



I-WIC CPA TRAINING



Community Health Training Center

You must complete these scenarios to receive a certificate

1. Certify a pregnant woman: Scenario 4: use your last name for this example.
2. Certify breastfeeding mom new baby completed on day 1: Scenario 5: use your last name for this example.
3. Recert child: Scenario 6: use your assigned participant for this example.
4. Complete a breastfeeding status change on day 2 for breastfeeding mom and baby enrolled in Scenario 5 on day 1: steps for this example are found in Scenario 9

OUTLINE

Contents

Day 1

Introduction to the WIC Program

Introduction to Risk Factors and Food Packages

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Scenario 2: Searching for and Opening Records

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Opening a Record

Scenario 3: Appointment Scheduling

Creating an Appointment from the Schedule Appt Screen

Creating an Appointment from the Daily Schedule Screen

Moving an Appointment

Marking an Appointment as Attended or Mark Onsite

Canceling an Appointment

Break

Scenario 4: Certifying a New Pregnant Woman

Search for Applicant Statewide

Precertification

Mark Onsite

Household Information Tab

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Income Information Tab

Participant Info

eWIC Card Account Maintenance

Locating and Opening the Record

Cert Action – Woman

Lab – Woman

Breastfeeding – Woman

Health – Woman

Nutrition Risk – Woman

Nutrition Education – Woman

Food Prescription – Woman

Issue Benefits

Schedule Appointment

Print Documents

Notes

Lunch Break

Practice

Scenario 5: Certifying a New Woman and Baby as Breastfeeding

Daily Schedule (Locate an Appointment)

Household Information Tab

Income Information Tab

Participant Info

eWIC Card Account Maintenance

Locating and Opening the Record

Cert Action – Woman

Cert Action – Infant

Lab – Infant

Breastfeeding – Infant

Health – Infant

Nutrition – Infant

Nutrition Risk – Infant

Nutrition Education – Infant

Food Prescription – Infant

Referrals – Infant

Lab – Woman

Breastfeeding – Woman

Health – Woman

Nutrition – Woman

Nutrition Risk – Woman

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Nutrition Education – Woman

Food Prescription – Woman

Issue Benefits

Referrals – Woman

Schedule Appointment

Print Documents

Notes

Practice

Day 2

Scenario 6: Recertification Child

Search for Applicant Statewide

Mark Onsite

Household Information Tab

Income Information Tab

Participant Info

Locating and Opening the Record

Cert Action

Lab

Health

Nutrition

Nutrition Risk - Child

Nutrition Education

Food Prescription

Issue Benefits

Referrals

Scheduling

Print Documents

Practice

Scenario 7: Mid-Cert Appointment (Infant)

Search for Applicant Statewide

Mark Attended

Locating and Opening the Record

Lab

Mid-Certification

Nutrition Risk

Nutrition Education

Food Prescription

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Issue Benefits

Scenario 8: Short Cert – Missing Proof

Locating and Opening the Record

Cert Action – Child

Issue Benefits

Schedule Appointment

Break

Scenario 9: Breastfeeding Status Change

Search and Mark Onsite

Locating and Opening the Record

Cert Action – Infant and Woman

Breastfeeding – Woman

Breastfeeding - Infant

Food Prescription - Infant

Food Prescription – Woman

Benefits Void

Issue Benefits

Practice

Scenario 10: Food Package Change

Mark Onsite

Locating and Opening the Record

Food Prescription – Remove Old Formula Package

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Issue Benefits

Voiding Part of the Issued Benefits for the Current Month

Lunch Break

Scenario 11: Transfers and Changes of Households

Refer to I-WIC: Transfers document and have it active.

Clinic to Clinic Transfer

In-State Transfer (Household from a different Clinic in a Different Local Agency)

Transfer an Existing Participant to a Different Household within the same clinic

Precertification

Out of State Transfer

Q/A and Additional Practice Time

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Scenario 4: Certifying a New Pregnant Woman

Certify a new pregnant woman who is a walk-in. She states never been on WIC before.

Support Staff Activities

Search for Applicant Statewide

****USE YOUR LAST NAME for this scenario****

1. Access the **Search** screen by clicking **Search** in the Scheduling Tasks jellybean or clicking on the **Binocular's Icon** in the toolbar.
2. Select **State** for **Scope** to perform a statewide search.
3. Select **Participant** for **Search By**.
4. Enter your **Last Name** and a **First Name** of the participant.
5. Click **Find**.
6. **Message displays** "No Records were found for the given search criteria".
7. Click **OK**.

Field	Value
Scope	State
Search By	Participant

Precertification

1. Under the **Scheduling Tasks** jellybean, click **Precertification** or click on the **P** icon on the Toolbar.
2. Enter your **Last Name**, **First Name**, and **Birth Date** for the **Head of Household** (the head of household is also an applicant in this Scenario).
3. Mark the **Housing, Migrant or Homeless** checkboxes as appropriate.
4. Enter the **Street Address**, **Zip Code** and click **3 dots** to populate City, County and State.
5. Select a value for **How Heard About WIC**.
6. Click the **Add** button under the **Applicant** grid to add the woman applicant to this household. Enter your **Last Name**, **First Name**, **Birth Date** and **Category**. Notice the system automatically determines the Gender.
7. Click the **Add** button under **Phone** grid to add appropriate phone information.

Field	Value
Woman's Birth Date	Your choice
Woman's Category	PG

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8. Mark the **Prefer** check box.
9. Select a **Language**.
10. Click the **Save** button to save the screen.

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Mark Onsite

1. Click the **Mark Onsite** button at the bottom of the Precertification Screen to mark the applicant Onsite.
2. On the pop up, click in **Service** and select **PCERT** from the drop down.
3. Click **Close**.

Field	Value
Service	PCERT

Household Information Tab

1. Navigate to the **Household Info** screen.
2. Enter a **Proxy Name** if desired.
3. Select an **Education Level** – your choice.
4. Select **Proof of Residency**.
5. Select **Phone** for **Preferred Contact Method**.
6. Click **Next** to access the **Income Information** tab.

Field	Value
Education Level	Your Choice
Proof of Residency	IL Driver's License
Preferred Contact Method	Phone

Income Information Tab

1. Adjunct Eligibility grid:
 - a. Participant states she receives a medical card but no other services. Under the "Household Not Participating -By Program" **check** the **SNAP** and **TANF** box.
 - b. Select a **Medicaid REP** value of **Yes** and check the **VER** checkbox which will display a popup.
 - c. Enter all applicable information. **Type of Verification, Verified "Yes"**. Click **OK** to close the popup. The **Adjunct Eligible** checkbox is now marked.
2. Since the participant is Adjunct Eligible, we will ask her for a verbal income amount. Click the **Add** button below the Income grid.
3. Enter the income **Interval, Amount and Documentation**, documentation for this example will be **Adjunctive eligibility**.

Field	Value
SNAP/TANF – BOX	Check
Medicaid REP	Yes
Interval	Monthly
Amount	1000
Documentation	Adjunctive Eligibility

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<ol style="list-style-type: none"> Enter the Household Size. Click the Rights and Responsibilities button to capture the household signature. Complete the Rights and Responsibilities pop-up and click Save and then Close. Click the Save button. Move to the Toggle Box at the top of screen. Toggle from the household level to the Participant Level. (This must be done to activate the NEXT button and move to the next screen). Click Next to save the screen and advance to the Participant Info Screen. 	Household Size	2

Participant Info		Field	Value
<ol style="list-style-type: none"> Select Hispanic or Latino. Select at least 1 race. Select Proof of Identity. Select a Voter Registration. Special Needs, Physician's Name & Phone are optional. 	Hispanic/Latino		Your Choice
	Race		Your choice
	Woman - Proof of Identity		Government Issued ID
	Voters Registration		Your choice

eWIC Card Account Maintenance		Field	Value
<ol style="list-style-type: none"> Access the Benefits file menu at the top and select eWIC Card Account Maintenance. Select the Head of Household row in the EBT Accounts grid, then click the Account Setup button. Enter the EBT card number and verify by re-entering the same number. Click the Submit button. 	Card Number		Enter assigned number

KEYPOINT: Normally at this point, the Support Staff are done working with the household. They will pass the household along to the CPA to continue with the certification process. Support staff can click on Search or Binoculars to exit the record.

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CPA Activities

Refer to Non-Covid Flow Sheet – CPA Activities

Program Note: Before beginning the certification Refer to: Welcome to WIC (Program Explanation to Participants) Setting the Stage education piece. This must be provided to your participants.

Refer to the I-WIC Assessment Guide: Pregnant Woman. The guide will assist you in using a participant centered (PC) approach during the assessment. It gives suggested questions to help you gather more information.

Locating and Opening the Record

1. Under the **Scheduling Tasks** jellybean, select the **Onsite List**.
2. Choose your **PG Woman** from the list and click on the **Select** button.
3. Record will open to the **Household Summary** screen.

Field	Value
Participant Name	Select woman

Cert Action – Woman

1. Access the **Cert Action** screen from the Guided Script.
2. Click the **Add** button to add the new certification.
3. A popup message will display asking if the woman is pregnant or not. Click **OK** as the woman is pregnant.
4. A row is added to the grid with the **Category** and **Cert Start** columns populated.
5. Above the grid, enter the **Expected Delivery Date**:
6. The **Cert End** date populates based upon the **Expected Delivery Date** plus 6 weeks.
7. Check **Present for Cert**.
8. Click **Save**.
9. Click **Next** to move to the Lab screen.

Field	Value
Expected Delivery Date	6 months from today's date
Present for Cert	Check

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Lab – Woman

Reference Addendum: *Anthropometric Flow Chart and Tip Sheet* for guidance.

1. Click the **Add** button under the **Anthropometric Data** grid.
2. Enter the **Weight** and **Height**.
3. Enter **Number of Prenatal visits**
4. Enter **Month Prenatal Care began**.
5. Enter **Pre-pregnancy Weight**.
6. **Multifetal Gestation auto fills to No.**
7. Click **Add** under the **Bloodwork** grid:
8. Date of Bloodwork defaults to today's date.
9. Enter **HGB** value and click save.
10. Click on the **prenatal chart button** to view chart and review with the participant. Click **Cancel** to close.
11. Click **Next** to save the screen and move forward to the **Breastfeeding** screen.

Field	Value
Weight	150 lbs. and 4 oz
Height	66 in and 2/8
# Prenatal Visits	1
Month Prenatal Care Began	Current date minus 30 days
Pre-pregnancy Weight	133
Multifetal Gestation	Auto selected no (change as appropriate)
HGB	10.5

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Breastfeeding – Woman

References:

NPS - Documentation; and NPS - Breastfeeding

1. **BF Information Tab** does not apply to pregnant women.
2. **Click Next** to move to the BF Questions tab. For a pregnant woman, you must complete all 4 questions on this tab. **Select none** for the last question. (This question/risk applies only if pregnant and breastfeeding).

BF Information **BF Questions** **BF Support & Notes** **BF Pumps & Aids**

*** How are you thinking about feeding your baby?**

☒ I want to nurse my baby from the breast

☐ I want to pump and nurse from the breast

☐ I want to pump only

☐ I want to provide both formula and breast milk

☐ I don't want to breastfeed

☐ Other

*** Have you ever breastfed/pumped?** ☐ Yes ☒ No

*** Tell me about your breastfeeding experience or what you have heard about breastfeeding?**

Basic information

*** Are you experiencing any of the following?**

☐ Cracked, bleeding or severely sore nipples

☐ Flat or inverted nipples

☐ Mastitis

☐ No milk at 4 days postpartum

☐ Recurrent plugged ducts

☐ Severe breast engorgement

☐ Tandem nursing

☐ 40 years of age or older

☐ Other

☒ None

Save **Cancel** **Next**

3. Click **Next** to move to the **BF Support and Notes Tab**: Document Breastfeeding Contacts, Referrals, & Notes, as appropriate:

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The Contact History section may be used to document successful or attempted contacts and topics discussed at subsequent visits. Since this is a new Certification, you will not add anything here.

The Breastfeeding Referral section is used to document and follow up on referrals. To complete the certification, you must choose the referral type PN for pregnant woman, PP for breastfeeding woman or No Referral Made, and indicate the reason the participant was not referred.

4. Click **Add** (today's date defaults to today's date). Select **PC** from the **Referred to** drop down. Select **Education** from the **Reason Referred** drop down. At **Referral Type**, choose **PN** for pregnant.

Breastfeeding Referral

* Date Referred	* Referred To	Reason Referred	Reason Not Referred	Referral Type	Follow-up Date
08/23/2021	PC	Education		PN	

Add **Remove** **History**

The Breastfeeding Notes section does not need to be repeated in other “Notes” sections. For Pregnant women you may include information on feelings, knowledge and/or experiences with breastfeeding, level of intent and support to breastfeeding, and prenatal education provided. Follow up on breastfeeding intent, support and progress at subsequent visits or telephone calls.

5. Click **Add** and the Notes Zoom pop up appears. Type your note and click **OK** to close.

Breastfeeding Notes

* Date	* Staff	* Note	Baby Name
08/23/2021	MONICA.M...	Note	

Add **Remove** **Link Baby**

6. Click **Next** to save the tab and move forward to the **BF Pumps & Aids** tab.
7. Click **Next** to move forward to the **Health** Screen.

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Health – Woman

Complete the **Pregnancy Information** screen, page 1, as shown below:

Pregnancy Information

Health Information

Hx * 1. Do you have any questions or concerns about your pregnancy? Check all that apply.

<input type="checkbox"/> Appetite	<input type="checkbox"/> Infant feeding choices	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Weight gain	
<input type="checkbox"/> Depression	<input checked="" type="checkbox"/> No concerns	

Hx * 2. Have you had any other pregnancies that resulted in a live birth? ☐ Yes ☒ No

Hx * What is the DOB of your last child?

Hx * 3. Did you have any medical issues with your past pregnancies? ☐ Yes ☒ No

Hx * If yes, please select:

- ☐ Baby born 5lbs 8oz or less
- ☐ Baby born 9lbs or more
- ☐ Baby born with a nutrition related birth defect
- ☐ Caesarean or 'C' section
- ☐ Early term delivery >37 to <39 weeks
- ☐ Gestational Diabetes
- ☐ 2 or more Miscarriages (less than 20 weeks)
- ☐ Preeclampsia
- ☐ Pregnancy loss (20 weeks or more)
- ☐ Preterm delivery >32 but <37 weeks
- ☐ Stillborn or death before 1 month of age
- ☐ Twins, triplets or more

1

2

3

Save

Cancel

Next

Click **Next** to move forward to page 2.

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Health – Woman

Complete the **Pregnancy Information** screen, page 2, as shown below:

Pregnancy Information **Health Information**

4. Do you regularly take any of the following medications? ☐ Yes ☒ No

If yes, please select:

- ☐ Antigout
- ☐ Blood Formation/Coagulation
- ☐ Cardiac/Blood Pressure/Lipid
- ☐ Digestive Enzymes
- ☐ Diuretic
- ☐ Hormones: Growth, Steroid, Other
- ☐ Insulin/Antidiabetic
- ☐ Thyroid/Antithyroid
- ☐ Other

5. Do you or your health care provider have any special concerns about your pregnancy? ☒ Yes ☐ No

If yes, please select:

- ☐ Currently breastfeeding
- ☒ Excessive weight gain
- ☐ Fetal Growth Restriction
- ☐ Gestational Diabetes
- ☐ Hyperemesis gravidarum
- ☐ Preeclampsia
- ☐ Twins, triplets or more
- ☐ Weight loss while pregnant

1 2 3

Save **Cancel** **Next**

Click **Next** to move forward to page 3.

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Health – Woman

Complete the **Pregnancy Information** screen, page 3, as shown below:

Pregnancy Information **Health Information**

6. Do you use any nicotine or tobacco products including, cigarettes, pipes, cigars, e-cigarettes, vape, hookahs, chewing tobacco, or tobacco replacement therapies (gums, patches).
☒ Yes ☐ No

7. Are you ever in an enclosed area while someone is using tobacco products?
☐ Yes ☒ No

8. Drink alcohol? ☐ Yes ☒ No

9. Use marijuana in any form? ☐ Yes ☒ No

10. Misuse prescription medication? ☐ Yes ☒ No

11. Use other illegal substances? ☐ Yes ☒ No

1 2 3

Save Cancel Next

Click **Next** to move forward to the **Health Information** tab.

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Health – Woman

Complete the **Health Information** tab, as follows:

Pregnancy Information	Health Information										
<p>1. Do you have any health or medical issues? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details</p>											
<p>2. Do you have any food related allergies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please select:</p> <table border="0"><tr><td><input type="checkbox"/> Milk (Lactose Intolerant)</td><td><input type="checkbox"/> Egg</td><td><input type="checkbox"/> Soy</td><td><input type="checkbox"/> Fish</td><td><input type="checkbox"/> Tree nuts</td></tr><tr><td><input type="checkbox"/> Milk (Allergy)</td><td><input checked="" type="checkbox"/> Peanut</td><td><input type="checkbox"/> Wheat</td><td><input type="checkbox"/> Shellfish</td><td><input type="checkbox"/> Other <input type="text"/></td></tr></table>		<input type="checkbox"/> Milk (Lactose Intolerant)	<input type="checkbox"/> Egg	<input type="checkbox"/> Soy	<input type="checkbox"/> Fish	<input type="checkbox"/> Tree nuts	<input type="checkbox"/> Milk (Allergy)	<input checked="" type="checkbox"/> Peanut	<input type="checkbox"/> Wheat	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Other <input type="text"/>
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<input type="checkbox"/> Milk (Allergy)	<input checked="" type="checkbox"/> Peanut	<input type="checkbox"/> Wheat	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Other <input type="text"/>							
<p>3. Do you have access to dental care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>											
<p>4. Do you have any dental problems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please select:</p> <p><input type="checkbox"/> Gingivitis</p> <p><input type="checkbox"/> Oral Condition which Impairs Eating (tooth loss/ineffectively replaced teeth/oral infections)</p> <p><input type="checkbox"/> Periodontal Disease</p> <p><input type="checkbox"/> Tooth Decay</p>											
<p>5. Do you take any of the following?</p> <table border="0"><tr><td>Prenatal Vitamins <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes) #/week <input type="text" value="7"/></td><td>Excessive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr><tr><td>Vitamins/Minerals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes) #/week <input type="text"/></td><td>Excessive? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td colspan="2">Herbs, Supplements or Remedies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr></table>		Prenatal Vitamins <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes) #/week <input type="text" value="7"/>	Excessive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vitamins/Minerals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes) #/week <input type="text"/>	Excessive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Herbs, Supplements or Remedies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
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Herbs, Supplements or Remedies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
<p>6. Are you regularly eating any non-food items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please select:</p> <table border="0"><tr><td><input type="checkbox"/> Ashes</td><td><input type="checkbox"/> Clay</td><td><input type="checkbox"/> Large amounts of ice</td></tr><tr><td><input type="checkbox"/> Baby powder</td><td><input type="checkbox"/> Cornstarch</td><td><input type="checkbox"/> Other <input type="text"/></td></tr><tr><td><input type="checkbox"/> Baking soda</td><td><input type="checkbox"/> Dirt</td><td></td></tr></table>		<input type="checkbox"/> Ashes	<input type="checkbox"/> Clay	<input type="checkbox"/> Large amounts of ice	<input type="checkbox"/> Baby powder	<input type="checkbox"/> Cornstarch	<input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Baking soda	<input type="checkbox"/> Dirt		
<input type="checkbox"/> Ashes	<input type="checkbox"/> Clay	<input type="checkbox"/> Large amounts of ice									
<input type="checkbox"/> Baby powder	<input type="checkbox"/> Cornstarch	<input type="checkbox"/> Other <input type="text"/>									
<input type="checkbox"/> Baking soda	<input type="checkbox"/> Dirt										

[Save](#) [Cancel](#) [Next](#)

Click **Next** to move forward to Nutrition tab.

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Nutrition – Woman

Complete the **Nutrition**, page 1, as follows:

1. How do you feel about your appetite?

2. What milk do you drink most often?

<input type="checkbox"/> Fat-free/skim cow's or lactose free	<input checked="" type="checkbox"/> Low-fat/1% cow's or lactose free
<input type="checkbox"/> Reduced fat/2% cow's or lactose free	<input type="checkbox"/> Whole cow's or lactose free
<input type="checkbox"/> Formula	<input type="checkbox"/> Goat/sheep's milk
<input type="checkbox"/> Homemade mixtures/non-dairy creamer	<input type="checkbox"/> Nut milks
<input type="checkbox"/> Rice beverages	<input type="checkbox"/> Soy beverages (fortified)
<input type="checkbox"/> Soy beverage (unfortified)	<input type="checkbox"/> Canned evaporated or sweetened condensed milk
<input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> None

3. Do you regularly drink any of the following?

<input type="checkbox"/> Beer, wine or drinks with alcohol	<input checked="" type="checkbox"/> Coffee or tea	<input type="checkbox"/> Diet soda
<input checked="" type="checkbox"/> 100% fruit juice	<input type="checkbox"/> Soda, fruit/sports drinks or sweetened tea	<input checked="" type="checkbox"/> Water
<input type="checkbox"/> Other <input type="text"/>		

4. Do you eat these foods every day?

Fruit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vegetables	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Whole grains	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 2 3

Save **Cancel** **Next**

Click **Next** to move forward to page 2.

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Nutrition – Woman

Complete the **Nutrition** screen, page 2, as follows:

5. Do you eat raw, undercooked or unpasteurized foods?

<input type="checkbox"/> Deli meats/hot dogs not steaming	<input type="checkbox"/> Fish high in mercury
<input type="checkbox"/> Fish/shellfish raw/undercooked/smoked	<input type="checkbox"/> Juice unpasteurized
<input type="checkbox"/> Meat/poultry/eggs raw/undercooked	<input type="checkbox"/> Milk unpasteurized
<input type="checkbox"/> Soft cheese	<input type="checkbox"/> Sprouts raw
<input type="checkbox"/> Tofu raw/undercooked	<input checked="" type="checkbox"/> No

6. Are you having any problems with eating?

<input type="checkbox"/> Can't find the food I like	<input type="checkbox"/> Constipation	<input type="checkbox"/> Don't feel like eating
<input type="checkbox"/> Heartburn	<input type="checkbox"/> Mouth pain	<input type="checkbox"/> Nausea
<input type="checkbox"/> No time to eat	<input type="checkbox"/> Vomiting	<input checked="" type="checkbox"/> None of the above

7. Do you follow a special diet?

<input type="checkbox"/> Diabetic	<input type="checkbox"/> High calorie	<input type="checkbox"/> High protein/low carb	<input type="checkbox"/> Kosher
<input type="checkbox"/> Lacto-ovo	<input type="checkbox"/> Lactose free/restricted	<input type="checkbox"/> Low calorie	<input type="checkbox"/> Low cholesterol
<input type="checkbox"/> Low fat	<input type="checkbox"/> Low salt/sodium	<input type="checkbox"/> Macrobiotic	<input type="checkbox"/> PKU
<input type="checkbox"/> Post-bariatric surgery	<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Weight loss
<input checked="" type="checkbox"/> None of the above	<input type="checkbox"/> Other	<input type="text"/>	

8. How much physical activity do you include in your day?

<input type="checkbox"/> None	<input checked="" type="checkbox"/> 15 minutes	<input type="checkbox"/> 30 minutes	<input type="checkbox"/> 1 hour	<input type="checkbox"/> More than 1 hour
-------------------------------	--	-------------------------------------	---------------------------------	---

1 2 3

Save Cancel Next

Click **Next** to move forward to page 3.

I-WIC CPA Training: Outline and Practice Scenarios

Nutrition – Woman

Complete the **Nutrition** screen, page 3, as follows:

The screenshot shows a software interface for a nutrition assessment. It contains two questions, each preceded by a red star icon. Question 9 asks about hunger due to lack of money, with 'No' selected. Question 10 asks about access to a refrigerator and stove, with 'Yes' selected. At the bottom, there are three numbered orange buttons (1, 2, 3), with button 3 highlighted by a blue border. To the right of these are three buttons: 'Save' (blue), 'Cancel' (orange), and 'Next' (green).

9. Are you sometimes hungry because there is not enough money to buy food? ☐ Yes ☒ No

10. Do you have access to a refrigerator and stove/hot plate? ☒ Yes ☐ No

1 2 3


Save Cancel Next

Click **Next** to move forward to the **Nutrition Risk** screen.

I-WIC CPA Training: Outline and Practice Scenarios

Nutrition Risk – Woman

KEYPOINT: Risks are assigned when accessing the screen.

1. The **Detailed Description** column shows the USDA Risk# and the [brackets] displays the Priority.
2. The  column identifies risk factors that have been established as high risk. When high risk, the heart in the menu bar at the top is will be **RED**. **If you are a CPA Asst and encounter participants with complex nutrition risks, they must be referred to the Nutrition Coordinator or designated CPA.**

The Reason Button will display why the system assigned the risk to the participant.

The Risk Help button will display IL WIC Nutrition Risk Criteria for additional guidance. This document provides a complete list of the Risks with detailed definitions.

3. You can add a note as appropriate by double clicking in the **Note** column.
4. Click **Next** to save the screen and to move forward to the **Nutrition Education** screen.

Field	Value

Nutrition Education – Woman

PROGRAM NOTE: Nutrition Ed/Counseling Notes are used to document nutrition education and counseling provided at the initial certification as well as subsequent visits.

This documentation must be completed as part of the certification/recertification process. Documentation includes the method, topic, and notes section.

Nutrition Ed/Counseling notes are also required to document secondary education (N/ED appointment), as well as mid-cert and follow up visits.

Refer to NPS Documentation for further guidance.

1. Click **Add** to enter **Nutrition Education**.
2. Click in the **Method** box and select **Primary Individual**.
3. Move to the **Topic** field and select the desired topic.

PROGRAM NOTE: Select the best “Topic” based on the category specific education topics. At least one topic must be documented. If multiple topics are discussed, CPA should:

Field	Value
Method	Primary Individual
Topic	Weight Gain During Pregnancy

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add the main topic discussed and document additional topics reviewed in the “Note” section of the main topic (one row noting all topics discussed).

The “Note” section is used to document specifics of the nutrition education/counseling provided. This note will also be visible on the Notes screen.

4. Double-click in the Note field enter a Note as appropriate.
5. Click Next to save the screen and to move forward to the Food Prescription screen.

Note

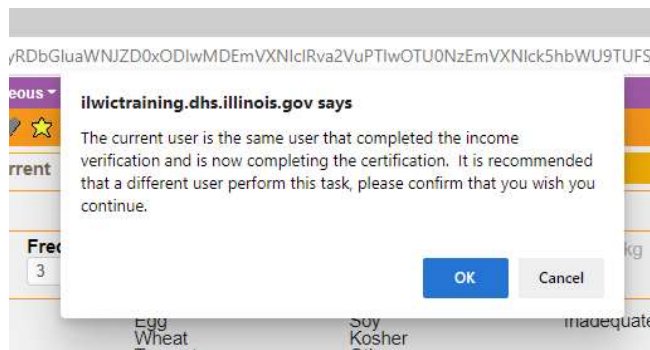
Refer to NPS
Documentation

Program Note: Before assigning food benefits Refer to: Welcome to WIC (Program Explanation to Participants) Food Benefits/Supplemental education piece. This must be provided to your participants.

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Food Prescription – Woman

1. Mark the **Certification Complete** checkbox.
2. A popup will appear (see below)



3. You will only see this for training purposes as you will have separation of duties at your agency. Click **OK**.
4. The system will automatically insert your name in the **Completed By** field.
5. Click the **Save** button.
6. The **Frequency** defaults to 3 and may be adjusted if other than 3 months of benefits are to be issued.

KEYPOINT: The **flags** box across the top of the screen shows **Peanut in red** to indicate that the participant has been flagged with a peanut allergy. This was identified on the participant's Health screen.

The system will not remove any foods from the food package, this must be done manually by the CPA. It's important to tailor the food package to meet the participant's needs and preferences.

***Refer to Desktop Reference: "Healthy Options for WIC". This will help you to talk about the health benefits and food options available in the food packages.**

Refer to Addendum Illinois WIC Food Package Tables for further guidance.

7. Click the **Add** button. A popup displays the standard food items and quantities for a pregnant woman. Foods to be tailored is based on an individual's nutritional assessment.
 - a. Notice that the milk defaults to 1%/skim (fat-Free). It's important to select the appropriate milk from the dropdown list. We will stay with the 1% milk.

Field

Value

Food
Prescription

Std PG Package

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- b. Add cheese and yogurt. On the Cheese or Tofu row Click the dropdown in the Food Item Selected Column Select Cheese-All Authorized, the quantity will default to 1lb.
- c. Click the dropdown in the yogurt row and select Yogurt-Non-Fat from the dropdown. Yogurt will default to 1qt. Notice the Group Max Tally Remaining field is in the red.
- d. Adjust the milk quantity as appropriate to zero out Group Max Tally Remaining field. (Since it shows **-1** we must subtract the milk quantity by 1. Click in the quantity box in the milk row and change it to 4.5.

Tailoring or reducing food packages to less than the maximum monthly allowance is only appropriate when its medically or nutritionally warranted (i.e., food allergy, tailoring formula amounts for breastfeeding infants, vegan diets, tube feeding) or requested by medical provider and/or the participant.

8. Remove peanut butter (peanut allergy).
 - a. **Click the dropdown in the Group Max Tally** to change the group to Beans/Peanut Butter.
 - b. **Click in the Peanut Butter row** and select the white line at top to remove the peanut butter.
 - c. Group Max Tally remaining shows **1** but this time it's green.
 - d. The Beans row in the fd pkg shows the prescription max is 2. To get the full value of the pkg **change quantity** in the beans row to **2**. Notice the group max tally shows 0 remaining.
9. Click **Assign** on the popup.
10. Click the **Next** button to save the screen and to move forward to the **Issue Benefits** screen.

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Issue Benefits

1. Make sure the **Issue column** is checked.
2. Click the **Preview** button to make sure the food package items, quantities, and dates are as expected. Click the **Issue Benefits** button. Note the display of **EBT Transaction Completed Successfully** appears in the bottom left corner.
3. The **BLT** and **BVT** date columns have now been populated.
4. **Review the Shopping List** with participant.
5. Click **Next** to move to the **Schedule Appointment** screen.

Field	Value
Issue	Checked

Program Note: *Review with the participant their certification period, that they will receive education at least every 3 months and benefits will be issued until their cert period ends. Give them a choice of the different secondary education options which your agency provides and schedule the appointment.*

Refer to Addendum: *WIC Program Explanation to Participants.*

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Schedule Appointment

1. Click in the **New Appt** field to access the drop down and select desired appointment type for the participant.
2. The duration time (**DUR**) defaults to the standard time based on the selected appointment type. You can adjust as appropriate.
3. Adjust the **Start Date** and the **End Date** to be within a few days before and on the listed **BVT** date.
4. Adjust the **Start Time** and **End Time** as appropriate.
5. **Uncheck Days** if the household indicates certain days are not available.
6. Select a **Topic** in the dropdown if you are searching for a group education class.
7. Click the **Search** button once all parameters are set. From the search results grid, select the row of the **Desired Date, Block of Appointment Time, and Resource**.
8. In the **Appointment Note** indicate the preferred type of (N/ED).
9. You can add a **Notification Note** as appropriate.
10. Verify the **Time**. It defaults to the start time of the selected row.
11. Click the **Create Appt** button.
12. Click **Next** to Print Documents.

Field	Value
New Appt	N/ED
DUR	Adjust as needed.
Start Date	A few days before BVT
End Date	On or shortly after BVT
Appointment Note	Preferred type of (N/ED) your choice

Print Documents

Select the appropriate document/handout, then click the **Preview** button to display and print. You **must** print the **Family Shopping List** which shows a detailed list of the authorized food items as well as, the next appointment time and date.

Program Note: Refer to Welcome to WIC (Program Explanation to Participants) *Food Benefits and WIC ID education piece. This must be provided to your participants.*

Notes Screen

As appropriate.

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Scenario 5: Certifying a New Woman and Baby as Breastfeeding

Support Staff Activities

Search for Applicant Statewide

****USE YOUR LAST NAME for this scenario****

1. Access the **Search** screen by clicking **Search** in the Scheduling Tasks jellybean or clicking on the **Binocular's Icon** in the toolbar.
2. Select **State** for **Scope** to perform a statewide search.
3. Select **Participant** for **Search By**.
4. Enter your **Last Name** and a **First Name** of the participant.
5. Click **Find**.
6. **Message displays** "No Records were found for the given search criteria".
7. Click **OK**

Field	Value
Scope	State
Search By	Participant

Pre certification

1. Under **Scheduler** in the Menu bar or under the **Scheduling Tasks** jellybean, click **Pre certification** or click on the **P** icon on the Toolbar.
2. Enter the **Head of Household Last Name**, **First Name**, and **Birth Date**.
3. Mark the **Housing, Migrant or Homeless** checkboxes as appropriate.
4. Enter a **Street Address**, **Zip Code** and click **3 dots** to populate City, County and State.
5. Select a value for **How Heard About WIC**.
6. Click the **Add** button under the **Applicant** grid to add the woman applicant to this household. Enter the woman's **Last Name**, **First Name**, **Birth Date** and **Category**. Notice the system automatically determines the Gender.
7. Click the **Add** button under the **Applicant** grid to add the **infant applicant** to this household. Enter the infant's **Last Name**, **First Name**, **Birth Date** and **Category** and **Gender**.

Field	Value
Woman's Birth Date	Your choice
Woman's Category	BE
Infant Birth Date	Less than 30 days old
Infant Category	IBE

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- Click the **Add** button under **Phone** grid and add phone information.
- Select a **Language**.
- Click the **Save** button to save the screen.

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Mark Onsite

- Click the **Mark Onsite** button at the bottom of the Precertification Screen to mark the applicant Onsite.
- In the Service field, select **CERT** for mom and **PCERT** for the infant.
- Click **Close**.

Field	Value

Household Information Tab

- Navigate to the **Household Info** screen.
- Enter a **Proxy Name** if desired.
- Select an **Education Level** – some college.
- Select **Proof of Residency**.
- Click **Next** to access the **Income Information** tab.

Field	Value
Education Level	Some College
Proof of Residency	IL Driver's License

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Income Information Tab

1. Adjunct Eligibility grid: **Check** the Household Not Participating in any programs box.
2. Click the **Add** button below the Income grid. Enter the income **Interval, Amount** and **Documentation**.
3. Enter the **Household Size**.
4. Click the **Rights and Responsibilities** button to capture the household signature.
5. Complete the Rights and Responsibilities pop-up click **Save** and then **Close**.
6. Click the **Save** button at the bottom of the screen.
7. Move to the **Toggle Box** at the top of the screen. **Toggle** from the household level to the **Participant Level and select the BE Participant**.
8. Click the **Next** button.

Field	Value
Income - Interval	Weekly
Amount	500
Income - Verification	Pay Stubs
Household Size	2

Participant Info

1. For the woman:
 - a. Select **Hispanic or Latino**.
 - b. Select **at least 1 race**.
 - c. Select **Proof of Identity**.
 - d. Select a **Special Needs** status as appropriate.
 - e. Select a **Voter Registration** value.
 - f. Enter a **Physician's Name** and **Phone Number** as appropriate.
 - g. Click **Save**.
 - h. Toggle to the **Infant (IBE)**.
2. For the infant:
 - a. Enter a **Second Parent** name, if applicable, otherwise check **Declined**.
 - b. Select **Mother's ID** from dropdown.

Field	Value
Woman - Proof of Identity	Government Issued ID
Voter Registration	Your Choice
Infant - Mother's ID	Select ID

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- c. Select **Hispanic or Latino**
- d. Select **Race**.
- e. Select the **Proof of Identity**.
- f. Select a **Special Needs** status and enter a **Physician Name** and **Phone Number** as appropriate.
- g. Click **Save**.

Infant - Proof of Identity

Birth Certificate

eWIC Card Account Maintenance

1. Access the **eWIC Card Account Maintenance** screen through the Benefits file menu.
2. Select the **Head of Household** row in the **EBT Accounts** grid, then click the **Account Setup button**.
3. Enter the last 8 digits of the **EBT card number** and verify by re-entering the same number.
4. Click the **Submit** button.

Field

Value

Card Number

Enter assigned number

NOTE: Normally at this point, the Support Staff are done working with the household. They will pass the household along to the Certifier to continue with the certification process. Support staff can click on Search or Binoculars to exit the record.

Certifier Activities

Refer to Non-Covid Flow Sheet – CPA Activities

Program Note: Before beginning the certification Refer to: *Welcome to WIC (Program Explanation to Participants) Setting the Stage* education piece. This must be provided to your participants.

Refer to Assessment Guide for Breastfeeding Woman – will assist in using a participant centered (PC) approach as you move through the assessment.

Locating and Opening the Record

1. Go to the **Onsite List** screen.
2. Choose your **Infant** from the list and click on the **Select** button.
3. Record will open to the **Household Summary** screen.

Field

Value

Participant Name

Select infant

I-WIC CPA Training: Outline and Practice Scenarios

Cert Action – Infant

1. Access the **Cert Action** screen from the Guided Script.
2. Click the **Add** button to add the new certification row.
3. A **BF Status** popup is displayed. Complete as follows:
 - a. **Is the baby currently breastfeeding or given pumped Breast milk? – YES.**
 - b. **Is the baby currently receiving any supplemental formula? – NO.**
 - c. System will assign **IBE** as the **New Category**.
 - d. Click **Ok** to save the data and close the popup.
4. A row is added to the grid with the **Category, Cert Start, Cert End**, and **Cert Reason** columns populated.
5. Check **Present for Cert**.
6. Click **Save** to save the screen.
7. Move to the **Toggle box** at the top of the screen to select **mom's** record (BE).

Field	Value
Is the baby currently breastfeeding or being given pumped breast milk?	Yes
BF Status popup – Is the baby currently receiving any supplemental formula?	No
Present for Cert	Check

Cert Action – Woman

1. Click the **Add** button to add the new certification.
2. A popup message will display asking if the woman is pregnant or not. Click **Cancel** as the woman is not pregnant.
3. A **BF Status** popup is displayed. Complete as follows:
 - a. **Are you currently breastfeeding? – Yes**
 - b. **Are you giving baby any supplemental formula – No.**
 - c. System will assign **BE** as the New Category.
 - d. Click **OK** to save the data and close the popup.
4. A row is added to the grid with the **Category** and **Cert Start** columns populated.
5. Above the grid, enter the **Expected Delivery Date** and **Actual Delivery Date**.
6. The **Cert End** date populates based upon the **Actual Delivery**

Field	Value
Are you currently breastfeeding or pumping?	Yes
Are you currently giving your baby any supplemental formula?	No
EDD and ADD	Same as infant birthday

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Date plus 12 months minus 1 day.

7. Check **Present for Cert.**
8. Click **Save**. *Popup appears EDD is = to ADD.* This is because we entered the same date for both. **Cancel** to close popup.
9. Click **Next** to move to the Lab Screen.

Present for Cert	√
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Lab – Woman

1. Click the **Add** button under the **Anthropometric Data** grid.
2. Enter the **Weight** and **Height**.
3. Enter **Pre-pregnancy Weight**.
4. Enter **Weight at Delivery** – system will calculate **Weight** gained during pregnancy. If you enter Weight gained during pregnancy, system will auto calculate **Weight at Delivery**.
5. Click **Add** under the **Bloodwork** grid: Date of Bloodwork defaults to today's date. Enter **HGB**.
6. Stay on this screen to complete Lab information on the infant. **Toggle** to the Infant Record (IBE).

Field	Value
Weight	150 lbs. and 4 oz
Height	66 in and 2/8
Pre-pregnancy Weight	133
Weight at Delivery	155
HGB	10.5

Lab – Infant

1. Click **Add** under the **Anthropometric** grid.
2. Enter **Weight** and **Height**.
3. Enter **Birth Weight**.
4. Enter **Birth Length**.
5. Enter **Completed Weeks of Gestation**.
6. Select the **Immunization Status** “Reviewed”.
7. Click **Save** to have the system calculate percentiles in the **Anthro** grid.
8. Click **Next** to move forward to the **Growth Chart** tab.
9. Select the appropriate radio button to view the different growth charts.
10. Click **Next** to move forward to the **Breastfeeding** screen.

Field	Value
Weight	8 lbs. 2 oz
Height	20 in 1/8
Birth Weight	7 lbs. 4 oz
Birth Length	19 in 0 1/8
Completed Weeks of Gestation	40
Immunization Status	Reviewed

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Breastfeeding – Infant

1. On the **BF Information** tab, the **Verified** checkbox is marked and has today's date to verify that the breastfeeding information is correct.
2. Click **Next** to move to the **BF Questions** tab.
3. Complete the questions.
4. Click **Next** to save the screen and move forward to the **BF Support & Notes** screen. You do not need to add anything to the baby's record on this screen.
5. Click **Next** to move forward to the **Health** screen.

Field	Value
Verified	Checked
Do you have any existing conditions?	No
Does your breastfeeding baby have?	None
How many times....?	8

I-WIC CPA Training: Outline and Practice Scenarios

Health – Infant

1. Complete the **Health** screen, page 1, for the infant as follows:

Hx * 1. Do you have any questions or concerns about your baby's:

☐ Appetite ☐ Breastfeeding ☐ Formula Intake
☐ Health ☐ Weight Gain/Growth ☒ No Concerns
☐ Other

Hx * 2. How do you feel about your baby's growth? ☐ Too slow ☒ Just right ☐ Too fast

Hx * 3. Parent present with BMI ≥ 30?

Hx * Mother ☐ Yes ☒ No ☐ Not present
Hx * Father ☐ Yes ☐ No ☒ Not present

Hx * 4. Does your baby have any health or medical issues? ☐ Yes ☒ No [Details](#)

Hx * 5. Does your baby regularly take any of the following medications? ☐ Yes ☒ No

Hx * If yes, please select:

☐ Antigout ☐ Hormones: Growth, Steroid, Other
☐ Blood Formation/Coagulation ☐ Insulin/Antidiabetic
☐ Cardiac/Blood Pressure/Lipid ☐ Thyroid/Antithyroid
☐ Digestive Enzymes ☐ Other
☐ Diuretic

Hx * 6. Does your baby have any food related allergies? ☐ Yes ☒ No

Hx * If yes, please select:

☐ Milk (Lactose Intolerant) ☐ Egg ☐ Soy ☐ Fish ☐ Tree nuts
☐ Milk (Allergy) ☐ Peanut ☐ Wheat ☐ Shellfish ☐ Other

1 **2**

[Save](#) [Cancel](#) [Next](#)

2. Click **Next** to move forward to page 2.

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Health – Infant

3. Complete the **Health** screen, page 2, for the infant as follows:

Hx * 7. Does your baby take any of the following?

Hx * Vitamins/Minerals ☐ Yes ☒ No #/Wk

Hx Excessive/Inadequate ☐ Excessive ☒ Inadequate

Hx * Herbs, Supplements or Remedies ☐ Yes ☒ No

Hx * 8. Does your baby have access to dental care? ☐ Yes ☐ No ☒ N/A

Hx * 9. Does your baby have any dental problems? ☐ Yes ☐ No ☒ N/A

Hx * If yes, please select:

☐ Gingivitis

☐ Oral Condition which Impairs Eating (tooth loss/ineffectively replaced teeth/oral infections)

☐ Periodontal Disease

☐ Tooth Decay

Hx * 10. Is your baby ever in an enclosed area while someone is using tobacco products? ☐ Yes ☒ No

1 2

4. Click **Next** to move forward to the **Nutrition** screen.

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Nutrition – Infant

1. Complete the **Nutrition** screen, page 1, for the infant as follows:

Hx * 1. In addition to breast milk and/or formula, do you routinely give your baby any other beverages?

<input type="checkbox"/> Low iron formula	<input type="checkbox"/> Water
<input type="checkbox"/> 100% Fruit juice	<input type="checkbox"/> Sugar sweetened drinks
<input type="checkbox"/> Cow's milk	<input type="checkbox"/> Goat/sheep's milk
<input type="checkbox"/> Substitute milk (rice, soy, nut)	<input type="checkbox"/> Homemade mixtures/non-dairy creamer
<input type="checkbox"/> Canned evaporated or sweetened condensed milk	<input type="checkbox"/> Other <input type="text"/>
<input checked="" type="checkbox"/> None of the above	

Hx * 2. How do you prepare and handle breast milk or formula? ☒ Sanitary ☐ Unsanitary ☐ N/A

Hx * 3. How do you mix the formula? ☐ Diluted correctly ☐ Diluted incorrectly ☒ N/A

Hx * 4. How do you store the formula or breast milk? ☒ Stored correctly ☐ Stored incorrectly ☐ N/A

Hx * 5. Does your baby:

- ☐ Fall asleep/go to bed with a bottle
- ☐ Use a bottle that is propped when feeding
- ☐ Carry around and drink from a covered or training cup
- ☐ Use a bottle without restriction (e.g., walking around) or as a pacifier
- ☐ Use a bottle that has other foods (cereal, sweeteners or other solids) added to it
- ☐ Routinely use a bottle to drink liquids other than breast milk, formula, or water (such as fruit juice, soda, sweetened tea, etc.)
- ☒ None of the above

1 **2** **3**

2. Click **Next** button to move forward to page 2.

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Nutrition – Infant

3. Complete the **Nutrition** screen, page 2, for the infant as follows:

Hx * 6. What does your baby use to eat or drink?

<input checked="" type="checkbox"/> Breast	<input type="checkbox"/> Bottle	<input type="checkbox"/> Cup
<input type="checkbox"/> Cup with lid	<input type="checkbox"/> Spoon fed	<input type="checkbox"/> Spoon/fork
<input type="checkbox"/> Fingers	<input type="checkbox"/> Tube fed	

Hx * 7. Does your baby follow a special diet?

<input type="checkbox"/> Diabetic	<input type="checkbox"/> High calorie	<input type="checkbox"/> High protein/low carb	<input type="checkbox"/> Kosher
<input type="checkbox"/> Lacto-ovo	<input type="checkbox"/> Lactose free/restricted	<input type="checkbox"/> Low calorie	<input type="checkbox"/> Low cholesterol
<input type="checkbox"/> Low fat	<input type="checkbox"/> Low salt/sodium	<input type="checkbox"/> Macrobiotic	<input type="checkbox"/> PKU
<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Weight loss	<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> Other	<input type="text"/>		

Hx * 8. At what age did your baby start any foods or beverages other than breast milk or formula?

<input type="checkbox"/> Before 6 months	<input type="checkbox"/> 6 months or older	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A
--	--	----------------------------------	---

Hx * 9. Does your baby eat these foods every day?

Hx * Fruit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Hx * Vegetables	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Hx * Whole grains	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

123

Save

Cancel

Next

4. Click **Next** to move forward to page 3.

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Nutrition – Infant

5. Complete the **Nutrition** screen, page 3, for the infant as follows:

10. Does your baby eat raw, undercooked or unpasteurized foods?

<input type="checkbox"/> Honey	<input type="checkbox"/> Milk unpasteurized	<input type="checkbox"/> Deli meats/hot dogs not steaming
<input type="checkbox"/> Soft cheese	<input type="checkbox"/> Juice unpasteurized	<input type="checkbox"/> Meat/poultry/eggs raw/undercooked
<input type="checkbox"/> Sprouts raw	<input type="checkbox"/> Fish high in mercury	<input type="checkbox"/> Fish/shellfish raw/undercooked/smoked
<input type="checkbox"/> Donor human milk acquired directly from individuals or the Internet		
<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	

11. How often do you sit together and have a meal as a family?

☐ All of the time ☐ Most of the time ☒ Sometimes ☐ Rarely ☐ Never

12. Are there any other feeding concerns, such as the Parent/Caretaker:

☐ Does not allow baby to self-feed

☐ Ignores hunger cues

☐ Feeds foods of inappropriate consistency, size or shape

☐ Feeds foods of inappropriate texture based on developmental stage

☐ Follows a rigid feeding schedule

☒ None of the above

13. Do you have access to a refrigerator and stove/hot plate? ☒ Yes ☐ No

14. Is your baby sometimes hungry because there is not enough money to buy food or formula?

☐ Yes ☒ No

15. Was mom on WIC during the pregnancy? ☐ Yes ☒ No, would have been eligible ☐ No

1 2 3

Save Cancel Next

6. Click **Next** to move forward to the **Nutrition Risk** screen.

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Nutrition Risk – Infant

1. Notice that risks are assigned when accessing the screen.
2. Click **Next** to save the screen and to move forward to the **Nutrition Education** screen.

Field	Value

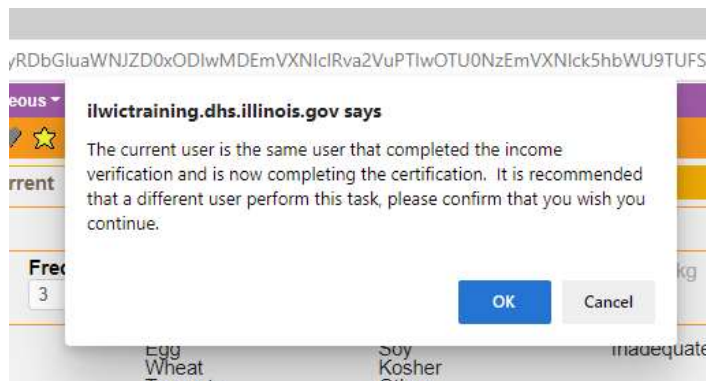
Nutrition Education – Infant

1. Click **Add** to document **Nutrition Education**.
2. Click in the **Method** box to select the **Method** from the dropdown list and click the **Tab** to move to the topic field.
3. Select the desired **Topic** from the dropdown.
4. Double-click in the **Note** field to display the **Note Zoom** popup and enter a note. This note will also be visible on the **Notes** screen. Click **OK**.
5. Click **Next** to save the screen and to move forward to the **Food Prescription** screen.

Field	Value
Method	Primary - Individual
Topic	Growth Spurts
Note	Enter text

Food Prescription – Infant

1. Mark the **Certification Complete** checkbox. A pop up will appear...



2. Click **OK** to dismiss the pop-up.
3. Click the **Save** button. The system will automatically insert your name in the **Completed By** field.
4. Adjust the **Frequency** dropdown if other than 3 months of benefits are to be issued.
5. Click the **Add** button. A popup with the **Standard Food Prescription** for a fully breastfed infant in the 0-5 month age bracket will display.

Field	Value
Food Prescription	Std IBE Package

I-WIC CPA Training: Outline and Practice Scenarios

6. Click **Assign** on the popup to create the **Food Prescription**.
7. Click the **Save** button. A message will display that the food prescription does not span the entire certification period. Click **OK** to continue with the save process and to dismiss the message.

Referrals – Infant

1. Click on the **Referrals** link in Guided Script to navigate to the infant's referral screen if you need to add a referral.

This is not a required step in the certification process.

2. Click the **Add** button to enter a referral to a program that the applicant might be eligible for or to document a program that the applicant is already participating in.
3. The system defaults the **Referral Date** to today's date.
4. Click in the **Type Box** and Select the **Type** of **HH**.
5. Click the **Referred To** and select **Diaper Bank**.
6. Mark the **Referred** checkbox.
7. If an additional referral is being made, click the **Add** button and complete the row.
8. Click the **Save** button.

In order to generate a referral letter, you must select a specific community resource for the referral you are making.

9. Select the **Referral row**.
10. Click the **Community Resources** button.
 - a. **Community Resources** popup appears.
 - b. Select **Referring Agency** for the **Community Resource**.
 - c. Click **Save** and then **Close**.
11. Toggle to mom's record (BE), then navigate to the **Breastfeeding** screen.

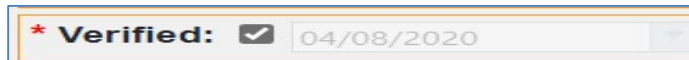
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Field	Value
Type	HH
Referral Category	Diaper Bank
Community Resource	Referring Agency

I-WIC CPA Training: Outline and Practice Scenarios

Breastfeeding – Woman

1. On the **BF Information** tab, make sure the **Verified checkbox** at the bottom of the screen is marked and has today's date to verify that the breastfeeding information is correct.



* **Verified:** ☒ 04/08/2020

2. Click **Next** to move to the **BF Questions** tab.
3. Complete the ... **How many times....** question.
4. Complete the ... **Are you experiencing...?** question.
5. Click **Next** to save the tab and move forward to the **BF Support and Notes** tab.
6. In the **Breastfeeding Referral** grid, click **Add**. A new line will appear in the grid.
 - a. From the **Referred to** drop down, select **WIC BF Support Group**.
 - b. From the **Reason Referred** drop down, Select **Support**.
 - c. At **Referral Type**, choose **PP** for breastfeeding.
7. In the **Breastfeeding Notes** grid, click the **Add** button and enter a note in the popup, then click the **OK** button to close the note.
8. **Select the row** just added, click the **Link Baby** button, then select the baby from the dropdown to copy the note to the baby's record. Click **OK**.
9. Click **Next** to save the tab and move forward to the **BF Pumps & Aids** tab.
10. Click **Next** again to move to the **Health** screen.

Field	Value
How many times	8
Are you experiencing....?	None
Referred to	WIC BF Support Group
Reason Referred	Support
Referral Type	PP
Link Baby	Baby

I-WIC CPA Training: Outline and Practice Scenarios

Health – Woman

1. Complete the **Pregnancy Information** screen, page 1, as shown below:

The screenshot shows a web form titled "Pregnancy Information" with a yellow header bar. The form contains several questions and checkboxes. The first question is "1. How have you been feeling since your pregnancy ended?" with options: Good (checked), Great, Overwhelmed, Sad/Depressed, and Other. The second question is "2. Before this most recent pregnancy, did you have any other pregnancies that resulted in a live birth?" with options: Yes and No (checked). The third question is "3. Did you have any medical issues with your most recent pregnancy?" with options: Yes and No (checked). Below this is a list of medical issues with checkboxes: Baby born 5lbs 8oz or less, Baby born 9lbs or more, Baby born at less than 37 weeks, Baby born at ≥37 weeks to <39 weeks, Baby born with a nutrition related birth defect, Caesarean or 'C' section, Gestational Diabetes, Miscarriages (less than 20 weeks), Preeclampsia, Pregnancy loss (20 weeks or more), Stillbirth or death before 1 month of age, and Twins, triplets or more. At the bottom of the form, there are two orange buttons labeled "1" and "2", and three buttons labeled "Save", "Cancel", and "Next".

Pregnancy Information **Health Information**

Hx * 1. How have you been feeling since your pregnancy ended?

☒ Good
☐ Great
☐ Overwhelmed
☐ Sad/Depressed
☐ Other

Hx * 2. Before this most recent pregnancy, did you have any other pregnancies that resulted in a live birth?

☐ Yes ☒ No

Hx * What is the DOB of the child prior to this baby?

Hx * 3. Did you have any medical issues with your most recent pregnancy? ☐ Yes ☒ No

Hx * If yes, please select:

☐ Baby born 5lbs 8oz or less
☐ Baby born 9lbs or more
☐ Baby born at less than 37 weeks
☐ Baby born at ≥37 weeks to <39 weeks
☐ Baby born with a nutrition related birth defect
☐ Caesarean or 'C' section
☐ Gestational Diabetes
☐ Miscarriages (less than 20 weeks)
☐ Preeclampsia
☐ Pregnancy loss (20 weeks or more)
☐ Stillbirth or death before 1 month of age
☐ Twins, triplets or more

1 **2**

Save **Cancel** **Next**

2. Click **Next** to move forward to page 2.

I-WIC CPA Training: Outline and Practice Scenarios

Health – Woman

3. Complete the **Pregnancy Information** screen, page 2, as shown below:

Pregnancy Information **Health Information**

Hx * 4. Do you use any nicotine or tobacco products including, cigarettes, pipes, cigars, e-cigarettes, vape, hookahs, chewing tobacco, or tobacco replacement therapies (gums, patches).
☐ Yes ☒ No

Hx * 5. Are you ever in an enclosed area while someone is using tobacco products?
☐ Yes ☒ No

Hx * 6. Drink alcohol? ☐ Yes ☒ No
Hx ☐ >8 drinks per week ☐ >4 drink per day ☐ >4 drinks in 2 hours

Hx * 7. Use marijuana in any form? ☐ Yes ☒ No

Hx * 8. Misuse prescription medication? ☐ Yes ☒ No

Hx * 9. Use other illegal substances? ☐ Yes ☒ No

1 2

Save Cancel Next

4. Click **Next** to move forward to the **Health Information** tab.

I-WIC CPA Training: Outline and Practice Scenarios

Health – Woman

5. Complete the **Health Information** tab, page 1, as follows:

Pregnancy Information **Health Information**

1. Do you have any health or medical issues? ☐ Yes ☒ No [Details](#)

2. Do you regularly take any medications? ☒ Yes ☐ No

If yes, please select:

<input type="checkbox"/> Antigout	<input type="checkbox"/> Hormones: Growth, Steroid, Other
<input type="checkbox"/> Blood Formation/Coagulation	<input type="checkbox"/> Insulin/Antidiabetic
<input checked="" type="checkbox"/> Cardiac/Blood Pressure/Lipid	<input type="checkbox"/> Thyroid/Antithyroid
<input type="checkbox"/> Digestive Enzymes	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Diuretic	

3. Do you have any food related allergies? ☐ Yes ☒ No

If yes, please select:

<input type="checkbox"/> Milk (Lactose Intolerant)	<input type="checkbox"/> Egg	<input type="checkbox"/> Soy	<input type="checkbox"/> Fish	<input type="checkbox"/> Tree nuts
<input type="checkbox"/> Milk (Allergy)	<input type="checkbox"/> Peanut	<input type="checkbox"/> Wheat	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Other <input type="text"/>

4. Do you have access to dental care? ☒ Yes ☐ No

5. Do you have any dental problems? ☐ Yes ☒ No

If yes, please select:

<input type="checkbox"/> Gingivitis
<input type="checkbox"/> Oral Condition which Impairs Eating (tooth loss/ineffectively replaced teeth/oral infections)
<input type="checkbox"/> Periodontal Disease
<input type="checkbox"/> Tooth Decay

1 **2** **Save** **Cancel** **Next**

6. Click **Next** to move forward to page 2.

I-WIC CPA Training: Outline and Practice Scenarios

Health – Woman

7. Complete the **Health Information**, page 2, as follows:

Pregnancy Information | **Health Information**

6. Do you take any of the following?

*** Vitamins/Minerals** ☒ Yes ☐ No (If yes) #/week *** Excessive?** ☐ Yes ☒ No

*** Herbs, Supplements or Remedies** ☐ Yes ☒ No

7. Are you regularly eating any non-food items? ☐ Yes ☒ No

*** If yes, please select:**

<input type="checkbox"/> Ashes	<input type="checkbox"/> Clay	<input type="checkbox"/> Large amounts of ice
<input type="checkbox"/> Baby powder	<input type="checkbox"/> Cornstarch	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Baking soda	<input type="checkbox"/> Dirt	

1 2

Save **Cancel** **Next**

8. Click **Next** move forward to the **Nutrition** screen.

I-WIC CPA Training: Outline and Practice Scenarios

Nutrition – Woman

1. Complete the **Nutrition** screen, page 1, as follows:

1. How do you feel about your appetite?

2. What milk do you drink most often?

<input type="checkbox"/> Fat-free/skim cow's or lactose free	<input checked="" type="checkbox"/> Low-fat/1% cow's or lactose free
<input type="checkbox"/> Reduced fat/2% cow's or lactose free	<input type="checkbox"/> Whole cow's or lactose free
<input type="checkbox"/> Formula	<input type="checkbox"/> Goat/sheep's milk
<input type="checkbox"/> Homemade mixtures/non-dairy creamer	<input type="checkbox"/> Nut milks
<input type="checkbox"/> Rice beverages	<input type="checkbox"/> Soy beverages (fortified)
<input type="checkbox"/> Soy beverage (unfortified)	<input type="checkbox"/> Canned evaporated or sweetened condensed milk
<input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> None

3. Do you regularly drink any of the following?

<input type="checkbox"/> Beer, wine or drinks with alcohol	<input type="checkbox"/> Coffee or tea	<input type="checkbox"/> Diet soda
<input checked="" type="checkbox"/> 100% fruit juice	<input type="checkbox"/> Soda, fruit/sports drinks or sweetened tea	<input checked="" type="checkbox"/> Water
<input type="checkbox"/> Other <input type="text"/>		

4. Do you eat these foods every day?

Fruit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vegetables	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Whole grains	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1 2 3

Save Cancel Next

2. Click **Next** to move forward to page 2.

I-WIC CPA Training: Outline and Practice Scenarios

Nutrition – Woman

3. Complete the **Nutrition** screen, page 2, as follows:

5. Do you eat raw, undercooked or unpasteurized foods?

<input checked="" type="checkbox"/> Deli meats/hot dogs not steaming	<input type="checkbox"/> Fish high in mercury
<input type="checkbox"/> Fish/shellfish raw/undercooked/smoked	<input type="checkbox"/> Juice unpasteurized
<input type="checkbox"/> Meat/poultry/eggs raw/undercooked	<input type="checkbox"/> Milk unpasteurized
<input type="checkbox"/> Soft cheese	<input type="checkbox"/> Sprouts raw
<input type="checkbox"/> Tofu raw/undercooked	<input type="checkbox"/> No

6. Are you having any problems with eating?

<input type="checkbox"/> Can't find the food I like	<input type="checkbox"/> Constipation	<input type="checkbox"/> Don't feel like eating
<input type="checkbox"/> Heartburn	<input type="checkbox"/> Mouth pain	<input type="checkbox"/> Nausea
<input type="checkbox"/> No time to eat	<input type="checkbox"/> Vomiting	<input checked="" type="checkbox"/> None of the above

7. Do you follow a special diet?

<input type="checkbox"/> Diabetic	<input type="checkbox"/> High calorie	<input type="checkbox"/> High protein/low carb	<input type="checkbox"/> Kosher
<input type="checkbox"/> Lacto-ovo	<input type="checkbox"/> Lactose free/restricted	<input type="checkbox"/> Low calorie	<input type="checkbox"/> Low cholesterol
<input type="checkbox"/> Low fat	<input type="checkbox"/> Low salt/sodium	<input type="checkbox"/> Macrobiotic	<input type="checkbox"/> PKU
<input type="checkbox"/> Post-bariatric surgery	<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Weight loss
<input checked="" type="checkbox"/> None of the above	<input type="checkbox"/> Other	<input type="text"/>	

8. How much physical activity do you include in your day?

<input type="checkbox"/> None	<input type="checkbox"/> 15 minutes	<input checked="" type="checkbox"/> 30 minutes	<input type="checkbox"/> 1 hour	<input type="checkbox"/> More than 1 hour
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1 2 3

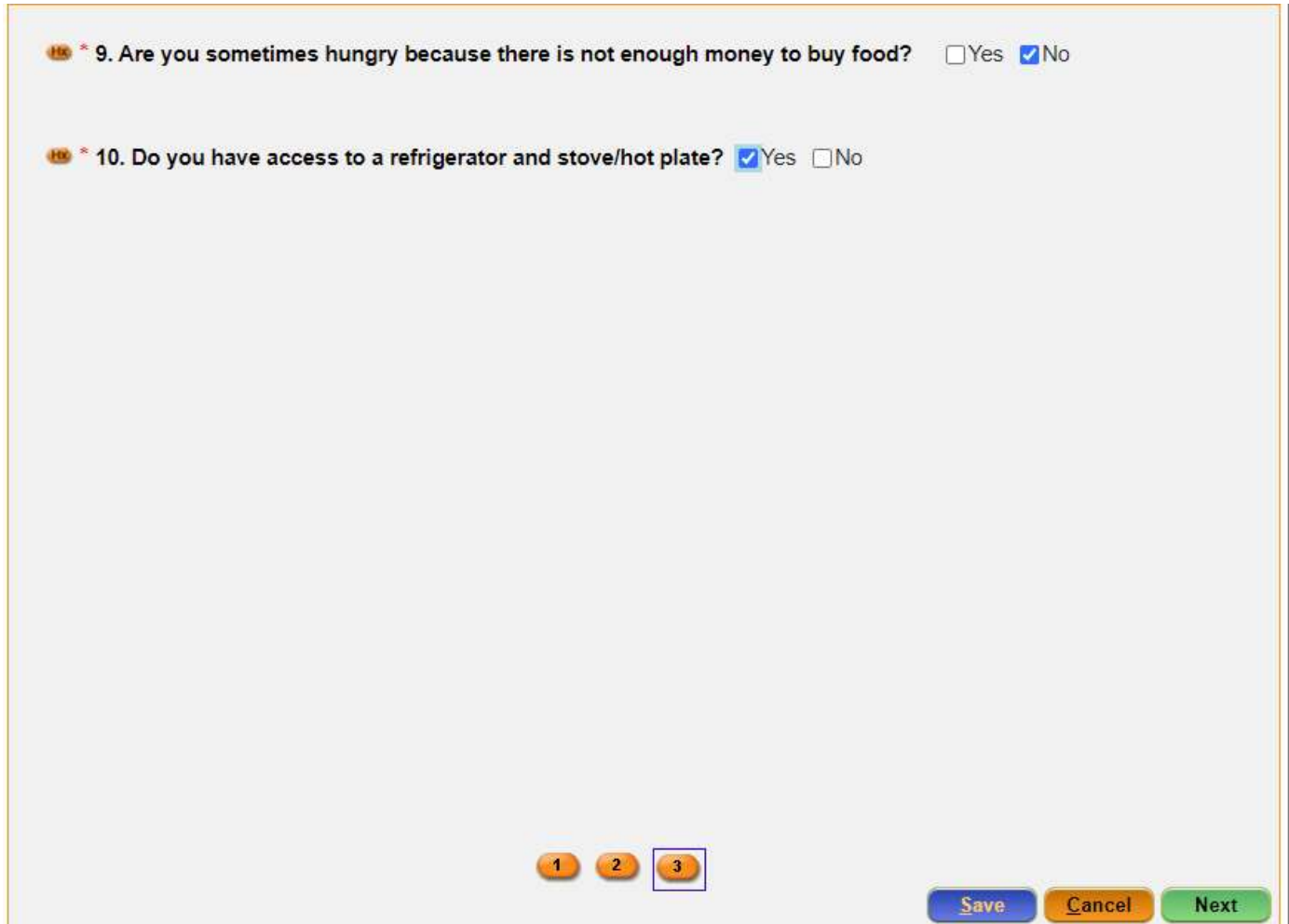
Save Cancel Next

4. Click **Next** to move forward to page 3.

I-WIC CPA Training: Outline and Practice Scenarios

Nutrition – Woman

5. Complete the **Nutrition** screen, page 3, as follows:



9. Are you sometimes hungry because there is not enough money to buy food? ☐ Yes ☒ No

10. Do you have access to a refrigerator and stove/hot plate? ☒ Yes ☐ No

1 2 3

Save Cancel Next

6. Click **Next** to move forward to the **Nutrition Risk** screen.

I-WIC CPA Training: Outline and Practice Scenarios

Nutrition Risk – Woman

1. Risk Factors are generated.
2. After reviewing the screen, Click **Next** to move forward to the **Nutrition Education** screen.

Field	Value

Nutrition Education – Woman

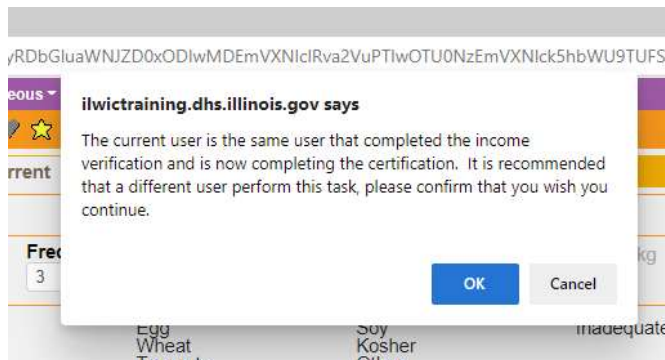
1. Click **Add** to enter a **Nutrition Education** topic.
2. Click in the **Method** box to select the **Method** from the dropdown list and click the **Tab** to move to the **Topic** field.
3. Select the desired **Topic** from the dropdown.
4. Double-click in the **Note** field and enter a **Note**. Click **OK**. This note will also be visible on the **Notes** screen.
5. Click **Next** to save the screen and to move forward to the **Food Prescription** screen.

Field	Value
Method	Primary – Individual
Topic	Healthy Eating Behaviors

Food Prescription – Woman

Program Note: Before assigning food benefits Refer to: Welcome to WIC (Program Explanation to Participants) Food Benefits/Supplemental education piece. This must be provided to your participants.

1. Mark the **Certification Complete** checkbox. A pop-up will appear....



2. Click **OK** to dismiss the pop-up.
3. Click the **Save** button.

Field	Value

I-WIC CPA Training: Outline and Practice Scenarios

4. Adjust the **Frequency** dropdown if other than 3 months of benefits are to be issued.
5. Click the **Add** button. A popup with the standard food items and quantities for a fully breastfeeding woman will display. Review and adjust as needed.
6. Click **Assign** on the popup.
7. A row will be added to the grid with the description of the **Food Prescription**, the **Effective date** (today's date) and the **End Date** (same as the cert end date for the woman).
8. Click the **Next** button to save the screen and to move forward to the **Issue Benefits** screen.

--	--

Issue Benefits

1. Make sure each household member to be issued benefits today has the **Issue column** checked.
2. Click the **Preview** button to make sure the food package items, quantities, and dates are as expected. Click the **Issue Benefits** button.
3. A pop-up appears as a reminder to complete the Care Plan, Click **OK** to dismiss the popup.
4. Note the display of **EBT Transaction Completed Successfully** appears in the bottom left corner and the **BLT** and **BVT** date columns have now been populated.

Field	Value

Referrals – Woman

1. Click on the **Referrals** link in **Guided Script** to navigate to the woman's referral screen if you need to add a referral.
2. Note that the **Referral** added from the infant's screen also **Appears** in the woman's record as it was a household level refer.
3. Click **Next** to save the screen and to move forward to the **Schedule Appt** screen.

Field	Value

I-WIC CPA Training: Outline and Practice Scenarios

Schedule Appointment

Program Note: *Review with the participant their certification period, that they will receive education at least every 3 months and benefits will be issued until their cert period ends. Give them a choice of the different types of secondary education your agency provides and schedule the appointment.*

Refer to Addendum: WIC Program Explanation to Participants.

1. Click in the **New Appt** field to access the drop down and select desired appointment type for both participants.
2. Click in the **Dur field**, the duration time defaults to the standard time based on the selected appointment type. You can adjust the appointment length by changing the **Dur** value.
3. Adjust the **Start Date** to be within a few days before and the **End Date** to be no greater than the listed **BVT** date.
4. Adjust the **Start Time** and **End Time** as appropriate.
5. **Uncheck Days** if the household indicates certain days are not available.
6. Select a **Topic** in the dropdown **if** you are searching for a group education class.
7. Click the **Search** button once all parameters are set. From the search results grid, select the row of the **Desired Date, Block of Appointment Time, and Resource.**
8. In the **Appointment Note** indicate the preferred type of (N/ED). You can add a Notification Note as appropriate.
9. Verify the **Time**. It defaults to the start time of the selected row.
10. Click the **Create Appt** button.
11. Select **Appointment Button** at the bottom to view Future Appointments.

Field	Value
New Appt	N/ED
DUR	Adjust as needed
Start Date	A few days before BVT
End Date	No greater than BVT
Appointment Note	Preferred Type of N/ED

Print Documents

Select the appropriate document/handout to print (**Referral Notice**), then click the **Preview** button to display and print. You must print the **Family Shopping List** to give the household a detailed list of the authorized food items that they may purchase and includes the next appointment time and date.

Program Note: *Refer to Welcome to WIC (Program Explanation to Participants) Food Benefits and WIC ID Card education piece. This must be provided to your participants.*

I-WIC CPA Training: Outline and Practice Scenarios

Scenario 6: Child Recertification

Mom walks in with her child today to get them back on WIC.

Support Staff Activities

Search for Your Assigned Participant

****USE THE PARTICIPANT THAT WAS ASSIGNED TO YOU****

1. Access the **Search** screen by clicking **Search** in the Scheduling Tasks jellybean or clicking on the **Binocular's Icon** in the toolbar.
2. In the **ID Field**, enter the **ID Number** for your assigned participant.
3. Click **Find**.
4. Click the **Select** button at the bottom of the screen to select the Participant and move to the **Household Summary Screen**.

Field	Value
Search By	ID #

Mark Onsite

Mark the returning walk-in Onsite for a Recert appointment.

1. Click the **Mark Onsite** button at the bottom of the screen.
2. In the **Service** field, select **RECERT** from the dropdown.
3. Click the **Close** button to save the screen.

Field	Value
Services	RECERT

Household Information Tab

1. Navigate to the **Household Info** screen.
2. At the Household Information screen, most of the information carries over from the prior certification. **Complete/Update asterisk* fields as needed.**
3. Select **Proof of Residency**.
4. Click **Next** to access the **Income Information** tab.

Field	Value
Proof of Residency	Driver's License

I-WIC CPA Training: Outline and Practice Scenarios

Income Information Tab

1. Under the Adjunct Eligibility Grid at the top, check the **"Household Not Participating in any Programs" box**.
2. Click the **Add** button below the Income grid. Complete **Interval**, **Amount**, and **Documentation** fields.
3. Enter the **Household Size**.
4. Click the **Rights and Responsibilities** button to capture the household signature.
5. Click **Save**.
6. Click **Next** to move to the Participant Info Screen.

Field	Value
Interval	Monthly
Amount	\$2,000.00
Documentation	Pay Stubs
HH Size	4

Participant Info

1. Information carries over from the prior certification except for proof of ID.
2. Select **Proof of Identity**.
3. Complete **Special Needs**, **Physician Name**, and **Phone** as appropriate.
4. Click **Save**.

Field	Value
Proof of ID	WIC IC CARD

KEYPOINT: Normally at this point, the Support Staff are done working with the household. They will pass the household along to the CPA to continue with the certification process. Support staff can click on Search or Binoculars to exit the record.

CPA Staff Activities

Refer to Non-Covid Flow Sheet – CPA Activities

Program Note: Before beginning the certification Refer to: Welcome to WIC (Program Explanation to Participants) Setting the Stage education piece. This must be provided to your participants.

Refer to Assessment Guide for Children – will assist in using a participant centered (PC) approach as you move through the assessment. It gives suggested questions to help you gather more information.

I-WIC CPA Training: Outline and Practice Scenarios

Locating and Opening the Record

1. Move to the **Scheduling Task jellybean** and select the **Onsite List**.
2. Select your **Assigned Participant** and click the **Select** button at the bottom of the screen.
3. The Record will open to the **Household Summary Screen** at the **Participant Level**.

Field	Value
Participant Name	Your Assigned Participant

Cert Action

1. From the **Guided Script** jellybean select **Cert Action**.
2. Click the **Add** button to add the new certification row.
3. Present for Cert is already checked.
4. Click **Next** to save the screen and move forward to the Lab screen.

Field	Value

Lab

1. Click **Add** under the **Anthropometric** grid.
2. Enter **Weight** and **Height**.
3. Select **Immunization Status** "Referred" (*remember to do a referral at the end of the visit*).
4. Click **Add** under the **Bloodwork** grid. Date of Bloodwork defaults to today's date.
5. Add **HGB**.
6. Click **Next** to save the screen and to move forward to the **Growth Chart** tab.
7. Select the appropriate radio button to view the different growth charts.
8. Select **Health** from the **Guided Script** jellybean. (Breastfeeding not needed for child)

Field	Value
Weight	As appropriate
Height	As appropriate
Immunization Status	Referred
HGB	12.0

I-WIC CPA Training: Outline and Practice Scenarios

Health

Complete the **Health Information** tab, page 1 as follows:

1. Do you have any questions or concerns about your child's:

<input type="checkbox"/> Appetite	<input type="checkbox"/> Health	<input type="checkbox"/> Other
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Weight Gain/Growth	
<input type="checkbox"/> Formula Intake	<input checked="" type="checkbox"/> No Concerns	

2. How do you feel about your child's growth? ☐ Too slow ☒ Just right ☐ Too fast

3. Parent present with BMI ≥ 30 ?

Mother ☒ Yes ☐ No ☐ Not Present

Father ☐ Yes ☐ No ☒ Not Present

4. Does your child have any health or medical issues? ☐ Yes ☒ No [Details](#)

5. Does your child regularly take any of the following medications? ☐ Yes ☒ No

If yes, check all that apply.

<input type="checkbox"/> Antigout	<input type="checkbox"/> Hormones: Growth, Steroid, Other
<input type="checkbox"/> Blood Formation/Coagulation	<input type="checkbox"/> Insulin/Antidiabetic
<input type="checkbox"/> Cardiac/Blood Pressure/Lipid	<input type="checkbox"/> Thyroid/Antithyroid
<input type="checkbox"/> Digestive Enzymes	<input type="checkbox"/> Other
<input type="checkbox"/> Diuretic	

6. Does your child have any food related allergies? ☒ Yes ☐ No

If yes, please select:

<input checked="" type="checkbox"/> Milk (Lactose Intolerant)	<input type="checkbox"/> Egg	<input type="checkbox"/> Soy	<input type="checkbox"/> Fish	<input type="checkbox"/> Tree nuts
<input type="checkbox"/> Milk (Allergy)	<input type="checkbox"/> Peanut	<input type="checkbox"/> Wheat	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Other

1 **2**

[Save](#) [Cancel](#) [Next](#)

Click **Next** to move forward to page 2.

I-WIC CPA Training: Outline and Practice Scenarios

Health

Complete page 2 of the **Health Information** tab, as follows:

Hx * 7. Does your child take any of the following?

Hx * Vitamins/Minerals ☐ Yes ☒ No #/Wk

Hx Excessive/Inadequate ☐ Excessive ☐ Inadequate

Hx * Herbs, Supplements or Remedies ☐ Yes ☒ No

Hx * 8. Does your child regularly eat any non-food items? ☐ Yes ☒ No

Hx * If yes, please select: ☐ Ashes ☐ Clay ☐ Large amounts of ice
☐ Baby powder ☐ Cornstarch ☐ Other
☐ Baking Soda ☐ Dirt

Hx * 9. Does your child have access to dental care? ☒ Yes ☐ No ☐ N/A

Hx * 10. Does your child have any dental problems? ☐ Yes ☒ No ☐ N/A

Hx * If yes, please select:
☐ Gingivitis
☐ Oral Condition which Impairs Eating (tooth loss/ineffectively replaced teeth/oral infections)
☐ Periodontal Disease
☐ Tooth Decay

Hx * 11. Is your child ever in an enclosed area while someone is using tobacco products? ☐ Yes ☒ No

1 2

Save Cancel Next

Click **Next** to move forward to Nutrition tab.

I-WIC CPA Training: Outline and Practice Scenarios

Complete the **Nutrition**, page 1, as follows:

Hx * 1. How do you feel about how much your child eats?
☐ Eats too little ☒ Eats just enough ☐ Eats too much

Hx * 2. If your child won't eat, what do you do?
☒ Try to get child to eat ☐ Give different food ☐ Offer rewards
☐ Save food for later ☐ Other ☐ Not applicable

Hx * 3. Does your child follow a special diet?
☐ Diabetic ☐ High calorie ☐ High protein/low carb ☐ Kosher
☐ Lacto-ovo ☐ Lactose free/restricted ☐ Low calorie ☐ Low cholesterol
☐ Low fat ☐ Low salt/sodium ☐ Macrobiotic ☐ PKU
☐ Vegan ☐ Vegetarian ☐ Weight loss ☒ None of the above
☐ Other

Hx * 4. Does your child eat these foods every day?
Hx * Fruit ☒ Yes ☐ No
Hx * Vegetables ☐ Yes ☒ No
Hx * Whole grains ☐ Yes ☒ No

Hx * 5. Does your child eat raw, undercooked or unpasteurized foods?
☐ Soft cheese ☐ Juice unpasteurized ☐ Deli meats/hot dogs not steaming
☐ Sprouts raw ☐ Fish high in mercury ☐ Meat/poultry/eggs raw/undercooked
☐ Milk unpasteurized ☐ Fish/shellfish raw/undercooked/smoked
☒ No

1 **2** **3**

Save **Cancel** **Next**

Click **Next** to move forward to page 2.

I-WIC CPA Training: Outline and Practice Scenarios

Complete the **Nutrition**, page 2, as follows:

6. What milk does your child drink most often?

<input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula	<input checked="" type="checkbox"/> Low-fat/1% cow's or lactose free
<input type="checkbox"/> Rice beverages	<input type="checkbox"/> Whole Cow's or lactose free	<input type="checkbox"/> Reduced fat/2% cow's or lactose free
<input type="checkbox"/> Goat/sheep's milk	<input type="checkbox"/> Nut milks	<input type="checkbox"/> Fat-free/skim cow's or lactose free
<input type="checkbox"/> Soy beverages (fortified)	<input type="checkbox"/> Soy beverages (unfortified)	<input type="checkbox"/> Homemade mixtures/non-dairy creamer
<input type="checkbox"/> Canned evaporated milk	<input type="checkbox"/> Sweetened condensed milk	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> None		

7. Does your child regularly drink any of the following:

<input type="checkbox"/> Breast milk	<input type="checkbox"/> Coffee or tea	<input type="checkbox"/> Diet soda
<input type="checkbox"/> Formula	<input checked="" type="checkbox"/> 100% Fruit juice	<input checked="" type="checkbox"/> Soda, fruit/sport drinks or sweetened tea
<input type="checkbox"/> Water	<input type="checkbox"/> None of these	<input type="checkbox"/> Other <input type="text"/>

8. What does your child use to eat or drink?

<input type="checkbox"/> Breast	<input type="checkbox"/> Bottle	<input checked="" type="checkbox"/> Cup	<input type="checkbox"/> Cup with lid	<input type="checkbox"/> Spoon fed
<input checked="" type="checkbox"/> Spoon/fork	<input type="checkbox"/> Fingers	<input type="checkbox"/> Tube fed		

9. Does your child:

- ☐ Fall asleep/go to bed with a bottle
- ☐ Use a bottle without restriction (e.g., walking around) or as a pacifier
- ☐ Carry around and drink from a covered or training cup
- ☐ Use a bottle to drink fruit juice, diluted cereal or other foods
- ☐ Use a bottle for feeding/drinking > 14 months of age
- ☐ Use a pacifier dipped in sweetener (sugar, honey, etc.)
- ☒ None of the above

1 **2** **3**

Save **Cancel** **Next**

Click **Next** to move forward to page 3.

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Complete the **Nutrition**, page 3, as follows:

10. Are there any other feeding concerns, such as the Parent/Caretaker:

- ☐ Does not allow child to self-feed
- ☐ Ignores hunger cues
- ☐ Feeds foods of inappropriate consistency, size or shape
- ☐ Feeds foods of inappropriate texture based on developmental stage
- ☐ Follows a rigid feeding schedule
- ☒ None of the above

11. How often do you sit together and have a meal as a family?

☐ All of the time ☒ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

12. How many hours a day does your child have screen time? (TV, video, cell, etc.)

☐ >0 <1 hr ☒ 1 hr ☐ 2 hrs ☐ 3 hrs ☐ 4 hrs ☐ 5+ hrs ☐ None

13. How much time does your child spend in active play?

☐ None ☐ 15 minutes ☒ 30 minutes ☐ 1 hour ☐ >1 hour

14. Is your child sometimes hungry because there is not enough money to buy food?

☐ Yes ☒ No

15. Do you have access to a refrigerator and stove/hot plate?

☒ Yes ☐ No

1 2 3

Save Cancel Next

Click **Next** to save the screen and move to Nutrition Risk.

Nutrition Risk - Child

1. Risk factors are assigned when accessing the screen.
2. After further discussion with mom, we found out that someone does smoke inside the home. For this risk factor to generate we need to go back to the Health Screen and update the smoking question.
3. Select **Health** from the Guided Script and move to page 2, question 11 and change the answer to **Yes** and **Save** the screen.
4. Select **Nutrition Risk** from Guided Script. You will now see **Risk 904** was added.
5. Click **Next** to save the screen and to move forward to the **Nutrition Education** screen.

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Nutrition Education

1. Click **Add** to enter a **Nutrition Education** topic.
2. Click in the **Method** box to select **Primary Individual** from the dropdown list and click the **Tab** to move to the topic field.
3. Select the desired **Topic** from the dropdown.
4. Double-click in the **Note** field to display the **Note Zoom** popup and enter a note as appropriate. This note will also be visible on the **Notes** screen.
5. Click **Next** to save the screen and to move forward to the **Food Prescription** screen.

Field	Value
Method	Primary - Individual
Topic	Mealtimes
Note	Enter text

Food Prescription

Program Note: Before assigning food benefits Refer to: *Welcome to WIC (Program Explanation to Participants) Food Benefits/Supplemental education piece. This must be provided to your participants.*

1. Mark the **Certification Complete** checkbox.
2. Click the **Save** button.
3. **Note that the Milk (Lactose) flag is red!**
4. Click the **Add** button. A popup with the **Standard Food Prescription** for a Child will display.
5. Click the **Milk drop down** and choose **Lactose Free Milk**.
6. Click **Assign** on the popup to create the **Food Prescription**.
7. A row will be added to the grid with the description of the **Food Package**, the **Effective date** (today's date) and the **End Date**.
8. Click the **Save** button.
9. A message may display that the food prescription does not span the entire certification period. Click **OK** to continue with the save process and to dismiss the message.
10. Click **Add** again if another food package is needed. A popup with the **Standard Food Prescription** will display.
11. Click on the **Milk drop down** to choose **Lactose Free Milk**.
12. Click **Assign** on the popup.
13. A row will be added to the grid with the description of the **Food**

Field	Value
Food Prescription	Std Child Package

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Package, the **Effective date**, and the **End Date**.

14. Click the **Save** button.

15. Click **Next** to move to **Issue Benefits**.

Food Prescription	Std Child Package
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Issue Benefits

1. Make sure the **Issue column** is checked.
2. Click the **Preview** button to make sure the food package items, quantities, and dates are as expected.
3. Click the **Issue Benefits** button. **EBT Transaction Completed Successfully** appears in the bottom left corner.
4. Note, the **BLT** and **BVT** date columns have now been populated.
5. **Review** the **Family Shopping List** with the participant.
6. From the Guided Script jellybean, **Select** the **Referral Screen**.

Field	Value
Issue	Checked

Referrals – Child

1. Click **Add** to enter a referral for this participant.
2. Click in the **Type** box and select individual.
3. In the referred to column **select from the drop-down list**.
4. Check the **Referred** box and select **Save**.

KEYPOINT: Community Resource will not be selected since this referral is to their PCP.

5. Click **Next** to save the screen and to move forward to the **Schedule Appt** screen.

Field	Value
Type	Individual
Referred to	Health Center/Primary Care Provider/FQHC
Community Resource	None

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Program Note: Review with the participant their certification period, that they will receive education at least every 3 months and benefits will be issued until their cert period ends.

Give them a choice of the different secondary education options which your agency provides and schedule the appointment. This is the Certification Period part of the WCVE (WIC Cert Visit Education) that must be provided to your participants. Refer to Addendum: WIC Program Explanation to Participants.

Schedule Appointment

1. Click in the **NEW Appt** column to access the dropdown and select the **appointment type** for the participant.
2. The duration time defaults to the standard time based on the selected appointment type. You can adjust the appointment length by changing the **DUR** value.
3. Adjust the **Start Date** to be within a few days before and the **End Date** to be no greater than the listed **BVT** date.
4. Adjust the **Start Time** and **End Time** if the household requests a specific time period.
5. **Uncheck Days** if the household indicates certain days are not available.
6. Select a **Topic** in the dropdown if you are searching for a group education class.
7. Click the **Search** button once all parameters are set. From the search results grid, select the row of the **Desired Date, Block of Appointment Time, and Resource.**
8. In the **Appointment Note** indicate the preferred type of (N/ED).
9. You can add a **Notification Note** as appropriate.
10. Verify the **Time**. It defaults to the start time of the selected row.
11. Click the **Create Appt** button.

KEYPOINT: The appointment information displays in the grid when the main Schedule Appt screen is displayed. There is also an Appointment created successfully notice in the status bar.

If your agency uses the Walk-in option for secondary ed, refer to your WIC Coordinator for the process,

12. Click **Next** to Print Documents.

Field	Value
New Appt	N/ED
DUR	Adjust as needed
Start Date	A few days before BVT
End Date	No greater than BVT
Appointment Note	Preferred type of (N/ED)

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Print Documents

Select the appropriate document/handout to print (**Referral Notice**), then click the **Preview** button to display and print. You **must** print the **Family Shopping List** to give the household a detailed list of the authorized food items that they may purchase and includes the next appointment time and date.

Program Note: Refer to Welcome to WIC (Program Explanation to Participants) *Food Benefits and WIC ID education piece. This must be provided to your participants.*

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Scenario 9: Breastfeeding Status Change

Complete a breastfeeding status change for the breastfeeding woman/infant scenario from yesterday.

Support Staff Activities

Search and Mark Onsite

1. Search for the woman or infant participant you created yesterday and open the record.
2. Click the **Mark Onsite** button on the **Household Summary** screen.
3. Select **BFC** for both participants as the **Service**.
4. Click on **Close**.
5. Click on **Search** to close out the record.

Field	Value
Service	BFC

KEPOINT: Normally at this point, the Support Staff are done working with the record. They will pass the participant along to the certifier to complete the status change.

Certifier Activities

Locating and Opening the Record

1. Go to the **Onsite List** screen.
2. Select the **infant** and click on the **Select** button.
3. Record will open to the **Household Summary** screen.
4. **Move** to **Cert Action**

Field	Value
Participant Name	Select BF infant

Cert Action – Infant and Woman

1. In the baby's record, **select the current certification** in the grid and click the **BF Status Change** button at the bottom of the screen. A pop-up box will appear.
 - a. **Is the baby currently breastfeeding...?**
 - b. **Is the baby currently receiving...?**
 - c. **Amount of breastfeeding?**
 - d. Click on the **BF Amount Guide**, a pop up will appear.

Field	Value
Is the baby currently breastfeeding...	Yes
Is the baby currently receiving...	Yes
Amount	Mostly

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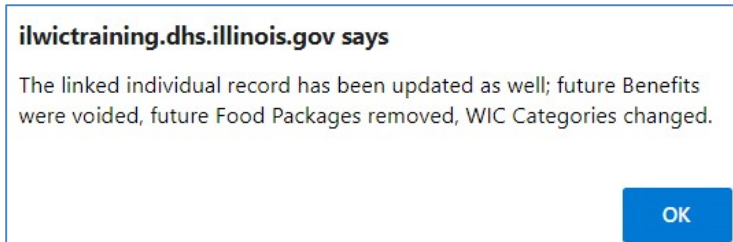
- Click on the **"?"** mark at the bottom left corner of the pop-up, a **BF Amount Guide** appears outlining more specific details age of infant and allowed quantity of formula as partially breastfed.
- Click **Cancel** to close the popup.
- Complete the question... **How old?**
- System will assign **IBP** status as the new category.

New Category
IBP

Cert End Date
3/1/2021

Save Cancel Close

- Click **Close** to save the data and close the popup.
- The system will display a **pop-up** "The linked record (mom) has been updated, future benefits voided, food packages removed, and categories changed". Click **OK** to dismiss the pop-up.



How old...	Use age today

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KEYPOINT: The Frequency of Breastfeeding field above the grid is also populated with Mostly.

Present for Cert: ☒ Is Transfer: ☐
Reason not Present
Over Income
No
Frequency of Breastfeeding
Mostly

- Click **Save** to save the screen.
- The system updates the **Category** in the toggle box and the **Active Record** box to **IBP**.
- Toggle** to the **woman's record** to verify that the woman's status has been correctly updated. (i.e., the system automatically ends the original certification as of yesterday and adds a new row to the grid with the **New Category**, **Cert Start** of today, **Cert End** same as before, and **Cert Reason of Category Change**).

Breastfeeding – Woman

- Continuing with the BF woman, click on the **Breastfeeding** in Guided Script.
- On the **BF Information** tab, page 1, make sure the **Verified** box is checked.

* Verified: ☒ 04/08/2020

- Click the **Next** button to move to the **BF Questions** tab.
- Update the **How many times....** question if needed.
- Update the **Are you experiencing...** question if needed.
- Click **Next** to move to the **BF Support & Notes** tab. Complete note as appropriate and **link baby**.
- Click **Next**.
- The **BF Pumps & Aids** screen will appear. Check with your WIC Coordinator regarding the assignment of a breast pump.
- Toggle** to the infant.

Breastfeeding - Infant

- On the **BF Information** tab, make sure the **Verified** box is checked.

Field	Value
Verified	Check
How many times	4
Are you experiencing...	None
BF Notes	As appropriate
Field	Value
Verified	Check

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2. Click the **Next** button to move to the **BF Questions** tab.
3. Enter updated information as appropriate.
 - a. **If your baby, do you have existing mother/infant conditions that impact your**... question.
 - b. **Does your**...question.
 - c. **How many times**... question.
4. Click **Save** to save the screen.
5. Select **Food Prescription** from the Guided Script.

If your baby....?	No
Does your....?	None of the above
How many times....?	4

Food Prescription - Infant

1. The system has automatically removed future packages.
2. Click the **Add** button. A popup with the **Standard Food Package** for a mostly breastfed infant in the 0-month age bracket will display.
 - a. Click in the **Formula Placeholder** row to see the list of available standard formulas and select the appropriate formula.
 - b. Click the **Assign** button to save and close the popup.
 - c. A row will be added to the grid with an **Effect Date** of today and an **End Date**.
3. Click the **Save** button. A message will display that the food package does not span the entire certification period.
4. Click **OK** to continue with the **Save** and to dismiss the message.
5. Click **Add** again. A popup with the **Standard Food Package** for a mostly breastfed infant will display.
 - a. Click in the **Formula Placeholder** and select the appropriate formula.
 - b. Increase the **Quantity** appropriately.
 - c. Click **Assign** button to save and close the popup.
 - d. A row will be added to the grid with the description of the food package.

Field	Value
Food Prescription	Standard Infant Mostly BF
Formula Placeholder	Select Enfamil Powder
Quantity	As appropriate
Food Prescription	Standard Infant Mostly BF

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- Click the **Save** button. A message will display that the food package does not span the entire certification period.
- Click **OK** to continue with the **Save** and to dismiss the message.

KEYPOINT: You should build far enough out to cover the expected issuance period.

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Food Prescription – Woman

- Toggle to the woman's record**. The system has automatically removed future packages.
- Click the **Add** button. A popup with the standard food package for a mostly breastfeeding woman will display. Review and adjust as needed.
- Click the **Assign** button. A row will be added to the grid with the description of the package, an **Effect Date** of today, and an **End Date** of the same as the certification end date.
- Click **Save**.
- Click the **Void Benefits** button at the bottom.

Field	Value
Add	Std Mostly BF package

Benefits Void

KEYPOINT: The Benefits Void screen allows the user to void current and future month's benefits for the household. Food packages for current month benefits are allowed to be changed only when medically necessary, which includes formula and milk type changes.

- The **Benefits Void** screen defaults to the current month.
- For this scenario Mom has not redeemed any benefits so we will void both Mom and Baby's current benefits.
- Mark the **Select All** checkbox, then click **Save**.
- As part of the **Breastfeeding Status Change** process, the system has automatically voided future benefits, so no further action is required.
- From the **Benefits dropdown**, select **Issue Benefits**.

Field	Value

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Issue Benefits

KEYPOINT: We will re-issue benefits for both mom and baby for the current month, plus 2 future months.

The Issue Month/Year defaults to the current month.

Both Mom and Baby have a checkmark in the Issue column, as both current and future benefits were voided.

1. The Months column defaults to 3 for all. **Change the Months column to 1 for both mom and baby** and **uncheck the prorate box**.
2. Click the **Preview** button, to make sure the food package items, quantities, and dates are as expected.
3. Click **Issue Benefits**, then click **Close** when **EBT Transaction Completed Successfully** appears in the bottom left corner of the preview screen.
4. Note that the **BLT** and **BVT** date columns have now been populated and the **Issue** column is now unchecked.
5. Change the **Issue Month/Year** to the next month (future) and click **GO**. The **Issue** column for mom and baby should now be checked.
6. The **Months column** has changed to the number of months of benefits remaining (change as appropriate, if applicable).

Part. ID	Participant Name	Cat.	Food Package	BLT Date	BVT Date	Months	Issue
3009256...	OLIVER, MAXI...	IBP	Custom - INFANT, MOSTLY B...	5/6/2020	5/6/2020	2	<input checked="" type="checkbox"/>
3009256...	OLIVER, NANCY	BP	WOMAN, MOSTLY BF ONE IN...	5/6/2020	5/6/2020	2	<input checked="" type="checkbox"/>

7. Click the **Preview** button, to make sure the food package items, quantities, and dates are as expected.
8. Click **Issue Benefits**.
9. Print and review the **Family Shopping List**.

Field	Value
Months Prorate	1 Uncheck
Issue Month/Year	Next Month