



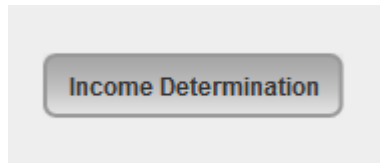
Certification: Category C \geq 2 Years Old

Existing Certification

1. Enter Family number

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

1	Adjunctive Eligible B	Verbal Report C	Method 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

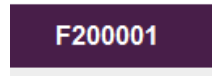
Household Size: 2

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

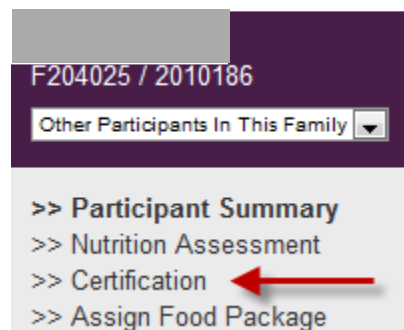
- Click on the Edit button to edit the income information



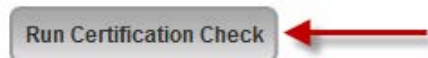
- Click on the Family number to return to the Participant Information page



- Click on Certification link




- 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:	Child DOB: 5/5/2011 Age: 1 y 3 m Proof: Social Security card Physical Presence: Y
Income:	Household Size: 4 Weekly Amount: \$500.00 Proof: Other (Document In Notes)
Residency:	 Boise, ID 83716 Proof: Drivers License or Passport

8. Health Assessment

- Anthropometrics (Nutrition Assessment > Health Assessment > Anthropometrics tab)
- Bloodwork (Nutrition Assessment > Health Assessment > Bloodwork tab)
- Immunization (Nutrition Assessment > Health Assessment > Immunization tab)
- Feeding History (Nutrition Assessment > Health Assessment > Feeding tab)

Health Assessment

Anthropometrics:	Weight: 30 lbs Height: 35 in
Bloodwork:	Hemoglobin: 12 g/dl
Immunization:	Yes
Feeding History:	Ever Breastfed? Yes Still Breastfeeding Ever taken formula? No

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 C \leq 2 yrs: Risk 428 or 501 will alternate on display

NOTE: If Risk codes 428 or 501 are selected all other risk codes will be grayed out

Risk Codes

WISPr Assigned:	None
Assessment Interview Assigned:	None
Additional Risk Codes:	<input checked="" type="checkbox"/> 501: Possibility of regression <input type="checkbox"/> 134: Failure to Thrive <input type="checkbox"/> 341: Nutrient Deficiency Diseases <input type="checkbox"/> 342: Gastro-Intestinal Disorder <input type="checkbox"/> 343: Diabetes Mellitus <input type="checkbox"/> 344: Thyroid Disorders

11. Staff has ability to assign Additional Risk codes

NOTE: If Risk codes other than 428 or 501 are selected, risk codes 428 or 501 will be grayed out

Risk Codes

WISPr Assigned: None

Assessment Interview Assigned: None

Additional Risk Codes: 428: Failure to follow nutritional guidelines
 134: Failure to Thrive
 341: Nutrient Deficiency Diseases
 342: Gastro-Intestinal Disorder
 343: Diabetes Mellitus
 344: Thyroid Disorders

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

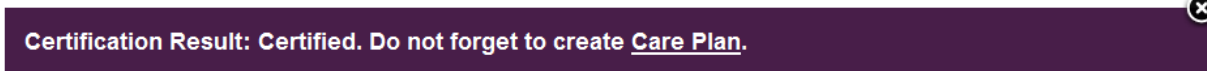
B Referrals

Medicaid/Chip
SNAP
Substance Abuse
TANF/Cash Assistance

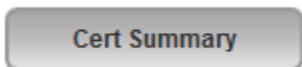
13. Click on Certify button (this checks to make sure that all of the participant’s information has been entered)



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

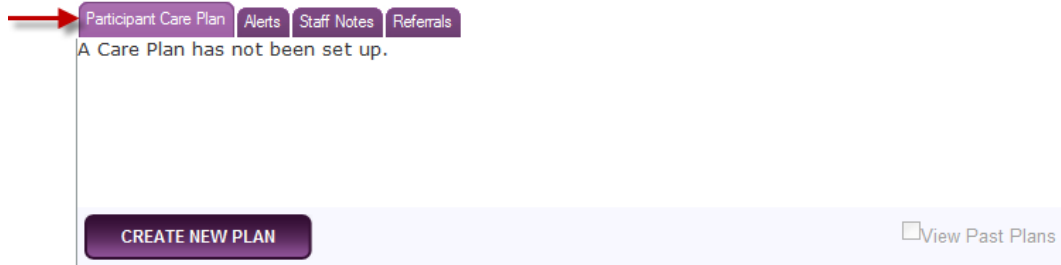


15. Click on Cert Summary to View the participants certification summary



Participant Care Plan

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



2. Click on Create New Plan button



3. Participant Care Plan View:

Subjective:

Objective:

Age: 2 y 0 m
 Bloodwork Date: 5/19/2014
 Hemoglobin: 13.6
 Anthropometrics Date: 5/19/2014
 Height: 32.25 in
 Weight: 26.5 lbs
 BMI: 17.9

Assessment:

Certification Risks:
 Risk 425.08: No dietary supplements when diet alone can't meet nutrient requirement
 425.08 no fluoride

Education Topics:

- Healthy balanced eating (specific to category)

Referrals:

SNAP
 Substance Abuse
 TANF/Cash Assistance

Handouts:

1:
 2:
 3:

Goals:

1: Brush teeth 2-3 times a day
 2:

Counseling / Plan:

Gave toothbrushes to have at the grandmothers house to work on brushing teeth more often. HO's given toothbrush, resource list, and I'm 2

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:

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...

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

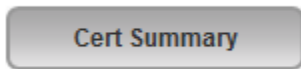
15. When the Participant Care Plan has been successfully saved the following Success message will display

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

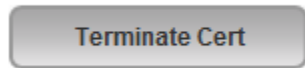
Participant Care Plan				
		Alerts	Staff Notes	Referrals
Date	Goals			
7/9/2012	wants to make sure she is getting at least 2 servings of fruits daily			
4/27/2012	Will cont trying to offer more veggies More activity over the summer			
<input type="button" value="CREATE NEW PLAN"/> <input checked="" type="checkbox"/>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

2. 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. 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