CHAPTER 3: CASELOAD MANAGEMENT

Approval Date: May 2015
Supersedes: October, 2014

POLICY

The Idaho WIC Program operates according to WIC program specific federal regulations including guidance to promote the program and serve eligible participants.

PURPOSE

The sections in this chapter describe WIC program staff responsibilities to participate in promotional activities and serve all eligible participants as funding allows. Additional guidance is provided in the event implementation of cost saving measures under caseload management is required due to funding modifications.

SCOPE

The policy applies to all State and local agency staff operating within the Idaho WIC Program.

DEFINITIONS

Outreach

Promotional efforts to encourage and increase participation in the WIC program, such as radio spots, newsletter articles.

IN THIS CHAPTER

Section A Caseload Management

Section B Waiting Lists

Section C Outreach

SECTION A: CASELOAD MANAGEMENT

OVERVIEW

The WIC Program is funded by the federal government to serve eligible pregnant, breastfeeding and postpartum women, infants, and children up to age five. In times when funding does not allow for all eligible participants to be served by the WIC Program, the State WIC Office may choose to implement a caseload management policy.

IN THIS SECTION

Caseload Management
Priority System: Sub-Priorities

CASELOAD MANAGEMENT

OVERVIEW

Caseload management assures that applicants are categorized into appropriate priorities so that benefits can be provided to those in most need and not provided for those in lesser need at times when demand exceeds funding resources.

POLICY

Caseload Management must be made as equitable as possible on a statewide basis to ensure participants have equal access to the WIC Program throughout the state. Therefore, when a state level decision is made to implement caseload management, all local agencies must follow the same procedure for enrolling applicants.

The State WIC Office will determine which priority/sub-priority will receive benefits during caseload management. This decision will be based on current caseload numbers, available funds, and federal guidance.

Local agencies will be notified in writing of the need for caseload management for specific priority/sub-priority groups and the date to implement caseload management.

PRIORITY SYSTEM: SUB-PRIORITIES

OVERVIEW

The WIC priority/sub-priority system was designed to ensure that persons at the greatest nutritional risk are first to receive program benefits when a state is unable to serve all participants because of limited caseload (statewide caseload management has been implemented at the direction of the State agency).

The order of priorities recognizes the fact that the earlier in a child's development intervention takes place, the greater the impact on the child's health. For this reason, pregnant women are served first and younger children are served before older children within each priority. The priorities also reflect the importance of serving participants with a current medical nutrition risk before participants with a poor diet who may develop a medical nutrition risk later.

DEFINITION

A sub-priority is any priority other than Priority I within a category (for example: pregnant women found to be a Priority IV based on Nutrition Risk Criteria would be a sub-priority of category P). Sub-priority designation shall be used when statewide caseload management is implemented and only a part of a priority can be served.

POLICY

Determining the order of serving participants using the priority and sub-priority system:

- Participants with a valid Verification of Certification (VOC) card will be served first regardless of their priority.
- A Competent Professional Authority (CPA) shall assign the highest priority to each participant based on their category (P, BF, N, I, or C) and nutritional risk.
- All participants in the higher priority shall be served before participants in lower priorities. Sub-priority designation shall be initiated by the State WIC Office. Determination will be based on statewide caseload numbers.
- Participants who are being recertified have no priority over other applicants during caseload management.
- Federally, there are seven priorities. Priority I is the highest need (highest priority) and VII is the lowest priority. Idaho WIC serves 6 priorities (Priority I is the highest priority need and Priority VI is the lowest priority need).

PROCEDURE

In the event that caseload management is initiated by the State WIC Office, all applicants from the date of caseload management implementation must be prescreened to determine priority/sub-priority.

Prescreening takes place when a person first inquires about participation in WIC. Depending on the sub-priority level that has been determined to be used by the State agency, local agencies may need to further prescreen applicants. Local agencies may partially screen to the point where eligibility is determined for the purpose of certification or placement on a waiting list.

Prescreening may involve determining the following:

- Residency of local agency service area
- Applicant category (i.e., pregnant woman, breastfeeding woman <1 year postpartum, postpartum woman, infant, or child under age 5)
- Income eligibility

Probable priorities may be determined with information obtained through interviews with applicants, through referral from a physician, and/or by anthropometric or biochemical data either brought in by applicant (must have been taken within past 60 days and written on prescription from a healthcare provider) or through local agency prescreening for anthropometric and biochemical data.

The six priorities are:

PRIORITY I MEDICAL

Pregnant women, breastfeeding women, and infants with medical nutritional risks based on information gathered during the prescreening assessment.

Sub-prioritized in this order:

1. Pregnant women

2. Breastfeeding women
3. Infants

PRIORITY II INFANT OF WIC MOM

Infants under the age of 6 months (who are not Priority I) of women who participated in WIC during pregnancy, or who would have been eligible to participate in WIC during pregnancy due to medical or dietary risk. There shall be no sub-priorities. Serve in order of application to the program.

PRIORITY III MEDICAL

Children with medical nutritional risks based on information gathered during the prescreening assessment.

Sub-prioritized in this order:

1. All children with physician prescriptions for WIC-eligible nutritionals are served first, regardless of age
2. 1-year-old children
3. 2-year-old children
4. 3-year-old children
5. 4-year-old children

NOTE: This means children needing WIC-eligible nutritionals are served to 5 years of age even before younger Priority III children. After Priority I, all other children shall be sub-prioritized by age, with younger children being served first.

PRIORITY IV NUTRITIONAL

Homelessness, migrancy, or pregnant women, breastfeeding women, and infants with nutritional risk based on information gathered during the nutrition assessment.

Sub-prioritized in this order:

1. Pregnant women
2. Breastfeeding women
3. Infants

PRIORITY V NUTRITIONAL

Homelessness, migrancy, and children with nutritional risk based on information gathered during the nutrition assessment.

Sub-prioritized in this order:

Sub-prioritized by age, with youngest served first

PRIORITY VI MEDICAL AND NUTRITIONAL

Homelessness, migrancy, and postpartum women (up to six months postpartum) with nutritional risk based on information gathered during the nutrition assessment.

Priority	Sub-Priority (in order of WIC service)	Nutrition Risk Criteria
Priority I – Medical	Pregnant Women	**Biochemical** 201—Low Hemoglobin, Low Hematocrit **Anthropometric** 101—Underweight Woman 111—Overweight Woman 131—Low Maternal Weight Gain 132—Maternal Weight Loss During Pregnancy 133—High Maternal Weight Gain **Medical** 301—Hyperemesis Gravidarum 302—Gestational Diabetes 303—Hx of Gestational Diabetes 304---Hx of Preeclampsia 311—Hx Preterm Delivery (≤ 37 wks) 312—Hx Low Birth Weight 321—Hx Fetal or Neonatal Loss 331—Pregnancy -Young Age (< 18 Yr) 332—Short Interpregnancy Interval 335—Multifetal Gestation 336—Fetal Growth Restriction 337—Hx Birth LGA Infant 338—Pregnant and Breastfeeding 339—Hx Birth - Congenital Defect 341—Nutrient Deficiency Diseases 342—Gastrointestinal Disorder 343—Diabetes 344—Thyroid Disorders 345—Hypertension and Prehypertension 346—Renal Disease 347—Cancer 348—Central Nervous System Disorders 349—Genetic and Congenital Disorders 351—Inborn Errors of Metabolism 352—Infectious Diseases 353—Food Allergy 354---Celiac Disease 355—Lactose Intolerance 356—Hypoglycemia 357—Drug Nutrient Interactions 358—Eating Disorders 359—Recent Major Surgery, Trauma, Burns 360—Other Medical Conditions 361—Depression 362—Developmental, Sensory, or Motor Delays 371—Maternal Smoking 372—Alcohol or Illegal Drug Use 381—Dental Problems 501—Possibility of Regression 601—BF Mom of Infant at Nutritional Risk 602—BF Complication or Potential Comp.- Woman 904—Exposure to Environmental Tobacco Smoke

Priority	Sub-Priority (in order of WIC service)	Nutrition Risk Criteria
	Breastfeeding Women	**Biochemical** 201—Low Hemoglobin, Low Hematocrit **Anthropometric** 101—Underweight Woman 111—Overweight Woman 133—High Maternal Weight Gain **Medical** 303—Hx Gestational Diabetes 304---Hx of Preeclampsia 311—Hx Preterm Delivery (≤ 37 wks) 312—Hx Low Birth Weight 321—Hx Fetal or Neonatal Loss 331—Pregnancy Young Age (< 18 yrs) 332—Short Interpregnancy Interval 335—Multifetal Gestation 337—Hx Birth LGA Infant 339—Hx Birth - Congenital Defect 341—Nutrient Deficiency Diseases 342—Gastrointestinal Disorder 343—Diabetes 344—Thyroid Disorders 345—Hypertension and Prehypertension 346—Renal Disease 347—Cancer 348—Central Nervous System Disorders 349—Genetic and Congenital Disorders 351—Inborn Error of Metabolism 352—Infectious Diseases 353—Food Allergy 354—Celiac Disease 355—Lactose Intolerance 356—Hypoglycemia 357—Drug Nutrient Interactions 358—Eating Disorders 359—Recent Major Surgery, Trauma, Burns 360—Other Medical Conditions 361—Depression 362—Developmental, Sensory, or Motor Delays 363—-Pre-Diabetes 371—Maternal Smoking 372—Alcohol or Illegal Drug Use 381—Dental Problems 601—BF Mom of Infant at Nutritional Risk 602—BF Complication or Potential Comp.- Woman 904—Exposure to Environmental Tobacco Smoke
	Infants	**Biochemical** 201—Low Hemoglobin, Low Hematocrit **Anthropometric** 103—Underweight or At Risk for Underweight 115—High Weight-For-Length

Priority	Sub-Priority (in order of WIC service)	Nutrition Risk Criteria
		121—Short Stature or At Risk for Short Stature 135—Inadequate Growth 141—Low Birth Weight **Medical** 142—Prematurity 153—Large for Gestational Age 341—Nutrient Deficiency Diseases 342—Gastrointestinal Disorder 343—Diabetes 344—Thyroid Disorders 345—Hypertension and Prehypertension 346—Renal Disease 347—Cancer 348—Central Nervous System Disorders 349—Genetic and Congenital Disorders 351—Inborn Error of Metabolism 352—Infectious Diseases 353—Food Allergy 354—Celiac Disease 355—Lactose Intolerance 356—Hypoglycemia 357—Drug Nutrient Interactions 359—Recent Major Surgery, Trauma, Burns 360—Other Medical Conditions 362—Developmental, Sensory, or Motor Delays 381—Dental Problems 382—Fetal Alcohol Syndrome 501—Possibility of Regression 603—BF Complication - Infant 702—BF Infant of Mom at Nutritional Risk 904—Exposure to Environmental Tobacco Smoke
Priority II	Infant of WIC Mom	701—Born to WIC Mom or Born to a Potential WIC Mom
Priority III – Medical	Infants, Children requiring medical formula/supplement	**Medical** 341—Nutrient Deficiency Diseases 342—Gastrointestinal Disorder 343—Diabetes 344—Thyroid Disorders 345—Hypertension and Prehypertension 346—Renal Disease 347—Cancer 348—Central Nervous System Disorders 349—Genetic and Congenital Disorders 351—Inborn Errors of Metabolism 352—Infectious Diseases 353—Food Allergy 354—Celiac Disease 355—Lactose Intolerance 356—Hypoglycemia 357—Drug Nutrient Interactions 359—Recent Major Surgery, Trauma, Burns

Priority	Sub-Priority (in order of WIC service)	Nutrition Risk Criteria
		360—Other Medical Conditions 361—Depression 362—Developmental, Sensory, or Motor Delays 381—Dental Problems 382—Fetal Alcohol Syndrome
	All other children sub-prioritized by age; younger children being served first (i.e., 1 year, 2 year, 3 year, 4 year)	**Biochemical** 201—Low Hemoglobin, Low Hematocrit **Anthropometric** 103—Underweight or At Risk for Underweight 113—Obese 114—Overweight 115—High Weight-For-Length 121—Short Stature or At Risk for Short Stature 135—Inadequate Growth 141—Low Birth Weight **Medical** 341—Nutrient Deficiency Diseases 342—Gastrointestinal Disorder 343—Diabetes 344—Thyroid Disorders 345—Hypertension and Prehypertension 346—Renal Disease 347—Cancer 348—Central Nervous System Disorders 349—Genetic and Congenital 351—Inborn Error of Metabolism 352—Infectious Diseases 353—Food Allergy 354—Celiac Disease 355—Lactose Intolerance 356—Hypoglycemia 357—Drug Nutrient Interactions 359—Recent Major Surgery, Trauma, Burns 360—Other Medical Conditions 361—Depression 362—Developmental, Sensory, or Motor Delays 381—Dental Problems 382—Fetal Alcohol Syndrome 501—Possibility of Regression 904—Exposure to Environmental Tobacco Smoke
Priority IV – Nutritional	Pregnant Women	401—Failure to Meet Dietary Guidelines 427—Inappropriate Nutrition Practices Women 502—Transfer of Certification (VOC)
	Breastfeeding Women	401—Failure to Meet Dietary Guidelines 427—Inappropriate Nutrition Practices - Women 502—Transfer of Certification (VOC) 601—BF Mom of Infant at Nutritional Risk 801—Homelessness

Priority	Sub-Priority (in order of WIC service)	Nutrition Risk Criteria
	Infants	802—Migrancy 902—Feeding Skills Limitations 411—Inappropriate Nutrition Practices - Infant 428—Dietary Risk Associated with Complementary Feeding Practices (4-12 mos) 502—Transfer of Certification (VOC) 702—BF Infant of Mom at Nutritional Risk 801—Homelessness 802—Migrancy 902—Feeding Skills Limitations 903—Foster Care
Priority V – Nutritional	Sub-prioritized by age, with youngest children served first	401—Failure to Meet Dietary Guidelines (≥ 2) 425—Inappropriate Nutrition Practices - Child 428—Dietary Risk Associated with Complementary Feeding Practices (12-23 mos) 502—Transfer of Certification (VOC) 801—Homelessness 802—Migrancy 902—Feeding Skills Limitations 903—Foster Care
Priority VI – Medical and Nutritional	No sub-prioritization. Serve in order of application to the program.	**Biochemical** 201—Low Hemoglobin, Low Hematocrit **Anthropometric** 101—Underweight Woman 111—Overweight Woman 133—High Maternal Weight Gain **Medical** 303—Hx Gestational Diabetes 304—Hx of Preeclampsia 311—Hx Preterm Delivery (≤ 37 wks) 312—Hx Low Birth Weight 321—Hx Fetal or Neonatal Loss 331—Pregnancy -Young Age (<18 yrs) 332—Short Interpregnancy Interval 335—Multifetal Gestation 337—Hx Birth LGA Infant 339—Hx Birth -Congenital Defect 341—Nutrient Deficiency Diseases 342—Gastrointestinal Disorder 343—Diabetes 344—Thyroid Disorders 345—Hypertension and Prehypertension 346—Renal Disease 347—Cancer 348—Central Nervous System Disorders 349—Genetic and Congenital Disorders 351—Inborn Error of Metabolism 352—Infectious Diseases 353—Food Allergy 354—Celiac Disease 355—Lactose Intolerance

Priority	Sub-Priority (in order of WIC service)	Nutrition Risk Criteria
		356—Hypoglycemia 357—Drug Nutrient Interactions 358—Eating Disorders 359—Recent Major Surgery, Trauma, Burns 360—Other Medical Conditions 361—Depression 362—Developmental, Sensory, or Motor Delays 363—Pre-Diabetes 371—Maternal Smoking 372—Alcohol or Illegal Drug Use 381—Dental Problems 401—Failure to Meet Dietary Guidelines 427—Inappropriate Nutrition Practices - Women 501—Possibility of Regression 502—Transfer of Certification (VOC) 801—Homelessness 802—Migrancy 902—Feeding Skills Limitations 904—Exposure to Environmental Tobacco Smoke

SECTION B: WAITING LISTS

OVERVIEW

IN THIS SECTION

Policy/Procedure for Waiting Lists

POLICY/PROCEDURE FOR WAITING LISTS

POLICY

The only time a local agency shall have a waiting list is during authorized caseload management per State WIC Office.

When the State WIC Office notifies local agencies for the need to implement caseload management, a waiting list of applicants to be enrolled, including recertifications, must be initiated and maintained. The purpose of the waiting list is to ensure that higher priority applicants are enrolled before lower priorities.

The priority/sub-priority system must be used to schedule certification appointments, to organize the waiting list, to put applicants on the waiting list, or to pull applicants off the waiting list to enroll onto the program during caseload management.

PRIORITIES

Local agencies will maintain a waiting list in accordance with the priority/sub-priority ranking system. Individuals in each priority who the local agency is currently unable to serve, but reasonably expects to serve in the future (6 months), will be placed on a waiting list as well as any other applicant who requests placement on a waiting list. Applicants will be recorded on the waiting list according to their potential priority and in the order in which they apply for services.

CONTENT OF WAITING LISTS

The waiting list will include, at a minimum, the following information:

- Name of applicant
- Mailing address and telephone number of applicant
- Category of applicant (i.e., pregnant woman, breastfeeding woman, postpartum woman, infant, or child)
- Date and notification of placement on the waiting list
- Date and time of appointment for screening (if performed by local agency)
- Potential priority

PROCEDURES FOR MAINTAINING THE WAITING LIST ELIGIBLE TRANSFERS

New Applicant, Certification, Recertification:

- Screen the applicant for residency and income eligibility.

- Depending on the level of caseload management operation as directed by the State agency, screen the applicant for anthropometric, biochemical, and physical/medical status.
- If medical data (height, weight, hemoglobin/hematocrit values, medical condition) are available, the presence of an anthropometric, biochemical or medical risk can be assessed, which would place the applicant in a higher priority than if only a dietary inadequacy were present.
- If the applicant applies for the program without the medical information necessary to determine an anthropometric, biochemical, or medical risk, the local agency must assess through screening.
- Place applicant on a waiting list according to her/his potential priority in chronological order on application and/or in WISPr.
- Inform the applicant, either verbally or in writing, that he/she has been placed on the waiting list. This must be done within 20 days of the applicant's request for program benefits.

Transferring Participants:

- Participants with a valid Verification of Certification (VOC) card will be served first regardless of their priority.
- In the rare event that a transferring participant with a current VOC card applies for continuing services and the agency is not enrolling additional persons because they are currently operating under a strict caseload management policy directed by the State agency, the participant will be placed on a waiting list and enrolled ahead of all other persons on the waiting list regardless of priority.

If more than one transferring participant with a current VOC card must be placed on a waiting list, she/he will be placed in order of priority.

Enrolling from Waiting List

When an opening occurs, the local agency will contact applicants from the waiting list to schedule a certification appointment.

- Contact applicants by telephone or letter, starting with those individuals on the VOC waiting list. If no applicant has VOC status, contact applicants beginning with the highest priority.
- After all VOC transfers and applicants with the highest priority have been contacted, proceed to the next highest priority.

Example: The local agency would begin contacting anyone on the waiting list with a Priority III status. After all Priority III status applicants have been contacted for a certification appointment, the local agency would precede to the Priority IV applicants, then to Priority V, etc.

If an applicant fails to keep the scheduled certification appointment, she/he will be removed from the waiting list.

Current Participants Who Come Up For Recertification

A current participant whose priority is lower than applicants on waiting lists will *not* be recertified at the end of the current certification period in order to make space available for higher priority applicants. The participant will then be placed on the waiting list for his/her priority ranking, if the local agency reasonably expects to serve that priority in the future.

Example: Statewide, WIC is only serving Priority V participants up to age 4 years.

Scenario: A 4-year-old comes up for recertification. Upon screening, it is determined that this child has low hemoglobin. Therefore, this child is now a Priority III and would be served.

Scenario: A 4-year-old comes up for recertification. Upon screening, it is determined that this child has inadequate diet. Therefore, this child is a Priority V and would be placed on the waiting list should the expectation be that WIC would be likely to serve this participant within the next six months.

A current participant whose priority is the same as other applicants on the waiting list will not be recertified ahead of those applicants within the same priority. Rather, at the end of the current certification period, the participant will be served depending on priority or placed on the waiting list at the bottom of the priority category for which he/she is potentially eligible.

REFERENCE

Policy Memo 803-2, Revision 1 (1988) WIC Program Certification: Nutritional Risk/Participant Priority System
Policy Memo 803-6, Revision 1 (1988) WIC Program-Certification: Waiting Lists
Policy Memo 803-G (1993) Revision Verification of Certification
Policy Memo 803-S (1993) Priority Restrictions

SECTION C: OUTREACH

OVERVIEW

Outreach activities are those promotional efforts designed to encourage and/or increase participation in the WIC Program.

The purposes of outreach are to:

- Improve the health of pregnant women and children.
- Increase public awareness of the benefits of the WIC Program.
- Inform potentially eligible persons about the WIC Program in order to encourage and promote their participation in the program.
- Inform health and social service agencies of the WIC Program's qualifications for participation and encourage referrals.
- Ensure cooperation between WIC and other related services and programs so that WIC benefits and other related services a participant may be receiving are coordinated to provide more comprehensive service.
- Promote a positive image of the WIC Program

IN THIS SECTION

General Outreach
Public Notification
Network Building
Benefits Targeting
Outreach Material
Outreach Log

GENERAL OUTREACH

POLICY

Establish and maintain networks/relationships with agencies and organizations serving potentially eligible persons and publicize the availability of program benefits.

STATE RESPONSIBILITIES

Make outreach materials available to local agencies and other relevant programs and organizations on a request basis.

- Outreach materials may be ordered by local WIC agencies quarterly using the Quarterly Order Form
- Supply outreach materials in appropriate languages
- Monitor local agency compliance
- Provide technical assistance to local agencies as needed

Local Agency Responsibilities

Local agencies must contact the State WIC Office for approval prior to implementation of outreach materals containing the Idaho WIC Program logo a minimum of 60 days prior to release of materials. If outreach materials are developed using non-WIC funds, the logo of the funding organization may be used (such as a health district logo) in place of the Idaho WIC Program logo. Outreach materials not containing the Idaho WIC Program logo must still be submitted to the State WIC Office prior to implementation to ensure all outreach materials meet policy standards.

Public Notification

Policy

At least once annually, notify the public of WIC services by publishing the availability of program benefits in relevant newspapers.

This may be done by both the State agency and local agencies. Local agencies may provide the State agency with a list of local media contacts for assistance in distribution.

Procedure

Develop a news release that includes the following information:

- WIC agency contact information
- A brief description of the WIC program
- A brief description of who is eligible and services provided
- Include the following non-discrimination statement: “The WIC Program is an equal opportunity provider and employer.”

Network Building

Policy

At least annually, local agencies must contact organizations and community groups serving or associated with potentially eligible individuals and provide information about WIC services, income guidelines, and eligibility requirements.

Procedure

At a minimum, contact and inform the following organizations and community groups about WIC:

- Regional Idaho Department of Health & Welfare offices, including Medicaid, SNAP, CHIP, TANF (cash assistance), Foster Care, and Child Protective Services
- Migrant farm worker organizations
- Health and medical organizations
- Hospitals and clinics, including migrant health clinics
- Social services agencies and offices
- Homeless facilities and institutions
- Head Start programs

Examples of other organizations that may be contacted include:

- American Indian tribal organizations
- Community action groups
- Neighborhood councils

- Schools and daycares
- Civic organizations
- Churches and religious organizations

Develop and maintain a list of specific agencies and organizations that will be contacted on a regular basis (i.e., at least annually). Review and update list annually.

- List must include name of organizations and locations and may include contact name, mailing address, and other information relevant to agency.
- List is to be kept on file and will be reviewed by the State agency as part of monitoring procedures.

All contacts must be documented on the Quarterly Outreach Log and submitted to the State agency. The Outreach Log is found in the electronic Quarterly Report Form sent to local agency Coordinators.

BENEFITS TARGETING

POLICY

Each local agency will develop and implement a benefits targeting plan. This plan will be submitted for review and approval by the State WIC Office as part of the Nutrition Education Plan (NEP).

TARGETING PLAN

The benefits targeting plan must include:

A list or description of strategies the local agency will use to inform each of the following groups about the availability of program benefits:

- Employed families
- Pregnant women in the early months of pregnancy
- Highest-risk (Priorities I-III) individuals and families including:
  - High risk postpartum women (e.g., teenagers)
  - Children in foster care/protective services
  - Priority I infants
  - Incarcerated pregnant women
- Institutionalized persons (see Chapter 4, Section A - Persons Living in a Shelter Home or other Institution)
- Migrant families
- Rural families
- Homeless individuals and families

A description of how the local agency will monitor progress of implementing plan and evaluate impact of plan.

Contacts must be documented on the Quarterly Report Form's Outreach Log and submitted to the State agency.

REFERENCE

7 CFR 246.4(a)(5)(i-ii),(6),(7),(18) and (19) Outreach Policies and Procedures
7 CFR 246.4(a)(5)(i),(6),(7),(18),(19),(20), and (21) Benefits Targeting

OUTREACH MATERIAL

POLICY

The USDA's nondiscrimination statement must be included on all publications, outreach materials, handouts, referral materials, leaflets, and brochures that identify or describe the WIC Program.

If the material is too small to permit the full statement to be included, the material will, at a minimum, include the statement in print size no smaller than the text that, "This institution is an equal opportunity provider."

NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Use of Statement on Written Materials

- Must be printed on all new materials
- Not required on items such as cups, button, magnets, and pens that identify the WIC Program due space limitations on such items

Use of Statement for Radio and Television
The nondiscrimination statement does not have to be read in its entirety on these announcements.

Public Service Announcement
It is sufficient to include an abbreviated version of the nondiscrimination statement to meet the nondiscrimination requirement: "The WIC Program is an equal opportunity provider."

STATE WIC LOGO USE

The Idaho WIC Program logo shall remain intact and must not be altered or recreated in any way. The size may be adjusted to fit the existing space. The logo must be used to promote the WIC Program and materials encompassing the logo must meet program policy requirements. For consistency across the State, the local agencies are not authorized to create agency specific WIC Program logos.

REFERENCE

All States Memorandum 06-21 (Jan. 11, 2006) *Nondiscrimination Statement for WIC Materials*
State WIC Policy

OUTREACH LOG

POLICY

A completed Outreach Log must be submitted quarterly to the State agency.

PROCEDURE

The Outreach Log is found in the electronic Quarterly Report Form sent to local agency Coordinators. Local agency Coordinators may submit this via hard copy or may email the log.

REFERENCE

State policy