



Certification: Category P

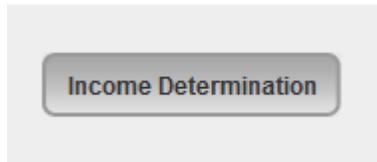
Existing Certification

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

Participant Or Family # go

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

2. Click the Save button

- Once the income has been saved a message will display

Income information saved.

View/Edit Income Information

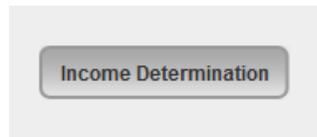
Date: 7/6/2015
Household Size: 4

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)



- 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**

1	Adjunctive Eligible ▼ B	Verbal Report ▼ C	Method ▼ D	\$ <input style="width: 50px;" type="text"/> 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

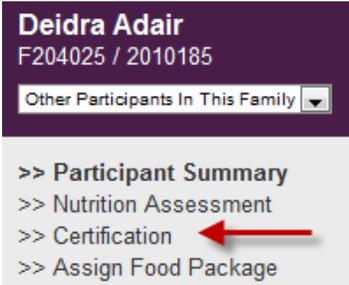
- 3. Click on the Edit button to edit the income information



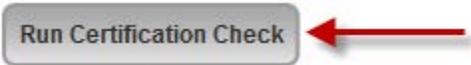
- 4. Click on the Family number to return to the Participant Information page



- 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)

Eligibility ✔	
Category:	Pregnant Proof Of Pregnancy: Copy Of Ultrasound With EDD DOB: 7/2/1984 Age: 28 y 0 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: Data is too old or missing, please update. Height: Data is too old or missing, please update.
	<input type="button" value="UPDATE"/>
Bloodwork:	Recent Bloodwork data does not exist, please update.
	<input type="button" value="UPDATE"/>
Pregnancy:	EDD: 8/26/2015 Weeks Gestation: 32 Type of Pregnancy: Single Proof of Pregnancy: Copy Of Ultrasound With EDD Pre-Pregnancy Weight: 137 lbs Pre-Pregnancy Height: 66.250 Pre-Pregnancy BMI: 21.7

9. Assessment Interview

- Assessment Interview (Nutrition Assessment > Assessment Interview)

Assessment Interview

Health / Medical: **Incomplete**

Lifestyle: **Incomplete**

Nutrition / Health: **Incomplete**



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 P: Risk 401 or 501 will alternate on display
- NOTE:** If Risk code 401 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
 301: Hyperemesis Gravidarum
 302: Gestational Diabetes
 303: HX Gestational Diabetes
 304: History of Preeclampsia
 311: HX Preterm Delivery (<= 37 WK)

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
- 301: Hyperemesis Gravidarum
- 302: Gestational Diabetes
- 303: HX Gestational Diabetes
- 304: History of Preeclampsia
- 311: HX Preterm Delivery (<= 37 WK)

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

SAVE

B Referrals 

Medicaid/Chip
SNAP
Substance Abuse
TANF/Cash Assistance

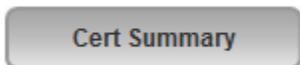
13. Click on Certify button



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

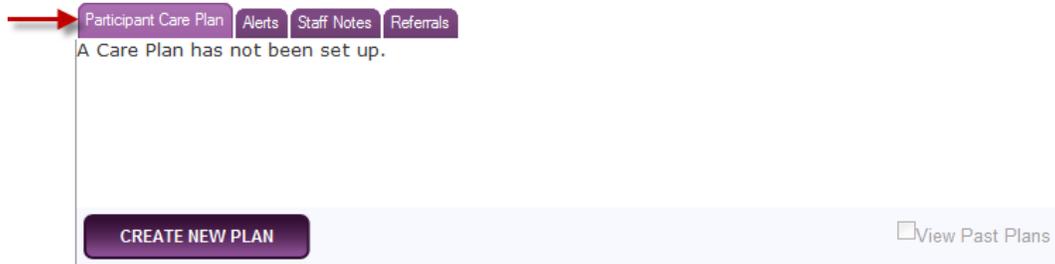


15. Click on Cert Summary to View the participants certification summary



Participant Care Plan

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



2. Click on Create New Plan button



3. Participant Care Plan View:

Subjective:	
11/7/2013	Previous Goals: Try to increase calories, and protein
12/19/13	Morgan says she is feeling less nauseous and has a better appetite, but has blacked out 3-4 times recently. She has had to wear a heart monitor. Hasn't had f/u to see if that's the cause. She is planning on bing.

Objective:	Assessment:
<p>Age: 24 y</p> <p>Bloodwork Date: 11/7/2013 Hemoglobin: 12.6</p> <p>Anthropometrics Date: 12/19/2013 Height: 62.75 in Weight: 116.25 lbs BMI: 20.8</p> <p>Pregnancy: Expected Delivery Date 5/20/2014 Multi-Fetal: N Weight Gained/Lost: 1.25 lbs Outcomes:</p>	<p>Certification Risks: Risk 131: Low Maternal Weight Gain Risk 132: Maternal weight loss in pregnancy Risk 301: Hyperemesis Gravidarum Risk 427.02: Consuming diet low in calories and/or essential nutrients +3.5 #'s gained in the last 6 weeks. Below target.</p>

Education Topics:	Referrals:
<ul style="list-style-type: none"> - Increase nutrient/calorie dense foods - Breastfeeding: Management 	Registered Dietitian

Handouts:
1:
2:
3:

Goals:
1: Try to increase calories, and protein
2:

Counseling / Plan:
Counseled on wt gain goals during 2nd and 3rd trimesters. Discussed healthy foods. Counseled on bing benefits and what to expect first few weeks. Gave bing newsletter and First 6 Weeks HO's - Plan: RD f/u

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:	Category P
Age:	21 y
Bloodwork	Date: 7/13/2012 Hemoglobin: 10.9
Anthropometrics	Date: 7/13/2012 Height: 62 in Weight: 130 lbs BMI: 23.8
Pregnancy:	Expected Delivery Date 9/5/2012 Multi-Fetal: N Weight Gained/Lost: 28 lbs Outcomes:

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

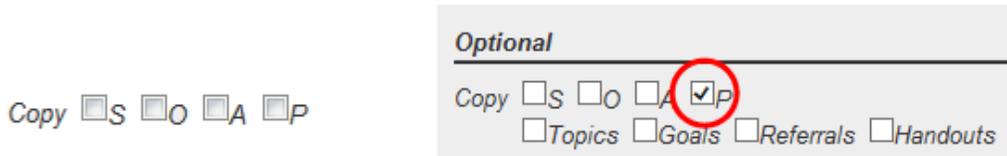
Counseling / Plan:

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

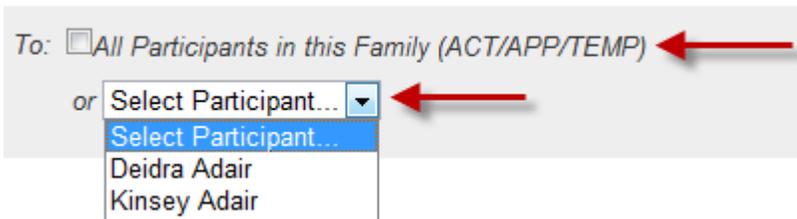


12. Optional

- 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



- 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



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



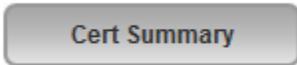
15. When the Participant Care Plan has been successfully saved the following Success message will display



- 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

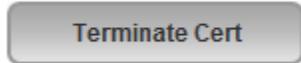
Participant Care Plan				
		Alerts	Staff Notes	Referrals
Date	Goals			
7/9/2012	wants to make sure she is getting at least 2 servings of fruits daily			
4/27/2012	Will cont trying to offer more veggies More activity over the summer			
<input type="button" value="CREATE NEW PLAN"/> <input checked="" type="checkbox"/>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

- Click on Cert Summary to View the participants certification summary



Termination 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