



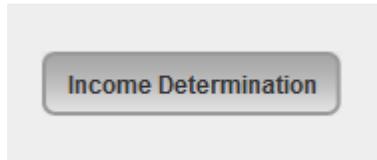
Certification: Categories B and N

Existing Certification

1. Enter Participant number in the Participant Or Family # field

Income

1. Click on the Income Determination button (Family page)



- Click on the Income Determination button (Family page)
- Select the Household size from the dropdown (labeled A)
- Select the Source from the dropdown (labeled B)
 - See examples of Proof of income in the Appendix #1
- Select the Proof of Income from the dropdown (labeled C)
 - See examples of Proof of income in the Appendix #2
- Select the Method (labeled D)
 - See examples of Method in the Appendix #3
- Enter the income amount (labeled E)

* Household Size is a required field.

Please enter income.

Household Size: * **A**

	B	C	D	E
1	<input type="text" value="Source"/>	<input type="text"/>	<input type="text" value="Method"/>	\$ <input type="text"/>
	<input type="text" value="Notes (optional)"/>			
2	<input type="text" value="Source"/>	<input type="text"/>	<input type="text" value="Method"/>	\$ <input type="text"/>
	<input type="text" value="Notes (optional)"/>			
3	<input type="text" value="Source"/>	<input type="text"/>	<input type="text" value="Method"/>	\$ <input type="text"/>
	<input type="text" value="Notes (optional)"/>			

2. Click the Save button

- Once the income has been saved a message will display

Income information saved.

View/Edit Income Information

Date: 7/6/2015

Household Size: 4

1	Employment	Check Stubs	Weekly	\$750.00
Notes:				
TOTAL GROSS WEEKLY INCOME: \$750.00				

Income (Adjunctively Eligible)

- Click on the Income Determination button (Family page)

Income Determination

- Click on the Income Determination button (Family page)
- Select the Household size from the dropdown (labeled A)
- Adjunctive Eligible will automatically display (labeled B)
- Verbal Report will automatically display (labeled C)
- Select the Method (labeled D)
 - See examples of Method in the Appendix #3
- Enter the income amount (labeled E)

* Household Size is a required field.

Adjunctively eligible. Need verbal income.

Household Size: * Please Select... A

B Adjunctive Eligible C Verbal Report D Method E \$

Notes (optional)

Reset

- Once the income has been saved a message will display

Income information saved.

View/Edit Income Information

Date: 7/2/2015

Household Size: 2

1	Adjunctive Eligible	Verbal Report	Bi-weekly	\$1,200.00
Notes:				
TOTAL GROSS BI-WEEKLY INCOME: \$1,200.00				

3. Click on the Edit button to edit the income information



4. Click on the Family number to return to the Participant Information page



5. Click on Certification link



6. Click on Run Certification Check (this checks to make sure that all of the participant's information has been entered)



7. Eligibility View:

- Category (Participant page > Edit Participant)
- Income (Family page > Income determination)
- Residency (Participant page > Edit Participant)
- Physical Presence (Participant page > Edit Participant)

Eligibility 

Category:	Breastfeeding DOB: 8/8/1989 Age: 22 y 11 m Proof: Social Security card Physical Presence: Y
Income:	Household Size: 4 Weekly Amount: \$500.00 Proof: Other (Document In Notes)
Residency:	365 Fir Lane Boise, ID 83716 Proof: Drivers License or Passport



8. Health Assessment

- Anthropometrics (Nutrition Assessment > Health Assessment > Anthropometrics tab)
- Immunization (Nutrition Assessment > Health Assessment > Immunization tab)
- Pregnancy (Nutrition Assessment > Health Assessment > Pregnancy tab)

Health Assessment

Anthropometrics: Weight: 140 lbs
 Height: 68 in

Bloodwork: Hemoglobin: 12 g/dl

Pregnancy: Actual Delivery Date: 6/4/2012

9. Assessment Interview

- Assessment Interview (Nutrition Assessment > Assessment Interview)

Assessment Interview

Health / Medical: **Incomplete**

Lifestyle: **Incomplete**

Nutrition / Health: **Incomplete**

UPDATE 

By clicking this button you will leave this page.

10. Risk Codes

- If there are No WISPr or Assessment Interview assigned risk codes see below:
 - Category B or N: Risk 401 or 501 will alternate on display
- NOTE:** If Risk code 401 or 501 is selected all other risk codes will be grayed out

Risk Codes

WISPr Assigned: None

Assessment Interview
Assigned: None

Additional Risk Codes: 401: Failure to follow nutritional guidelines
 92: Wet Nurse
 303: HX Gestational Diabetes
 304: History of Preeclampsia
 311: HX Preterm Delivery (<= 37 WK)
 312: HX Low Birth Weight

11. Staff has ability to assign Additional Risk codes

NOTE: If Risk codes other than 401 or 501 are selected, risk codes 401 or 501 will be grayed out

Risk Codes 

WISPr Assigned: None

Assessment Interview Assigned: None

Additional Risk Codes:

- 401: Failure to follow nutritional guidelines
- 92: Wet Nurse
- 303: HX Gestational Diabetes
- 304: History of Preeclampsia
- 311: HX Preterm Delivery (<= 37 WK)
- 312: HX Low Birth Weight

12. Mandatory Referrals

- Once all the Referrals have been selected and saved, they will disappear from the Left Navigation bar (example A)
- The referrals will display at the bottom of the Certification page (example B)

A Mandatory Referrals

The following referrals are Federally required.
Please check that these referrals have been completed.

- Substance Abuse
- Medicaid
- TANF
- SNAP
- Immunizations

SAVE

B Referrals 

Medicaid/Chip
SNAP
Substance Abuse
TANF/Cash Assistance

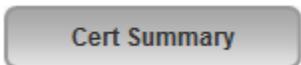
13. Click on Certify button (this checks to make sure that all of the participant’s information has been entered)



14. A success message will display if the participant has been certified



15. Click on Cert Summary to View the participants certification summary



Participant Care Plan

1. Click on Participant Care Plan tab on the Participant summary page

Participant Care Plan Alerts Staff Notes Referrals

A Care Plan has not been set up.

CREATE NEW PLAN View Past Plans

2. Click on Create New Plan button



3. Participant Care Plan View:

Subjective:	
Objective:	Assessment:
<p>Age: 22 y</p> <p>Bloodwork Date: 7/17/2012 Hemoglobin: 12</p> <p>Anthropometrics Date: 7/17/2012 Height: 68 in Weight: 143 lbs BMI: 21.7</p> <p>Pregnancy: Expected Delivery Date 1/1/2013 Multi-Fetal: N Weight Gained/Lost: Outcomes:</p>	<p>Risk 101: Underweight Woman</p> <p>Risk 502: Transfer of Certification (VOC)</p>
Topics: edit	Referrals: add more
<ul style="list-style-type: none"> Adjust feeding to meet developmental/sensory needs Budgeting/shopping for food Dental concern management Diabetes nutrition Drug nutrient interaction management Fiber Food allergy/sensitivity Healthy balanced eating (specific to category) 	<ul style="list-style-type: none"> BF Management Problems edit Medicaid/Chip edit RD Review edit SNAP edit Substance Abuse edit TANF/Cash Assistance edit
Goals:	
1: <input type="text"/>	

4. Subjective

- Enter information in the Subjective field

Subjective:

5. Objective

- Information for the Objective field is pre-populated from the Health Assessment
- Different Category views

Objective: (Categories B & N)

Age:	22 y
Bloodwork	Date: 7/24/2012 Hemoglobin: 12
Anthropometrics	Date: 7/24/2012 Height: 68 in Weight: 140 lbs BMI: 21.3
Pregnancy:	Actual Delivery Date 6/4/2012 Multi-Fetal: N Weight Gained/Lost: 15 lbs Outcomes: 1: Alive

6. Assessment

- Nutrition Risk Criteria assigned during the most recent certification will appear under the Assessment header

Assessment:

Risk 133: High Maternal Weight Gain
Risk 201: Low Hematocrit / Low Hemoglobin

7. Referrals

- Referrals provided during the most recent certification will appear under the Referrals header
- Click on Add More to add more Referrals
- Click on Edit to edit Referrals

Referrals: [add more](#)

Breastfeeding Coordinator [edit](#)
Lactation Counselor [edit](#)
Registered Dietitian [edit](#)

8. Topics

- Click on Edit to add or delete a Topic

Topics: [edit](#)

Budgeting/shopping for food
Dental concern management
Diabetes nutrition

9. Handouts

- Enter any handout(s) that were given to the participant

Handouts:

1:	Health bennifits of fruit
2:	Easy exercise x
3:	

10. Goals

- Enter participant’s goal(s).
- If participant is not ready to set a goal enter “No goal was set” or you may re-use a previous goal the participant is continuing to focus on

Goals:

1:	Plans to eat at least 2 servings of fruits for a daily snack
2:	Increase activity to swimming 3 days/week during summer

11. Counseling/Plan

- Type information as needed

Counseling / Plan:

Discussed easy vegetables to buy and prepare. Try making a menu for meals that includes vegetables



12. Optional

- Select a box next to the sections of the care plan to copy to other family members
 - S = Subjective O = Objective A = Assessment P = Plan
 - Note: If P is selected Topics, Goals and Referrals display, with the option for selection

Copy S O A P

Optional

Copy S O A P

Topics Goals Referrals Handouts

- If user selects the box next to All Participants in this family, selected sections of the Participant Care Plan will be copied to all family members that are ACT/APP/TEMP status
OR
- User can select a participant from the dropdown to have selected sections of the Participant Care Plan to be copied

To: All Participants in this Family (ACT/APP/TEMP) ←

or Select Participant... ←

Select Participant...
Deidra Adair
Kinsey Adair

13. Select this box if the Participant Care Plan is High Risk

This is a HIGH RISK Care Plan

14. Save/Cancel buttons:

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

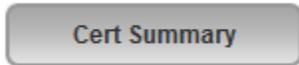
- 15. When the Participant Care Plan has been successfully saved the following Success message will display

Care Plan Updated

- After the Participant Care Plan has been saved the user will be directed back to the Participant Summary page.
 - The view will only show the newest plan. To view past Care Plans select the box next to View Past Plans and all plans will display in the grid

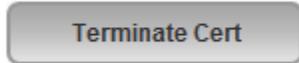
Participant Care Plan		Alerts	Staff Notes	Referrals
Date	Goals			
7/9/2012	wants to make sure she is getting at least 2 servings of fruits daily			
4/27/2012	Will cont trying to offer more veggies More activity over the summer			
<input type="button" value="CREATE NEW PLAN"/>		<input checked="" type="checkbox"/> View Past Plans		

- Click on Cert Summary to View the participants certification summary



Terminate Certification

- Click on Terminate Cert to Terminate the participants certification



- View of Terminate Certification modal

Terminate Certification:

Effective Date:

Termination Reason:

- Please select a reason...
- Categorically Ineligible
- Client Receiving Benefits from CSFP
- Deceased
- Dual Participation in WIC
- Error
- Failure to Pick Up Checks
- Moved out of Service Area
- Not Serving Priority
- Program Misuse
- Requested Early Certification
- Voluntary Withdrawal
- Women Category Change



Appendix A

1. Source of Income

- Child Support/Alimony
- Employment
- Self-Employment
- Foster Care
- Grant/Loan
- Social Security/Disability
- Adjunctive Eligible
- Unemployment Comp
- Verbal Report
- Other Cash Income
- Lump Sum

2. Proof of Income

- Check Stubs
- Child Support/Alimony Doc
- Disability Assistance (SSI)
- Foster Placement/ Award Letter
- Military LES
- Bank Account Statements
- Self-Employed Taxes/Receipts
- SNAP Eligibility Notice
- Student Award Letter
- TANF –Award Letter
- Unemployment Letter/Notice
- Verification of Certification
- Signed Statement
- W-2 Form or Income Tax Form
- Zero Income (No Proof Form)
- Verbal Report
- No Proof Form
- Forgot Documents

3. Method: Income Period

- Weekly
- Bi-weekly
- Semi-monthly
- Monthly
- Quarterly
- Annual
- Hourly
- Daily
- Lump Sum