

# WIC Clerk Certification Steps

## 1. Greet Client

## 2. See ID Adult/Child: (Date & initial type ID on signature form)



## 3. WIC Program Explanation: (cheat sheet):

## 4. Read Rights & Responsibilities: Now I am going to go through your Rights & Responsibilities for the WIC Program. They are here for you to follow along while I summarize them for you. - Cheat Sheet

- Do you understand these rights?
- Do you have any questions?

## 5. Signature of Responsible Party & Date

- Please sign here if you understand the rights and responsibilities we previously discussed.
- Mark your relationship to the child.

## 6. Name 2<sup>nd</sup> Responsible Party

- For the infant or child – would you like the child's (father/mother or step-father/mother) to be listed as the second responsible party? If you want this person listed, this allows them to enroll or re-enroll the child in the WIC program and to pick up WIC checks. Basically, this allows them to do the same things you are able to do.
- If not, check "decline".
- If yes, I need their name here and your child's name here.

## 7. Dual Participation: Now I need you to read this statement. It says that the person being certified for WIC is not currently participating in another WIC program and that they are not receiving food from the Commodity Supplemental Food Program (also known as CSFP).

- If you agree with these statements, please initial and date here.

## 8. Voter Registration

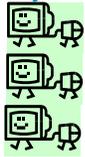
- Would you like to register to vote today? Mark here, either yes or no.
- If yes – here is the registration form, you may take this home and fill it out. The directions are on the bottom of the form.

## 9. Type of Certification / Client ID / Family number/ Cert Date – ( in computer & signature form)

## 10. Applicant Present? Yes or No (If no, reason)

### 11. Adjunct Eligible

- Do you receive ADC, FS, Medicaid, or Kids Connection?
- If yes, did you bring current documentation?



**D = Documentation provided**

**R = Reported participation; no documentation provided**

**N = No, not receiving ADC/FS/Medicaid/Kids Connection**

### 12. Household Size: How many people are living in the household? (include unborn)

### 13. Income Assessment:

In order to qualify for WIC, you must meet WIC income guidelines. USDA requires that we see documentation for ALL sources of income OR proof of Medicaid, Kids Connection, Food Stamps, or ADC. This is needed for all people living in your household.  
(Ask the 6 Income Assessment Questions)



14.  Interval (Int) Field – 1; Pick up Day – 00  
Status – F1 (Help)
- Foster Child – Yes or No
  - High Risk – Yes or No

### 15. Responsible Party (Demographics):



**Name** (responsible party)

**Phone # - beginning w/area code**

**Address**

### 16. Residency Assessment:

In order to qualify for the Nebraska WIC Program, you must show proof that you live in Nebraska.

- Did you bring something mailed to you at the address where you live, that has been postmarked in the last 30 days? (If no, continue asking for other acceptable types of proof.)



**Client Name**

**Middle Initial**

**Maiden Name**

**Birthdate**

**Sex**

**Language**

**OTHER (Medicaid, Food Stamps, etc.)**

## 17. Race & Ethnicity:

For record-keeping and statistical purposes, our program is required to collect ethnic and racial data. This will not affect your WIC eligibility.

- Please choose an ethnic category
- Hispanic or non-Hispanic?
- Please choose one or more racial categories (show card with choices)



R/M (X if not homeless or a refugee or migrant)  
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## 18. Alternate Shopper: (Brown Card)

In the event you are unable to pick up your WIC checks or do your own WIC shopping, would you like to list an alternate shopper?

- An alternate shopper may go to the store for you as many times as you need.
- They can also pick up checks for you if you are unable to come in.

Clients receiving monthly checks – may have an alternate shopper pick up checks 2 times every 6 months.

Clients receiving bimonthly checks – may have an alternate shopper pick up checks 1 time every 6 months.



Enter names in the computer for Alternate Shopper, Enrollment Proxy, & 2<sup>nd</sup> RP

## 19. Referral Information

- How did you hear about WIC?



Enter “referral from” information in computer

## 20. Documentation on Signature Form

- ID/ Residency Assessment
- Income Assessment
- Check Issuance

Staff signature