
Purpose	To describe when and how to complete the Statement of Status for teens who participate in Nebraska WIC.
When to Complete the Form	The form should be completed by all teens under the age of 19 years who apply for WIC.
Why the Form is Needed	The form serves as documentation of the teen's status in the event a claim must be assessed due to fraud or abuse of the program by the teen.
Length of Time Form is Valid	A statement of status form is valid until the first birthday of the infant for which the teen was enrolled for as pregnant, postpartum or breastfeeding.
Completion of Form	The form should be completed by the teen at the initial visit. <ol style="list-style-type: none">1. Fill in the client's name2. Have the teen check the one statement which best describes their current situation.3. If they indicate they are living with their parent(s) and receiving financial support from them, they need to fill in their parent(s) name(s) and address.4. They should sign and date the form.5. The WIC staff person who the form was signed in front of should then sign and date the form.
Retention of Form	Forms should be placed in the client's file and retained the same as any other client form or information.
Ordering of Forms	Forms may be ordered from the State WIC Office using the WIC Materials Order Form for Forms.

**STATEMENT OF STATUS FOR PURPOSE OF ENROLLMENT
DECLARACION DE ESTADO CON EL PROPOSITO DE INSCRIPCION**

(Client's Name)

Please check those items listed below which describe your situation:

Por favor cheque las declaraciones que siguen, las cuales describen su situación:

- I am currently residing in a foster home or other placement through Department of Health & Human Services. Foster Parent(s) Name: _____
Actualmente estoy viviendo en un hogar tutelar u otro alojamiento bajo el Departamento de Salud y Servicios Humanos de Nebraska.
- I am no longer living with my parents or legal guardian, and I am no longer receiving any financial support from them for my living expenses.
Parent/Guardian Name(s) _____
Yo ya no vivo con mis padres o tutor legal y ya no estoy recibiendo ninguna ayuda financiera de ellos para mis gastos de manutención. Nombre(s) Padre/Tutor _____
- I have no legal guardian.
No tengo tutor legal.
- I am living with my parents or legal guardian and am receiving financial support from them for my living expenses. Parent/Guardian Name(s) _____
Estoy viviendo con mis padres o tutor legal y estoy recibiendo ayuda financiera de parte de ellos para gastos de manutención. Nombre(s) Padre/Tutor _____
- Am living with parents or legal guardian, but I am not receiving any financial support from them for my living expenses. Parent/Guardian Name(s) _____
Estoy viviendo con mis padres o tutor legal, pero no estoy recibiendo ninguna ayuda financiera de parte de ellos para mis gastos de manutención. Nombre(s) Padre/Tutor _____
- I am married
Estoy casado(a)

I certify that the information I have provided is correct to the best of my knowledge. Program officials may verify the information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State Agency in cash, the value of food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Yo certifico que la información que he provisto es correcta, según lo que yo se. Los oficiales del Programa pueden verificar la información en esta forma. Yo entiendo que el intencionalmente hacer falsas o engañosas declaraciones o el intencionalmente mal representar, esconder o retener hechos, puede resultar en que yo deba pagar a la Agencia del Estado, en efectivo, el valor monetario de los beneficios de alimentos impropriamente concedidos a mi y que se me podrá sujetar a prosecución civil o criminal bajo las Leyes Estatales o Federales.

Dated:

Fechado en _____
(month, day) (year) _____
Mes y día Firma

Dated _____
(month, day) (year) _____
Staff Signature

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Esta institucion garantiza igualdad de oportunidades.

Rev. 7/2008
English/Spanish

Status Statements and When to Use:

I am currently residing in a foster home or other placement through Department of Health & Human Services.

- For any teen who is a ward of the state and has been placed in a foster home or other placement such as a group home by the court or Department of Health & Human Services.

I am no longer living with my parents or legal guardian, and I am no longer receiving any financial support from them for my living expenses.

- For any teen who is not living in the same household as their parent(s)/guardian **and** who is not receiving any financial support from their parent(s)/guardian. Financial support includes housing, money that pays for or supplements rent, utilities, or other living expenses on a routine basis. Occasional gifts of food and/or cash are not included as support.

Parent/Guardian Name(s) _____

I have no legal guardian.

- For any teen who has no legal guardian. This does not apply to teens who are simply not living at home or who are currently living in foster care.

I am living with my parents or legal guardian and am receiving financial support from them for my living expenses. Parent/Guardian Name(s) _____

- For any teen who is living in the same household as her parents/guardian and whose parents/guardian are providing all or part of the teen's financial support. This includes situations where the parents/guardian are allowing the teen to live at home rent free and the teen pays for all of her other expenses. This also includes any teens currently in foster care. Occasional gifts of food and/or cash are not included as support.

I am living with my parents or legal guardian, but I am not receiving any financial support from them for my living expenses.

- For any teen that is living in the same house as her parents/guardian or other parental authority and who is paying rent for that space. The teen must also be paying for all of her other living expenses, including food and clothing. Occasional gifts of food and/or cash are not included as support. This statement also applies to teens who are exchanging services for room and board.

Parent/Guardian Name(s) _____

I am married.

- For any teen who is legally married.

Income Definition Income includes total gross cash earned by any and all members of a household or economic unit. It also includes any amount received or withdrawn from any source, including savings.

Gross Income Definition Gross income is defined as all income before deductions are made for income taxes, employee social security taxes, insurance premiums, bonds, etc.

Net Income Definition Income after all expenses and depreciation are deducted. Net income is used to determine income for self employed persons and farmers.

In-Kind Definition Any benefit which has a monetary value and is received in place of money for services rendered. Examples included: housing, utilities, vehicles, food and gas provided or paid by employer.

In-Kind benefits are not counted as income.

Who May provide Income Documentation The following are allowed to bring income documentation to the clinic for eligibility purposes:

- Applicant/client
- Responsible Party
- Enrollment Proxy

Alternate shoppers are not allowed to provide documentation of income for purposes of enrollment.

Income Listing and Acceptable Proof The following table lists what is included as gross income, and the corresponding examples of acceptable proof.

All proof of income must be current, ie: within the last 30 days.

GROSS INCOME INCLUDES	PROOF OF INCOME INCLUDES
Monetary compensation for services, including wages, salary, commissions, or fees	<ul style="list-style-type: none"> ◆ Current pay stub(s) noting the pay time frame (weekly, bi-weekly, monthly, etc.) ◆ Signed statement from employer indicating gross cash earnings for a specified period.
Active military payments	<ul style="list-style-type: none"> ◆ Recent Leave and Earnings Statement, including CONUS COLA (Continental U.S. Cost of Living Allowance)
Net income from farm and non-farm self-employment	<ul style="list-style-type: none"> ◆ W-2 forms or income tax return for the most recent calendar year. Line 34 on Form 1040. ◆ Accounting records for the self-employed
Social Security benefits	<ul style="list-style-type: none"> ◆ Check stub/award letter from Social Security stating current amount of earnings/bank statements.
Dividends or interest on savings or bonds, income from estates, trusts, or investments	<ul style="list-style-type: none"> ◆ Income tax return for the most recent calendar year ◆ Bank or account statements
Net rental income	<ul style="list-style-type: none"> ◆ Income tax return for the most recent calendar year
Public assistance or welfare payments; foster care	<ul style="list-style-type: none"> ◆ Check stub/award letter stating current amount of earnings ◆ Foster child placement letter/foster parent award letter.
Unemployment compensation	<ul style="list-style-type: none"> ◆ Unemployment letter/notice
Government civilian employee or military retirement or pensions or veteran's payments	<ul style="list-style-type: none"> ◆ Annual statement that shows monthly amount of retirement income.
Private pensions or annuities	<ul style="list-style-type: none"> ◆ Income tax return for the most recent calendar year
Alimony or child support payments	<ul style="list-style-type: none"> ◆ Divorce decree ◆ Award letter ◆ Copy of check received
Disability Payments	<ul style="list-style-type: none"> ◆ Check stub/award letter stating current amount of disability received/bank statements.
Unemployment	<ul style="list-style-type: none"> ◆ Award letter stating current amount received ◆ Bank statements
Workers Compensation	<ul style="list-style-type: none"> ◆ Pay Stub showing benefits received. ◆ Bank statements. ◆ Award letter/notice showing settlement amount for wages.
Regular contributions from persons not living in the household. Includes payments for rent & utilities or money sent/given to family from person living in another location.	<ul style="list-style-type: none"> ◆ Letter from person contributing resources to the household ◆ Canceled check showing amount contributed to household ◆ Bank statement showing deposits

Other cash income: Includes, but is not limited to withdrawals from any source, including substantial savings accounts which families are drawing upon (similar to a trust account), investments, trust accounts and other resources readily available to the family	<ul style="list-style-type: none"> ◆ Bank or account statements indicating regular draws on the account(s)
Net royalty payments: such as payments received from writing a book; use of property; extraction of oil, gas, minerals from your property, use of your name.	<ul style="list-style-type: none"> ◆ Income tax return for the most recent calendar year ◆ Bank statement showing deposits ◆ Letter from source showing amount and date received
Census Income for 2010 Census	Check Stub or Bank statement

Income Exclusions The following table lists exclusions to the WIC income definition.

WHAT CANNOT BE COUNTED AS INCOME:	EXAMPLES:
Assistance Received From Federal Programs	Medicaid, Food Stamps, School Lunch, Family Day Care Food Program, Child Care and Development Block Grant payments, public housing, home energy assistance, youth employment programs, relocation assistance, certain submarginal land of the U.S. which is held in trust for certain Indian Tribes.
Child's Income	Occasional earnings, such as: income from babysitting, mowing lawns.
Gifts	Periodically given
Loans	Which must be repaid
Lump-Sum	Insurance payments for fire and flood damage to a house, if used for replacement. Insurance payments, including workers compensation for past or future medical expenses. Payments received by property owners from National Flood Insurance Program (NFIP). Payments under the Disaster Relief Act of Disaster Relief and Emergency Assistance.
Military Cost of Living Allowance (O CONUS COLA)	For military staff living overseas. Listed as O CONUS COLA (Overseas Continental U. S. Cost of Living Allowance) on the pay stub.
Military Family Housing Allotment -BHA, BMA, LQA, MIHA, OHA, TLA, TLA OCONUS	Cash housing allowances for military services personnel residing off military installations or in privatized housing whether on or off base. The value of in-kind benefits for housing on or off base. Listed as Basic Housing Allowance on pay stub.
Military Family Subsistence Supplemental Allowance - FSSA	For stateside & overseas military families who are below 130% poverty level. Listed as FSSA on pay stub.

Military Combat Pay	Payments that are received: <ol style="list-style-type: none"> 1. When serving in a designated combat zone. and that are first received 2. After they were deployed to the designated combat zone. and are received 3. In addition to base pay.
Military Veteran' Educational Assistance Act mandatory salary reductions	
Deployment Extension Incentive Pay (DEIP) and Deployment Extension Stabilization Program (DESP)	Payments received while deployed. Payments received while at home station must be counted as income.
Agent Orange Compensation payments	
Wartime relocation of Civilians payments	
Filipino Veterans Equity Compensation Fund payments	
Old Age Assistance Claims Settlement payments	Except for per capita shares in excess of \$2000
Non-Cash Benefits	Employer paid portion of health insurance and other employee fringe benefits, food or rent received in lieu of wages, the value of food and fuel produced and consumed on farms.
In-Kind	The value of any non-cash compensation Examples: housing provided to ministers or ranch workers. Meat/food provided to farm or ranch workers.
Payment to Volunteers	<ul style="list-style-type: none"> ◆ Under Title I (Vista, etc.) ◆ Under Title II (Retired Senior Volunteer Program, Foster Grandparents, etc.) ◆ Under the Small Business Act
Payments Received Under the Job Training Partnership Act	
Student Financial Assistance	For any program funded under Title IV, including the Pell Grant, Supplemental Educational Opportunity Grant, State Student Incentive Grants, National Direct Student Loan, PLUS, College Work Study, and Byrd Honor Scholarship programs. Scholarships and grants. Payments received under Carl D. Perkins vocational and Applied Technology Education Act.
Earned Income Tax Credit refund/payment	Tax Forms
Medicare prescription drug card subsidies.	Any subsidy that a household receives through the prescription drug discount card program

Current Income Definition

Current income is income received by a household during the month prior to the individual's application.

Annual Income Definition

Annual income is income received by the family/household during the past 12 months.

Using Current vs. Annual Income

Staff who assess income eligibility shall consider both the annual and current income of the family to determine which is the better indicator of income that the household is receiving at this point in time.

Exceptions to Using Current or Annual Income

The two exceptions to using either the income over the past year or current income are:

- Anticipated income if a person thinks he/she will get a job
- Clients who have started a new job, but hasn't yet received pay.

Do not count this income. Only income that has actually been received may be counted.

Staff should tell clients who are anticipating a new job, that if their income changes substantially they should notify clinic staff at that time.

Temporarily Low or Infrequent Income

Income determination for a family with temporary low or infrequent income is based on an average of the family's income during the period of infrequency or irregularity of employment. Families who might be in this category can include, but are not limited to, construction workers, seasonal agricultural workers such as farmers, or self-employed persons, persons on maternity leave.

Temporary Lack of Income

Persons who are not receiving any income should have their eligibility determined based on their current rate of income. Clients who this affects are:

- Those who are currently unemployed and not receiving unemployment benefits.
 - Those who are temporarily laid off and expect to be called back to work in the future.
 - Workers on strike
-

Converting to Annual Income

The income calculator in the WIC computer system automatically converts income to an annual amount for all payment options, with the exception of hourly wages, which must be calculated manually and entered into the system.

To manually convert income to annual amount:

- Take the weekly income and multiply times 52.
- Bi-weekly (every other week), income should be multiplied by 26.
- Semi-monthly income should be multiplied by 24.
- Monthly income should be multiplied by 12
- Hourly income should be calculated by multiplying the rate of pay x the hours worked/week x 52.

One Person in Family Certified and Found Over Income

When any member of a family or household is found to be over income during a certification visit, ALL members of that family or household are to be considered over income.

Exceptions are:

- children who are adjunctively income eligible as recipients of Medicaid, SNAP or ADC.
- members of households with a pregnant woman or infant receiving ADC, Medicaid or SNAP.

Lump Sum Payments

Lump sum payments, which are counted as income, should not be counted in the monthly income. Rather, the lump sum payment should be counted as an annual income or divided by 12 to establish a monthly income. This will account for the non-recurring or infrequent receipt of such payments

No Proof of Income – Adjunctively Eligible

If the applicant receives Food Stamps, ADC, Medicaid, or Kids Connection, staff should contact DHHS to verify that the applicant is adjunctively eligible.

When staff is unable to verify participation in one of the above programs, income should be screened using self declaration.

If the person is over income they would be denied benefits at that time. Eligibility would be reassessed when proof of participation in one of the approved programs is provided, or proof of income is brought to clinic

If the applicant meets income guidelines the certification visit would continue.

**No Proof of Income –
30 Day Extension**

There are instances when an applicant may be a walk-in or otherwise fail to bring proof of income to the certification appointment. If the applicant meets all other eligibility criteria, staff should screen for income eligibility based on self-declaration. For those found to be income eligible provide one month's benefits, and require that the appropriate income documentation be brought in within 30 days.

If the applicant fails to bring in the appropriate income documentation within the 30-day time period or is determined to be over income when documentation is presented, the individual shall be determined ineligible and will be provided an Ineligibility Letter. No additional benefits need to be provided.

If the applicant returns within the 30-day period with the documentation that verifies income eligibility, the applicant should be certified for a certification period which would begin with the month benefits were initially provided.

**Applicants With No
Proof of Income**

There are applicants who may be unable to provide proof of income to WIC staff. Examples of these situations are homeless families, persons who are paid with cash, migrant farm workers, and undocumented workers.

Two options exist for WIC staff to use in these situations:

Option 1: Someone who has knowledge of the applicant's income (i.e. caseworker, employer, or pastor) may complete a Nebraska WIC Program Income Letter for the applicant. The letter may be found at the end of this procedure.

The letter should be retained in the applicant's file and noted on the WIC Signature Form.

Option 2: If staff determines that requiring the applicant to provide income documentation would present an unreasonable barrier to participation, the applicant may self declare their income.

In these instances the No Proof box on the WIC Signature Form should be completed and initialed by the applicant. The reason why the applicant could not provide documentation of income should be noted. An example would be a teenager living with her parents and the parents are unwilling to provide income information to WIC.

**Applicants Reporting
Zero Income**

Except in very rare cases, zero income is not an acceptable statement of income. If the individual is homeless, they may have no source of income

or support. In these cases document on the WIC Signature Form why income is being reported as zero. See Volume I, Section L regarding homeless applicants.

Applicants Reporting Zero Income (cont.)

When zero income is reported, the applicant should be asked to describe in detail their living circumstances and how they obtain basic living necessities such as food, shelter, medical care and clothing. It is especially important in these cases to review income information with the applicant to determine how the applicant is supported.

Leading questions such as where are you getting food, where are you living, who is paying the rent or mortgage payments, and how long has the family been without income will give insight into how the applicant is supported. Let the applicant know that you are not trying to pry into his/her personal life, but that the information is necessary to determine income eligibility for the Program.

Applicants Reporting Negative Income

When an applicant shows no profit or a loss for a year (i.e. farmers, self-employed), be sure to document on the WIC Signature form an explanation of the individual's income (i.e. individual shows loss of \$5,000, existing on farm loans).

Reassessing Income Eligibility Mid Certification

A participant's income eligibility must be reassessed during the certification period when information is received:

- About a change in circumstances indicating possible income ineligibility, including family size.
- Indicating that a change in income eligibility has occurred.
- That confirms the individual or other eligible family member is no longer participating in Medicare, SNAP, Kids Connection, or TANF or other program which was used to determine a participant adjunctively eligible.
- From an outside source that indicates the family's circumstances have changed or that not all information relating to income and/or family size was reported at the certification visit.

Exception to Reassessment of Income Eligibility Mid Certification

Reassessment of income eligibility is not required at the time the local agency receives information indicating that the participant's income or family size may have changed when this information is received 90 days or less before the end of the certification period.

Documentation of

The income documentation seen should be noted on the WIC Signature

Income in Applicant Files

Form along with the signature of the staff person who assessed income and the date income was assessed.

Documentation of Income in The WIC ADP System

The annual income should be placed in the income field of the computer screen.

**NEBRASKA WIC PROGRAM
INCOME LETTER**

The Nebraska WIC Program requires proof of income in order to provide eligible applicants with program services. This letter allows another person to provide proof of income.

Please complete the following:

Agency/Organization Representative's Name:
(Print)

Agency/Organization:

Address:

Telephone Number:

I verify that _____ is employed
by the above listed company/person.

Please complete this section with the amount paid and how often paid.

_____ Amount Paid Hourly Average # of Hours Worked/Week _____
 Weekly
 Bi-Weekly
 Monthly
 Annual
 Other _____

Signature of agency/organization representative

Date

Nebraska WIC Program Income Letter

Explanation: The Income Letter is a letter of support completed by a reliable third party verifying income for a WIC applicant.

Instructions:

The employer/third party should write:

- His/her identifying information in the spaces provided.
- The name of the person for whom they are providing income information for.
- The amount paid to the employee listed and how often this amount is paid. Examples: hourly wage, salaried wage paid monthly.
- Sign and date the form in the appropriate area.

Purpose	Identify when pregnant women may be qualified for the Program as Presumptive Eligible and outline the presumptive eligibility certification process.
Definition of WIC Presumptive Eligible	A pregnant woman who meets the income eligibility standards may be considered presumptively eligible to participate in WIC without an evaluation of nutrition risk.
When to Use Presumptive Eligible Certifications	A presumptive eligible certification may be used when: <ul style="list-style-type: none">• A pregnant woman walks into the clinic and is unable to be seen for a full certification,• Clinic Schedules are full and staff are unable to complete a full certification within 10 days.
Who May Be Certified As Presumptive Eligible	Any pregnant woman who meets the income eligibility guidelines and is a resident of the state of Nebraska may be certified as presumptively eligible for WIC. They would be certified immediately without an evaluation of nutritional risk.
Length of Certification Period	<ul style="list-style-type: none">• A pregnant woman will be certified as presumptive eligible for a period of 60 days.• The Presumptive Eligible transaction type (TT9) should be used.
Who May Certify	Any WIC staff member may certify a pregnant woman as presumptive eligible under the following conditions: <ul style="list-style-type: none">• The woman is present in the WIC clinic (contact the State WIC Office for special situations such as bed rest only, where the woman is unable to be present)• No medical information is collected or entered• No assessment for nutrition risk is completed• Only the standard food package is assigned
Risk Code Assignment	Risk code “3A” should be assigned to all women certified as presumptive eligible.

Food Package Assignment

When a presumptive eligibility certification is completed the standard food package designated for presumptive eligibility should be assigned. A clerk may assign only the standard food package. The standard food package is *PFI*.

The standard food package for presumptively pregnant woman contains:

- 5 ½ gallons of milk
- 3 cans of juice
- 36 ounces of cereal
- 1 dozen eggs
- 2 pounds of dried beans, 18 ounces of peanut butter, or 4 cans of beans
- 1 16 oz bread, tortillas or brown rice
- \$10.00 Fresh fruits and vegetables

If a woman needs/wishes a food package other than the standard package they must see a CPA.

When Special Food Package Is Needed

In cases where a food package other than the standard package is needed, a CPA must assign the food package. Some examples would be: lactose intolerance, homelessness or lack of refrigeration to name a few.

If no CPA is present in the WIC clinic, staff will need to call the local agency's main clinic to discuss with a CPA and have the CPA assign a food package and number. Staff should document that phone approval was given and the name of the CPA approving the food package on the participant flow sheet.

REMINDER: At the full certification of the presumptively eligible woman, the CPA must verify and sign the staff signature line for food package determination on the Certification Signature Form in the client's file.

Second Visit – Continuation of Certification

A second visit must be completed within 60 days. A new certification form (TT1) should be completed at the second visit.

During the second visit income and residency should not be reassessed.

The exception is when a woman is determined income eligible using a presumptively eligible Medicaid letter. These women must show a valid Medicaid card as described in Section D, Page 5 of this volume of the Procedure Manual.

The WIC ID folder should be presented as proof of ID for the second visit.

**Second Visit –
Continuation of
Certification (cont.)**

At the second visit the CPA should:

- Complete the assessment of medical and nutritional risk, as for any other applicant (the 3A risk should also be retained on the record)
 - Provide nutrition education
 - Provide referrals as appropriate
 - Assign a food package (if a different package than the standard package is desired)
 - Complete all documentation, including signing the Nutrition Risk and Food Package Determination lines on the Certification Signature Form and completing the Health Assessment/Care Plan form
-

**Second Visit –
Risk Identified**

If after the assessment of risk at least one medical or nutritional risk is identified, the woman would continue to receive benefits.

The certification period would begin on the date income was determined at the presumptive eligible visit and continue until up to six weeks after delivery.

No Risk Identified

If after the assessment of risk no medical or nutritional risk is identified the woman would be terminated from the Program immediately.

**Notification of
Expiration of
Benefits**

No Notification Form is necessary for these clients. The notice of expiration of benefits is part of the Participant Rights & Responsibilities read by and given to the client during the initial application.

**Notification of
Ineligibility**

An Ineligibility Letter should be completed and given to the client at the time ineligibility is determined.

**If the Presumptive
Eligibility Is Not
Completed Within 60
Days**

If the Presumptive Eligibility is not completed within 60 days, eligibility will expire. Do not issue checks.

If the eligibility has expired, the woman must be certified using the Renroll (TT3) certification process.

You may not use Presumptive Eligibility to certify a woman more than one time during a pregnancy.

**Transfer of
Presumptive Eligible
Clients**

All women who are transferring and have been placed on the program as presumptive eligible would receive an additional 60-day certification period, beginning with the date of transfer into the receiving local agency.

**Transfer of
Presumptive Eligible
Clients (cont.)**

The certification period would begin on the day they arrive at the receiving agency to apply for benefits. This allows the agency to schedule the client and gather any referral information needed for the certification, while at the same time allowing the client to receive uninterrupted benefits.

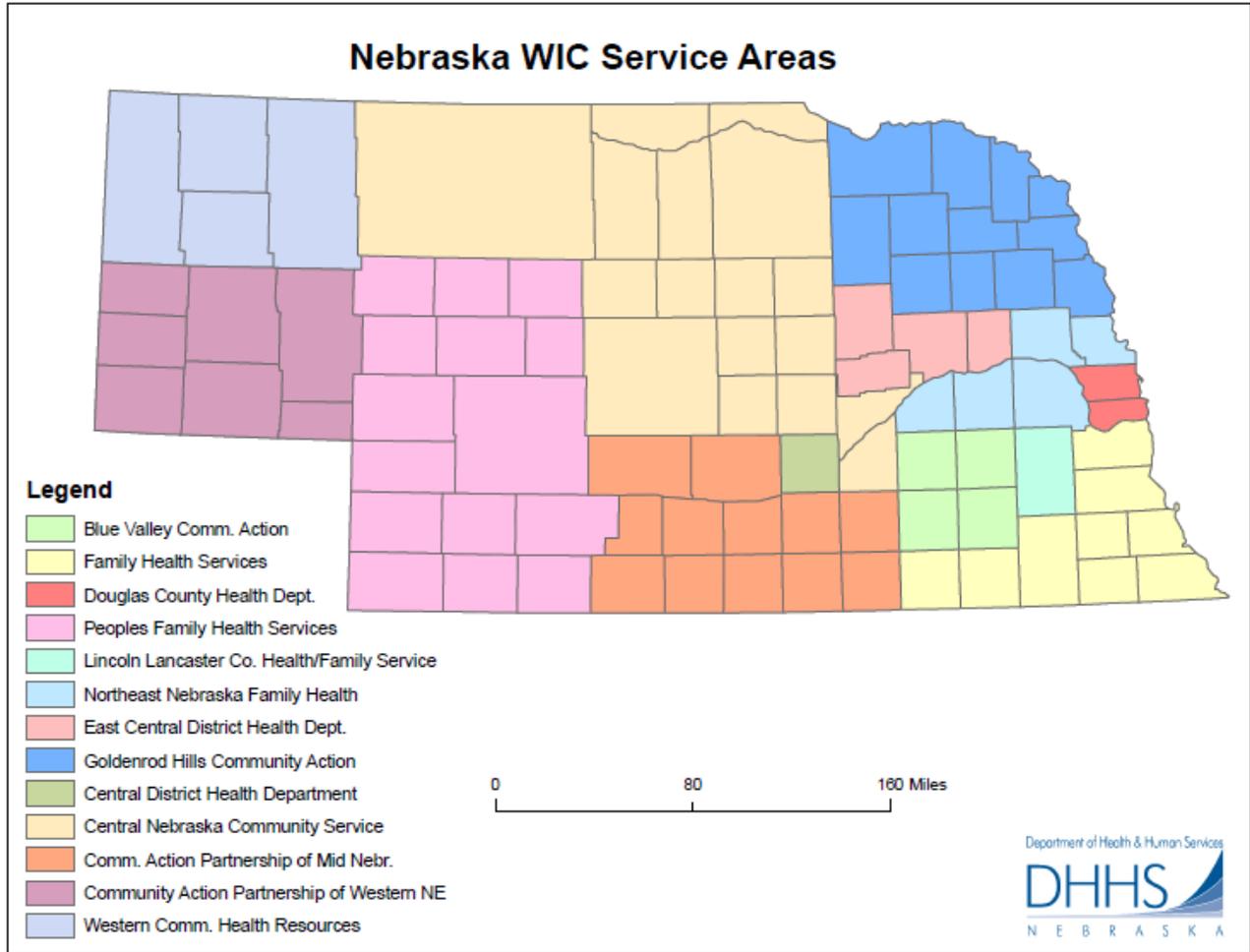
**Tracking
Presumptive Clients**

Each agency should develop a method of tracking pregnant women who are certified as presumptive eligible, to assure that the nutritional/medical assessment and nutrition education is completed.

Purpose	Define service areas as they relate to local agency responsibilities and illustrate current service area boundaries.
Participant Residency Within Service Areas	Applicants/participants are not required to live in the service area of the WIC local agency where they apply for or receive benefits. Only residency within the State of Nebraska is required. See Volume I, Section D for more information on residency requirements.
Local Agency Responsibilities Within Their Service Area	Each local agency is responsible for planning and implementing the following activities and functions in their service area. <ol style="list-style-type: none">1. Community-based needs assessments and planning.2. Coordination with other programs and services.3. Outreach4. Referrals (see Volume I, Section M).5. Clinic sites and hours (see Volume I, Section N).6. Vendor/food delivery functions (see Volume IV, Section A and Volume III, Section A).
Overlapping Service Areas	Local agencies with shared or overlapping services areas will coordinate activities and services in consultation with the State WIC Agency. Examples of these activities include: <ul style="list-style-type: none">• outreach• clinic locations• clinic days and hours
Designation of Service Areas	Services areas are designated in the WIC agreement between Nebraska Department of Health and Human Services and each local agency. Local agency activities such as operation of clinic sites, is to be limited to this service area.

Service Area Map

See the map below for local agency service areas as of July 1, 2011.



Purpose Provide a listing of current clinic sites and contacts for local WIC and CSFP agencies.

Clinic/Agency Listing Following is a listing by local agency of WIC approved clinic sites and phone numbers.

Any WIC clinic not on the following listing is not an approved Nebraska WIC clinic. Those agencies wishing to apply for clinic approval should refer to the procedure found in Volume I, Section N of this manual.

Local Agency	Counties	Clinics	Phone Numbers
Central Nebraska Community (005) Services (North) 626 N Street, PO Box 509 Loup City, NE 68853 308-745-0780 1-800-736-7491	Blaine Boyd Brown Custer Cherry Garfield Greeley Hamilton Holt Howard Keya Paha	Spencer (15) Ainsworth (20) Broken Bow (26) Valentine (95) Burwell (30) Greeley (35) Aurora (16) O'Neill (41) Atkinson (40) St. Paul (45)	402-589-1126 402-387-2782 308-872-5619 402-376-1699 308-346-4318 308-233-2946 402-694-6471 402-336-2498 402-925-5387 308-754-4910
Central Nebraska Community Services (South) 202 So. 10 th O'Neill, NE 68763 402-336-4298 1-800-279-3503	Loup Merrick Rock Sherman Valley Wheeler	Central City (60) Loup City (85) Ord (90)	308-946-3108 308-745-0808 308-728-3643
Douglas County Health Dept (010) 1819 Farnam, Room 403 Omaha, NE 68183 402-444-1770 Charles Drew (16) 2915 Grant St., Omaha, NE 68111 402-451-3130 Douglas County WIC 735 No. 120 th , Omaha, NE 68154 402-444-6800 One World (30) 4612 So. 25 th St., Omaha, NE 68107 402-734-2028 Douglas Co. Midtowne WIC (01) 1941 So. 42 nd St., Suite 225 Omaha, NE 68105 402-444-4082	Douglas Sarpy	Medically Fragile (99) Health Center (07) Offutt (51) Educare (19) 120 th & Dodge (35) Valley (31) One World (33) Midtowne (01) UNMC Hospital (04) Fred Leroy (18) Papillion (21) Immanuel Medical(16) Bellevue (52)	402-444-1770 402-451-3130 402-294-3063 402-451-3130 402-444-6800 402-734-2028 402-444-4082 402-444-4082
Family Health Services (020) 1179 Webster Street, PO Box 29 Tecumseh, NE 68450 402-335-2988 1-877-691-8381	Cass Gage Jefferson Johnson Nemaha Otoe Pawnee Richardson Thayer	Plattsmouth (05) Beatrice (10) Fairbury (15) Tecumseh (20) Auburn (25) Nebraska City (31) Table Rock (40) Falls City (41) Hebron (45)	402-335-0168 C 402-335-0169 C 402-335-0169 C 402-335-2988 402-335-0168 C 402-335-0168 C 402-335-0168 C 402-335-0168 C 402-335-0169 C

Local Agency	Counties	Clinics	Phone Numbers
<p>Northeast Nebraska Family Health Services (025) 230 East 22nd Street Fremont, NE 68025</p> <p>402-727-9008 1-888-727-9008</p>	<p>Butler Dodge Polk Saunders Washington</p>	<p>David City (05) Fremont (15) Wahoo (30) Ashland (31) Blair (35)</p>	<p>402-720-0824 402-727-9008 402-720-0824 402-720-0824 402-720-0824</p>
<p>Goldenrod Hills Comm. Action (030) 1010 Avenue E, PO Box 280 Winer, NE 68791</p> <p>402-329-3513 1-877-329-3207</p> <p>Goldenrod Hills Community Action 1405 Riverside Boulevard Norfolk, NE 68701</p> <p>402-844-4422</p> <p>Goldenrod Hills Community Action 2120 Dakota Avenue South Sioux City, NE 68776</p> <p>402-494-1429</p>	<p>Antelope Burt Cedar Cuming Dakota Dixon Knox Madison Pierce Stanton Thurston Wayne</p>	<p>Naligh (05) Takamah (10) Hartington (15) Winer (21) West Point (22) South Sioux City (23) Wakefield (23) Creighton (37) Norfolk (40) Madison (41) Pierce Co/Pierce (46) Pender (55) Wayne (60)</p>	<p>402-887-5530 402-374-2521 None 402-529-3513 402-372-2050 402-494-1429 402-287-2692 402-358-5297 402-844-4422 402-454-3532 402-748-3302 402-385-2255 402-373-2231</p>
<p>Central District Health Dept. (035) 1137 So. Locust Grand Island, NE 68801</p>	<p>Hall</p>	<p>Grand Island (05)</p>	<p>308-385-5188</p>
<p>Blue Valley Community Action (040) 620 3rd Street, PO Box 273 Fairbury, NE 68332</p> <p>402-729-3278 1-866-907-4014</p>	<p>Filmore Saline Seward York</p>	<p>Geneva (06) Crete (16) Seward (21) Milford (21) York (26)</p>	<p>402-587-0706 C 402-587-0706 C 402-587-0706 C 402-587-0706 C 402-587-0706 C</p>
<p>CAP of Mid-Nebraska (045) Education Building, WIC Office PO Box 2288, 1023 Avenue F Kearney, NE 68848</p> <p>308-865-5366 1-877-803-1712</p> <p>Hastings WIC Office 422 No. Hastings, Suite 104 Hastings, NE 68901</p> <p>402-462-9242</p> <p>Lexington WIC Office 931 West 7th Lexington, NE 68850</p> <p>402-324-6212</p>	<p>Adams Buffalo Clay Dawson Nuckolls Franklin Frontier Furnas Harlan Kearney Phebe Webster</p>	<p>Hastings (05) Kearney (10) Gibbon (12) Clay Center (20) Lexington (25) Cozad (27) Gothenburg (28) Superior (35) Franklin (35) Arapahoe (46) Alma (47) Minden (50) Holdrege (60) Red Cloud (65)</p>	<p>402-462-9242 308-865-5366 402-468-6042 402-762-3614 402-324-6212 308-784-3264 308-537-3433 402-879-3341 308-425-3774 308-962-7666 308-928-9011 308-832-1995 308-995-4222 308-746-3457</p>

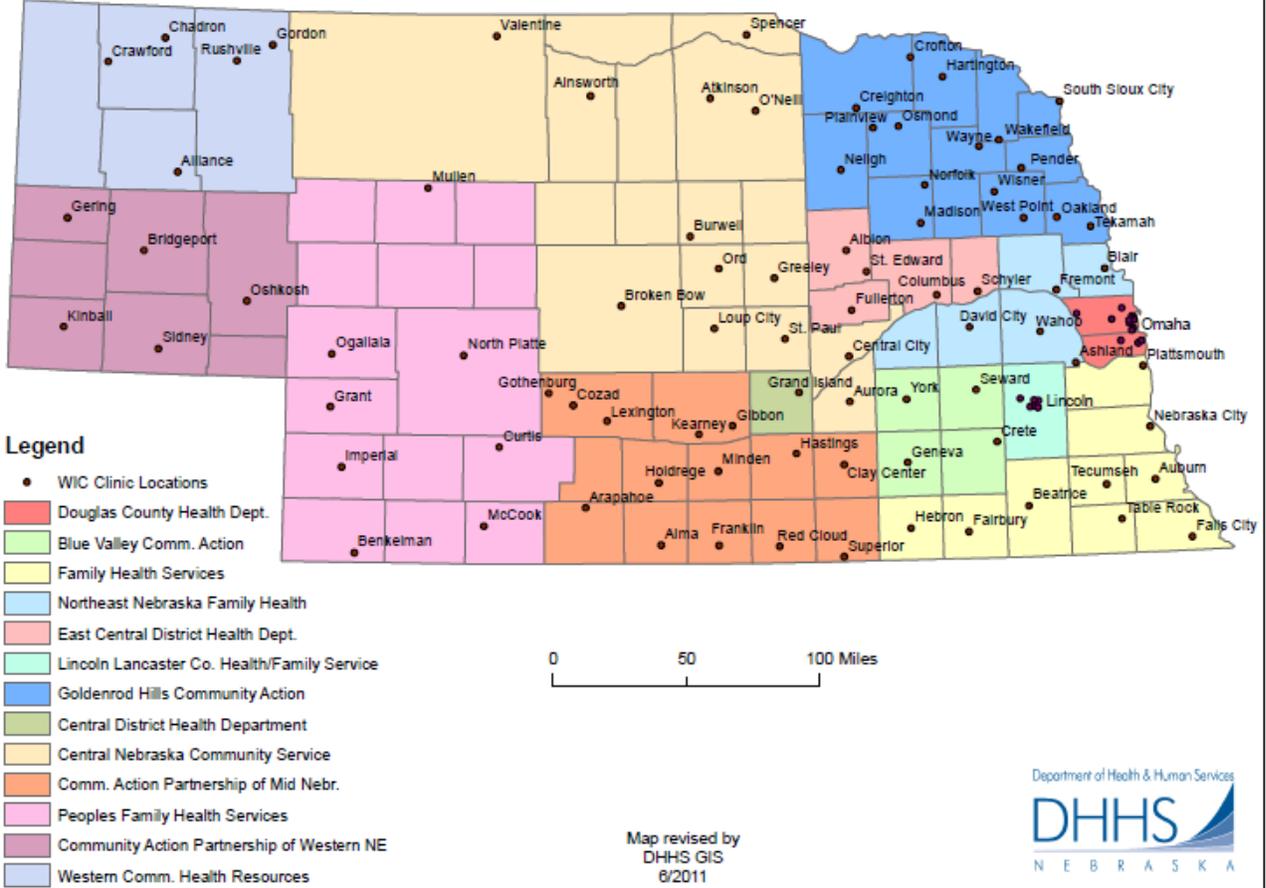
Local Agency	Counties	Clinics	Phone Numbers
CAP of Western Nebraska (050) 975 Crescent Drive Gering, NE 69341 308-633-2772 308-641-4320 Cell	Banner Cheyenne Deuel Garden Kimball Morrill Scotts Bluff	Sidney (11) Oshkosh (20) Kimball (25) Bridgeport (31) Gering (35)	308-641-4320 C 308-772-3537 308-641-4320 C 308-262-1825 308-632-2540
Peoples Family Health Services (065) 102 So. Elm Street North Platte, NE 69101 308-534-1678 1-800-395-7336	Arthur Chase Dundy Frontier Grant Red Willow Keith Lincoln Logan McPherson Hooker Perkins Hayes Hitchcock Thomas	Imperial (10) Benkelman (15) Curtis (20) McCook (70) Ogallala (45) North Platte (50) Mullen (40) Grant (65)	308-882-4916 308-423-2327 308-367-4227 308-345-3088 308-284-6141 308-534-1678 308-546-2262 308-352-4594
East Central Dist. Health Dept. (070) 2282 East 32 nd Avenue Columbus, NE 68601 308-564-9931 1-800-395-7862	Boone Colfax Nance Platte	Albion (11) St. Edward (11) Schuyler (10) Fullerton (11) Columbus (20)	402-395-2191 402-395-2191 402-352-3488 402-395-2191 308-564-9931
Western Community Health Resources (075) 821 Morehead Chadron, NE 69337 308-432-8979 1-800-717-1231	Box Butte Sheridan Sioux Dawes	Alliance (05) Gordon (20) Rushville (23) Chadron (15) Crawford (16) Native American Center (18)	308-762-3696 308-282-2611 308-327-2871 308-432-8979 308-665-1770 308-432-6778
Family Service (260) 501 South 7 th Lincoln, NE 68508 402-441-8655	Lancaster	Mill Towne (05) First Church (06) Air Park (08)	402-441-8655 402-441-8655 402-441-8655
Lincoln Lancaster Co. Health Dept. 3140 N Street (280) Lincoln, NE 68510 402-441-6200	Lancaster	Main (10) LMEP (11) North Lincoln (20)	402-441-6200 402-488-6511 402-441-4204

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Clinic Site Map

Maps of approved WIC clinics follows.

Nebraska WIC Clinics



Purpose

To provide guidance on the process for voiding checks and retention of those checks.

When to Void Checks

All checks which have been:

- damaged
- inadvertently torn off
- issued incorrectly
- printed with the wrong food package
- printed but not issued
- misnumbered (void the black number)
- returned after issuance

must be voided in the WIC Computer System as soon as possible but no later than close of business day on the 6th of the following month, in order to run monthly banking reports at the state WIC level.

✓ **Contact the help desk before voiding misnumbered checks.**

Voiding Process

- Void clients' current checks before reissuing new checks (i.e. change in formula or food package change) whenever possible. When replacing a whole months worth of benefits the WIC Computer System will not allow you to print new checks without first voiding the incorrect checks.
 - Checks cannot be voided on the main terminals for a clinic that is checked out. It must be done either 1) on the laptop while the clinic is checked out or 2) on the terminal after the clinic is checked in.
 - After voiding the checks in the WIC Computer System write "VOID" on the checks.
 - Indicate VOID on the signature line of the Check Register only by the check(s) issued and voided on the same day.
 - Check information can be viewed in the WIC Computer System via FI lookup, for up to 150 days past the 1st date to use. After 150 days the check information is archived. If you need to view checks older than 150 days contact the help desk.
-

Voiding the Wrong Check(s)

- If staff accidentally void a check in the WIC Computer System and then discover that the check should not have been voided, reverse the void in the computer system. Call the help desk if you need assistance.
-

Storage of Voided Checks

Voided checks should be stored at the WIC local agency as directed by the Receipt and Security Procedure Vol. III, Section E.

File the food instrument in descending numerical order.

Voiding Checks for In-State Transfers

Call the local agency from which the transfer client came and have them void the check(s) in the WIC computer System.

If you are voiding checks for a client that has transferred out of your clinic or agency and into another agency, void only one check at a time. **DO NOT** choose the option to void all checks for a given month. You may inadvertently void new checks created by the client's new agency, even though these checks are not listed on the void screen.

Follow these step's to reconcile voided checks for in-state transfers:

- Write "Void" on the check(s)
 - Void the check(s) in the WIC computer system
 - Mail the check(s) back to the previous local WIC agency.
-

Voiding Checks for Out-of-State Transfers

For clients who transferred to Nebraska from another state:

- Write "Void" on the check(s)
- Mail the checks back to the State WIC agency the checks were issued from.

For clients who transferred to another State:

- Write "Void" on the check(s)
 - Void the checks, **(one check at a time)**, in the computer system
 - File with the voided checks for retention
-

Purpose

To outline situations in which checks may be mailed to WIC clients.

**Mailing To
Individuals**

Local agency staff may determine that it is necessary to mail checks to an individual when there are difficulties for the client and/or his /her designated alternate shopper in obtaining the checks, or inability of the local agency to produce checks at the appointment time.

Conditions such as illness, imminent childbirth, death, difficulty in getting to the clinic, printer or system failure, or data and /or equipment loss, to name a few, should be considered reasons for mailing checks.

If there is difficulty of access, particularly for those employed or for rural clients, mailing checks may be used as an alternative means for issuance, until the client or an alternate shopper is able to come back to clinic.

Mailing of checks should not jeopardize the integrity of program services or fiscal accountability. Check pick-up at the clinic is required for clients who are scheduled for nutrition education or for determination of eligibility for a subsequent certification period.

The exception to this would be when the situation warrants extending the certification period by 30 days as outlined in the procedure found in Volume 1, Section F.

**Mailing To An
Entire Clinic**

Approval needs to be obtained from the State Agency in order to mail checks to one half or more of a clinic's clients. Reasons for mailing to clinic's would include:

- Inclement weather
- Unavailability of the clinic facility
- System or equipment failure

Mailing to an entire clinic will not be limited to specific client categories or priorities. Clients of all categories and priorities will be able to receive checks by mail.

The State Agency letter granting approval to mail checks must be retained for three years as outlined in Volume V, Section L, Page 2.

Mailing Checks On A Routine Basis

Mailing of checks to clinics on a routine basis is not allowed in the Nebraska WIC Program. It is believed that this adversely impacts the provisions of services, follow-up, and referrals for clients.

Mailing Process

When checks are mailed, document in the client's chart the reason(s) for mailing, the date, and staff initials.

Always indicate on the check register that the checks were mailed. Staff should also document client ID number, staff's initials and date mailed on the check register.

To ensure that WIC checks reach the intended persons, the checks should be sent first class with the following phrase on the envelope, "Do Not Forward, Address Correction Requested". This ensures the return of checks to the local agency if the client no longer resides or receives mail at the address to which the checks were mailed.

Checks Not Received

When a client reports that they did not receive their checks, the following steps should be taken:

- Verify in the WIC System that the checks have not been redeemed.
- Void the checks as lost in the computer.
- Complete a Lost & Stolen Check Report as outlined in the procedure in Section H of this volume.
- Checks should be replaced and sent to the client by certified or registered mail.

Clients should be instructed to return to the clinic, those checks they reported as not receiving, if the checks arrive later.

Checks Returned To The Local Agency

If checks are returned to the local agency, the following steps should be taken.

- Void the checks in the computer.
- Write void on the actual check(s)
- File checks in numerical order with other voided checks.

To ensure accurate reconciliation, all checks should be voided as soon as possible, but not later than the 10th of the month following issuance.

Purpose To specify when WIC checks are replaced and to provide guidance on the replacement of lost or stolen checks in an isolated situation or lost in a catastrophe.

WIC CPA May Authorize Replacement Checks The WIC Competent Professional Authority (CPA) may authorize replacement checks for:

- Checks lost in a catastrophe (e.g., fire, tornado or flood). Any check lost in a catastrophe may be considered for replacement.
- Checks for formula for infants and/or special needs clients. In an isolated situation of loss of checks or theft (not a catastrophe) only formula checks for infants or special needs clients (food package III) will be considered for replacement.

Call State WIC Staff For Any Other Situations The WIC CPA will call the State WIC Food Operations Coordinator for possible replacement of checks for other situations including but not limited to:

- Lost mailed checks
- Issues involving changes in foster care
- Checks that are damaged and cannot be used
- Other possible situations that may warrant replacement.

Recording The Loss Or Theft When a client reports the loss or theft of WIC checks, in a catastrophe or isolated situation, follow these steps to record the loss or theft:

Step	Action
1	If the reported lost or stolen check is for formula for an infant or special needs client, or one that is lost in a catastrophe look up the status of the check in the WIC computer system to determine if it has been redeemed. If staff is using a laptop call the State WIC Food Operations Coordinator. If the check has not been redeemed proceed with the following steps. If the check has been redeemed contact the State WIC Food Operations Coordinator.
2	Complete a Lost or Stolen Check Report. Upon replacement of the checks, have the client sign the form. Emphasize to the client that if the reported checks are later found, they may not be cashed. They should be turned into the local agency. If they are found and cashed, the client is subject to sanction points and a possible claim. An example of the form is found at the end of this procedure. Place a copy in the client's chart.
3	When replacing checks instruct the client to return any checks to the clinic if found.

4	Void the checks in the WIC computer system using the void code of “L” for lost or “S” for stolen. Individually void each check prior to issuing replacements.
---	--

If Checks Are Found Later **Physically mark void on checks that have been reported as lost or stolen** and are later returned to the clinic. The checks should be filed numerically with the agency’s other voided checks.

If checks that have been reported as lost or stolen are later found and used by the client, contact the State WIC Food Operations Coordinator.

Food Benefit Checks Reported as Lost or Stolen When a client reports that their checks, other than formula checks, (food benefits, fruit and vegetable check) have been lost or stolen in an isolated situation, explain that we do not replace them. Encourage them to continue to look for the checks that are lost. **Do not void these checks in the computer system.** Record the incident in the client chart. Do not complete the Lost and Stolen Check Report.

Replacement Package When replacement checks are warranted, the appropriate package must be determined. Federal guidance dictates that the “quantity of replacement food benefits should be based on that portion of food benefits for which the participant would normally still be eligible (i.e., from the present to the remaining days in the month)”. See Volume III, Section B, Page 5a for guidance on Prescribing and Issuing Prorated Packages. Issue the appropriate amount of formula which will cover the amount of time from check replacement until the next WIC appointment. If there is not a food package that provides the exact amount of formula, choose the amount of formula that comes the closest. You may need to use “Whole Package - No” and issue the appropriate number of checks. For help in these situations contact the State WIC Food Operations Coordinator.

Situations Where Lost Or Stolen Checks Are Not Replaced Do not replace lost or stolen checks if

- The checks are not formula checks for infants or special needs clients.
- The client reports lost or stolen checks more than once in 6 months.
- There is reasonable suspicion that the client is attempting to defraud the program

Sample Lost and Stolen Check Report-

Nebraska WIC Program
Lost or Stolen Check Report

Client ID Number: _____ Family ID Number: _____

Client last name: _____ Client first name, Middle Initial: _____

I certify that the following checks were: Lost Stolen
 Lost in a Catastrophe

Check Numbers (List Individually)	
Original Checks	Replacement Checks
Date of Issue: _____ (MM/YY)	Date of Issue: _____ (MM/YY)

If I receive replacement checks and the lost/stolen checks are found, I will not use the previously lost/stolen checks at the store and will return them to the clinic to be voided.

Responsible Party Signature/Date

Authorized WIC Staff Signature

Purpose Describe factors influencing food costs which have an impact on WIC food package costs

Food Package Cost

- A. Food costs are the acquisition cost of the supplemental foods provided on the WIC Program. Several factors may influence food costs and thus impact the cost of the WIC food package.
1. Inflation plays a major role in the Program. There are two indicators used to track WIC food price inflation.
 - a. The cost index for the Food Stamp Program reference household is used by Food Nutrition Services (FNS) to calculate the inflation factor used to allocate WIC State food grants.
 - b. The Bureau of Labor Statistics (BLS) produces the Consumer Price Index for all Urban Consumers (CPI-U) for Food at Home which is a measure of the average change in prices for selected foods, including components of the WIC food package are reported.
 2. Seasonal events including weather conditions and market manipulation contribute to a rise or fall in food prices.
 3. Forms of food such as the size and type of packaging; the variety such as fresh, canned and frozen; and other ingredients added to the product contribute to food costs.
 4. Brands of products authorized may produce price variations.
 5. Participating grocery stores may also influence prices depending on store size, location, ownership, etc.
 6. Category of participants will change the caseload mix and contribute to price fluctuation since the food packages for women, infants and children vary in cost.
 7. Amount of foods prescribed to individual participants through tailoring will vary the cost of the food package.
 8. Special needs of participants, which may require special authorized formula or specific types of milk and milk products in the food package, will influence the package cost.

Retroactive Benefits Program funds may not be used to pay for retroactive benefits.

Administrative Adjustment

- B. Food costs may be controlled through the process by which a state agency makes modifications to the brands, types and forms but not quantities of federally allowable foods and food packages to establish those food items generally acceptable in the state. For more information on administrative adjustment see Volume III, Section B.

**Infant
Formula
Rebates**

- C. Infant Formula Rebates are the result of the Cost Containment Initiative (PL 101-147) which Congress passed in 1989. This law requires all state WIC programs to have a cost containment initiative for standard milk and soy-based infant formulas. The State may join together with one or more other states for the purpose of procuring infant formula through the competitive bid process. This is called a State alliance.
1. Each state (or alliance) must use either sole source or multiple source competitive rebate systems.
 - a. Sole source rebate is the method in which one manufacturer is selected by a competitive process to provide standard and soy-based formula through retail grocery stores. All other manufacturers' brands of standard formula are restricted. The manufacturer provides a rebate for each can of its standard milk and soy-based infant formula purchased by the WIC Program.
 - b. A multiple source competitive rebate is the method in which two separate bid solicitations are issued: one for milk-based infant formula and one for soy-based infant formula. All other manufacturers' brands of standard milk and soy-based formula are restricted. This bid option is mandated for states serving an average of 100,000 or more infants per month.
 2. USDA regulations recognize that sole source rebates usually offer the greatest savings and all other options must be compared to sole source rebates. These steps must be followed:
 - a. Through a competitive process, obtain bids for sole source rebates only.
 - b. Through a competitive process, obtain bids for sole source rebates and for other types of rebates, such as multiple source, if the state wishes to consider types of rebates other than sole source.
 - i. Compare the savings that these bids would provide to the WIC Program.
 - ii. Select the rebate system providing the greatest savings.
 3. Prior to implementation of the infant formula rebate, the state must prepare and release an Invitation to Bid for primary providers of infant formula for the WIC Program. In order to meet specific statutory and regulatory requirements the Invitation to Bid shall include the following:
 - a. The composition of State alliances, if applicable.
 - b. Verification that no additional States shall be added to the State alliance between the date of the bid solicitation and the end of the contract.
 4. The State must provide a minimum of 30 days between the publication of the solicitation and the date on which the bids are due.

5. If the Invitation to Bid is issued by the State of Nebraska, a notice will be sent to potential bidder and will be posted on the State of Nebraska Administrative Services web site.
 6. The State shall publicly open and read all bids aloud on the day the bids are due.
 7. Claims to the selected contractor for infant formula rebates are filed by the state office on a regular basis, no less than monthly.
 - a. The State will have a system to ensure that the rebate invoices under competitive bidding provide a reasonable estimate or an actual count of the numbers of units sold to WIC participants.
 - b. Claims for rebates are made from the Redeemable Infant Formula By Brand Report, which is generated by the State. This report prints the number of cans of each type of contract formula that were redeemed during the report month. Each type of formula is reported by issue month. The total for each is then multiplied by the unit rebate amount to arrive at a total rebate for that type of formula.
 - c. Rebate payments are made to the state agency within 30 days of the date the manufacturer received the invoice for such payments.
 8. The rebates are a reduction to food fund expenditures rather than actual “new” money for the WIC Program.
-

**Rebates or Cost
Containment
Systems for Items
other than Infant
Formula**

- D. The State may implement cost containment systems for other supplemental foods if it is practicable and feasible.

Purpose Describe data elements that must be collected on a routine basis for periodic reporting to USDA

**Submitting
Required
Records**

The State Agency and local agencies must maintain complete records concerning WIC Program Operations. Records are to be submitted to USDA-FNS as specified.

1. A summary of the results of the monitoring of high risk and representative food vendors and of the review of food instruments are to be submitted annually to USDA-FNS at the conclusion of each fiscal year.
 - a. The State Agency submits The Integrity Profile, (TIP), which summaries the fiscal year's activities of the vendor management component of the WIC Program.
 2. Financial and participation reports are to be submitted by the state agency to USDA-FNS on a monthly basis.
 - a. Minimum information must include but may not be limited to: actual and projected participation; actual and projected food funds expenditures; a listing by source year of food and NSA funds available for expenditure and NSA expenditures and unliquidated obligations.
 - b. Participation will be counted by information collected from the WIC computer system and will provide a breakdown showing the number of fully and partially breastfed infants served by the program.
 3. Food expenditures are collected from the WIC computer system through the issuance of food instruments to participants.
 4. Racial and ethnic participation data will be entered into and collected from the WIC computer system
 5. Local agencies are required to report to the State agency administrative and program services expenditures on a monthly basis
-

**Minimum Data
Set Collection
and Submission**

The State Agency must maintain and routinely submit the minimum data set to USDA-FNS.

1. Minimum data to be collected and submitted include the following: FNS 10-Digit ID Code, Local Agency ID, Case ID, Date of Birth, Race/Ethnicity, Certification Category, Expected Date of Delivery/Weeks Gestation, Date of Certification, Sex, Priority Level, Participation in ADC/Medicaid/Food Stamps, Migrant Status, Number in Family/Economic Unit, Family/Economic Unit Income, Nutritional

Risks Present at Certification, Hemoglobin/Hematocrit, Weight, Height, and Date of Weight/Height Measure, currently breastfed, ever breastfed, length of time breastfed, date breastfed data collected, and food packages.

2. The State Agency fulfills the requirement for the minimum data set through the submission of the Participant Characteristics (PC) data set.

**Report
Documentation**

For audit purposes, all financial and program reports maintained and submitted by the State and local agencies must be traceable to source documentation.

**Participation in
USDA Studies.**

State and local agencies are required by law to cooperate with FNS in completing authorized studies.

Purpose To describe ways to use computer reports in tracking WIC participation and managing caseload.

Reports The following reports can be used to track participation in the NE WIC Program. Information contained in these reports can be used for caseload management, monitoring, high priority targeting, and USDA reporting.

301 Enrollment & Participation Report NE WIC 301 (Enrollment and Participation Report):

This report is used to track monthly participation by priority, category and ethnic group.

The 301 report tracks participation for the current month. All clients receiving checks and totally breastfed infants are considered participating on the 301 report.

Participation is the number reported to USDA. It is also used by the State when determining Local Agency funding through the funding formula. A record of monthly caseload can be used to estimate service to the potential eligible population and to target under-served populations by category and ethnic group.

The participation report includes all checks that have been voided by the 6th 10th of the month. This report may be run at the Local Level and should be run as close to the 6th of the month as possible in order to coincide with the State reports.

The Local Agency WIC Director/Coordinator should review the report along with the Fiscal Year Caseload Tracking Report provided by the State WIC Office on a monthly basis.

This report also provides enrolled numbers. Enrolled participation counts clients who are active and pending.

Report 301 continued The 301 Report also indicates the number of no-shows and percent of total enrolled.

- No-show percent = percent of participants who did not receive WIC checks but could have. (participation/enrolled)
- Enrolled = all active and pending clients who could have received a check during that month.
- Participating = all clients who received one or more checks during that month.

In addition, this report provides information on homeless, migrant, refugee, and totally breastfed infant numbers.

**340
Participation
Summary
Report**

The 340 (Participation Summary Report) contains current data on total participation numbers and percentages by the following categories: women, infants, and children within a Local Agency who have participated in the WIC program for a given month. The report lists data by Local Agency and State totals. If run on the same day as the 301 report, the participation numbers will match. This report should be run after the 6th of the month in order to reflect voids processed.

This report is useful in comparing your Local Agency percent of women, infants, and children served with other agencies and with the State.

This report is run at the State level and sent to the Local Agency monthly and is useful in tracking current caseload by category, (women, infants, children). It lists numbers and percentages for all Local Agencies.

**293 Food
Package Cost
By Status
Report**

The 293 (Food Package Cost by Status Report) may be considered both a participation report and a financial report. When used as a participation report, it provides redeemed participation numbers for the **closeout** month.

- Redeemed participation = counts all persons who have cashed one or more checks for the month requested.

This report is useful in calculating your redemption rate. (Divide the participation number on the 293 by the participation number on the 301 report for the same month).

**Report 293
Continued**

This report is run at the State level and sent to the local agency monthly and is useful in tracking closeout caseload by status, food package cost by status and food package cost per participant.

**303
Unduplicated
Participation
By County**

The 303 (Unduplicated Participation by County) lists a total number of unduplicated active participants within given counties for each Local Agency.

This report is useful in determining distribution of clients by county of residence within each clinic and Local Agency.

This report may be run at the local level and will give a page for each clinic and a Local Agency summary. When run at the state level it will print a report for each Local Agency and a State summary.

**330
Unduplicated
Annual Count
Of Participants**

The 330 (Unduplicated Annual Count of Participants) is designed to count the annual unduplicated participation for the period requested.

This report provides total numbers for all participating clients in the time period requested. Participant numbers are provided by priority and subdivided by participant status. Total numbers for women, infants, and children and clinic/LA/State totals are also provided. This report contains only those clients who have participated during that fiscal year, (Oct.-Sept.). Since this report was designed to be generated on an annual basis, it should be remembered that if it is run during the year, this report should be considered a “point-in-time” summary. In order to get final numbers for the fiscal year; this report should be run as a **closeout** report.

This report can be run at both the State and Local Level. For reports generated at the Local Level, details will be provided by clinic and LA summary. Reports generated at the State level provide information by LA and State summary.

360 Transfer Log

The 360 (Transfer Log) is printed daily at the state level. This report is mailed to Local Agency staff weekly. The transfer log lists the agency/sub-agency and clinic where the participant was transferred from or to. It also identifies the participant number, family number and date the transfer took place. The initials in the ‘BY’ column identify the last person who updated the client record, assuming that person was logged onto the computer where the update took place.

When received:

- Identify transfers in the ‘FROM’ column that belong to your agency.
 - These clients have been transferred out of the agency/clinic identified and the paper file should be transferred/filed

- appropriately.
- These clients should be removed from the appointment scheduler.
 - If checks were auto bulked for the clinic, checks printed for these clients should be removed from the stack and voided.
 - Check the computer system to verify the transfer was completed correctly.
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- Identify transfers in the 'TO' column that belong to your agency.
 - These clients have been transferred to your agency/clinic and a paper file should be created or the current file transferred appropriately.
 - Check the computer system to verify the transfer was completed correctly.