



Procedure: Receiving Clients Who Are Transferring

Functional Area: VIII Certification, Eligibility & Coordination of Services

Section: F 3

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Purpose	Describe how and when a local agency accepts a client transferring from another WIC agency.
Verification of Certification (VOC) Definition	Verification of Certification is documentation that a WIC client is currently within a valid certification period. The verification of certification is used by WIC clients to transfer from one state or local agency to another without having to be certified again. The form the VOC information is provided in may vary from state to state. It may be a card, check folder insert or a part of the check/ID folder.
Accepting VOC Information	If there is no waiting list, local agencies must accept VOC cards from clients. This could include migrant farm workers, pregnant women presumed eligible, homeless, military families and Native American clients, who have been participating in the program within the state through another local agency, in another state, or in the Overseas WIC Program. The verification of certification is valid until the certification period written on the card expires. The VOC shall be accepted as proof of financial and nutritional risk eligibility for program benefits. The person is transferred even if the last agency's eligibility criteria are somewhat different than Nebraska's. The format of VOC information may vary from state to state.
VOC Information Required To Be A Valid Transfer	<p>The VOC card must contain at a minimum:</p> <ul style="list-style-type: none">◆ the individual's name◆ beginning and ending date of certification in order to be valid. <p>If any of this information is missing or if the person doesn't have a current VOC card every <u>effort</u> shall be made to contact the last local agency to get needed details. (Local agency directors have addresses and phone numbers of other states' programs).</p> <p>Any information taken via a telephone conversation is to be documented in the participant notes area of the computer screen. Label the note Transfer Information. The following information should be recorded:</p> <ul style="list-style-type: none">◆ current date,◆ field numbers of information received over the phone,◆ name of staff member◆ agency the information was received from◆ initials of staff member who received the information.

Transfers Requiring Special Formula

Infants who require a special formula will need to follow the Special Authorized Formula and contract formula procedures found in Volume III, Section B of the Procedure Manual.

Transfers Who Are Presumptive Eligible

Pregnant women certified for up to 60 days as presumptive eligible for WIC who transfer from another local agency within Nebraska must have an assessment to determine medical and nutritional risk completed within the initial 60 days. If an assessment is not completed within 60 days, the participant is ineligible and should be removed from the program according to Termination of Benefits procedure.

Pregnant women certified as presumptive eligible who transfer to a Nebraska agency from another state may receive a second 60 day certification to complete the nutrition risk assessment. This is allowed only for out of state transfers due to possible delays in locating and contacting local WIC agencies in the new state. If at the end of the second 60 day period an assessment of medical or nutritional risk has not been completed the participant should be removed from the program immediately..

Enrolling Transferring Clients

To enroll the transferring participant:

Complete the fields in the computer system with as much information as possible.

If the participant will be staying in the area, attach the VOC card, or in Nebraska's case, the Transfer Card to the local agency's copy of the Certification Signature Form. Issue a new ID folder.

In cases where a participant plans to move in the near future or it will be a hardship to return to the agency to get another transfer card prior to relocating, such as migrants, staff should make a copy of the VOC card and return the card to the participant. In these cases monthly check issuance is recommended.

Enter the "date of certification" listed on the VOC card in the Date of Certification field in the computer system rather than the date the participant entered your program.

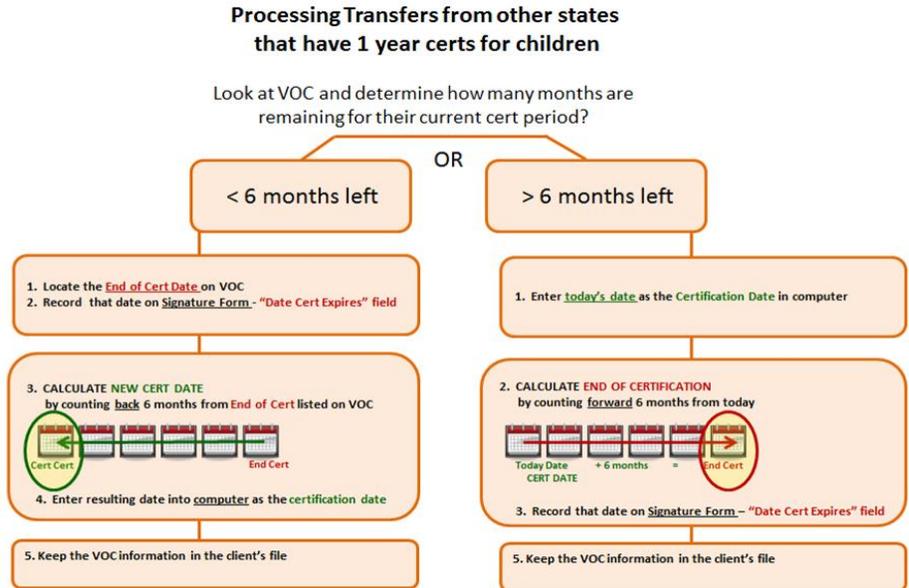
Verify participant and/or responsible party's identity,.

Complete the identification area of the WIC Signature Form and fill out a WIC ID Folder.

Verify residency and document on the WIC Signature Form.

Transferring Children From Other States that Have One Year Certifications

To allow these children the longest certification period possible within our system use the following chart:



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Documenting One Year Transfers on Signature Form

For Children Whose End of Cert. Date on the VOC is Less than Six Months from Today:

Example –

3 yr old child is transferring from Colorado today December 6th. Their certification period ends on March 15, 2013. See the certification box that follows for the areas that should be completed.

<input type="checkbox"/> New Cert		<input type="checkbox"/> Re-Certification		<input type="checkbox"/> Referral		<input type="checkbox"/> In-State Transfer		<input checked="" type="checkbox"/> Out of State Transfer		<input type="checkbox"/> Presumptive		<input type="checkbox"/> Custody Change		
Date of Certification: _____		Client Present: <input type="checkbox"/> YES <input type="checkbox"/> NO, Reason: _____		Date Cert Expires: 3/15/2013										
IDENTIFICATION						RESIDENCY								
Proof State	DL	NC	SS	State/	Work/	Purple	Prop	Other (list)	Proof State	MC	Mail	Ch	Lease	Other (list)
Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phys (I)	School (O)	WC	BC		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WOC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INCOME						NO PROOF								
Proof State	MC	Pay	SS	Tax	Child	Other (list)								
<input type="checkbox"/>	<input type="checkbox"/>	State	State	Form	Supp									
<input type="checkbox"/> None Reason why: _____						<input type="checkbox"/> None <input type="checkbox"/> ID <input type="checkbox"/> Income Reason: _____								
Staff Signature/Title		Income Assessment		ID/Residency Assessment		Nutrition/Play Assessment		Food Package Prescribing		Check Insurance				
WIC staff #1		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
CPA		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
Notification That Benefits Are About to Expire Was Given On: _____ By: _____														
Ineligibility Documentation Given On: _____ Staff Initials: _____ Termination Code/Reason: _____														

For Children Whose End of Cert. Date on the VOC is More than Six Months from Today

Example:

3 yr old child is transferring from Colorado today December 6th. Their certification period ends on September 15, 2013.

<input type="checkbox"/> New Cert		<input type="checkbox"/> Re-Certification		<input type="checkbox"/> Re-Enroll		<input type="checkbox"/> Instate Transfer		<input checked="" type="checkbox"/> Out of State Transfer		<input type="checkbox"/> Presumptive		<input type="checkbox"/> Custody Change							
Date Cert Expires: 6/6/2013																			
Date of Certification: _____										Client Present: <input type="checkbox"/> YES <input type="checkbox"/> NO, Reason: _____									
IDENTIFICATION										RESIDENCY									
Proof Seen	DL	NC WIC Fdr	SS Card	State/ Fgn ID	Work/ School ID	BC	Purple WIC Card	Hosp ID	Other (list)	Proof Seen	MC	Mail	OK Stab	Lease	Other List				
Adult	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VOID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
INCOME										NO PROOF									
Proof Seen	MC	Pay Stub	SS/ SSN	Tax Form	Child Supp	Other (list)				<input type="checkbox"/> Rent	<input type="checkbox"/> ID	<input type="checkbox"/> Income	Reason:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Client Initials: _____									
<input type="checkbox"/> Zero Reason why: _____																			
Staff Signature/Title										Income Assessment		ID/Residency Assessment		Nutrition Risk Assessment		Food Package Prescribing		Check Issuance	
WIC staff #1										<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
CPA										<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
_____										<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
_____										<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Notification That Benefits Are About to Expire Was Given On: _____										By: _____									
Ineligibility Documentation Given On: _____										Staff Initials: _____		Termination Code/Reason: _____							

What to Do With Unused Checks Clients Still Have

Any client transferring must surrender unused checks. The receiving agency must mark the unused checks "VOID" and mail back to the original state or Nebraska agency.

Determine whether the participant has already received and used checks for the current month, so double issuance will be avoided.

When it is determined that checks have not been used, replace VOIDED checks with checks for the current agency and vendor so the client will receive appropriate benefits.