



Certification: Category C ≤ 2 Years Old

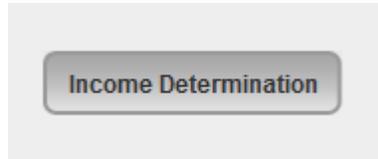
Certification for new participant

1. Enter Family number

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	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)

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: * **A**

B **C** **D** **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 Nutrition Assessment link

Bruce Adair
F202580 / 2006354

Other Participants In This Family ▾

- >> Participant Summary
- >> Nutrition Assessment
- >> Certification
- >> Assign Food Package

Immunizations

- 1. Click on Immunization dropdown, select answer
 - Click on Save to save the information

Health Assessment

Immunizations | Anthropometrics | Feeding

Are Bruce's Immunizations up-to-date?
Immunization Status is required.

Please select... ▾

- Please select...
- Yes
- No
- Forgot Record
- Exempt

- 2. Can view the participants historical immunization information

Historical Immunization

Recorded	Status Code	Reason
1/29/2015	Yes	
8/5/2014	Yes	



Anthropometrics

1. View of the Health Assessment Anthro page

Immunizations
Anthropometrics
Blood Work
Feeding

Birth Date: Birth Measurement Birth Measurement Unknown

Weight

Decimal Fraction Metric

lbs

Inaccurate Reason

Height / Stature

Decimal Fraction Metric Recumbent

Length in

Inaccurate Reason...

Due Date

Charts

Anthro History

Most Recent Measurement:

Weight: None
Height: None
Date: None

2. Participants Birth Date:

Birth Date: Birth Measurement Birth Measurement Unknown

3. Participants Weight (Birth weight):

- Enter the participants **birth weight**

Weight

Decimal Fraction Metric

lbs

Inaccurate Reason

4. Participants Weight (Inaccurate):

- If there was a problem weighing the participant at birth, select a reason from the Inaccurate Reason dropdown

Weight

Decimal Fraction Metric

lbs

Inaccurate Reason
Trouble Taking Measurement
Weighed with adult
Excess clothing
Refused
Disability
Physician Collected Weight

5. Participants Height (Birth height/stature):

- Enter participants Birth height/stature
 - Select Recumbent if the child cannot stand straight (measure the distance from the crown of the head to the bottom of the heels when the subject is lying down)

Height / Stature

Decimal Fraction Metric Recumbent

in

Inaccurate Reason... ▾

6. Participants Height (Inaccurate):

- If there is a problem measuring the participant select a reason from the Inaccurate Reason dropdown

Height / Stature

Decimal Fraction Metric Recumbent

in

Inaccurate Reason...
Trouble Taking Measurement
Disability
Refused
Physician Collected Height



7. Participants Weight (Current):

- Today's date will prepopulate, but a different date can be entered up to 60 days in the past
- Enter the participants weight for today

Measurement Date

Weight

Decimal Fraction Metric

lbs

Inaccurate Reason

8. Participants Weight (Inaccurate):

- If there is a problem weighing the participant select a reason from the Inaccurate Reason dropdown

Weight

Decimal Fraction Metric

lbs

Inaccurate Reason

- Trouble Taking Measurement
- Weighed with adult
- Excess clothing
- Refused
- Disability
- Physician Collected Weight

9. Participants Height (Current):

- Enter participants Height/Stature
 - Select Recumbent if the child cannot stand straight (measure the distance from the crown of the head to the bottom of the heels when the subject is lying down)

Height / Stature

Decimal Fraction Metric Recumbent

in

Inaccurate Reason...

10. Participants Height (Inaccurate):

- If there is a problem measuring the participant select a reason from the Inaccurate Reason dropdown

Height / Stature

Decimal
 Fraction
 Metric
 Recumbent

in

Inaccurate Reason...
 Trouble Taking Measurement
 Disability
 Refused
 Physician Collected Height

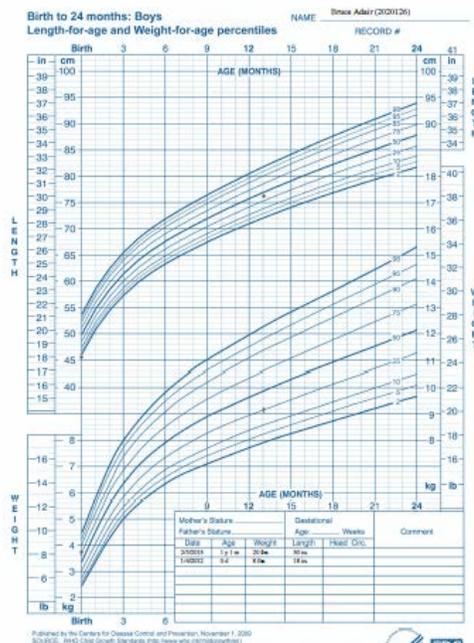
11. Save/Cancel buttons:

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



- **Birth – 24 Months Chart:** Chart View

Birth - 24 Months (WHO)
 Length and Weight for Age
 Weight For Length



12. Measurement History (pop up):

- Click on line item record in Measurement History
- Able to Edit within 24 hours (most sections)

Measurement History

Date	Age	Length	%	Weight	%	Wt/Ln	% Inaccurate	Reason
2/5/2013	1 y 1 m	30 (76.2cm)	38.5	20 (9.07kg)	22.3	20.1		
1/4/2012	0 y 0 m	18 (45.72cm)	<3	8 (3.63kg)	70.7	>97.7		

13. Measurement History: View of Edit Pop up

Measurement Date:

Weight

Decimal Fraction Metric

 lbs

Inaccurate Reason

Most Recent Measurement:

Weight: 20 lb (9.1 kg)

Height: 30 in (76 cm)

Date: 2/5/2013

Height / Stature

Decimal Fraction Metric Recumbent

 in

Inaccurate Reason...

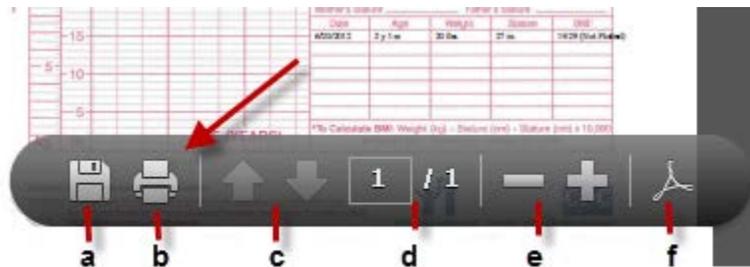
Birth Measurement

Weight: 8 lbs

Length: 18 in

Due Date: 1/1/2012

NOTE: To print the chart: Hover cursor over chart when the menu bar displays across bottom of chart select the Printer Icon.



- a. Save
- b. Print
- c. Show previous or next page
- d. Go to a specific page
- e. Zoom in or out
- f. Show Adobe Reader toolbar

14. Anthro History button

- Click on the Anthro History button



15. Anthro History Grid: (In the Birth column when the box is checked this is the baby's birth Anthro information)

- Click on line item record to edit

Collected	Age	Birth	Weight	Inaccurate	Height
2/5/2013	1 y 1 m	<input type="checkbox"/>	20		30
1/4/2012	0 y 0 m	<input checked="" type="checkbox"/>	8		18

A red arrow points to the checked box in the 'Birth' column of the second row.

16. **Anthro History** (pop up):

- Able to Edit within 24 hours (most sections)

Measurement Date:

2/5/2013

Weight

Decimal Fraction Metric

20 lbs

Inaccurate Reason

Most Recent Measurement:

Weight: 20 lb (9.1 kg)

Height: 30 in (76 cm)

Date: 2/5/2013

Height / Stature

Decimal Fraction Metric Recumbent

30.000 in

Inaccurate Reason...

Birth Measurement

Weight: 8 lbs

Length: 18 in

Due Date: 1/1/2012



Blood Work

1. Blood Work

- Answer or enter information for one of the following:
 - a. No measurement taken
 - b. Hemoglobin
 - c. Hematocrit

Immunizations	Anthropometrics	Blood Work	Feeding
Measurement Date:			
6/26/2015			
Recorded Date:			
6/26/2015 <input type="checkbox"/> No measurement taken			
Hemoglobin:			
<input type="text"/> Minimum normal value: 11			
Hematocrit:			
<input type="text"/> Minimum normal value: 32.9			
Clinic Altitude:			
< 3000 Ft			

2. Blood Work

- Collected: Date blood work was taken
- Hemoglobin and Hematocrit: Blood work data is displayed

Historical Blood Work

Collected	Hemoglobin	Hematocrit
1/29/2015	11.7	-
10/9/2014	10.6	-
8/5/2014	10.6	-

Feeding

1. Feeding History

- Answer the feeding questions

Health Assessment

Immunizations Anthropometrics **Feeding**

Breastfeeding Information

Was Bruce ever breastfed? ←

Yes No Unknown

At what age did Bruce first have formula? ←

weeks (0-78)

Not Started

Unknown

At what age did Bruce stop breastfeeding? ←

weeks (1-78)

Not Stopped

Unknown

Why did Bruce stop or never start breastfeeding? ←

Medical condition mom/infant

Inadequate milk supply

Breastfeeding management problem

Mom returning to work/school

Other

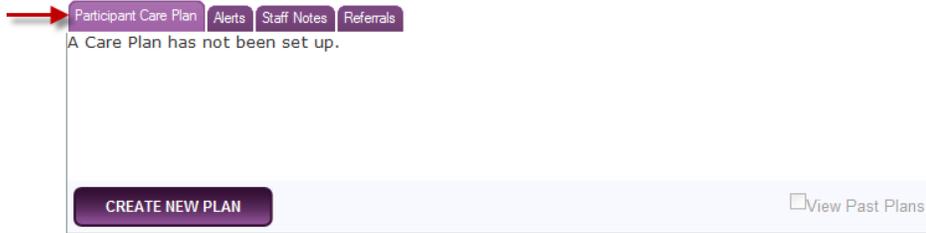
2. Save/Reset buttons:

- Click on Save to save the entered information
- Click on Reset to reset information

SAVE RESET

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:

Objective:		Assessment:	
Age:	1 y 3 m	Certification Risks:	
Bloodwork	Date: 3/25/2015 Hemoglobin: 13.2	Risk 428: Dietary Risk Associated with Complementary Feeding Practices	
Anthropometrics	Date: 3/25/2015 Height: 31.5 in Weight: 25.06 lbs BMI: 17.8		
Feeding:	Date: 3/25/2015 Was Enrique ever breastfed? No At what age did Enrique first have formula? 0 weeks At what age did Enrique stop breastfeeding? 0 weeks Why did Enrique stop breastfeeding? Inadequate milk supply		
Immunization:	Yes		

Education Topics:	Referrals:
- Healthy balanced eating (specific to category) - Physical activity (related to nutrition) - Planning meals/snacks - Portions	Substance Abuse TANF/Cash Assistance

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 C (1 thru 2 yrs)	
Age:	1 y 3 m	
Bloodwork	Date:	7/24/2012
	Hemoglobin:	12
Anthropometrics	Date:	7/24/2012
	Height:	35 in
	Weight:	30 lbs
	BMI:	17.2
Feeding:	Date:	7/24/2012
	Was Ginny ever breastfed?	Yes
	At what age did Ginny first have formula?	Not Started
	At what age did Ginny stop breastfeeding?	Not Stoppe
Immunization:	Yes	

6. Assessment

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

Assessment:

Certification Risks:
Risk 428: Dietary Risk Associated with Complementary Feeding Practices

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:

Substance Abuse
TANF/Cash Assistance

8. Topics

- Click on Edit to add or delete a Topic

Education Topics:

- Healthy balanced eating (specific to category)
- Physical activity (related to nutrition)
- Planning meals/snacks
- Portions

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

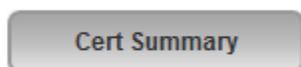
15. When the Participant Care Plan has been successfully saved the following Success message will display

Care Plan Updated

16. 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

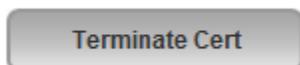
Participant Care Plan				
		Alerts	Staff Notes	Referrals
Date	Goals			
7/9/2012	wants to make sure she is getting at least 2 servings of fruits daily			
4/27/2012	Will cont trying to offer more veggies More activity over the summer			
<input type="button" value="CREATE NEW PLAN"/> <input checked="" type="checkbox"/>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

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



Terminate Certification

1. Click on Terminate Cert to Terminate the participants certification



2. View of Terminate Certification modal

Terminate Certification:

Effective Date:	Termination Reason:
<input type="text" value="7/23/2012"/>	<input type="text" value="Please select a reason..."/> <ul style="list-style-type: none"> 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. Sources 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. Proofs 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