

Purpose To describe the physical presence requirement for WIC clinics including exceptions to the requirement.

Requirement Because the physical presence of an individual at certification is basic to WIC program effectiveness all clients must be physically present at the initial WIC certification and each subsequent recertification except in certain limited circumstances.

Documentation of Presence A client's presence in the WIC clinic at certification must be documented. In the Nebraska WIC program physical presence is documented on the Signature Certification Form as shown below.

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										RESIDENCY					
Proof Seen	DL	NE WIC Flidr	SS Card	State/ Frgn ID	Work/ School ID	BC	Purple WIC Card	Hosp BC	Other (list)	Proof Seen	MC	Mail	Ck Stub	Lease	Other List
Adult	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Minor	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

INCOME							30 DAY EXTENSION GIVEN		NO PROOF		
Proof Seen	MC	Pay Stub	SS/ SSI	Tax Form	Child Supp	Other (list)	Minor ID	Adult ID	<input type="checkbox"/> Res	<input type="checkbox"/> ID	<input type="checkbox"/> Income
	<input type="checkbox"/>				Reason: _____						
<input type="checkbox"/> Zero: Reason why _____							Date Proof Seen: _____		Client Initials: _____		

Staff Signature/Title	Income Assessment	ID/Residency Assessment	Nutrition Risk Assessment	Food Package Prescribing	Check Issuance
_____	<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"/>

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

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

Exceptions to the Physical Presence Requirement Any applicant or client, who is a qualified individual with a disability(ies) and are unable to physically be present at the WIC clinic because of their disability(ies) are exempted from the physical presence requirement.

This exception also applies to applicants or clients whose parents or caretakers are individuals with disabilities that meet this standard.

Exceptions to the Physical Presence Requirement (cont.)

Examples of situations that would meet the exception to the physical presence requirement due to a disability are:

- A medical condition that requires confinement to bed rest.
- A medical condition that necessitates the use of medical equipment that is not easily transportable.
- A serious illness that may be worsened by coming into the WIC clinic.

All persons with disabilities are not automatically exempt from the physical presence requirement. Only those disabilities that create a current barrier to the physical presence requirement may serve as a basis for an exception from the requirement.

Documentation When The Client Is Not Present

Applicants and clients who are exempted from the physical presence requirement, or whose parent(s) or caretaker have a disability or medical condition that prevents them from coming to clinic, must have this documented on the Signature Certification Form. The fact that they were not present for certification and the reason why must be documented.

An example of the documentation is shown below:

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: **Child with trach**

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

RESIDENCY					
Proof Seen	MC	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	Other (list)
	<input type="checkbox"/>					

30 DAY EXTENSION GIVEN	
Minor ID	Adult ID
Residency	
Income	
Date Proof Seen:	

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

Staff Signature/Title	Income Assessment	ID/Residency Assessment	Nutrition Risk Assessment	Food Package Prescribing	Check Issuance
_____	<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"/>

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Certification When Exception to the Physical Presence Requirement is Used

When a person meets the conditions listed in “Exemptions to Physical Presence” section above and is unable to be physically present local agencies need to schedule an appointment for another family member, caregiver, or other representative to bring in all documents and information necessary to determine the applicant’s eligibility for the WIC program. A caregiver or representative is allowed to bring documentation of income, residency, height, weight and blood work data.

Although an applicant may be exempt from the physical presence requirement, state and local agencies must ensure that all necessary information and documentation, including, residency, identity, and nutrition risk, are provided in order to make a WIC eligibility determination in the absence of the applicant.

Please refer to the “Enrollment Proxy” procedure found in Volume I, Section B and the “Use of Medical Data From Health Care Provider to Determine Nutritional Risk” procedure in Volume II., Section B, of the Nebraska WIC procedure manual for more information.

Exception For Infants Less Than One Month of Age

Infants applying for WIC in the state of Nebraska, who are less than four weeks of age are exempted from the physical presence requirement.

All necessary certification information must be provided by a parent or other designated proxy at the time of certification visit.

Certification will be completed in the same manner as any other cert. with the exception that the infant need not be present in the clinic at that visit.

Please refer to the “Enrollment Proxy” procedure found in Volume I, Section B and the “Use of Medical Data From Health Care Provider to Determine Nutritional Risk” procedure in Volume II., Section B, of the Nebraska WIC procedure manual for more information.

**Documentation
When The Infant Is
Not Present**

Infants who are exempted from the physical presence requirement must have documented the fact that they were not present for certification and the reason why on the Signature Certification Form.

An example of the documentation is shown below:

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: **Infant 2 weeks old**

IDENTIFICATION									RESIDENCY						
Proof Seen	DL	NE WIC Fldr	SS Card	State/ Frgn ID	Work/ School ID	BC	Purple WIC Card	Hosp BC	Other (list)	Proof Seen	MC	Mail	Ck Stub	Lease	Other List
Adult	<input type="checkbox"/>		<input type="checkbox"/>												
Minor	<input type="checkbox"/>		<input type="checkbox"/>												

INCOME							30 DAY EXTENSION GIVEN		NO PROOF		
Proof Seen	MC	Pay Stub	SS/ SSI	Tax Form	Child Supp	Other (list)	Minor ID	Adult ID	<input type="checkbox"/> Res	<input type="checkbox"/> ID	<input type="checkbox"/> Income
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/> Zero: Reason why _____							Residency _____		Reason: _____		
							Income _____		Date Proof Seen: _____		
							Date Proof Seen: _____		Client Initials _____		

Staff Signature/Title	Income Assessment	ID/Residency Assessment	Nutrition Risk Assessment	Food Package Prescribing	Check Issuance
_____	<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"/>

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