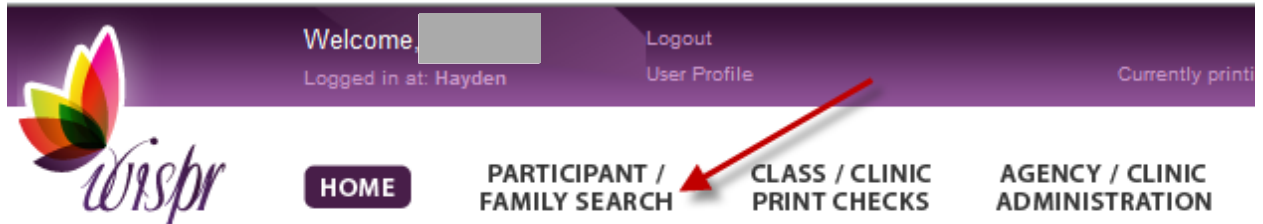




Add a New Participant

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. Click on line item with RA's name

FID	PID	First	MI	Last	CAT	DOB	SSN	Ad
F258712	2150581	Theresa		Testing	B	5/10/		555

1. Click on the Add Participant button

Family Information: F **Clinic:** 101

RA Name: DOB: Phone: (208) Address:
Boise, ID 83716 Authorized Signer:

Income Determination: Migrant: N Foster Family: N Homeless: N Referrals:

2. Enter Idaho Medicaid # (optional) and or Cross Reference (optional)

Personal Information:
Idaho Medicaid #: (optional) Cross Reference #: (optional)

3. Enter Date of Birth

Date of Birth:*

4. Select Gender

Gender:*
 Male
 Female

5. Enter at least the participants First and Last name

First Name:* MI: Last Name:* Suffix: SSN:

6. Select box if participant has a Preferred Name

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

7. Select if participant is a Foster Child

Foster Child:
 Yes
 No



8. Select Mother from dropdown

Mother:*

Please Select ▼

Please Select

Non-WIC

Search...

9. Select the participants Ethnicity and Race

Ethnicity:*

Hispanic

Non-Hispanic

Race:*

White

Asian

Black or African American

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

10. Select participants Language from dropdown (if participant needs an interpreter select Interpreter box which will display when a language other than English is selected)

Language:

English ▼

English

Spanish

Bosnian

French

German

Language:

Spanish ▼

Interpreter?:

11. Enter Application Date

WIC Category Information:

Application

Date:*



12. Select Proof of Identity from dropdown

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)

13. Select if participant is Physically present from dropdown. If they are not choose a Reason.

Physically present?*	Reason for participant absence:
No	Reason
Please Select...	Reason
Yes	Individual with disabilities
No	Receiving on-going health care
	Infant under 8 weeks
	Working parents/caretakers

14. Save/Cancel buttons:

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

SAVE	CANCEL
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NOTE: After the participant has been created the Participant Summary page automatically displays