



Add a Family

1. Click on Participant/Family Search



2. Enter some of the information for the Responsible Adult. For example if you are looking for Theresa Testing your search might look as follows:

Search for...

All Family Participant

Last Name:

test

First Name:

ther

Date of Birth:

SSN:

Phone:

SEARCH

RESET

3. Click on Search button

NOTE: This action checks to see if the participant is already in the WISPr system

4. If no match is found, click on Create a New Family button

CREATE A NEW FAMILY

5. Enter as much information as possible for the Responsible Adult.

- **Foster Family:** If this is a foster family select the box next to 'This is a Foster Family'

Create A New Family

Please tell us about the family you'd like to add to WISPr. All required fields are marked with an asterisk(*).

Responsible Adult: This is a Foster family.

First Name:*

MI:

Last Name:*

Suffix:

Maiden Name (if any):

Date of Birth:

1. **Regular or Foster family** enter the following information:
2. Select if the participant is homeless

Homeless?

- No
- Yes

3. Enter their physical address and select from dropdown their Proof of address
NOTE: By entering the Zip code, the City and County fields will automatically populate

Physical Address:

Street:* Zip:* City:* County:* State:* Proof:*

Mailing Address: Same as physical address

Please Select...

Postmarked Mail (No PO box)

Drivers License or Passport

Pay stub with address

Car registration

Current Utility bill

Rent or Mortgage Receipt

State or Local document

No proof form

Other (Document in chart)

Forgot Documents

4. If their Mailing and Physical address are **different** uncheck box and enter the mailing address

Mailing Address: Same as physical address

Street:* Zip:* City:* County:* State:*

5. Enter participants contact information (if applicable)

Contact Information:

Home Phone: Cell Phone: Other Phone: Email:

6. Enter Authorized Signer (if applicable)

Authorized Signer:

First Name: MI: Last Name:

7. Select if participant is a migrant

Migrant?

- No
- Yes




8. Save/Reset buttons:

- Click on Save to save the entered information
- Click on Reset to clear all information that has been typed into this page



NOTE: The following Success message will display:

Successfully added new Family to WISPr. The information provided is displayed below. 

1. To add RA as a Participant:

- As in previous steps enter the participants required fields First and Last name (enter as much information as possible).

2. To select the RA as a Participant, select box below first name

Also add this person as a participant; Must be an adult woman who is pregnant, postpartum, or breastfeeding

3. Enter the Social Security Number (SSN)

- NOTE: This is not a required field

SSN:

4. If participant has a Preferred name, select the box and enter name into fields

Has Preferred Name

Preferred First Name:* MI: Preferred Last Name:*

5. Select from dropdown Years of Education for participant

Years of education:

No School	▼
No School	▲
1st Grade	
2nd Grade	
3rd Grade	
4th Grade	
5th Grade	
6th Grade	
7th Grade	

- 6. Select the participants Ethnicity and Race information

Demographic Information:

Ethnicity:* Race:*

Hispanic White

Non-Hispanic Asian

Black or African American

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

- 7. Select participants Language from dropdown (if participant needs an interpreter select Interpreter box)

Language:

English

English

Spanish

Bosnian

French

German

Language:

Spanish

Interpreter?:

- 8. Enter Application Date

Application Date:*

- 9. Select Proof of Identity from dropdown

Proof of Identity:*

Select

Select

Social Security card

Drivers license

Original or Certified Copy of Birth Certificate

Hospital Information - Infant Only

Government Issued ID

Immunization Record

Idaho WIC ID Folder (Known to WIC)

Foster child papers (issued by State or Local)

Visual ID (Known to WIC)

Forgot Documents

No Proof Form

Other (Document in chart)



10. Select if participant is Physically present from dropdown

Physically present?*

Please Select...	▼
Please Select...	
Yes	
No	

11. Select from Category dropdown if participant is Pregnant, Post-partum, or Breastfeeding

Category:*

Breastfeeding	▼
Breastfeeding	
Post-partum	
Pregnant	

12. Fill in the rest of the information

13. Save/Reset buttons

- Click on Save to save the entered information
- Click on Reset to reset to clear all information that has been typed into this page

