification

The Cert Action page is where you will be able to certify a client, terminate a certification, extend a certification or reinstate a certification.

To Certify a Client

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Distribution | Appts | Notes

Certification Action

LA/Clinic
BISBEE WIC

Family ID
140002293

Auth. Rep. Name
CSFP, TESTING

Phone
(520) 555-1212

Client ID
2021403476

Client Name
CSFP, TESTING

Date of Birth 11/1/1943 | Age 70 yrs, 6 mos

Cert. Period N/A | Category N/A

Term. Date N/A | Due Date N/A

Next Appt. N/A | Weeks PG N/A

Distribution Site
N/A

*Distribution Site | *Category | Client Not Present

Reason Client Not Present

Last Menstrual Period | Expected Delivery Date | Actual Delivery Date

Cert Start Date 5/5/2014 | Cert End Date N/A | Duration (Weeks) N/A

Cert Created By N/A | Termination Date N/A | Wait List Flag

Rights & Obligations | Rules & Regulations | Education for Second Authorized Representatives

Disqualification Start Date N/A | Disqualification End Date N/A | Disqualification Reason N/A

Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Created By
No data available!								

Print Reapply Form | Print Rights & Obligations | Signatures | New Cert | Save | Reset

Module 11: Figure 33: CSFP Cert Action page

1. Select the Cert tab at the top of the page. See Module 11: Figure 33 above.

2. A client will already be selected in the active record. The Cert Start Date will be defaulted to the current date.

3. Rights & Obligations and Rules & Regulations check boxes are located on this page.

4. Fill out the information on the page and click Save. Once the page is saved the Category and Cert. Period data will populate in the active record and the certification information will display in the Certifications grid on the page. See Module 11: Figure 34 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Distribution | Appts | Notes

Certification Action

LA/Clinic
BISBEE WIC

Family ID
140002293

Auth. Rep. Name
CSFP, TESTING

Phone
(520) 555-1212

Client ID
2021403476

Client Name
CSFP, TESTING

Date of Birth 11/1/1943 | Age 70 yrs, 6 mos

Cert. Period 5/5/2014 - 10/31/2014 | Category E3

Term. Date N/A | Due Date N/A

Next Appt. N/A | Weeks PG N/A

Distribution Site
BISBEE WIC

*Distribution Site: 02 - BISBEE WIC

*Category: E3 (E3-ELDERLY, NOT HOME

Client Not Present

Reason Client Not Present

Last Menstrual Period | Expected Delivery Date | Actual Delivery Date

Cert Start Date 5/5/2014 | Cert End Date 10/31/2014 | Duration (Weeks) 25

Cert Created By ROMOC | Termination Date N/A | Wait List Flag

Rights & Obligations | Rules & Regulations | Education for Second Authorized Representatives

Disqualification Start Date N/A | Disqualification End Date N/A | Disqualification Reason N/A

Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Created By
E3 - E3-ELDERLY, NOT HOMEBOUND, NOT REC'V FS	5/5/2014	10/31/2014	25	N	Y			ROMOC

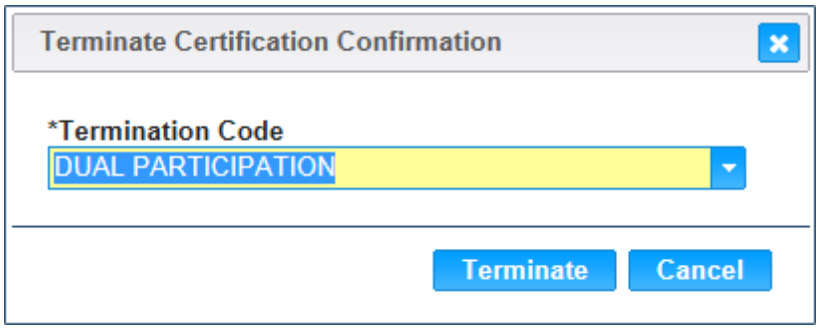
Print Reapply Form | Print Rights & Obligations | Signatures | Category Change | Extend Cert | Terminate Cert | Disqualify | Reinstate Cert | New Cert | Save | Reset

Module 11: Figure 34: CSFP Saving a Certification display

To Terminate a Certification

1. On the Cert Action page, select the client to terminate from the active record.

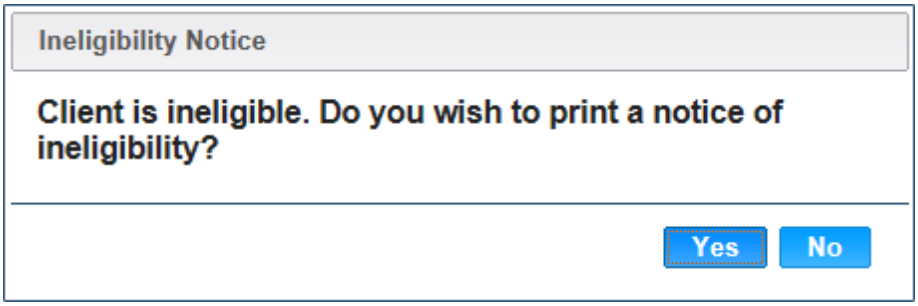
2. Click the Terminate Cert button, the Terminate Certification Confirmation displays. See Module 11: Figure 35 below.



Module 11: Figure 35: Selecting Termination Code window

3. Select a Termination Code from the drop down list and click Terminate.

4. A message will display asking if you would like to print the Ineligibility Notice. See Module 11: Figure 36 below.



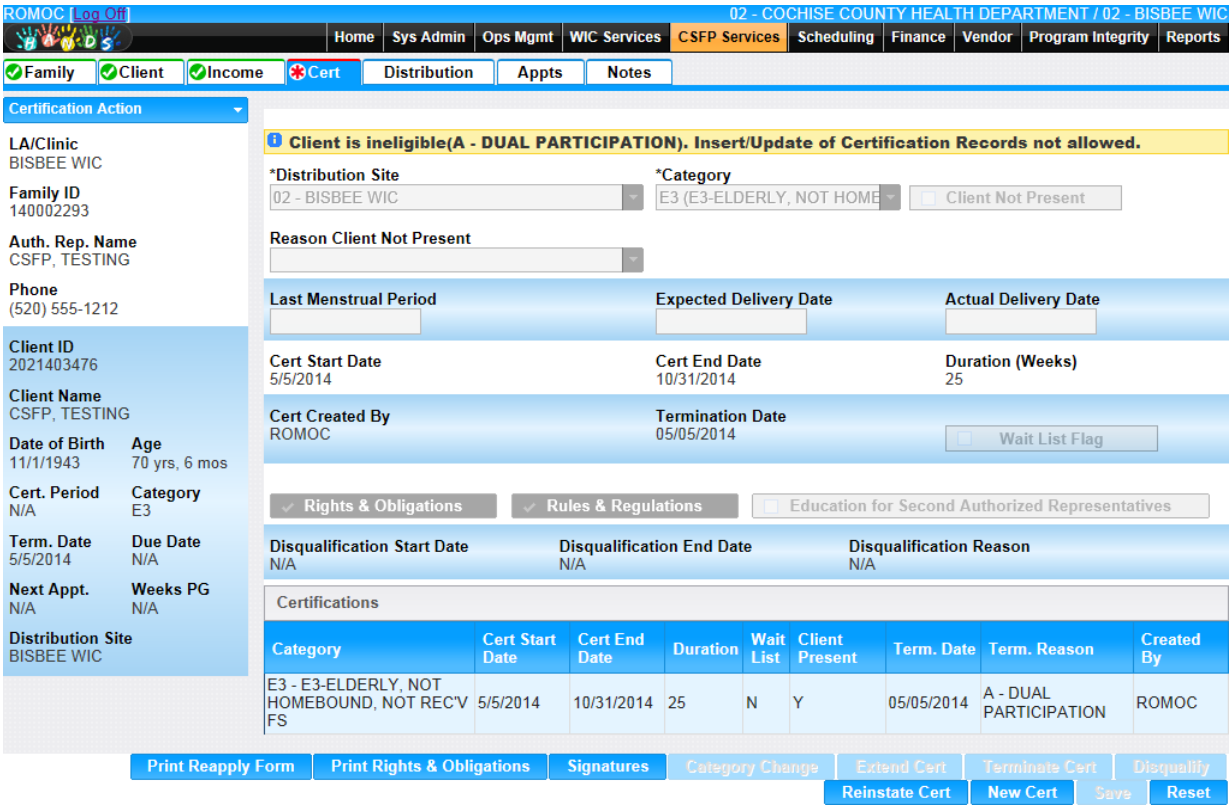
Module 11: Figure 36: CSFP Print Ineligibility Notice window

5. Click Yes to print the notice or click No to continue without printing the notice.

6. The Cert Action page will display the Term. Date and Term. Reason for the client.

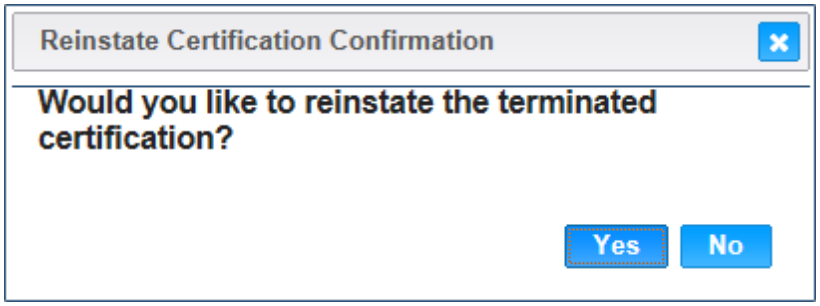
To Reinstate a Client

1. On the Cert Action page, select the client to reinstate from the active record. See Module 11: Figure 37 below.



Module 11: Figure 37: CSFP Terminated Client Cert Action page

2. Click the Reinstate Cert. button, the Reinstate Certification Confirmation displays. See Module 11: Figure 38 below.



Module 11: Figure 38: Reinstate Certification window

3. Click Yes to reinstate the certification or click No to cancel the reinstate process.

4. After clicking Yes, you will receive the Save confirmation message.

5. The Term Date and the Term Reason will no longer be populated on the Cert Action page.

To Extend a Certification

There are two ways to extend a certification in CSFP. On the Cert Action page and on the Distribution List page for elderly categories only.

From Cert Action

1. On the Cert Action page, select the client to extend from the active record. See Module 11: Figure 39 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Distribution | Appts | Notes

Certification Action

LA/Clinic
BISBEE WIC

Family ID
140002293

Auth. Rep. Name
CSFP, TESTING

Phone
(520) 555-1212

Client ID
2021403476

Client Name
CSFP, TESTING

Date of Birth
11/1/1943

Age
70 yrs, 6 mos

Cert. Period
5/5/2014 - 10/31/2014

Category
E3

Term. Date
N/A

Due Date
N/A

Next Appt.
N/A

Weeks PG
N/A

Distribution Site
BISBEE WIC

*Distribution Site
02 - BISBEE WIC

*Category
E3 (E3-ELDERLY, NOT HOME

Client Not Present

Reason Client Not Present

Last Menstrual Period

Expected Delivery Date

Actual Delivery Date

Cert Start Date
5/5/2014

Cert End Date
10/31/2014

Duration (Weeks)
25

Cert Created By
ROMOC

Termination Date
N/A

Wait List Flag

Rights & Obligations | Rules & Regulations | Education for Second Authorized Representatives

Disqualification Start Date
N/A

Disqualification End Date
N/A

Disqualification Reason
N/A

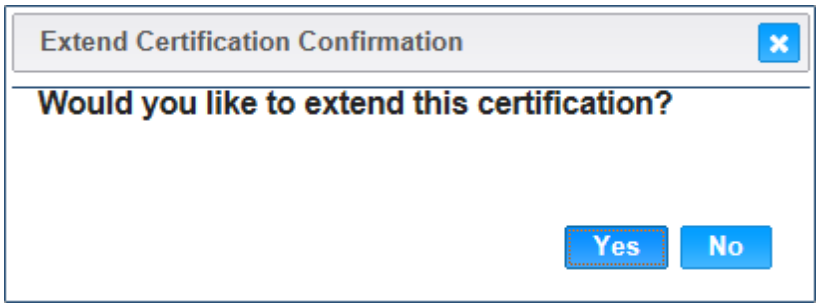
Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Created By
E3 - E3-ELDERLY, NOT HOMEBOUND, NOT REC'V FS	5/5/2014	10/31/2014	25	N	Y			ROMOC

Print Reapply Form | Print Rights & Obligations | Signatures | Category Change | Extend Cert | Terminate Cert | Disqualify | Reinstate Cert | New Cert | Save | Reset

Module 11: Figure 39: CSFP Cert Action page

2. Click the Extend Cert button, the extend Certification Confirmation displays. See Module 11: Figure 40 below.



Module 11: Figure 40: Extending Certification Confirmation window

3. Click Yes to extend the certification or click No to cancel the extend certification process.

4. You will receive the Save successful message and the Cert End Date is extended.

From the Distribution List

1. Navigate to the Distribution List and select the Local Agency, Clinic, Month, and Year. Click the Display List button. See Module 11: Figure 41 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Distribution | Appts | Notes

Distribution

LA/Clinic
BISBEE WIC

Family ID
140002293

Auth. Rep. Name
CSFP, TESTING

Phone
(520) 555-1212

Client ID
2021403476

Client Name
CSFP, TESTING

Date of Birth
11/1/1943

Age
70 yrs, 6 mos

Cert. Period
5/5/2014 - 10/31/2014

Category
E3

Term. Date
N/A

Due Date
N/A

Next Appt.
N/A

Weeks PG
N/A

Distribution Site
BISBEE WIC

*Local Agency (Issue Site): 02 - COCHISE COUNTY HEALTH DEPARTMEN
*Clinic (Distribution Site): 02 - BISBEE WIC
*Month: May
*Year: 2014

Pickup Date

Distribution Master List

Name	Date of Birth	Client ID	Category	Cert Start Date	Cert End Date	Pickup Date	Food Box	Nut Ed	Other	Extend
3/13/14, E4	6/30/1212	1021402454	E4	3/13/2014	8/31/2014					
4/25/14, CSFP	4/26/1938	1021403241	E3	3/24/2014	9/30/2014					
ARANJO, BETTY	10/12/1922	43070009877	E3	2/21/2014	7/31/2014					
BLUE, OLE	3/12/1948	1021402705	E2	3/28/2014	8/31/2014					
BRIGGS, JODI E	9/3/1952	1021403132	E2	4/14/2014	9/30/2014					
BROOKS, MARY P	9/3/2009	1021401309	C4	1/22/2014	6/30/2014					
BUTTER, MILDRED A	9/3/1945	1021402191	E3	2/28/2014	7/31/2014					
CLUSTERS, KIM	1/23/1945	1021401562	E3	2/11/2014	7/31/2014					
CSFP, C1	7/30/2012	1021401298	C1	1/23/2014	6/30/2014					
CSFP, CHILD	7/7/2010	2021400797	C3	12/24/2013	5/31/2014					
CSFP, EXTEND	8/15/1945	2021402416	E3	12/6/2013	2/28/2015					☑
CSFP, TESTING	10/15/1989	2021402413	P	11/22/2013	8/31/2014					

Scan History | Display List | Save | Reset

Module 11: Figure 41: Distribution page

2. In the Extend column, click the check box for the client you want to extend.

3. Click Save.

4. The save successful message displays and the Distribution List is updates with the certification extension date. See Module 11: Figure 42 below.

CSFP, TESTING	11/1/1943	2021403476	E3	5/5/2014	4/30/2015					☑
CSFP1/23, ELDERLY	8/7/1945	2021401313	E3	1/23/2014	6/30/2014					
CSFP12/24, CHILD	8/8/2010	2021400796	C3	12/24/2013	5/31/2014					

Module 11: Figure 42: Extending Certification on Distribution page display

CSFP Distribution

The Distribution page is used to document what participants have picked up a food box for a particular Agency/Distribution Site for a particular Month/Year. The Distribution page duplicates what is printed on the Distribution Master List Report. Participants are sorted by the last name alphabetically.

You must be in the CSFP module to access the Distribution page. There are two ways to get to the Distribution page.

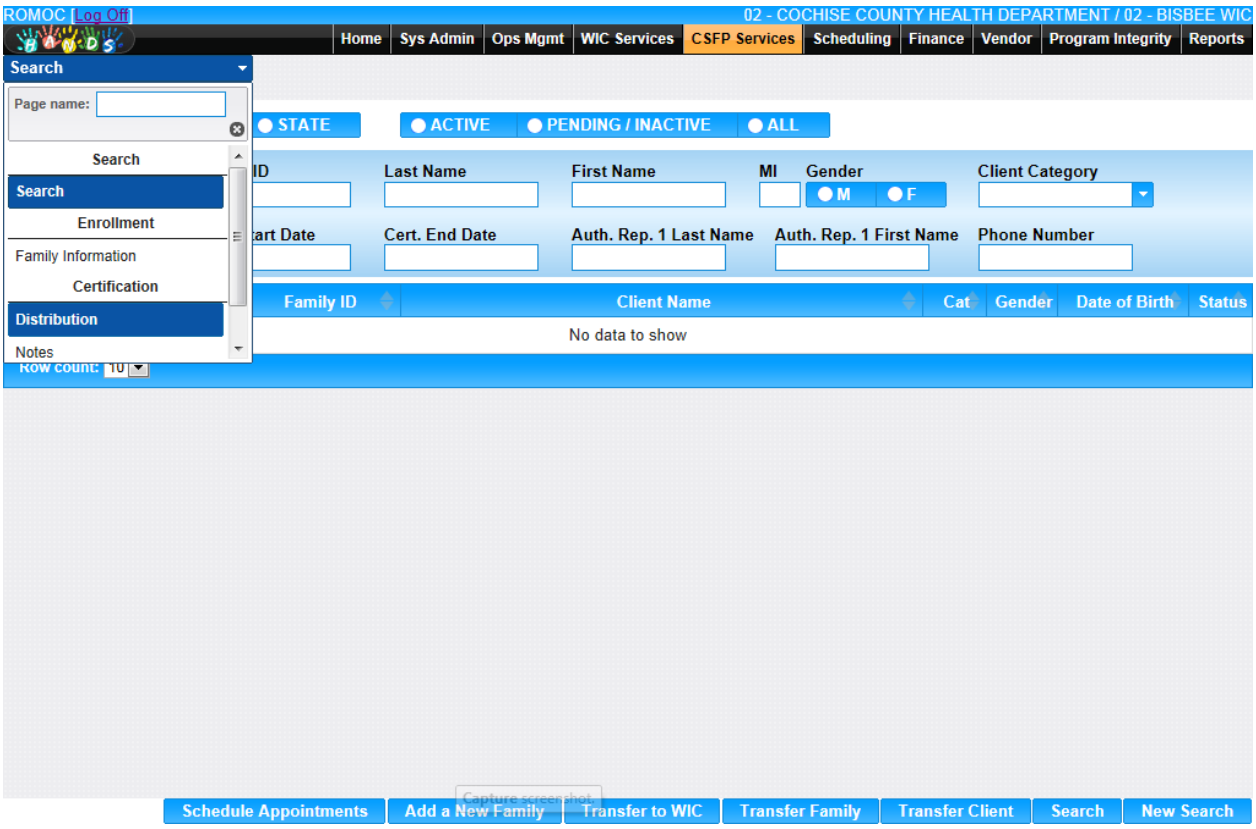
From within a Client record:

1. In the CSFP module, search for a client.

2. Click on a CSFP client to go to the record.

3. Click on the Distribution tab at the top of the page.

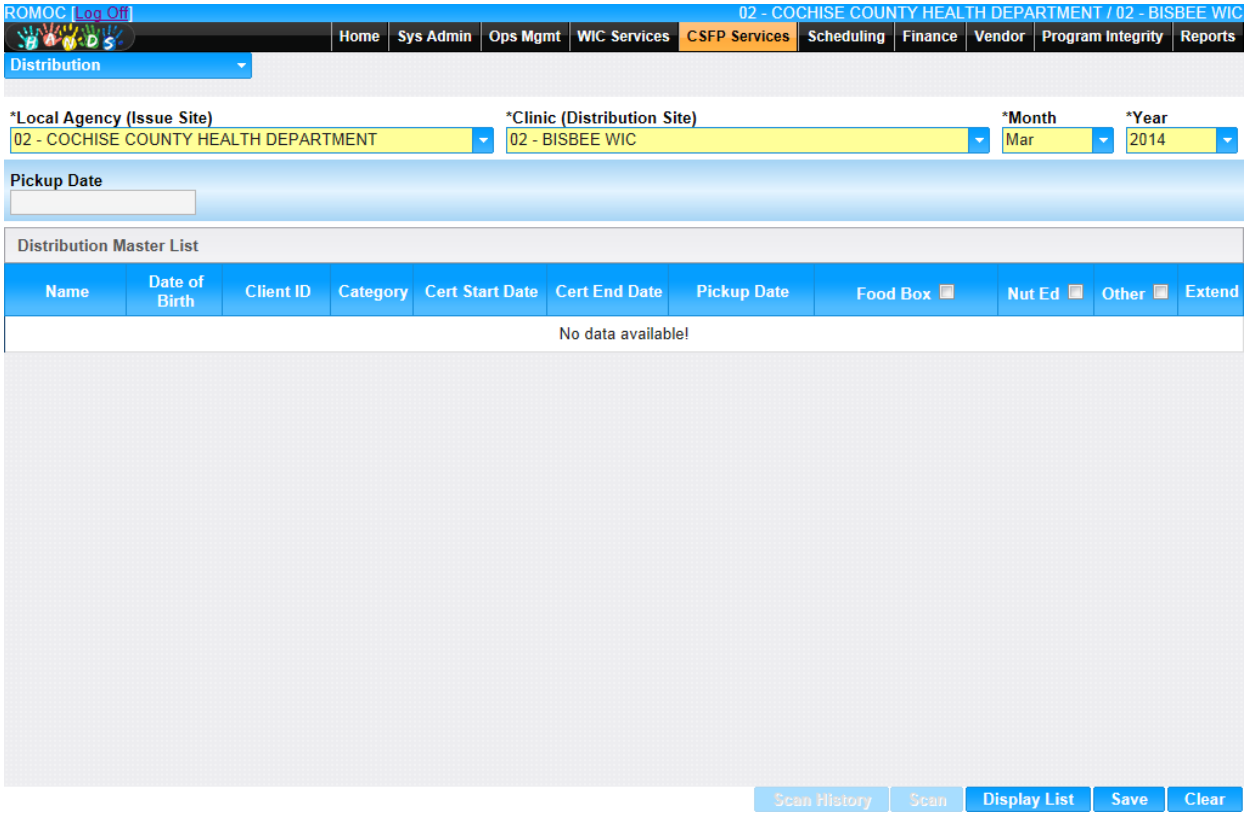
From CSFP Services main page:



Module 11: Figure 43: Navigating to the Distribution page

1. In the CSFP Services module click on the navigation drop down list and click Distribution. See Module 11: Figure 43 above.

2. The Distribution page displays with the Local Agency/Clinic (Distribution Site) defaulted to the logged in Agency/Clinic. The Month and Year fields default to the current month and year. See Module 11: Figure 44 below.



Module 11: Figure 44: Distribution page

3. Once the correct information is selected, click the Display List button.

4. All participants assigned to the site that can pick up a food box will display in the list. See Module 11: Figure 45 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Distribution

*Local Agency (Issue Site): 02 - COCHISE COUNTY HEALTH DEPARTMENT
*Clinic (Distribution Site): 02 - BISBEE WIC
*Month: Mar
*Year: 2014

Pickup Date

Distribution Master List

Name	Date of Birth	Client ID	Category	Cert Start Date	Cert End Date	Pickup Date	Food Box	Nut Ed	Other	Extend
ARANJO, BETTY	10/12/1922	43070009877	E3	2/21/2014	7/31/2014					
ARMSTRONG, BOBBY	9/6/2008	2021618226	C5	11/14/2013	4/30/2014					
BROOKS, MARY P	9/3/2009	1021401309	C4	1/22/2014	6/30/2014					
BUTTER, MILDRED A	9/3/1945	1021402191	E3	2/28/2014	7/31/2014					
CLUSTERS, KIM	1/23/1945	1021401562	E3	2/11/2014	7/31/2014					
CSFP, C1	7/30/2012	1021401298	C1	1/23/2014	6/30/2014					
CSFP, C1	12/4/2012	2021402415	C1	11/22/2013	4/30/2014					
CSFP, C2	1/29/2012	2021402414	C2	11/22/2013	4/30/2014					
CSFP, CHILD	7/7/2010	2021400797	C3	12/24/2013	5/31/2014					
CSFP, EXTEND	8/15/1945	2021402416	E3	12/6/2013	2/28/2015					
CSFP, TEST	1/29/1945	2021402402	E3	3/11/2014	8/31/2014					
CSFP, TESTING	10/15/1989	2021402413	P	11/22/2013	8/31/2014					
CSFP1/23,										

Scan History | Scan | Display List | Save | Clear

Module 11: Figure 45: Populated Distribution page

5. If all or more than one participant on the list picked up a food box on the same date, you can enter a date in the Pickup Date field. The Pickup Date must be within the month and year of the displayed list.

6. If all the participants on the list picked up a food box on the date entered, select the check box next to the Food Box label in the grid. The check boxes for all the participants will be selected and the Pickup Date field for each client will be populated with the Pickup Date entered at the top of the page. See Module 11: Figure 46 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Distribution

*Local Agency (Issue Site): 02 - COCHISE COUNTY HEALTH DEPARTMENT
*Clinic (Distribution Site): 02 - BISBEE WIC
*Month: Mar
*Year: 2014

Pickup Date: 03/04/2014

Distribution Master List

Name	Date of Birth	Client ID	Category	Cert Start Date	Cert End Date	Pickup Date	Food Box	Nut Ed	Other	Extend
ARANJO, BETTY	10/12/1922	43070009877	E3	2/21/2014	7/31/2014	03/04/2014	☑	☐	☐	☐
ARMSTRONG, BOBBY	9/6/2008	2021618226	C5	11/14/2013	4/30/2014	03/04/2014	☑	☐	☐	☐
BROOKS, MARY P	9/3/2009	1021401309	C4	1/22/2014	6/30/2014	03/04/2014	☑	☐	☐	☐
BUTTER, MILDRED A	9/3/1945	1021402191	E3	2/28/2014	7/31/2014	03/04/2014	☑	☐	☐	☐
CLUSTERS, KIM	1/23/1945	1021401562	E3	2/11/2014	7/31/2014	03/04/2014	☑	☐	☐	☐
CSFP, C1	7/30/2012	1021401298	C1	1/23/2014	6/30/2014	03/04/2014	☑	☐	☐	☐
CSFP, C1	12/4/2012	2021402415	C1	11/22/2013	4/30/2014	03/04/2014	☑	☐	☐	☐
CSFP, C2	1/29/2012	2021402414	C2	11/22/2013	4/30/2014	03/04/2014	☑	☐	☐	☐
CSFP, CHILD	7/7/2010	2021400797	C3	12/24/2013	5/31/2014	03/04/2014	☑	☐	☐	☐
CSFP, EXTEND	8/15/1945	2021402416	E3	12/6/2013	2/28/2015	03/04/2014	☑	☐	☐	☑
CSFP, TEST	1/29/1945	2021402402	E3	3/11/2014	8/31/2014	03/04/2014	☑	☐	☐	☐
CSFP, TESTING	10/15/1989	2021402413	P	11/22/2013	8/31/2014	03/04/2014	☑	☐	☐	☐
CSFP1/23,	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Scan History | Scan | Display List | Save | Clear

Module 11: Figure 46: Populating the Pick Up Date for all Clients on the Distribution page

7. Once the Food Box check box is selected for a participant, the Nut Ed and Other check boxes will be enabled for selection. If the client received Nut Ed or any other materials, select those check boxes for the client(s) or select the check boxes next to the label to select the box for all participants.

8. To document the food box pickup for specific clients, you can select the Food Box check box on each participant line.

9. The Pickup Date field for the Food Box check box selected will be filled in for that participant.

10. To remove the Food Box check boxes and Pickup Date from all the clients, select the check box next to the Food Box label again. See Module 11: Figure 47 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Distribution

*Local Agency (Issue Site): 02 - COCHISE COUNTY HEALTH DEPARTMENT
*Clinic (Distribution Site): 02 - BISBEE WIC
*Month: Mar
*Year: 2014

Pickup Date: 03/04/2014

Distribution Master List

Name	Date of Birth	Client ID	Category	Cert Start Date	Cert End Date	Pickup Date	Food Box	Nut Ed	Other	Extend
ARANJO, BETTY	10/12/1922	43070009877	E3	2/21/2014	7/31/2014					
ARMSTRONG, BOBBY	9/6/2008	2021618226	C5	11/14/2013	4/30/2014					
BROOKS, MARY P	9/3/2009	1021401309	C4	1/22/2014	6/30/2014					
BUTTER, MILDRED A	9/3/1945	1021402191	E3	2/28/2014	7/31/2014	03/04/2014	✓			
CLUSTERS, KIM	1/23/1945	1021401562	E3	2/11/2014	7/31/2014					
CSFP, C1	7/30/2012	1021401298	C1	1/23/2014	6/30/2014					
CSFP, C1	12/4/2012	2021402415	C1	11/22/2013	4/30/2014	03/04/2014	✓			
CSFP, C2	1/29/2012	2021402414	C2	11/22/2013	4/30/2014					
CSFP, CHILD	7/7/2010	2021400797	C3	12/24/2013	5/31/2014					
CSFP, EXTEND	8/15/1945	2021402416	E3	12/6/2013	2/28/2015	03/04/2014	✓			✓
CSFP, TEST	1/29/1945	2021402402	E3	3/11/2014	8/31/2014	03/04/2014	✓			
CSFP, TESTING	10/15/1989	2021402413	P	11/22/2013	8/31/2014					
CSFP1/23,										

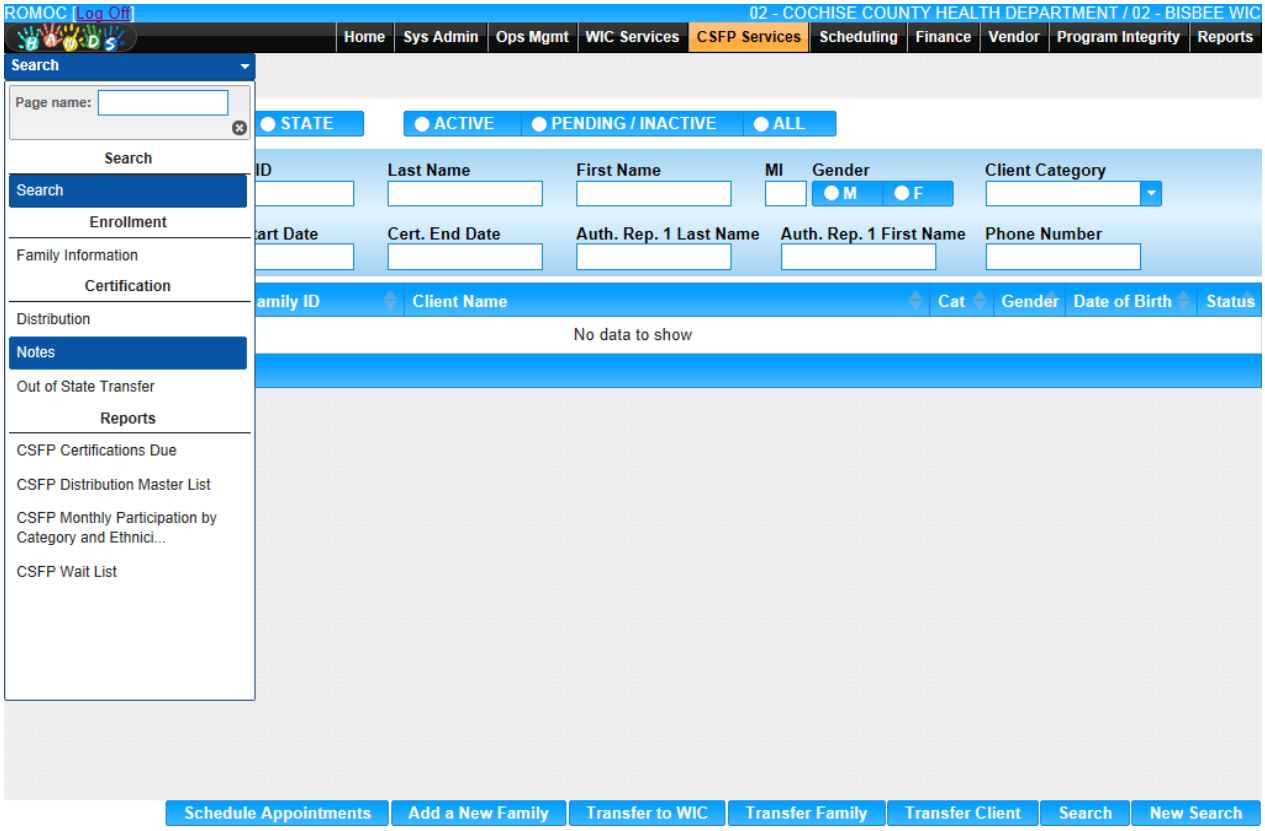
Scan History | Scan | Display List | Save | Clear

Module 11: Figure 47: Deselecting all Clients on the Distribution page

11. If the client received Nut Ed or any other materials, select those check boxes for the client(s).

CSFP Notes

The Notes page is used for documenting notes for a particular client. You can access the Notes page from the navigation drop down in CSFP Services, or you can click on the Notes tab while you are in a CSFP record.



Module 11: Figure 48: Navigating to the CSFP Notes page

1. In HANDS, click on CSFP Services.

2. From the drop down navigation menu, select Notes. See Module 11: Figure 48 above.

3. This will display all notes for the Clinic you are logged into.

4. You can narrow down the results by entering specific search criteria such as Date, Client (ID), Note Type, or the user name of who created the note.

5. Click Search to see the results. See Module 11: Figure 49 below.

ROMOC [Log Off] 02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

Home | Sys Admin | Ops Mgmt | WIC Services | CSFP Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Distribution | Appts | Notes

Notes

LA/Clinic
BISBEE WIC

Family ID
140002293

Auth. Rep. Name
CSFP, TESTING

Phone
(520) 555-1212

Client ID
2021403476

Client Name
CSFP, TESTING

Date of Birth
11/1/1943

Age
70 yrs, 6 mos

Cert. Period
5/5/2014 - 4/30/2015

Category
E3

Term. Date
N/A

Due Date
N/A

Next Appt.
N/A

Weeks PG
N/A

Distribution Site
BISBEE WIC

Date | Client: 2021403476: CSFP,TESTING | Note Type | Created By

Date	Client	Note Type	Note	Created By
05/05/2014	2021403476 CSFP, TESTING	Program Education	Rights & Obligations	ROMOC
05/05/2014	2021403476 CSFP, TESTING	Program Education	Rules & Regulations	ROMOC

<< < > >> Row count: 10 Showing 1-2 of 2

Add | Search | Reset

Module 11: Figure 49: CSFP Notes page

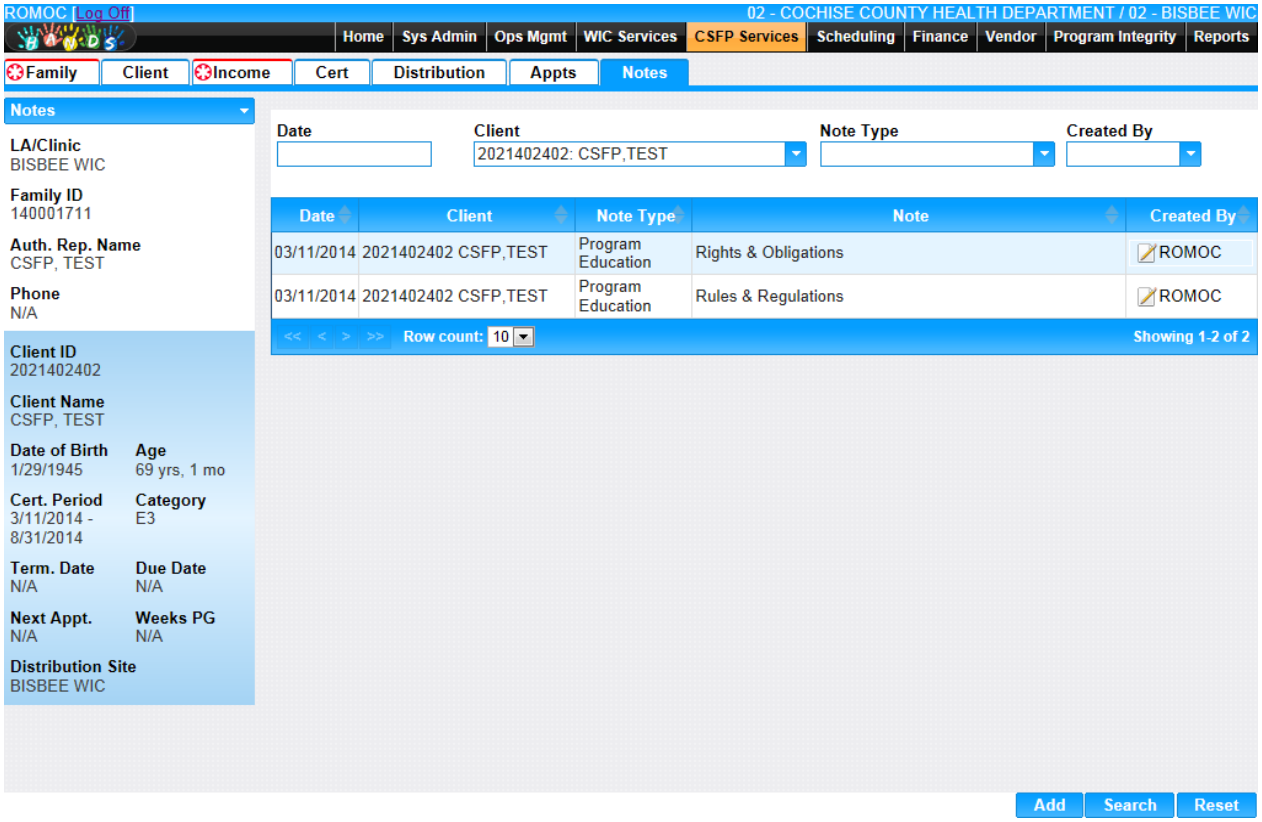
To add a new note for a client, you must access the Notes page from within a CSFP record.

1. In HANDS, select CSFP Services.

2. Search for the Family/Client and select from the search results.

3. From the top of the page, select the Notes tab.

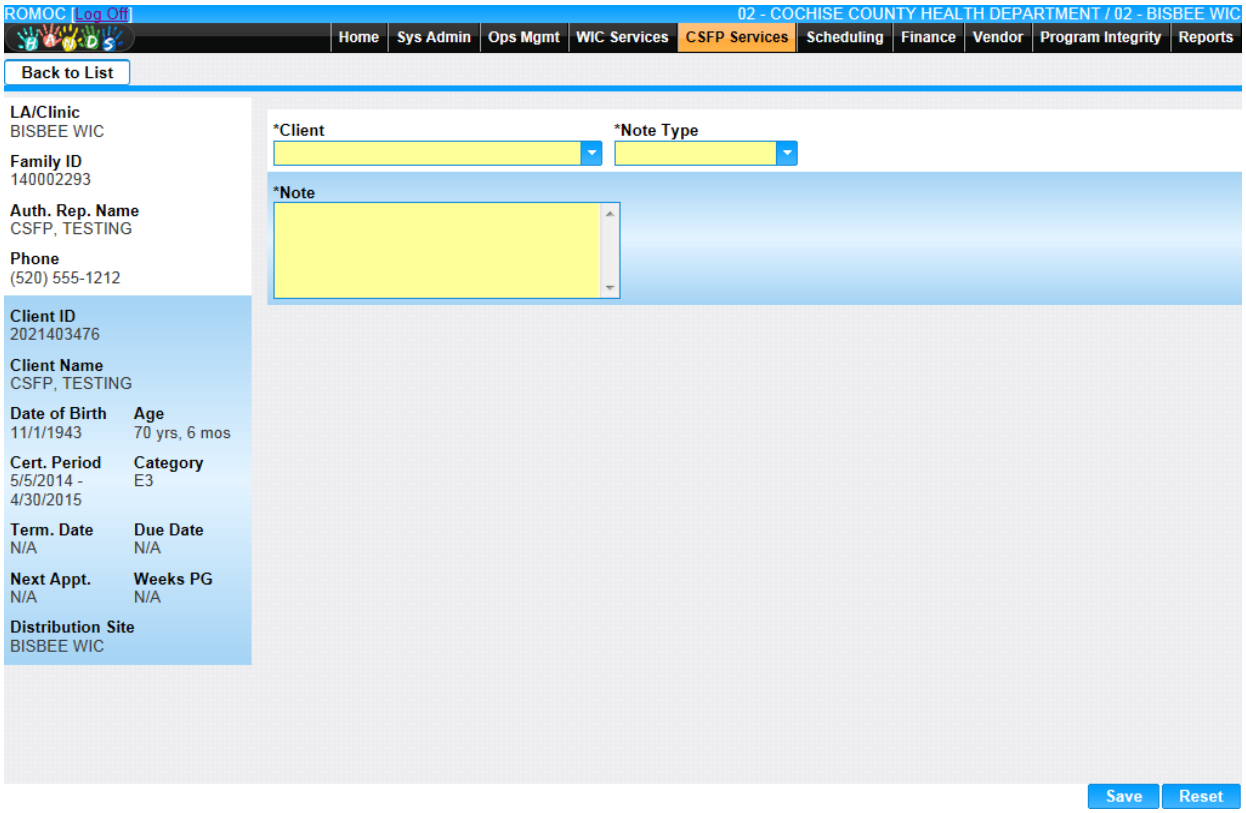
4. The page will display notes for the selected client. See Module 11: Figure 50 below.



Module 11: Figure 50: CSFP Notes page

5. To search for notes for another client in the family, use the search criteria fields to narrow down your search results.

6. To add a new note, click the Add button. The note page displays. See Module 11: Figure 51 below.



Module 11: Figure 51: CSFP Add a New Note page

7. Enter the note information and click the Save button to save the note or click Cancel to clear all fields to enter new note information.

8. From the Add notes page you can return to the Notes search results by clicking the Back to List tab at the top of the page.

9. After the note is saved you will return to the Notes search results page and the new note created will display in the grid. See Module 11: Figure 52 below.

BGRAVES [Log Off] 00 - BUREAU OF NUTRITION AND PHYSICAL ACTIVITY / 00 - ALL CLINICS

Home | Sys Admin | Ops Mgmt | WIC Services | Scheduling | Finance | Vendor | Program Integrity | Reports

Family | Client | Income | Cert | Med | Assess | Care Plan | Fd Pkg | Appts | Notes

Notes

LA/Clinic
CASA GRANDE WIC

Family ID
092073653

Auth. Rep. Name
RUIZ, REGINA

Phone
N/A

Client ID
11110888349

Client Name
MITCHELL-RUIZ, AYDEN

Date of Birth 7/16/2011 | **Age** 3 yrs, 0 mos

Cert. Period 7/16/2014 - 11/30/2014 | **Category** C3

Term. Date N/A | **Due Date** N/A

LDTU 08/27/2014 | **Weeks PG** N/A

Next Appt. N/A | **Appr Thru** 12/30/2012

Date | Client: 11110888349: MITCHELL-RUIZ,AY | Note Type | Created By

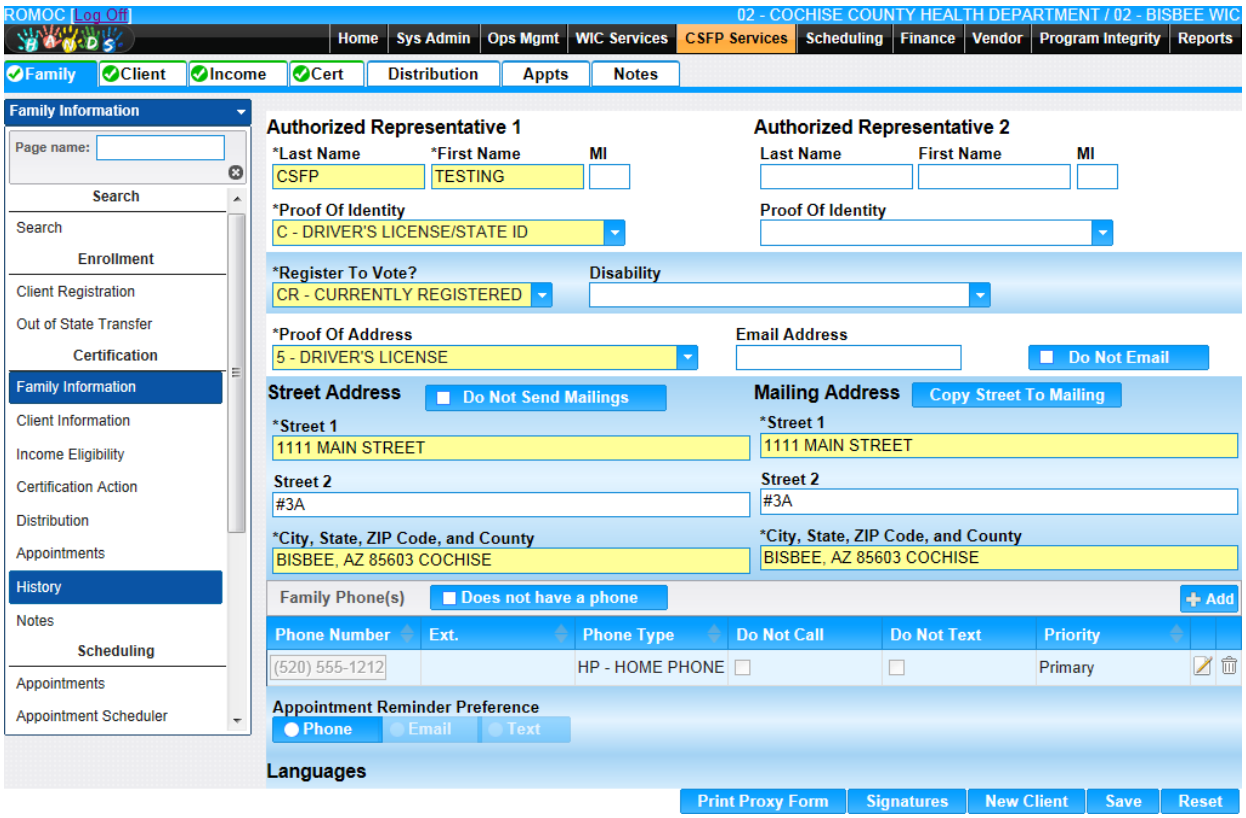
Date	Client	Note Type	Note	Created By
05/30/2014	11110888349 MITCHELL-RUIZ, AYDEN	STAFF ALERT	05/23/2014....Regina does remember what docs are needed for all 3 CERT's.. 1/30/14...2mo checks issued, children are due back in March for certs. Joe Daniel will need to meet with Nutr for HR...LM	WICADM
04/17/3013	11110888349 MITCHELL-RUIZ, AYDEN	GENERAL INFO	T: Faces/ Mom feels satisfied about child's eating habits G: Mom will wean child off the bottle with in the next 3 months I: Discussed bottle weaning. Child falls asleep with bottle and also drinks juice, milk, and water in bottle, assigned 425.3 & 425.2. No medical condition and lead test was done. Child eats thee meals and 2 snacks a day. His favorite foods are chicken, cooked carrots, noodles, bananas, and mac and cheese. F: F/U on bottle weaning	MIRYAM
05/30/2014	11110888349 MITCHELL-RUIZ, AYDEN	GENERAL INFO	T: No tool used, mom preferred conversation G: Continue to eat a variety of foods I: Mom says he loves fruit and he loves cereal and does not like sweets. He doesn't eat much vegetables. Discussed offering them repeatedly in a positive way. F: How is he eating?	BENTR
01/30/2014	11110888349 MITCHELL-RUIZ, AYDEN	GENERAL INFO	T-FU G-accept child's size I-Dad is conc about child's size, DR states too small but is ok and no health problems. Disc % and compared to other children. Offered to disc with Nutr and parents declined. F-on how parents feel child is doing ht/wt	LISAM
			T: no tool used /flu fm previous appt 9/14/12; MOm states	

Add | Search | Reset

Module 11: Figure 52: CSFP Newly Added Note display

CSFP History

The History page will display historic information for clients. The page is accessible from anywhere within the CSFP Services module using the navigation drop down. You can see the history for Family & Client Information, Income, Certification Information, Distribution Information, and Transfer Information for a selected certification period. See Module 11: Figure 53 below.



Module 11: Figure 53: Navigating to the CSFP History page

Glossary

Authorized Representative
The person, other than the WIC participant, who has the authority to sign for the participants of an economic unit, who is responsible for following the WIC regulations, and may pick up and redeem WIC food instruments for authorized WIC foods.

BMI
Body Mass Index

Breastfed Infant
For categorical eligibility, any infant receiving its milk from breast milk.

Breastfeeding Woman
For categorical eligibility, any woman feeding her breast milk to an infant(s) at least once a day.

Care Plan
An individualized plan set up for each WIC participant that tracks health and nutrition goals, suggested nutrition education, and desired outcomes from the WIC program for individual participants over time.

Cash Value Voucher
Means a fixed-dollar amount food instrument known as a check, voucher, or electronic benefit transfer (EBT) which is used by a participant to obtain authorized fruits and vegetables.

Categorical Eligibility
Individuals who are eligible for WIC services because they are pregnant, postpartum, and/or breastfeeding women, infants up to their first birthday, and children age one (1) through the last day of their fifth (5) birthday month.

Category/Subcategory
A table that contains the category and subcategory codes used for identifying foods. The category/sub category is a convenient way to electronically identify generic types of food items and link them to specific vendor supplied UPC codes. For example, 18 ounces of JIF Peanut Butter would be category Legumes (Category 06), subcategory Peanut Butter (Subcategory 002), and size 18 ounces. FNS has defined a national category/subcategory table and code structure.

Certification
The process used to determine an applicant's eligibility or ineligibility for WIC services. Certification is performed at the initial application and before each certification period expires.

Certification Period
Time frame for which each category of participant is certified as eligible for services from the WIC program.

Child
For categorical eligibility, a child age one (1) through the last day of her/his fifth (5) birth-day month.

CSFP
Commodity Supplemental Food Program

Dual Participation
Simultaneous participation in more than one WIC program or simultaneous participation in WIC and CSFP.

EBT
Electronic Benefit Transfer

First Date to Use/Last Date to Use
The date the food instrument becomes valid (issue) until midnight of the day indicated on the "Last date to Use" line on the food instrument.

Food Benefit Prescription
The specific set of foods prescribed by a nutritionist for an individual WIC participant for a specified period of time.

Food Instrument
A voucher, check, electronic benefits transfer card (EBT), coupon, or other document which is used by a participant to obtain supplemental foods.

Food Package
The set of foods recommended for specific categories of WIC participants and/or risk factors. Food packages may be adjusted for individual participants because of special nutritional needs, incomplete benefit periods, etc.

Homeless Individual
Person who lacks a fixed and regular nighttime residence or whose primary nighttime residence is one of the following:

- A supervised publicly or privately operated shelter (including a welfare hotel, congregate shelter, or shelter for victims of domestic violence) designed to provide temporary living accommodations.
- An institution that provides a temporary residence for individuals intended to be institutionalized.
- A temporary accommodation of not more than 365 days in the residence of another individual.
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for humans.

Household
A group of related or non-related individuals who are living as one economic unit that share income and consumption of goods and/or services. For the purposes of WIC, the terms “economic unit” and “family” can be used interchangeably, but economic unit is the more appropriate terminology.

- Residents of a homeless facility/shelter/institution are not considered an “economic unit”.
- More than one economic unit can live under one roof where general economic independence of the units has been determined through appropriate questioning.
- A pregnant woman and her unborn child(ren) are counted as two (or more, i.e., twins) persons for determination of economic unit size.
- A foster child is considered an economic unit of one (1) if he/she is the legal responsibility of a welfare or appropriate agency but may reside with a foster family.

High Risk Participant
A WIC participant with specific nutrition risks that require additional monitoring and education.

Income
Guidelines set by the federal government, which specify income allowable criteria for program participation.

Infant
For categorical eligibility, a child less than one (1) year of age.

LMP
Last Menstrual Period

Local Agency
Local non-profit agencies, county health departments and tribal entities under contract with the Department to implement and enforce policies and procedures of the WIC Program.

MICR
Magnetic Ink Character Recognition

Migrant
An individual whose principal work is in agriculture or logging (>50% of job) on a seasonal basis, and who has been so employed in the last 24 months. For the purposes of such employment, a migrant establishes a temporary abode. Only the migrant worker or those members of the family who actually travel with the migrant worker will be counted as migrants.

Postpartum Woman
For categorical eligibility, a non-breastfeeding woman up to six months after the end of her pregnancy.

Proxy
A person, other than the WIC participant/authorized representative, who is authorized by the clinic and the participant/authorized representative to sign the Proxy Certification form, and to pick up and redeem WIC food instruments.

TANF
Temporary Assistance for Needy Families

VOC
Verification of Certification

WIC Benefits/Items
Any item received from the WIC Program to include WIC food instruments, WIC foods purchased with WIC food instruments, breast pumps (personal and hospital grade), breast milk storage bags, breast shells, nursing pads, breast milk storage bags, and nursing bras.

WIC Clinic
A facility where women, infants, and children are screened and determined to be eligible to participate in the WIC Program.

WIC Participants
Pregnant, breastfeeding or postpartum women, infants and children up to age five (5) years who are receiving WIC authorized supplemental foods, food instruments under the WIC program, and the breastfed infant of participating breastfeeding women.

WIC Program
The Special Supplemental Nutrition Program for Women, Infants and Children authorized by Section 17 of the Child Nutrition Act of 1966, as amended.