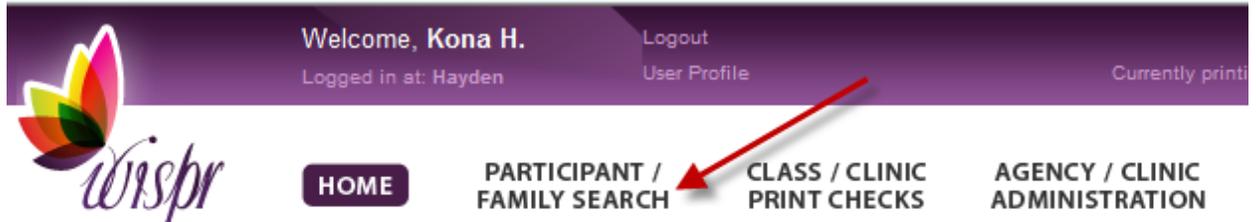




Add a New Participant

1. Click on Participant/Family Search



2. Enter some of the information for the Responsible Adult. For example if you are looking for Kinsey Adair your search might look as follows:

Search for...
 All Family Participant

Last Name: First Name: Date of Birth: SSN:

SEARCH
RESET

3. Click on Search button

NOTE: This action checks to see if the participant is already in the WISPr system

4. Click on line item with RA's name

FID	PID	First ^	MI	Last ^	CAT	DOB	SSN	Address
F202580	2006353	Kinesy		Adair	B	08/08/1986	3131	365 Fir Lane,

1. Click on the Add Participant button

Family Information: F202580				Clinic: 101
RA Name: Kinesy Adair	DOB: 8/8/1986	Phone: (208) 643-1300	Address: 365 Fir Lane Boise, ID 83716	Authorized Signer:
Income Determination:	Migrant: N	Foster Family: N	Homeless: N	Referrals:
<input type="button" value="Edit Family Info"/>	<input style="border: 2px solid red;" type="button" value="Add Participant"/>	<input type="button" value="Income Determination"/>	<input type="button" value="Transfer"/>	
<input type="button" value="Transfer History"/>		<input type="button" value="Appointments"/>		

2. Enter Idaho Medicaid # (optional) and or Cross Reference (optional)

Personal Information:

Idaho Medicaid #: (optional) Cross Reference #: (optional)

3. Enter Date of Birth

Date of Birth:*

4. Select Gender

Gender:*
 Male
 Female

5. Enter at least the participants First and Last name

First Name:* MI: Last Name:* Suffix: SSN:

6. Select box if participant has a Preferred Name

Has Preferred Name
 Preferred First Name:* MI: Preferred Last Name:*

7. Select if participant is a Foster Child

Foster Child:
 Yes
 No

8. Select Mother from dropdown

Mother:*

Please Select	▼
Please Select	
Non-WIC	
Kinesy Adair	
Deidra Adair	
Search...	

9. Select the participants Ethnicity and Race

Ethnicity:*	Race:*
<input type="radio"/> Hispanic	<input type="checkbox"/> White
<input type="radio"/> Non-Hispanic	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> American Indian or Alaskan Native
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander

10. Select participants Language from dropdown (if participant needs an interpreter select Interpreter box which will display when a language other than English is selected)

Language:	
English	▼
English	
Spanish	
Bosnian	
French	
German	

Language:	
Spanish	▼
Interpreter?:	<input type="checkbox"/>

11. Enter Application Date

WIC Category Information:

Application
Date:*



12. Select Proof of Identity from dropdown

A screenshot of a dropdown menu with a blue header labeled "Select". The menu lists the following options: Social Security card, Drivers license, Original or Certified Copy of Birth Certificate, Hospital Information - Infant Only, Government Issued ID, Immunization Record, Idaho WIC ID Folder (Known to WIC), Foster child papers (issued by State or Local), Visual ID (Known to WIC), Forgot Documents, No Proof Form, and Other (Document in chart).

13. Select if participant is Physically present from dropdown. If they are not choose a Reason.

Two screenshots of dropdown menus. The first is labeled "Physically present?*" and shows options: No, Please Select..., Yes, and No (highlighted). The second is labeled "Reason for participant absence:" and shows a dropdown menu with options: Reason (highlighted), Individual with disabilities, Receiving on-going health care, Infant under 8 weeks, and Working parents/caretakers.

14. Save/Cancel buttons:

- Click on Save to save the entered information
- Click on Cancel to cancel the transaction



NOTE: After the participant has been created the Participant Summary page automatically displays