

WIC Update - Webinar

Proof Required at Certification

November 1, 2012

What We Are Discussing Today

- Proof of ID
- Proof of Address
- No proof

Proof is Required - Certifications

- **Proof of ID, Address, and income** are required at **ALL** certification and re-certification visits
- **No checks** can be issued without proof
- If **forget to bring proof** - cannot receive checks until appropriate proof is brought in, reviewed, and the client has been fully certified as eligible
- Walk-ins who **do not know about** the “proof requirements” cannot receive checks until appropriate proof is brought in, reviewed, and the client has been fully certified as eligible
- Those who “**forget**” or simply “**did not bring**” proof with them will be asked to reschedule their appointment at a time they can bring in the missing proof

Why is proof necessary?

- detect & prevent dual participation
- determine which applicants we are able to serve
- prevent fraudulent participation
- ensure WIC funds are used appropriately
- serve the right people

Proof of Identity

Applicants must bring proof of identity to their WIC appointments for:

- Initial WIC certification visit
- WIC Re-certification visit
- Check pick-ups

Implementation of this requires WIC Staff to educate clients as to the kind of documents that can be used as proof of identity.

Proof of address

Applicants must bring proof of address to their WIC appointments:

- Initial WIC certification visit
- WIC Re-certification visit

Implementation of this requires WIC Staff to educate clients as to the kind of documents that can be used as proof of residency.

Proof of Income

Applicants must bring proof of family income (or proof of adjunct income eligibility) to their WIC appointments:

- Initial WIC certification visit
- WIC Re-certification visit

Implementation of this requires WIC Staff to educate clients as to the kind of documents that can be used as proof of income and/or adjunct income eligibility.

New Updated Acceptable Proof List

**Can be downloaded
from our website**

Proof Required at Certifications

Proof of ID, Address, and Income is required at all Certifications.
No checks can be issued without proof.

Proof of ID (Adult)

Bring 1 proof of ID for you: Must include your full name; not expired; original document

- ✓ Notice of Action – if listed as eligible participant
- Photo ID – Drivers license, school, work, military
- Social Security Card
- Birth Certificate
- Medicaid Card
- Passport with picture
- I-94 Card-Refugee
- Marriage License
- Voter Registration Card
- Pay Stub (last 30 days)
- WIC ID Folder – (re-certs only)



Staff recognition may be used for re-certifications when no other ID is available

📞 *WIC staff – phone call to the NMES when other proof is not available*

Proof of Address

Bring proof of Nebraska Address that is postmarked or dated within the last 30 days:

For Women – mail with woman's name or spouse's name
For Child – mail with child's or RP's name

- ✓ Notice of Action (mailed/viewed on-line)
- Physical mail – sent to your street address
- Physical mail – showing your service address
- On-Line mail (showing service address)
 - Utility bill, cable bill, lease, property tax statement, appraisal form, mortgage receipts
- Map – showing location for rural addresses that only use PO boxes and do not have any of the above proofs
- Migrant card/Migrant Health Card

✉ *WIC staff - may offer to mail a postcard to their address which can be brought in for proof.*



Proof of ID (Infant or Child)

Bring 1 proof of ID for each child: Must include child's full name; not expired; original document

- ✓ Notice of Action
- Birth Certificate
- Medicaid Card
- Social Security Card
- Passport with picture
- I-94 Card – Refugee
- Worksheet Birth Certificate
- WIC Infant Enrollment ID Card
- Immunization record (NESIIS)
- Baptismal Certificate
- Hospital ID Bracelet (must include date of birth)
- Medical discharge papers (must include date of birth)
- WIC ID Folder (re-certs only)



Staff recognition may be used for re-certifications when no other ID is available

Foster Care or Custody Situations Bring:

- Foster care papers or assignment verifying placement
- Verbal verification of foster care placement from case manager or placement agency
- Custody or guardianship papers
- Signed & dated note from parent or guardian giving guardianship to another person; Signed/dated note from guardian stating parents have custody back
- Letter or verbal notice from caseworker that child has been returned to parent
- Paternity papers

📞 *WIC staff – phone call to the NMES automated phone line to verify adjunct eligibility serves as proof of ID for clients receiving those services when no other proof is available.*

QUICK TIP! Proof for Adjunct Eligible Clients:

✓ *The Notice of Action Form can be used to satisfy proof of ID, address, and adjunct income eligibility.* It works for those receiving ADC, SNAP, Medicaid, or 599 CHIP. Staff may view a current hard copy of the form or help the client pull it up on-line.

SAMPLE
FRONT
PAGE

Proof of ID (Adult)

Bring 1 proof of ID for you: Must include your full name; not expired; original document

- Notice of Action – if listed as eligible participant
- Photo ID – Drivers license, school, work, military
- Social Security Card
- Birth Certificate
- Medicaid Card
- Passport with picture
- I-94 Card-Refugee
- Marriage License
- Voter Registration Card
- Pay Stub (last 30 days)
- WIC ID Folder – (re-certs only)

Staff recognition may be used for re-certifications when no other ID is available

👉 WIC staff – phone call to the NMES when other proof is not available

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 8801
LINCOLN, NE 68501-8801

Case Number - 33618
Case Name - ACCESS/Nebraska
CONTACT - (800) 343-4276
Telephone Number - (800) 343-4276
Fax Number - (402) 471-0209
Notice Date - 11-15-2012
Mail Date - 11-16-2012

1215 ARAPAHOE APT 215
LINCOLN, NE 68502

NOTICE OF ACTION

Medicaid

Close Medical coverage for the following individual(s) has ended effective 11-01-2012.

Individual	Status	Reason
	Ineligible	Case Review Not Completed
	Ineligible	Case Review Not Completed
	Ineligible	Case Review Not Completed

Creditable Coverage: Under Federal Law, Medicaid coverage after July 1, 1996 is considered to be "creditable coverage" that counts toward overcoming insurance company waiting periods. Your most recent period of "creditable coverage" for Medicaid is ending. You had "creditable coverage" for at least one month ending with the effective month of this notice.

If you have questions about your loss of Medicaid coverage, please call DHSIS via the telephone number on the first page listed in the upper right hand corner of this notice.

If you need a Creditable Coverage Certificate, indicating all months of Medicaid coverage you had, to provide to an insurance company, please call 402-471-8310 (in Lincoln) or Toll free 1-800-358-8802 and ask for the "Creditable Coverage Certificate" representative.

The manual references which support this Notice are: 477 NAC 1-010F

NEBRASKA ISSUE DATE **06/18/2009**

RxBIN 013796
RuPCN P062013766
RuGRP NEBMEIDCAID

ID NUMBER/DATE OF BIRTH

Susan Q Individual	08652393609	04/16/1996
Jeffery M Individual	08652393606	09/15/2004
Johnathan R Individual	08652393607	08/14/1975
Nancy L Individual	08652393606	05/19/1993
Nicholas Q Individual	08652393605	04/30/1990
Theresa H Individual	08652393604	03/01/2002

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES 1 of 2



Admission Number
672357447 12

Arrival Record
VISA WAIVER

1. Family Name _____

2. First (Event) Name _____

3. Birth Date (dd/mm/yy) _____

4. Country of Citizenship _____

5. Sex (m/f) or Gender _____

6. Passport Number _____

7. Airfile and Flight Number _____

8. Country Where You Live _____

9. City Where You Resided _____

10. Address While in the United States (Number and Street) _____

11. City and State _____

12. _____

13. _____

Government Use Only

CDF Form 1-9/04 (1/10/04)

STATE OF NEBRASKA

WHEN THIS COPY APPEARS THE APPLICANT SHALL BE THE IMMEDIATE APPOINTMENT OF HEALTH AND HUMAN SERVICES. IT CONTAINS THE SIGNATURE OF THE APPLICANT AND THE SIGNATURE OF THE OFFICIAL WHO HAS ISSUED THIS COPY TO THE APPLICANT. THIS COPY IS THE PROPERTY OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES. IT IS TO BE KEPT IN THE APPLICANT'S FILE FOR VERIFICATION PURPOSES.

DATE OF ISSUANCE _____
STATE OF NEBRASKA
LINCOLN, NEBRASKA

Stanley J. Compton
Stanley J. Compton
GOVERNOR OF NEBRASKA
GOVERNOR OF NEBRASKA AND HUMAN SERVICES

STATE OF NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF LIVE BIRTH

1. CHILD'S NAME (Print)	2. CHILD'S SEX	3. DATE OF BIRTH (dd/mm/yy)	4. TIME OF BIRTH	5. COUNTY OF BIRTH
Candy	Female	Barre		

6. PLACE OF BIRTH (Print) _____

7. CITY/TOWN OR LOCATION OF BIRTH _____

8. ZIP CODE _____

9. HOSPITAL OR CLINICAL CENTER _____

10. COUNTY _____

11. STATE _____

12. IN NAME OF APPOINTMENT OFFICER _____

13. SIGNATURE OF APPOINTMENT OFFICER _____

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643. SIGNATURE OF

Notice of Action Form – As ID

- **First /last name** must be listed as an **eligible participant** in one of the adjunct income eligible programs
- **First /last name** must be listed as the **pregnant mother** of unborn child on **599 CHIP** (Notice of Action Form)
 - Note - Do NOT keep copies in the file for future certifications
 - See original form (mailed)
 - See re-printed form (internet)
 - See form on website

Is this Proof of ID?

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 85801
LINCOLN, NE 68501-5801

Case Number: - 11111
Case Name: - Mini Mouse
CONTACT -
Telephone Number - (800) 383-4278
Fax Number: - (402) 471-9209
Notice Date: - 07-12-2012
Mail Date - 07-13-2012

Mini Mouse
2255 Garfield St.
Lincoln, NE 65432

NOTICE OF ACTION

Aid to Dependent Children

Your application has been approved for 6-2012. The monthly benefit is \$377.00. benefit is prorated from your prorate date of 06-05-2012.

Individual	Status
Jordan Mouse	Eligible
Jill Mouse	Eligible
Unborn Mouse	Eligible
Mini Mouse	Eligible

First & last name must be listed here as eligible for one of the adj income eligible programs to be used for proof of ID.



Notice of Action

Is this Proof of ID?

NO –
Applicant was listed
as “ineligible”

we can not use this
as proof of ID

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 85801
LINCOLN, NE 68501-5801

Case Number: - 316148
Case Name: -
CONTACT - ACCESSNebraska
Telephone Number - (800) 383-4278
Fax Number: - (402) 471-9209
Notice Date: - 10-17-2012
Mail Date - 10-18-2012

Candy Barre
1234 Victory Ln
Lincoln, NE 68521

NOTICE OF ACTION

Medicaid

Close

Medical coverage for the following individual(s) has ended effective 11-01-2012.

Individual	Status	Reason
Candy Barre	Ineligible	Case Review Not Completed
	Ineligible	Case Review Not Completed
	Ineligible	Case Review Not Completed

Creditable Coverage. Under Federal Law, Medicaid coverage after July 1, 1996 is considered to be "creditable coverage" that counts toward overcoming insurance company waiting periods. Your most recent period of "creditable coverage" for Medicaid is ending. You had "creditable coverage" for at least one month ending with the effective month of this notice.

If you have questions about your loss of Medicaid coverage, please call DHHS via the telephone number on the first page listed in the upper right hand corner of this notice.

If you need a Creditable Coverage Certificate, indicating all months of Medicaid coverage you had, to provide to an insurance company, please call 402-471-9310 (in Lincoln) or Toll free 1-800-358-8802 and ask for the "Creditable Coverage Certificate" representative.

The manual references which support this Notice are- 477 NAC 1-010ff

Comments

A Medical assistance case is due for a review. Please file a review application as soon as possible.

For information regarding the status of your case, call the Automated Voice Response System (VRU) at 1-800-383-4278.

Please visit www.ACCESSNebraska.ne.gov to complete applications for assistance, report changes and connect with other on-line services.

See Reverse

Notice of Action – 599 CHIP As Proof of ID

- This form may be used as **proof of ID** for the mom, if she is **listed as the pregnant mother** of the unborn child on this form
- We can use it as adult ID, because Medicaid has already verified her ID

NOTICE OF ACTION

Eligibility for medical coverage for ___ (pregnant woman's name) ___ unborn child has been reviewed under the 599 Children's Health Insurance Program (599 CHIP). ___ (pregnant woman's name) ___ unborn child has been determined eligible for medical coverage beginning ___ (date of eligibility begins) ___ through birth/end of pregnancy. Your unborn's 599 CHIP coverage will end when the birth/end of pregnancy occurs which is in the month of ___ (month baby is due) ___ based on the due date provided.

The purpose of this program is to allow medical coverage for the unborn child, including prenatal care, labor and delivery. Postpartum and any other care past the birth/end of pregnancy is not a covered service under 599 CHIP.

- You must report to the Agency within ten days all changes in your status, including the birth of your newborn or end of your pregnancy (477 NAC 1-006).
- If your anticipated due date changes, you will be required to report your new due date before any adjustment in medical coverage will be made for the unborn.

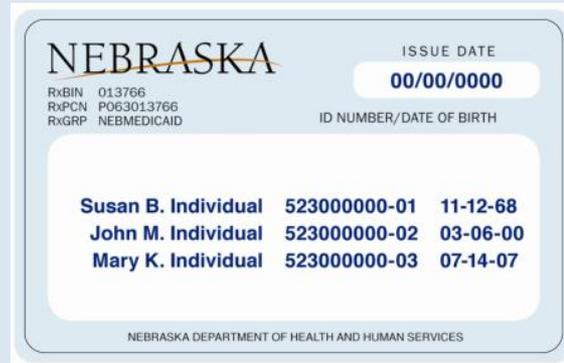
AT THIS TIME A MEDICAID CARD WILL NOT BE ISSUED FOR THE UNBORN; THIS NOTICE OF ACTION WILL SERVE AS THE UNBORN'S MEDICAID ID#. PLEASE PRESENT THIS NOTICE TO THE MEDICAL PROVIDER(S).
THE CURRENT MEDICAID ID# IS: _____.

Providers: Please accept this notice as you would a regular Medicaid card. This notice does not guarantee coverage; rather it provides the MED ID# to be used for billing purposes. You will need to verify current coverage through the Nebraska Medicaid Eligibility System (NMES).

Coverage is limited to care solely for the unborn child, including prenatal care, professional fees for labor and delivery, live birth, fetal death, miscarriage and ectopic pregnancy. Services not covered under 599 CHIP include postpartum care, medical issues separate to the pregnant woman and unrelated to the pregnancy and any services to the newborn child following the end of the pregnancy. See applicable provider bulletin(s) for specifics.

Sample – 599 CHIP Notice Of Action

Medicaid Card – As ID



- The Medicaid card itself, may be used as **proof of ID** for participants listed on card (**first and last name**)
- Because DHHS has verified ID, the Medicaid card can be used as proof of ID even after the person is no longer eligible for Medicaid
- The Medicaid card is only issued once, so for ID purposes it does not expire

Front of
Medicaid Card

This card is
mailed out once
(not monthly)

This card is
proof of ID
for the
people listed

NEBRASKA

RxBIN 013766
RxPCN P063013766
RxGRP NEBMEDICAID

ISSUE DATE
00/00/0000

ID NUMBER/DATE OF BIRTH

Susan B. Individual	523000000-01	11-12-68
John M. Individual	523000000-02	03-06-00
Mary K. Individual	523000000-03	07-14-07

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

NMES Line – as ID

- Nebraska Medicaid Eligibility System
- Automated phone line
- Used to verify Medicaid participation
- Verified eligibility by the NMES line serves as proof of ID for WIC, *when no other proof is available*

Children & Infant ID

- **Challenges:**

- Less hospitals are giving souvenir birth certificates
- Less hospitals are using names on the ID bracelets and are using bar codes
- Birth certificate worksheets - are not always signed
- Purple cards – not always being signed
- Discharge information sometimes contains no personal information

Proof of ID (Infant or Child)

Bring 1 proof of ID for each child: Must include child's full name; not expired; original document

⚡ Notice of Action

- Birth Certificate
- Medicaid Card
- Social Security Card
- Passport with picture
- I-94 Card – Refugee
- **Worksheet Birth Certificate**
- **WIC Infant Enrollment ID Card**
- **Immunization record (NESIIS)**
- Baptismal Certificate
- **Hospital ID Bracelet (must include date of birth)**
- **Medical discharge papers (must include date of birth)**
- **WIC ID Folder (re-certs only)**



WIC staff – phone call to the NMES automated phone line to verify adjunct eligibility serves as proof of ID for clients receiving those services when no other proof is available.

Staff recognition may be used for re-certifications when no other ID is available

Solutions to help with ID:

❖ **Notice of Action Form**

❖ **NMES line**

❖ **Birth certificate worksheet**

❖ **Breastfeeding referral notice**

WIC Infant Enrollment Card

WIC Infant Enrollment Card

Baby's First Name: _____

Baby's Last Name: _____

Date of Birth: _____

Mother's Name: _____

Father's Name: _____

Signature of Hospital Staff: _____

Date: _____



This card will serve as Identification for WIC enrollment purposes when this side is filled out completely.



DRAFT
Comments Due
11/9/12

Email comments
Marge.blankenship@nebraska.gov

WIC Referral Information



Baby or Child's Full Name: _____

Date of Birth: _____

Weight

Length

Hemoglobin

Signature of Doctor or Nurse

Date

The referral information must be signed by a doctor or nurse for it to be used by WIC to determine eligibility for the program.



Hospital Bracelet – As ID ?

Remember it must include first & last name & birthdate



NO



YES



NO



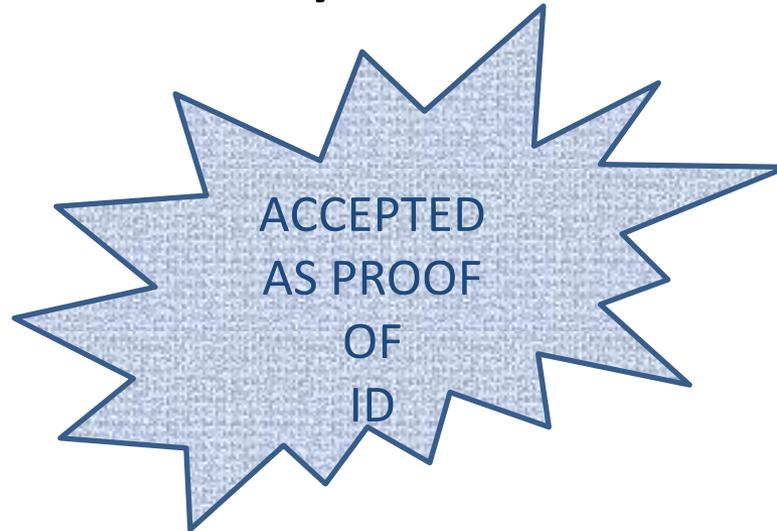
YES



YES

Immunization Records

❖ Nebraska State Immunization
Information System – NESIIS



WIC as a Provider

- ✓ One Provider ID for all of WIC
- ✓ Can check On-line
- ✓ Can use printed record from NESIIS

On-Line Sample

Baby name
Mom's maiden name

NESIS
Nebraska State
Immunization
Information System

Home | manage access/account | forms | related links | logout | help desk | training

organization: Department of Health and Human Services • user: Karen Rutherford • role: IR Help Desk

Client Information

Client Name (First - MI - Last): SUZIE LYNN SUZ
DOB: 08/28/1997
Gender: F
Mother's Maiden: SUZIE SUZ
Tracking Schedule: ACIP
Client #

Address: 100 South St, HASTINGS, NE 68001 (402) 940-4597

Comments

History Add Immunization Edit Client Reports Print Print Confidential

Vaccine Group	Date Administered	Series	Trade Name	Dose	Consent?	Reaction	Miss?	Edit
DTaPwP	08/01/1997	1 of 5	DAPTACEL ®		No		Yes	✎
	08/10/1997	2 of 5	DAPTACEL ®		No		Yes	✎
	08/18/1997	3 of 5	DAPTACEL ®		No		Yes	✎
	08/27/1998		DAPTACEL ®		No		Yes	✎
HepB	07/11/2000		DAPTACEL ®	Full	No			✎
	02/28/2007	1 of 3	Recombivax Peds ®		No		Yes	✎
	03/04/2007	2 of 3	Recombivax Peds ®		No		Yes	✎
	03/05/2009	3 of 3	Recombivax Peds ®		No		Yes	✎

Paper NESIIS Sample

Baby name

Mom maiden name

October 2012 Page 1 of 2

Nebraska State Immunization Information System
 Department of Health and Human Services
 Immunization Record

Chart Number: _____ Tracking Schedule: ACIP
 Client Name (I, F, M): QUE, SUZIE LYNN Mother's Maiden Name (I, F, M): JOHNSON, CINDY
 Birth Date: 02/28/1997 Gender: Female Race: White Ethnicity: Not Hispanic or Latin
 Address: 105 South St
 City: HASTINGS State: NE ZIP: 68901 Phone: (402) 948-4587

Relationship: Father Name (I, F, M): QUE, JOSEPH
 Address: 105 South St
 City: HASTINGS State: NE ZIP: 68901 Phone: (402) 948-4587
 Relationship: Mother Name (I, F, M): QUE, CINDY
 Address: _____
 City: HASTINGS State: NE ZIP: 68901 Phone: (402) 847-2658

Client Comments:
 No Comments Found

Immunization History		Tracking Schedule: ACIP		
Immunization	Date Admin	Series	Trade Name	Dose Reaction
DTPaP	05/01/1997	1 of 5	DAPTACEL	
	06/10/1997	2 of 5	DAPTACEL	
	06/15/2002	3 of 5	DAPTACEL	
	02/17/2008		DAPTACEL	
	07/11/2008		DAPTACEL	Full
HPV	02/17/2008	1 of 3	Gardasil	
	04/30/2008	2 of 3	Gardasil	
	07/11/2008	Not Valid	Gardasil	
HepB	02/28/1997	1 of 3	Recombinax Peds	
	05/04/1997	2 of 3	Recombinax Peds	
	03/05/1998	3 of 3	Recombinax-Adult	
	07/11/2008		Recombinax Peds	Full

Possible Future Solution

Access to Vital Statistics Birth Records



Foster Care or Custody Situations Bring:

- Foster care papers or assignment verifying placement
- Verbal verification of foster care placement from case manager or placement agency
- Custody or guardianship papers
- Signed & dated note from parent or guardian giving guardianship to another person; Signed/dated note from guardian stating parents have custody back
- Letter or verbal notice from caseworker that child has been returned to parent
- Paternity papers

Challenging Situations for proof of ID - Custody Situations

Parents that walk away and leave the baby with no arrangements made.
Grandma has no ID for baby to enroll in WIC.

NO PROOF		
<input type="checkbox"/> Res	<input checked="" type="checkbox"/> ID	<input type="checkbox"/> Income
Reason: child left with grandma		
Client Initials	JJ	

Questions About ID

1. Can we accept **photo copies**? **NO**
2. Can we use an **out of state driver's license** for proof of ID?
Yes, if it is not expired
3. Can we use foreign ID? **Yes, if it is not expired**
4. Why no bank cards or credit cards for ID?
5. Why can't we use health insurance plan cards for ID?

More Questions

6. Can hospital or medical office records be used as proof of ID for someone applying for WIC if the WIC staff works at both places? **NO**
7. Who can sign the WIC Enrollment ID Card (purple card)?
Any Hospital Staff
8. Can the same person that fills out the WIC Enrollment ID Card (purple card) be the person who accepts it for WIC? **NO**
9. Can a PAF be used as proof of ID? **NO**

Proof of Address

Bring proof of Nebraska Address that is postmarked or dated within the last 30 days:



For Women – mail with woman’s name or spouse’s name

For Child – mail with child’s or RP’s name

⚡ **Notice of Action** (mailed/viewed on-line)

- **Physical mail** – sent to your street address
- **Physical mail** – showing your service address
- **On-Line mail (showing service address)**
Utility bill, cable bill, lease, property tax statement,
appraisal form, mortgage receipts
- **Map** – showing location for rural addresses that only use
PO boxes and do not have any of the above proofs
- **Migrant card/Migrant Health Card**

✉ *WIC staff - may offer to mail a postcard to their address
which can be brought in for proof.*

Notice of Action

Page 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 85801
LINCOLN, NE 68501-5801

Case Number: - 546689
Case Name: -
CONTACT - ACCESSNebraska
Telephone Number - (800) 383-4278
Fax Number: - (402) 471-9209
Notice Date: - 08-22-2012
Mail Date

DATED 5 days ago

Dafney Duck
1234 Swan Dr
Hickman, Ne 68222

Proof of Address? **YES**

If viewed on paper –
mail date or re-printed
date should be within
last 30 days

NOTICE OF ACTION

Child Care Subsidy Program

Denied

Your application for Child Care assistance is denied effective 07-01-2012.

The reason is:

- Reason Found in Comment Section

Approval

Your application has been approved 8-2012. Effective 08-01-2012, your Child Care assistance will begin with a monthly family fee of \$0.00. This benefit is prorated from the application received date of 07-31-2012.

The following individual(s) are eligible for Child Care benefits.

The reason is:

- Approval

Individual

Status
Eligible

Supplemental Nutrition Assistance Program (SNAP) formerly known as the Food Stamp Program

Your benefits will change for 9-2012. The monthly benefit will be \$361.00.

The reasons are:

See Reverse

BETTER HOMES AND GARDENS NOVEMBER 2011

Better Homes and Gardens.

Quick & Clever Food Gift Wrap-Ups p.31

Today's Date

simply delicious



37 Must-Have Recipes for a Homemade Thanksgiving

Easy Ideas for Holiday Sides & Salads

Secrets to Pie Success: Making Perfect Crust

Plus: Creative Touches for Your Holiday Table

It's Where Life Happens™

C.959

Caramel Apple Cherry Pie p.166

Proof of Address?

YES

Marge Blankenship
1234 C Street
Kearney, Ne

Must Contain First & Last Name & Address

Utility Bill

1656004500 Group: 4768



SEWARD COUNTY
PUBLIC POWER DISTRICT
3111 PROGRESSIVE RD PO BOX 69
SEWARD NE 68434-0069

Phone: (402) 643-2951

Office Hours: 8:00 a.m. - 5:00 p.m. CST Mon. - Fri.
Outside depository is available after hours for your convenience.

Mickey Mouse

PO BOX 1
PLEASANT DALE NE 68423-0184

4 1021
C-4 P-15



- Allow ample time for delivery before the due date when mailing your payment.
- Failure to receive a bill does not exclude you from monthly payment.
- Make any inquiry about this bill prior to the due date.
- Account is not considered paid until payment is received in our office.
- Balances brought forward are charged 14% per annum interest
- All meters are the property of the district and shall not be tampered with. All violators are subject to prosecution under Nebraska statute.

With school back in session remember to watch for children crossing streets and getting on and off the school bus. Teach your children how to get to and from school safely.

Our office will be closed Monday, September 3rd in observance of Labor Day. Have a safe Labor Day weekend.

NOTICE-WINTER HOURS-Beginning Sept. 1st thru May 31st our office hours will be 8:00 a.m. to 5:00 p.m. As always the office is open throughout the noon hour. For after hours convenience a drop box is located just south of the front door. You may also pay your bill on our website at www.sewardppd.com

ACCOUNT NUMBER		NAME			RATE	TELEPHONE	SERVICE ADDRESS		
1656004500					PDL16	402-795-5833	403 MAIN ST		
SERVICE		NO. DAYS	READING		MULTIPLIER	KWH USAGE	METER NUMBER	BILLING DATE	
FROM	TO		PREVIOUS	PRESENT					
07/16/2012	08/16/2012	31	9812	11536	1.0000	1724	13753078	08/28/2012	
PRIOR BALANCE								238.99	
PAYMENT								180.00 CR	
ENERGY CHARGES								211.27	
CUSTOMER CHARGE								18.25	
STATE SALES TAX								12.62	
ENERGY BALANCE								301.13	
BUDGET BILL AMOUNT								180.00	
COMPARISONS				Days Service	Total kWh	Avg. kWh/Day	Budget Due	Due by 1 st of next month	180.00
Current Billing Period				31	1724	56	Gross Amount		
Previous Billing Period				30	1697	56			
Same Period Last Year				31	1475	47			
								190.00	

PLEASE DETACH AND RETURN BOTTOM PORTION WITH PAYMENT

Residential Lease

APARTMENT – CONDOMINIUM – HOUSE

BY THIS AGREEMENT made and entered into on _____, 20____,
between _____ herein referred to as Lessor, and _____
_____ herein referred to as Lessee. Lessor leases to Lessee the premises situated at _____
_____, in the City of _____,
_____, County of _____, State of _____,
and more particularly described as follows: _____

together with all appurtenances, for a term of _____ years, to commence on _____, 20____, and to end on
_____, 20____, at _____ o'clock ____ m.

1. Rent. Lessee agrees to pay, without demand, to Lessor as rent for the demised premises the sum of _____
_____ Dollars (\$ _____) per month in advance on the _____ day of each calendar month
beginning _____, 20____, at _____
_____, City of _____, State of _____
or at such other place as Lessor may designate.

2. Form of Payment. Lessee agrees to pay rent each month in the form of one personal check, OR one cashier's check, OR
one money order made out to _____.

3. Late Payments. For any rent payment not paid by the date due, Lessee shall pay a late fee in the amount of _____
_____ Dollars (\$ _____).

4. Returned Checks. If, for any reason, a check used by Lessee to pay Lessor is returned without having been paid, Lessee
will pay a charge of _____ Dollars (\$ _____) as additional
rent AND take whatever other consequences there might be in making a late payment. After the second time a Lessee's check is
returned, Lessee must thereafter secure a cashier's check or money order for payment of rent.

5. Security Deposit. On execution of this lease, Lessee deposits with Lessor _____
_____ Dollars (\$ _____), receipt of which is acknowledged by Lessor, as security for the faith-
ful performance by Lessee of the terms hereof, to be returned to Lessee, without interest, except where required by law, on the
full and faithful performance by him of the provisions hereof.

6. Quiet Enjoyment. Lessor covenants that on paying the rent and performing the covenants herein contained, Lessee shall
peacefully and quietly have, hold, and enjoy the demised premises for the agreed term.

7. Use of Premises. The demised premises shall be used and occupied by Lessee exclusively as a private single family resi-
dence, and neither the premises nor any part thereof shall be used at any time during the term of this lease by Lessee for the
purpose of carrying on any business, profession, or trade of any kind, or for any purpose other than as a private single family
residence. Lessee shall comply with all the sanitary laws, ordinances, rules, and orders of appropriate governmental authorities
affecting the cleanliness, occupancy, and preservation of the demised premises, and the sidewalks connected thereto, during the
term of this lease.

8. Number of Occupants. Lessee agrees that the demised premises shall be occupied by no more than _____ persons,
consisting of _____ adults and _____ children under the age of _____ years, without the written consent of Lessor.

LINCOLN, NE 68521

Used / Available
Vac 0.00 / 0.00

Dafney Duck

5539 SOUTH 27TH STREET, SUITE 107
LINCOLN, NE 68512

Hourly Holiday R (8.00@ $\$$. /
Hourly Regular (80.22@ $\$$
Overtime Hourly (2.15@ $\$$
Federal Withholding
Social Security Employee
Medicare Employee
NE - Withholding
Anniversary bonus
Birthday Bonus

Current Month

-25.00
-39.69
-9.28
-15.98
0.00
0.00

YTD
131
178.00
11,758.99
229.71
-271.00
-761.05
-177.99
-266.87
54.13
54.15

550.17

DELIVERY TICKET

Jim's Home Health Supplies

1400 North 48th Street, Lincoln, NE 68504-3170, Phone: (402) 465-9000

Date: Current Date

Customer .. **DOB** 08/02/1921 **Height** **Weight** **Sex** F

Bill to

Mickey Mouse

PO Box 1234
Omaha, NE 60412

Deliver to

Mickey Mouse

1234 Disney Rd
Omaha, NE 60412

Insurance

Comments or Special Instructions

HAS A FEW LEFT-BEEN HAVING SOME EXTRA PROBLEMS WITH THIS BOX OF POUCHES

HIPAA Signature on file Yes

Delivery Date	Time	CSR	Branch	Warehouse	
10/3/2012		Bill@N	North Jim's Home Health Supplies	North Store	
Qty	Type	Bin	Item	Ext. Amt.	Tax
1	Purchase		OST-06521 (411804) / ConvaTec / 411804 10/QTY	\$71.80	\$0.00
1	Purchase		OST-06345 (413313) / ConvaTec / 413313 10/QTY	\$32.40	\$0.00
TOTAL				\$104.20	\$0.00

MAP

We live about 2 miles
South of oak on
a small acreage and
get mail at P.O. Box 22
Nelson, NE.

Current
Date



Documenting the type of proof seen for each applicant is required:

- A standardized process for documenting proof has been developed by the State Agency
- LA's are required to record their determination of residency and identity on the certification signature form using the check-off boxes

Exceptions – No Proof:

Difficult Circumstances

Regulations allow us to enroll WIC applicants when no proof exists.

These exceptions are allowed as to not create a barrier to services to applicants that would have difficulty providing this information...especially to those that are mobile such as migrants, homeless, and military.

Situations where clients MAY be unable to provide proof include:

- ❖ Domestic violence or abuse
- ❖ Homeless individuals
- ❖ Living in Shelters
- ❖ Migrant Families
- ❖ Disaster (tornado, fire, hurricane)
- ❖ Theft
- ❖ Paid in Cash
- ❖ Moved from another state or location in Nebraska

NO PROOF	
<input type="checkbox"/> Res	<input type="checkbox"/> ID <input type="checkbox"/> Income
Reason:	
Client Initials	

Situations where proof does not exist, as in the exceptions listed above, are marked and explained on the “no proof” section of the signature form.

Practice Activity

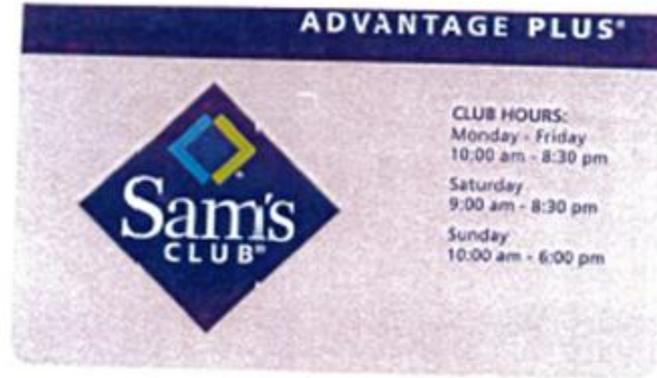
AS TIME ALLOWS

Can this be used
for proof of
address?



Proof
of ID?

YES



For information or assistance, visit samsclub.com or call 1.888.746.7726.

Sunny Bunny

123456789 SAMPLE CARD

Member Since 10/2007

PRIMARY



Proof of Address?

NO

- Over 30 days old
- No name



Customer service

402-421-0300 Care/Sales 8am - 9pm
Sat 8am - 9pm, Sun closed. All times CT.
Technical Support 24 hours a day.

Account number
8347100011028779
Customer Code 9025

Service Period	Due date	Amount due
10/08 - 11/07	Zero Balance Do Not Pay	\$0.00

Service address

1111 S 70th St Apt 120
Lincoln, NE 68510-4285

0.00 Previous balance
0.00 Payments Thank you

\$0.00 Zero Balance Do Not Pay



In the know...

Beginning with your next bill, the monthly rate for converters will change from \$8.95 to \$10.00 per converter.

Go green with paperless bills

Check your balance, view your statement, pay your bill online with PayXpress. Register for a TWC ID today for MyServices at twc.com/myservices

Please detach and enclose this coupon with your payment.



5400 S 16TH ST LINCOLN, NE 68512-0000
8347 1000 20 FP 25 06052012 YNNNNYNN 01 003103 0011

RESIDENT
1111 S 70TH ST APT 120
LINCOLN, NE 68510-4285



Payment due date
Zero Balance Do Not Pay

Account number
8347100011028779

Please write your account number on your check.

Total amount due
\$0.00

Amount enclosed
Zero Balance Do Not Pay

TIME WARNER CABLE
DEPT 0061
PALATINE IL 60055-0061



834710001102877900000000

Out of State Birth Certificate & Driver's License

CERTIFICATION OF VITAL RECORD
EL PASO COUNTY
EL PASO, TEXAS

SAMPLE out of state birth certificate

STATE OF TEXAS		CERTIFICATE OF BIRTH		BIRTH NUMBER	
1. Child's Name First: Kandy Middle: Last: Barre Suffix: DOB: 12/12/2007 Sex: FEMALE		2a. Place of Birth County: EL PASO City or Town: EL PASO Time of Birth: 05:21 AM Sex: SINGLE		3. Name of Hospital or Birthing Center, NPI (If Not Available, Give Street Address) WILLIAM BEAUMONT ARMY MEDICAL CENTER, 1205636787	
4a. Attendant's Name, NPI, and Mailing Address 1234 Pico Dr, El Paso TX		5. Center (Verify that this child was born alive at the place and time and on the date as stated)		6. Signature and Title	
7b. <input type="checkbox"/> NO <input type="checkbox"/> DO <input type="checkbox"/> CHM <input type="checkbox"/> MIBW <input type="checkbox"/> Other (Specify):		8. <input type="checkbox"/> Attendant <input checked="" type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify):		9. <input type="checkbox"/> Attributed <input checked="" type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify):	
10. Mother's Name Prior to First Marriage First: Middle: Last:		11. Date of Birth (mm/dd/yyyy)		12. Ex-Police (State, Territory or Foreign Country)	

TEXAS
NO A FINE OF UP TO \$500. 305308

Proof
of ID?

YES



Can a prescription be used for proof of residency?

HyVee. TEL. (402) 489-0588
7151 STACEY LANE
LINCOLN, NE 68516-4280
Store # 1390 01/24/12

RX: 672398-1390 DR. GREEN, BRIDGET

TEDDY BEAR
TAKE ONE CAPSULE BY MOUTH THREE
TIMES A DAY FOR 5 DAYS

 **May cause
Dizziness**

BENZONATATE 100MG CAPS QTY. 15
No refills left. SS/KH
GENERIC SUB TESSALON PERLES 100MG R.P.H.

CAUTION: Federal law prohibits the transfer of this drug to any person other than patient for whom prescribed.

NO

Proof of Residency? NO

WE GLADLY ACCEPT COMPETITORS' COUPONS FOR PRODUCTS ALSO AVAILABLE AT THOSE COMPETITORS.

If you wish to opt-out of future mailings from us, go to our website at bedbathandbeyond.com/unsubscribe.asp

20% OFF

Take 20% off
one single item.
Present this coupon.

FOR LOCATIONS NEAREST YOU
visit bedbathandbeyond.com
and click on Store Locator or call
1-800-GO BEYOND®
(1-800-482-3988)

**BED BATH &
BEYOND®**

Beyond any store of its kind.®

Offices: 650 Liberty Ave., Union, NJ 07083

PRSR STD
U.S. POSTAGE
PAID
BED BATH &
BEYOND

POSTMASTER: DELIVER 10/18 - 10/20
COUPON EXPIRES 12/26/12



10157 16085 76113 12361

*****3-DIGIT 694
64784** 1648 DL 0205-01-20-1396-2

NOT CURRENT RESIDENT
PO BOX 104
PLEASANT DALE NE 68423-0184



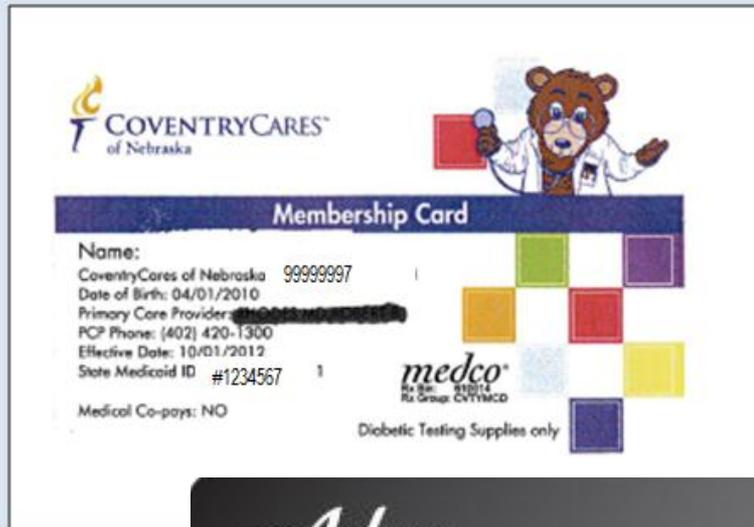
Valid for in-store use only. Copies not accepted. Limit one coupon, Savings Certificate, special offer or discount per item. Coupon must be surrendered at time of purchase; any return of purchase will reduce your savings proportionally. The discount cannot be applied to gift cards, shipping, or sales tax. Offer excludes the following: Alessi, Arthur Court, Breville®, Britto™ Collection, Brookstone®, BSNV, Kate Spade, Kosta Boda, Le Creuset®, Lladro®, Monique Lhuillier, Nambe®, Nautica®, Onefors, Riedel, Shun, Swarovski, T-Tech, Vera Wang®, Victorinox Luggage, Vitamix, Waterford®, Wusthof®, or Zwilling; Argington®, babybrezza™, Baby Jogger™, BEABA®, BOB, Bugaboo, Bumblende™, ERGObaby®, Foundations®, ICandy®, Maxi-Cosi®, Mountain Buggy, Ulu®, Urfil Baby™, Peg Perego®, Pfil & Ieds®, Plan Toys®, Quinny®, Swan®, Teutonia®, Under Armour®, Uppa Baby®, baby furniture, diapers, wipes, formula, baby food or portrait studio services.

G47SM

Proof of ID?

NO, BUT

these cards can be used as a tool to help verify adj income eligibility & ID through calling the NMES Line



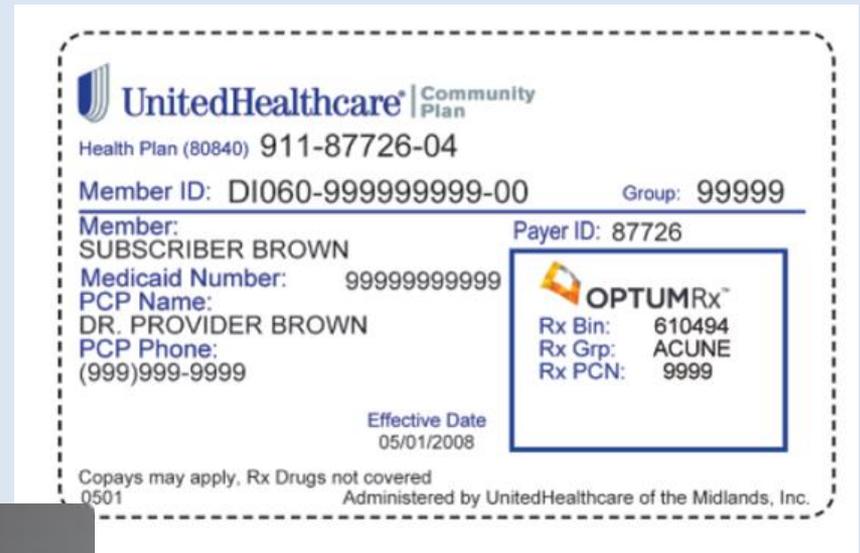
COVENTRYCARESSM
of Nebraska



Membership Card

Name:
CoventryCares of Nebraska 99999997
Date of Birth: 04/01/2010
Primary Care Provider: ████████████████████
PCP Phone: (402) 420-1300
Effective Date: 10/01/2012
State Medicaid ID #1234567 1
Medical Co-pays: NO

medcoSM
Rx Bin: 999999999999
Rx Group: CVMACO
Diabetic Testing Supplies only



UnitedHealthcareSM | Community Plan

Health Plan (80840) 911-87726-04

Member ID: DI060-9999999999-00 **Group:** 99999

Member: SUBSCRIBER BROWN **Payer ID:** 87726

Medicaid Number: 999999999999

PCP Name: DR. PROVIDER BROWN

PCP Phone: (999)999-9999

Effective Date: 05/01/2008

OPTUMRxSM
Rx Bin: 610494
Rx Grp: ACUNE
Rx PCN: 9999

Copays may apply, Rx Drugs not covered 0501
Administered by UnitedHealthcare of the Midlands, Inc.



Arbor
Health Plan

DOE, JOHN
MEMBER ID 12345678909
SEX M
DOB 01/01/01
STATE MEDICAID ID 12345678909

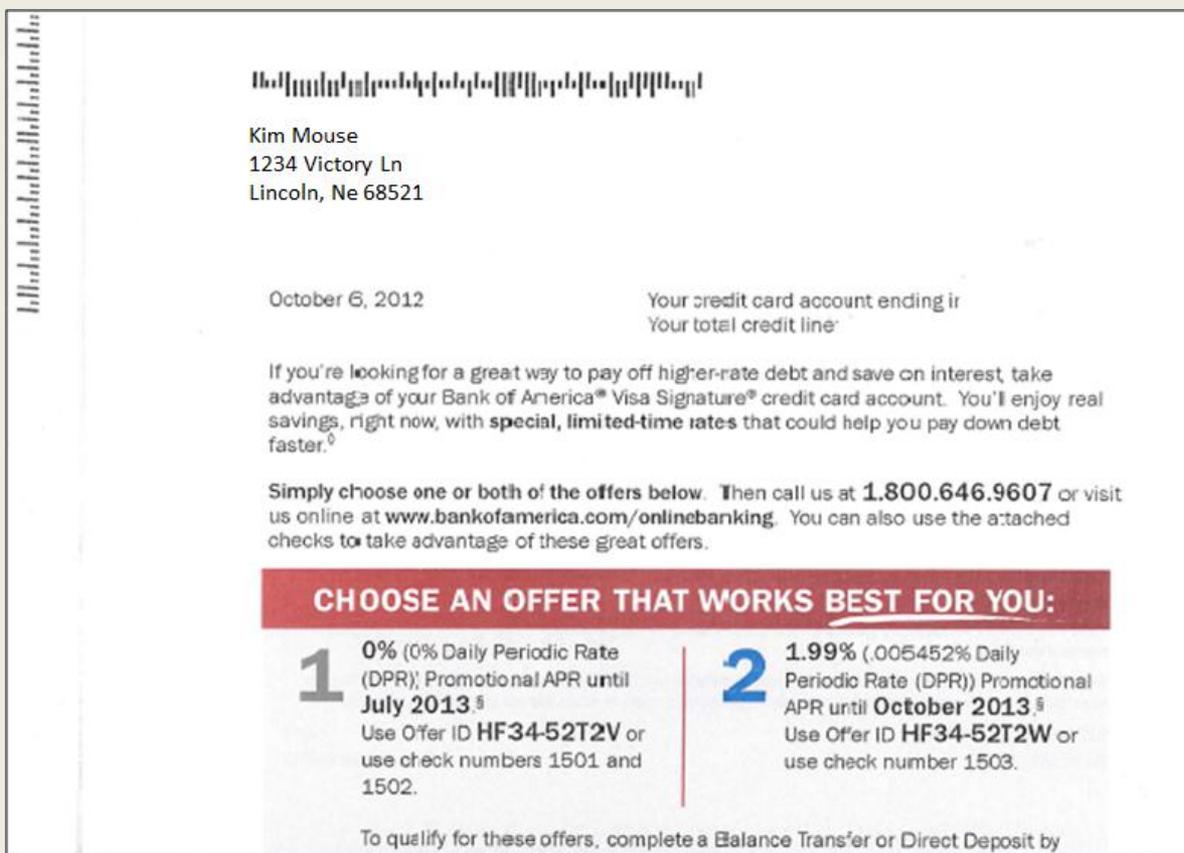
PRIMARY DOCTOR
Dr. John Smith
(ABC Family Practice)
123 Main Street
Anytown, Nebraska 12345
PHONE: 999.999.9999

EFFECTIVE
00/00/0000

Proof of Address?

Yes

The dated letter is acceptable



Today's date
11/1/12

Priority date

FAMILY SERVICE WIC
501 S. 7th Street
Lincoln NE 68508-2920

NO

*Betty Rubble
427 Bedrock Road
Bedrock, Ne 68943*

Current date

FAMILY SERVICE WIC
501 S. 7th Street
Lincoln NE 68508-2920

NO

*Candy Bar
PO Box 222
Hershey Ne 68301*

FAMILY SERVICE WIC
501 S. 7th Street
Lincoln NE 68508-2920

Hasler
07/23/2012
US POSTAGE \$00.3
ZIP 685
011D1160

NO

*Loony Tune
1130 Huff St.
Lincoln, NE 68503*

FAMILY SERVICE WIC
501 S. 7th Street
Lincoln NE 68508-2920

Hasler
10/05/2012
US POSTAGE \$00.3
ZIP 685
011D1160

YES

Dafney Duck

*1113 B St Apt 7
Lincoln, NE 68502*



Nebraska Birth Certificate

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

08/15/2011

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

STATE OF NEBRASKA-DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF LIVE BIRTH

11 06517

1. CHILD'S NAME (First, Middle, Last, Suffix)						
Candy Middle, Barre Suffix						
2. SEX Male	3a. DATE OF BIRTH (Mo, Day, Yr.) April 7, 2011	3b. TIME OF BIRTH 10:14 PM	4. COUNTY OF BIRTH Lancaster			
5a. FACILITY NAME (If not institution, give street & number) BryanLGH Medical Center East		5b. CITY, TOWN, OR LOCATION OF BIRTH Lincoln	5c. ZIP CODE 68506			
6a. NAME OF ATTENDANT/CERTIFIER		6b. NPI	6c. TITLE MD			
7. MAILING ADDRESS OF ATTENDANT/CERTIFIER (STREET and NUMBER, CITY, OR TOWN, STATE, ZIP)						
SAMPLE						
				8b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) April 12, 2011		
				Last, _____		Suffix) _____
				Last, _____		Suffix) _____
BIRTHPLACE (City & State, Territory or Foreign Country) Nebraska						
12c. CITY, TOWN, or LOCATION Lincoln						

Voting
Notice

Proof of
ID? **YES**

Proof of
Address? **NO**

Lancaster County Election Commissioner
601 N. 46th Street
Lincoln, NE 68503

OFFICIAL ELECTION MAIL
Authorized by the U.S. Postal Service

Presorted First Class
US Postage Paid
Lincoln, NE
Permit #927

Return Service Requested

DETAACH AT PERFORATION AND KEEP ENTIRE BOTTOM PORTION

z, 2023633, Democrat
840 S. 8th St, Lincoln, NE, 68508
Precinct: 02A00
Polling Place: Park Middle School
Address: 8th and F Streets (South Door -> Main Hall)
Lincoln

Political Subdivisions in which you reside:
Legislative District 27
County Commissioner DIST 02
City of Lincoln
Lincoln City Council DIST 04
Lower Platte South NRD At Large
Lower Platte South NRD Subd 5
Lincoln Public Schools
State Board of Education Dist 5
Southeast Corn College At Large
Southeast Corn College Dist 4
U.S. Congressional District 1
Board of Regents District 5
Public Service Commissioner 1
Lincoln School Board District 7

Dolly Maddison
840 S 8th St
Lincoln, NE 68508-3103

Please
discard all
previous
polling
place cards.





Families with multiple participants where one participant does not have proof

Forgot at least one proof (ID, Address, Income)

ASK QUESTIONS

1. Can Somebody bring the proof to clinic?
2. Can you get it and come right back?
3. Can clinic work them in later?

If Yes to any question:

Wait to print checks for the family until client returns with proof and certification is completed

If NO to all of the questions, You have two options:

Print checks for the clients who are not being recerted and reschedule the cert.

Extend the certification by 30 days (only allowed for recertifications)



Situation:

- Mom, 13 month old, 4 year old
- Here for their WIC appointment.
- Mom - pregnant and being certified.
- Children - here for check pickups.

Proof of Address? Forgot to bring

Can somebody bring proof to the clinic? No, The earliest mom can return is next week.

WHAT DO YOU DO?



Which of these options should you use?

1. Can we use the NO PROOF option for mom's address and continue with the appointment?

No. Forgetting to bring proof is not a reason to use no proof.

2. Can we proceed with the application process and just not print checks for mom until proof of address is brought in?

No, because checks could accidentally be printed by anyone with out anyone seeing proof. Program integrity concern.

3. Can we issue checks to the children and give mom another appointment?

Yes, because the children are there for check pick up and should get checks today and not have to wait for mom to be certified.

4. Should we reschedule mom's appointment?

Yes, you could make mom an appointment that works for her and the clinic.

Questions about proof?

Children Transferring with 1 Year Certifications

- Changes Computer System Prohibitive
- Continue with policy outlined in Policy
Memo I-7-2012 issued August 8, 2012.

Children Transferring with Less Than Six Months of Eligibility Left

- Certification Date Entered in Computer would be 6 (six) months prior to the date certification ends.

Children Transferring with More Than Six Months of Eligibility Left

- Certification date entered into computer would be the date they transferred to your clinic.
- The system will automatically allow their certification to continue for 6 (six) months.