

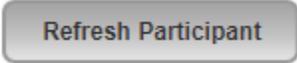


# Certification

**Existing Participant:** Start at #1

**New Participant:** Start at #4 (participant should first be added to WISPR)

1. Click: Refresh Participant on Participant Summary page



- a. For women, select category: Pregnant, Breastfeeding, or Postpartum

2. Complete applicable information:

- a. Infants and Children
  - i. Initial Contact Date
- b. Breastfeeding and Postpartum Women
  - i. Expected Delivery Date
  - ii. Initial Contact Date
- c. Pregnant Women
  - i. Multi-Fetal Gestation
  - ii. Pregnant & Breastfeeding Infant < 12 months old
  - iii. Pregnant & Breastfeeding Multiples < 12 months old
  - iv. BF Infant DOB
  - v. Expected Delivery Date
  - vi. Proof of Pregnancy
  - vii. Initial Contact Date

3. Click: Yes, to refresh participant (puts participant in “App” status)

4. Check for adjunctive eligibility (AE)

- a. If participant says they are AE and it is not showing on the Participant Summary page, call the help desk for verification (208-334-4905 or 800-942-5811)

Adjunctive Eligibility					
Date Verified: 1/16/2020	Medicaid: N	SNAP: N	TANF: N	Medicaid #:	Household AE?: N

5. Complete previous steps for all family members that are being certified



6. Click: Income Determination on the Family Information page [Note: this determination is for all participants in the family. AE will not display if any participant does not qualify as AE – individually or household.]



- a. Select Household size from dropdown (A)
- b. Select the Source from dropdown (B) [“Adjunctive Eligible” will automatically display if applicable]
- c. Select the Proof of Income from dropdown (C) [If adjunctive eligible, “Verbal Report” will automatically display]
- d. Select the Method from dropdown (D)
- e. Enter the income amount (E)

\* Household Size is a required field.  
**Please enter income.**

Household Size: \* Please Select... A

1 Source   Method \$  

B C D E

Notes (optional)

- f. Click: Save



- g. Once income has been saved a message will display



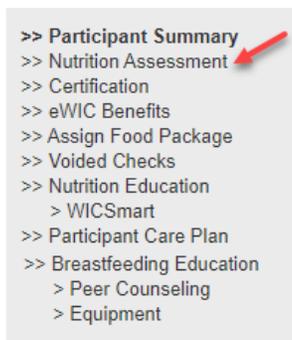
- h. Click family number to return to the Family Information page



7. Click on the line with participant’s name to go to Participant Summary page

Status	PID	Cat	First	Last	DOB	End Cert
ACT	2168681	P	Slow	Vvaaa	1/1/1980	9/30/2020

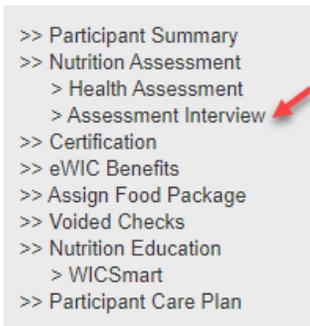
8. Click: Nutrition Assessment



9. Complete all Health Assessment tabs

- a. Women: Do not complete “Breastfeeding %” tab unless breastfeeding an infant that is not linked

10. Click: Assessment Interview



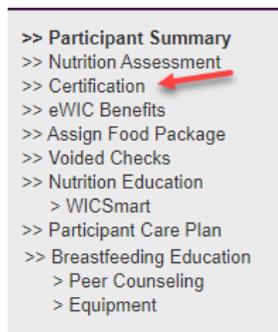
11. Click: Add New Interview



12. Complete all three sections of the interview: Medical, Lifestyle, Nutrition (green circle with white check mark will appear for each section when completed)



13. Click: Certification

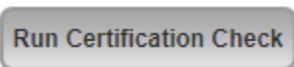


14. Make the Mandatory Referrals

- a. Check the boxes.
- b. Click: Save



15. Certification Check will automatically run or click: Run Certification Check (this checks to make sure all mandatory information has been entered)

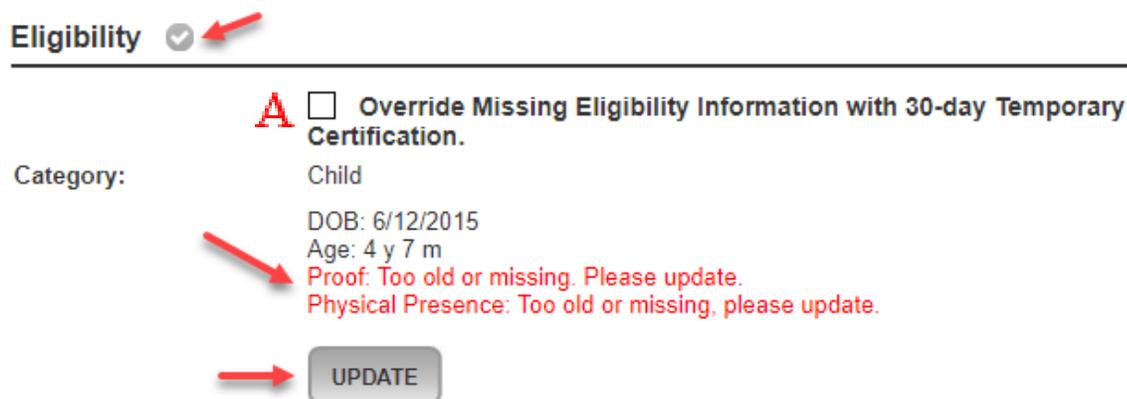


16. Completed areas will have a white check mark in a green circle



17. If additional information is needed, the circle will be gray and red text will tell what information is missing.

- a. Click on the Update button (either a pop-up box will appear, or you be sent to the correct page for entering the information)



- b. Enter required information and click: Save
- c. If participant does not have information with them:
  - i. Select: "forgot documents"
  - ii. Click: save



- iii. Click in the box for a Temporary Certification (see "A" above)



18. Assign additional risk codes as needed

**Risk Codes** 

---

**System Assigned:** 311: HX Preterm or Early Term Delivery (Priority: 1)  
332: Short Interpregnancy Interval (Priority: 1)

**Assessment Interview Assigned:** None

**Additional Risk Codes:**

- 401: Failure to Meet Dietary Guidelines For Americans (Priority: 4)
- 92: Wet Nurse (Priority: 4)
- 303: HX Gestational Diabetes (Priority: 1)
- 304: HX of Preeclampsia (Priority: 1)
- 311: HX Preterm or Early Term Delivery (Priority: 1)
- 312: HX Low Birth Weight (Priority: 1)
- 321: HX Fetal or Neonatal Loss (Priority: 1)
- 337: HX Birth LGA Infant (Priority: 1)
- 339: HX Birth-Congenital Defect (Priority: 1)
- 341: Nutrient Deficiency Diseases (Priority: 1)

19. If all check marks are in Green circles:

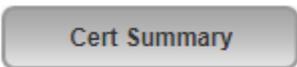
- a. Scroll to bottom of page
- b. Click: Certify



20. A success message reminding to create a Care Plan will display if the participant has been certified



21. Click: Cert Summary to View the participants certification summary



22. Create a Care Plan: refer to "Care Plan" QRC





IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**  
DIVISION OF PUBLIC HEALTH



This publication was made possible by Grant 207IDID7W1003 from the United States Department of Agriculture. Its contents are solely the responsibility of the Idaho WIC program and do not necessarily represent the official views of the USDA.

WIC is an equal opportunity provider.

