

NEBRASKA
WIC PROGRAM

August 30, 2013

FINAL INNINGS

New Policies & Forms

WIC Benefit Renewal Notice



Nebraska WIC Benefit Renewal Form

Benefits for the following participant(s)

_____ will expire on or before your next appointment.

Your next appointment is scheduled on: _____

New Name

YOU MUST BRING EACH OF THE CHECKED ITEMS TO YOUR NEXT APPOINTMENT. Failure to do so may result in staff being unable to determine program eligibility and print your WIC checks.

Yourself and your child(ren) _____

WIC ID Folder

Proof of Identity for adults applying for themselves or minors
(Examples: Driver's license, State ID, WIC ID folder for those who are currently receiving WIC)

Proof of Identity for each child or infant applying
(Examples: Birth Certificate, custody papers, Medicaid card, WIC Infant Enrollment Card or other proof of identity for each minor with an appointment. WIC ID folder for anyone currently receiving WIC.)

Proof of Income for everyone living in the household.
(Examples: pay stub, tax forms, DHHS Notice of Action, child support, unemployment, disability, social security, etc.) Must be dated within the last 30 days.
If anyone in your household is receiving Medicaid or SNAP benefits bring the card with you.

Proof of Residency
(Examples: mail with name and physical address, utility or cable bill, phone bill) Must be postmarked within in the last 30 days. NO P.O. Boxes ALLOWED for WIC - ask staff about other options if you have a P.O. Box

Physician Authorization Form

Custody Papers or Foster Care Proof of Placement

*If you have questions about what to bring to your appointment call your WIC office and staff will be happy to help you.

NOT REQUIRED, BUT IF POSSIBLE BRING:

- Immunization Record(s)
- List of illnesses and medications taken within last 6 months
- Completed Nutrition Survey sent home with you

Wording changed based on suggestions from LA's & policy changes related to no longer using 30 day grace for proof

Separate sections for required & optional items to bring to appointments

Rights & Responsibilities

- Simplified
- Shortened
- Divided
 - 3 Areas:
 - What WIC will do for You
 - Client's Responsibilities
 - Program Notices

Your Rights

- WIC will provide you with information about nutrition, breastfeeding, and healthy foods.
- WIC will help you in getting other services, like Immunizations, SNAP and Medicaid
- All information I give WIC will be kept private.
- If you disagree with a decision regarding my WIC eligibility, I may request a fair hearing. My request must be made within 60 calendar days of when the written denial or termination of benefits was mailed or given to me. WIC staff can give you the steps to request a hearing.
- If I feel I have been discriminated against I may file a complaint.
- Standards for eligibility for WIC are the same for everyone, regardless of race, color, national origin, age, disability or sex.

Client's Responsibilities

- Provide the most current and truthful information (WIC staff may verify this information is correct)
- Be the legal guardian, custodial parent, or foster parent of any minor I enroll in WIC.
- Keep your appointments and be on time. If you cannot keep your appointment, call your local WIC office to reschedule as soon as possible.
- Bring all documentation requested to each appointment
- Treat WIC and store staff with courtesy and respect.
- Buy only the foods listed on my WIC checks. I will use the WIC foods only for the person on the program.
- Report address and/or phone changes at my next scheduled appointment.
- Keep your WIC checks safe; lost/stolen checks may not be replaceable

I Understand:

- My signature on this form allows staff of the SNAP and SNAP Nutrition Education Program; Medicaid; Perinatal, Child and Adolescent Health Unit; CSFP; and Immunization programs to see the information for purposes of outreach, referral, eligibility, and for administrative processes. They cannot share the information with a third party.
- That if I intentionally lie to receive WIC benefits or if I violate the program rules that 1) my family can be taken off the program for up to one year, 2) I can face legal charges, and/or 3) I will have to pay money back to the program for foods or formula I should not have received.
- Presumptive eligible pregnant women found to have no nutritional risk within the first 60 days of certification will no longer be eligible for the Program and will receive no additional benefits.
- WIC may ask for social security number as allowed by law to verify Medicaid participation when applicable and for administrative purposes, such as, to prevent participation in more than one WIC program at the same time. Providing your number is optional.

WIC BENEFITS:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Nutrition Education | <input checked="" type="checkbox"/> Supplemental Foods |
| <input checked="" type="checkbox"/> Breastfeeding Education | <input checked="" type="checkbox"/> Screening of Iron Levels |
| <input checked="" type="checkbox"/> Referrals | <input checked="" type="checkbox"/> Height & Weight Assessment |



To Help Achieve Your Nutrition & Health Goals

RIGHTS & RESPONSIBILITIES AND PROGRAM EXPLANATION CHECKLIST

WIC Staff –

- Provide Benefits** – give you information about nutrition, breastfeeding and healthy foods. We will help you get other services like SNAP, Medicaid and Immunizations
- Maintain privacy** – keep everything you tell us confidential
- Not Discriminate** – if you feel that you have been discriminated against, you can file a complaint

WIC Applicant –

- Tell the Truth** – provide WIC with the most current and truthful information. WIC may verify the information
- Enroll Children only if you are** – the legal guardian, custodial parent, step-parent married to the minor's parent or foster parent of the child you are enrolling
- Be On Time** – call the WIC office if you cannot keep your appointment
- Be Nice** – treat everyone with courtesy and respect
- Bring** – all documents requested to every appointment
- Use** – the WIC foods for the person on the program
- Buy** – only the foods listed on your checks
- Notify WIC** – if you move or change your phone number
- Keep** – your checks safe, treat them like cash
- Remember** – if you disagree with how WIC determined your eligibility you may request a fair hearing

Review with clients at every certification

WIC BENEFITS:

- Nutrition Education
- Breastfeeding Education
- Referrals
- Supplemental Foods
- Screening of Iron Levels
- Height & Weight Assessment



To Help Achieve Your Nutrition & Health Goals



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- Buy** – only the foods listed on your checks
- Notify WIC** – if you move or change your phone number
- Keep** – your checks safe, treat them like cash
- Remember** – if you disagree with how WIC determined your eligibility you may request a fair hearing



Responsible Party

- Two Kinds
 - Primary (1st)
 - the individual who may apply for program benefits for themselves, their spouse or significant other, or on behalf of a minor.
 - Secondary (2nd)
 - An adult chosen by the Primary responsible party who may enroll minors, pick up checks and use them at the store.



Responsible Party Abilities

Actions Allowed	Primary Responsible Party	Secondary Responsible Party	
Enroll minor/spouse	●	●	
Recertify family members	●	●	
Designate/Change RP's	●		
Designate/Change Alternate Shoppers/Check Proxies	●		
Live with minor enrolling	●		
Live in Nebraska	●		
Live Anywhere		●	
Unlimited check pick up	●		
Limited check pick up			
Use checks at store	●	●	
Checks mailed to them	●		

Abandoned Children Receiving WIC

- Documentation of Event
- Keep in File
- Change Responsible Party
- Change contact Information
- Complete No Proof

NO PROOF	
<input type="checkbox"/> Res	<input checked="" type="checkbox"/> ID <input type="checkbox"/> Income
Reason: <i>Mom in jail - child left with aunt</i>	
Client Initials	AA



~~Enrollment
Proxy~~

Responsible Party & Alternate Shoppers Abilities

Actions Allowed	Primary Responsible Party	Secondary Responsible Party	Alternate Shopper/Check Proxy
Enroll minor/spouse	●	●	
Recertify family members	●	●	
Designate/Change RP's	●		
Designate/Change Alternate Shoppers/Check Proxies	●		
Live with minor they are enrolling	●		
Live in Nebraska	●		
Live Anywhere		●	●
Unlimited check pick up	●	●	
Limited check pick up			●
Use checks at store	●	●	●
Checks mailed to them	●		

WIC Signature Form

NEBRASKA WIC CERTIFICATION SIGNATURE FORM

CLIENT'S RIGHTS AND RESPONSIBILITIES

Updated: Streamlined and simplified.

Staff should summarize the R&R after clients read them.

The R&R should be read to anyone who cannot read English or Spanish.

Your Rights:

- WIC will provide you with information about nutrition, breastfeeding, and healthy foods.
- WIC will help you in getting other services, like immunizations, SNAP and Medicaid.
- All information you give WIC will be kept private.
- If you disagree with a decision regarding your WIC eligibility, you may request a fair hearing. Your request must be made within 60 calendar days of when the written denial or termination of benefits was mailed or given to you. WIC staff can give you the steps to receive a hearing.
- If you feel you have been discriminated against you may file a complaint.
- Standards for eligibility for WIC are the same for everyone, regardless of race, color, national origin, age, disability or sex.

Your Responsibilities:

- Provide the most current and truthful information (WIC staff may verify this information is correct).
- Be the legal guardian, custodial parent, step parent married to the minor's parent, or foster parent of any minor you enroll in WIC.
- Keep your appointments and to on time. If you cannot keep your appointment, call your local WIC office to reschedule as soon as possible.
- Bring all documentation requested to each appointment.
- Treat WIC and staff with courtesy and respect.
- Buy only the foods listed on your WIC checks. Use the WIC foods only for the person on the program.
- Report address and/or phone changes at your next scheduled appointment.
- Keep your WIC checks safe; lost/duplicate checks may not be replaceable.

Understand:

- My signature on this form allows staff of the SNAP and SNAP (Nutrition Education Program, Medicaid, Pediatric, Child and Adolescent Health Unit, CSFP) and Immunization programs to use the information for purposes of outreach, referral, eligibility, and for administrative purposes. They cannot share this information with a third party.
- That if I intentionally fail to receive WIC benefits or if I violate the program rules that: 1) my family can be taken off the program for up to one year, 2) I can face legal charges, and/or 3) I will have to pay money back to the program for foods or formula I should not have received.
- Presumptive eligible pregnant women found to have no nutritional risk within the first 60 days of certification will no longer be eligible for the program and will receive no additional benefits.
- WIC may ask for social security number as allowed by law to verify Medicaid participation when applicable and for administrative purposes, such as, to prevent participation in more than one WIC program at the same time. Providing your number is optional.

I have been advised and received a copy of my WIC rights and responsibilities. The information that I provided to WIC is correct and current.

RELATIONSHIP TO APPLICANT (Check One)

SIGNATURE	RELATIONSHIP TO APPLICANT (Check One)			Date	
	Self	Guardian/Custodial Parent	Foster Parent		Other
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Enrollment Priority changed to Other.

Revised 7/15

Client Name: _____ ID: _____ Family ID: _____

2nd Responsible Party Area Removed

DUAL PARTICIPATION

By initialing below I agree that the person who is being certified for WIC today is not currently receiving and will not receive for the same time period:

- WIC benefits from another WIC clinic OR
- benefits from Commodity Supplemental Food Program (CSFP).

My initials indicate that I understand that this is considered fraud.

Initials: _____	Date: _____	Initials: _____	Date: _____	Initials: _____	Date: _____
Initials: _____	Date: _____	Initials: _____	Date: _____	Initials: _____	Date: _____

WIC FRAUD

I understand that: 1) selling, attempting to sell or giving away WIC checks, food or formula is to sell or give away WIC checks, food or formula I can be asked to repay the value of the item charged; 3) posting WIC items on any media, including radio, newspaper, Facebook, Craigslist attempt to sell.

My initials indicate that I understand that this is considered fraud.

Initials: _____	Date: _____	Initials: _____	Date: _____	Initials: _____	Date: _____
Initials: _____	Date: _____	Initials: _____	Date: _____	Initials: _____	Date: _____

VOTER REGISTRATION

If you are not registered to vote where you live now, would you like to apply to register to vote if you are already registered to vote at your current address check "NO".

<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by WIC.

If you believe that someone has interfered with your right to register, or to decline to register to vote, you may file a complaint with the Nebraska Secretary of State, State Capital Building, Lincoln, Nebraska, 68509, (402) 471-2654.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or personal status, sexual orientation, or all or part of an individual's income is derived from any assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all protected bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (800) 852-9992 to request the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-6339, or (800) 845-6196 (Spanish).

USDA is an equal opportunity provider and employer.

Revised 7/15

Client Name: _____ ID: _____ Family ID: _____

New Cert ReCertification ReEnroll In State Transfer Out of State Transfer Presumptive Custody Change

Date Cert Expires: _____

Date of Certification: _____ Client Present: YES NO, Reason: _____

IDENTIFICATION										RESIDENCY						
Proof Seen	DL	NE WIC Fldr	SS Card	MC	Work/School ID	BC	WIC ID Card	Frav/ID	State ID	Other (list)	Proof Seen	N/A	Mail	Chk Club	Lease	Other List
Adult	<input type="checkbox"/>															
Minor	<input type="checkbox"/>															

INCOME					NO PROOF	
Proof Seen	MC	Pay Stub	SS/SSI	Tax Form	Child Supp	Income
Adult	<input type="checkbox"/>					
Minor	<input type="checkbox"/>					

Zero. Reason why: _____

Staff Signature/Title	Income Assessment	ID/Eligibility	Nutrition Risk	Food Package	Check Issuance
_____	<input type="checkbox"/>				
_____	<input type="checkbox"/>				
_____	<input type="checkbox"/>				

Notification That Benefits Are About to Expire Was Given On: _____ By: _____

Ineligibility Documentation Given On: _____ Staff Initials: _____ Termination Code/Reason: _____

CHANGES based on changes to forms and recommendations from LA's.

NEBRASKA WIC CERTIFICATION SIGNATURE FORM

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- WIC will help you in getting other services, like Immunizations, SNAP and Medicaid.
- All information you give WIC will be kept private.
- If you disagree with a decision regarding your WIC eligibility, you may request a fair hearing. Your request must be made within 60 calendar days of when the written denial or termination of benefits was mailed or given to you. WIC staff can give you the steps to request a hearing.
- If you feel you have been discriminated against you may file a complaint.
- Standards for eligibility for WIC are the same for everyone, regardless of race, color, national origin, age, disability or sex.

Your Responsibilities:

- Provide the most current and truthful information (WIC staff may verify this information is correct)
- Be the legal guardian, custodial parent, step parent married to the minor's parent, or foster parent of any minor you enroll in WIC.
- Keep your appointments and be on time. If you cannot keep your appointment, call your local WIC office to reschedule as soon as possible.
- Bring all documentation requested to each appointment
- Treat WIC and store staff with courtesy and respect.
- Buy only the foods listed on your WIC checks. Use the WIC foods only for the person on the program.
- Report address and/or phone changes at your next scheduled appointment.
- Keep your WIC checks safe; lost/stolen checks may not be replaceable

I Understand:

- My signature on this form allows staff of the SNAP and SNAP Nutrition Education Program; Medicaid; Perinatal, Child and Adolescent Health Unit; CSFP; and Immunization programs to see the information for purposes of outreach, referral, eligibility, and for administrative processes. They cannot share the information with a third party.
- That if I intentionally lie to receive WIC benefits or if I violate the program rules that 1) my family can be taken off the program for up to one year, 2) I can face legal charges, and/or 3) I will have to pay money back to the program for foods or formula I should not have received.
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I have been advised and received a copy of my WIC rights and responsibilities. The information that I provided to WIC is correct and current.

SIGNATURE	RELATIONSHIP TO APPLICANT (Check One)				Date
	Self	Guardian/ Custodial Parent	Foster Parent	Other	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Enrollment Proxy changed to Other.

Client Name: 2nd Responsible Party Area
Removed ID: _____ Family ID: _____

DUAL PARTICIPATION

By initialling below I agree that the person who is being certified for WIC today is not currently receiving and will not receive for the same time period:

- WIC benefits from another WIC clinic OR
- benefits from Commodity Supplemental Food Program (CSFP).

My initials indicate that I understand that this is considered fraud.

Initials: _____ Date: _____	Initials: _____ Date: _____	Initials: _____ Date: _____
Initials: _____ Date: _____	Initials: _____ Date: _____	Initials: _____ Date: _____

WIC FRAUD

I understand that: 1) selling, attempting to sell or giving away WIC checks, food or formula is not allowed; 2) if I sell, attempt to sell or give away WIC checks, food or formula I can be asked to repay the value of the items and I may be subject to legal charges; 3) posting WIC items on any media, including radio, newspaper, Facebook, Craigslist, and E-bay is considered an attempt to sell.

My initials indicate that I understand that this is considered fraud.

Initials: _____ Date: _____	Initials: _____ Date: _____	Initials: _____ Date: _____
Initials: _____ Date: _____	Initials: _____ Date: _____	Initials: _____ Date: _____

VOTER REGISTRATION

If you are not registered to vote where you live now, would you like to apply to register to vote here today? If you are already registered to vote at your current address check NO.

<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by WIC.

If you believe that someone has interfered with your right to register, or to decline to register to vote, you may file a complaint with the Nebraska Secretary of State, State Capital Building, Lincoln, Nebraska, 68509, (402) 471-2854.

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov.

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Client Name: _____ ID: _____ Family ID: _____

New Cert ReCertification ReEnroll InState Transfer Out of State Transfer Presumptive Custody Change
 Date Cert Expires: _____

Date of Certification: _____ Client Present: YES NO, Reason: _____

IDENTIFICATION									
Proof Seen	DL	NE WIC Fldr	SS Card	MC	Work/School ID	BC	WIC ID Card	Frgrn/State ID	Other (list)
Adult	<input type="checkbox"/>								
Minor	<input type="checkbox"/>								

RESIDENCY					
Proof Seen	NoA	Mail	Ck Stub	Lease	Other List
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INCOME							
Proof Seen	MC	Pay Stub	SS/SSI	Tax Form	Child Supp	Income Ltr	Other (list)
	<input type="checkbox"/>						

Zero: Reason why _____

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

Staff Signature/Title	Income Assessment	ID/Residency	Nutrition Risk	Food Package	Check Issuance
_____	<input type="checkbox"/>				
_____	<input type="checkbox"/>				
_____	<input type="checkbox"/>				
_____	<input type="checkbox"/>				

CHANGES based on changes to forms and recommendations from LA's.

Notification That Benefits Are About to Expire Was Given On: _____ By: _____

Ineligibility Documentation Given On: _____ Staff Initials: _____ Termination Code/Reason: _____

WIC Authorization Form



NEBRASKA WIC AUTHORIZATION FORM

Client Names:
Cindy Lou _____ Salli Sue _____

Primary Responsible Party: _____ **Secondary Responsible Party:** _____
Mama Who _____ Papa Who _____
(Enroll & Checks) (Enroll & Checks)

Alternate Shoppers/Check Proxies: (2/family)
Grandma Who Too _____ Grandpa Who Too _____
(checks) (checks)

I do not wish to designate an alternate shopper/proxy at this time.

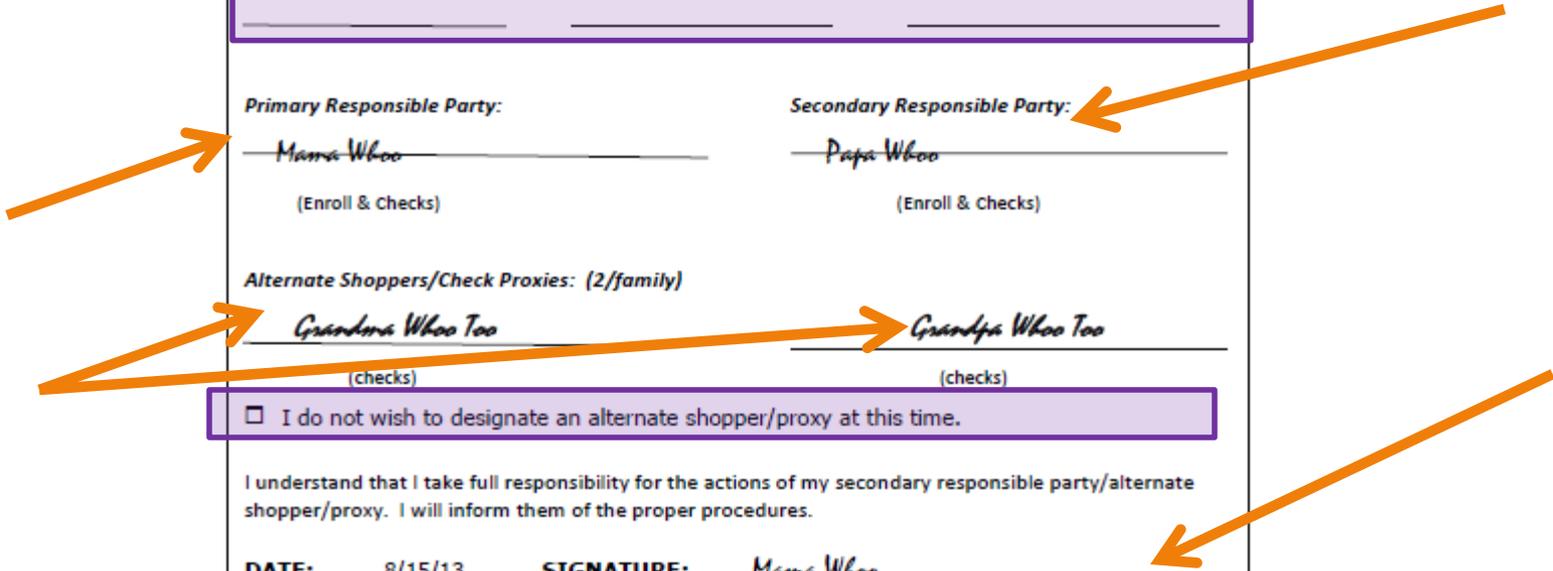
I understand that I take full responsibility for the actions of my secondary responsible party/alternate shopper/proxy. I will inform them of the proper procedures.

DATE: 8/15/13 **SIGNATURE:** Mama Who _____

This consent is valid until a request for a change is made by the primary responsible party.

"WIC is an equal opportunity program."

7/13



Time Line for Implementation:

October 1, 2013

* Except for the Signature Form (those agencies who run out of the “old” version may begin using the “new” form when they run out)

Questions – Policies & Forms

- Type in questions – Policies & Forms
- Short break - to collect questions
- Answer typed in questions first
- Call-in questions will be taken at the end

**Q&A:
10 MINUTES**

Game Summary - Highlights

- Individual Family
 - must have their own Source of Income
 - income must be adequate to support the family
 - Housing
 - Food
- In-Kind Services cannot be used as a source of income
- Circle Chart -- NEW
- Income Assessment Path/Income Questions – streamlined
- Rights & Responsibilities – condensed
 - Summary with client allowed
- Responsible Party -- Allows any adult to be a 2nd RP
- Revised Forms –
 - Signature Form:
 - Fraud Box
 - Non-discrimination Statement
 - Updated Documentation Choices
 - WIC Benefit Renewal Form:
 - Areas for required and optional items clients need for appointment
 - Items and examples given reflect recent changes
- New Form –
 - Authorization Form

NEXT UP -- Income Special Situations

- Including:
 - Maternity
 - Averaging
 - Military

AND -- Policy & Form Changes Continued

Next Training Call:

September 30, 2013

1-3 pm CST