

## The Transfer Process in Illinois WIC

Marlin Hollis, BA, MPA  
Training Coordinator  
Springfield Urban League  
Community Health Training Center

### 3 Type of Transfers

- In-state Transfers: participants moving from one Illinois WIC agency to another

Out-of-State Transfers: who are currently within a valid WIC certification period which originated in a state other than Illinois and have provided a valid Verification of Certification (VOC) card from that state and are requesting benefits from a WIC agency in Illinois

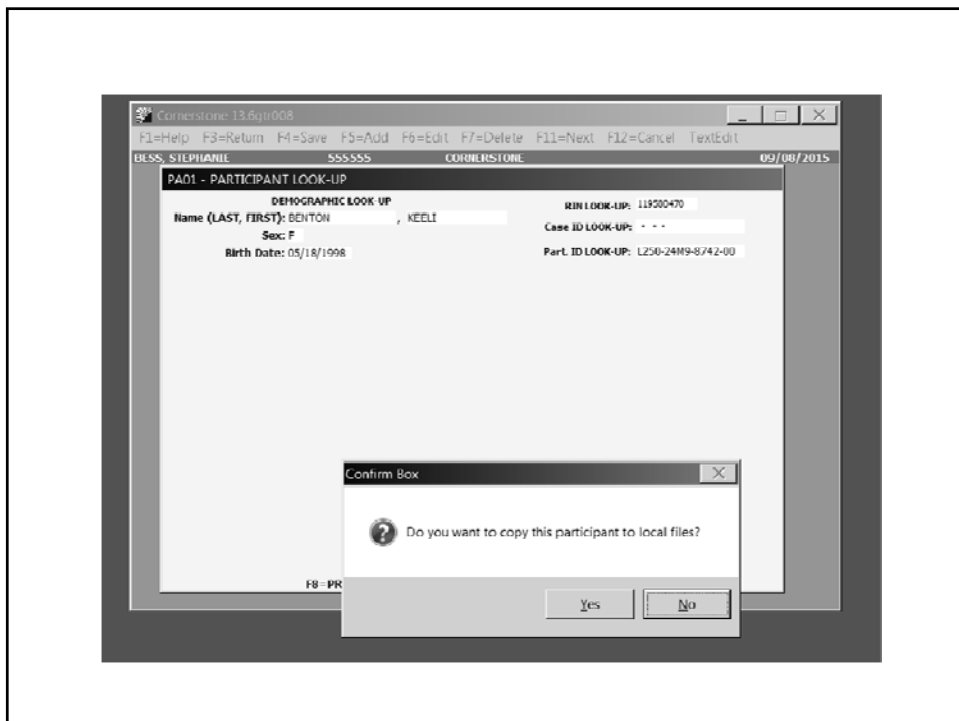
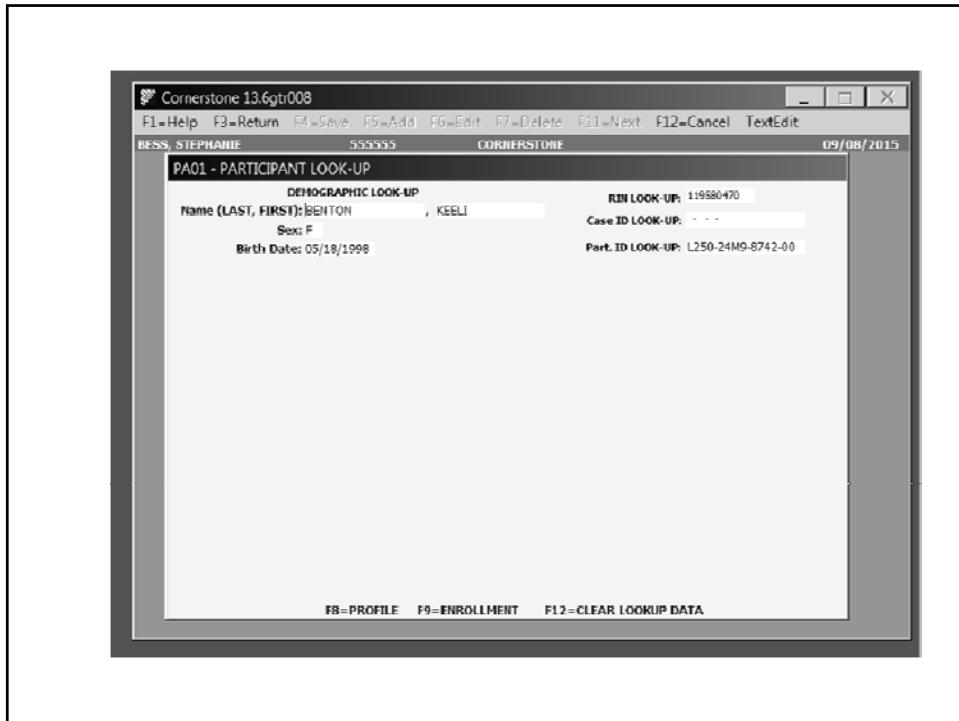
- Transfers away from Illinois

## General Information

- “Transfer of Certification:” the relocation of a participant from one clinic to another within a valid certification period.
- If another state’s certification period is different than Illinois, the Illinois certification period applies.
- The Illinois WIC ID Card must be issued to all WIC participants and must be accepted as proof of eligibility for program benefits.

## Transferring screens

Participant Enrollment (PA03),  
Initial Prenatal Data (PA07)  
Adult Health Visit (PA08)  
Infant/Child Health Visit (PA09)  
Postpartum Data (PA10)  
Birth Data (PA11)  
Program Information (PA15)  
Several Cornerstone system tables containing WIC information regarding risk factors, assigned food packages, and the FI base date.



Cornerstone 13.6gtr008  
F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit  
BESS, STEPHANIE 555555 CORNERSTONE 09/08/2015

PA03 - PARTICIPANT ENROLLMENT

Current Name(L,F,MI): LAWSON KEELI M Part ID: 250-24M9-8742-00  
Birth Name(L,F,MI): BENTON KEELI M Group ID: - - -  
Second Last Name: TITLE (Ex: Jr): Relation:  
Also Known As:  WIC Head of Household Only  
Mother Maiden Name: Birth Date: 05/18/1998 Sex: F FEMALE

Household Size: 0 Annual Income: \$0  
Registration Date: / / Medical Risk:  
Referral Source:  
SSN: - - - - - Death Date: / /  
Hispanic Origin:  
Races:  
Asian Sub-Category:  
Residential Status:  
Marital Status:  
Education:  
Employment Status:  
Occupation:  
Pregnant:  PCP:

Languages:  
Disabilities:  
Current Services:

F2=SHARED DATA F8=CARE PROVIDERS F9=ADDRESS F10=PROGRAM INFO

Cornerstone 13.6gtr008  
F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit  
BESS, STEPHANIE 555555 CORNERSTONE 09/08/2015

PA03 - PARTICIPANT ENROLLMENT

Current Name(L,F,MI): LAWSON KEELI M Part ID: 250-24M9-8742-00  
Birth Name(L,F,MI): BENTON KEELI M Group ID: - - -  
Second Last Name: TITLE (Ex: Jr): Relation:  
Also Known As:  WIC Head of Household Only  
Mother Maiden Name: Birth Date: 05/18/1998 Sex: F FEMALE

Household Size: 0 Annual Income: \$0  
Registration Date: / / Medical Risk:  
Referral Source:  
SSN: - - - - - Death Date: / /  
Hispanic Origin:  
Races:  
Asian Sub-Category:  
Residential Status:  
Marital Status:  
Education:  
Employment Status:  
Occupation:  
Pregnant:  PCP:

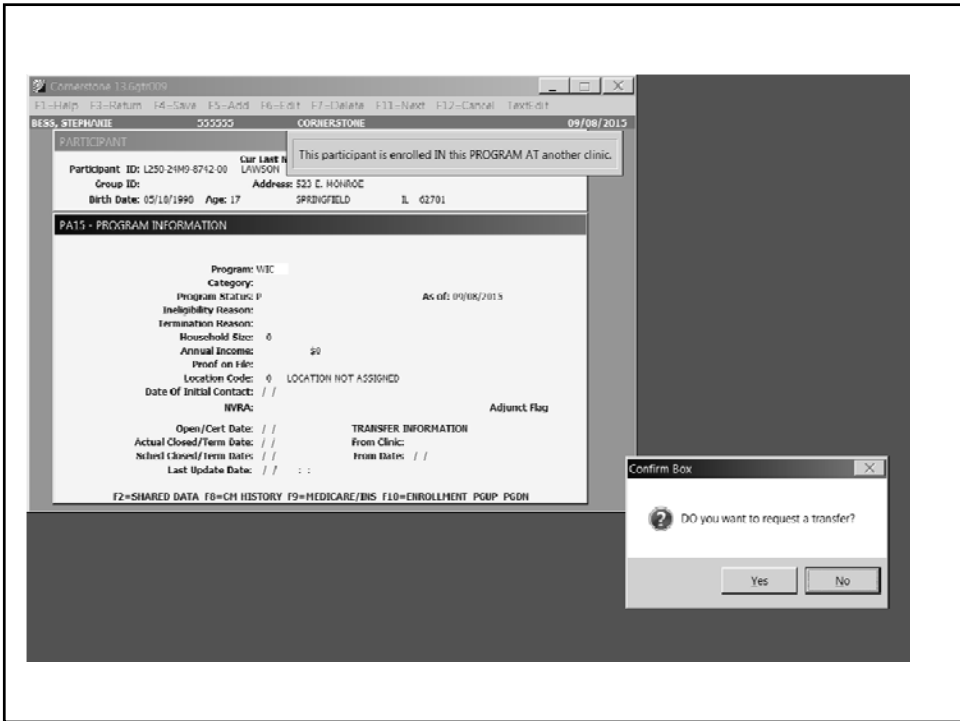
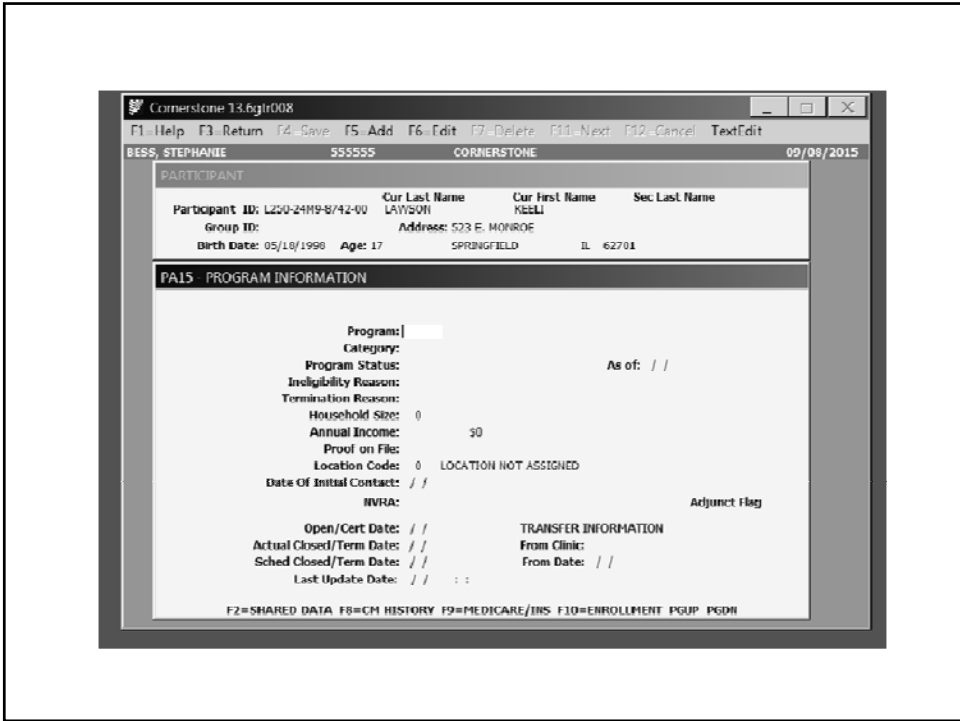
Languages:  
Disabilities:  
Current Services:

ADDRESS

As Of: 09/08/2015 Clinic: 555555 UAT TEST CLINIC TWO  
Address Type: R RESIDENCE  
Address: 523 E. MONROE Apt.No:  
City: SPRINGFIELD  
State: IL Zip: 62701  
County:  
Phone: Cell:  
\*FAX: \*Modems:  
E-Mail:  
Contact Person:  
\*Relation:  
Comments:

PGUP PGDN \* = N/A

F2=SHARED DATA F8=CARE PROVIDERS F9=ADDRESS F10=PROGRAM INFO



Corrections 13.6gtr009

F1=Help F3=Return F4=Save F5=Add F6=Fdit F7=Delete F10=Next F12=Cancel TextFdit

MISS, STATE/MARIE CORRECTIONS 09/08/2015

**PARTICIPANT**

Participant ID: L250 24MD 8712 00 Our Last Name: LAWSON Our First Name: KEELI Soc Last Name: [REDACTED]  
 Group ID: [REDACTED] Address: 523 E. MONROE  
 Birth Date: 05/18/1978 AOC: 1/ [REDACTED] SHERIDAN IL 02/01

**PA15 - PROGRAM INFORMATION**

Program: W/L WOMEN, MENTIS AND CULTURAL  
 Category: [REDACTED]  
 Program Status: R TRANSFER As of: 09/08/2015  
 Ineligibility Reason: [REDACTED]  
 Termination Reason: [REDACTED]  
 Household Size: 0  
 Annual Income: \$0  
 Proof on File: 13 INSTATE TRANSFER  
 Location Code: 0 LOCATION NOT ASSIGNED  
 Date of Initial Contact: 09/08/2015  
 IVRA: [REDACTED] Adjunct Flag: [REDACTED]  
 Open/Cert Date: / / TRANSFER INFORMATION  
 Actual Closed/Term Date: / / From Clinic: SANGAMON CHD  
 Sched Closed/Term Date: / / From Date: / /  
 Last Update Date: 09/08/2015

F2 SHARED DATA F3 CM HISTORY F4 MEDICAL/INS F10 ENROLLMENT PGUP PGDN

REPORT: HSPR004 STATE OF ILLINOIS CORRECTIONS UPLOAD PROCESSING RESULTS DOWNLOAD MESSAGE REPORT PROCESSING DATE: 09/16/2015

CLINIC CLINICNAME  
 16 [REDACTED]

MSG CODE MESSAGE  
 DUPE DUPLICATE PARTICIPANT

PARTICIPANT ID	PARTICIPANT NAME	PGM CODE	OTHER CLINIC	PROCESS DATE	TABLE
H211-5481-25	[REDACTED]	1478	[REDACTED]	09/04/2015	PARTENRL

MSG CODE MESSAGE  
 PRAC PROGRAM ACTIVE AT OTHER CLINIC

PARTICIPANT ID	PARTICIPANT NAME	PGM CODE	OTHER CLINIC	PROCESS DATE	TABLE
C414-3065-31	[REDACTED]	HPI	[REDACTED]	09/04/2015	PROGRAM
C412-3139-18	[REDACTED]	HPI	[REDACTED]	09/04/2015	PROGRAM

MSG CODE MESSAGE  
 TFM PARTICIPANT TRANSFERRED

PARTICIPANT ID	PARTICIPANT NAME	PGM CODE	OTHER CLINIC	PROCESS DATE	TABLE
C411-3150-01	[REDACTED]	CM	1070	09/04/2015	PROGRAM
0825-2081-1	[REDACTED]	CM	0970	09/04/2015	PROGRAM
1855-2161-5	[REDACTED]	CM	1290	09/04/2015	PROGRAM
1200-2081-9	[REDACTED]	WPC	1070	09/04/2015	PROGRAM
3035-2317-2	[REDACTED]	CM	1470	09/04/2015	PROGRAM
8165-1448-4	[REDACTED]	CM	1070	09/04/2015	PROGRAM
8162-1448-4	[REDACTED]	WPC	1070	09/04/2015	PROGRAM
8152-2081-2	[REDACTED]	CM	1290	09/04/2015	PROGRAM
3200-2407-7	[REDACTED]	CM	0511	09/04/2015	PROGRAM
7480-5187-4	[REDACTED]	CM	0211	09/04/2015	PROGRAM

MSG CODE MESSAGE  
 TTT TRANSFER COMPLETED

PARTICIPANT ID	PARTICIPANT NAME	PGM CODE	OTHER CLINIC	PROCESS DATE	TABLE
B420-2401-30	[REDACTED]	WPC	1370	09/04/2015	PROGRAM
8415-2051-03	[REDACTED]	WPC	0214	09/04/2015	PROGRAM
1058-4911-11	[REDACTED]	PT	1830	09/04/2015	PROGRAM
B420-4209-18	[REDACTED]	CM	1110	09/04/2015	PROGRAM
D415-1611-07	[REDACTED]	WPC	1290	09/04/2015	PROGRAM
0910-0704-09	[REDACTED]	WPC	0210	09/04/2015	PROGRAM
1200-4202-720	[REDACTED]	WPC	1470	09/04/2015	PROGRAM
1300-4001-18	[REDACTED]	CM	0210	09/04/2015	PROGRAM
1200-5001-09	[REDACTED]	WPC	0210	09/04/2015	PROGRAM
W100-2309-07	[REDACTED]	WPC	2490	09/04/2015	PROGRAM
R420-5511-57	[REDACTED]	CM	1110	09/04/2015	PROGRAM
6445-1151-47	[REDACTED]	CM	0511	09/04/2015	PROGRAM
8100-6011-18	[REDACTED]	WPC	0210	09/04/2015	PROGRAM
W300-5201-0	[REDACTED]	CM	0410	09/04/2015	PROGRAM

Cornerstone 13.6tr010  
 File Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit

BESS, STEPHANIE 355555 CORNERSTONE 09/11/2015

**PARTICIPANT**

Participant ID: 6250240920742400 Cur Last Name: LAWSON Cur First Name: KEELI Sec Last Name: [REDACTED]  
 Group ID: [REDACTED] Address: 523 E. MONROE  
 Birth Date: 05/18/1998 Age: 17 SPRINGFIELD IL 62701

**PA15 - PROGRAM INFORMATION**

Program: WIC WOMEN, INFANTS AND CHILDREN  
 Category: P PREGNANT  
 Program Status: T TERMINATED As of: 07/01/2014  
 Ineligibility Reason: [REDACTED]  
 Termination Reason: 17 TERM PREGNANCY  
 Household Size: 1  
 Annual Income: \$2  
 Proof on File: 13 INSTATE TRANSFER  
 Location Code: 0 LOCATION NOT ASSIGNED  
 Date Of Initial Contact: 09/09/2015

**TRANSFER INFORMATION** ←

From Clinic: SANGAMON CHD  
 From Date: 09/09/2015

F2-SHARED DATA F8-CM HISTORY F9-MEDICARE/DIS F10-ENROLLMENT PGUP PGDN

REPORT: HSP004 STATE OF ILLINOIS CORNERSTONE BIRTH DATE: 09/02/2015  
 UPLOAD PROCESSING RESULTS ERRE: 12/09/15 PAGE: 1  
 DOWNLOAD MESSAGE REPORT  
 PROCESSING DATE: 09/16/2015

CLINIC CLINICNAME  
 14 [REDACTED]

MSG CODE MESSAGE  
 DUPE DUPLICATE PARTICIPANT

PARTICIPANT ID	PARTICIPANT NAME	PGM CODE	OTHER CLINIC	PROCESS DATE	TABLE
H211-5481-25	[REDACTED]	1478		09/04/2015	PARTENRL

MSG CODE MESSAGE  
 PRAC PROGRAM ACTIVE AT OTHER CLINIC

PARTICIPANT ID	PARTICIPANT NAME	PGM CODE	OTHER CLINIC	PROCESS DATE	TABLE
C414-20A6-21	[REDACTED]	HFI	1478	09/04/2015	PROGRAM
C412-3139-18	[REDACTED]	HFI	1478	09/04/2015	PROGRAM

MSG CODE MESSAGE  
 TFM PARTICIPANT TRANSFERRED

PARTICIPANT ID	PARTICIPANT NAME	PGM CODE	OTHER CLINIC	PROCESS DATE	TABLE
C413-3353-03	[REDACTED]	CM	1478	09/04/2015	PROGRAM
0825-2081-1	[REDACTED]	CM	1478	09/04/2015	PROGRAM
1855-2161-5	[REDACTED]	CM	1290	09/04/2015	PROGRAM
1290-2081-4	[REDACTED]	WIC	1478	09/04/2015	PROGRAM
3635-2317-4	[REDACTED]	CM	1478	09/04/2015	PROGRAM
8185-1483-4	[REDACTED]	CM	1478	09/04/2015	PROGRAM
R182-1483-4	[REDACTED]	WIC	1478	09/04/2015	PROGRAM
8152-2081-2	[REDACTED]	CM	1290	09/04/2015	PROGRAM
2202-2081-7	[REDACTED]	CM	6511	09/04/2015	PROGRAM
7485-3181-4	[REDACTED]	CM	6511	09/04/2015	PROGRAM

MSG CODE MESSAGE  
 TTT TRANSFER COMPLETED

PARTICIPANT ID	PARTICIPANT NAME	PGM CODE	OTHER CLINIC	PROCESS DATE	TABLE
B420-3401-30	[REDACTED]	WIC	1370	09/04/2015	PROGRAM
8415-2051-03	[REDACTED]	WIC	6218	09/04/2015	PROGRAM
1058-4151-11	[REDACTED]	WIC	1110	09/04/2015	PROGRAM
B420-4209-18	[REDACTED]	CM	1110	09/04/2015	PROGRAM
D412-1611-07	[REDACTED]	WIC	1290	09/04/2015	PROGRAM
0910-0704-08	[REDACTED]	WIC	6218	09/04/2015	PROGRAM
2202-2081-7	[REDACTED]	WIC	1478	09/04/2015	PROGRAM
1306-5001-18	[REDACTED]	CM	6218	09/04/2015	PROGRAM
1290-2081-03	[REDACTED]	WIC	6218	09/04/2015	PROGRAM
W110-2081-07	[REDACTED]	WIC	2495	09/04/2015	PROGRAM
R220-5511-57	[REDACTED]	CM	1110	09/04/2015	PROGRAM
6452-1151-47	[REDACTED]	CM	6511	09/04/2015	PROGRAM
8190-6011-18	[REDACTED]	WIC	6218	09/04/2015	PROGRAM
W300-2201-07	[REDACTED]	CM	6410	09/04/2015	PROGRAM

Cornerstone 13.6gtr010  
F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit  
BESS, STEPHANIE 555555 CORNERSTONE 09/11/2015

**PARTICIPANT**

Participant ID:	62502409074200	Cur Last Name	LAWSON	Cur First Name	KEELI	Sec Last Name	
Group ID:		Address:	523 E. MONROE				
Birth Date:	05/18/1998	Age:	17	SPRINGFIELD	IL	62701	

**PA15 - PROGRAM INFORMATION**

Program:	WIC	WOMEN, INFANTS AND CHILDREN
Category:	P	PREGNANT
Program Status:	T	TERMINATED As of: 07/01/2014
Ineligibility Reason:		
Termination Reason:	17	TERM PREGNANCY
Household Size:	1	
Annual Income:		\$2
Proof on File:	13	INSTATE TRANSFER
Location Code:	0	LOCATION NOT ASSIGNED
Date Of Initial Contact:	09/09/2015	
IVRA:		Adjunct Flag
Open/Cont Date:	12/01/2014	TRANSFER INFORMATION
Actual Closed/Term Date:	07/01/2014	From Clinic: SANGAMON CHD
Sched Closed/Term Date:	06/30/2014	From Date: 09/09/2015
Last Update Date:	09/09/2015	

F2-SHARED DATA F8-CM HISTORY F9-MEDICARE/INS F10-ENROLLMENT PGUP PGDN

Cornerstone 13.6gtr009  
F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit  
BESS, STEPHANIE 555555 CORNERSTONE 09/09/2015

**PA01 - PARTICIPANT LOOK-UP**

DEMOGRAPHIC LOOK-UP: Name (LAST, FIRST): [TRANSFER], OUTOFSTATE  
Sex: [ ] Birth Date: / / [ ]

RIN LOOK-UP: Case ID LOOK-UP: [ ]  
Port. ID LOOK-UP: [ ]

No records found

F8-PROFILE F9-ENROLLMENT F12-CLEAR LOOKUP DATA



Cornerstone 13.6gtr009

F1=Help F2=Return F4=Save F5=Add F6=Edit F7=Delete F10=Next F12=Cancel Text=dit

BESS, STEPHANIE 555555 CORNERSTONE 09/09/2015

PA03 - PARTICIPANT ENROLLMENT

Current Name(L,F,MI): TRANSFER OUT OF STATE A Part ID: - - -

Birth Name(L,F,MI): TRANSFER OUT OF STATE A Group ID: - - -

Second Last Name: Title (Ex: Jr): Relation: -

Also Known As:  WIC Head of Household Only

Mother Maiden Name: Birth Date: 09/01/2014 Sex: F FEMALE

Household Size: 3 Annual Income: \$12,300

Registration Date: 09/09/2015 Medical Risk:

Referral Source: 0 OTHER

SSN: 0000000000

Hispanic Origin: 00 HISPANIC OR LATINO

Races: 00 WHITE

Asian Sub-CATEGORY: -

Residential Status: -

Marital Status: -

Education: -

Employment Status: -

Occupation: -

Pregnant:  PCP: -

LANGUAGES: -

DISABILITIES: -

CURRENT SERVICES: -

F2=SHARED DATA F8=CARE PROVIDERS F9=ADDRESS F10=PROGRAM INFO

Cornerstone 13.6gtr009

F1=Help F2=Return F4=Save F5=Add F6=Edit F7=Delete F10=Next F12=Cancel Text=dit

BESS, STEPHANIE 555555 CORNERSTONE 09/09/2015

PA03 - PARTICIPANT ENROLLMENT

Current Name(L,F,MI): TRANSFER OUT OF STATE A Part ID: 165232A1-4849-00

Birth Name(L,F,MI): TRANSFER OUT OF STATE A Group ID: - - -

Second Last Name: Title (Ex: Jr): Relation: -

Also Known As:  WIC Head of Household Only

Mother Maiden Name: Birth Date: 09/01/2014 Sex: F FEMALE

Household Size: 3 Annual Income: \$12,300

Registration Date: 09/09/2015 Medical Risk:

Referral Source: 0 OUT OF STATE TRANSFER

SSN: 0000000000 Death Date: / /

Hispanic Origin: 01 HISPANIC OR LATINO

Races: 10 WHITE

Asian Sub-CATEGORY: -

Residential Status: 01 DOMICILED

Marital Status: -

Education: -

Employment Status: -

Occupation: -

Pregnant:  PCP: -

LANGUAGES: 01 ENGLISH

DISABILITIES: -

CURRENT SERVICES: 00 STATE, COUNTY OR CITY F

F2=SHARED DATA F8=CARE PROVIDERS F9=ADDRESS F10=PROGRAM INFO

Cornerstone 13.6qtr009

F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit

BESS, STEPHANIE 555555 CORNERSTONE 09/09/2015

PARTICIPANT

Participant ID: T652-31A1-4849-00 Cur Last Name: TRAUSFFER Cur First Name: OUTFSTATE  
 Group ID: Address:  
 Birth Date: 09/01/2014 Age: 1

No PROGRAM records FOUND

PA15 - PROGRAM INFORMATION

Program:   
 Category:  
 Program Status: As of: / /  
 Ineligibility Reason:  
 Termination Reason:  
 Household Size: 0  
 Annual Income: \$0  
 Proof on File:  
 Location Code: 0 LOCATION NOT ASSIGNED  
 Date of Initial Contact: / /  
 NVRA: Adjunct Flag  
 Open/Cert Date: / / TRANSFER INFORMATION  
 Actual Closed/Term Date: / / From Clinic:  
 Sched Closed/Term Date: / / From Date: / /  
 Last Update Date: / / : :

F2=SHARED DATA F8=CH HISTORY F9=MEDICARE/INS F10=ENROLLMENT PGDP PGDN

Cornerstone 13.6qtr009

F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit

BESS, STEPHANIE 555555 CORNERSTONE 09/09/2015

PARTICIPANT

Participant ID: T652 31A1 4819 00 Cur Last Name: TRANSFER Cur First Name: OUTFSTATE Sec. Last Name:  
 Group ID: Address:  
 Birth Date: 09/01/2014 Age: 1

PA15 - PROGRAM INFORMATION

Program: WIC WOMEN, INFANTS AND CHILDREN  
 Category: C CHILD  
 Program Status: P PLNDNG As of: / /  
 Ineligibility Reason:  
 Termination Reason:  
 Household Size: 3  
 Annual Income: \$12,000  
 Proof on File:  
 Location Code: Proof of File Codes  
 Date of Initial Contact: 09 FEDERAL INCOME TAX FORM - 1040  
 NVRA: 00 STATE INCOME TAX FORM Adjunct flag  
 Open/Cert Date: 10 STATEMENT OF INCOME AFFIDAVIT  
 Actual Closed/Term Date: 11 ZERO INCOME STATEMENT  
 Sched Closed/Term Date: 12 OUT OF STATE TRANSFER  
 Last Update Date: 13 INSTATE TRANSFER  
 14 FINANCIAL INFORMATION

F2=SHARED DATA F8=CH HIS F9=MEDICARE/INS F10=ENROLLMENT PGDP PGDN

Comerstone 13.6gr009

F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit

BESS, STEPHANIE 555555 CORNERSTONE 09/09/2015

PARTICIPANT

Participant ID: T652 31A1 4849 00 Cur Last Name: TRANSFER Cur First Name: OUTFSTATE Sec Last Name: RECORD added

Group ID: Address: Birth Date: 09/01/2014 Age: 1

PA15 - PROGRAM INFORMATION

Program: WIC WOMEN, INFANTS AND CHILDREN  
 Category: C CHILD  
 Program Status: T INCOME ELIGIBLE As of: 09/09/2015  
 Ineligibility Reason:  
 Termination Reason:  
 Household Size: 3  
 Annual Income: \$12,300  
 Proof on file: 12 CHILD OF STATE TRANSFER  
 Location Code: 0 LOCATION NOT ASSIGNED  
 Date Of Initial Contact: 09/09/2015  
 NVRA: Adjusted Flag

Open/Cert Date: // TRANSFER INFORMATION  
 Actual Closed/Term Date: // From Clinic:  
 Sched Closed/Term Date: // From Date: //  
 Last Update Date: 09/09/2015

F7-SHARED DATA F8-CLINIC HISTORY F9-MHDCARE/INS F10-ENROLLMENT PRDP P600

Comerstone 13.6gr009

F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit

BESS, STEPHANIE 555555 CORNERSTONE 09/09/2015

PARTICIPANT

Participant ID: 0312 36A9 5601 00 Cur Last Name: OUTFSTATE Cur First Name: TRANSFER Sec Last Name:

Group ID: - - - Address: 123 SMITH RD  
 Birth Date: 01/01/1995 Age: 20 SPRINGFIELD IL 62702

PA50 - WIC BENEFITS GROUPING

WIC Group Information Proxy Information EBT Card Issuance

Detail Active Family Summary Non-HIH History HIH History

Family ID	Participant ID	First Name	Last Name	Relationship	Start Date	End Date
5555550000084	0312 36A9 5601 00	TRANSFER	OUT OF STATE	HOH	09/09/2015	//
	1052-31A1-4849-00	OUT OF STATE	TRANSFER	UA	09/09/2015	//

F8-PARTICIPANT LOOK-UP F9-SERVICE ENTRY



Comerstone 13.6gtr009

F1-Help F3-Return F4-Save F5-Add F6-Edit F7-Delete F11-Next F12-Cancel TextEdit

BESS, STEPHANIE 555555 CORNERSTONE 09/09/2015

**PARTICIPANT**

Participant ID: T052-31A1-4849-00 Cur Last Name: TRANSFER Cur First Name: OUTOFSTATE Sec Last Name:  
 Group ID: Address: 123 SMITH RD  
 Birth Date: 09/01/2014 Age: 1 SPRINGFIELD IL 62702

**AS02 WIC**

CHP: 300010010 BESS STEPHANIE  
 Certification Date: 03/01/2015  
 Scheduled Term Date: 03/01/2016  
 Priority: J  
 Category: CHILD  
 Education Scheduled: 0 Attended: 0  
 Base Date: 09/09/2015

WIC MONTH	PKG	WIC MONTH	PKG	WIC MONTH	PKG	WIC MONTH	PKG
2	300	5	300	8	300	11	300
3	300	6	300	9	300	12	300
4	300	7	300	10	300	1	300

Remainder Month: 300

F9-SCHEDULE F10-MP/FORMULA PGUP PGDN

**RISK FACTORS**

RISK	DESCRIPTION
V010	VERIFICATION OF CERTIFICATION

Comerstone 13.6gtr009

F1-Help F3-Return F4-Save F5-Add F6-Edit F7-Delete F11-Next F12-Cancel TextEdit

BESS, STEPHANIE 555555 CORNERSTONE 09/09/2015

**PARTICIPANT**

Participant ID: T052-31A1-4849-00 Cur Last Name: TRANSFER Cur First Name: OUTOFSTATE Sec Last Name:  
 Group ID: Address: 123 SMITH RD  
 Birth Date: 09/01/2014 Age: 1 SPRINGFIELD IL 62702

**SV01 - SERVICE ENTRY**

Service Completed Date: 09/09/2015 Transportation Provided: N  
 Type of Service: WIC WIC FOLLOW UP VST CHILD  
 Place of Service: G CLINIC  
 Service Provider:  
 Location Code: 0  
 Primary Diagnosis: Secondary: Other:  
 Comments:

11-PROVIDER 14-CASH NOTES 110-PROVIDER SPECIALS PGUP PGDN

**PLANNED SERVICES**

SERVIC	DESCRIPTION	STATUS	DESCRIPTION	PLANNED DATE

Record added

Cornerstone 136qr009

F1=Help F3=Return F4=Save F5=Add F6=Fdit F7=Delete F11=Next F12=Cancel TextFdit

BESS, STEPHANIE 555555 CORNERSTONE 09/09/2015

**PARTICIPANT**

Participant ID: 1002 21A1 1819 00 Cur Last Name THOMPSON Cur First Name QUINCYLAIE Sec Last Name  
 Group ID: Address 123 SMITH RD  
 Birth Date: 09/01/2014 Age: 1 SPRINGFIELD IL 02/02

**SVO1 - SERVICE ENTRY**

Service Completed Date: 09/09/2015 Transportation Provided: N  
 Type of Service: WIC WIC IND NUTR ED CHLD  
 Place of Service: b CLINIC  
 Service Provider:  
 Location Code: 0  
 Primary Diagnosis: Secondary: Other:  
 Comments:  
 F8-PROFILE F9-CASE NOTES F10-PROCEDURE SPECIFICS P6UP P6DN

**PLANNED SERVICES**

SERVICE	DESCRIPTION	STATUS	DESCRIPTION	PLANNED DATE

NEW DATE: 09/01/2015  
 REPORT: H2P0102  
 PAGE: 1

**Illinois WIC Program**  
**Verification of Certification (VOC)**

This form must be issued to every participant who is a member of a family in which there is a migrant farm worker or any other participant who is likely to be relocating to another state or from one local service delivery area to another (including homestead participants). The VOC ensures that transitioning participants will receive continued benefits during their certification period.

BESS, THOMAS C 8200-35C1-4001-00 01/01/2014  
 Participant Name ID # Date of Birth

Participant Address  
 UAT TEST CLINIC TWO 555555  
 Local Agency

Local Agency Street Address and City  
 ILLINOIS 6 6 1 - 0  
 State Zip code Phone

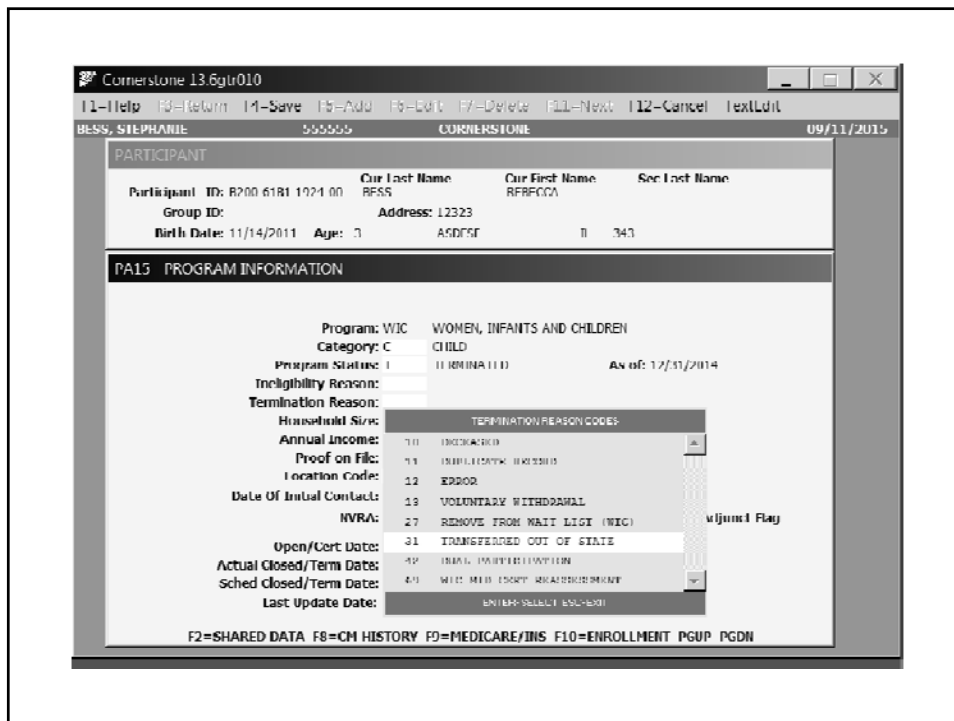
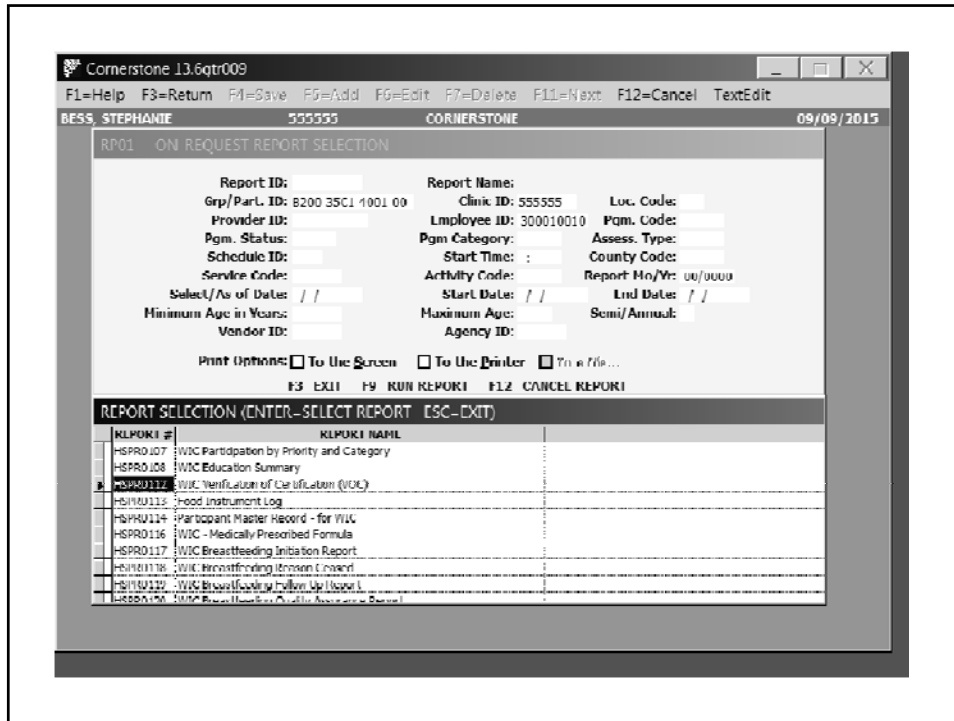
Certification Date Expiration Date  
 From: 01/02/2015 To: 01/02/2016

Date of Latest Income Eligibility Determination: 01/02/2015  
 Date of Latest FT Common Effectivity Thru Date: 04/02/2015  
 MIGRANT? YES /  (Circle one)

Nutrition Risk Factor(s):  
 A010 LOW HGB/HCT 0010 UNDERWEIGHT  
 H010 LOW BIRTHWEIGHT H030 PNEUMOPHYTIA

STEPHANIE BESS  
 Certifying health professional  
 Local Agency Authorizing Signature

Print or type name



Comerstone 13.6gtr010  
 F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit  
 BESS, STEPHANIE 555555 CORNERSTONE 09/11/2015

**PARTICIPANT**

Participant ID: B200-6181-1924-00 Cur Last Name BESS Cur First Name REBECCA Sec Last Name  
 Group ID: Address: 12323  
 Birth Date: 11/14/2011 Age: 3 ASDFSF IL 343

**PA15 - PROGRAM INFORMATION**

Program: WIC WOMEN, INFANTS AND CHILDREN  
 Category: C CHILD  
 Program Status: T TERMINATED As of: 09/11/2015  
 Ineligibility Reason:  
 Termination Reason: B1 TRANSFERRED OUT OF STATE  
 Household Size: 3  
 Annual Income: \$125  
 Proof on File: 01 ALL KIDS < 200% FPL  
 Location Code: 0 LOCATION NOT ASSIGNED  
 Date of Initial Contact: 12/31/2014  
 N/A: Adjunct Flag

Open/Cert Date: 12/31/2014 TRANSFER INFORMATION  
 Actual Closed/Term Date: 09/11/2015 From Clinic:  
 Sched Closed/Term Date: 12/31/2015 From Date: / /  
 Last Update Date: 09/11/2015

F2=SHARED DATA F8=CH HISTORY F9=MEDICARE/DNS F10=ENROLLMENT PGUP PGDN

Comerstone 13.6gtr010  
 F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit  
 BESS, STEPHANIE 555555 CORNERSTONE 09/11/2015

**PARTICIPANT**

Participant ID: B200-6181-1924-00 Cur Last Name BESS Cur First Name REBECCA Sec Last Name  
 Group ID: Address: 12323  
 Birth Date: 11/14/2011 Age: 3 ASDFSF IL 343

**SV01 - SERVICE ENTRY**

Service Completed Date: 09/11/2015 Transportation Provided:

Type of Service:  
 Place of Service:  
 Service Provider:  
 Location Code:  
 Primary Diagnosis:  
 Comments:  
 F9=PROFILE F9=CAS

**PLANNED SERVICES**

SERVICE	DESCRIPTION	DATE
	WPCA PEER COUNSELOR CONTACT-ASSESSM	
	WPCH PEER COUNSELOR CONTACT-DOME	
	WPDI PEER COUNSELOR CONTACT-INDIVID	
	WPDO PEER COUNSELOR - OUTREACH	
	WPDE PEER COUNSELOR CONTACT-PHONE	
	WPGE PEER COUNSELOR - GROUP MEETING	
	WPGV PEER COUNSELOR-HOSPITAL VISIT	
	WR08 WIC RETURN OUT OF STATE	
	WSSM WIC SELF-STUDY MODULE	
	WTE WIC TERMINATION IN ERROR	
	WING WIC TERMINATION NOTICE GIVEN	
	WUCR WIC UPDATE CLOSOUT RECORD	
	WULI WIC UPDATE INFO INFANT	
	WUIN WIC UPDATE INFOR POSTPARTUM	
	WUPI WIC UPDATE PROXY INFO	
	WUOC WIC OUT OF STATE TRANSFER	
	WWD WISEHOMEN DIAGNOSTIC	





Cornerstone 13.6gtr010  
 F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit  
 BESS, STEPHANIE 555555 CORNERSTONE 09/11/2015

**PARTICIPANT**

Participant ID: B200-6181-1924-00 Cur Last Name: BESS Cur First Name: REBECCA Sec Last Name:  
 Group ID: Address: 12323  
 Birth Date: 11/14/2011 Age: 3 ASDFSF IL 243

**AS02 - WIC**

CHIP: J00010010 BESS STEPHANIE  
 Certification Date: 12/31/2014  
 Scheduled Term Date: 12/31/2015  
 Priority: 3  
 Category: CHILD  
 Education Scheduled: 0 Attended: 0  
 Base Date: 12/31/2014

USE MONTH	FOOD PKG	USE MONTH	FOOD PKG	USE MONTH	FOOD PKG	USE MONTH	FOOD PKG
12	365	3	365	6	365	9	365
1	365	4	365	7	365	10	365
2	365	5	365	8	365	11	365

Remainder Month:

F9=SCHEDULE F10=MP/FORMULA PGUP PGDN

**RISK FACTORS**

RISK	DESCRIPTION
A010	LOW HGB/HCT
E030	OBESE
E090	AT RISK OF OVERWEIGHT
F010	SHORT STATURE FOR AGE

Cornerstone 13.6gtr010  
 F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit  
 BESS, STEPHANIE 555555 CORNERSTONE 09/11/2015

**PARTICIPANT**

Participant ID: B200-6181-1924-00 Cur Last Name: BESS Cur First Name: REBECCA Sec Last Name:  
 Group ID: Address: 12323  
 Birth Date: 11/14/2011 Age: 3 ASDFSF IL 243

**PA15 - PROGRAM INFORMATION**

Program: WIC WOMEN, INFANTS AND CHILDREN  
 Category: C CHILD  
 Program Status: T TERMINATED As of: 09/11/2015  
 Ineligibility Reason:  
 Termination Reason: B1 TRANSFERRED OUT OF STATE  
 Household Size: 3  
 Annual Income: \$123  
 Proof on File: 01 ALL KIDS < 200% FPL  
 Location Code: 0 LOCATION NOT ASSIGNED  
 Date of Initial Contact: 12/31/2014  
 NVRA: Adjunct Flag

Open/Cert Date: 12/31/2014  
 Actual Closed/Term Date: 09/11/2015  
 Sched Closed/Term Date: 12/31/2015  
 Last Update Date: 09/11/2015

TRANSFER INFORMATION  
 From Clinic: / /

F2=SHARED DATA F8=CM HISTORY F9=MEDICARE/DNS F10=ENROLLMENT PGUP PGDN