



## Certification: Category C ≤ 2 Years Old

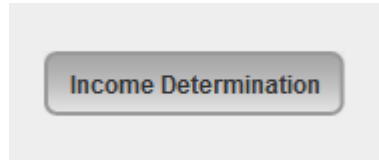
### Certification for new participant

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>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>1</b>	Source <input type="text"/>	<input type="text"/>	Method <input type="text"/>	\$ <input type="text"/>
	Notes (optional) <input type="text"/>			
<b>2</b>	Source <input type="text"/>	<input type="text"/>	Method <input type="text"/>	\$ <input type="text"/>
	Notes (optional) <input type="text"/>			
<b>3</b>	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:				
<b>TOTAL GROSS WEEKLY INCOME: \$750.00</b>				

## 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**

Reset

- Once the income has been saved a message will display

**Income information saved.**

#### View/Edit Income Information

Date: 7/2/2015

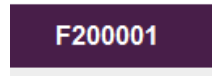
Household Size: 2

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

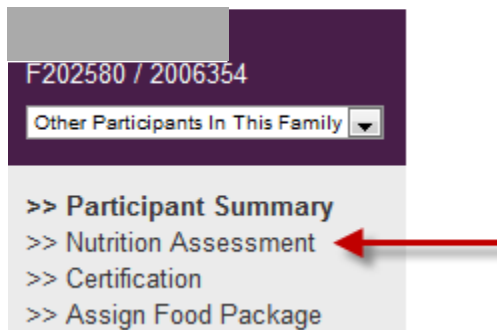
- Click on the Edit button to edit the income information



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



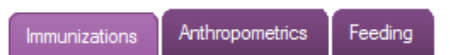
- Click on Nutrition Assessment link



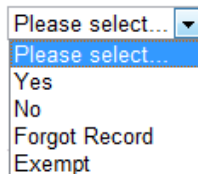
## Immunizations

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

### Health Assessment



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



- 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**

**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

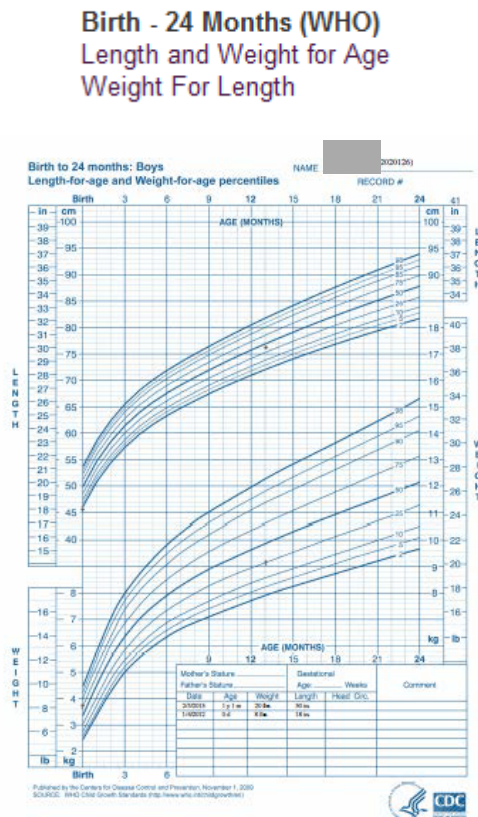
**Inaccurate Reason...**  
 Trouble Taking Measurement  
 Disability  
 Refused  
 Physician Collected Height

**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



## 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

### 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

### Birth Measurement

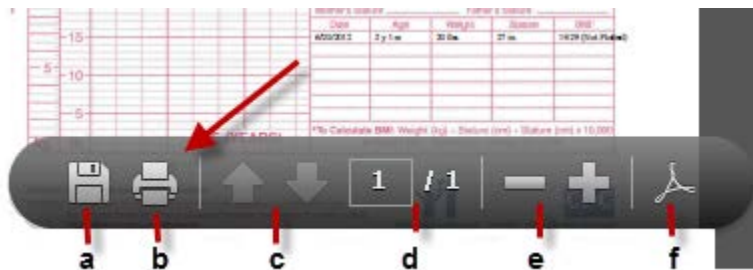
Weight: 8 lbs

Length: 18 in

Due Date: 1/1/2012



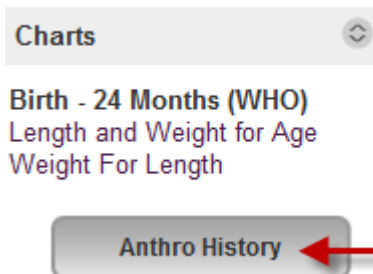
**NOTE:** To print the chart: Hover cursor over chart when the menu bar displays across bottom of chart select the Printer Icon.



- Save
- Print
- Show previous or next page
- Go to a specific page
- Zoom in or out
- 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 checkbox in the 'Birth' column for the record dated 1/4/2012.

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

- Able to Edit within 24 hours (most sections)

**Measurement Date:****Weight** Decimal  Fraction  Metric lbs ▼**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 ▼**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     No measurement taken

**Hemoglobin:**

 Minimum normal value: 11

**Hematocrit:**

 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 [redacted] first have formula? ←

weeks (0-78)

Not Started

Unknown

At what age did [redacted] stop breastfeeding? ←

weeks (1-78)

Not Stopped

Unknown

Why did [redacted] stop or never start breastfeeding? ←

Medical condition mom/infant

Inadequate milk supply

Breastfeeding management problem

Mom returning to work/school

Other

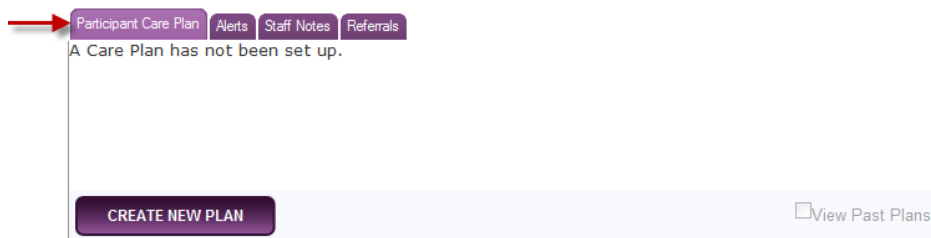
### 2. Save/Reset buttons:

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

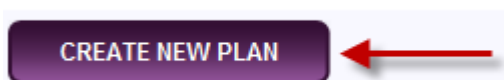
**SAVE**   RESET

## 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:**

Age: 1 y 3 m  
 Bloodwork Date: 3/25/2015  
 Hemoglobin: 13.2  
 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

**Assessment:**

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

**Education Topics:**

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

**Referrals:**

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

<b>Objective:</b>	<b>Category C (1 thru 2 yrs)</b>	
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 [redacted] ever breastfed?	Yes
	At what age did [redacted] first have formula?	Not Started
	At what age did [redacted] 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 <span style="float: right;">x</span>
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 Particioant...

## 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			
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		

[CREATE NEW PLAN](#)  View Past Plans

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

[Cert Summary](#)

## Terminate Certification

1. Click on Terminate Cert to Terminate the participants certification

[Terminate Cert](#)

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

## 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