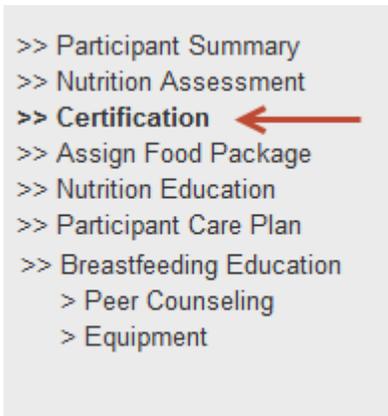# Assign Food Pkg: Pregnant and Breastfeeding Food Pkg 7 & 7M

**Assigning nutrition risk code to mother**

1. Click on Certification in the Left Navigation bar



2. Click Terminate Cert button

3.  Enter the following information:
    - Click on Termination Reason dropdown and select Women Category Change
    - Change the Effective Date if it is different than Today's date
    - Click on the Save button
    - 

**Terminate Certification:**

Effective Date:    Termination Reason:
9/5/2014           Please select a reason...
                   Categorically Ineligible
                   Client Receiving Benefits from CSFP
   SAVE            Deceased
                   Disqualified
                   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  ←

4.  Click on Participant Summary in the Left Navigation bar

>> Participant Summary  ←
>> Nutrition Assessment
**>> Certification**
>> Assign Food Package
>> Nutrition Education
>> Participant Care Plan
>> Breastfeeding Education
   > Peer Counseling
   > Equipment

5.  Click on the Refresh Participant button

| Client: 2001720 | Family: F200749 | Clinic: 101 | Cross Ref: | |
|---|---|---|---|---|
| Status: CLO | Status Date: 9/5/2014 | Category: B | End Cert Date: | Priority 1 |
| DOB: 12/9/1992 | Age: 21 y 8 m | | Ed Level: 12 | |

| Edit Participant | Transfer Participant | Refresh Participant | Cert History |
|---|---|---|---|
| Void/Reissue Checks | Appointments | Participant Timeline | |

6. Select Pregnant from the dropdown

**Refresh Participant**

Warning! You are about to refresh this Participant's record. This cannot be un-done. Are you sure you want to proceed?

What category is this participant? | Pregnant | ← 
| Breastfeeding |
| Postpartum |

☐ Multi-Fetal Gestation

7. Enter the following information:
   - Select Multi-Fetal Gestation if the participant is pregnant with 2 or more fetuses
   - Select one of the following:
     ▪ Pregnant and Breastfeeding Infant < 12 months old
     ▪ Pregnant and Breastfeeding multiples < 12 months old (providing breast milk for 2 or more infants form the same pregnancy (i.e. twins, triplets)
   - Enter the Date of Birth for the youngest breastfeeding infant
   - Enter the Expected Delivery date
   - Select the Proof of Pregnancy from the dropdown
   - Click on the Yes button

   **Note:** The participant has now been refreshed and is ready to be certified

**Refresh Participant**

Warning! You are about to refresh this Participant's record. This cannot be un-done. Are you sure you want to proceed?

What category is this participant? | Pregnant ▾ |

☐ Multi-Fetal Gestation ←

**Check box if breastfeeding**
☐ Pregnant & Breastfeeding Infant < 12 months old ←
☐ Pregnant & Breastfeeding Multiples < 12 months old ←
BF Infant DOB [_____] ←

Expected Delivery Date (Current value 12/1/2014):
[_____] ←

Proof of Pregnancy: | Copy Of Ultrasound With EDD |
| EDD Written On Prescription Pad |
| Forgot Proof of Pregnancy | ←
| VOC Document |
| Visual Proof |

**YES**

**Certification**

8. Click on the Certification link located on the Left Navigation bar

>> Participant Summary
>> Nutrition Assessment
**>> Certification** ←
>> Assign Food Package
>> Nutrition Education
>> Participant Care Plan
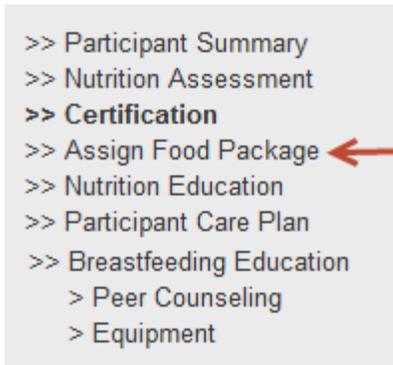>> Breastfeeding Education
   > Peer Counseling
   > Equipment

9. Click on the Run Certification Check button (to see what certification information needs to be entered, if any)
10. Certify participant

Run Certification Check ←   Letter of Ineligibility   Letter of Ineligibility (Spanish)
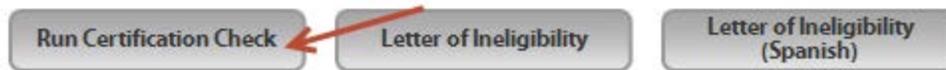
**Assigning a Food Package:**

11. Click on the Assign Food Package link located on the Left Navigation bar

>> Participant Summary
>> Nutrition Assessment
**>> Certification**
>> Assign Food Package ←
>> Nutrition Education
>> Participant Care Plan
>> Breastfeeding Education
   > Peer Counseling
   > Equipment

12. Click on the Assign Food Package button

**Food Package:** Issuance History

Family Check Print   Participant Check Print   Assign Food Package ←

13. With the participant select a food package
  - The participants breastfeeding percentage must be at least 50% for them to receive a food package 7 or 7M

### Food Packages: Assign Food Package

Here you will assign a food package for one or more months.

How many months do you want to assign this food package?

○ 1
○ 2
⦿ 3

MD Doc Status: [None ▾]

☐ RD Approval          BF%:

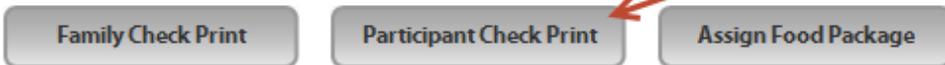| 0% BF = 100% Formula |
| 25% BF = 75% Formula |
| 50% BF = 50% Formula |
| 75% BF = 25% Formula |
| 100% BF = 0% Formula |

14. Click on the Assign button
15. Click on the Save button

## Printing a Check

16. Click on the Participant Check Print button

### Food Package: Issuance History

[ Family Check Print ]     [ Participant Check Print ]     [ Assign Food Package ]

17. Click on the Print Checks button

### Participant Print Check

Date:* 9/5/2014

You are about to print checks for these Participants:

| Fam ID | Part ID | Participant | Months | Message |
|--------|---------|-------------|--------|---------|
| ⊞ 200749 | 2001720 | Tessa Adamson | 1 | |

[ PRINT CHECKS ]     [ CANCEL ]

**NOTE:** How to change information when a Category P participant starts or stops breastfeeding:

18. Go to the Pregnancy tab
19. Check or uncheck the boxes
20. Click on Save