

Sample Nebraska WIC Clinic Listing FFY2014

Agency Name:

Sub Agency: **Appendix IV B 7**

Clinic Name			
Clinic Number			
Building Name			
Address (include zip code)			
Clinic Phone			
Caseload July 2013			
Number of days clinic is open each month			
List the days clinic is open during the month			
Hours clinic operates			
Amount of Time Spent Traveling to & from this clinic each day clinic held			
WIC Services Available	All	All	All
Clinic Staffing indicate # of staff for each position Please give staffing for an average day at this clinic	0 Nutritionists 0 Nurses 0 Clerks 0 Interpreters 0 NEP 0 Brstfding Peer Counselor 0 Other	0 Nutritionists 0 Nurses 0 Clerks 0 Interpreters 0 NEP 0 Brstfding Peer Counselor 0 Other	0 Nutritionists 0 Nurses 0 Clerks 0 Interpreters 0 NEP 0 Brstfding Peer Counselor 0 Other
Method of Issuing Checks used most often	On Demand	On Demand	On Demand
Method(s) of Providing Nutrition Education During 2nd Ed. Visits for clients not identified as high risk?	<input type="checkbox"/> One-on-One <input type="checkbox"/> Group <input type="checkbox"/> NEP	<input type="checkbox"/> One-on-One <input type="checkbox"/> Group <input type="checkbox"/> NEP	<input type="checkbox"/> One-on-One <input type="checkbox"/> Group <input type="checkbox"/> NEP
Clinic handicap accessible?	YES	YES	YES
Clinic located in or affiliated with a hospital?	NO	NO	NO
Clinic Staff/Ppt. Ratio			
Clinic Cost (Staff only)			

Clinic Name	Health Department	Lincoln Medical Education Partnership (LMEP)	Cornhusker Clinic
Clinic co-located with other services available at this location, but at different time than WIC clinic (check all that apply & add any additional services)	<input type="checkbox"/> Medicaid <input type="checkbox"/> CSFP <input type="checkbox"/> Head Start <input type="checkbox"/> Immun. <input type="checkbox"/> Hlth Check <input type="checkbox"/> NEP <input type="checkbox"/> Fam. Plan <input type="checkbox"/> Lead <input type="checkbox"/> Other: <input type="checkbox"/> Other:	<input type="checkbox"/> Medicaid <input type="checkbox"/> CSFP <input type="checkbox"/> Head Start <input type="checkbox"/> Immun. <input type="checkbox"/> Hlth Check <input type="checkbox"/> NEP <input type="checkbox"/> Fam. Plan <input type="checkbox"/> Lead <input type="checkbox"/> Other: Lactation consultant <input type="checkbox"/> Other:	<input type="checkbox"/> Medicaid <input type="checkbox"/> CSFP <input type="checkbox"/> Head Start <input type="checkbox"/> Immun. <input type="checkbox"/> Hlth Check <input type="checkbox"/> NEP <input type="checkbox"/> Fam. Plan <input type="checkbox"/> Lead <input type="checkbox"/> Other: <input type="checkbox"/> Other:
Clinic co-located with other services available at this location at the same time as WIC clinic (check all that apply & add any additional services)	<input type="checkbox"/> Medicaid <input type="checkbox"/> CSFP <input type="checkbox"/> Head Start <input checked="" type="checkbox"/> Immun. <input type="checkbox"/> Hlth Check <input type="checkbox"/> NEP <input type="checkbox"/> Fam. Plan <input type="checkbox"/> Lead <input type="checkbox"/> Other: Dental Services <input type="checkbox"/> Other:	<input type="checkbox"/> Medicaid <input type="checkbox"/> CSFP <input type="checkbox"/> Head Start <input type="checkbox"/> Immun. <input type="checkbox"/> Hlth Check <input type="checkbox"/> NEP <input type="checkbox"/> Fam. Plan <input type="checkbox"/> Lead <input type="checkbox"/> Other: Bfg consultation <input type="checkbox"/> Other:	<input type="checkbox"/> Medicaid <input type="checkbox"/> CSFP <input type="checkbox"/> Head Start <input type="checkbox"/> Immun. <input type="checkbox"/> Hlth Check <input type="checkbox"/> NEP <input type="checkbox"/> Fam. Plan <input type="checkbox"/> Lead <input type="checkbox"/> Other: <input type="checkbox"/> Other:
Languages other than English spoken by a significant # of ppts at this clinic (list all that apply)	None	None	None
	None	None	None
	None	None	None
	None	None	None
Languages other than English spoken by staff at this clinic (list all that apply)	None	None	Vietnamese
	None	None	None
	None	None	None
	None	None	None
Languages provided by non-WIC staff at this clinic. List all that apply & indicate: V -- for Volunteer C -- for Subcontractor F -- for Friend/Family in the box before each language	--- None	--- None	--- None
	--- None	--- None	--- None
	--- None	--- None	--- None
	--- None	--- None	--- None
	--- None	--- None	--- None

Date Completed :	Completed By:
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