WIC Outreach Plan and Log

Outreach goal, objectives, and activities for the local agency WIC Outreach Plan can be identified for the local agency, following the example provided and utilize the blank log. Objectives should identify General and Enhanced outreach and activities should be specific to each objective.

Agencies are encouraged to enter their Outreach Plan and completed activities into the WIC MIS (I-WIC). Note fields with (*) are required and refer to the I-WIC User Manual Admin for details.

Page one is an example.

| *Local Agency (LA) Name: XYZ | | | | *Fiscal Year: FY23 | | | | | |
|---|---|--|------------------------|---------------------------|-----------------------------|--|--|--|--|
| *Goal: | Conduct outreach to eligible WIC applicants to increase caseload. | | | | | | | | |
| *Objective | | | Person Responsible | | rojected Completion Date | *Evaluation Method | | | |
| General: Meet with business managers covering & Dr. offices. Provide WIC information, income guidelines and formulary. | | | Marcy, WIC Coordinator | | 2/30/2022 | # of Dr. offices reached | | | |
| Note: Only p added to Aa | | *Where: Dr. Works Office Note: Only populates in IWIC if added to Admin- Ref/Out Cat Mgmt. screen | Cynthia, CPA | | Completed Date: 2/15/22 | Notes: provided packet with WIC flyer, income guidelines and formulary. | | | |
| *Objective | | Person Respon | nsible P | rojected Completion Date | *Evaluation Method | | | | |
| Enhanced Pregnant: Bring WIC outreach flyers, PC contact cards Nutrition During PG and BF handouts to ABC Pregnancy Testing Center. | | | Lynn, BF Coordina | | /30/2023 Completed Date: | # of participants that "heard about WIC" from Primary Health Care Provider. | | | |
| *Objective | | | Person Respon | nsible P | rojected Completion Date | *Evaluation Method | | | |
| Enhanced Migrant: Distribute WIC outreach flyers to migrant head start. | | | Karen, Frontline | | /31/2023 Completed Date: | # of participants that "heard about WIC" from Head Start. # of flyers distributed. | | | |

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Copy/add additional pages for each objective (required: general, enhanced-pregnant and enhanced-migrant per IL WIC PM AD 8.1).

| *Local A | gency Name: | | | *Fiscal Year: | | | |
|--|-------------|---------|----------|---------------|------------------------------|--------------------|--|
| *Goal: | | | | | | | |
| *Objective (Identify as General or Enhanced Outreach) | | | Person R | esponsible | Projected Completion Date | *Evaluation Method | |
| | | | | | Date: □ Completed Date: | | |
| *Activity | <i>r</i> : | *Where: | | | Date: | Notes: | |
| *Activity | <i>7</i> : | *Where: | | | Date: | Notes: | |
| *Activity | <i>r</i> : | *Where: | | | Date: | Notes: | |
| *Activity | <i>r</i> : | *Where: | | | Date: | Notes: | |
| *Activity | <i>r</i> : | *Where: | | | Date: | Notes: | |
| Activity: | | *Where: | | | Date: | Notes: | |