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The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is funded by the United States Department of Agriculture’s Food and Nutrition Section (USDA FNS) and administered through the Illinois Department of Human Services, Bureau of Family Nutrition (BFN).

The Breastfeeding Peer Counselor Program (BPCP) and the WIC Farmer’s Market Nutrition Program (FMNP) are also administered by the BFN in select counties. Agencies receiving funding for these programs must follow administrative policies of the WIC Program in addition to those functions outlined specific to the BPCP and FMNP.

Contracted agencies are required to follow obligations as outlined in the Department contract. Local agency procedures must not be more stringent than the policies outlined in the Illinois WIC Policy Manual.
1. **Local Agency Eligibility (Effective: March 2013)**

In accordance with the basic local agency eligibility criteria provided in 7 CFR 246, to be eligible to provide WIC services, a Local Agency must, directly or through written agreement with another party:

A. Provide ongoing health services free, or at reduced cost, to Illinois residents of areas, or members of populations, with substantial numbers of women, infants, and children at nutritional risk.

B. Meet staffing standards (See Section 10 WIC Staffing).

C. Have the facilities and equipment necessary for the collection of data and retention of records in the provision of WIC services to women, infants, and children.

D. Report known or suspected child abuse or neglect to the area office of the Illinois Department of Children and Family Services, in accordance with state and federal statutes.

E. Be in compliance with Civil Rights non-discrimination laws and regulations.

F. Assure confidentiality is maintained with collection, handling, and disclosure of WIC participant information during all aspects of a WIC visit.

G. **No Smoking Policy**

This policy implements the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act (PL 103-111) which stipulates that each local WIC agency and/or WIC clinic (if several clinics are operated by a single local agency) must have an announced public policy against smoking in any area where WIC program functions are performed in order to be eligible to receive WIC administrative funds.

The no-smoking policy applies:

1) only during the times that the WIC program is actually operating at a clinic site and,

2) only to those areas where WIC program functions are being performed.

H. New providers must have a successful pre-award review prior to contract issuance.
2. **Subcontracting for Services (Effective: February 2018)**

   A. If a Local Agency must enter into a written agreement with another sub-recipient provider for the provision of WIC services:
      1. Both providers shall, in conjunction, meet all the requirements for providing both health and administrative services and are subject to single audit requirements. (See section A3-7)
      2. The written agreement must define the program responsibilities of the sub recipient provider and be approved by the Illinois Department of Human Services (hereinafter referred to as the Department) prior to finalization of the agreement. The responsibilities include receiving training and monitoring by the Local Agency.
      3. A copy of such agreement must be on file at the Local Agency and with the sub recipient provider.
      4. Must be in compliance with Civil Rights non-discrimination laws and regulations.

   B. If a Local agency must enter into a written agreement with another party or a private physician for the provision of the broader range of health services:
      1. The written agreement must define the responsibilities of each party and must be approved by the Department during the application process.
      2. A copy of such agreement must be on file at the Department, the Local Agency, and with the third party.
      3. Must be in compliance with Civil Rights non-discrimination laws and regulations.
3. **Allocation of WIC Funds (Effective: April 2015)**

Once the amount of funds available to Illinois for the WIC program is determined:

A. The Department allocates awards to Local Agencies through a grant review process.

B. Administrative funds are allocated by use of a formula based on standardized costs per caseload.

C. The Department - Local Agency Grant Agreement serves as the legal basis for disseminating funds to local programs. Grant agreements must be signed and properly obligated through the Department and the Illinois Comptroller. Payments are scheduled on a monthly basis (IL WIC PPM AD3). All payments will be reconciled based on submitted documentation. Failure of the Provider to submit documentation may result in a reduction to the total award.

Food funds are specifically allocated by the U.S. Department of Agriculture (USDA) to the Department. Such allocation is for food expenditure only and cannot be used for administrative expenses.
4. **Local Agency Grant Agreement (Effective: March 2013)**

The Local Agency Grant Agreement between the Local Agency and the Department serves as the legal document obligating both parties to specific roles in the WIC Program.

The Grant Agreement contains conditions that bind the Local Agency to compliance with:

A. The Federal Regulations (7 CFR 246 and various circulars from the Office of Management and Budget);


C. Additional provisions of the Grant Agreement include:
   1) Grant award totals
   2) Reclamation procedures
   3) Termination procedures

Any violation of compliance with the requirements of the Grant Agreement may be grounds for termination or suspension of the Grant Agreement.
5. Local Agency - Right of Appeal (Effective: March 2013)

A. A Local Agency adversely affected by a Department decision may appeal the decision. The right of appeal shall be granted:

1) When the appellant's application to participate is denied.
2) When participation is terminated.
3) When a Grant Agreement is not renewed by the Department.
4) When any other adverse action is taken by the Department.

B. Effective date of adverse actions against local agencies

1) The State agency must make denials of local agency applications effective immediately.
2) The State agency must make all other adverse actions effective no earlier than 60 days after the date of the notice of the adverse action and no later than 90 days after the date of the notice of adverse action.
3) In the case of an adverse action that is subject to administrative review, the effective date shall be no later than the date the local agency receives the review decision.

C. Local Agency Appeal Procedure

1) The appellant wishing to appeal a decision of the Department shall, within fifteen (15) days of the effective date of the adverse action, state the basis for the appeal in writing and forward to:
   Chief
   Bureau of Family Nutrition
   Illinois Department of Human Services
   815/823 E. Monroe St.
   Springfield, IL 62701

2) The Chief of the Bureau of Family Nutrition will review the case and inform the appellant, in writing, of the results of the review.

3) The appellant may request a formal hearing if the decision is not satisfactory.

4) The Department will notify the appellant of the time and place of the hearing thirty (30) days in advance of the hearing.

5) The hearing will be conducted by an impartial hearing officer.

6) The appellant may be assisted or represented by an attorney or other persons.

7) Documents and records presented to support the decision under appeal may be examined prior to and during the hearing.

8) The adverse action affecting a participating Local Agency shall be postponed until a hearing decision is reached.
1. Nutrition Services and Administration (NSA) Costs (Effective: April 2015)

A. Cost Reporting by Functional Category

1) Local Agency NSA costs for the WIC Program must be broken down and reported in four functional cost categories. These cost categories, as listed on the Summary Expenditure Documentation form are General Administration, Client Services, Nutrition Education, and Breastfeeding Promotion. The use of these categories is required for federal reporting and is essential to accurately reflect the true nature of WIC Local Agency expenses. Costs for Nutrition Education and Breastfeeding Promotion must be identified separately to document federally mandated spending requirements for these cost categories.

2) Federal regulations for the State WIC grant require that a minimum of 1/6 of all NSA expenditures must be in the categories of Nutrition Education and Breastfeeding Promotion. In accordance with this requirement, it is recommended that the Local Agency allocate a minimum of 1/6 of WIC grant funds to Nutrition Education and Breastfeeding Promotion.

3) A description of each functional cost category, and examples of activities, which, may fall into these categories is provided for reference.

Addendum - WIC Local Agency Cost Categories
2. Allowable Costs (Effective: February 2018)

A. Allowable Costs

1. The following activities performed in WIC clinics are considered necessary to meet WIC Program objectives. Therefore, provided all other requirements for allowability are satisfied, the direct and indirect costs associated with performing these activities are allowable charges to the WIC NSA grant.

   a) Participant certification including data collection and assessment for eligibility determination; nutrition care plan development, nutrition education and counseling, breastfeeding promotion and support, food delivery, and referrals.

   b) Program management activities including accounting, auditing, budgeting and outreach.

   c) A list of allowable costs, by line item, is provided.

2. Some costs while allowable require prior approval from the Department and/or the USDA as listed below.

   Addendum - Allowable Cost by Line Item

B. Unallowable Costs

Under no circumstances may the Federal WIC grant be charged in full or in part for the costs of services which are demonstrably outside the scope of the WIC Program’s authorizing statute.

For example, the WIC grant may be charged to screen WIC participants for immunizations and refer and follow-up on WIC participant immunizations, but WIC may not be charged for the cost to administer the shot, the vaccine or vaccine-related equipment.

Further, costs which are specifically disallowed by applicable Federal cost principles may not be charged to the WIC grant.

C. Approval Requirements:

1. Prior Approval is not needed for:

   a) Nutritional/Medical certification of participants.

   b) Clinical costs necessary to provide WIC services, including referrals.

   c) Outreach to prospective WIC participants.

   d) Rental or purchase of non-computer equipment (any nonexpendable item costing less than $5000), including only the medical equipment listed in 7 CFR 246.

   *Local agencies should contact their Regional Nutritionist for up-to-date information on identifying equipment for health screening.

2. Costs allowable with prior approval from the Department:

   a) Rental space costs- new sites/locations

   b) Any computer software purchases such as word processing, spreadsheet, database, email, presentation or anti-virus applications

   c) Items costing $5000 up to $25,000
3. Costs allowable with written prior approval from USDA and the Department
   a) Purchases of capital assets such as buildings, land and improvements to buildings or land
      that materially increase their value or useful life and cost more than $5000
   b) Any computer equipment purchases such as personal computers, monitors, printers,
      modems.
   c) An individual item with a cost of $25,000
A. All requests must be in writing on Local Agency letterhead from the agency to the Department via the designated Regional Nutritionist. The request must include:

1) Item description
2) Model Number/Serial Number
3) Unit Cost
4) Justification for Purchase
5) Percentage of time the product will be used for WIC
6) Number of WIC Full Time Equivalents present in the Local Agency
4. **Inventory Management (Effective: February 2018)**

   Each local agency must maintain full and complete records concerning program operations in compliance with 7CFR part 3016. This includes maintaining property records as described below.

A. The Local Agency must tag all equipment, valued at $100 or greater at the time of purchase, with a unique identification number.

B. An inventory must be maintained of all tagged items purchased in full or partially with WIC funds. The inventory must include:
   1) Tag number/Inventory number
   2) Item description
   3) Model Number/Serial Number
   4) Date of purchase
   5) Unit Cost
   6) Location

C. Agencies using a blended inventory of all items must have a method to clearly indicate items purchased with WIC funds.

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**Addendum - WIC Equipment Inventory Form**

C. Guidelines for Disposal of WIC Equipment

1) To dispose of equipment purchased with WIC funds:
   a) the local agency must submit a request in writing, on agency letterhead, to the Department via the designated Regional Nutritionist which includes:
      1) Item description
      2) Date of purchase
      3) Unit cost (if available)
      4) Justification for disposal

2) If the request is approved, a letter will be sent granting approval to dispose of the equipment. The letter must be kept on file with the inventory records.

3) Computer equipment approved for disposal must have all participant information erased prior to disposal.
5. **Local Agency Accounting Procedures (Effective: May 2006)**

A. **Accounting System**

   Each Local Agency participating in the WIC Program must have an established financial management system, which provides complete, separate and accurate accountability of WIC funds. The accounting system in the Local Agency must provide original evidences of:
   
   1) transactions;
   
   2) a chart of accounts;
   
   3) ledgers for posting; and
   
   4) complete accountability of all obligations, payments and reimbursements.

B. **Expenditure Documents**

   Source documents for expenditures must be available for audit, and records of payment of such expenses must allow for clear audit trails. To qualify for payment, an expenditure must:
   
   1) be a documented WIC expense;
   
   2) be in compliance with federal and state regulations.
6. Expenditure Documentation (Effective: April 2015)

A. Local agencies will receive WIC grant payments from the Department as follows:
   1) Payments are scheduled on a monthly basis.
      a) All payments are reconciled based on submitted documentation. Failure of the Provider to submit documentation may result in a reduction to the total award.
   2) Detailed instructions are provided on the Department website along with the WIC Expenditure Documentation Form (EDF). Expenditure Documentation forms must:
      a) Report expenditures by line item category and by all four functional categories.
      b) Functional Categories are to be entered under the Components section of the form.
      c) Functional Categories are:
         (1) General Administration
         (2) Client Services
         (3) Nutrition Education
         (4) Breastfeeding Promotion

B. Expenditures must be received by the Department no later than the 15th day of the month following the month of service. Any change in this schedule must be submitted in writing to the Department. Final billings must be received by the 15th day of the month following the end of the Agreement period.

C. The Local Agency must maintain a clear audit trail for expenses reported on the Expenditure Documentation Form.
7. **Program Audit (Effective: February 2018)**

A. Local Agencies are required to be audited annually, in accordance with:
   
   1. 2 CFR Part 200.501 Audit Requirements,
   
   2. CFR 215 Uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations. (OMB Circular A–110),
   
   3. CFR 225 Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87),
   

B. The percentage of costs charged to Federal assistance programs for a single audit shall not exceed the percentage that Federal funds expended represent to total funds expended by the local agency during the fiscal year.

C. The Single Audit Act provides that no cost may be charged to Federal assistance programs for audits required by the Act that are not made in accordance with the Circular. USDA retains the right to conduct audits of any and all Local Agency WIC Programs. There is no charge to the Local Agency for these audits.

D. No other audits are required in the WIC Program nor will outside audits be paid for from WIC funds.
8. **Local Agency Sanctions/Recoveries (Effective: May 2006)**

The Local Agency shall have the right to appeal any sanction or recovery to the Chief of the Bureau of Family Nutrition.

A. The appeal shall indicate the reason the sanction should not be imposed and/or the recovery should not have been made.

B. The appeal shall be made within thirty (30) calendar days of the imposition of the sanction and/or the recovery of monies from the reimbursement voucher.
9. **Closeout Reporting Procedures (Effective: March 2013)**

The State Fiscal Year runs from July 1 through June 30.

The Federal Fiscal Year runs from October 1 through September 30.

A. Costs must be separated so that expenditures are charged to the fiscal year in which the obligation was incurred.

B. The separation of costs must occur between the months of June and July to close out the state fiscal year, and between September and October for the Federal fiscal year.

C. Reporting Requirements - A portion of the funding for this grant agreement is from a federal award which requires a close out (separation of expenditures) as of September 30.

   1) This means documentation for expenditures incurred on or prior to September 30 must be submitted separately from documentation for expenditures incurred on or after October 1.

   2) The final documentation reporting expenditures incurred on or prior to September 30 shall be submitted to the Department by November 15.
1. **Retention of Records (Effective: May 2006)**

In accordance with 7 CFR 246, each Local Agency shall maintain full and complete records of Program operations in compliance with Federal and State records retention requirements. All records shall be retained for three (3) years following the close of the fiscal year to which the records pertain.

A. An agency (e.g., any court and all parts, boards, departments, bureaus, and commissions of any county, municipal corporation or political subdivision) shall comply with the Local Records Act, which regulates the destruction and preservation of public records within the State of Illinois.

B. The Federal Agency or Department may require longer retention of records and/or submission of such records to these agencies if the records cover a time period still open to audit.

C. Records to be retained include records of:
   1) all fiscal operations;
   2) source documentation for program reviews and audits;
   3) eligibility and certification of participants;
   4) expenditures allocated by functional categories (General Administration, Client Services, Nutrition Education and Breastfeeding Promotion);
   5) food instrument issuance and redemptions;
   6) equipment purchases and inventory;
   7) civil rights procedures;
   8) fair hearing procedures.
2. **Destruction of Records (Effective: May 2006)**

A. WIC records that contain participant data must be destroyed by incineration or shredding.

B. Disposal of records intact to a landfill or through a disposal service is not appropriate.

C. The Local Records Act regulates the destruction and preservation of public records within the State of Illinois. It mandates the Secretary of State, who is named the local records advisor, to assist local governments in implementation of the Act. This Act defines record material, explains the rights to public access of information and sets standards for record keeping and microfilming. Additionally, the Act provides for the existence of a six-member Local Records Commission which regulates the disposal of local records and specifically forbids local officials from disposing of any public record without first obtaining their written approval.

D. Depending upon the local agency's status as a legal entity, the agency may be required to comply with both state and federal guidelines for destruction of records. Agencies, which must comply with both state and federal requirements, are those that fall under the auspices of the Local Records Act. The Act defines an "agency" as "any court, and all parts, boards, departments, bureaus and commissions of any county, municipal corporation or political subdivision."
1. **Confidentiality (Effective: January 2017)**

   A. In accordance with 7 CFR 246, USDA FNS Instruction 800-1 (re: confidentiality), and FNS policies, the following policy outlines the criteria for disclosure of information and records.

   1) **Definition**- Confidential applicant and participant information is any information about an applicant or participant, whether it is obtained from the applicant or participant, another source, or generated as a result of WIC application, certification, or participation, that individually identifies an applicant or participant and/or family member(s). Applicant or participant information is confidential, regardless of the original source and exclusive of previously applicable confidentiality provided in accordance with other Federal, State or local law.

   2) **Confidential Information Sharing is approved by the Department**- A statement is included in the WIC Certification form which informs WIC applicants of the sharing of information provided by the applicant or participant to representatives of public organizations designated by the Department which includes:

      a) The Illinois Department of Human Services
      b) The Centers for Disease Control (CDC)
      c) The USDA for evaluation and auditing purposes
      d) Designated Health and Welfare Program representatives that serve persons categorically eligible for WIC for the purposes of:
         (1) Determining eligibility for WIC services
         (2) Conducting outreach

         The Department shall execute a written agreement with each designated organization. This written agreement shall contain assurances that the public organization will not disclose any information received from the Department to any third party.

   3) **Dual Certifications**- The release of information necessary to determine dual certification is permissible and applicants should be informed at the time of application of the circumstances under which information provided by the applicant or participant may be shared in order to comply with specific regulatory provisions.

   4) **Refusal to Share**- Applicants and participants do not have the option of declining to permit such information sharing to the entities listed below if they wish to participate in the program. The use or disclosure of information and records obtained from program applicants and participants is limited to the following entities:

      a) Persons directly connected with the administration or enforcement of the program. This includes persons investigating or prosecuting violations in the WIC program under Federal, State or local authority.
         (1) This provision does not exclude volunteers from access to participant or applicant information.
         a. Volunteers can be considered to be directly connected to the administration of the program. It does, however, obrigate the local agency to ensure that volunteers who are given access to client information are well-trained and knowledgeable of the restrictions on disclosure of this information.
b. A volunteer agreement form should be signed by the volunteer agreeing to keep information confidential or forfeit the volunteer assignment.

b) The Comptroller General of the United States for audit and examination authorized by law.

B. **Records Requests** - A WIC applicant or participant may ask to see or copy his or her own record or a parent or legal guardian may request access to, or a copy of, a child’s or infants record.

1) Assuming that any issues regarding custody or guardianship have been settled, such persons have the right of access to all information provided by the applicant or participant.

2) Local agencies need not grant the participant or guardian access to any other information in the file or record, such as documentation of income provided by third parties or any information which serves as a staff assessment of the participant’s condition or behavior, unless required by federal, state or local law or policy.
2. Consent to Release Information (Effective: January 2017)

A. Confidential Information Sharing by Local Agencies
   1) Before any applicant or participant data may be shared by the local agency with a third party the participant must authorize this activity by signing a separate release form.
   2) Applicants and participants have the right to refuse to have their information shared with a third party and must be advised that refusal will have no impact on their participation in WIC.
   3) Separate release forms should be presented after the participant has signed the WIC Consent form and benefits have been provided.

B. An agency is not obligated to request that the applicant or participant sign a release form in order to attempt to accommodate outside request for such information, but can simply decline to provide it to the requesting organization or individual.

C. In any case, State/Local agencies must not require at certification or at any other time that applicants or participants sign a statement giving state/local agencies the authority to release information. These forms should be used in the following situations.
   1) Court requests information.
   2) An applicant or participant requests that information be sent to a third party or an organization.

D. A signed release form should be used to have documentation to show that particular information was released per the applicant or participant request or with his or her approval.
3. Reporting of Child Abuse and Neglect (Effective January 2017)

A. WIC agencies are required to cooperate with investigations conducted pursuant to the Abused and Neglected Child Reporting Act 325ILCS 5/1 and are conferred immunity by Section 9 of alleged child abuse.
   1) The cooperation required extends to DCFS,
   2) State Police, and designated local law enforcement agencies.

B. There may also be instances in which State or local child protection services contact the local agency for information which might substantiate allegations of child abuse made by a third party, e.g., information on a child’s appearance, abnormal interaction between a child and parent, information on missed WIC appointments or a child’s medical records. Such requests may be separate and distinct from any responsibility that the state or local agency might have under state law to report instance of child abuse. Therefore, the general disclosure policy shall apply to these requests.

C. Local agency staff should refer to state or local agency legal counsel to identify a legal imperative to respond e.g. a subpoena that cannot or should not, in the counsel's opinion be contested, or a perceived need to comply with the request in order to avoid any legal liability for possible consequences to the child or failure to provide the requested information.
4. Responding to a Search Warrants (Effective: January 2017)

A. State and local agencies must comply with search warrants.
   1) A search warrant differs from a subpoena in which a time frame is established to either comply
      with the subpoena or attempt to quash the request.
   2) Failure to fully comply with a search warrant at the time it is served could result in the immediate
      incarceration of WIC state or local agency staff.
   3) The individual producing a search warrant should be apprised of the confidentiality nature of
      WIC information.
   4) Clinic staff should carefully review the search warrant and provide only the specific information
      requested in the search warrant and no other information.
   5) In general, search warrants must specify exactly what information is being sought. Legal
      counsel should be alerted to the provision of the information by the WIC agency immediately
      afterwards.
   6) Staff should retain a copy of the search warrant for their files as evidence of why the specific
      information was released in the event of legal action by the applicant or participant to her or her
      parents or legal guardian.
5. **Responding to a Subpoena (Effective: January 2017)**

A. A subpoena is merely a request for information issued by the clerk of a court in response to a request by an attorney representing a party.

1) A subpoena may be directed to an individual or an entity, and a subpoena duces tecum is a request for the production of designated tangible items (i.e., records).

2) A subpoena does not represent a court's ruling that an agency must release the information requested, but certainly cannot be ignored.
   a) Failure to respond to a subpoena could potentially result in the state or local agency being found in contempt of court which could result in the incarceration of or fines against WIC employees.

3) The subpoena will designate a time within which the agency must respond to the subpoena. It will also identify the individual or organization who is seeking the WIC information.

4) State or local agencies in consultation with their legal counsel must make a determination, based on Federal law and the records and or information sought in the subpoena, of whether to comply with the subpoena and release the information as requested or attempt to quash the subpoena.

5) The determination of how to proceed (either comply with or attempt to quash the subpoena) must be based on the restrictions set forth in 7 CFR 246.

B. **Procedures to Follow in Responding to a Subpoena**

1) State or local agencies, in consultation with their legal counsel, must make a determination based on the content of the subpoena and the requested information whether or not to comply with the subpoena and release the information requested or to attempt to quash the subpoena. In making the determination, State or local agencies must determine whether the information is protected under 7 CFR 246.

2) Decisions to release WIC information as requested by subpoena or to attempt to quash a subpoena must be based on the requirements and restrictions set forth in 7 CFR 246, any pertinent State laws and USDA policies, FNS Instruction 800-1, and FNS Policies. Any conflicts identified between Federal and State requirements should be raised with State legal counsel and referred to the Department's Office of the General Counsel, where appropriate.

3) When the State or local agency, in consultation with legal counsel, decides to attempt to quash a subpoena, legal counsel must appear before the court to argue against the release of information as requested by the subpoena. The court must be informed that this decision is based on prohibitions against such disclosures as set forth in 7 CFR 246.

4) If the court denies the motion to quash the subpoena and requires the WIC State or local agency to release the requested information, the State or local agency or legal counsel acting on its behalf shall attempt to:
   a) Consider the appropriateness of an appeal of the decision,
   b) Ensure information produced is only that which is essential to respond to the subpoena (i.e., provide redacted documents reflecting only the requested WIC information), and
   c) Negotiate the extent to which the WIC information actually produced becomes public information (i.e., reviewed in camera by the court, limited entry into the public record).
5) If the motion to quash the subpoena is denied by the court, we recommend that legal counsel acting on behalf of the State or local agency request the parties reduce to writing the terms of the release of the subpoenaed information so that all parties are in accord as to the use of such information. Ideally, counsel should seek a warrant of attachment or similar court order. A warrant of attachment is a written order by the court based on State law which orders a law enforcement officer to seize specific documents and deliver them to the court, essentially forcing the State or local agency to comply. In this way, there is a record that WIC state or local officials disregarded Federal law protecting the confidentiality of WIC records only after having been compelled to do so by a court.

6) State or local agencies should advise and consult legal counsel if any formal complaint from or notice of litigation by a program applicant or participant are received as a result of the State or local agency releasing WIC information in response to a subpoena or search warrant.

7) In some instances, the State or local agency may be required to release confidential information in response to a subpoena or search warrant. However, if the release of such information is made pursuant to and in keeping with WIC Program regulations, instructions, and policy, that release will not result in FNS or its agency taking adverse action against the State or local agency or any individuals acting on their behalf.

8) Some cases are unique and require further research into legal issues and must be handled on a case by case basis with the involvement of counsel given the specific circumstances involved.
1. Management Evaluation and Monitoring Reviews (Effective: February 2018)

The Local Agency will be monitored to encompass evaluation of management, certification, nutrition education, breastfeeding promotion and support, participant services, civil rights compliance, accountability, financial management and food delivery systems. Agencies providing WIC Farmer’s Market Nutrition Program and WIC Breastfeeding Peer Counselor Program services will be evaluated on those areas as well.

A. The State Agency shall conduct a review of the Local Agency once every two years.
   1) Reviews shall include a minimum of 20% of the Local Agency’s clinic locations or one clinic whichever is greater.
   2) The State Agency must promptly notify a local agency of any finding in a monitoring review that the local agency did not comply with program requirements.
   3) The State agency must require the local agency to submit a corrective action plan, including implementation timeframes as indicated in the findings cover letter when the review contains a finding of program noncompliance.
   4) The State agency must monitor local agency implementation of corrective action plans.

B. The Local Agency must conduct a self-monitoring review of its operations and those of associated clinics or contractors (7 CFR 246) annually to ensure compliance with WIC federal and state regulations and policies including Civil Rights non-discrimination laws.
   1) The State Agency’s evaluation tool must be completed including all components.
   2) Observations of all staff providing direct services must be completed.
   3) Chart reviews must be completed as directed by the evaluation tool.
   4) The Local agency must maintain a file of completed self-monitoring evaluation forms and all quality assurance activities for review by Regional Staff.
1. **General Information (Effective: January 2020)**

A. The State of Illinois operates the WIC Program in full compliance with Title VI of the Civil Rights Act of 1964, other applicable federal civil rights laws, all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and FNS directives and guidelines. State and Local Agencies, vendors and other subcontractors shall not discriminate against any applicant or participant of a prohibited base (race, color, national origin, age, disability, or sex) as defined in FNS Instruction 113-1.

B. Local Agencies must publicize the availability of WIC benefits and the nondiscriminatory policy through appropriate mechanisms such as mass media, community newspapers, church newsletters and announcements, Local Agency newsletters, WIC newsletters, letters to all public assistance clients through public assistance offices, notification to other health and welfare agencies, physicians and other available resources.

C. WIC Program regulations, policies, and guidelines are considered public information and should be made available to the public if requested.

D. Compliance Reviews

  A Civil Rights Compliance Review will be performed by Department WIC staff. This process involves:

  1. review of the individual agency’s performance of the following utilizing reports;

     a) Whether potentially eligible persons and households have an equal opportunity to participate in the program

     b) Whether case records are coded by race or ethnic origin

     c) Whether actual applicant and participant racial and ethnic data are being collected and maintained on file for 3 years;

     d) Whether the local agency or other subrecipient has conducted CR training for its staff

  2. physical observation of the following:

     a) appropriate non-discriminating interaction between clinic personnel and participants;

     b) desegregated waiting room area and facilities;

     c) non-discriminating program access through the preferred appointment system or walk-in system;

     d) non-discriminating application of the existing waiting list;

     e) posting of required Civil Rights material (“And Justice For All” poster);

     f) use of the Nondiscrimination Statement on all Local Agency printed information per policy.

     g) Whether the local agency or subrecipient is providing program information to organizations within the community that may assist the local agency in reaching potentially eligible populations.

     h) Whether civil rights complaints are being handled in accordance with Illinois WIC Policy.

E. Civil Rights Training

  The State Agency shall develop and utilize a Civil Rights Training module to give mandatory training to state and local agency staff to ensure that all staff and project operations are in full compliance with Title VI of the Civil Rights Act of 1964 and all applicable Federal Regulations concerning Civil Rights.

  1. All staff is required to complete Civil Rights Training annually.
2. New staff is required to complete Civil Rights Training as part of new employee orientation in the early weeks of employment.

F. It is the responsibility of the local agency to ensure that discrimination does not occur. The supervisor must train new staff during orientation and all staff annually and monitor procedures so that a discriminatory situation does not develop. In order to comply with the provisions of the civil rights laws and regulations, certain responsibilities and procedures are necessary. On the local level, these include:

1. Effective public notification systems,
2. Complaint procedures,
3. Compliance review techniques,
4. Resolution of noncompliance,
5. Requirements for reasonable accommodations of persons with disabilities,
6. Requirements for language assistance,
7. Conflict resolution, and customer service
8. Civil Rights Complaint processing.
9. Collection and use of data.

Addendum - Civil Rights Related Definitions
2. **Civil Rights Complaints (Effective: January 2016)**

Any WIC applicant/participant who feels she/he has been discriminated against because of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA may file a civil rights complaint within 180 days of the alleged discriminatory action.

A. Civil Rights vs. Program Complaints

Civil rights complaints may appear to be the same as a Program complaint: slow service, rudeness, and excessive requirements; but as soon as someone alleges it is because they fall under one of the protected bases it becomes a Civil Rights complaint.

**Addendum – Civil Rights Complaints vs. Program Complaints Examples**

B. Completing & Submitting the WIC Civil Rights Complaint Form

1) If the complaint is unresolved, inform the WIC applicant/participant that Civil Rights complaints are sent to USDA and the WIC Program can provide them with the information necessary to file the complaint; or if they wish, WIC can file the complaint for them.

   a) If the WIC applicant/participant wishes to file a complaint, give the WIC applicant/participant a copy of the USDA Program Discrimination Complaint Form.

   b) Either the WIC applicant/participant or a local agency staff person must send the complaint immediately as directed on the form.

2) The local agency shall continue courteous treatment to all individuals who have voiced and/or written a civil rights complaint.

3) In the event that a person makes a complaint about discrimination verbally or through a telephone conversation and refuses or is not inclined to place the complaint in writing, the person to whom the complaint is made must write up the facts of the complaint for the person and process as above. A copy of any Civil Rights complaint made verbally or in writing shall be kept in the local agency and another copy shall be sent to the State Agency who will forward it to the Regional Office.

C. Documenting Civil Rights Complaints

A log of WIC Civil Rights complaints must be kept. If no complaints are made during the fiscal year agency staff must document as such on the log at least once annually.

**Addendum – USDA Program Discrimination Complaint Form**

**Addendum - WIC Civil Rights Complaint Sample Log**
3. Access to Services (Effective January 2020)

A. Translation/Interpretation Services

1) Programs which serve a substantial number of non-English speaking participants shall ensure that translation resources are available (i.e., know where to find interpreters, have literature available in appropriate language, etc.). Technological advances and the sharing of language assistance materials can often reduce resource and cost issues, and services among and between recipients, advocacy groups, and Federal grant agencies; and reasonable business practices.

2) Agencies that fail to provide services to Limited English Proficiency (LEP) potentially eligible persons, applicants, and participants, may be discriminating on the basis of national origin.
   a) Agencies may not rely upon an applicant's/participant's family members, friends, or other informal interpreters to provide meaningful access to important programs and activities. In many circumstances, family members (especially children), friends, or others identified by limited English proficiency (LEP) persons, are not competent to provide accurate interpretation. In addition, issues of confidentiality, privacy, or conflict of interest may also arise.
   b) Covered entities are required to take reasonable steps to provide meaningful access to each individual with limited English proficiency who is eligible to be served or likely to be encountered within the entities' health programs and activities. If in-person interpreters are not feasible, especially when offices are located in remote areas, or for infrequently encountered languages then, local offices may wish to consider using telephone interpretation services.

3) Covered entities must take appropriate steps to ensure that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with others. Upon certification visits, applicants shall read or have read and explained to them in a language they understand "WIC Rights and Responsibilities" located on the WIC Certification Form and ID card. Other Program information, such as how to use food instruments, should also be communicated in a manner which can be understood.

B. Clinic Accessibility for Disabled Persons

1) Every effort must be made to locate WIC clinics and food distribution centers in sites that are accessible to disabled individuals. However, if a clinic site or food distribution site is inaccessible to persons with disabilities, then alternative arrangements must be made to provide services to those individuals in another location that is accessible.
4. Public Notification (Effective February 2018)

All USDA-FNS assistance programs must include a public notification system. The purpose of this system is to inform applicants, participants, and potentially eligible persons of the program availability, program rights and responsibilities, the policy of nondiscrimination, and the procedure for filing a complaint.

A. Use of the Non-Discrimination Statement

1) The following statement must be included on all publications (print, internet and social media), outreach materials, handouts, leaflets and brochures that identify or describe the WIC Program:

   a) English Version:

   In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

   Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

   To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

   (1) mail: U.S. Department of Agriculture,
           Office of the Assistant Secretary for Civil Rights
           1400 Independence Avenue, SW
           Washington, D.C. 20250-9410;

   (2) fax: (202) 690-7442; or

   (3) email: program.intake@usda.gov.

   This institution is an equal opportunity provider.

   b) Spanish Version:

   De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades...
previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: http://www.ascr.usda.gov/complaint_filing_cust.html y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

1) correo: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410;

2) fax: (202) 690-7442; o

3) correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

c) Short Statement

If the material is too small to permit the full statement to be included, the material will at a minimum include the statement below in print size no smaller than the text.

“This institution is an equal opportunity provider.” or

“This institución es un proveedor que ofrece igualdad de oportunidades.”

d) In order to avoid waste of current materials, WIC State and local agencies must deplete current supplies up to one year of the effective date of the new statement. However, all new materials must include one of the above nondiscrimination statements

2) A civil rights statement is not required to be imprinted on items identifying the WIC program, such as cups, buttons, magnets, and pens, when size or configuration make it impractical.

3) Recognizing that radio and television public service announcements are generally short in duration, the nondiscrimination statement does not have to be read in its entirety. Rather, a statement such as “The (program name) is an equal opportunity provider”.

4) Nutrition education and breastfeeding promotion and support materials that strictly provide a nutrition message with no mention of the WIC Program, are not required to contain the nondiscrimination statement.
B. The "And Justice for All" Poster/Publicity and Outreach
   The most current, USDA issued, poster, "And Justice For All," must be prominently displayed, at
   each clinic site, food distribution center, or any other site utilized by WIC participants and applicants.
5. Data Collection and Reporting (Effective December 2015)

State and local agencies must provide for and maintain a system to collect the racial and ethnic data in accordance with USDA-FNS policy.

A. Use of Racial/Ethnic Data

1) These data will be used to:
   a) determine how effectively FNS programs are reaching potential eligible persons and beneficiaries,
   b) identify areas where additional outreach is needed,
   c) assist in the selection of locations for compliance reviews,
   d) and complete reports as required.

2) The department provides the Ethnic/Racial Report by category to the Local Agencies quarterly.

3) The local agency’s annual publicity and outreach plan must include activities, which encourage participation from minorities.

B. Collection of Racial/Ethnic Data

1) When collecting racial and ethnic participant data, the local agency shall ensure the participant's dignity is maintained.

2) The preferred method of collections should be self-identification by the applicant/participant.
   a) When asking a participant to self-identify their racial group, it must be explained and the participant must understand that the collection of this information is strictly for statistical reporting requirements and has no effect on the determination of their eligibility to participate in the Program.
   b) An example that may be used when asking for characteristic data:

3) “This information is requested solely for the purpose of determining the State’s compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.”

C. Applicants/participants are free to indicate how they wish the type of ethnic/racial data to be recorded. This information is recorded by the Local Agency in the computer data system.

D. Children shall be classified using the race code(s) specified by the parent or guardian.

E. Observation by the interviewer is made only if the applicant does not provide racial and ethnic information.
a) When an applicant declines to self-identify, the applicant should be informed that a visual identification of his or her race and ethnicity will be made and recorded in the data system.
1. Outreach (Effective: March 2013)

A. General Outreach
WIC Outreach consists of activities completed to educate the public on the benefits of the program to ensure eligible women, infants and children access services. Outreach activities include direct outreach to potential customers as well as activities which strengthen referral networks between WIC and other community services.

B. Enhanced Outreach
Outreach to pregnant women, the migrant community and other special populations is especially critical. Migrants are individuals whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

1) Increased emphasis should be placed upon the importance of enrolling women in WIC as early as possible in their pregnancy and ensuring migrants are able to obtain services while in a community. To achieve this goal, local agencies must develop procedures with an “emphasis on reaching and enrolling eligible women in the early months of pregnancy, including provisions to reach and enroll eligible migrants” per 7 CFR 246.

C. Outreach Procedures should include:

1) Methods for making potential eligible participants aware of the availability of WIC program benefits (contacts with social and health agencies that receive WIC Program information on an annual basis, etc.).

2) Methods in place for local agency contact and enrollment of potential eligible participants once they are aware of the program to assure compliance with Certification Standards.

3) Documentation systems used to track outreach efforts throughout the year (files, logs, etc.)

Addendum- Sample Outreach Log
1. Requests for WIC Special Projects (Effective: January 2017)

Requests to use WIC participants’ or their Cornerstone data in research studies, surveys, grant proposals or other projects must be communicated and approved through the Department. Due to the potential lengthy time involvement of Department staff and/or local agency staff, the following guidelines will be used to determine the feasibility of project requests.

A. Requests

Requests must be made in writing to the Department and include the following information:

1) project overview
2) purpose
3) timeline
4) location where study project will be conducted
5) resources required, both financial and staff time
6) data needs must be clearly defined to determine accessibility (existing reports vs. special requests)
7) if applicable, human subject internal review board (IRB) approval documentation

B. Confidentiality

Per Federal Regulations, personal identifying information of WIC participants is confidential. The confidentiality rules outlined in Title 7 of CFR 246.26 (d) must be followed regarding privacy issues. In addition, any type of request that connects personal identifying information of a participant to a study may require a signed release of information, a confidentiality clause to be included in the project agreement and/or legal approval by the Department.

C. Approval

Approval will be provided in writing from the Department to the entity with whom the request was received.

A. The Department supports breastfeeding as the normal and expected infant feeding method; therefore, the Department endorses USDA’s FNS goals and mission for breastfeeding promotion, education and support and the WIC philosophy for achieving success in the WIC Program, i.e.

- First priority should be to help mom successfully breastfeed.
- Assume substantial, rather than minimal, breastfeeding as the norm.
- Encourage selection of fully breastfeeding package without formula.
- Provide breastfeeding support to help mom feed only breastmilk to baby.
- Encourage continued exclusive breastfeeding
- Women who provide breastmilk to their infants at least once a day are considered to be breastfeeding.

B. The Department has established standards for breastfeeding promotion and support. The Department is required (7 CFR 246) to monitor local agencies to assure compliance with the following:

1) Each local agency is required to incorporate task-appropriate breastfeeding promotion and support training into orientation programs and provide annual breastfeeding training (e.g., in-service, self-study module, breastfeeding conference, state-provided trainings, web-based training modules, etc.) for all staff involved with WIC clients to achieve staff competencies. (see IL WIC PPM Supplemental Food).

   ▪ Each local agency is required to designate a staff person to coordinate breastfeeding promotion and support activities. See Section 11: WIC Staffing

2) Each local agency must create a positive clinic environment which endorses breastfeeding as the normal and expected method of infant feeding and supports the WIC philosophy for achieving breastfeeding success. This includes complying with the following:

   (1) Educational and outreach materials exhibit positive, up-to-date and culturally appropriate breastfeeding messages and portray breastfeeding as the normal and expected infant feeding

   (2) Formula and bottle-feeding equipment should be stored away from client view except when being used in education.

   (3) Office supplies such as cups, pens, notepads, mouse pads, name tags, etc should be free of formula product names

   (4) Print and audio-visual materials, head circumference tapes and other equipment should be up-to-date, culturally appropriate and free of formula product names

   (5) Participants are encouraged to breastfeed in all clinic facilities, provided with comfortable chairs and a space away from the entrance

   (6) Local agencies are strongly encouraged to provide a private, clean, comfortable breastfeeding friendly space for breastfeeding participants and staff use upon request. Participants should be made aware of availability.

   (7) Clients are informed of the breastfeeding-friendly policies which allow a client to ask for breastfeeding accommodations.

   (8) Positive, up-to-date and culturally appropriate breastfeeding messages are displayed in all clinic facilities, e.g. non-verbal (posters, materials, other)
(9) Staff training to assure all staff verbal and non-verbal comments and actions reflect the WIC and agency philosophy for achieving breastfeeding success

(10) Written procedures should contain information about confidentiality of breastfeeding contact.

3) Each local agency must ensure women have access to breastfeeding education, counseling, promotion and support information and activities during the prenatal and postpartum periods, including:
   a) Local resources, including support groups, community organizations and hospital staff
   b) Assigning staff for regular and routine follow-up with all breastfeeding women in the early days/weeks to answer questions, problem solve, etc.
   c) Referrals to other programs to provide extended support
   d) Ensuring that all breastfeeding women receive all WIC services regardless of their breastfeeding patterns.
   e) Ensuring that all breastfeeding women and infants receive food packages consistent with their nutritional needs.

4) Local agencies that offer breast pumps must establish procedures to provide them to eligible participants with determined need.

C. The Department has established a Statewide Breastfeeding Promotion Task Force.

1) The Task Force is made up of representatives from Regional Breastfeeding Promotion Task Forces and other groups.

2) Each Local Agency is encouraged to participate in their Regional Task Force.
1. **General Information (Effective: February 2018)**

Conducting WIC services involves a multi-disciplinary team approach to ensure the delivery of quality services. WIC agencies vary in size and therefore their staffing needs. Agencies must maintain adequate staffing to ensure operations are conducted effectively and efficiently.

A. Staffing for WIC would include at a minimum, a WIC Coordinator, Breastfeeding Coordinator, Certifying Health Professionals and Frontline/Clerical staff. The staffing of two (2) CHP’s per 1000 participants is recommended. For minimum nutrition care, one of the CHP’s should be a nutritionist/dietitian.

B. The following are general descriptions of responsibilities for the various job duties of how a WIC clinic may be staffed. Duties and roles may change over time with changes in State policy and Federal regulations. WIC staff must be willing to adapt to these changes to ensure compliance and to maintain quality services.

C. To ensure program integrity the same staff member must not perform both the income eligibility assessment and the WIC nutrition assessment.

D. Staffing for WIC:
   1) WIC Coordinator
   2) Breastfeeding Coordinator
   3) Certifying Health Professionals
   4) Dietetic Technicians
   5) Frontline/Clerical Staff

E. All staff (full-time, part-time and PRN) must be provided with job specific WIC and breastfeeding training annually. This training can be provided through a variety of means, which include satellite, video/audio teleconference, regional meetings, workshops, on and offsite experiences, self-directed and web-based. Documentation of training must be kept on file for monitoring purposes and management reviews by state and USDA FNS staff.
2. **WIC Coordinator (Effective: April 2015)**

   A. The WIC Coordinator is responsible for the overall administration of the program to assure compliance with all State policies and Federal regulations. Responsibilities may include:

   1. Supervision, evaluation and direction of WIC staff by ensuring that staff at all levels are competent to complete job specific duties when providing WIC program services.

   2. Serve as the Local Agency liaison to State WIC Staff by:

      a. Providing communication regarding local agency questions, concerns, and any agency-specific activities impacting the WIC Program.

      b. Participating in State and Regional WIC conference calls and meetings

      c. Communicating to staff WIC Program updates and reinforcement of program requirements.

   3. Determine staff training needs and coordinate education opportunities.

   4. Conduct Quality Assurance activities and monitor the following areas and identify improvement needs.

      a. Daily clinic operations,

      b. WIC Reports,

      c. Nutrition Education (secondary education methods and materials utilized),

      d. Breastfeeding Promotion & Support,

      e. Nutrition Education Plan

   5. Attend professional conferences, seminars, workshops to update staff on current MCH nutrition practices and other information relevant to WIC.

   6. Identify and collaborate with local providers and other community partners.

   7. Manage assigned caseload per IDHS Grant Agreement.

   8. Maintain oversight controls and records including food instrument stock (see IL WIC PPM FD-3)

   9. Ensure employee compliance and program integrity (see IL WIC PPM A-14).
3. **Breastfeeding Coordinator (Effective: March 2013)**

A. The designated staff person at each agency who coordinates breastfeeding promotion and support activities is called the “local agency breastfeeding coordinator.” Responsibilities may include:

1) Ensuring that all WIC staff are competent in basic breastfeeding knowledge and apply the WIC and agency philosophy for achieving breastfeeding success. This information should be included at employee orientation.

2) Assessing staff knowledge of breastfeeding and assist with coordinating breastfeeding specific educational opportunities. Ensure breastfeeding activities are coordinated between clerical, professional, peer counseling and other program staff.

3) Attending professional conferences, seminars, workshops to update staff on current breastfeeding practices.

4) Participating in Breastfeeding Coordinator conference calls offered by the Department.

5) Reviewing and updating agency breastfeeding procedures, lesson plans, printed, translated and audio-visual materials to assure cultural sensitivity, and appropriateness, including those used for outreach and/or education.

6) Evaluating all agency breastfeeding promotion and support activities by monitoring breastfeeding reports to assess the numbers of infants exclusively or partially breastfed for appropriate follow-up.

7) Conducting quality assurance activities, completing reports, as needed and making recommendations for improved breastfeeding support services.

8) Coordinating services, including sharing health-related policies, and maintaining cooperative relations with other community groups, physicians and hospitals.

9) Participating (or designating a participant) in local and regional Breastfeeding Promotion Task Forces or other breastfeeding community support groups.

10) Supervising (or designating a supervisor) the Peer Counselor Program and/or Local Agency breast pump program.

   a) Participate in Peer Counselor and supervisor conference calls and trainings specific to breastfeeding Peer Counselors.
4. **Certifying Health Professionals (Effective: March 2013)**

The Department and the Local Agency must assure that the staff person responsible for performing WIC certification, prescribing food packages and providing nutrition and breastfeeding education for WIC participants meets the Illinois WIC Qualifications for Certifying Health Professionals (CHP) per 7 CFR 246. Therefore, prior to employment, the local agency is encouraged to consult with the Regional Nutritionist Consultant regarding the prospective CHP’s credentials. Prior consultation is not required for registered dietitians or registered nurses, however, those providing nutrition services including nutrition education should be licensed under the Illinois Dietetic and Nutrition Services Practice Act unless exempted.

Documentation of the CHP’s credentials should be available at the Local Agency for audit/review.

A. **CHP Qualifications are:**

   1) **Registered Dietitian:** An individual who uses the title Registered Dietitian (R.D.) and can provide proof of current registration with the Commission on Dietetic Registration.

   2) **Nutritionist:**
      a) nonregistered nutritionist/dietitian who has a Baccalaureate or Master’s degree in Nutrition Sciences, Dietetics, Community Nutrition or Public Health Nutrition.
      b) a registration-eligible dietitian who has received written approval from the Commission on Dietetic Registration to take the Registration Examination, but has not completed it.

   3) **Registered Nurse:** An individual licensed as a professional nurse under the Illinois Nursing Act who can provide proof of current registration with the Illinois Department of Professional Regulation. It is strongly recommended that the R.N. have a Baccalaureate or Master’s degree. It is strongly recommended that R.N.s have experience or course work in maternal and child health and in maternal and child nutrition, lactation, nutrition assessment and nutrition education if they will provide nutrition or breastfeeding counseling.

   4) **Home Economist (with an emphasis in nutrition):** A graduate of a four-year Baccalaureate degree program in Home Economics with at least 20 semester hour credits in food and nutrition. The Home Economist may act as a Certifying Health Professional (perform WIC certifications, provide nutrition and breastfeeding education and prescribe food packages) only under the supervision of a Registered Dietitian, Nutritionist, or Registered Nurse (as defined above). It is strongly recommended that the Home Economist have experience or course work in maternal and child nutrition, lactation, nutrition assessment, interviewing and counseling. (This policy regarding the Home Economist applies only to people hired after June 1995.)

B. **Competencies of CHPs**

The Certifying Health Professional (CHP) has the overall responsibility for the nutrition services provided by the WIC agency and should possess the knowledge and skills to perform this job function. Such skills are outlined in the Value Enhanced Nutrition Assessment (VENA) Manual: Essential Staff Competencies for WIC Nutrition Assessment. The six competency areas for WIC nutrition assessment include the following areas:

   1) **Principles of lifecycle nutrition:** Understands the normal nutrition issues for pregnancy, lactation, the postpartum period, infancy and early childhood.

   2) **Nutrition assessment process:** Understands the WIC nutrition assessment process including risk assignment and documentation.

   3) **Anthropometric and hematological data collection:** Understands the importance of using appropriate measurement techniques to collect anthropometric and hematological data.

   4) **Communication skills:** Knows how to develop rapport and foster open communication with participants and caretakers.
5) **Multicultural awareness:** Understands how socio-cultural issues (race, ethnicity, religion, group affiliation, socioeconomic status and world view) affect nutrition and health practices and nutrition-related health problems.

6) **Critical thinking skills:** Knows how to synthesize and analyze data to draw appropriate conclusions.
5. **Certifying Health Professionals Responsible for High Risk Participants/Contacts**  
   *(Effective: March 2013)*

A. Employment of a Registered Dietitian (R.D.) or a Master’s prepared Nutritionist to provide nutrition counseling for participants with high-risk conditions is strongly recommended. (See A-10.4 for credentialing requirements.)

**Addendum - Risk Factor Summary Sheet**

B. The roles and responsibilities include:
   1) Referring high-risk participants to other health and social services.
   2) Developing and documenting individual care plans for high-risk participants.
   3) Providing nutrition and breastfeeding counseling responsive to the identified needs/interests of high-risk participants.
   4) Assisting and verifying that high-risk participants obtain services from referrals as identified in local agency policy.
   5) Tracking high-risk participants’ progress in improving their health and documentation of outcomes.
6. Registered Dietetic Technician (Effective: March 2013)

Paraprofessionals may provide specific support services in the Illinois WIC Program. The qualifications and functions of the DTR in the WIC Program are as follows:

A. The DTR must be a graduate of an Academy of Nutrition and Dietetics (AND)-approved Dietetic Technician Program with an earned Associate’s Degree and proof of current registration. It is strongly recommended that DTRs have experience or course work in maternal and child health, maternal and child nutrition, lactation, nutrition assessment and nutrition education.

B. The DTR may function in the WIC Program under the direct, on-site supervision of a Nutritionist/RD. The DTR may function only in the duties described below:

1) collect and record client demographic, health history, anthropometric, hematologic and/or dietary data; the DTR may assess the nutrition status data to determine a client's risk condition(s) and priority;

2) counsel low risk clients (priorities II, IV, V, or VI) and refer high risk clients (priorities I and III) to the CHP;

3) select a standard food package to be issued to the low risk clients they counsel

4) instruct clients on prescribed food packages and procedures for using Food Instruments

5) present group nutrition and breastfeeding education sessions per policy

6) provide follow-up services for low risk clients, including telephone contacts

C. It is recommended that a CHP be responsible for conducting and documenting quality assurance reviews of procedures done by each DTR a minimum of two times per year.
7. **Frontline/Clerical Staff (Effective: March 2013)**

A. Frontline staff is responsible for the clerical functions related to WIC program services which may include:

1) maintenance of participant files and clinic schedule
2) scheduling of appointments and follow-up on missed/upcoming appointments
3) assists in certification of participants by completing the Illinois WIC Client Certification Form per policy
4) manages participant correspondence
5) ensures NVRA requirements are met
1. NVRA Requirements (Effective: March 2013)

A. Registration Requirements
Under the provisions of the National Voter Registration Act (NVRA), the following voter registration services must be provided by Local WIC agencies to WIC program applicants and participants. Please note that two separate forms must be completed by the applicants and participants if they choose to apply to register to vote.

1) Voter Registration Information form (SBE R-24)
This form is available in both English and Spanish. The Department has provided this form electronically (pdf). A duplicable copy is available by request.

2) Voter Registration Application form (SBE R-19)
The form is available in both English and Spanish. It is only available for download on the Illinois State Board of Elections website at: http://www.elections.il.gov/VotingInformation/Register.aspx

Addendum - NVRA (VRI-English)
Addendum - NVRA (VRI-Spanish)

3) Required Assistance/ Eligibility Criteria
All women applicants and participants of the WIC Program must be offered the opportunity to apply to register to vote for all elections during the certification, recertification, and submission of change of address. It is important to clarify to the applicant/participant that refusal to apply to register to vote will not have any bearing on the availability of WIC Program services or benefits to them. Please note that even if the applicant is found to be ineligible for the WIC Program she must still be provided an opportunity to apply to register to vote. Per the WIC Policy and Procedure Manual, applicants and participants must receive a verbal explanation of WIC program services. Therefore, at a minimum, local agency staff must provide an explanation of the Voter Registration Application, and read the Voter Affidavit section to the applicants and participants who request assistance before signing the Voter Registration Application form.

While the WIC program is open to women, infants, and children, only the women applicants/participants must be provided services under NVRA. Election laws allow women under age 18 to apply to register to vote if they will be 18 years of age by the next election date therefore all women applicants and participants 17 years and older should be asked if they would like to apply to register. Instate and out of state women transfer participants are also to be offered the opportunity to apply to register to vote at the time WIC services are initially provided by the receiving local agency.

4) Voter Registration Information Form (VRI)
The Local WIC Agencies must provide the applicant/participant with a Voter Registration Information form (VRI) to complete. At the point of the application process designated by the local agency, the agency employee is to present the applicant with the “Voter Registration Information” form and ask the question “If you are not registered to vote where you live now, would you like to register to vote here today?” This form must still be completed even if the applicant states she is already registered to vote. Local Agency staff must provide the same degree of assistance in completing the voter registration information and application forms as is provided in the completion of WIC certification forms. Complete privacy must be provided and all information discussed during the voter registration process must be confidential. If the applicant is unable to provide a signature, a mark can be affixed on the signature line. In this case, the agency employee should sign his/her name, address and phone number. (Clinic information is acceptable.)

If the applicant/participant declines the offer to apply to register to vote, the VRI form must still be completed, signed and dated by the applicant to keep on file by the agency. If the applicant
refuses to complete the VRI form, local agency staff must check the "no" box, date the VRI form, and make note of the applicant/participants' actions. In no case should local agency staff insist that any applicant or participant apply to register to vote. This does not affect their WIC services.

5) **Voter Registration Application**

In cases where the applicant completes the VRI form AND wishes to apply to register to vote, a Voter Registration Application must be provided. The last four digits of the applicant's/participant's social security number are required. However, if the applicant/participant refuses to provide her social security number, continue to process the application and follow transmittal policies.

If an election is scheduled less than 30 days from the date of application, agencies should still proceed with the voter registration application process because the National Voter Registration Act does not close voter registration application services to persons who want to apply to register to vote. It is not required that the WIC local agency inform the applicant/participant that she would not be able to vote in the next scheduled election if she applies to register to vote less than 30 days from the next scheduled election. If the applicant/participant wishes to participate in the next election, she must register to vote 30 days prior to the date of election. For your information, voter registration in Illinois is closed 28 days before the scheduled date of an election.

Upon completion of the voter registration application process by both the applicant and the local agency, the applicant/participant will receive a letter of notification of approval or denial from the State Board of Elections. This will usually be within three to four weeks from the date of application.

6) **Homeless Applicants**

In the case of homeless WIC applicants, the address on the Voter Registration Information form must be an address where mail is received. This can be a friend or relative, shelter, or a location where the applicant frequently stays. The WIC agency address may be used as the mailing address if appropriate. The determination of the voter registration address is up to the applicant to decide.

The applicant/participant cannot use a rural route or P.O. box number. Homeless WIC clients must have a mailing address although that address does not determine the congressional district that she resides in, the location where she most frequents determines the congressional district that she resides in. If it is necessary, have the applicant/participant draw a map and attach it to the voter registration application. It is allowable for the applicant/participant to use a different address for voter registration purposes than that provided for WIC certification.

B. **Transmittal of Completed Forms**

1) It is advisable that Local WIC Agencies transmit the completed voter registration applications weekly based on the Federal NVRA law requirement which includes the following provision:

   *All completed forms must be transmitted no later than ten (10) calendar days after the date of acceptance (date in box #8 of the voter registration application form). The date of the application is considered the date applicant signed the form. If the date of acceptance is within five (5) calendar days of the last day to register to vote in an election, the form must be transmitted to the local election official within 24 hours of its execution.*

2) Local Agencies must transmit the completed applications to the proper local election jurisdiction by mail or hand delivery using the Transmittal Form (SBE-25). The Department has provided this form electronically (pdf). A duplicable copy is available by request. Completed applications are to be transmitted to the address of the applicable election jurisdiction based on the applicants’ addresses. They should not be sent to the State Board of Elections.

**Addendum - NVRA Transmittal Form**
3) Before delivery, the Voter Registration Application forms must be sorted by the appropriate election jurisdiction based on applicant addresses. Addresses for the County Clerk and Board of Election Commissioner locations can be found on the Illinois State Board of Elections website at www.elections.il.gov/ElectionAuthorities/ElecAuthorityList.aspx

4) If an agency chooses to transmit the completed applications by hand delivery, the delivery must be done in a way that maintains the confidentiality of the applicant, i.e., so that Election Authority staff does not know that the applications are being submitted by the WIC clinic. For instance, hand delivery to the election jurisdiction could be done after the office has closed, in the case where the Clerk's office provides a "drop box" for delivery.

5) All Local Agencies are responsible for printing their own supply of NVRA materials using the electronic copies provided by the Department.

C. Local Agency Filing Procedure

1) Once the Voter Registration Information (VRI) form is completed by the applicant/participant, it should be filed in by month of service and kept on file by the Local WIC agency for two years. Due to confidentiality restrictions of WIC records, local agencies must maintain all voter registration information forms separate from WIC client records.

2) Copies of all Transmittal forms must be maintained by local agencies for no less than two years.

3) Local Agency staff is responsible for maintaining confidentiality of all voter registration activities. Under the provisions of the NVRA, no information related to declining to register to vote may be used for any purpose other than to show compliance with the NVRA. All records of voter registration activities must be kept confidential by local agency staff.

4) The VRI and transmittal forms do not need to be kept in a locked cabinet. However, they should be kept separate and away from other agency files.

D. Prohibitions of NVRA

Any person who provides voter registration service is prohibited from the following:

1) Influencing an applicant's political preference or party registration.

2) Displaying any such political preference or party allegiance.

3) Making any statement to an applicant or taking any action to discourage the applicant from registering to vote.

4) Making any statement or taking any action which leaves the applicant with the impression that a decision to register or not to register to vote has any bearing on the availability of WIC program services or benefits.

Criminal penalties for a noncompliance with the above mandates are set forth in the Act and may include a fine, or imprisonment, not less than five years or both.

E. Compliance Requirements

The Department will monitor compliance with the requirements of the National Voter Registration Act through routine Management Evaluations/Quality Reviews and site visits made to local agency WIC clinics. Officials of the State Board of Elections or Department of Justice may visit WIC clinic sites at any time for review of voter registration activities and records.

The Voter Registration Information Form is a two-part form that has a tear off sheet on the bottom for applicants/participants to use in sending complaints to the State Board of Elections.
If you receive other complaints from WIC applicants or participants due to registration activities, please direct them to:

Executive Director
State Board of Elections
2329 S. MacArthur Blvd.
Springfield, IL 62704
Voice: (217) 782-4141
TTY: (217) 782-1518

If you have any questions regarding this policy, please direct them to:

State WIC Coordinator
Illinois Department of Human Services
815/823 E. Monroe St.
Springfield, IL 62701
Voice: (217) 782-2166
TTY: (888) 261-2713
1. **Management Information Systems (Effective: February 2018)**

The Management Information System (MIS) for the Illinois WIC Program is Cornerstone. All WIC staff must follow the Cornerstone User Manual expectations for entering and utilizing data to ensure proper service delivery.

Local agencies must adhere to the following system security requirements according to the Cornerstone System Security Plan and USDA/FNS Handbook 901¹.

A. **Management Controls:**
   Each local agency should have a designated security coordinator. The security coordinator’s duties are to:
   1) Coordinate with the Department on system access for staff and appropriate access levels
   2) Ensure WIC employees receive security training via the Cornerstone system, both prior to being granted system access and as annual refresher training for all staff
   3) Ensure that State-owned equipment and resources are secure and that equipment is accounted for by conducting an annual inventory
   4) Report security incidents to the Department immediately
   5) Ensure continued operations during system disruption

B. **Operational Controls:**
   1) Personnel Security (see HB 901): All personnel responsible for the management, maintenance, operations, or use of system resources and access to sensitive information should have the appropriate management approval. Personnel security also includes establishing and maintaining procedures for enforcing personnel controls.
      a) The Department must:
         (1) Issue and revoke user IDs and passwords;
         (2) Determine appropriate staff access levels;
         (3) Ensure separation of duties so as to not compromise system data or undermine technical controls as described in IL WIC PPM A-14

C. **Physical Controls:**
   Are measures designed to prevent unauthorized physical access to equipment, facilities, material, information, and documents. Physical resources include but are not limited to desktop computers, portable computers, personal information devices, and printers. Rooms containing system hardware and software such as local area network rooms or telephone closets should be secured to ensure that they are accessible to authorized personnel only. Safeguards should be in place to protect food instruments. The Local Agency Grant Agreement and the Service Level Agreement identify specific guidance local agencies must follow to address physical security.

D. **Continuity of Operations:**
   1) Local agency information must be updated in Cornerstone including:
      a) location information
      b) holiday schedules
      c) hours of operation

d) services provided

e) site contact information

E. System Disruptions

1) In the case of a brief (<24 hours) system disruption such as interruption of communication and or connectivity the local agency must:
   a) advise the Department
   b) determine if participants will be rescheduled or if a paper data collection and documentation process will be initiated.

2) When services are disrupted for more than a day by disasters or security failures, essential operations will continue as described in IL WIC PPM A-13.

Addendum – Illinois WIC Paper Assessment Tool

F. Incident Reporting:

All actual or suspected instances of information asset misuse, theft or abuse, as well as potential threats (e.g., hackers, computer viruses) or obvious weaknesses affecting security, must be reported to your immediate supervisor.

1) All serious infractions including, but not limited to, pornography or violence, must be immediately reported to your immediate supervisor.

2) Any actual or suspected security breach, including any lost or broken Cornerstone equipment must be immediately reported to your immediate supervisor.

3) Local agency security coordinators are responsible for reporting security incidents. Within 24 hours of the report of the incident, the security coordinator is to submit a brief report of the incident that includes the type of breach, the individual responsible for the breach and that individual’s Cornerstone identification number. The report is to be addressed to the Illinois WIC Director.

G. Security Awareness, Training, and Education

WIC employees who manages, operates, programs, maintains, or uses Cornerstone should be aware of their security responsibilities.

1) Security training must be provided before system users are allowed access to the system.

2) Periodic refresher (e.g., annual) security training is required for continued access to the system.

3) Security training is designed to help system users become familiar with using Cornerstone’s security features. Security training also ensures that users understand their responsibilities and security procedures for protecting any sensitive information they manage. Security training includes:
   a) the importance of protecting client privacy and data confidentiality.
   b) how to identify a security incident.
   c) secure use of user IDs and passwords

4) Security training will be available through Cornerstone and authorized user access is dependent on successful completion of the course.
1. **Disaster Plan (Effective: April 2015)**

As defined by USDA, the WIC program is not a disaster assistance program and is not considered a first responder. However, WIC policies allow State agencies flexibility in program design and administration to support continuation of benefits to participants during times of pandemic, natural, or other disasters. This section outlines assumptions, limitations, communication, operating principles, and allowance for suspension of some certification policies and procedures that can be applied to disaster circumstances.

A. **Assumptions**

Key assumptions that the Illinois WIC program will be operating under during a pandemic, natural, or other disaster are:

1) The workforce and population may be homebound, displaced, or hospitalized.

2) There may be a critical need for people to remain in their homes to help contain the spread of disease.

3) A disaster or pandemic may arrive and spread in several waves over the course of a lengthy period of time; for example, one-two years.

4) The Illinois Department of Public Health (IDPH) is the lead agency for providing information on the arrival of a pandemic disaster and its spread across the state.

5) Local WIC agencies need to become familiar with specific disaster preparedness plans in their communities via local health departments and the Emergency Management Agencies.

6) During an emergency, there may be a local agency need for WIC program staff to be deployed temporarily to other job assignments to ensure the health and safety of all community members.

7) The cost of protective gloves, masks, etc. is allowable. These items should be used to help prevent the spread of illness and disease in the clinic on an as-needed basis; for example, during regular cold and flu season.

8) Local WIC agencies will assist in helping people remain in their homes during peak disaster waves.

9) The WIC program will maintain or reestablish program services during an emergency. WIC will continue to provide WIC coupons to purchase supplemental food for those eligible as is feasible.

B. **Limitations**

The following are limitations of the WIC program in any type of disaster-related emergency.

1) The WIC program is not a first responder in an emergency. It is not a provider of emergency food. It does not distribute food or infant formula to emergency group facilities or evacuation centers.

2) The issuance of WIC food instruments to participants is reasonable only when food delivery systems are in place. For example, if there are no retail food stores open or if there is no food on the shelf to purchase, the family may be better served when referred to a food distribution site than given a food instrument they cannot use.

C. **Communication – Disaster Contact Phone Tree**

To ensure continuity of WIC business in a disaster that closes the Department or a local WIC clinic, a Disaster Contact Phone Tree is established to share information with State and local WIC staff as quickly as possible within available communication systems and current knowledge about the disaster.
“Disaster” is used in a broad sense that includes closure due to power outages, computer viruses, tornadoes, blizzards and other inclement weather, systems destruction, fire, building collapse, and pandemic disease outbreak.

1) **State Level Business Interruption**

When information is received that the business of the Department is interrupted due to a disaster, the WIC Central Office Disaster Contact Phone Tree is activated and the following steps will be taken.

a) Central Office staff will contact Regional Nutritionist Consultants (RNC), other staff and USDA Midwest Region office.

b) Supervisors will contact their respective staff. If communication systems allow, all staff should update daily voice mail messages with closure status information.

c) The RNC will contact the WIC Coordinators in the counties/agencies assigned to them.

2) **Local Level Business Interruption**

a) When a disaster occurs locally that interrupts WIC business in the community, the WIC Coordinator calls the assigned RNC to report the incident. If the RNC is not available, the WIC Coordinator should call the Central Office.

b) In some cases, depending on the time and nature of the disaster, the State WIC office may initiate contact to local agencies, using the local WIC agency emergency contact telephone listing, to determine impact on local clinics and services.

c) Based on information provided, the RNC will assess the problem and project needs and report to the Central Office.

d) Central Office staff will call in other needed supervisors and staff to assist in bringing the clinic into operation. Depending on the severity, there may be a temporary suspension of policies and procedures as outlined in this WIC Disaster Plan.

D. **Operating Principles**

Key operating principles in disaster circumstances include the following:

1) A **refugee** is a person who has been forced to leave his or her home country and seek refuge elsewhere. In establishing eligibility, refugee status is not considered, and it is not necessary to determine whether or not an applicant is a refugee. Legal residency and United States citizenship are not requirements for participation in WIC.

2) An **evacuee** is a person from an area in the United States where a weather-related or other type of disaster has occurred or is about to occur, and has been asked or required to leave home with very little advance notice.

   a) Evacuees have been designated as being at special nutrition risk and receive high priority for certification.

   b) Evacuees do not have to present proof of identity, residency or income that is normally required (that is, if you had to leave home in such a hurry that you were unable to bring the necessary documents with you, or if those documents were destroyed).

3) Infants and children are among the most vulnerable victims of natural or human-induced emergencies.

   a) Breastmilk is the safest food for infants during emergencies.

   b) Interrupted breastfeeding and inappropriate complementary feeding heighten the risk for malnutrition, illness, and death.

   c) Uncontrolled distribution of breastmilk substitutes can lead to early and unnecessary cessation of breastfeeding.
d) For the vast majority of infants, emphasis should be on protecting, promoting, and supporting breastfeeding and ensuring timely, safe, and appropriate complementary feeding.

E. Temporary Suspension of Policies and Procedures

During a disaster, there may be a temporary suspension of specific policies and procedures to help participants to continue to receive benefits while meeting overall public health needs that could include remaining at home to minimize the spread of disease. The Department will notify local agencies when the temporary suspension begins and will provide a second notification when the temporary suspensions end. These temporary suspensions may be on an agency-by-agency basis depending on the disaster location, and they may be on-again, off-again depending on the number of waves of disaster.

1) Certification
   Upon instruction from the Department, the following certification policies and procedures may be implemented:

   a) Certification Periods for Breastfeeding Women, Infants, and Children: Within the parameters of section 7CFR 246.7(g) (3) of the WIC Federal Regulations, the certification period may be extended by a period not to exceed 30 days.

   b) Physical Presence: Exceptions to Physical Presence – Disability will be assumed and applied due to “a serious illness that may be exacerbated by coming into clinic.” There may be barriers to physically accessing the clinic in severe weather circumstances.

   c) Certification can be completed via mailing/emailing of paperwork and documentation and/or telephone interview and completing the WIC flow in Cornerstone.

   d) The documentation requirements for income, residence, identity, height, weight, and hemoglobin may be temporarily suspended when the Central Office staff determines the documentation requirement during the disaster presents an unreasonable barrier to participation or is needed to help families stay in their homes as an illness prevention measure. Reassess certification to extent possible; blood test, height or length, and weight measurements can be deferred for 90 days.

2) Food Package Assignment

   Ready-to-Use formula may need to be issued in circumstances where the water supply may be contaminated or is unavailable for mixing.

3) Medical Documentation for Medically Prescribed Formulas

   a) Participants presenting another state’s food instrument specifying a medically prescribed formula may be issued food instruments for the specified item up to the end of their certification period.

   b) Participants without a food instrument, but who can provide the name of the medically prescribed formula the individual was receiving before relocating, may be issued a one-month food instrument for that specific item.

   c) Applicants who were not participants prior to the disaster must obtain medical documentation prior to issuing medically prescribed formula. The documentation may be provided as an original written, electronic, or facsimile document. Medical documentation may be accepted by telephone by a health professional, who documents the information and keeps it on file. Telephone documentation may be used until written confirmation is received and only when necessary. The local clinic must obtain the written documentation within two weeks time after accepting the medical documentation by telephone. The written documentation is kept on file with the telephone documentation.

   d) Refer individuals with serious medical conditions that require use of a medically prescribed formula to local medical providers to ensure that the participant is linked to the health care system.
4) **Nutrition Education**
   Nutrition Education can be by telephone, internet, or mail. If the telephone, internet, or mail systems are disrupted, then nutrition education is deferred until the next on-site appointment with participants.

5) **Food Issuance**
   Food instruments may be mailed to participants if approved by the Central Office in advance. During a pandemic, illness is presumed and prevention of further spread of illness by remaining home is critical. Local agencies need to pay close attention to community business circumstances caused by the disaster where the mail, stores, and pharmacies may be slowed or shut down. Local agencies should inform the Central Office of these circumstances as soon as possible.

6) **Replacement of WIC Food Instruments**
   Food instruments lost or destroyed in a disaster may be reissued when approved by the Central Office.

F. **Illinois WIC Disaster Plan of Action**
   The Department will provide guidance based on the nature of the disaster by issuing the *Illinois WIC Disaster Plan of Action* to all local WIC agencies. The action plan provides for a statement of disaster, which agencies are affected, covered time frame, persons affected, and a checklist of actions being put in place.

**Addendum - Illinois WIC Disaster Plan of Action**

1. **General Information (Effective: January 2017)**

   A. To preserve program integrity and prevent program abuse and fraud from occurring, the WIC Coordinator must ensure that all local agency WIC employees adhere to the policies and procedures in this manual; maintain oversight controls and records; and contact the Department upon suspicion, detection, verbal or written report of any WIC employee fraud and abuse.

   B. The WIC local agency is responsible for educating WIC employees hired by their local agency about the WIC Program rules, policies and procedures.

   C. All employees must sign the Illinois WIC Employee Confidentiality and Compliance Agreement Signature Form in the presence of the Local Agency WIC Coordinator, Clinic Supervisor, or local agency designee.
      1) A copy of the signed agreement must be retained and available for review by the department.

**Addendum - Illinois WIC Employee Confidentiality and Compliance Agreement Signature Form**
2. **Conflict of Interest (Effective: January 2017)**

**A. Local agencies must implement conflict of interest controls to prevent and detect employee fraud and abuse. WIC employees must report to the Local Agency WIC Coordinator or designee any known conflicts of interest or if the WIC employee suspects program violations or fraudulent activities by any WIC employee. If it is not appropriate to report to the WIC Coordinator, report to the Department or designee.**

**B. Local Agency WIC Employee as Participant or Parent/Guardian/Caretaker/Foster Parent**

1) WIC employees must be allowed to participate in the Illinois WIC Program if all eligibility requirements are met.

2) However, WIC employees who are WIC participants or who have an infant/child participating must not complete any portion of the certification nor issue food instruments to oneself.

**C. Local Agency WIC Employee as Proxy**

1) If the WIC employee is identified to serve as a proxy, the WIC employee must not complete any portion of the certification procedure for the participant for whom the employee is serving as a proxy nor issue the participant food instruments.

2) Agency employees may not serve as proxy for the purpose of home delivery.

**D. Local Agency WIC Employee Certification of Relatives and Close Friends**

1) WIC employees are strongly discouraged from conducting any component of the certification process for relatives and close friends.

2) When arrangements cannot be made for alternate WIC employees to certify and issue food benefits to these participants, the local agency supervisor or designee shall review these participants’ records for eligibility and appropriateness of benefits issued once the certification has been completed.

3) In cases when a WIC employee certifies a relative or close friend, WIC staff must obtain copies of documentation supporting eligibility.

4) Nutrition education may be provided by WIC employees to relatives and close friends.
3. **Separation of Duties (Effective: February 2018)**

A. Separation of Duties\(^2\) is required to ensure the same employee does not determine eligibility for all certification criteria to minimize the potential for fraud and abuse.

1) Employees must not have “full access” to both of the following screens beyond a “View Only” capacity without approval from the Department:
   - Program Information (PA15)
   - WIC Assessment (AS02)

2) The “Separation of Duties Flow Sheet should be used to determine if full access needs to be requested.

   **Addendum – Separation of Duties Flow Sheet**

3) A clinic staffed by a single employee, either routinely or temporarily, will not be able to create a separation of duties and must adhere to the following:
   - Someone other than the certifier (e.g. the WIC Coordinator, Department staff) must conduct a post review of all certifications completed by the employee with full access within two weeks of the certification date as follows:
     - All non-breastfeeding infant records
     - A minimum of 20% of all other records

   - Documentation of these reviews must be maintained on file at the Local Agency for review during the Management Evaluation and should include staff copies of documentation supporting eligibility.

   **Addendum – Full Access Record Review Tool**

4) In addition to reviewing documentation during the Management Evaluation, the Department will also monitor patterns of risk of fraud, such as screen security changes, for employees.

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\(^2\) USDA WIC Policy Memo 2016-5
4. Local Agency WIC Employee Program Abuses and Sanctions (Effective: January 2017)

A. Appropriate disciplinary actions must be taken by the WIC local agency against WIC employees who have abused the policies and procedures of the WIC Program in order to prevent other instances of fraud or abuse and aid in recovery of improperly obtained WIC benefits.

1) Every employee who provides WIC services must be aware of and follow WIC policies and procedures. Failure to do so may result in disciplinary procedures.

2) The Department must be notified through the Employee Compliance Report of any sanctions and/or disciplinary actions taken against employees who have abused WIC policies and procedures.

3) Any sanctions and/or disciplinary actions taken against employees who have abused WIC policies and procedures must be documented.

<table>
<thead>
<tr>
<th>Employee Violation</th>
<th>Sanction Action</th>
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<tbody>
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<td>Theft of WIC food benefits.</td>
<td>• Notification of law enforcement.</td>
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<tr>
<td>Theft or destruction of property belonging to WIC applicants, participants, staff or vendors and/or vendor staff.</td>
<td>• Submission of Employee Compliance Report to Department (WIC Central Office).</td>
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<tr>
<td>Use of program funds to purchase goods or services for personal use.</td>
<td>• Immediate termination of all WIC roles.</td>
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<td>Physical abuse or verbal threat of physical abuse of WIC applicants, participants, other clinic staff or vendors.</td>
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<tr>
<td>Employee Violation</td>
<td>Sanction Action</td>
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<tr>
<td>Enrolling one’s self into the WIC program.</td>
<td>• Submission of Employee Compliance Report to Department (WIC Central Office).</td>
</tr>
<tr>
<td>Issuing benefits to self.</td>
<td>• Immediate termination of all WIC roles.</td>
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<tr>
<td>Altering food benefits.</td>
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<tr>
<td>Attempted or actual use of altered food benefits.</td>
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<tr>
<td>Sale of or attempt to sell WIC food benefits verbally, in print, or online.</td>
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<tr>
<td>Falsification of data for eligibility, i.e., providing false information to receive WIC benefits for self or others.</td>
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<td>Creation of records for fictitious clients.</td>
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<tr>
<td>Disclosing confidential information regarding participants to any non-WIC official or the public at-large.</td>
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<tr>
<td>Failure to report a conflict of interest as outlined in the IL WIC Local Agency WIC Employee Compliance policy.</td>
<td>• Submission of Employee Compliance Report to Department (WIC Central Office).</td>
</tr>
<tr>
<td>Enrollment, certification or issuance of food benefits to one’s relative or close friend or to a participant whom the employee serves as proxy without WIC Coordinator approval.</td>
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<tr>
<td>Unprofessional or unfair treatment, including verbal abuse, towards WIC applicants, participants, other clinic staff or vendors.</td>
<td>• Submission of Employee Compliance Report to Department (WIC Central Office).</td>
</tr>
<tr>
<td>Discrimination toward WIC applicants, participants, other WIC staff and vendors due to race, color, national origin, etc.</td>
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### FDS-2: WIC Retail Vendors
1. WIC Retail Vendors (Effective: July 2015)

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1. WIC Food Centers (Effective: April 2015)

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### Food Delivery Addendum
- WIC ID Booklet – English
- WIC ID Booklet – Spanish
- WIC Client Certification Form – English
- Sample Proxy Authorization Form
- WIC Food and Nutrition Centers Program (List)
1. **Food Distribution (Effective: July 2015)**

A. The State of Illinois maintains a uniform statewide retail food delivery system. The Department is ultimately responsible for determining the food distribution system that most efficiently and effectively serves the local needs.

B. WIC foods are provided to participants in Illinois via two methods:
   1) retail delivery utilizing authorized WIC vendors (food retailers) throughout the State
   2) WIC Food and Nutrition Centers in the city of Chicago.
      a) The Department, through an agreement with Catholic Charities of Chicago, operates the Food Centers.

C. In both methods of food distribution, vouchers for food are provided to eligible WIC participants by way of an automated computer system with a linkage to a mainframe computer system in the Department's Springfield office.

D. Food vouchers are tailored to individual participant needs and printed on demand utilizing personal computers in all clinics. They consist of either:
   1) Food Instruments (retail vendors)
   2) Food Coupons (Food and Nutrition Centers)

E. All WIC foods are provided free of charge to WIC participants.

F. Upon redemption by participants, Food Instruments are deposited by vendors in a local bank and are processed for payment and reconciliation. Payments of both Food Instruments and Food Coupons are processed through the Department's contract bank.

G. Every voucher created by the Local Agency is reconciled to obligation records uploaded to the mainframe computer and transferred electronically to the contract bank.

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1 Per Federal Regulation “Food instrument” means a voucher, check, electronic benefits transfer card (EBT), coupon or other document which is used by a participant to obtain supplemental foods. This manual uses the term Food Instrument to address both types of Food Vouchers.

2 WIC staff may refer to Food Coupons as Food Instruments or WIC Checks.
2. **WIC Benefits Grouping (Effective: February 2015)**

WIC food benefits are issued to the person designated as the Head of Household for the entire family unit.

A. WIC Head of Household Assignment
   1) Pregnant/Breastfeeding/Non-Breastfeeding Postpartum Woman- The woman will serve as the Head of Household for herself.
   2) Child or Infant- The child or infant must be grouped under the enrolling parent, guardian or caretaker with whom he or she resides the majority of time.
   3) Foster Child- A foster child is a family of one and grouped under the assigned foster parent. Multiple foster children assigned to the same foster parent will each be grouped separately.

B. Head of Household Identification Numbers
   1) Any person acting as Head of Household for a WIC participant will need to be assigned a Cornerstone Identification Number or Participant ID if they have not had one assigned previously.
   2) He/she will need to complete a Cornerstone Consent Form in order to receive food benefits for participating infants and children.
   3) Staff must complete the minimum amount of information required (current first and last name, birthdate and sex) on the Participant Enrollment (PA03) screen in the Cornerstone system.

C. Benefits Grouping
   1) Each Family Unit must have a Head of Household who will be assigned a Family Identification Number. Each WIC participant in the Economic Unit must be grouped together under the person determined to be the Head of Household on the WIC Benefits Grouping (PA50) screen in Cornerstone.
   2) A common Base Date will be shared by all members of the Family Unit for food benefits.
3. **Identification (ID) Card (Effective: July 2012)**

Each participant/family or foster child must have a complete WIC ID card.

**Addendum - WIC ID Card**

A. General Information
   1) The Department provides WIC Client Identification (I.D.) Cards to all Local Agencies. These I.D. Cards are a uniform client reminder system and a caseload management tool. The ID card is used for identification both at the WIC office and when redeeming food instruments.
   2) The front of the card reflects:
      a) name, address, phone number and fax of the issuing Local Agency
      b) first and last names of the participant(s)
      c) Cornerstone ID numbers,
      d) signature of the participant or parent/guardian/caretaker
      e) signature of the authorized proxy(ies).

   3) The inside of the card must be completed and reviewed at each certification and as needed including:
      a) Using WIC Food Instruments/Checks
      b) Participant Rights and Responsibilities (including Appeal Rights)
      c) Service Ending Information

   4) The back of the card provides appointment information

B. Identification (ID) Card Issuance
   1) Families should be listed on one ID card.
   2) A foster child is a family of one and will receive his/her own WIC ID card.
   3) Only the certified client or certifying parent/caretaker and proxies identified at the current certification may use the card to obtain or redeem food instruments. Identification must be checked at time of issuance. (See Certification Standards, Section 4. Identity, #1 Identity Documentation)

C. Identification (ID) Card Replacement
   1) Replacement card(s) can be provided when the ID card is missing, lost, damaged, full, proxy changes or is stolen and the client or certifying parent/caretaker presents their picture identification.
   2) If no picture identification is available, then the client's chart must be pulled to compare the signature on file.
4. **Proxies (Effective: July 2015)**

A. “Proxy” means any person designated by a woman participant, or by a parent or caretaker of an infant or child participant, to:
   1) obtain and transact food instruments/food coupons
   2) obtain supplemental foods on behalf of a participant.

B. For children and infant participants, the individual who certifies is considered the parent/guardian/caretaker.
   1) Any other individual must be designated as a proxy.
      a) Proxies may not sign the WIC Program Client Certification Form as Parent/Guardian or Caretaker.

C. Two proxies may be authorized during the certification period.
   1) Proxies have the same obligation to attend nutrition education sessions as the certified participant.

D. A list of proxy names should be maintained in the participant's file and should be updated at certification. Proxies should be:
   1) at least 18 years of age, or reliable WIC participants
   2) dependable for the duration of the certification period.

E. The following must be in place for a proxy:
   1) Prior to the receipt of Food Instruments and/or food on behalf of the WIC participant proxy(ies) names must be identified on the WIC Client Certification Form.
   2) Prior to redemption of Food Instruments proxies must sign a designated line on the Illinois WIC ID Card.

F. In the rare instance when a participant wishes to change proxies mid-certification:
   1) A WIC proxy authorization form must be completed in person, including full signature of the participant or certifying parent, and kept on file.
   2) Updates such as these may also be noted in Cornerstone
   3) A new Illinois WIC ID Card may need to be issued, as proxies must sign the ID Card.

**Addendum - WIC Certification Form**

**Addendum - Sample Proxy Authorization Form**
1. **WIC Retail Vendors (Effective: July 2015)**

A. The Vendor Relations Unit is responsible for the following activities:
   1) reviewing all vendor applications for approval;
   2) performing initial site visits as required for each prospective vendor;
   3) providing procedural vendor training;
   4) securing contracts between the Department and individual retail vendors;
   5) providing problem-solving assistance; and
   6) investigating vendor payment problems.

B. The Vendor Compliance Unit conducts compliance investigations and has the right to impose sanctions upon those vendors identified as noncompliant with the Vendor Management Act and Code.

C. All Local Agency questions and concerns regarding vendors and vendor activities are to be referred to the Department as identified on the WIC ID Card, or in written form, using the “Vendor Complaint Form.

D. The Department maintains two units within the Illinois WIC Program to monitor and direct the activities of authorized WIC vendors. The Illinois WIC Vendor Management Act and Code (Ill. Admin. Code 672) exist to standardize all Vendor Management Activities. Copies are available upon request.

**Addendum- Vendor Complaint Form**
1. **WIC Food Centers (Effective: April 2015)**

   A. Background
   
   1) In 1993, the Illinois Special Supplemental Nutrition Program for Women, Infants, and Children implemented a food distribution pilot program in the city of Chicago.
   
   2) The WIC Food and Nutrition Centers provide USDA approved products to WIC participants in a clean, safe, and friendly environment.
   
   3) The Food and Nutrition Centers are constructed to accommodate WIC participants in a consumer friendly manner.
   
   4) Each Center provides space for supplemental nutrition and breastfeeding education, a waiting area for guests who accompany participants to the Centers, food preparation demonstrations, and childcare areas with adult supervision.
   
   5) The Centers modify available food choices based on cultural sensitivity by surveying community groups, utilizing local nutritionists, and varying the food available based on cultural needs in various centers.

   B. Food Coupon Redemption
   
   1) Special food coupons are given to WIC participants for sole use at the Food and Nutrition Centers.
   
   2) Food coupons:
      
      a) are printed in orange color to differentiate them from the retail Food Instruments that are blue.
      
      b) have a zero dollar value. There is no cash at the Food and Nutrition Centers.
      
      c) cannot be redeemed at retail stores (grocery or pharmacy) that provide services to WIC participants.
   
   3) If a participant does not wish to utilize the WIC Food and Nutrition Centers local agency staff must offer them the location of a WIC clinic that issues retail food instruments (blue).
   
   4) WIC clinic staff must inform the participants that they can only redeem the orange food coupons at WIC Food and Nutrition Centers and the blue food instruments at retail stores that are certified as WIC vendors.
   
   5) Local Agency WIC clinic staff should provide participants with the WIC Food and Nutrition Centers Program Listing.

Addendum - WIC Food and Nutrition Centers Program Listing
1. **General Information (Effective: July 2015)**

A. The Department will monitor the security of food instruments regardless of status.

B. Upon redemption, Food Instruments are deposited by the vendors in a local bank and are processed for payment and reconciliation. Payments are processed through the WIC contract bank.

C. Every Food Instrument created by the Local Agency is reconciled to obligation records uploaded to the mainframe computer and transferred to the contract bank.

D. All Food Instruments **MUST BE ACCOUNTED FOR** by the obligated Local Agency.

E. Uniform Food Instruments are used by all Local Agencies and comply with 7 CFR 246.

F. Food Instruments are a single copy negotiable instrument which the participant gives to the vendor in exchange for WIC foods.

G. All Food Instruments printed for issuance are good only for the printed issue month and must be redeemed between the "First Day to Use" and "Last Day to Use" indicated on the Food Instrument.

H. Food instruments must not routinely be printed prior to a participant’s appointment. (See FD 4.8)

I. Food Instruments are to be tailored to individual participant needs and issued in a one-month, two-month, or three-month supply.

J. Contract language specifies that Local Agencies are fiscally responsible for food funds which are lost for any of the reasons listed below and which are subsequently paid by the Department’s contract bank.
   1) thefts,
   2) embezzlement or unexplained causes,
   3) the misuse of Food Instruments which are:
      a) voided in hand,
      b) stolen or,
      c) reported to the Department as lost
2. **Security of Unused Food Instruments (Effective: July 2015)**

A. Blank Food Instrument stock is shipped (bonded) to the Local Agency for issuance to the participant. Food Instruments are printed upon demand from the system by drawing from the participant master file the food package prescribed by the Certifying Health Professional (CHP).

B. Food Instrument accountability is maintained by the Department:
   1.) Through a computerized inventory system which reconciles issued Food Instruments with shipped stock.
   2.) By monitoring the “Unused Food Instrument” report.
      a) Inconsistencies on this report will be shared with local agencies for clarification and/or corrections.

C. Local agencies are responsible for accurately accounting for all Food Instruments daily through the following actions:
   1) Maintaining a secure, locked, area (safe, limited access closet, etc.) for holding unused food instruments after receipt, during issuance, and during transportation from one site to another. Only the Site Supervisor and one assistant should have access to the storage area.
   2) Recording all unused, mutilated food instruments as "VOID" on the data system.
   3) Stamping or marking "VOID" on unused food instruments and stubs that will not be issued to participants.

D. When clinics move or closures are planned Local Agency staff must notify the Department in writing as soon as possible to ensure Food Instrument deliveries are properly scheduled. Items to submit include:
   1) Type of change: Move or Closure
   2) Current location
   3) New address
   4) Contact person
   5) Date Food Instruments will be needed
3. **Security of Issued Food Instruments (Effective: July 2015)**

A. Food Instruments are negotiable and represent checks. Monthly redemption reports are provided to the Department to investigate and take corrective action if any Local Agency misuses Food Instruments.

B. Food Instrument accountability is maintained by the Department:
   1.) Through a computerized inventory system which reconciles issued Food Instruments with shipped stock.
   2.) By monitoring the “Food Instruments Reported Void” report.

C. Local agencies are responsible for accurately accounting for all Food Instruments issued daily through the following actions:
   1) Reconciling the Food Instrument Issuance Log which runs automatically at the end of each day to:
      a) identify printing problems
      b) ensure food instrument stubs are present for each FI issued
      c) identify unaccounted for food instruments
   2) Destroying voided food instruments and maintaining voided stubs on file with food instrument logs.

D. Food Instruments returned by a participant that have expired must be destroyed. Staff should not attempt to void them on the system.
4. **Handling of Food Instruments with No Redeemable Value (Effective: July 2015)**

   A. The food instruments listed below have a maximum value of $0.00 and are not redeemable:
      
      a. Breastmilk is Mom's Priceless Gift
      b. Loving Support makes Breastfeeding Work
      c. Your Child has you and you have WIC

   B. When voiding these food instrument types it is **not necessary** for the local agency to have the instruments “IN HAND” to re-issue.
5. **Fruit and Vegetable Vouchers (Effective: April 2015)**

A. The Fruit and Vegetable Voucher (FVV) is a cash value voucher designed to allow any combination of authorized fresh or processed fruit or vegetable in quantities with a value up to the amount stated on the food instrument.

B. When using FVV’s at the retail vendor:
   1) Participants may pay the difference if the dollar amount of the fruits and vegetables exceeds the maximum value of the Food Instrument.
   2) Participants may not accept change from Food Instrument transactions.
6. Issuance by Mail & Special Pick-Up (Effective: July 2015)

A. Distribution of Food Instruments to participants by mail or special pick up is allowable under special, emergency situations or for WIC Nutrition Education at satellite sites of the agency pursuant to approval by the Department in accordance with 7 CFR 246. Such requests must be submitted to the Department in writing.

1) Prior approval must be obtained, in writing, by the Local Agency from the Department.

2) Documentation substantiating the need for mailing or picking up Food Instruments shall be maintained in the individual participant's certification file per 7 CFR 246. Documentation shall include:
   a) The dated written request by the Local Agency for prior approval
   b) The dated approval granted by the Department
   c) The date(s) within the participant certification period covered by the mailed Food Instruments

3) Said prior approval shall be limited to a period of sixty (60) days or less unless otherwise stated by the Department.

4) Food Instruments will be mailed to currently certified participants only.

5) No Food Instruments will be mailed out of the state of Illinois.

6) All Food Instruments approved for mailing will be sent from the Local Agency via certified mail to document that the participant/proxy received the Food Instruments.

7) Precise and accurate documentation for issuance by mail or special pick up must be maintained by both the State and Local Agencies.
7. Delivery of Food Instruments by Staff (Effective July 2015)

A. Home distribution of food instruments on a routine basis is not allowed. Authorized proxies are an option for those participants who are unable to be physically present for secondary education and food instrument pick-up. In rare situations, home delivery may be appropriate.
   1) It is inappropriate for local agency staff to be designated as a proxy solely for this purpose.

B. Local agencies must obtain prior written approval from the Department for each participant whom requires home delivery. To ensure proper food instrument handling the following criteria must be met:

   1) A local agency procedure must be in place that includes:
      a) How the local agency will obtain prior authorization from the participant that allows WIC staff to deliver food instruments and where this authorization will be documented.
      b) Detailed process to assure food instrument security and confidentiality are maintained while in transit, examples include:
         (1) Food instruments will be placed in a locked container within the vehicle.
         (2) A log indicating the food instrument sequence numbers, signature of responsible WIC staff delivering the food instruments and verification they were delivered.
      c) Process indicating how food instruments printed but not received by a participant are returned to the local agency and voided within 24 hours.

C. In the event food instruments are lost or stolen in transit with WIC staff the local agency must:
   1) Contact the Department immediately.
   2) Have a method in place to replace the lost benefits within 24 hours of the incident.
      a) WIC funds may not be used in these cases.
8. **Rainchecks (Effective: May 2006)**

A. Participants are not to exchange Food Instruments for rainchecks.

1) Should a vendor not have all items available, the participant should:
   a) redeem the Food Instrument at another vendor or,
   b) agree to redeem the Food Instrument without receipt of that particular item.
1. **Lost or Stolen Unissued Food Instruments (Effective: July 2015)**

A. To effectively deal with **unissued** lost or stolen Food Instruments the following actions must be taken **IMMEDIATELY** by the Local Agency:

1) Notify local law enforcement authorities to document the occurrence.
2) Report to the Department within twenty-four (24) hours, by telephone, details of the occurrence and Food Instrument number(s).
   a) The Department will provide the necessary computer instructions to the Local Agency.
3) Provide a copy of the police report to the Department within fifteen (15) days.

B. If a large number of Food Instruments are stolen from the Local Agency or one of its clinics, these additional steps must be taken:

1) Provide detailed documentation of the theft, preliminary steps taken and police reports to the Department within fifteen (15) days of the occurrence.
2) Provide a follow-up report detailing the final outcome to the Department upon resolution but not more than sixty (60) days from the date of the occurrence.
2. **Lost or Stolen Issued Food Instruments (Effective: July 2015)**

A. Food Instruments are negotiable and represent checks therefore those that are lost or stolen after issuance will not be replaced.

B. Local Agency staff is expected to refer participants who report lost or stolen instruments to food pantries or other food assistance programs.

C. In the event of a fire or natural disaster, in which WIC Food Instruments/Coupons are destroyed, all issued food instruments for future months may be reissued at the discretion of the State Agency and with appropriate documentation.
   1) These situations will be handled on a case-by-case basis.
   2) The appropriate Department staff must be contacted for re-issuance guidance.

D. Food Instruments reported by participants as mutilated should be returned to the Local Agency and if staff is able to read both the red preprinted Food Instrument number and the black number printed upon issuance they may be voided and reissued on the clinic computer.
3. **Sale of WIC Benefits (Effective: July 2015)**
   
   A. Using WIC benefits in any way other than the method and purpose for which they were intended, violates Federal WIC regulations and constitutes a participant violation under 7 CFR 246.2.
   
   1) Making a verbal offer of sale to another individual or posting WIC foods and benefits for sale in print or online, or allowing someone else to do so, is evidence that the participant committed a participant violation. To ensure program integrity it is important to address all information related to the sale of WIC foods by participants.
   
   2) Reports of possible violations must be communicated with the Department immediately. (CS15.3) The Department will take the lead on all investigations to determine how to best address the situation. Reports should be made in writing using the Participant Violation Reporting Form and include the following information:
      a) name of participant and if applicable, parent/caregiver
      b) date of birth
      c) date of incident
      d) detailed description of the incident (who, what, when, where)
   
   3) The following actions may be taken.
      a) If it cannot be determined that the violation included WIC foods:
         (1) The Department will request the local agency to contact the participant and review program responsibilities. Education must be documented in the participant’s case notes.
      b) If it is determined that the violation includes WIC foods:
         (1) The Department will send a warning letter to the participant via certified mail.
         (2) A request will be made to the local agency to document the incident in case notes and retain a copy of the letter in the participant’s file.
         (3) If the letter is returned as “undeliverable,” and the participant has a scheduled appointment within 30 days, the letter may be delivered in person. If the participant’s next appointment is not within 30 days an attempt by the local agency to contact the participant will be requested.
         (4) Educational follow-up should be conducted with the participant at their next appointment to review program responsibilities, and answer any questions they may have, documentation of this review must be included in case notes.
      c) After the first violation, future violations will result in USDA sanctions up to and including dismissal from the program.

   **Addendum: Participant Violation Reporting Form**
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1. **General Requirements**

*Effective: July 2016*

A. To be eligible for participation in the WIC Program, WIC applicants must be:
   1. categorically eligible (infants and children under five years of age, pregnant, lactating and non-lactating postpartum women)
   2. an Illinois resident
   3. income eligible, and
   4. at nutritional risk as determined by a WIC Nutrition Assessment

B. In order for dual participation to be assessed new applicants must be entered into the Cornerstone System at least one day prior to the WIC certification appointment

C. Eligibility is documented at each certification.

D. Staff should routinely and clearly communicate the information needed for eligibility determination to potential applicants and returning participants. The certification procedure, including the nutrition assessment, must be performed at no cost to the applicant.

E. The WIC Program does not prohibit program participation by foreign citizens including foreign students residing in the United States provided that they meet the program eligibility requirements.

F. Agencies offering an integrated service delivery model must make applicants/participants aware of the various services being offered, and that participation in these other programs is optional, and refusal will not impact their WIC benefits.
2. **Notification Requirements**

*Effective: July 2013*

A. Each applicant must be informed during the certification procedure of the right to a fair hearing, and that participation in more than one local WIC Program and/or the Commodity Supplemental Food Program (CSFP) is not allowed.

B. Each participant must receive an explanation of how the food delivery system in the local agency operates.

C. Each participant must be advised of other relevant health and/or human services available, where they are located, how they may be obtained and why they may be useful.

D. "Applicant Notification of Appeal Rights" (CS-17), must be supplied when:

1. an applicant is found ineligible
2. a participant is found ineligible at any time during the certification period
3. a participant is terminated during the certification period.
1. **General Information**

   *Effective: July 2016*

Residency is defined as the location or address where the applicant routinely lives or spends the night.

A. Applicants must be residents of the State of Illinois or a member of a designated population with a common special need (e.g., migrants, Native Americans, homeless) to be eligible for the Illinois WIC Program.

B. Local agency staff may not turn away applicants or transfer participants with documentation of state of Illinois residency when they are serving less than 90% of their assigned caseload.

C. Special Living Circumstances- Those applicants currently living in a facility must be assessed to determine eligibility to ensure the WIC Program provides direct services to needy persons and does not function as a subsidy to the provider/organization.
   1. An institution is any residential accommodation, aside from private residences and homeless facilities, which provides meal service, therefore applicants in such facilities are not residentially eligible.
   2. Applicants staying in shelters/facilities are not eligible if the provider/organization:
      a) accrues financial or in-kind benefits from WIC; or
      b) requires food items purchased with WIC Food Instruments to be used in communal feeding; or
      c) requires the institution manager to serve as a general proxy for participants.
2. **Documentation**  
*Effective: July 2016*

A. An applicant's proof of residency must be reviewed at the time of certification. Acceptable forms of documentation include:
   1. a current piece of mail (less than 60 days old) such as but not limited to a:
      a. bill
      b. clinic appointment reminder to a home address;
   2. rental agreement;
   3. determination of a current Illinois SNAP case via Department approved methods (see CS 3.2);
   4. verbal confirmation from Case Manager or Transporter who has been in the home within the past 30 days; or
   5. federal or state issued identification, that includes residence may be used with self-declaration of the applicant that the address listed is current and correct, such as:
      a) driver's license
      b) military base orders
      c) matricula consular ID card
   6. current Department of Child & Family Services (DCFS) foster parent placement papers (906 Payment Authorization Form)

B. Unacceptable forms include:
   1. Checkbooks
   2. Post Office boxes
   3. Other addresses where the participant receives mail but does not live

C. In special circumstances where an applicant does not receive mail:
   1. Participants living temporarily with a friend or family member who do not have any mail in their or their immediate family member's name listing their current address may:
      a) present a letter from the person they are residing with.
      b) This letter must attest to the living situation and lists the home address for that person.
   2. No written documentation of address is necessary for homeless participants.
      a) The address of a shelter frequently used may be listed for homeless participants.
      b) If the homeless participant does not have a shelter address, the address of the WIC clinic may be listed.
      c) A notation of this determination must be clearly entered in the participant record.
      d) The local agency must ensure the shelter meets the requirements as defined in CS 2.1.
1. Income Eligibility Guidelines  
   Effective: July 2016

The Illinois WIC Program uses the Federal Income Eligibility Guidelines (IEGs) for program eligibility. These guidelines reflect 185 percent of the Federal poverty income guidelines and are published annually by the U.S. Department of Agriculture in the Federal Register. Income Determination using the definitions listed below must be completed using approved documentation as described in this Section.

A. Definition of Terms for Eligibility Determination

1. Household, Economic Unit, and Family- These terms can be used interchangeable. “Economic Unit” is the more appropriate terminology because it correctly conveys that a familial relationship is not relevant to the determination of WIC family size and income. Members of the economic unit share income and consumption of goods and/or services. Therefore, economic unit is used on the Illinois WIC Program Client Certification Form.

   a) For WIC eligibility determination purposes staff must assess the income of a group of related or nonrelated individuals for the economic unit declared.

      (1) It is possible to establish that more than one economic unit lives under one roof through appropriate questioning which helps to make a reasonable determination that there is general economic independence of the units or they are receiving support and some comingling of resources which renders them members of the economic unit in which they live.

Addendum- Assessing for Separate Households

(2) Residents of a homeless facility or an institution are not considered as members of a single family.

(3) Age is not a determinant when assessing the economic unit.

   b) Pregnant women are counted as two or more individuals (according to the number of fetuses in utero) when economic unit size is determined. This unit size may be used for any of the pregnant woman’s categorically eligible family members.

   c) Foster children are considered a one-person economic unit for WIC purposes. They remain the legal responsibility of welfare or other social service agencies and can never confer adjunctive income eligibility to family members.

1 USDA Policy Memorandum #2013-3
2. **Income** -is the gross cash income earned by any and all members of a family before deductions for income taxes, employees' social security taxes, insurance premiums, bonds, etc. Income includes the following:

   a) Monetary compensation for services including: wages, salary, commissions, or fees;
   
   b) Net income from farm and non-farm self-employment
   
   c) Social Security
   
   d) Dividends or interest on savings or bonds, income from estates or trusts, or net rental income
   
   e) Public assistance or welfare payments
   
   f) Unemployment compensation
   
   g) Government civilian employee or military retirement or pensions or veterans’ payments
   
   h) Private pensions or annuities
   
   i) Alimony or child support payments
   
   j) Regular contributions from persons not living in the household
   
   k) Net royalties
   
   l) Other cash income including but not limited to, cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources which are readily available to the family

**Addendum- Assessing Gross Income**

3. **Timeframes for Determining Economic Unit Income**

   a) Staff needs to exercise flexibility in deciding whether to use the applicant’s current or annual rate of income. The decision must be based on which provides the best indicator of the economic unit’s present circumstances.

   (1) **Current Income**-

   (a) Income received by the economic unit during the month (30 days) prior to the date the application for WIC benefits is made.

   (b) If the income assessment is being done prospectively (i.e., the sole support of that economic unit has just been laid off but has been authorized to receive unemployment benefits for the next six months), “current” refers to income that will be available to the economic unit in the next 30 days.

   (c) Unemployed persons (including laid-off workers) must have income eligibility determined by their current rate of income.

   (2) **Annual Income**- in some cases annual income may be a more appropriate indicator of the need for WIC benefits. Such cases may include: self-employed persons, including farmers or seasonally employed workers whose income fluctuates; economic units in which a member is on a temporary leave of absence
from employment such as maternity leave; teachers who are paid on a 10-month basis and on leave during the summer months; and college students who work only during the summer months and school breaks.

(a) Migrant farm workers and members of their economic units with expired Verification of Certification (VOC) forms shall be considered income eligible, provided that their income is determined once every 12 months. If the migrant’s economic unit income must be determined, consider their income during the previous 12 months.

(3) Midcertification of reassessment of income- on occasion a participant who has been certified for a full certification period may have a change in income. When agency staff is informed of such a change a mid-certification assessment of income is required. (CS-3.6)
2. Adjunctive Eligibility
   Effective: July 2016

   WIC extends adjunctive income eligibility to applicants who are certified as eligible to receive Temporary Aid to Needy Families (TANF), Medicaid program benefits (Federal-Title XIX)\(^2\) and Supplemental Nutrition Assistance Program (SNAP).

   A. Members of the same economic unit (categorically eligible for WIC) would be adjunctively income eligible as outlined below. The economic unit:
      1. receives SNAP
      2. contains a TANF recipient
      3. contains a pregnant woman who is Title XIX Medicaid eligible
         a) newborn infants whose mothers still have an active WIC eligible Title XIX Medicaid case
      4. contains an infant who is Title XIX Medicaid eligible

   B. Assessment for Adjunctive Eligibility
      1. Documentation of participation in Medicaid, TANF, or SNAP, or any other program, which confers adjunctive income eligibility, is required for WIC applicants or the economic unit member on which it is based on the WIC Certification Form.
      2. Acceptable Proof of Income Includes:
         a) Notice of Decision letters, with current dates and information, from the Illinois Department of Healthcare and Family Services (HFS)
         b) Department approved online resources which reflect current, active, cases for these programs.
            Addendum- Approved Adjunctive Eligibility Resources
         c) Foster parents may provide written documentation from the Department of Children and Family Services verifying the child’s status as a ward of the State.
      3. If documentation of adjunctive eligibility is not available, staff must complete a Traditional Income Eligibility Screening (CS-3.3).

   C. Adjunct Income Eligibility for Presumptively Eligible Recipients of Medicaid or TANF
      1. Those individuals who are presumptively determined to be eligible to receive benefits from Medicaid or TANF can be considered income eligible for WIC based upon their presumptive participation in these programs. Income proof for pregnant applicants would be the Medicaid Presumptive Eligibility (MPE).
2. A participant certified for WIC with the MPE as proof of income is to be afforded a full certification period at the time of certification.
   
a) MPEs take approximately 60 days to process, therefore staff should review her case at the next visit (60-90 days from certification) to determine if the application was approved for full Moms & Babies medical benefits using approved online sources.

b) If the participant does not become eligible for full Moms & Babies medical benefits (Title XIX Medicaid case), the local agency cannot disqualify from WIC based solely upon the failure to meet the program’s eligibility criteria. The local agency must follow the policy outlined in CS 3.6 prior to terminating the certification.

c) In order to assure the participant is advised of termination 15 days in advance they must be told at the time of the certification with a MPE that the next visit will require review of income and if they are over income they will be terminated.
3. Traditional Income Eligibility Screening

Effective: July 2016

In cases where Adjunctive Eligibility does not apply or documentation is unavailable, “Traditional Income Eligibility Screening” is required. Applicants must provide documentation of family income at certification as described below.

A. Screening procedures

1. Determine the total economic unit size.

2. Obtain documentation of gross income reflective of the past 30 days.
   a) When an applicant fails to bring proof of income to the WIC clinic, staff has two (2) options to offer:
      (1) stop the Certification process, provide education on the information needed for income eligibility determination, reschedule the appointment, and issue no food instruments
      (2) Complete a 30 day certification, schedule the participant to return to provide the appropriate proofs and issue 1 month’s food instruments. (Not applicable for Preliminary Certifications.)

      (a) In order to assure the participant is advised of termination in 15 days in advance, they must be told at the time of the certification that the next visit will require review of income and if they are over they will be terminated.

   b) If it is determined the income documentation requirement would present an unreasonable barrier to participation and the applicant cannot provide written documentation (a homeless woman or child, migrant farm workers or individuals who work for cash) staff must complete the “Other” box on the WIC Program Client Certification Form.

      (1) An explanation describing how the applicant is paying for necessities, such as food, clothing, housing and medical care must be noted under “Source” and the annual income amount declared under “Amount.”

   c) In cases where applicants declare zero income, staff must ask the applicant to describe in detail their living circumstances and how they are supported and pay for necessities, such as food, clothing, housing and medical care.

      (1) The “No Income” box on the WIC Program Client Certification Form must document the explanation provided.

      (2) If it is determined the applicant is actually part of a larger economic unit steps A1 and A2 above should be completed with the new information.
B. Calculating total economic unit income.

1. If an economic unit has only one income source, or if all sources have the same payment frequency, do not use conversion factors.
   a) Compare the income, or the sum of the separate incomes, to the current income guidelines for the appropriate frequency and economic unit to make the WIC income eligibility determination.

2. If an economic unit reports income sources at more than one frequency, perform the following calculations to annualize all income following the chart below:

   Do not round the values resulting from the conversion.

<table>
<thead>
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<th>Frequency</th>
<th>To Obtain Annual Income</th>
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<tr>
<td>Weekly</td>
<td>Multiply by 52</td>
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<tr>
<td>Bi-Weekly (every 2 weeks)</td>
<td>Multiply by 26</td>
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<tr>
<td>Semi-monthly (2x a month)</td>
<td>Multiply by 24</td>
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<tr>
<td>Monthly</td>
<td>Multiply by 12</td>
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   a) Add together all the unrounded, converted values.
   b) Compare the total to the published current income guidelines for the economic unit size to make the final income eligibility determination. Do not recalculate the published income guidelines as they are already calculated and rounded up to the next whole dollar prior to publication.

Addendum: WIC Income Guidelines

C. Documentation of the Total Annual Income

1. On the front of the WIC Program Client Certification Form (CS 12.2) staff must document the total annual income and if the amount is based on a calculation or if it is verbally declared.
   a) “Calculated Income” is only used when the applicant provides documentation of income such as check stubs, tax forms etc. during the traditional income screening.
   b) “Verbally Declared Income” is used for cases with adjunctive eligibility or when no written proof of income is provided.
      (1) Monetary value of SNAP benefits is not included as income.
      (2) Cash benefits are included as income.
4. **Military Families**  
*Effective: July 2013*

For WIC purposes, military personnel serving overseas or assigned to a military base, even though they are not living with their families, should be considered members of the economic unit. The income received by the military individual(s) and all other income received by the members of the economic unit should be counted as income to the household.

1. In determining income eligibility of any applicant whose family contains one or more military household members, all gross income must be counted except (1) the value of in kind housing and other in kind benefits, and (2) payments or benefits provided under certain Federal programs or acts which are excluded from consideration as income by law as described in this section and CS 3.5.

2. The Program recognizes that local agencies may have difficulty determining a military family’s gross income due to the pay options available to military personnel serving overseas or assigned to a military base and temporarily absent from the home, as discussed below. However, in accordance with law and regulations, WIC income eligibility determinations must be based on gross income. Therefore, local agencies will need to develop flexible procedures to ensure that gross income is computed as best it can be determined, based on available data, for such military families.

3. **Military Income/Paychecks**
   
a) Military personnel have two options in terms of their paychecks if they are temporarily absent from their home and sent overseas or elsewhere in the United States.

b) First, military personnel have the option to direct-deposit paychecks in a joint account, accessible to their families. The majority of the servicemen and servicewomen choose this option. In some cases, the pay stub or voucher is sent to the military and another copy is made available to family members, if they have power of attorney.

c) Second, military personnel have the option to designate a spouse allotment and/or child allotment, whereby the government sends the family member(s) a check in an amount authorized. The allotment(s) designated for family members may reflect only a portion of the military person’s total pay.

   (1) Some military families, particularly those that include military service personnel serving overseas, may have difficulty producing a pay stub or other documentation of the gross military income. In some cases the only documentation that the family member(s) may possess is a bank statement confirming the amount of the deposit. If the family members are sent a spouse and/or child allotment, the applicant may possess no documentation of the family’s total gross income.

4. **Computing Military Income/Leave and Earnings Statement (LES)**
   
a) Military participants should have a current Leave and Earnings Statement (LES) to determine rank and years of service. These are issued on the 15th of the month and are one month behind.

   (1) Example: On April 15, participant will receive March’s LES
(2) Note: Military service members who joined the military within the past 30 days from the date of applying for WIC may not have an LES till after 30-60 days of employment. The website for verifying status is https://mypay.dfas.mil/mypay.aspx

b) The LES should be no older than 60 days. (Overseas status may require an income affidavit if LES are not available. In the event an enlisted person received a promotion during the year, calculate salary by adding old and new together. Two LES will be needed for accuracy.)

c) Locate “Total Earnings” on the LES; it is usually found on the middle of the page. This is the gross earnings for one month.

d) Include as income:

   (1) Separate Rations including BAS (Basic Allowance for Subsistence) and Special Duty Pay is counted as income.

   (2) Include any incentive pay such as aviation career, foreign duty, hazardous duty or family separation pay.

   (3) Continental United States (CONUS) COLA must be counted. CONUS COLA is provided to military personnel in designated high-cost areas with the continental United States. Therefore, the CONUS COLA must be counted as income in determining WIC eligibility.

   (4) All other income from other family members (e.g., working spouse).

   (5) Multiply remainder of pay by 12 for yearly income (after subtracting out BAQ, VHA and adjusting for exceptions.) Exceptions: Reenlistment bonus or clothing allowance are once a year entitlements and should be counted only once (not multiplied by 12 for yearly income). If there are any uncertainties, it is the participant’s responsibility to present a second LES without exception, to show this is not a monthly entitlement.

e) Exclude from income:

   (1) BAQ or VHA: Bachelor Allowance for Quarters or Variable Housing Allowance pay are Not to be counted and should be subtracted from the “Total Earnings”

   (2) BAH: Basic Allowance for Housing for off-base housing and privatized housing in the U.S.; Family Separation Housing (FSH) provided to military personnel for Housing Allowance (OHA), provided to military personnel living overseas. These housing allowances will be reflected as BAH, FSH and OHA on military pay statements.

   (3) OCONUS COLA: Overseas continental service members in designated overseas high-cost areas including Hawaii, Alaska and Guam. This option affects all WIC State agencies since some members of a military family may remain stateside and apply and/or participate in WIC while a family member on duty overseas receives the OCONUS COLA. This allowance is reflected as OCONUS COLA on military pay statement.

   (4) Military Combat Pay: Combat pay is excluded as income when it is:
(a) Received in addition to the service member’s basic pay;
(b) Received as a result of the service member’s deployment to or service in an area that has been designated as a combat zone; AND
(c) Not received by the service member prior to his/her deployment to or service in the designated combat zone.
(i) A combat zone is any area that the President of the United States designates by Executive Order as an area in which the U.S. Armed Forces are engaging or have engaged in combat.
(d) Combat Pay can be found under the Entitlement Section of the LES.

5. Special Situations
   a) Some military families may begin reporting a higher gross income amount at the time of application or reapplication for WIC benefits than existed prior to a military deployment. If such families include one or more members stationed overseas or away from home and the military has determined that these military service personnel are on hazardous duty or combat duty or combat pay, family separation allowance, and/or foreign duty pay. This additional income is provided on a temporary basis. Therefore, State agencies may elect to consider the income of such a family during the past 12 months as a more accurate indicator of the family’s income status, as opposed to calculating income on a “current” rate basis.
   b) In addition, local agency staff may encounter applicants from families in which one or more family members are military reservists who have been placed on active duty. Some of these families will experience dramatic changes in their income source(s) and total gross income such that they may become income eligible for the WIC Program. Consistent with the definitions outlined in CS3.3 staff are encouraged to determine such a family’s income eligibility determination based on their “current” rate of income (while the reservist is on active duty), as opposed to income received over the past 12 months as it may be a more accurate determination of the family’s income status.

6. Children in the Temporary Care of Friends or Relatives
   If both parents are deployed overseas or temporarily assigned to a base and children are temporarily left in another person(s) care, there are three options to determine income. These options may also be used if one parent and children temporarily move in with friends or relatives.
   a) Count the absent parents and their children as the economic unit. Use this option when total gross income of the family can be determined.
   b) Count the children only as the economic unit. Use this option when the parents have designated a portion of their pay as the children’s allotment and this allotment amount is adequate, in the local staff person's opinion, to meet the children's needs.
   c) Count the children and the person(s) they are living with as the economic unit. Use this option when the previous two options are not applicable.
5. **WIC Income Exclusions**

   **Effective: July 2013**

A. Loans, not including amounts to which the applicant has constant or unlimited access.

B. Payments or benefits provided under certain Federal programs or acts are excluded from consideration as income by legislative prohibition. The programs or benefits which must be excluded from consideration as income include, but are not limited to:

   1. Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970
   2. Any payment to volunteers under Title I [Volunteers in Service to America (VISTA) and others] and Title II [Retired Senior Volunteers Program (RSVP), Senior Companions Program (SCP), Foster Grandparents Program (FGP), and others] of the Domestic Volunteer Service Act of 1973
   3. Payment to volunteers under section 8(b)(1)(B) of the Small Business Act (Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE))
   4. Income derived from certain sub-marginal land of the United States which is held in trust for certain Indian tribes
   5. Payments received under the Job Training Partnership Act (e.g., Adult and Youth Training Programs, Summer Youth Employment and Training Programs, Dislocated Worker Programs, Programs for Native Americans, Migrant and Seasonal Farm Workers Program, Veterans Employment Programs, and Job Corps)
   6. Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
   7. Payments received under the Alaska Native Claims Settlement Act
   8. The value of assistance to children or their families under the National School Lunch Act, as Amended (National School Lunch Program, Summer Food Service Program, Child and Adult Care Food Program), the Child Nutrition Act of 1966 (Special Milk Program, School Breakfast Program), and the Food Stamp Act of 1977 (Food Stamp Program, Food Distribution Program on Indian Reservations)
   9. Payments by the Indian Claims Commission to the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation
   10. Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980
   11. Payments under the Low-income Home Energy Assistance Act, as amended
   12. Student financial assistance received from any program funded in whole or part under Title IV of the Higher Education Act of 1965, including the Pell Grant, Supplemental Educational Opportunity Grant, State Student Incentive Grants, Stafford Loans, PLUS, Supplemental Loans for Students, College Work Study, and Byrd Honor Scholarship programs, which is used for costs described in section 472 (1) and (2) of that Act. The specified costs set forth in section 472 (1) and (2) of the Higher Education Act are tuition and fees normally assessed a student carrying the same academic workload as determined by the institution, and including the costs for rental or purchase of any equipment, materials, or supplies required of
all students in the same course of study; and an allowance for books, supplies, transportation, and miscellaneous personal expenses for a student attending the institution on at least a half-time basis, as determined by the institution. The specified costs set forth in section 472 (1) and (2) of the Act are those costs which are related to the costs of attendance at the educational institution and do not include room and board and dependent care expenses.

13. Payments under the Disaster Relief Act of 1974, as amended by the Disaster Relief and Emergency Assistance Amendments of 1989

14. Payments received under the Carl D. Perkins Vocational Education Act, as amended by the Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990

15. Payments pursuant to the Agent Orange Compensation Exclusion Act

16. Payments received for Wartime Relocation of Civilians under the Civil Liberties Act of 1988 (Japanese Internment Camps)

17. Value of any child care payments made under section 402(g)(1)(E) of the Social Security Act, as amended by the Family Support Act (e.g., TANF Child Care Program, Title IVA Child Care Program, JOBS Child Care Program)

18. Value of any At-Risk Child Care Program payments made under section 5081 of P.L. 101-508, which amended section 402(i) of the Social Security Act

19. Value of any Child Care and Development Block Grant Program payments, as amended in 1992

20. Mandatory salary reduction amount for military service personnel which is used to fund the Veteran's Educational Assistance Act of 1984 (GI Bill), as amended

21. Payments received under the Old Age Assistance Claims Settlement Act, except for per capita shares in excess of $2,000

22. Payments received under the Cranston-Gonzales National Affordable Housing Act, unless the income of the family equals or exceeds 80 percent of the median income of the area

23. Payments received under the Housing and Community Development Act of 1987, unless the income of the family increases at any time to not less than 50 percent of the median income of the area

24. Payments received under the Sac and Fox Indian claims agreement

25. Payments received under the Judgment Award Authorization Act, as amended

26. Payments for the relocation assistance of members of Navajo and Hopi Tribes

27. Payments to the Turtle Mountain Band of Chippewas, Arizona

28. Payments to the Blackfeet, Grosventre, and Assiniboine tribes (Montana) and the Papago (Arizona)

29. Payments to the Assiniboine Tribe of the Fort Belknap Indian community and the Assiniboine Tribe of the Fort Peck Indian Reservation (Montana)

30. Payments to the Red Lake Band of Chippewas

31. Payments received under the Saginaw Chippewa Indian Tribe of Michigan Distribution of Judgment Funds Act

32. Payments to the Chippewas of Mississippi
6. **Income Reassessment during a Certification Period**

*Effective: July 2016*

In situations where the local agency receives information indicating that the economic unit’s income has changed staff must complete a midcertification reassessment of income during the current certification period as indicated below. This process will be documented with a separate Illinois WIC Program Certification Form per CS 12.4.

A. A midcertification reassessment of income is not required when the participant has 90 days or less before the termination of the certification period.

B. A midcertification reassessment of income is required when there are more than 90 days remaining in the current certification period for the participant and other members of the economic unit who are participants using the following steps:

1. For participants certified originally based on a traditional income eligibility screening, local agencies must disqualify a participant, and any other economic unit members.

2. For participants certified originally via adjunctive eligibility:
   - a) Determine if they qualify under another program which confers adjunctive eligibility (See CS 3.2)
   - b) If adjunctive eligibility does not apply complete a traditional income screening (CS3.3).

3. If no longer income eligible, the participant must be terminated from the program following the required 15-day notification period. The following steps must be taken:
   - a) issue food instruments for 15-30 days;
   - b) provide a right to a fair hearing notice
   - c) provide a termination/ineligibility notice
   - d) update the participant/s electronic record to reflect the completion of the midcertification reassessment of income.
1. **Identity Documentation**

   **Effective: July 2016**

A. At each certification the local agency must require each applicant (women, infants and children) to present proof of identity.

B. The local agency must check the identity of parents, guardians, caretakers or foster parents when issuing food instruments for infants or children.

C. Acceptable forms of documentation include the following, but are not limited to:

1. **Women**
   a) Current Driver’s License
   b) Government Issued ID
   c) Passport
   d) Tax Forms
   e) Social Security Card
   f) School or Work ID
   g) Birth Certificate
   h) Other local agency designated acceptable forms of identification

2. **Infants and Children**
   a) Birth Certificate (Legal or Hospital)
   b) Immunization Record
   c) Hospital ID Bracelets
   d) Crib Card
   e) Social Security Card
   f) Other records the local agency personnel consider adequate to establish identity

3. Self-declaration can be accepted only for persons who are victims of disaster, theft, or fire or who are migrants or homeless. In such instances the person must sign a statement attesting to his/her own ID or on behalf of child. A single handwritten note signed and dated by the person is sufficient. The local agency must keep statement on file with a brief notation explaining why the person could not produce proof of ID.

4. The local agency may accept the WIC Identification card as participant’s proof of ID at subsequent certifications and appointments, once initial proof of ID has been established.

5. It is the responsibility of each local agency staff person to question and if necessary ask for another form of ID whenever she/he is uncomfortable with the validity of the item presented as proof of identity.

6. If the local agency wants to use additional documents other than those listed above to establish identity, the local agency must develop a procedure and submit to the state
agency for approval prior to implementation. The procedure cannot be more restrictive than the state policy and must be kept on file for review.
2. **Foster Parents/Caretakers**

   *Effective: July 2016*

A. Foster Parents

1. Foster parents are required to have written documentation from the Department of Children and Family Services verifying the child’s status.

2. The Department of Children and Family Services provides annual approval in writing to the Department allowing foster parents to sign consent forms for hemoglobin/hematocrit testing for their children who participate in the WIC program.

B. Caretakers

   a) For WIC purposes a caretaker is an individual with whom the child lives and who has financial and medical responsibility for the child.

   b) Affirmation of this status should be required of the caretaker and documented on the WIC Program Client Certification Form.

   c) The household income of the caretaker must be used if the caretaker signs the WIC Program Client Certification Form.

   d) A babysitter who cares for the child any portion of the day is not considered a caretaker.
1. **Pregnancy Documentation**  
   **Effective: January 2007**

At certification the local agency must request documentation of pregnancy. If this proof is not available, it does not prohibit the woman from being eligible for certification. However, if this proof is not provided within 90 days, the woman’s WIC participation may be terminated in the middle of the certification period.

A. Acceptable forms of pregnancy documentation include:
   1. statement from a physician, or other authorized, licensed health care professional
   2. statement from the local agency prenatal clinic or on-site pregnancy testing
   3. ultrasound which includes date and applicant’s name
   4. prenatal vitamin prescription or bottle which includes date and applicant’s name

B. Unacceptable forms of pregnancy documentation include:
   1. Home pregnancy tests

C. Conditional Determination
   1. Verbal confirmation from physician or other authorized, licensed health care professional may be used until written documentation is available.

D. If the applicant is noticeably and clearly pregnant and able to give her expected date of confinement (E.D.C.), no other proof of pregnancy will be needed. “Visibly pregnant” will be recorded as the proof of pregnancy. Only a Certifying Health Professional can make this determination and should initial the “visibly pregnant” statement in the record.
1. General Information

Effective: July 2016

A WIC Nutrition Assessment is the first step in providing quality nutrition services. In order to provide an appropriate and personalized nutrition intervention (i.e., nutrition education, food package tailoring and referrals), it is necessary to first conduct a nutrition assessment. Follow-up is also an important part of the nutrition services process; it allows WIC staff to monitor progress, reinforce the nutrition education message, and elicit feedback from the participant.

Information necessary for a complete WIC Nutrition assessment includes anthropometric, biochemical, clinical, dietary, environmental, and family data as well as other information that impacts nutritional status. Once relevant information is collected it must be clarified and synthesized.

A. The assessment process is the final component in eligibility determination as applicants must meet specific criteria for nutrition risk as described in the Illinois WIC Risk Factor Justification Manual (RFJM).

B. When determining eligibility a Value Enhanced Nutrition Assessment (VENA) must be completed on participants, by qualified staff, at the time of certification to assess for all applicable risks (see IL WIC PPM AD-10).
   1. The WIC Program Client Certification Form notifies applicants that a nutrition assessment will be conducted. The Form does not provide consent for invasive procedures such as bloodwork.

C. Data used in completing the WIC nutrition assessment at will impact the quality of the assessment, and potentially eligibility, therefore, anthropometric and biochemical values used must be collected on-site or via a hospital/physician statement, local agency referral form or the Illinois WIC Medical Referral Form. Verbal information is not acceptable.
   1. For infants and children birth data is not required for a WIC Certification and must only be entered into Cornerstone when provided by the allowed means listed above or the birth certificate.
   2. Expectations for preliminary certifications are different. See CS-9.1.

D. Local agencies must complete all parameters of the nutrition risk assessment as described in this section and the Risk Factor Justification Manual (RFJM) and be performed at no cost to the applicant.

E. Agencies must have a written procedure for communicating abnormal values and health concerns to health care providers and are strongly encouraged to include those providers in establishing referral values.

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4 Value Enhanced Nutrition Assessment in WIC Manual; USDA FNS
2. **Physical Presence**  
*Effective: July 2016*

A. WIC participants (women, infants, and children) must be seen in the clinic at each certification, even if certification is based on referral data. The participant's physical presence is required and must be documented on the space provided on the WIC Program Client Certification form.

B. Local agencies must grant an exception to applicants who are qualified individuals with disabilities and are unable to be physically present at the WIC clinic because of their disabilities or applicants whose parents or caretakers are individuals with disabilities that meet this standard.

1. These exceptions must be documented on the WIC Program Client Certification form. Examples include the following:
   a) Medical condition that necessitates the use of medical equipment that is not easily transportable.
   b) Medical condition that requires confinement or bed rest.
   c) Serious illness that may be exacerbated or communicable to other participants by coming into the WIC clinic.
3. Anthropometric Assessment  
**Effective: July 2014**

A. Obtain the weight and height/length for all applicants.
   2. Two measurements are expected for validation however, if the applicant is cooperative and a good measurement is acquired a second measurement need not be taken.
   3. It is recommended for staff to conduct quality assurance checks periodically during the year to ensure proper techniques are followed.

B. It is strongly recommended that head circumference measurements be obtained on all infants up to 24 months of age and plotted on the growth chart.

**Addendum: Anthropometric Flow Sheet**

C. Referral medical data may be used for anthropometric data (e.g. height, weight, head circumference) when obtained from a qualified medical professional, such as private physician, health clinic personnel, hospital personnel or HMO prior to the WIC certification visit. The date referral data was taken must be entered in the “anthro date” field.
   1. Referral forms must include: applicant’s name, date of birth, physician’s name/address/telephone, date of measurements, and health professional’s signature.
   2. Measurements must have been taken within the last 60 days. For infants less than 14 days old, hospital discharge measurements may be used.
   3. If the data is questionable or the physician is unknown, then the measurements should be retaken.

**Addendum: Illinois WIC Medical Referral Form**

D. Assessing weight, height/length and head circumference data.
   1. Data entered into Cornerstone will be plotted on the appropriate growth chart, pregnancy weight gain grid or BMI Chart depending on age and participant category. Risk factors will auto-generate based on this data and criteria from the Illinois WIC Risk Factor Justification Manual.

E. Quality and reliable measurement equipment must be used (see NAM: Anthro)
   1. Equipment must be validated or calibrated annually at a minimum.
   2. Validation logs must be kept on file.

**Addendum: Validation/Calibration Log**
4. Biochemical Assessment

Effective: July 2016

A. Time Frames

1. Pregnant Women: Data must be reflective of category and collected at the earliest opportunity during pregnancy.

2. Breastfeeding and Postpartum Women: Data must be reflective of category and ideally completed within 4-6 weeks after delivery. For Breastfeeding women 6-12 months postpartum, no additional blood test is required if a previous blood test, taken after delivery, was within normal limits.

3. Infants:
   a) It should not be local agency standard operating procedure to screen for anemia before 9 months of age.
      (1) A blood test before nine months of age may be appropriate for preterm and low birth weight infants not fed iron-fortified formula and is permissible to allow for flexibility on a case by case basis.
   b) For infants who are certified to their first birthday, bloodwork must be completed by 12 months of age or at their one year certification visit, most commonly between 11 ½ and 12 months of age.
   c) For infants who are certified between 6 to 9 months of age, do not obtain bloodwork.
      (1) To ensure screening occurs by the first birthday schedule a follow up visit in three months for the purpose of obtaining a hematocrit or hemoglobin. For example, if certified at 6 months of age, schedule mid-certification follow-up visit for 9 months; if certified at 7 months of age, schedule mid-certification follow-up visit for 10 months; if certified at 8 months of age, schedule a mid-certification follow-up visit for 11 months.
   d) Bloodwork data must be collected for infants certified at 9 months of age or older.

4. Children:
   a) Children between 9-18 months of age are the highest risk of any age group for iron deficiency and CDC recommends two screenings during this vulnerable time, ideally one at 9-12 months and again at 15-18 months of age.
   b) Bloodwork data must be collected for children:
      (1) Once between the ages of 12-24 months;
      (2) If the child’s blood value is in the normal range at 15-18 months, bloodwork does not need to be repeated until 27-30 months and once every 12 months thereafter.
      (3) Annually between the ages of 24-60 months as long as the results are in the normal range.
      (4) Children ages 12-60 months with a positive anemia screening result (low hemoglobin or hematocrit) require a follow up blood test at 6 month intervals until the results are in the normal range.
B. Referral Medical Data:

1. Referral hematological data (hemoglobin or hematocrit) may be used for the biochemical assessment when obtained from a qualified medical professional, such as private physician, health clinic personnel, hospital personnel or HMO prior to the WIC certification visit.

2. There is no maximum allowable age of referral hematological data; however, the data must be reflective of a woman applicant’s category (e.g., pregnant, postpartum or breastfeeding), or conform to the anemia screening schedule for infants and children as outlined earlier in this section. If the date of the hemoglobin/hematocrit differs from the visit date, enter the date the hemoglobin/hematocrit was obtained in the “hgb/hct” field.

C. Deferral of Bloodwork

1. A hemoglobin or hematocrit value must be obtained as part of a thorough WIC nutrition risk assessment. When such values are not taken at the time of certification and there is no medical or religious reason for not having the test done it is considered “deferred.” Hemoglobin or hematocrit testing may be deferred up to 90 days for applicants with a qualifying nutritional risk factor identified at certification. Participants who refuse to have bloodwork completed on site AND do not bring referral data after 90 days must be terminated from the program as a voluntary withdrawal.

2. If hematocrit or hemoglobin values are not available at the time of certification, enter into the Cornerstone system as an unknown value (999). Do not enter previous values.

3. Local Agencies must have a detailed procedure for ensuring follow up with participants whose hemoglobin or hematocrit tests have not been collected at the time of certification.

D. Refusal for Medical or Religious Reasons

1. In rare instances, an applicant/participant may refuse a hematocrit or hemoglobin based upon medical or religious reasons. The reason why the hematocrit or hemoglobin test was not performed must be included in the applicant’s record. Documentation from a physician of the medical condition should be included in the applicant’s record when available.

E. Standing Orders

1. All persons collecting a required blood sample shall perform such under the auspices of “standing orders” obtained from a physician (MD or DO) licensed to practice medicine in all its branches under the laws of the State of Illinois. Current standing orders must be on file in each local agency and renewed annually.

F. It is recommended that blood pressures be obtained on all women and children over three (3) years of age.
5. Diet Assessment  
   **Effective: July 2013**

The WIC Program’s approach to dietary assessment will be qualitative, not quantitative. Staff must ask open-ended questions rather than quantify ounces or servings. Examples may include asking about: appetite, favorite foods, and cultural food preferences. Such questions will foster positive communication and can serve as a “springboard” for further discussion. The WIC Category Assessment Guides assist in this process.

Food choices have short-and long-term effects on health status. These effects may be seen during the WIC assessment as other nutritional status indicators, such as altered body weight, growth pattern, or hemoglobin level. When such conditions are identified, it is logical to look for clues related to foods consumed. For example, an inappropriate infant feeding practice like putting cereal in the bottle could explain an infant’s rapid weight gain.

Variables such as knowledge, attitudes, beliefs, and family and community environment affect food consumption. “Lifestyle” practices, such as alcohol or tobacco use, or lack of routine physical activity, can also affect food choices and nutritional risk indicators.

A. For all applicants, evaluate dietary pattern and feeding practices via the Cornerstone WIC assessments, including assessing for the following based on category: dietary supplements, low calorie diet, pica, food safety, inappropriate milk source, sugar-containing fluids, nursing bottles or cups, developmental readiness, potentially harmful foods, breastmilk or iron-fortified formula, nursing bottles or cups, inappropriate complementary foods, caregiver’s ability, and scheduled feedings (see addendum for guide).

B. Paper questionnaires, food frequency questionnaires and 24 hour recalls must not be used for risk assessment.

C. If during the WIC Nutrition Assessment no risk factors are identified for:
   1. infants 0-3 months of age- they will not be eligible for the WIC Program (see CS15.1)
   2. Infants 4-11 months of age, children, pregnant and post-partum women- the appropriate presumptive eligibility risk factor will be generated by Cornerstone.

Addendum- WIC Assessment Guides
6. **Breastfeeding Assessment**  
*Effective: July 2013*

The breastfeeding assessment and the mother’s plans for breastfeeding serve as the basis for determining food package issuance and the counseling and support provided to the mother. WIC’s goal is to encourage mothers to breastfeed exclusively without supplementing with formula.

A. A mother who intends to breastfeed should be provided counseling and support to help her feed only breast milk to her baby.

B. Efforts should be made to schedule mothers who intend to breastfeed for subsequent certification as soon after delivery as possible in order to provide timely breastfeeding support.

C. For breastfeeding dyads, a comprehensive breastfeeding assessment must be completed and documented:
   1. At the initial certification visit
   2. Any time a breastfeeding woman wishes to change her breastfeeding status;
   3. Any time a breastfeeding food package is changed.

D. The WIC Breastfeeding Dyad Education (WBDE) may be used to document the assessment in Cornerstone until the infant’s first birthday.

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**Addendum: Nutrition Practice Standard- Breastfeeding**
7. **Documentation of Risks**

   **Effective: July 2013**

   The Certifying Health Professional must document the following in Cornerstone Case Notes (see CS-12):

   A. health and dietary assessment information
   B. specific conditions for which bundled risk factors (those with more than one allowable condition) are assigned
   C. plans for intervention and follow-up
   D. referrals related to intervention and follow-up

   **Addendum: Nutrition Practice Standard- Documenting Care Plans**
1. **Priority System**

*Effective: July 2013*

Based on category and assigned nutrition risk factor, each participant is assigned a Priority to assure that those persons at greatest nutrition risk receive program benefits.

A. A priority [one (1) through six (6)] is assigned to each participant at certification.

B. Priority of a pregnant woman or an infant certified at a preliminary visit may change if risk factors are changed as a result of the full nutrition assessment at the six week follow-up visit.

C. If a lactating woman who was certified with risk factors of her own ceases breastfeeding before six months postpartum, her category will change to postpartum (N) but her priority will remain the same.

D. A lactating woman may be determined to be at nutrition risk based upon her own health status or that of her infant. A breast-fed infant can be certified based on the mother's medical and/or nutrition assessment. All breast-fed infants and their mothers must be assigned the same risk code, Q100, Q200 or Q400, indicating the highest priority for which either qualifies.

E. Previously certified participants do not take precedence over new applicants and must be evaluated to determine program eligibility.

F. Priorities assigned include the following:

1. **Priority 1**
   - Pregnant women, lactating women and infants at nutrition risk as demonstrated by hematological or anthropometric measurements; or medical condition(s) which demonstrate the person's need for supplemental foods.

2. **Priority 2 (O010 and P010)**
   - Infants up to six months of age born to women who would have been Priority 1 had they participated in WIC during their pregnancies.
   - Infants up to six months of age born of high-risk women (not on WIC) whose medical records document (including the Cornerstone medical screens) that they were at nutrition risk during pregnancy due to hematological or anthropometric measurements, or medical condition(s) which demonstrate need for supplemental foods.
   - Lactating women whose infants qualify for Priority 2.

3. **Priority 3**
   - Children at nutrition risk as demonstrated by hematological or anthropometric measurements or medical condition(s) which demonstrate the child's need for supplemental foods.
   - Postpartum women with risk factor for adolescent pregnancy.

4. **Priority 4**
   - Pregnant women with preliminary eligibility.
   - Pregnant women, lactating women, and infants at nutrition risk because of inappropriate nutrition practices or presumed to be at nutrition risk.
5. Priority 5- Children at nutrition risk because of inappropriate nutrition practices or presumed to be at nutrition risk.

6. Priority 6- Postpartum, non-lactating women at nutrition risk.
1. **Certification Periods**  
   *Effective: July 2012*

   Based on category, each participant certified on the WIC Program is eligible to receive program benefits for an established period of time.

A. Pregnant women (P category) are certified for the duration of their pregnancy and up to six (6) weeks postpartum (including women who terminate pregnancy early due to miscarriage, etc.).

B. Lactating women (B category) are defined as “all women exclusively or partially breastfeeding to any degree, up to one year postpartum.”
   1. Breastfeeding woman are certified for intervals of twelve months ending with the infant's first birthday.
      a) Women who continue to breastfeed after six (6) months but receive supplemental formula for their infants above the maximum allowed maintain breastfeeding priority.
   2. If a woman stops breastfeeding when she is less than six (6) months postpartum she is eligible to remain on the program as a postpartum woman (N category) until six (6) months postpartum.
   3. Women who cease breastfeeding after six (6) months fall under the guidance for postpartum, non-breastfeeding women (N category) and will terminate.

C. Postpartum, non-breastfeeding women (N category) are eligible for certification up to six (6) months following delivery or termination of pregnancy.

D. Infants (I Category) under six (6) months of age are certified up to their first birthday. The termination date is the date of their first birthday. The quality and accessibility of health care services should not be diminished.

E. Infants (I Category) six (6) months of age or older are certified for intervals of six months. Termination date is six months from the date of certification.

F. Children (C Category) are certified for one year intervals. The termination date is twelve months from the date of certification. If a child reaches his 5th birthday during his certification period, the termination date is the date of his 5th birthday. The quality and accessibility of health care services should not be diminished and nutrition education contacts must be made available at a quarterly rate.
1. Preliminary Certification for Pregnant Woman

Effective: January 2017

The Preliminary Certification Visit permits women, in the first 20 weeks of their pregnancy, to be certified without being evaluated for nutrition risk, for a period of up to sixty (60) days, provided income and residency criteria are met.

A. This procedure is used only for a pregnant woman when:
   1. essential equipment or staff is not on site to perform the nutrition assessment
   2. she is not assessed at this visit or does not have a local agency referral form

B. Document participant’s residency.

C. Document participant’s income.

D. Obtain the following information from the participant:
   1. Proof of Pregnancy (if available)
   2. Estimated date of confinement (EDC)

E. Use risk factor “G020” (Preliminary Eligibility for Pregnant Women) to document eligibility. Other known risk factors with the pregnancy, i.e., adolescent pregnancy, homeless/migrant, etc., will be automatically generated. (Priority 4 will be assigned unless other risk factors are present qualifying the pregnant woman to be assigned a higher priority.)

F. Nutrition education and counseling must be provided.

G. Food Packages must be prescribed by the CHP. The participant must be informed that Food Instruments will only be issued for a period of up to sixty (60) days.

H. The pregnant woman should return for the WIC Follow-up Visit - Pregnant Preliminary service as soon as possible after her healthcare appointment, but within 60 days. This service will extend her certification period 6 weeks past her EDC date. A new WIC Program Client Certification Form is not needed, however the “notice of service ending” should be updated in the WIC ID Card and explained.

I. Preliminary visits must be documented in the participant’s record.

Addendum - Nutrition Practice Standards - Preliminary Certifications
1. Maintaining Quality Assurance during One Year Certifications

Effective: July 2013

The intent of one year certifications is to reduce the administrative burden on both WIC staff and participants while maintaining quality nutrition services. Extended certification periods allow for better nutrition services coordination; increased opportunities for nutrition interventions; and provide more time for counseling high-risk participants particularly during the mid-certification assessment.

A. One year certifications are allowed for the following categories:

1. infants under six (6) months of age
2. breastfeeding women (B category) until they cease breastfeeding or up to their infant’s first birthday
3. children up to their fifth birthday

B. To assure quality and accessibility of health care services regulatory requirements such as anemia screening, anthropometric measurements, immunization screening, and referral services remain the same as for shorter certification periods and include:

1. Anthropometric Measurements- must be taken midway during the certification period.
2. Bloodwork- must be assessed following the schedule outlined in CS 6.4.
   a) An abbreviated assessment is necessary to identify major changes in health status and/or dietary and physical activity behaviors since the previous certification. An abbreviated assessment should include the following:
      (1) Review of last nutrition/health summary
      (2) New concerns raised by the participant
      (3) New medical diagnoses
      (4) Changes in eating pattern/food intake/food package
      (5) Changes in physical activity behaviors
      (6) Update environmental factors related to nutrition status
   b) Indicate any changes to risk factors or priorities in the case notes as the computer record cannot be changed.

4. During the mid-certification assessment staff should provide follow-up, as necessary, to the immunization screening and referrals conducted, at certification, as required for infants and children less than 2 years of age. (see CS 14.2).
C. Nutrition education contacts must be made available quarterly.

1. Infants- Certification, mid-certification assessment and at least two secondary contacts pertinent to the infants’ needs, age and risk factors must be offered. This may be achieved through individual contacts/activities or group education. Flexibility in the timing of visits is encouraged such that the mid-certification assessment visit should be after the infant's six-month birthday and timed to coincide with that of the mother for breastfeeding dyads.

   Recommended schedule

<table>
<thead>
<tr>
<th>If Certified At:</th>
<th>Mid-Certification Assessment At:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth - 3 Months of Age</td>
<td>6-7 Months Old</td>
</tr>
<tr>
<td>3-6 Months of Age</td>
<td>7-9 Months Old</td>
</tr>
</tbody>
</table>

2. Children- Certification, mid-certification assessment and at least two secondary contacts pertinent to the child’s needs, age and risk factors must be offered. Flexibility of timing of visits is encouraged with consideration for bloodwork needs at the mid-certification assessment.

3. Breastfeeding women- Certification, mid-certification assessment and at least two secondary contacts pertinent to the woman’s needs and risk factors must be offered. Flexibility of timing of visits is encouraged to ensure the mid-certification assessment coincides with that of the infant.

D. A new WIC Program Client Certification Form is not needed for a mid-certification assessment however the visit should be documented in Cornerstone per policy. In addition, the “notice of service ending” must be updated in the WIC ID Card and explained.

E. Food Instruments cannot be withheld for failure to bring infants or children for the mid-certification appointment. However, it is recommended that staff reschedule the appointment for one month and issue Food Instruments accordingly. Follow-up for failed appointments is strongly encouraged.
1. **Definitions of Caseload Management**  
*Effective: July 2013*

A. **Caseload management** is the achievement of program goals by serving the highest risk participants first while at the same time maintaining the designated caseload limit.

B. **Achieved caseload** or participation is the number of persons who have received Food Instruments with the "first day to use" being any date within that month.

C. **Assigned caseload** is the number of persons who can participate monthly in the agency program as determined by the Department. The agency goal is to reach and maintain this level of participation.

D. **Waiting lists** are meant to facilitate services for the highest priority participants at the earliest opportunity when caseload is exceeded. They may be initiated with Department approval in order to maintain a list of categorically eligible individuals who visit the local agency and express interest in receiving Program benefits but cannot be seen due to the agency being over capacity.
2. Processing Standards and Time Frames

**Effective: July 2016**

Agency staff must accept applicants, arrive at eligibility determinations, and notify the applicants of the decisions made and, if the applicants are eligible, issue food instruments. All of these actions must be accomplished within the processing standards set forth below.

A. Processing Standards begin when the individual contacts the agency to schedule an appointment to request Program benefits. To ensure that accurate records are kept of the date of that request for benefits, the local agency must:

   1. obtain verbal/written consent to be entered in Cornerstone upon contact with agency,
   2. document the applicant's name, address and the date,
   3. the remainder of the information necessary to determine eligibility will be obtained at the time of certification.

B. Local agencies must act on applications within the following time frames:

   1. Pregnant women eligible as Priority 1 participants, infants under six months of age and members of migrant farm worker households who plan to leave the jurisdiction of the local agency must be notified of their eligibility or ineligibility within ten (10) calendar days, of the date of the first request for Program benefits.
   2. All other applicants must be notified of their eligibility or ineligibility within twenty (20) calendar days of the date of the first request for Program benefits.
   3. Scheduling records must be available during the Management Evaluation via Cornerstone or other agency record systems.

C. Local agencies must issue food instruments to the participant at the same time as the notification of certification. These food instruments shall provide benefits for the current month or the remaining portion thereof and shall be redeemable immediately.

D. Agencies At Or Above Assigned Caseload Limit

   1. When a local agency is at or exceeds the assigned caseload they are encouraged to serve participants and new applicants.
   2. The Department will make every effort to make adjustments to caseload assignments for those agencies consistently over their assigned caseload.
   3. If a local agency is unable to provide services beyond their assigned caseload they should contact the Department.
      a) If in discussion with the Department it is determined the agency cannot serve new applicants beyond the assigned caseload, approval to initiate a waiting list may be given.
      b) Agencies must obtain approval from the Department prior to initiating a waiting list.
c) If an agency with a strong system of caseload management knows that certain priority applicants will never be served, it can make a request of the Department to exclude said priority from their waiting list.

d) Maintaining Waiting Lists

(1) With Department approval, a waiting list is maintained of categorically eligible individuals who visit the local agency and express interest in receiving Program benefits.

(2) In some cases it may be clear the applicant is unlikely to be served, however, if an applicant insists on being placed on a waiting list, he or she must be added.

(3) Individuals must be notified of their placement on a waiting list within twenty (20) days after they visit the local agency during clinic office hours to request Program benefits.

(4) The local agency must use Cornerstone for the waiting list. In order to contact the individuals when caseload space becomes available, the minimum date entered for the waiting list must include:

(a) name of the applicant
(b) address or phone number of the applicant
(c) applicant’s status (e.g., pregnant, breastfeeding, age of applicant)
(d) date placed on the waiting list (generated automatically)
3. Scheduling Appointments  

Effective: July 2016

Each local agency must have a system for screening new applicants and recertifying participants for eligibility.

A. Walk-in clinics are encouraged for participants, already in the Cornerstone system, as they offer many benefits including reducing the amount of time spent on reminder calls, scheduling calls and preparing for next day appointments. They also allow for greater flexibility of work schedules for clinic staff and flexible appointments for participants.

B. Scheduled appointments must be offered to meet the needs of the working and student populations and minimize absence from work and/or school.

C. Priority Scheduling

1. In order to facilitate participation of special populations on WIC including working families, homeless, migrants, minorities and those residing in rural areas, local agencies must implement processes that allow them access to the program by:

   a) adjustment of clinic hours (Saturday clinics, early bird morning services, walk-in clinics or evening appointments) to accommodate travel and work schedules

   b) maintaining clinic locations in areas of highest need

2. Anticipated "higher" priorities must be seen or given appointments before those individuals foreseen to be at lower priority. To accomplish this, staff responsible for assigning appointments should be familiar with the priority system of the program (see CS7 & CS11.2).

   a) High risk applicants, whether for certification or recertification, must receive priority for scheduling appointments.

   b) High risk, new applicants must be given appointments, even when it requires delaying the recertification of lower risk certifications.
4. **Follow-up for Pregnant Women**

*Effective: July 2013*

In an effort to enroll eligible pregnant women as early as possible, the local agency must attempt to contact each pregnant woman who misses her first appointment to apply for Program participation in order to reschedule the appointment.

A. This policy applies to the initial certification interview only, and should not include missed food instrument pick-up or missed appointments for subsequent certifications.

B. In contacting a pregnant woman, the following procedures should be followed:

   1. At the time of initial contact (either by telephone or in person), the agency should obtain the pregnant woman’s address and telephone number. This should occur at intake.

   2. If the appointment is missed, the pregnant woman must be contacted:

      a) by telephone and offered a new appointment

      b) by mail and request that she contact the local agency to schedule a new appointment. The mail contact can be by letter.

      c) The local agency must document that the contact was attempted. Acceptable forms of documentation include:

         (1) written note on the WIC Program Client Certification Form;

         (2) written note on the computer scheduling reports;

         (3) comment field of Cornerstone scheduling;

         (4) Cornerstone Case Notes.

C. Those agencies which currently have a system in place of sending reminder notices prior to the initial appointment are strongly encouraged to continue this practice. This will provide an additional means of reaching women applicants as early in the pregnancy as possible. Reminder notices do not replace the contact to be made if the appointment is not kept.

D. Follow-up to participants who miss food instrument pick-up and other appointments is encouraged as a means of reducing no-show rates and building caseload.
1. General Information

Effective: July 2016

Participant records include both the paper chart and the electronic record, including consent forms and any paper assessment tools.

A. Each participant is assigned one identification number (ID number) through the Cornerstone Information System. Every effort should be made to maintain this number through subsequent certifications. The ID number and name should be included on all forms in the participants’ charts and their WIC ID cards. (see IL WIC PPM FD-1.3)

B. Certification of a WIC participant can only be done through Cornerstone. Data collected through the required WIC screens is stored in Cornerstone and is part of the participant’s record. The Cornerstone End-Of-Day (EOD) process will automatically save a backup copy of all the “Participant Master Records for WIC” reports for the WIC participants seen that day.

C. Agencies who utilize electronic record keeping systems/electronic medical records in addition to the Cornerstone system for scheduling and/or filing of participant forms must comply with the following items:

1. The participant must be advised it is optional to have his/her information entered into the additional system and WIC services will not be impacted by refusing to consent. Documentation of consent must be kept on file.

2. The participant’s WIC information must be kept confidential.

3. Electronic participant records must be accessible for review to ensure compliance with WIC policy requirements.
2. **Certification Documentation**

*Effective: July 2016*

The WIC Program Client Certification form must be completed for all WIC applicants and verbally explained by the interviewer. A parent, guardian, foster parent or caretaker must be present at each certification to provide required signatures. A proxy cannot sign the WIC Program Client Certification Form.

A. **For Certification Visits/Preliminary Certification Visits**

1. For each applicant, at each certification visit the following information must be obtained and documented on this Form.

   **Addendum: WIC Program Client Certification Form**

2. The front of the form must have the following items:
   a) Participant's name, I.D. # and date of birth
   b) WIC Category
   c) Physical Presence
   d) Documents Provided for Proof:
      (1) Identification:
      (2) Residence
      (3) Pregnancy
   e) Income Eligibility:
      (1) Economic Unit Size, see CS 3.1
      (2) Adjunct Eligibility see CS 3.2
      (3) Check Stubs- if more than two incomes are declared use “Other” box to document see CS 3.3
      (4) Other- see CS 3.3
      (5) No income see CS 3.3
      (6) Total Income must be identified in the “Total Annual Income” field and the method of determination marked.
   f) Ineligible- if applicable document reason and complete form including the signature of staff making this determination (See CS 15.1)

   **Addendum: WIC Notice of Ineligibility/Termination**

   g) Proxy-complete appropriate fields.
   h) Notice of Service Ending
      (1) Appropriate boxes must be marked indicating either eligibility to reapply for WIC or categorical ineligibility.
### Certification Standards

#### Section 12: Participant Records

| i) | Each participant must be told when services will end. |
| j) | Interviewer Initials- the staff member completing this section must initial after providing service ending date. |

3. The back of the form must have the following items:

| a) | WIC Rights and Responsibilities- The interviewer must advise the applicant/participant of their WIC Rights and Responsibilities as listed on the WIC Program Client Certification Form. |
| b) | Required signatures - The WIC Program Client Certification Form must be signed by the: |
| (1) | Applicant/parent/guardian/caretaker/foster parent after the form is explained and before beginning the nutrition assessment process. Full signature is required. |
| (2) | Interviewer determining eligibility components listed above. Full signature of staff is required. |
| (3) | Certifying Health Professional determining nutrition risk. Full signature of the CHP is required. |
3. **Transfer Documentation**

*Effective: July 2016*

A. For each participant requesting a transfer of WIC services the following information must be obtained and documented on the WIC Program Client Certification form.

1. Participant’s name, I.D. # and date of birth
2. Category and physical presence
3. Documentation of Proof of Identity (original ID Card is preferred, if not available (see CS 4.1)
4. Documentation of Residency (see CS 2.1)
5. Note “Transfer” for documentation of Pregnancy
6. Complete Economic Unit Size
7. Note “Transfer” for documentation of Income in “Total Annual Income” box
8. Assigned Proxies (see IL WIC PPM FD- 1.3)
9. Documentation that Notice of Service Ending was provided.
10. Required signatures:

   a) The WIC Program Client Certification Form must be signed by the:

   (1) Applicant/parent/guardian/caretaker/foster parent after the form is explained and before beginning the nutrition assessment process. Full signature is required.

   (2) A parent who certifies a child or infant is considered to be, and should sign as, the “parent.” The other parent can only sign and be designated as a proxy during a certification period. (see IL WIC PPM FD-1.3) However, the roles of these parents may change at subsequent certification(s) and therefore reverse their role as certifying parent and proxy.

   (3) Interviewer determining eligibility components listed above. Full signature of staff is required.

   (4) Certifying Health Professional determining priority and food package. Full signature of the CHP is required.

   (a) For in-state transfers a CHP must sign if the food package is changed. If no changes are needed the interviewer may note “Transfer” on this line.
4. **Documentation of Income Reassessment during Certification Period**

*Effective: July 2016*

A. For each participant that has a mid-certification income reassessment the following information must be obtained and documented on a separate WIC Client Certification Form:

1. The front of the form must document the following items:
   a) Participant’s name, I.D. # and date of birth
   b) WIC Category
   c) Note “Mid-cert Reassessment” by Physical Presence
   d) Note “Mid-Cert Reassessment” by Identification, Residency, and Pregnancy
   e) Income Eligibility:
      (1) Document current Economic Unit Size
      (2) Document income provided at time of Mid-Certification Reassessment
      (3) Document “Total Annual Income” and the method of determination
   f) Ineligible – if applicable document reason and complete form including the signature of staff making this determination follow CS 15.1.
   g) Notice of Service Ending
      (1) If upon mid-certification reassessment it is determined participant will maintain current certification period status, Service End Date will not change and information covered and documented at time of Certification meets this obligation.

      (2) If upon mid-certification reassessment it is determined the participant will be terminated, the following steps are to be taken:
         a) issue a minimum of 15 days up to 30 days of WIC benefits prior to terminating the participant’s active status in the electronic record.
         b) advise participant when services will end (minimum of 15 days notice required); the end date on the Food Instruments will serve as the Service Ending Date and must be documented in the WIC ID Folder as well as on the WIC Ineligibility/Termination Notice.
         c) update the participant’s eligibility status in the Cornerstone system to reflect the Mid-Certification Reassessment was completed, including updating Economic Unit size and Total Annual Income amount.

2. The back of the form must document the Interviewer determining eligibility components listed above. Full signature of staff is required.

B. The staff person who completed the Mid-Certification Reassessment should enter a brief casenote in each individual participant record indicating the participant’s eligibility status as a result of the mid-certification reassessment.
5. **Case Notes**

*Effective: July 2016*

Local Agencies must use Cornerstone Case Notes to document participant care plans and other key information to ensure continuity of care and program integrity.

A. To assure accuracy, all case notes should be completed prior to serving the next participant.

B. Case notes maintained for the WIC Program should utilize the SAP (Subjective, Assessment, Plan) format.

C. Document:

1. Program name (WIC)
2. Type of visit, e.g., WIC cert, WIC follow-up, WIC individual education
3. Subjective information- must include responses from the participant related to nutrition knowledge, attitudes, beliefs, and family/community environment. Comments made by the participant pertaining to: group session attended, WIC Health modules, and information related to the participant’s nutrition related health and wellness should be documented.
4. Assessment information- clarifies the basis for risk factor assignment and plan for intervention. Risk factors needing additional information, including bundled and presumptive eligibility risks must be documented in case notes. It is recommended to document any other pertinent assessment information here as well.
5. Plan -for intervention and follow-up
6. CHP’s name and title.

Addendum - Nutrition Practice Standards - Documenting Care Plans
6. Filing Order

Effective: July 2013

A. Active Charts

1. A complete WIC Participant Chart must be maintained and filed in the active file drawers until the participant has been terminated. Clinic records may be combined or consolidated into one record. They may be filed with other Program records and with those of other family members on the program. It is recommended that records be filed alphabetically by last name.

B. Inactive Charts (Ineligible and Terminated Participants)

1. Inactive charts must be maintained on file for review during monitoring and audits until permission is given to destroy them.

2. For applicants who are found ineligible during the application process, agencies must at a minimum keep the completed WIC Program Client Certification Forms on file in a common file.
1. **General Information**

   **Effective: January 2017**

   A “Transfer of Certification” is defined as the relocation of a participant from one clinic to another clinic within the valid certification period. The primary intent of transfer/Verification of Certification (VOC) provisions is to ensure seamless and continued participation of certified participants through the entirety of their certification period\(^5\). These provisions also reduce the administrative burden on the certified participant, as well as the local agencies.

   **A.** Participants who arrive at a local agency or clinic (receiving agency) with a valid VOC must be transferred and allowed to continue participating through the end of their current certification period, even if the participant:

   1. does not meet the receiving agency’s nutritional risk,
   2. priority,
   3. or income criteria,
   4. or the certification period extends beyond the receiving agency’s certification period for that category.

   **B.** Normal processing standards apply for all participants with a VOC.

   **C.** If a local agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible.

   **D.** Staff must not require participants to sign a release of information to share VOC information with other State or Local WIC agencies.

   1. It is acceptable for agencies to request a fax or phone number to call back an agency to confirm a VOC request is legitimate.

   **E.** An Illinois WIC ID Card must be issued to all WIC participants. This card, completed per policy, provides the minimum information needed for VOC. (See IL WIC PPM FD-1.3)

   **F.** The “Verification of Certification” (VOC) Form (Cornerstone report HSPR0112) must be issued to every participant who is a member of a family in which there is a migrant farm worker or any other participant who is likely to be relocating during the certification period.

   1. For those participants receiving special formula from WIC, provide a copy of the Illinois WIC Medically Prescribed Formula Form to streamline the transfer of benefits.

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\(^5\) WIC Policy Memo 2016-4
G. Local agency staff is encouraged to make sure participants are aware of the availability and process for transferring. Staff should:
   1. regularly ask participants if they are planning to move
   2. post signs reminding participants to ask for a VOC if they will be moving before their next appointment.

H. If a VOC is presented to a receiving agency and the certification will expire within the next 30 days, the receiving agency may offer the participant the option of a recertification appointment for her convenience.

I. Receiving agencies are not required to do a mid-certification income reassessment.
2. **In-State Transfer**

*Effective: January 2017*

Participants who present at a clinic with a valid Illinois WIC ID card that clearly explains eligibility timeframes is considered an “In State Transfer.” Participants with no ID card must present proof of identity (CS 4.1).

A. Once the receiving clinic initiates the transfer, the participant’s previous clinic will be notified of the transfer upon its completion via the Beginning of Day (BOD) report.

B. The receiving clinic must make an appointment (scheduled or walk-in) for the participant to receive food instruments to ensure there is not a gap in program benefits. All transfer information will be downloaded to the receiving clinic after daily communications with the Cornerstone mainframe computer.
   1. The WIC Benefit Group will need to be established or updated.

C. Participants transferring to or from a food center clinic should be given priority for re-issuance of existing food instruments/coupons as soon as possible, to prevent loss of benefits.

D. A WIC Program Client Certification Form must be completed (CS 12.3) including documentation of residency (CS 2.2) and identity (CS 4.1) kept on file for transferring participants.

E. Review the participant record to determine if the participant has received a secondary contact. Schedule a subsequent appointment for secondary nutrition education or recertification.

F. A local listing of authorized WIC vendors must be provided.
3. **Out-of-State Transfer**

*Effective: January 2017*

An out-of-state transfer “into Illinois” is identified by a participant who presents a valid VOC form from another state.

A. A valid VOC includes the following:
   1. Name of the participant
   2. Date of certification
   3. Nutritional risk condition
   4. Termination or expiration date
   5. Signature and printed or typed name of the certifying official
   6. Name and address of the certifying Local Agency
   7. Participant's identification number

B. The VOC must be accepted and considered valid if all of the following information is present:
   1. participant name
   2. date participant was certified
   3. date certification period expires

C. If an out of state participant does not have the necessary VOC information the certification can be verified by calling the previous state or local agency for the required information.
   1. Each state WIC agency is required to provide a single point of contact for all other WIC agencies use during regular business hours. Local agency staff can find this information at: [http://www.fns.usda.gov/wic/wic-contacts](http://www.fns.usda.gov/wic/wic-contacts)

D. The receiving clinic must make an appointment (scheduled or walk-in) for the participant to receive Illinois Food Instruments to ensure there is not a gap in program benefits.

E. At the time the transferring participant presents at the receiving clinic with a VOC the following tasks must be completed:
   1. A WIC Program Client Certification Form must be completed per CS 12.2 including documentation of residency (CS 2.2) and identity (CS 4.1) and kept on file along with the VOC from the sending agency.
   2. An Out of State Transfer service must be completed in the Cornerstone system including:
      a) establish a WIC Benefit Group
Section 13: Transfer of Certification

b) use of the Out of State Transfer (V010) risk factor regardless of previous risk

c) a priority and food package must be assigned by a CHP

d) schedule a subsequent appointment for secondary nutrition education or recertification.

3. Transferring participants must surrender any unused food instruments or their Electronic Benefit Transfer (EBT) card to the receiving WIC agency prior to issuance of Illinois food benefits.

   a) Education on the Illinois Authorized WIC Food List and current listing of WIC vendors must be provided.

4. The receiving clinic must destroy the unused food instruments or EBT card.
4. Department of Defense (DoD) WIC Overseas Program

   Effective: July 2013

A. Background

   1. The DoD was authorized by law to establish and operate a program like WIC, using DoD funds, for United States (U.S.) active duty military personnel and other support staff stationed overseas and their dependents. This program is called the WIC Overseas Program.

   2. The WIC Overseas Program does not operate in locations that some may consider overseas such as Hawaii and Guam because the USDA WIC Program operates in these locations.

   3. DoD has delegated the responsibility to administer the WIC Overseas Program to its Assistant Secretary of Defense (Health Affairs)/TRICARE Management Activity (TMA) DoD/TMA recently began to phase in implementation of the WIC Overseas Program in five locations. Including:

       a) Lakenheath, England (Air Force)
       b) Yokosuka, Japan (Navy)
       c) Baumholder, Germany (Army)
       d) Okinawa, Japan (Marines and Air Force)
       e) Guantanamo Bay, Cuba (Navy).

   4. Further implementation of the WIC Overseas Program will be phased in at other locations where WIC Overseas Program services and benefits can be provided.

B. Eligibility in the WIC Overseas Program is limited to:

   1. Members of the armed forces on duty at stations outside the U.S. and their dependents; Civilians who are employees of a military department (i.e., Army, Navy, or Air Force) who are U.S. nationals and live outside the U.S., and their dependents; and

   2. Employees of DoD contractors who are U.S. nationals living outside the U.S. and their dependents. (A “dependent” includes a spouse. U.S. Nationals are individuals who are U.S. citizens, or individuals who are not U.S., citizens but owe permanent allegiance to the U.S. as determined in accordance with the Immigration and Nationality Act.

   3. All other eligibility requirements for the WIC Overseas Program mirror USDA’s WIC Program requirements. Further, legislation and DoD guidelines provide that WIC Program participants who are transferred overseas and meet the eligibility requirement noted above are eligible to participate in the WIC Overseas Program until the end of their certification period.

   4. The WIC Overseas Program has been designed to mirror USDA’s WIC Program, and in an effort to provide continuity of services, the USDA WIC Program provides reciprocity to WIC Overseas participants who return to the U.S. Therefore, any WIC Overseas Program participant who returns to the U.S. with a valid WIC Overseas Program Verification of Certification (VOC) form must be provided continued participation in USDA’s WIC Program.
5. The WIC Overseas Program VOC form is a full-page document which also serves as a Participant Profile Report.

C. Issuance of Verification of Certification (VOC) Forms

1. Local agencies must issue VOC forms to WIC participants affiliated with the military who will be transferred overseas. WIC clinics are not responsible for screening and determining eligibility for WIC Overseas Program eligibility. WIC participants issued VOC forms when they transfer overseas must be instructed the following:

2. There is no guarantee that the WIC Overseas Program will be operational at the overseas site where they will be transferred

3. By law, only certain individuals are eligible for the WIC Overseas Program

4. Issuance of a VOC form does not guarantee continued eligibility and participation in the WIC Overseas Program.

5. Eligibility for the overseas program will be determined at the overseas WIC service site. Local agencies should emphasize the importance of WIC clinic staff completing all information on the VOC form because WIC Overseas Program personnel cannot readily contact a WIC Program to obtain further information. All VOC forms must contain the following:
   a) The name of the participant
   b) The date the certification was performed
   c) The date income eligibility was last determined
   d) The nutrition risk conditions of the participant
   e) The date the certification period expires
   f) The signature and printed or typed name of the certifying local agency official
   g) The name and address of the certifying local agency
   h) An identification number or some other means of accountability

6. Acceptance of WIC and Overseas Program VOC Form
   a) Local agencies must accept a valid WIC Overseas Program VOC form presented at a WIC clinic by WIC Overseas Program participants returning to the U.S. from an overseas assignment. In accepting a VOC form the following elements on the forms must be provided:
      (1) participant name
      (2) date the participant was certified
      (3) date the current certification period expires
      (4) WIC Overseas program participants arriving in a WIC clinic and showing a VOC form with only these three pieces of information should be treated just as if the VOC form contains all of the required information.
Section 13: Transfer of Certification

b) The following Web Site lists current locations where the Overseas WIC Program operates: [http://www.tricare.mil/Welcome/SpecialPrograms/WICOverseas.aspx](http://www.tricare.mil/Welcome/SpecialPrograms/WICOverseas.aspx)

c) Local agencies must complete the WIC Program Client Certification form as indicated in CS 12.2.
1. **Local Referral List**
   
   **Effective: July 2013**

   A. When participants are screened for WIC, they must be referred to other health-related and public assistance programs (7 CFR 246). Each local agency must make a current, Local Referral List available to all staff.

   B. The local agency must develop, implement and maintain a written procedure for providing appropriate referral information and updating, at least annually, the Local Referral List. This procedure and the Local Referral List will be reviewed during the WIC Management Evaluation/Quality Assurance Review.
2. **Medical Referrals**  
*Effective: August 2018*

A. Medicaid Information, Referral and Access

USDA/FNS regulations require states to provide the maximum income limits according to family size applicable to pregnant women, infants and children to age 5 under Medicaid. Therefore, local agencies must provide written information for referral concerning the Medicaid Program to WIC applicants and participants in a printed format.

1. At each certification, information is to be provided to adult participants and adults applying for themselves or on behalf of others. Adults applying on behalf of more than one infant/child need only be given the written information once for all children.

2. Local Agencies must provide a referral to the Medicaid program to all WIC applicants/participants, who at the time of WIC application, are not currently participating in the Medicaid program. Local agencies are encouraged to provide AllKids applications in their own clinics.

3. Applicants also may be referred to DHS local offices. Referrals to the Medicaid program include:
   a. the referral of infant and children to the appropriate local area agency authorized to determine eligibility for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program; and
   b. the referral of pregnant women to the appropriate local area agency authorized to determine Medicaid Presumptive Eligibility (MPE).

B. Immunization Screening and Documentation

Immunization records are not required to obtain WIC benefits. WIC State and Local agencies must ensure that WIC infants and children are screened and referred using a documented immunization history\(^6\).

1. The Illinois Department of Public Health (IDPH) is the lead agency in immunization planning and screening, and is responsible for design of immunization services, etc. As an adjunct to health services, the WIC Program’s role in immunization screening and referral is to support existing funded immunization activities. WIC involvement in immunization screening and referral activities should enhance rather than substitute for on-going Immunization Program initiatives.

2. All WIC local agencies must have a process for screening and documenting the immunization status of infants and children applying for and participating in the WIC Program, and refer them, if necessary, for immunization services.
   a. When scheduling WIC certification appointments for children under the age of two, advise parents and caretakers of infant and child WIC applicants that immunization records are requested as part of the WIC certification and health screening process. Explain to the parent/caretaker the importance that WIC places on making sure that

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\(^6\) WIC Policy Memo 2001-7
children are up to date on immunizations, but assure applicants that immunization records are not required to obtain WIC benefits.

b. At initial certification and all subsequent certification visits for children under the age of two, screen the infant/child's immunization status using a documented record. A documented record is a record (computerized or paper) in which actual vaccination dates are recorded. This includes a parent's hand-held immunization record (from the provider), an immunization registry, the IDPH data system I-CARE, or a participant chart (paper copy).

c. At a minimum, screen the infant/child's immunization status by counting the number of doses of DTaP (diphtheria and tetanus toxoids and acellular pertussis) vaccine they have received in relation to their age according to the current CDC schedule.

d. If the infant/child is underimmunized:
   (1) provide information on the recommended immunization schedule appropriate to the current age of the infant/child, and
   (2) provide referral for immunization services, ideally to the child's usual source of medical care.

e. If a documented immunization record is not provided by the parent/caretaker:
   (1) provide information on the recommended immunization schedule appropriate to the current age of the infant/child per federal and state guidelines. [link](https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent-compliant.html)
   (2) provide referral for immunization services, ideally to the child's usual source of medical care, and
   (3) encourage the parent/caretaker to bring the immunization record to the next certification visit.

3. The purchase of vaccines and delivery of immunizations remain unallowable costs to WIC.

C. Blood Lead Screening

Childhood lead poisoning is one of the most common pediatric health problems in the U.S. today and is entirely preventable. Minority and poor children are disproportionately affected. WIC is an important partner in the efforts to combat this health risk through provision of information and referrals and assisting in an appropriate plan for nutrition intervention.  

1. At the time of enrollment in WIC, staff must ask if the child has had a blood lead screening test.
   a. If the child has not had a test, they must be referred to programs where they can obtain such a test.
   b. If the child has been tested, staff should include the results in the nutrition assessment, and provide education and counseling as appropriate.

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7 USDA WIC Policy Memo 2001-1
2. Per Public Law 106-387, WIC nutrition services and administration funds are not to be used to conduct blood lead screening tests. If blood is drawn or drawn and tested for WIC eligibility (hemoglobin/hematocrit) and lead screening at the same time, WIC and the lead screening program must each pay its fair share to the total cost.
3. **Food Assistance Referrals**  
   *Effective: July 2013*

A. Referrals to Food Assistance Programs  
   WIC participants and applicants applying in person should be given information about other potential sources of food assistance in the area. Information is to be given to adults who are applying or reapplying for themselves or on behalf of others.

   1. Food assistance programs include, but are not limited to:
      
      a) food banks (The Emergency Food Assistance Program (TEFAP));
      b) food pantries;
      c) soup kitchens;
      d) the Supplemental Nutrition Assistance Program (SNAP);
      e) Commodity Supplemental Food Program (CSFP), where available for those NOT participating in WIC.
4. **Other Referrals**  
*Effective: July 2013*

A. Substance Abuse Counseling and Treatment Centers  
Local Agencies must maintain a list of local resources for drug and other harmful substance abuse counseling and treatment and make it available for distribution to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children applying for and participating in the Program.

B. Hospital-Based WIC Programs

1. Local agencies which operate WIC programs within a hospital or in conjunction with arrangements made with a hospital must ensure that potentially eligible WIC applicants who receive hospital services are informed of the availability of WIC program benefits.

2. To the extent possible, the local agency must also provide an opportunity for individuals who may be eligible to be certified within the hospital. Agencies should develop procedures to address current or proposed hospital-based operations, and submit it to the Department for approval. This will be reviewed during the WIC Management Evaluation/Quality Assurance Review.
1. **Ineligibility**  
   **Effective: July 2013**

A. Applicants to the WIC program may be found ineligible if they do not meet category, income, residency or risk criteria. In these instances, the following actions must be taken:

1. WIC Program Client Certification Form must be completed per policy (see CS12.2) and kept on file.
2. Ineligible applicants must be provided a WIC Termination/Ineligibility Notice at the time of ineligibility determination.

**Addendum: WIC Termination/Ineligibility Notice**

3. WIC Program participants can become ineligible for the following reasons:
   a) Categorical ineligibility-Persons will become ineligible for the WIC program according to the following schedule:
      1. **Pregnant Women** - at six weeks past the termination of pregnancy
      2. **Lactating Women** - at the infant's first birthday or upon termination of breastfeeding if past six months postpartum
      3. **Postpartum Women** - at the infant's six month birthday
      4. **Children** - on the date of their fifth birthday
      5. **Infant** - on the date of their first birthday

4. Ineligibility due to changes in income or other criteria.

5. Notice of Ineligibility
   a) Participants must be notified at least fifteen (15) days before they become ineligible.
   b) Notification must state the reason for ineligibility and inform the participant of the right to a fair hearing (see CS 17.2).
   c) Completion of the WIC Program Client Certification Form and WIC ID card fulfills this obligation.
2. Termination

Effective: July 2013

A. WIC Program Participants can be terminated for the following reasons:
   1. failure to pick up food instruments for two or more consecutive months
   2. failure to keep follow-up appointment to a preliminary certification visit
   3. deliberate misrepresentation of circumstances to obtain benefits
   4. WIC Program abuse (see CS 16.1)

B. Notice of Termination
   1. A person being terminated from the program must be advised, in writing, at least fifteen (15) days before termination.
   2. The notification must state the reason for termination and inform the participant of the right to a fair hearing (see CS 17.2).
   3. Completion of the WIC Program Client Certification Form and WIC ID card fulfills this obligation in most cases.
   4. Notices do not need to be provided routinely to participants who are terminated for failure to pick up food instruments and/or due to dual participation (7CFR246).
1. WIC Participant Violations and Sanctions

Effective: January 2017

A. Per 7 CFR 246 a participant violation means any intentional action of a participant, parent or caretaker of an infant or child participant, or proxy that violates Federal or State statutes, regulations, policies, or procedures governing the Program.

B. Participant violations include deliberately making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts to obtain benefits; exchanging cash-value vouchers, food instruments or supplemental foods for cash, credit, non-food items, or unauthorized food items, including supplemental foods in excess of those listed on the participant’s food instrument; threatening to harm or physically harming clinic, farmer or vendor staff; and dual participation.

C. Local agencies must investigate all reported or suspected participant violations and issue sanctions as directed.

1. The addendum “Violations and Sanctions” identifies various types of violations to the WIC Program, the associated sanctions and which party is responsible for an action.

D. Local agency staff is responsible for the following activities to address violations:

1. Forward complaints to the Department via the WIC Program Participant Violation Reporting Form (see IL WIC PPM FD 5.3)
   a) submit within three (3) calendar days of the occurrence

2. Complete the “Sanctions Due to Program Violations” letter, review it with the participant at visit and obtain signatures.

3. Document actions in the participant record.

E. It is the responsibility of the Local Agency to provide full opportunity to appeal any disqualification as set forth in 7 CFR 246. In the event that a sanction is imposed, the local agency must document the event completely and forward that documentation to the Department for review.

F. Proxies who initiate violations will no longer be recognized, and participant must identify a new proxy.

Addendum - Violations and Sanctions

Addendum – Sanctions Due to Program Violations
1. Participants Right to Appeal

*Effective: January 2017*

A. Each potential WIC participant shall be informed of the right to a fair hearing:
   1. during the initial program certification
   2. at any termination or graduation from the program.

B. Those determined to be ineligible to participate in the program, or suspected of program
   abuse shall be notified in writing of the reason of ineligibility and the right to a fair hearing.

   **Addendum – Applicant Notification of Appeal Rights/Right to a Fair Hearing**

C. Prior to granting a fair hearing, the local agency may conduct a preliminary conference with
   the participant to resolve the issue(s), particularly when the individual may misunderstand
   program policy or not be aware that certain procedures are required by the Department or
   USDA. Persons unable to speak English must be provided an opportunity to express
   themselves in their own language.

D. Each local agency must:
   1. identify a Fair Hearing Officer. The Hearing Officer must be an impartial individual who
      does not have any personal interest or involvement in the decision and who was not
      directly involved in the initial determination of the action being contested.
   2. provide a fair hearing in accordance within the designated timeframes as identified in CS
      17.2 of “Fair Hearing Procedures.”

E. Participants who appeal the termination of benefits within the period of time provided under
   paragraph (e) of this section must continue to receive Program benefits until the hearing
   official reaches a decision or the certification period expires, whichever occurs first. This
   does not apply to applicants denied benefits at initial certification, participants whose
   certification period has expired or participants who become categorically ineligible for
   benefits.

F. Applicants who are denied benefits at initial certification, or participants who become
   categorically or income ineligible during a certification period (or whose certification period
   expires), may appeal the denial or termination, but must not receive benefits while awaiting
   the hearing.
2. **Fair Hearing Procedures**  
   **Effective: January 2017**

Listed below are the uniform rules of procedure to be followed in processing an appeal on the denial or termination of benefits:

A. The fair hearing must be requested no later than sixty (60) days after the applicant or participant receives written notification of program denial, monetary restitution, or termination of benefits.

B. The hearing shall be held within twenty-one (21) days and the decision of the fair hearing officer made within forty-five (45) days from the date the request for the hearing was received.

C. A minimum of ten (10) days advance written notice of the date, time and place of the hearing shall be given.

D. The decision of the Hearing Officer must be in writing and shall include at a minimum: a summary of the testimony (facts); the identity of the pertinent law, regulation or federal policy; specific findings of fact (reasons for the decision); and the decision.

E. The hearing officer shall:
   1. Administer oaths or affirmations;
   2. Ensure that all relevant issues are considered;
   3. Request, receive and make part of the hearing all evidence determined necessary to decide the issues being raised;
   4. Regulate the conduct and course of the hearing consistent with due process to ensure an orderly hearing;
   5. Order, where relevant and necessary, an independent medical assessment or professional evaluation from a source mutually satisfactory to the appellant and the local agency;
   6. Render a decision based exclusively on the hearing record: and

F. The location of the hearing, usually the office of the local WIC agency, shall be accessible to the appellant.
G. The hearing shall be tape-recorded and the tape retained as a permanent record of the hearing.

H. The local WIC agency will provide an appellant, or representative, the opportunity to:
   1. Examine, prior to and during the hearing, the documents and records presented to support the decision under appeal;
   2. Be assisted or represented by an attorney or other persons;
   3. Bring witnesses;
   4. Advance arguments without undue interference;
   5. Question or review any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses; and

I. During the hearing, the appellant shall be the moving party and have the burden of proof.

J. All hearing records and decisions are available for public inspection and copying, provided the names and addresses of the participants and other members of the public are kept confidential.

K. The exclusive record of the fair hearing shall consist of the verbatim transcript, recording to testimony and exhibits, or an official report containing the substance of what transpired at the hearing. This, together with all papers and requests shall be filed in the proceedings and be retained for a minimum of three years after the date the decision was rendered.

L. The participant may appeal the local agency decision to the Department within 15 days of the mailing date of the hearing decision notice (7 CFR 246.9 (k)(3)).
   1. Appeals should be directed to the Department’s Bureau of Hearings:
      a) IDHS-Bureau of Hearings
         69 West Washington, 4th Fl.
         Chicago, IL 60602
      b) 800-435-0775 (V)
      c) 877-734-7429 (TTY)
      d) DHS.BAH@illinos.gov

M. Judicial review may be sought by the participant if they are not satisfied with the Department’s decision (7 CFR 246.9 (l)).
# Nutrition Education

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### Nutrition Education Addendum

- NPS Secondary Education
- NPS Counseling Final
- Risk Factor Summary Sheet
- Illinois WIC Talk Topic Format
- NPS Documenting Case Plans
- State Nutrition Contacts
1. General Guidelines (Effective: May 2013)

Delivering quality nutrition services to WIC participants and their parents/caregivers distinguishes WIC as an exemplary nutrition assistance program. Consistent with Federal WIC Regulations, WIC must ensure that its role in providing nutrition education and breastfeeding promotion and support, and serving as an adjunct to good health care is fulfilled. WIC seeks to extend the benefits of the program beyond the period when the WIC supplemental foods are provided.

A. All nutrition education contacts must be designed to be effective nutrition education interventions and incorporate regular follow-up as follows:

1) Elicit a behavior change that will help the participant achieve and maintain a positive change in dietary, physical activity, and breastfeeding practices resulting in improved nutritional status.

2) Include a wide range of techniques to change behavior, including: adult learning theory, emotion based concepts, and participant centered education (PCE).

3) Address the participant’s personal language and cultural preferences, household situation (including homeless), how to purchase food for themselves and their families, and educational and environmental limitations.

4) Be easily understood by the participant. Using critical thinking skills and professional judgment, Certifying Health Professionals (CHPs) should consider the participant’s interests, needs/risks, concerns and abilities when developing nutrition education and breastfeeding messages.

5) Create opportunities for participant interaction and feedback. The education must not be provided as a written or audio-visual contact alone (e.g., newsletter, pamphlet, video, poster, etc.)

B. Nutrition education is a benefit of the WIC Program, and must be made available to all participants at no cost.

C. Nutrition education contacts must be made available at a quarterly rate, but not necessarily taking place within each quarter, for participants certified for a period of longer than 6 months.

D. Nutrition education must be thoroughly integrated into participant health care plans, the food prescription and other program operations.

E. All local agency staff must display a positive attitude toward long-term benefits of nutrition education, promotion of breastfeeding and encourage the participants to attend and participate in nutrition education activities.

F. Local agency staff that provides counseling and education to participants must be trained every three years on effective counseling approaches to ensure consistency in department requirements.

Addendum - Nutrition Practice Standards (NPS) – Effective Secondary Education

Addendum – Nutrition Practice Standard (NPS) – Effective Counseling Methods
1. Nutrition Education Goals (Effective: May 2013)

Nutrition Education in WIC must be designed to achieve the following three broad goals:

A. Stress the relationship between proper nutrition, physical activity and health with special emphasis on the nutritional needs of pregnant, postpartum and breastfeeding women, infants and children under five years of age and raise awareness about the dangers of using drugs and other harmful substances including alcohol and tobacco during pregnancy and breastfeeding.

B. Assist the individual who is at nutritional risk in achieving a positive change in dietary and physical activity habits, resulting in improved nutritional status and in the prevention of nutrition-related problems through optimal use of the supplemental foods, other nutritious foods and breastfeeding. This is to be taught in the context of the cultural preferences of the participants and with consideration for household situation and educational level of the participant.

C. Promote and support exclusive breastfeeding as the standard infant feeding practice. Breastfeeding has been shown to have significant advantages for women and infants. WIC staff should provide women with appropriate and adequate information and support to successfully breastfeed.
1. Nutrition Education Plan (Effective: May 2013)

The WIC Nutrition Education Plan (NEP) establishes nutrition priorities, including breastfeeding promotion and support, and focuses activities to improve participant health and nutrition outcomes.

A. The NEP is implemented at the start of the state fiscal year (July 1) and:
   1) Is based on a needs assessment conducted by the Department.
   2) Includes goals, measurable objectives and action steps
   3) Includes an evaluation component

B. A standard participant survey will be provided that will assess views of local agency services, education and methods. The survey should be conducted per fiscal year guidance.

C. Regional Nutritionist Consultants are available to provide guidance on the NEP.

D. A summary report is required at the end of the year which will include:
   1) Survey results
   2) Evaluation data
1. **Effective Counseling (Effective: May 2013)**

Effective nutrition counseling must incorporate behavior change methods that support the participant's readiness to make changes in their health and nutritional status.

A. The first step in effective counseling is properly setting the stage for which the remainder of the WIC visit will follow including body language, listening skills and attitude of the counselor.

B. There is not one counseling approach that fits the needs of all participants. However, the method used must be participant centered, putting the learner at the center of the process and focusing the nutrition education on the topics of their interest, concern and need. Participant centered nutrition education is interactive and reflects the learner's life and experiences.

   1) Participant centered education utilizes a wide range of techniques to change behavior, some of which include:

      a) Asking open-ended questions
      b) Affirming the participant
      c) Reflective listening
      d) Summarizing the main points of the conversation

   2) Other approaches that may be used for effective nutrition counseling, include:

      a) Explore importance, confidence, readiness and commitment to change
      b) Tailor messages to participant’s emotions and readiness to change
      c) Help identify their interest or concern from a menu of options

C. Guide participant in identifying goals that are simple and attainable. CHP should offer “how to” actions to accomplish these goals.

D. An individual nutrition care plan is developed for participants as determined by the CHP and per participant’s request. This will include plans for intervention, follow-up, and referral. Follow-up is important to assess for behavior change, determine intervention effectiveness and allow for continued interaction.

**Addendum - Nutrition Practice Standards (NPS) – Effective Counseling Methods**
2. **WIC Program Explanation for Participants (Effective: May 2013)**

A. Program Explanation for Participants

1) In order to improve health and achieve positive health outcomes nutritional and breastfeeding support is needed during critical times of growth and development. Education and strategies must be provided regarding: proper nutrition, supplemental foods, referrals, breastfeeding and the risks of alcohol, tobacco and other drugs.

2) It is important for participants to receive an explanation of the Program’s purpose and key operational features to minimize misunderstandings about the nature of WIC and the benefits it provides.

3) This information must be provided as part of a positive, participant-centered assessment process as follows:

   a) Nutrition Assessment - Nutrition assessment is required to identify needs (medical conditions and dietary practices) and interests so that WIC can provide benefits that are responsive to the participants’ wants and needs.

   b) Certification Periods - Each participant must reapply at the end of the certification period and be reassessed for Program eligibility.

   c) Relationship - The relationship between WIC staff and the participant is a partnership with open dialogue and two-way communication—working to achieve positive health outcomes.

   d) Supplemental Nature - The food provided by the Program is supplemental, it is not intended to provide all of the participant’s daily food requirements.

   e) Food Benefits – WIC food benefits are prescribed for the individual, to promote and support the nutritional well-being of the participant and to help meet the recommended intake of important nutrients or foods.

      (1) Staff must assure participants understand the Illinois WIC Food List and which food items are part of their food package prescription.

      (2) Staff must verify participants understand where Illinois WIC Food Instruments may be used. Current WIC vendor lists should be provided as applicable.

      (3) Staff must ensure participants know how to use WIC food instruments including how to purchase items to attain the full nutrition benefit of the food package.

   f) Priority System - When agencies are not serving all priorities the nature of the Priority System must be explained.

B. It is recommended that the explanation of the program be documented using the Cornerstone System assessment screens.
3. **High Risk Policy (Effective: May 2013)**

WIC does not provide medical nutrition therapy for complex medical conditions. The Health Care System is the provider of medical nutrition therapy as a treatment for diagnosed medical conditions. WIC services are designed to improve health outcomes through the provision of basic nutrition and breastfeeding education and supplemental foods designed to meet the needs of participants with normal dietary needs. WIC services also facilitate access to health care and referrals to other social services and as needed, reinforce therapeutic nutrition services which are provided by the health care system.

The Illinois WIC Risk Factor Summary sheet provides criteria for which a participant would be considered “high risk”.

A. WIC can provide basic preventive education, supplemental foods and individual education to reinforce the medical nutrition therapy provided by the Registered Dietitian or breastfeeding education/care plan provided by the IBCLC in the health care system.

B. The Health Care System is responsible for providing or obtaining complex nutrition services. The CHP should support the intervention provided by registered dietitians, IBCLCs and other health care providers and work to coordinate care with the participant’s medical home in order to ensure continuity of care.

C. When a participant is receiving care from a qualified health care provider, the nutrition care plan should include adequate documentation that care is being provided elsewhere. (IL WIC PPM CS 15).

D. As part of assessment and counseling, questions to ask may include:
   1) What other health care providers, specialists or therapists is the participant seeing?
   2) Is she seeing anyone who is helping with feeding, eating or breastfeeding?
   3) What suggestions has the person made?
   4) Has the participant been able to follow their recommendations(s)?
   5) Does she have questions/problems with suggestions that were made?
   6) As best practice, CHPs should support/reinforce other providers’ suggestions within their capability and communicate with the other provider if difficulties are identified and/or to communicate progress with participant consent.

E. The WIC food package may be modified to accommodate participants’ special dietary needs but therapeutic diets must be prescribed by health care providers.

F. It is recommended that local agencies have access to a qualified nutritionist and IBCLC to provide nutrition and breastfeeding services to high-risk participants.

**Addendum - Illinois WIC Risk Factor Identification Summary**
1. **General Guidelines (Effective: May 2013)**

There are multiple ways to deliver secondary nutrition education (individual education, group education, self-study modules, breastfeeding support groups and internet-based education). However, the method must incorporate effective nutrition education concepts and guidance.

A. At the time of certification, local agencies must advise participants of their secondary education options.
   1) Scheduled sessions should include type of education, date and time should be determined with the participant and documented in Cornerstone.
   2) Walk-in contacts should be explained to the participant and follow agency procedures.

B. Secondary Contact should not be provided in the same encounter or on the same day as the initial certification.

C. Secondary Contacts should be scheduled to coincide with Food Instrument pick-up.

D. Individuals must not be denied supplemental foods for failure to attend or participate in nutrition education activities. Participants who miss or do not attend their scheduled secondary contact should be rescheduled for a pertinent secondary contact and given one month’s Food Instruments.

E. Secondary education documentation should follow the NPS – Documenting Care Plans.

F. High-risk participants who need more frequent follow-up should be provided one or two months of Food Instruments to coincide with their follow-up education appointment. The maximum benefit of three months of Food Instruments may be given to low risk participants and on a case-by-case basis.

G. In order to provide pertinent education, participants with different risks/needs within the same family should be scheduled for:
   1) individual education contact
   2) group education pertinent to all family needs

H. Proxies are expected to attend secondary nutrition education contacts for the parent/guardian/caretaker/foster parent.

I. Local agencies may utilize the Illinois WIC Talks Topics Format to ensure that secondary education topics include effective nutrition education concepts. However, format used by the local agency must include techniques that engage the learner and promote behavior change.

**Addendum – Illinois WIC Talk (Topic Format)**

**Addendum — Nutrition Practice Standards (NPS) – Documenting Care Plans**
**2. Individual Nutrition Education Contacts (Effective: May 2013)**

Individual nutrition education interventions may be provided in a variety of ways.

A. Individual Counseling
   1) Individual nutrition education must include follow-up from the previous contact.
   2) Individual counseling is often helpful when several family members are on the program. For example, providing an individual contact to one family member during another’s certification can reduce the number of visits needed and assure pertinent contact.
   3) Individual counseling may be beneficial for participants with schedule conflicts or who refuse or fail to attend group nutrition education.
   4) An individual contact can be provided in coordination with other services.

B. Individual Follow Up - The purpose of a follow-up visit is to monitor progress, provide additional nutrition and breastfeeding information since the previous visit and to continue to make further improvement.
   1) A follow-up visit should include a measurement such as weight, length/height, and/or blood value, which should be documented in Cornerstone.
   2) At all follow-up visits, nutrition or breastfeeding counseling should be provided to the participant for the purpose of improving nutritional risk condition(s).
   3) Follow-up visits are recommended for high risk, breastfeeding and prenatal participants.

C. Self-Study Modules (SSM)
   1) Self-study, walk-thru, or poster modules enable participants to learn at their own pace and allow for flexibility in educational opportunities within a clinic.
   2) Self-study modules may be used as a method of nutrition education for the following:
      a) When it is appropriate for the participants’ needs/risks, interests and concerns based on the professional judgment of the CHP.
      b) Those with an appropriate literacy level (fourth grade level or higher).
      c) When a participant is late or misses a class and chooses to complete a SSM rather than be rescheduled.
      d) When a participant’s schedule conflicts with the class schedule.
   3) Self-study modules must provide:
      a) An evaluation component which is reviewed by staff. It is recommended to evaluate both knowledge and behavior change. CHPs must be engaged if the evaluation shows the participant did not understand the topic presented.
      b) An opportunity to speak with a CHP regarding any questions, concerns or needed referrals.
   4) Self-study modules may not be used in place of individual counseling at the certification visit.
   5) It is recommended that all non-Department self-study modules be evaluated initially and periodically to check for accuracy and consistency with Department recommendations.
D. Internet Education

1) Internet education provides innovative and alternative nutrition education to WIC participants and allows them the option of doing their learning on their own time and anywhere they have Internet access.

2) Approved internet-based health information websites in Illinois include:
   a) WIC Health (available in English and Spanish).
   b) Healthy Roads Media for multi-lingual and low-literate participants.

3) Internet education may be used as a method of nutrition education when:
   a) it is appropriate for the participants' needs/risks, interests and concerns based on the professional judgment of the CHP
   b) a participant's literacy level is appropriate (fourth grade level or higher)
   c) a participant is late or misses a class and chooses to complete web education rather than be rescheduled.
   d) a participant's schedule conflicts with the class schedule.

4) Internet education may not be used in place of individual counseling at the certification visit.

Addendum - Nutrition Practice Standards (NPS) – Effective Secondary Education
3. **Group Nutrition Education (Effective: May 2013)**

Group nutrition education interventions may be provided in a variety of ways including facilitated group discussions which may involve the use of activities or video. Sessions should be planned at least three to six months in advance so participants can be scheduled.

A. Nutrition education must be provided by qualified local agency staff or through arrangements made with other agencies. Sessions must be presented by:
   1) CHP’s
   2) Breastfeeding Peer Counselors for breastfeeding sessions only
   3) Other qualified staff knowledgeable in the nutrition topic with approval of the Department

B. The Department must be notified prior to use of outside agencies and Letters of Agreement or MOUs are encouraged.

C. A CHP must be on-site and available to answer any WIC specific questions for all group sessions.

D. Lesson plans must be used when presenting group sessions and kept on file. The Illinois WIC Talk Topic Format is designed to include elements of effective nutrition education interventions and should be used as a guide when developing topics.

   Lesson plans should include:
   1) Title of session / Topic
   2) Target audience
   3) Key Messages (or Objectives)
   4) Materials for session
   5) References / Resources
   6) Evaluation
   7) Lesson Overview
   8) Methods
   9) Date of development or revision

E. It is recommended that all non-Department lesson plans be evaluated initially and periodically to check for accuracy and consistency with Department recommendations.

F. Sessions should be evaluated periodically as part of quality assurance activities and program operations review.

G. Attendance Logs for group nutrition education must be maintained to document attendance and failure to attend (7 CFR 246). Include the following items to document group education attendance.
   1) Name and title of presenter.
   2) Name and category of those in attendance as evidenced by signature/initial of participant/parent or proxy (this should include scheduled and non-scheduled attendees).
   3) Title of session.

H. Attendance logs must be kept for three years following the close of the fiscal year to which the records pertain (IL WIC PPM AD4).

**Addendum- Illinois WIC Talk Topic Format**
1. **Category Specific Nutrition Education (Effective: May 2013)**

A. All applicants must be evaluated for dietary pattern and feeding practices to identify the participant’s nutritional risk factors, needs and concerns. Education must be provided after completing the nutrition assessment of the participant.

B. Nutrition education must be offered at the initial certification visit and subsequent secondary education visits, pertinent to participant needs.

C. The most current guidance from USDA must be used as a reference for program expectations for category specific nutrition education. This guidance is the basis for DHS developed educational materials. For more information reference the:
   1) USDA, Infant Nutrition and Feeding Guide
   2) USDA, Dietary Guidelines for Americans

D. The following topics are based on common nutrition concerns specific for each category to assist CHP’s in offering information/guidance in a non-judgmental manner. Staff should refer to the Illinois WIC Risk Factor Justification Manual (RFJM) for further information to ensure individualized nutrition needs of each participant are met.

   1) Infant Education
      a) Frequency of feedings (encourage baby led feeding)
      b) Infant’s hunger cues
      c) Size of newborn infant’s stomach
      d) Positioning of baby during feeding, holding baby, nursing positions, etc.
      e) Growth spurts (2-3 weeks, 6 weeks, etc.)
      f) Preparation, handling and storage methods of expressed breast milk and infant formula
      g) If bottle feeding, information on paced-feeding
      h) Information on introduction of complementary foods
      i) Food safety (harmful bacteria, choking precautions, food allergies)
      j) Supplement use

   2) Toddler/Child Education
      a) Parent-Child Feeding Relationship (division of responsibility with feeding)
      b) Eating Behaviors (planning sit-down meals and snacks, offering a variety of healthy foods, weaning from the bottle, appropriate beverage intake and cup feeding, etc.)
      c) Mealtimes (importance of family meals, how to make meal time positive)
      d) Food Safety (food borne illnesses, choking precautions)
      e) Physical Activity (encourage structured and free play, limit TV viewing)
      f) Supplement use

   3) Prenatal Education
      a) Eating foods to support a healthy pregnancy (key nutrients for growth and development, food safety)
      b) Recommended weight gain during pregnancy
c) Prenatal supplement needs

d) Coping strategies for nausea and vomiting

e) Risks of tobacco, alcohol and drug use

f) Importance of physical activity

g) Breastfeeding promotion and support

   (1) Those participants undecided should be offered information on the benefits of breastfeeding and any specific participant concerns related to breastfeeding addressed.

   (2) Participants who plan to breastfeed should be offered information on basic how-to information, dealing with common concerns/situations and support on getting a good start.

   (3) Breastfeeding Peer Counselor (or designated breastfeeding support staff) should provide specific breastfeeding support and educational services.

4) Postpartum and Breastfeeding Education

   a) Healthy eating behaviors

   b) Importance of returning to healthy weight

   c) Supplement needs

   d) Risks of tobacco, alcohol and drug use

   e) Importance of physical activity

   f) Support of breastfeeding goals

      (1) Importance of exclusivity and duration

      (2) Concerns including use of prescription medications

      (3) Breastfeeding Peer Counselor (or designated breastfeeding support staff) should provide specific breastfeeding support and educational services

   g) Pregnancy spacing
1. Teaching Aids (Effective: May 2013)

Materials are important components of nutrition and breastfeeding education and should be utilized to enhance participant comprehension.

A. Printed materials should be easily understood by the participant, culturally diverse and content consistent with USDA WIC Nutrition Services Standards. Teaching aids such as pamphlets, posters and audio-visuals are available from the Department and its partner agencies, many are available in other languages.

B. It is recommended that all non-Department pamphlets and audio-visuals be evaluated initially to check for accuracy and consistency with Department policy and recommendations. Regional Nutritionist Consultants and Breastfeeding Coordinators are available for assistance.

C. Except in the case of highly motivated individuals or individuals who express a desire for more information, it is not recommended to offer more than two pamphlets. Give only materials directly related to the topic or problem identified for the participant.

D. Pamphlets are considered a tool for reinforcing an educational message. They are to be used to enhance or supplement the nutrition education provided by local staff but do not take the place of nutrition education. Pamphlets should be personalized for the participant.
1. **General Information (Effective: May 2013)**

Department Nutrition staff have expertise in: Community Nutrition/Public Health Research; Maternal and Child Health; Infant and Pediatric Nutrition; Breastfeeding and Human Lactation; Chronic Disease Prevention; Child/Adolescent Weight Management; Nutrition Education and Evaluation; Training/Group Facilitation; Program and Policy Development; Computer Management Information Systems-data collection and use; Nutrition for Children with Special Health Care Needs; Diabetes and Gestational Diabetes; Interagency Collaboration and Food Security issues.

A. Regional Nutritionist Consultants
   1) Complete site visits, program evaluations, and follow-up
   2) Provide technical assistance and consultation
   3) Offer education and training
   4) Assist in interpretation and utilization of data reports provided by the state and the Centers for Disease Control and Prevention.
   5) Assist in developing lesson plans and handouts, determining group nutrition education scheduling needs and planning nutrition education sessions.

B. State staff:
   1) Provides education reinforcements
   2) Plans conferences, workshops and satellite education

C. The Department has a training contract to provide:
   1) Management Information System (Cornerstone) training
   2) Staff training (CHP, WIC Coordinator and Frontline)
   3) Web-based modules

**Addendum – State Nutrition Contacts**
**Supplemental Food**

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6. Quality Assurance Procedures for Breastfeeding Food Packages (Effective: July 2013)
1. **Authorized WIC Foods (Effective February 2016)**

Food authorized for purchase with food instruments in the State of Illinois shall be limited to those allowed by Federal Regulations (7 CFR 246) and listed on the Illinois Authorized WIC Food List. These foods must meet the definition for supplemental foods set by the Child Nutrition Act P.L. 108-269.

A. The Illinois Authorized WIC Food List identifies the only foods that may be purchased with food instruments.

1) Additions to this list may be made once each year. See SF 1.2 for more information.

The Illinois WIC foods have been selected based on nutrient content criteria established by Federal Regulation and Department specification. The following Table identifies the minimum standards that each food must meet in order to be approved for distribution to WIC participants.

<table>
<thead>
<tr>
<th>Product</th>
<th>Minimum Standards</th>
</tr>
</thead>
</table>
| Breakfast Cereal (hot or cold) | As defined by the FDA in 21 CFR 170.3(n)(4) for ready to eat and instant or regular hot cereals  
At least ⅛ of the cereals must:  
Meet labeling requirements for making a health claim as a “whole grain food with moderate fat content”:  
− contain >51% whole grains (using dietary fiber as the indicator)  
− low saturated fat (< 1 gram saturated fat per RACC*) & “low cholesterol (<20 mg cholesterol per RACC*)  
− bear quantitative trans fat labeling  
− contain ≤6.5 g total fat per RACC and, ≤0.5 g trans fat per RACC  
All cereals must:  
− contain a minimum of 28 mg iron/100 gm dry cereal (45% of USRDA iron/1oz. serving)  
− contain ≤21.2 g sucrose and other sugars per 100 g dry cereal (<6 gms /1 oz. dry oz)  
*RACC - reference amount customarily consumed |
| Brown Rice | Whole unprocessed grain  
Without added sugars, fats, oils or salt  
May be instant, quick or regular cooking |
| Cheese | Domestic cheese made from 100% pasteurized milk.  
Must conform to FDA standard of identity (21 CFR 133)  
Allows: low sodium, low fat, or low cholesterol |
## Supplemental Food
### Section 1: Authorized WIC Foods

<table>
<thead>
<tr>
<th>Product</th>
<th>Minimum Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cow’s Milk</td>
<td>Must conform to FDA standard of identity (21 CFR 131.110)</td>
</tr>
<tr>
<td>Fluid</td>
<td>Pasteurized</td>
</tr>
<tr>
<td>Whole, low-fat or skim</td>
<td>400 IU of Vitamin D/quart (100 IU/cup)</td>
</tr>
<tr>
<td></td>
<td>2000 IU of Vitamin A/quart (500 IU/cup)</td>
</tr>
<tr>
<td>Cow’s Milk</td>
<td>400 IU of Vitamin D/quart (100 IU/cup)</td>
</tr>
<tr>
<td>Nonfat Dry</td>
<td>2000 IU of Vitamin A/quart (500 IU/cup)</td>
</tr>
<tr>
<td>Cow’s Milk</td>
<td>400 IU of Vitamin D/quart (100 IU/cup)</td>
</tr>
<tr>
<td>Lactose Free Milk</td>
<td>2000 IU of Vitamin A/quart (500 IU/cup)</td>
</tr>
<tr>
<td>Eggs</td>
<td>Fresh shell domestic hens’ eggs.</td>
</tr>
<tr>
<td></td>
<td>Must conform to FDA standard of identity in 21 CFR 160.105. Grade A or AA Large</td>
</tr>
<tr>
<td></td>
<td>eggs only.</td>
</tr>
<tr>
<td>Fruit and Vegetable -</td>
<td>Vegetables</td>
</tr>
<tr>
<td>Canned</td>
<td>Any variety of canned vegetables (must conform to FDA standard of identity (21 CFR</td>
</tr>
<tr>
<td></td>
<td>Part 155) Without added sugars, fats or oils</td>
</tr>
<tr>
<td></td>
<td>May be regular or lower in sodium.</td>
</tr>
<tr>
<td></td>
<td>Tomato products without added sugar, fats, oils or meats.</td>
</tr>
<tr>
<td></td>
<td><strong>Fruits</strong></td>
</tr>
<tr>
<td></td>
<td>Any variety of canned fruits – Must conform to FDA standard of identity (21 CFR 145); including applesauce.</td>
</tr>
<tr>
<td></td>
<td>Juice pack or water pack Without added sugars, fats, oils, or salt (i.e., sodium).</td>
</tr>
</tbody>
</table>
Supplemental Food
Section 1: Authorized WIC Foods

<table>
<thead>
<tr>
<th>Product</th>
<th>Minimum Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit and Vegetable - Frozen</td>
<td><strong>Vegetables</strong>&lt;br&gt;Any variety of frozen vegetables – Must conform to FDA standard of identity (21 CFR Part 155). Without added sugars, fats, or oils&lt;br&gt;May be regular or lower in sodium.</td>
</tr>
<tr>
<td></td>
<td><strong>Fruits</strong>&lt;br&gt;Any variety of frozen fruit without added sugars.</td>
</tr>
<tr>
<td></td>
<td><strong>Not Allowed</strong>&lt;br&gt;Creamed or sauced vegetables&lt;br&gt;Vegetable-grain mixtures&lt;br&gt;French fries, hash browns, tater tots, other shaped potatoes&lt;br&gt;Fruit-nut mixtures&lt;br&gt;Breaded vegetables&lt;br&gt;Catsup or other condiments&lt;br&gt;Pickled vegetables&lt;br&gt;Olives&lt;br&gt;Soups&lt;br&gt;Juices&lt;br&gt;Fruit leathers or fruit roll-ups</td>
</tr>
<tr>
<td>Fruit and Vegetables - Fresh</td>
<td><strong>Not allowed:</strong>&lt;br&gt;Any variety of fresh whole or cut fruit without added sugars.&lt;br&gt;Any variety of fresh whole or cut vegetable, without added sugars, fats or oils</td>
</tr>
<tr>
<td></td>
<td><strong>Not allowed:</strong>&lt;br&gt;Herbs or spices&lt;br&gt;Edible blossoms and flowers&lt;br&gt;Fruits/Vegetables for purchase on salad bars&lt;br&gt;Ornamental and decorative items such as gourds, items on a string, fruit baskets and party trays&lt;br&gt;Peanuts &amp; other mature legumes&lt;br&gt;Juices</td>
</tr>
</tbody>
</table>
## Supplemental Food
### Section 1: Authorized WIC Foods

<table>
<thead>
<tr>
<th>Product</th>
<th>Minimum Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Cereal</td>
<td>Dry, plain cereal</td>
</tr>
<tr>
<td></td>
<td>45 mg Iron/100 gms dry cereal</td>
</tr>
<tr>
<td></td>
<td>(45% US RDA for iron/half ounce serving)</td>
</tr>
<tr>
<td></td>
<td>Infant cereals containing infant formula, milk, fruit or other non-cereal ingredients are not allowed.</td>
</tr>
<tr>
<td>Infant Formula</td>
<td>10 mg Iron/liter (at least 1.8 mg iron/100 kilocalories)</td>
</tr>
<tr>
<td></td>
<td>67 Kcal/100 ml (20 Kcals/fluid oz) at standard dilution</td>
</tr>
<tr>
<td></td>
<td>Must meet the definition for an infant formula definition in section 201(z) of the Federal Food, Drug and Cosmetic Act (21U.S.C. 321(z)) and meets the requirements under section 412 of the Federal Food, Drug Act (21 U.S.C. 350a) and regulations at 21 CFR parts 106 and 107</td>
</tr>
<tr>
<td>Infant Fruits &amp; Vegetables</td>
<td>Single ingredient commercial infant food fruit or vegetable without added sugars, starches or salt (i.e. sodium).</td>
</tr>
<tr>
<td></td>
<td>Combinations of single ingredients (e.g., peas and carrots or apple-banana) are allowed.</td>
</tr>
<tr>
<td></td>
<td>Mixtures with cereal or infant food desserts (e.g. peach cobbler) are not allowed.</td>
</tr>
<tr>
<td></td>
<td>Texture may range from strained through diced.</td>
</tr>
<tr>
<td>Infant Meat</td>
<td>Single ingredient commercial infant food meat without added sugars, starches, vegetables or salt (i.e. sodium).</td>
</tr>
<tr>
<td></td>
<td>Broth and gravy (unsalted, i.e., without added sodium) are allowable ingredients.</td>
</tr>
<tr>
<td></td>
<td>Texture may range from pureed through diced.</td>
</tr>
<tr>
<td>Juice</td>
<td>Must be pasteurized 100% unsweetened fruit/vegetable juice or blends of these juices.</td>
</tr>
<tr>
<td></td>
<td>Fruit juice must conform to FDA standard of identity (21 CFR part 146).</td>
</tr>
<tr>
<td></td>
<td>Vegetable juice must conform to FDA standard of identity (21 CFR part 156) and may be regular or lower in sodium.</td>
</tr>
<tr>
<td></td>
<td>Must contain at least 30 mg of vitamin C per 100 mL of juice</td>
</tr>
<tr>
<td></td>
<td>Allowed juice forms include: frozen and shelf-stable concentrates, and shelf-stable ready to drink.</td>
</tr>
</tbody>
</table>
## Supplemental Food

### Section 1: Authorized WIC Foods

<table>
<thead>
<tr>
<th>Product</th>
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</tr>
</thead>
</table>
| Mature Legumes (Dry & Canned Beans and Peas) | Mature dry beans, peas or lentils in dry-packaged or canned forms  
Includes: lentils, black beans, navy, kidney, garbanzo, soy, pinto and mung beans; crowder, cow, great northern, lima, split, and blackeye peas;  
No added sugars, fats, oils or meat as purchased.  
Canned may be regular or lower in sodium content.  
Not allowed:  
Soups  
Immature varieties of legumes including canned green peas, green beans etc. |
| Oatmeal                          | Old fashioned, Traditional or Quick cooking  
No added sugars, fats, oils, or salt |
| Peanut Butter                    | Peanut butter and reduced fat peanut butter  
Must conform to FDA Standard of Identity (21 CFR 164.150)  
Cream or chunky  
Not allowed: Peanut butter spread, products with added ingredients (i.e. jam, honey etc.) |
| Soft Corn Tortillas              | Whole grain must be the primary ingredient by weight according to the food label. |
| Soy-Based Beverage               | Must be fortified in accordance with fortification guidelines issued by the FDA to meet the following nutrient levels per 8-ounce serving:  
- 276 mg calcium  
- 8 g protein  
- 500 IU vitamin A  
- 100 IU vitamin D  
- 24 mg magnesium  
- 222 mg phosphorus  
- 349 mg potassium  
- 0.44 mg riboflavin  
- 1.1 mcg vitamin B12 |
## Supplemental Food

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<table>
<thead>
<tr>
<th>Product</th>
<th>Minimum Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuna</td>
<td>Canned chunk light tuna</td>
</tr>
<tr>
<td></td>
<td>Must conform to FDA standard of identity 21 CFR 161.190</td>
</tr>
<tr>
<td></td>
<td>Packed in water or oil</td>
</tr>
<tr>
<td>Salmon</td>
<td>Canned pink salmon</td>
</tr>
<tr>
<td></td>
<td>Must conform to FDA standard of identity 21 CFR 161.70</td>
</tr>
<tr>
<td></td>
<td>Packed in water or oil, may include bones or skin.</td>
</tr>
<tr>
<td>Whole Wheat Bread</td>
<td>Whole wheat bread must conform to the Food and Drug Administration (FDA) standard of identity (includes whole wheat buns and rolls) <strong>AND</strong> whole wheat must be the primary ingredient by weight.</td>
</tr>
<tr>
<td>Whole Wheat Pasta</td>
<td>Whole wheat macaroni products. Must conform to FDA standard of identity (21 CFR 139.138) and have no added sugars, fats, oils, or salt (i.e. sodium). &quot;Whole wheat flour&quot; and/or &quot;whole durum wheat flour&quot; must be the only flours listed in the ingredient list. Other shapes and sizes that otherwise meet the FDA standard of identity for whole wheat macaroni (pasta) products and have no added sugars, fats, oils, or salt (i.e. sodium), are also authorized (e.g. whole wheat rotini, and whole wheat penne).</td>
</tr>
</tbody>
</table>

*1 ounce = 28.35 grams*
2. Procedure for Evaluation of Authorized Food Products (Effective: July 2015)

The following process is used for evaluation of products for possible inclusion on the Illinois Authorized WIC Food List.

The Department’s Nutrition and WIC Program staff consider products for inclusion on the Illinois Authorized WIC Food List on an annual basis beginning in June. The following general criteria will also be considered:

A. Products should be available for sale by all WIC vendors in the State of Illinois.
B. Products should be perceived as desirable to Illinois WIC participants.
C. Product cost should be comparable to other products in the same category.
D. Nutrition and or program staff may consider other nutrition and or programmatic concerns.
E. Product information should be sent to the state office:
   1) lisa.cunningham@illinois.gov or
   2) Illinois Department of Human Services
      WIC Program
      815/823 E. Monroe Street
      Springfield, IL 62701
3. **Procedure for Evaluation of Authorized Formulas (Effective: July 2013)**

Illinois WIC infant formulas and exempt infant formulas must comply with Food and Drug Administration (FDA) Standards of Identity per FNS requirements for WIC-eligible foods (7 CFR part 246.10.). The following process is used for evaluation of formulas to be made available through the Illinois WIC Program.

A. All products must meet FNS and FDA standards.

B. The Formulary will be evaluated annually to determine any needed changes.
   1) Formulas will be retained or deleted from the list based on the frequency of usage.
   2) Formulas will be added to the available list based on the frequency of requests received for the product. In addition, statewide availability and current inclusion of products of similar composition will be considered in the decision.

C. When changes are made to the formulary revised formula tables will be provided to local agencies.
1. **General Information (Effective: March 2017)**

Infant formulas must be issued in compliance with Federal Regulations. The following general policies and procedures are provided to ensure observance of 7 CFR part 246.10.

A. Breastfeeding is the normal and expected method of infant feeding and staff should assume all pregnant women will breastfeed and postpartum women are breastfeeding unless notified otherwise. Mothers should be educated and counseled according to the Nutrition Practice Guidelines for Breastfeeding before formula is considered.

B. Formula-fed infants will be issued food instruments for the contract brand of formula unless a documented medical need for a medically prescribed formula exists.

C. Ready-to-feed (RTF) formula must only be given to participants in the following situations:
   1) household has unsanitary or restricted water supply and/or poor refrigeration
   2) person caring for infant has difficulty with preparation
   3) physician prescribes a premature formula in RTF form
   4) formula only comes in RTF form
   5) When RTF is provided, one of the above listed reasons must be documented and kept on file as rationale for issuance.

D. **WIC Formula and Medical Nutritional Prescriptions Form**

   1) The Illinois WIC Program uses the WIC Formula and Medical Nutritional Prescriptions Form as its method for communicating and documenting special formula/food needs from the medical home to the WIC agency.
   2) All areas of the form must be completed by a physician (or other licensed health care professional authorized to write medical prescriptions under state law) and are valid for a maximum of 6 months.
   3) The completed form must be retained in the participant's record (original is preferred but a faxed copy is acceptable).
   4) If medical documentation is provided by the telephone:
      a) It must be accepted by a CHP
      b) Promptly documented and kept in participant's file
      c) Done only when necessary to prevent undue hardship to participant and/or delay in receiving needed infant formula, placing participant at increased nutritional risk
      d) Written documentation must requested to be received within a reasonable amount of time (i.e., 1-2 weeks)
      e) Received written documentation is then kept in participant's file with initial telephone documentation.

E. Local agencies are encouraged to have a procedure or method for communicating issuance of medically prescribed formula to the infant's Case Manager. The Case Manager can assist in monitoring the infant's status as well as readiness to tolerate contract brand formula.

F. A case note should be completed whenever there is contact with a participant or medical provider about the changes to medically prescribed formula.
G. In certain circumstances the Illinois Department of Healthcare and Family Services may also provide formulas, via a medical durable goods provider, for those receiving public assistance.

Addendum: WIC Formula and Medical Nutritional Prescriptions Form
2. Emergency Formula (Effective: February 2008)
   A. Local agencies must not issue formula donated by an individual or group nor shall it be returned to a store due to safety concerns.
   B. If an agency has formula on-site from a distributor, a procedure must be in place for:
      1) fair, safe and equal distribution
      2) safe disposition of expired or tampered product
3. **Contract Formula (Effective: February 2008)**

Contract formula is an infant formula (standard milk-based, lactose free and soy-based) that complies with the definition in section 201(z) of the Federal Food, Drug and Cosmetic Act (21U.S.C. 321(z)) and meets the requirements under section 412 of the Federal Food, Drug Act (21 U.S.C. 350a) and regulations at 21 CFR parts 106 and 107.

A. Contract formula is:

1) Nutritionally complete infant formula not requiring the addition of any ingredients other than water prior to being served in a liquid state

2) Iron-fortified, containing at least 10 milligrams of Iron per liter of formula at standard dilution

3) Supplies 67 calories per 100 milliliters of formula at standard dilution (i.e., 20 calories per fluid ounce of prepared formula)

B. The State of Illinois contracts via a competitive bid to receive a cash rebate for iron-fortified formula (milk-based and soy-based) in concentrate, powder, and ready-to-feed forms. The rebate is determined on the basis of redeemed WIC Food Instruments that specify formula manufactured by the contractor.
4. **Non-Contract Formula (Effective: February 2008)**

A. Non-contract formula refers to standard milk-based, lactose free and soy-based formulas (both base and DHA/ARA enhanced) for which no rebate is received by the State of Illinois. Non-contract formulas may not be issued as all formulas marketed in the United States must meet federal nutrient requirements and are essentially the same in make-up.

B. Participants requesting non-contract formula should be screened as follows:

1) Most infants who demonstrate intolerance of contract infant formulas will tolerate breast milk. Therefore, for infants up to one month of age, assessment of readiness to breastfeed, counseling and education on re-lactation/breastfeeding techniques should be discussed.

2) If there are no feeding problems or illnesses, and mother chooses not to re-lactate, determine if another contract brand formula may be appropriate and issue contract brand Food Instruments.

3) If a medical problem is indicated through the screening process, refer participant to the medical provider for evaluation and if needed, a prescription or the WIC Formula and Medical Nutritional Prescriptions form for medically prescribed formula.
5. Low-Iron Formula (Effective: July 2013)

According to the American Medical Association there is no common medical indication for the use of low-iron infant formula. Therefore low-iron infant formula is not available through the Illinois WIC Program.

A. Participants requesting low-iron formula should be screened as follows:

1. Most infants who demonstrate intolerance of contract infant formulas will tolerate breast milk. Therefore, for infants up to one month of age, assessment of readiness to breastfeed, counseling and education on re-lactation/breastfeeding techniques should be discussed.

2. If there are no feeding problems or illnesses, determine if a contract brand formula may be appropriate and issue contract brand Food Instruments.

3. If a medical problem is indicated through the screening process, refer participant to the medical provider for evaluation and if needed, a WIC Formula and Medical Nutritional Prescriptions form for medically prescribed formula.
1. **General Information (Effective: July 2013)**

This policy provides an overview of the process local agencies should follow when prescribing supplemental foods to WIC participants.

A. "Food package" refers to the particular combination and quantities of supplemental foods, which are provided to a WIC participant. Packages have been created to address special situations including lack of refrigeration/homelessness, presence of food allergies or lactose intolerance.

B. The Breastfeeding food packages are created and designed to better promote and support breastfeeding by focusing on market value of the package for the mother/infant pair. They are provided for the first year after birth, minimize early supplementation, and address differences in supplementary nutrition needs of breastfed and formula fed infants.

C. Each participant found to be eligible for WIC is assigned a supplemental food package by the Certifying Health Professional (CHP) at certification.

D. The food package should be specifically tailored for each participant considering food preferences, dietary needs, breastfeeding status, cultural preferences and health or living conditions.

E. Food packages are prescribed only after a complete nutritional and breastfeeding (when applicable) assessment is completed.

F. Food Package Tables are provided for each participant category. The CHP should refer to the appropriate table based on the participant’s category, age and breastfeeding status.

G. The food prescription may be changed during the participant's certification period by the CHP.

H. Participants who are late (21 or fewer days remain until the next pickup) picking-up food instruments will receive a prorated food package. A prorated package is automatically generated based on the date the participant is at the clinic for food instrument pick-up.

I. At the time of the certification the participant must be provided the following information (pertaining to food prescription): an explanation of the WIC Authorized Food List, Authorized WIC Vendors, and how to use the food instruments. See IL WIC PPM NE-4.2.
2. Food Package Categories (Effective: July 2013)

Food package assignment must be based on category and age.

A. Mother-Infant Dyad

Packages for the mother infant dyad are determined by the intensity of breastfeeding and the age of the infant. The infant’s breastfeeding status is also used to determine the mother’s food packages. Use the appropriate table to assign both mom’s and baby’s food packages.

1) Exclusively breastfed (no formula)

Using the Grand Deluxe- Exclusively Breastfeeding Dyad food package table:

a) Issue Baby the appropriate package based on age: “Grand Deluxe-Exclusively Breastfeeding- Infant

   (1) 0-3 months of age
   (2) 4-5 months of age
   (3) 6-11 months of age

b) Issue Mom a “Grand Deluxe- Exclusively Breastfeeding- Women package up to 1 year postpartum

   (1) **If breastfeeding two or more infants exclusively, use the Breastfed Multiples Dyads table to issue the appropriate food packages for mom and baby.

2) Partially Breastfed (supplemental formula within USDA range)

Using the Deluxe Packages- Partially Breastfeeding Dyad food package table:

a) Issue baby a Deluxe-Infant food package based on the number of cans of formula mom requests within the following ranges:

   (1) First 30 days of life—partial breastfeeding food packages are not available until one month of age. Infants at this age must be classified as either Exclusively Breastfeeding or Fully Formula feeding. Use the appropriate tables to assign food packages.
   (2) 1-3 months of age, 2-4 cans per month
   (3) 4-5 months of age, 3-5 cans per month
   (4) 6-11 months of age, 2-4 cans per month
   (5) Limit the number of cans provided to what mom states she needs

b) Issue Mom Deluxe-Women package up to one year postpartum.

   (1) First 30 days postpartum—partial breastfeeding food packages are not available until one month postpartum. Mom and baby must be classified as either Exclusively Breastfeeding or Fully Formula feeding. Use the appropriate tables to assign food packages.
   (2) **If partially breastfeeding more than one infant within the ranges specified above, use the Breastfed Multiples Dyads table to issue the appropriate food packages for mom and baby.

3) Full formula- Some Breastfeeding

Mom is breastfeeding and offering supplemental formula in amounts greater than the maximum allowed by USDA to be considered partially breastfeeding.

Using the Breastfeeding Basic Dyad- infant receives max formula, Mom Breastfeeding food package table:
a) Issue Baby the appropriate package based on age: Breastfeeding Basic- Infant
   (1) 0-3 months of age
   (2) 4-5 months of age
   (3) 6-11 months of age

b) Issue Mom: Breastfeeding Basic- Women
   (1) if baby is under 6 months old issue the appropriate food package
   (2) if baby is over 6 months old, issue food package #240 up to one year postpartum.
       Mom remains active on the program for continued breastfeeding support but no longer
       receives food benefits.

4) Full Formula- No Breastfeeding
   If Baby is not breastfeeding and only receives formula, using the Basic Packages- Fully Formula
   Dyad food package table
   a) Issue Baby: the appropriate package based on age: Basic- Infant
      (1) 0-3 months,
      (2) 4-5 months,
      (3) 6-11 months
   b) Issue Mom Basic- Women until 6 months postpartum at which time mom terminates from
      the program.

B. Pregnant Women
   1) singleton pregnancy - Issue food packages from the Pregnant food package tables
   2) multiple gestation - Issue food packages from the Pregnant Multiples food package tables
      **package may be changed at any time in the pregnancy should the participant self-report as
      diagnosed with multiples.

C. Children
   1) Toddler 12-23 months-Issue food packages from the Toddler Packages food package table
   2) Children 2 and up-Issue food packages from the Child Packages food package table

D. Medically Fragile
   Table X- Medically Fragile food package table allows Medically Prescribed Formula and
   Supplemental Foods to be issued to participants with qualifying medical conditions. (See SF 4)

Addendum- Illinois WIC Food Package Tables
3. **Special Considerations (Effective: October 2014)**

A. Specialized packages are available for a variety of situations. When the following packages are issued the CHP must document the rationale for issuance in case notes.

1) Lactose, the natural sugar in milk, is broken down by lactase, an enzyme in the gut. Some people suffer from GI discomfort after consuming dairy foods because they have an insufficient amount of lactase to digest the lactose they consume. Symptoms may include: flatulence, abdominal bloating, pain/cramps, or diarrhea. While some people are able to tolerate small quantities of regular milk, a lactose-free milk package is available for those who cannot. Some individuals who require lactose free milk can tolerate cheese and may prefer a package with cheese and less fluid milk.

2) Some participants may not tolerate cow’s milk of any type. For those who tried low lactose milk without success a soy milk package is available. Education must be provided that stresses the importance of milk over milk substitutes, and emphasizes the development of bone mass for children.

3) When a participant has food allergies the “Food Allergy” package may be the most appropriate package. This package provides no eggs, alternate whole grain options to whole wheat bread and beans in place of peanut butter.

4) A package is available which requires no refrigeration. This may be issued for participants who are homeless or without adequate refrigeration. Special education will be required to ensure participants understand how to purchase dry milk, individual juice containers, and canned beans.

B. **Calcium Fortified Juice**

Calcium fortified juice may be purchased in place of regular and should be encouraged for women whose dietary intake of calcium rich foods is low due to: cultural food preferences, dislike of milk, or lactose intolerance. Calcium fortified juice should be encouraged based on individual need. CHPs should consider counseling women on use of calcium fortified juice when it is unlikely that they will consume adequate amounts of other dairy or non-dairy sources of calcium to meet her calcium needs on a regular basis.

C. **Peanut Butter**

1) When peanut butter is issued to children under age two, education should be provided on the risks of choking and how it can be prevented.

2) Children with a peanut allergy should not be given a package with peanut butter.

3) There is controversy in the medical community about the risks of peanut allergy for children. Families with a history of food allergy should be instructed to discuss the use of peanut butter with their medical care provider.

D. **Multiples**

1) **Multiple Gestation**

Women who report being diagnosed as pregnant with multiples are eligible for an enhanced food package to provide the additional calories and nutrients needed to support multiple gestations. The total number of fetuses should be documented on the Adult Health Visit screen and the new food package entered and explained.

2) **Breastfeeding Multiples**

   a) Women who exclusively breastfeed two or more infants are eligible for an enhanced food package. The package provides 1 ½ times the food of the Grand Deluxe package for
singletons to help provide additional nutrients and increase support for the exclusively breastfeeding mother.

b) Women who partially breastfeed two or more infants are eligible for the "Partially Breastfeeding Multiples- Women food package. This package provides the same food items offered to women who exclusively breastfeed one infant.

Addendum- Illinois WIC Food Package Tables
1. **Medically Prescribed Formulas (Effective: October 2014)**

The Illinois WIC Program makes available certain exempt infant formulas and WIC eligible medical foods. These items comply with the definition in section 412(h) of the Federal Food, Drug and Cosmetic Act (21U.S.C. 350a(h)) and meet the requirements under section 412 of the Federal Food, Drug Act (21 U.S.C. 350a) and regulations at 21 CFR parts 106 and 107. These items are referred to as “Medically Prescribed Formulas.”

A. Those requiring specialized formulas require close medical supervision therefore a physician’s documentation is required every six months unless:
   1) physician specifically requests the formula for a shorter time period
   2) in judgement of CHP, medical condition that dictates need for product should be verified more frequently.

B. Medically Prescribed Formulas may be prescribed for the following conditions: premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participants nutritional status.

C. Medically Prescribed Formulas cannot be authorized for
   1) Infants' whose only medical condition is a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of a exempt formula or a non-specific formula or food intolerance.
   2) Women and children who have food intolerances to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages.
   3) Any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition.

D. The food packages used for issuing medically prescribed formula are identified in Table X -Medically Fragile food package tables.

E. Local Agency staff is encouraged to contact the Regional Nutritionist Consultant with any questions or concerns that may arise regarding specific formulas and their issuance.

Addendum- Illinois WIC Food Package Tables
2.  **Low Phenylalanine Formula (PKU) (Effective: March 2017)**

Phenylketonuria (PKU) is an inherited metabolic disorder in which the amino acid phenylalanine is not broken down. Accumulation of phenylalanine results in damage to the developing central nervous system and mental retardation.

A. No WIC program in Illinois is authorized to provide low phenylalanine formula to infants or children or pregnant women for the management of PKU.

B. Special formula for PKU is provided by the Illinois Department of Public Health (IDPH) Genetic Screening Program at no cost to all PKU patients upon the prescription of a designated consultant.

C. A suspected or confirmed diagnosis of PKU is required by State Law and Regulations and must be reported to the IDPH Genetic Screening Program.

D. To obtain low phenylalanine formula for participants with PKU, contact the IDPH Newborn Screening, Genetics, and SIDS Section.
3. **Additional Formula Assistance (October 2014)**

A. The Department coordinates services with the Illinois Department of Healthcare and Family Services (HFS) to provide formulas for medically fragile participants who receive the Illinois medical card. Participants may be able to obtain products through a Durable Medical Equipment (DME) provider who contracts with HFS in the following situations:

1. Physician requests a formula not provided through WIC and an appropriate substitute is not available on the formulary.
   a.) A letter from WIC is not needed in this instance as the WIC formulary is shared annually with HFS.

2. A WIC approved formula in which the prescribed amount exceeds the amount provided by WIC.
   a.) Completion of the Explanation of WIC Food Benefits Letter is required.

3. A WIC approved formula in which the participant does not consume food orally and is fed via a feeding tube.
   a.) Completion of the Explanation of WIC Food Benefits Letter is required.

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**Addendum - Nutrition Practice Standard - Explanation of WIC Food Benefits Letter**
1. **Staff Competencies for Promoting the WIC Philosophy for Achieving Breastfeeding Success**

(Effective: April 2010)

Each local agency is required to incorporate task-appropriate breastfeeding promotion and support training into orientation programs and annual agency in-services for all staff involved with WIC participants to achieve staff competencies:

A. Staff understands their role in promoting and supporting the WIC and agency philosophy for achieving breastfeeding success.

B. Staff recognizes their own beliefs and attitudes regarding breastfeeding and the impact of those beliefs and attitudes on WIC participant decisions.

C. Staff self-identity as part of the WIC “Team” that promotes, protects, and supports the breastfeeding relationship.

D. Staff understands how the WIC food packages for the breastfeeding dyad support breastfeeding.

E. Staff develops rapport and foster open dialogue to successfully communicate with pregnant women and mothers.

F. Staff considers that all pregnant women will breastfeed and all new mothers are breastfeeding, thereby assuming breastfeeding as the “normal” and expected method of infant feeding.

G. Staff encourages all women to exclusively initiate breastfeeding and to continue breastfeeding for at least one year and as long thereafter as both mom and baby desire.

H. In all initial contacts, staff uses breastfeeding-friendly questions, e.g.: How is breastfeeding going? How can I help you with breastfeeding?

I. Staff encourages and emphasizes the value of exclusive breastfeeding and the value of continuing to breastfeed after returning to work or school and/or to a minimum of 1 year:

   1) Staff correctly assesses a participant’s breastfeeding status prior to entering a category in the Cornerstone system.

   2) Staff correctly categorizes all women exclusively or partially breastfeeding to any degree, up to one year postpartum, as a breastfeeding woman.

   3) Staff documents breastfeeding accurately:

      a) For initiation, (determined through the answer to “any breastfeeding” on the PA09 screen) staff should probe to determine if participant breastfed even once in the hospital or if the participant is pumping.

      b) Exclusive breastfeeding – babies with no food/fluids/water other than breastmilk.

      c) Partial breastfeeding - entering the “age first formula” only when it was provided to the infant on a regular (every day or every week), planned, anticipated basis.

      d) Staff uses culturally appropriate breastfeeding promotion, education and support strategies.

      e) Staff uses evidence based and up-to-date information about breastfeeding technique and management to encourage and support the breastfeeding mother and infant.

      f) Staff identifies and addresses individual needs and concerns about breastfeeding.
2. **Staff Competencies for Issuing Breastfeeding Packages (Effective: July 2013)**

Knowledge of normal lactation is required for staff to issue the appropriate breastfeeding food packages. Local Agency staff eligible to issue breastfeeding food packages is Registered Dietitians (R.D.), Nutritionists (Baccalaureate Degree), and Registered Nurses (R.N., B.S.N., or M.S.N.).

A. The following competencies are expected for issuance of breastfeeding food packages in the Illinois WIC Program: staff at all levels are competent in basic breastfeeding knowledge, that they understand their role in supporting breastfeeding with families and understand how to implement the WIC philosophy for achieving breastfeeding success. In addition,

1) Staff identifies factors that can impact breastfeeding during the prenatal assessment process.
2) Staff identifies physiological factors that impact breastfeeding.
3) Staff understands optimal breastfeeding practices that help mothers initiate and maintain breastfeeding.
4) Staff recognizes common breastfeeding concerns and protocols for obtaining additional assistance for mothers.
5) Staff assists employed women with tailored strategies for continuing to breastfeed after returning to work.
6) Staff applies knowledge of lactation to supporting breastfeeding in varied situations.
7) Staff understands the role of clinic and community support for breastfeeding.
8) Staff have a thorough knowledge of the current Illinois WIC Breastfeeding food packages, including policies on issuance and documentation
9) Staff has a thorough knowledge of the benefits of breastfeeding and the mechanisms underlying these benefits, barriers breastfeeding women face, and the advantages for infants, mothers, families, and society from breastfeeding, i.e. health, nutritional, immunologic, developmental, psychological, social, economic, and environmental advantages and benefits.
10) Staff has a thorough knowledge of routine breastfeeding questions and problems, what to expect in the first 2 weeks after delivery, signs that breastfeeding is not going well, strategies for development of good milk supply and ability to provide positive support to breastfeeding mothers.
11) Staff have a thorough knowledge of hand expression techniques, how to educate participants on its benefits and use, when to recommend to participants and the ability to provide ongoing support and counseling to participants using hand expression.
12) Staff has a thorough knowledge of agency breast pumps, including operation of pump and ability to assess mother’s need and appropriate type of pump to issue.
13) Staff has the ability to educate and counsel participants on the importance of exclusive breastfeeding, consequences of giving artificial nipples or pacifiers and supplemental formula on milk supply and long-term outcomes and the detrimental effects of early formula supplementation e.g., potential for future chronic disease and potential consequences of
14) Staff has the capability to assist participants in accessing ongoing breastfeeding support.
15) The CHP issuing the breastfeeding food package is responsible for:
   a) Assessment of mother’s intent to exclusively, partially or minimally breastfeed and understanding of the mother’s plan/goal for breastfeeding.
b) Assessing how the breastfeeding experience is going explaining the risks of routine supplementation, providing appropriate counseling, including the differences in the maternal food packages and the use of powdered infant formula.

c) Correctly updating breastfeeding information on the Infant/Child Health Visit screen (PA09), using the service code WUII- WIC UPDATE INFANT INFO, when changing a breastfed infant’s food package.

d) Appropriate assignment of mom/baby breastfeeding packages

16) All eligible staff should receive annual training in breastfeeding and lactation management and be prepared to appropriately assess the breastfeeding dyad, for example observing a nursing session, and have the ability to assist the breastfeeding woman in problem solving and overcoming barriers.

Addendum: Nutrition Practice Standard – Breastfeeding Food Packages
3. **Staff Competencies for Issuing Breast pumps (Effective: July 2015)**

The Illinois Department of Human Services allows Local Agencies to use WIC funds to purchase breast pumps to eligible participants with determined need. Pumps must be placed on the Agency inventory and locked in a secure area. Breast pumps may not be provided to pregnant or breastfeeding women solely as an inducement to consider or to continue breastfeeding.

A. Local Agencies should develop Breast Pump Program procedures per USDA-FNS regulations and policies as follows:

1) All Local Agency staff should be educated about the availability of and general eligibility requirements for distributing breast pumps, including pumps available through Medicaid reimbursement for eligible participants.

2) All Local Agency staff should be educated about and understand that breast pumps are needed in certain circumstances, but all women do not require a breast pump to successfully breastfeed.

3) All Local agency staff involved in distributing and providing breast pump services (CHPs, FCM, etc.) should have breastfeeding training and be trained in Local Agency procedures for distributing breast pumps, including
   a) Eligibility criteria, including waiting period for successful establishment of breastfeeding
   b) Proper assessment before issuing a breastpump
   c) Operation, cleaning and assembly of all types of agency breastpumps.
   d) Assessing participant need for a Breast pump, based on:
      (1) Mother/baby separation
      (2) Temporary breastfeeding problems
      (3) Difficulty establishing or maintaining an adequate milk supply due to maternal/infant illness
      (4) Mothers of multiples
      (5) Mothers of premature infants or those with severe feeding problems

4) Staff issuing a breast pump is responsible for:
   a) Providing participant education on the assembly, use and cleaning of the breast pump and storage of human milk. Assuring the participant can demonstrate correct assembly of the pump to the staff person. Providing written instructions on assembly of the pump to the participant.
   b) Documenting in case notes the reason for issuing the pump, type of pump, pump education, summary of counseling and plans for follow-up.
   c) Maintaining a secure inventory of breast pumps and kits.
   d) Cleaning and maintaining re-usable breast pumps.
   e) Providing the correct type of pump to a participant, either a loaned pump (Only multiple-user pumps (electric) should be loaned to participants), or a given pump (all other types of pumps)
   f) Ensuring the participant signs a release form and loan agreement for multi-user electric pumps. Guiding the participant through the lease agreement and release form and their responsibilities.
   g) Providing the participant with a copy of the agreement.
5) WIC agencies may not terminate or suspend participants for un-reimbursed loss or damage to loaned pumps.

Addendum: Breast Pump Loan Release Form
4. **Staff Competencies for Issuing Formula Products (Effective: March 2017)**

Knowledge of normal infant nutrition and characteristics of commonly used infant formula are required for staff to issue the appropriate formula food packages. Local Agency staff eligible to issue formulas is Registered Dietitians (R.D.), Nutritionists (Baccalaureate Degree), and Registered Nurses (R.N., B.S.N., or M.S.N.).

A. The following competencies are expected for issuance of formula in the Illinois WIC Program:

1) Thorough knowledge of the current Illinois WIC Formulary, including policies on issuance and documentation
2) Knowledge of other infant formulas, exempt infant formulas and medical foods and their relationship to medical conditions
3) Awareness of the availability of products at the retail level
4) Ability to educate participants on product preparation and feeding techniques
5) Capability to assist participants in accessing ongoing medical care and supervision.

B. Any staff issuing formula must attend specialized training on expected competencies related to the issuance of medically prescribed formula offered by the Department. A record of those trained for each agency must be on file at the local agency as this will be reviewed during the WIC Management Evaluation.

C. The CHP issuing medically prescribed formula is responsible for:

1) Review of the WIC Formula and Medical Nutritional Prescriptions form:
   a) Accept the completed prescription form,
   b) Issue accordingly and follow up at subsequent appointments.
   c) When form is not complete or prescription is not appropriate (per specialized training), refer the participant for reevaluation or clarification with the existing medical home.
2) Remaining current on competencies and review communications and updates shared from the Department or the Regional Staff related to issuance of medically prescribed formula:
   a) A WIC Coordinator should have trained CHP re-attend specialized training if quality assurance shows competencies are not being met.
   b) As a result of a WIC Management Evaluation, the Regional Nutrition Staff may recommend trained CHP re-attend specialized training.

D. It is recommended that one eligible staff be assigned per clinic as the point person for any problems or concerns regarding specific formula usage, issuance and documentation. This person should also periodically review staff authorization of medically prescribed formulas (see SF 5.5 for details).
5. Quality Assurance Procedures for Medically Prescribed Foods (Effective: July 2013)

This policy provides an overview of Quality Assurance procedures for medically prescribed foods. The following must be followed in order to ensure formulas are issued correctly and that required documentation (see SF 5.3) is on file.

A. The most recent quarter’s HSPR0116, “WIC SPECIAL FORMULA” reports should be kept on file and should be used for the following to achieve the minimum standard for quality assurance.

1) Chart review for those receiving medically prescribed formulas/foods. This involves:
   a) Frequency
      (1) a bi-annual review is required, agencies may choose to review more often
   b) Quantity-
      (1) For agencies with caseload 500 and up: A minimum of 1% of the participants listed on the HSPR0116 Report for the quarter.
      (2) For agencies with caseload under 500: 100% of the participants listed on the HSRP0116 Report for the quarter.
   c) Staff
      (1) each site should be evaluated
      (2) all staff who issue medically prescribed formulas/foods
   d) Documentation of follow-up as necessary (follow up may include, retraining, random formula issuance audits and/or other possible corrective actions).

2) Regional Nutrition Staff will review charts and reports at the time of the WIC Management Evaluation.
6. **Quality Assurance Procedures for Breastfeeding Food Packages (Effective: July 2013)**

This policy provides an overview of Quality Assurance procedures for breastfeeding food packages. The following must be followed in order to ensure appropriate breastfeeding counseling, education and follow-up and that food packages are issued correctly.

A. Breastfeeding Food Package Quality Assurance Reports (HSPR0120) should be used for the following:
   
   1) A bi-annual chart review of mother/infant breastfeeding dyads.
      
      a) Review the number of charts necessary to evaluate each staff issuing food packages
         
         (1) To ensure appropriate breastfeeding counseling, education and follow-up
         
         (2) To ensure that food packages are issued correctly
      
      b) Document bi-annual chart reviews and follow-up as necessary (follow-up may include: retraining, random audits and/or other possible corrective actions)

B. Regional Nutrition Staff will review charts, bi-annual chart reviews and reports at the time of the WIC Management Evaluation.
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**WFMP – 4: Issuance and Education for Participants**  
1. Issuance and Education for Participants  
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1. **General Information**  
   **Effective: Revised May 2017**

The WIC Farmers’ Market Nutrition Program (WFMNP) is intended to improve the diet of WIC participants as well as provide an awareness of where farmers’ markets and roadside stands are located. Farmers’ markets offer a community resource of locally grown fresh fruits and vegetables. Women and children who participate in WIC receive these nutritious foods in addition to the regular WIC food package.

A) Only fresh, unprocessed, locally grown fruits and vegetables shall be purchased with FMNP checks.

1) Locally grown shall mean that the product was grown in Illinois or the six contiguous States (Iowa, Indiana, Kentucky, Michigan, Missouri, and Wisconsin).

2) Honey in any form is not allowable for WIC participants.

3) The farmer must have grown a portion of the fruits and vegetables sold. This provision does not override market rules, which may prohibit the sale of any fruits and vegetables not grown by the farmer.

B) WIC staff is responsible for:

1) Storage and Issuance of FMNP Checks

2) Documenting all FMNP checks issued to participants via the WFMP Cornerstone service entry and a check register or log provided with the checks. The copy of the log is to be sent to the Department via email or FAX at the end of the season and the original log is to be kept on site for monitoring in accordance with the Retention of Records policy.

3) Training and monitoring FMNP Farmers in their service area.

C) Farmers’ Markets and Roadside stands must meet the following definitions to participate in the WFMNP:

1) Farmers’ Market: A permanent location, often outdoors where two or more independent growers gather to sell produce and goods to the public.

2) A Roadside Stand/Farm Stand: A permanent location dedicated to the sale of a grower’s produce and goods to the public that is under the ownership of one grower, a partnership of growers or a not-for-profit cooperative.
1. Administrative Funds
   Effective: Revised May 2017

A) Expenditure Documentation
   1) Expenditures for FMNP must be submitted on a separate EDF.
   2) Expenses must be submitted to the Department on EDFs from July through September of the current fiscal year.
   3) The total EDF should not exceed the $1,000 award.

B) Allowable Administrative Costs
   1) The costs associated with the provision of FMNP nutrition education.
   2) The costs of FMNP check issuance, or recipient education covering proper check redemption procedures.
   3) The costs of outreach services.
   4) The costs associated with the food delivery process such as training market managers and farmers on the food delivery system.
   5) The cost of monitoring and reviewing program operations.
   6) The cost of required reporting and recordkeeping.
   7) The cost of recruiting farmers/farmers’ markets to participate in the FMNP.
1. **Training and Monitoring Farmers**  
   **Effective: Revised May 2017**

A) WIC Staff must provide training to those farmers and market managers within the agency’s service area participating in the program:
   1) Face-to-face training is required for new farmers and market managers before they can begin to accept FMNP checks.
   2) Annual training is required for existing farmers and managers who have contracted with the Department prior to the current season.

B) Review of the “Illinois FMNP Farmer Training Manual” covers all required components for both the face-to-face and annual training. Training may be done individually or in a group setting such as a local market meeting.

C) WIC staff must also conduct annual on-site reviews of a minimum of 10 percent of farmers including:
   1) farmers in the first year of operation in the FMNP
   2) farmers identified as high risk by the Department

D) Monitoring must be completed using the tool provided by the Department which covers the required components. Completed monitoring tools must be sent to the state via fax or email within 10 days after the review.

E) Problems identified during the monitoring should be addressed by WIC staff at the time of the monitoring if possible.
1. **Issuance and Education for Participants**
   
   **Effective: Revised May 2018**

   A) FMNP checks may be issued to active WIC Program participants in the following categories:
   1) pregnant women
   2) breastfeeding women
   3) postpartum women
   4) children
   5) infants 6 months of age and older

   B) Checks issued to WIC participants will clearly be labeled WIC and reflect:
   1) first day to use,
   2) last day to use,
   3) value and,
   4) “deposit by” dates.

   C) Participants must receive the following information upon issuance of checks:

   1) Where to shop:
      a) locations,
      b) hours of operation,
      c) how to identify an approved farmer
         (1) Contracted farmers are identified by signs provided by the Department indicating
             “Farmers’ Market Checks Accepted Here”

   2) How to use the checks:
      a) eligible foods
      b) dates the checks must redeemed
      c) change cannot be given if the purchase is less than the value indicated on the check,
         (1) participants may choose to pay the difference if it exceeds that value
      d) sales tax cannot be charged for produce purchased with the checks

   3) Nutrition education
      a) emphasizing the relationship of proper nutrition to the total concept of good health
      b) the importance of consuming fresh fruits and vegetables
         (1) emphasizing those currently or soon-to-be in season
         (2) selection and storage
         (3) preparation methods

   D) Illinois WIC policies and procedures regarding participant rights and responsibilities,
      including civil rights, apply to the FMNP (See IL WIC PPM Administration).
# Breastfeeding Peer Counselor Program (BFPC)

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**Breastfeeding Peer Counselor Program Guidelines for Referrals**

Guidelines for Referrals
1. **General Guidelines (Effective: February 2014)**

It is the goal of the Illinois WIC Program to increase the rates of exclusive and sustained breastfeeding among WIC participants. The long range goal of the program is to institutionalize breastfeeding peer counseling (BFPC) as a core service in the Illinois WIC Program.

A. All local WIC agencies are encouraged to implement the Breastfeeding Peer Counselor Program to supplement existing WIC breastfeeding education and support as part of their overall breastfeeding plan. Including Breastfeeding Peer Counseling with ongoing breastfeeding promotion and support efforts has the potential to significantly impact breastfeeding rates among WIC participants.

B. The Breastfeeding Peer Counselor Program must include all components of the USDA Loving Support Peer Counselor program. The Loving Support through Peer Counseling: A Journey Together training curriculum is located at: [http://www.nal.usda.gov/wicworks/Learning_Center/support_peer_materials.html](http://www.nal.usda.gov/wicworks/Learning_Center/support_peer_materials.html)

C. Breastfeeding Peer Counselor Program local agency specific protocols must be written and accessible to staff.
2. Expenditure Documentation (Effective: February 2014)

A. Expenditures for the Breastfeeding Peer Counselor (BFPC) Program must be submitted on a separate expenditure documentation form (EDF).
   1) Expenses should be submitted to the Department on EDFs from July through June.
   2) The total EDF should not exceed the award.

B. Allowable Administrative Costs

   These funds must only be used to develop activities necessary to sustain a successful BFPC program. According to USDA, “the priority use of these funds is to hire and train peer counselors to provide breastfeeding peer counseling services to WIC participants.”
   1) Salaries of Peer Counselors and Peer Counselor Supervisor’s
      a) Training costs for Peer Counselor
      b) Communication expenses for peer to participant contacts
      c) Peer Counselor travel
         (1) home and hospital visits
         (2) travel to trainings
         (3) regional breastfeeding coalition or task force meetings
      d) Recruitment and hiring of peer counseling staff
      e) Purchase of demonstration materials used by peer counselors
      f) Equipment and electronic tools used by Peer Counselors during participant contacts and education

C. All other items/types of activities need approval from the State Breastfeeding Coordinator.
3. **Use of Social Media (Effective: February 2014)**

A. Local agency Breastfeeding Peer Counselor (BFPC) programs may use social media communication with WIC participants. It is recommended that local social media groups be closed to limit access to WIC participants only and that the BFPC Supervisor have administrative rights.

B. Uses of social media include:
   1. Allowing the peer counselor to email back and forth with pregnant and breastfeeding clients to provide support, answer questions and check in around due dates or at other critical times.
   2. Post messages about breastfeeding, remind clients to keep in touch and make or check their WIC appointment.
   3. Monitor breastfeeding/pregnancy blogs, the Illinois BFPC Network and other websites to gather education information and assess the information being shared to better correct misinformation/modify education for clients for the purpose of sharing and discussing information and networking.

C. Local agency employee policies on use of websites and other social media must be followed. Publication and commentary on social media carries similar obligations to any other kind of publication or commentary.

D. The Peer Counselor Program Supervisor should review with Peer Counselor:
   1. Types of social media the peer counselor may use to interact with clients.
   2. Topics and types of questions/conversations and answers that are appropriate.
   3. Under what circumstances social media is inadequate and the client should be seen or phoned.
   4. Procedures for communication should include:
      a) Topics that are not appropriate or related to breastfeeding or nutrition issues
      b) Use of name, title, and agency affiliation
      c) Keeping discussions honest and focused on the breastfeeding issue
      d) Using appropriate security and privacy features of the social media service
      e) Consider before disclosing any personal details, e.g. breastfeeding experiences
      f) Respect for client and her privacy; co-workers, agency
      g) Avoiding inflammatory, defamatory or offensive comments
      h) Avoiding comments contradictory to WIC/agency views or policies
      i) Identify information for accuracy and responding quickly to mistakes or errors in information
      j) Avoiding promotion of other businesses, services or products
      k) Confidentiality of peer counselor/client communications
      l) Documentation of peer counselor/client communications
Section 1: General Guidelines

m) Frequency of reviewing peer counselor/client interactions
n) All interactions should be reviewed on a regular basis

5) Safe guards for passwords are encouraged
6) Proper use of “Fair Use” or copyrighted material
4. Security, Care, and Use of Special Equipment (Effective: February 2014)

A. Safeguards must be implemented to ensure the security and care of special electronic equipment purchased with Breastfeeding Peer Counselor (BFPC) program funds.

B. Equipment purchased with BFPC funds is the property of the WIC Program and its use is limited.

   1) Special electronic equipment should remain in the possession of the BFPC and not be used by anyone not affiliated with the WIC agency or engaged in the BFPC Program.

   2) Agency staff must monitor access and disclose any and all information created, sent, received or stored on the laptop.

   3) The equipment must be returned to WIC agency when not in use.

   4) Equipment should not be left unattended.

   5) Only software authorized by the WIC agency may be used or loaded on the equipment.

   6) When purchasing computer equipment for peer counselor use:

      a) All computers, laptops, and other equipment to be used by the peer counselor for uses not currently included in the Cornerstone System and purchased with peer counselor program funds, must receive approval from the Department

      b) Only computers, laptops, and other equipment meeting Department standards will be approved for use in the Peer Counselor Program.
1. Roles and Responsibilities (Effective: February 2014)

A. The Breastfeeding Peer Counselor (BFPC) provides specific breastfeeding support and educational services in the Illinois WIC Program. The BFPC is a paraprofessional support person who gives basic breastfeeding information and encouragement to WIC pregnant, breastfeeding and postpartum women.

B. The qualifications of a BFPC are as follows:

1) A woman of the community, with similar characteristics (i.e. age, race, cultural ethnicity, education and socioeconomic level) of WIC participants.
   a) Professional staff, older women or women of disparate backgrounds or characteristics are not appropriate as peer counselors.

2) Previous or current WIC participation or, other women from the community with breastfeeding experience and an enthusiasm for breastfeeding may be recruited, hired and trained to be peer counselors.

3) The Peer Counselor must have breastfed at least one baby (within the last 5 years), but does not need to currently be breastfeeding.

C. Availability of BFPCs:

1) Must be available at WIC clinics and to WIC participants outside usual clinic hours

2) Must be available outside the usual WIC clinic environment and may work from her home.

3) Should be able to work about 10 hours a week and have reliable transportation.

D. Confidentiality for BFPCs:

1) Must be trained on confidentiality and sign a confidentiality statement.

2) Must be trained on using the phone and leaving messages

3) Must be trained on working with files and confidential information at off – site locations as well as her home.

E. Scope of Practice

1) BFPC’s must be trained and practice within their scope to retain liability.

2) BFPCs must refer to their supervisor or the designated local agency breastfeeding expert for all breastfeeding situations outside normal breastfeeding issues.

Addendum- Guidelines for Referrals for Breastfeeding Peer Counselors
2. **Breastfeeding Peer Counselor Job Duties (Effective: February 2014)**

A. Job Duties of BFPCs:

1) Promotes breastfeeding and acts as an advocate in the clinic and in the community.

2) Talks with women individually or in groups about breastfeeding and answer basic questions about breastfeeding.

3) Provides anticipatory guidance to help women prepare for their hospital experience and the first few days, weeks and months of breastfeeding.

4) Provides information on the effect of foods, medications, home remedies on lactation within her scope of practice and Department policy and local agency procedure.

5) Documents all contacts/conversations with participants.

6) Refers participants to the appropriate staff as indicated by local agency procedure.

7) Establishes relationships with WIC pregnant women and follows-up with them throughout their pregnancy and post-partum.

8) Establishes relationships and follows-up with WIC breastfeeding moms, based on the schedule, for the duration of breastfeeding.

9) Identifies and assists in recruiting and training additional candidates for BFPC training.

10) Assists in providing in-services or training sessions for other health care workers.
3. Practice Locations (Effective: February 2014)
   A. The Breastfeeding Peer Counselor (BFPC) should work principally in the WIC clinic setting
   B. BFPCs should make telephone contacts.
   C. The BFPC may provide services in a variety of settings including: medical community, the participants' homes, community centers, faith institutions and retail establishments.
4. **Documentation (Effective: February 2014)**

   A. Breastfeeding Peer Counselors (BFPC) must document contacts per Department policy and local agency procedure. BFPCs must use the Cornerstone system to document:
      1) Participant contacts
      2) Type of contact,
      3) Participant concerns, questions or comments,
      4) Topics discussed
      5) Referrals
      6) Plans for follow up

   B. BFPC time and work schedules should be documented according to agency procedure.
      1) Completes all forms, logs or tallies according to agency procedure.
5. **Participant Contact Frequency (Effective: February 2014)**

A. More and frequent contacts with pregnant and breastfeeding women increases the effectiveness of peer support.

B. The following contact schedule is recommended:

   1) Pregnant women:
      a) Monthly and at each prenatal follow up visit
      b) More frequently as due date nears
      c) One week before due date

   2) Early weeks postpartum:
      a) Within 24 hours after birth of baby
      b) Daily during the first week
      c) Weekly the rest of the first month

   3) After the first month:
      a) The BFPC and the breastfeeding woman can determine the contact schedule as mother desires (e.g., if returning to work or school).
1. **Program Management (Effective: February 2014)**

   A. The Breastfeeding Peer Counselor (BFPC) must be supervised by a designated Peer Counselor Supervisor such as the WIC Coordinator, Breastfeeding Coordinator or WIC CHP.

   B. Both Initial and ongoing training for both the BFPC and her supervisor must be planned and implemented.

   C. All agency WIC staff must receive training in the purpose, function and integration of a Peer Counselor Program at orientation and as needed.
2. *WIC Breastfeeding Peer Counselor Supervisor (Effective: February 2014)*

A. The BFPC Program Supervisor manages the WIC BFPC program and assists in establishing program goals and objectives according to the WIC and agency philosophy for achieving breastfeeding success.

B. Assists in establishing BFPC program procedures.

C. Oversees BFPC program scheduling, staffing and training and assures all program requirements are met.

D. Provides ongoing supervision and mentoring and is available to the BFPC for problem solving, questions and general discussion.

E. Holds regular meetings with peer counselors. These may be daily or weekly as needed to keep current with participant issues and any BFPC or supervisory concerns.

F. Conducts regular observation and evaluation of BFPCs; including a quality assurance review of procedures done by each BFPC, at least annually.

G. Collects documentation records and data as appropriate. Reviews breastfeeding reports and the BFPC program summary reports with the peer counselor, other staff and agency management.

H. Completes and submits required reports to the Department and participants in Department led BFPC program conference calls.

I. Communicates BFPC program status information (i.e. peer counselor terminations, hires, changes in program) to State Breastfeeding Coordinators.

J. Monitors BFPC program funding and expenditures. Assists fiscal agent in accurately assigning and recording peer counselor program expenditures.

K. Integrates BFPCs into all WIC operations (i.e., involvement in staff meetings; explanation of peer support to all WIC staff; identifying how program staff will refer participants to a BFPC).

L. Advocates within the agency and the community to promote and support the BFPC program.
3. Breastfeeding Peer Counselor (Effective: February 2014)

A. The Breastfeeding Peer Counselor (BFPC) functions in the WIC Program under the direct supervision of the BFPC Program Supervisor.

1) BFPC working multiple jobs within an agency must have scheduled peer counselor time in which to perform their duties.

2) The BFPC provides basic breastfeeding and education in the clinic and in the community through the following actions:
   a) Promotes and supports the WIC and agency philosophy for achieving breastfeeding success
   b) Encourages all women to exclusively initiate breastfeeding and to continue breastfeeding for at least one year and as long thereafter as both mom and baby desire
   c) The BFPC works within the scope of practice of a peer counselor and within agency guidelines to counsel and support WIC pregnant, breastfeeding and postpartum mothers per policy.
   d) Makes routine contacts based on Loving Support guidelines with all eligible WIC clients. (see BFPC Section 2.3.5 Participant Contact Frequency)
   e) Attends monthly staff meetings, in-services or other agency meetings/events. Presents information on breastfeeding, peer counseling or other topics as determined by the BFPC program supervisor.
   f) Participates in Peer Counselor conference calls, the peer counselor network, conferences/workshops and task force meetings/events as appropriate.
      (1) Participates in continuing education opportunities.
   g) Assists WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

3) Compensation of BFPCs
   a) BFPC must be compensated fairly according to the procedures of the local agency for all job duties, including contacts outside of clinic hours, and provide fringe benefits when possible.

4) BFPC must receive reimbursement for:
   a) personal phone use,
   b) mileage, e.g. travel to home or hospital visits and meetings.

5) Local agencies must cover training expenses.
1. **Breastfeeding Peer Counselor Training (Effective: February 2014)**

A. Breastfeeding Peer Counselors (BFPC) should be oriented to the WIC Program and trained on WIC policy and specifically for each task for which they are responsible using appropriate procedures.

B. The BFPC must attend the Loving Support Peer Counselor Training or a similar training including all the significant components of the Loving Support Peer Counselor Training. You may find the USDA Loving Support Through Peer Counseling: A Journey Together training curriculum at [http://www.nal.usda.gov/wicworks/Learning_Center/support_peer_materials.html](http://www.nal.usda.gov/wicworks/Learning_Center/support_peer_materials.html)

C. The BFPC should also observe other peer counselors or lactation consultants providing lactation management services and read assigned books or materials about breastfeeding.

D. Paraprofessionals should be trained specifically for each task for which they are responsible.

E. Ongoing training of BFPCs should include:
   1) meeting regularly with other peer counselors;
   2) participating in continuing education activities and in-services; and
   3) attending other meetings sponsored by the Department.

F. BFPCs are expected to participate in statewide monthly peer counselor networking conference calls.