

Certification Standards

Illinois WIC Policy Manual

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Section 1: General Eligibility Requirements

1. General Requirements (Effective: May 2024)

- 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.
 - 4. At nutritional risk as determined by a WIC Nutrition Assessment.
- B. At each certification, WIC applicants must present proof of residency, income, and identity per Addendum *Approved Eligibility Documentation*. The following options may be used to verify WIC eligibility and document in the WIC Management Information System (WIC MIS).
 - 1. Hard copy or electronic documentation may be accepted and provided in-person or sent to the local agency prior to the scheduled appointment¹.
 - a) Local agencies are encouraged to obtain required proofs prior to the scheduled appointment to identify any missing items and streamline the visit.
 - b) Follow Addendum *PPS Secure and Confidential Communications with WIC Participants* (IL WIC PM AD 5.2) for documenting receipt of and security of online and/or electronic documentation.
 - c) If proofs are received in advance of the certification appointment, staff must review and notify the participant prior to the scheduled appointment if additional documentation is needed.

Addendum- Approved Eligibility Documentation

- 2. Single documentation or one type of documentation may serve as proof for multiple certification documentation requirements¹.
- 3. Early Head Start / Head Start enrollment papers may be used as single documentation per Department and Illinois Head Start Association Memorandum of Understanding (MOU) (IL WIC PM CS 13.5).
- 4. 30-Day Certification (IL WIC PM CS 4.8).
- 5. Applicants with no proof of residency, income, or identity may be granted a full certification when the following situations apply:
 - a) Residency and Identity:
 - 1) Homeless,
 - 2) Migrant farm worker, or
 - 3) Victim of theft, loss, or a disaster (IL WIC PM AD 14).

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Section 1: General Eligibility Requirements

- b) Income:
 - 1) Homeless,
 - 2) Migrant farm worker,
 - 3) Victim of a disaster,
 - 4) Paid in cash, or
 - 5) No (zero) income.
- c) In situations where an applicant is not able to provide proofs, the applicant must complete, review, and sign the Addendum *30-Day Certification or No Proof Form*. Scan the Form into the participant's record in WIC MIS.

Addendum: 30 Day Certification or No Proof Form

- 6. If staff have reason to believe the proofs of category, residency, income, or identity are questionable, the local agency may require additional documentation to confirm eligibility.
- C. 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:
 - 1. Must be performed at no cost to the applicant.
 - 2. Must be initiated by certifying parent, caretaker, or foster parent, referred to as Head of Household (IL WIC PM SFD 2.1).
 - 3. In a two-parent household the parent bringing the child to the appointment is the HOH. The other parent may be marked in the WIC MIS as a "second parent" on the Participant Information screen allowing that parent to bring the child to subsequent visits (e.g., recertification appointments).
- D. If after certification it is determined that the participant is not categorically eligible, they must be terminated, and future benefits voided (IL WIC PM CS 14.1).
- E. The Illinois WIC Program does not prohibit program participation by foreign citizens including foreign students residing in the United States, provided they meet the program eligibility requirements.
- F. Agencies offering a multi-service delivery model (e.g., Family Case Management, lead testing, immunizations) must make applicants/participants aware of the various services being offered (IL WIC PM CS 13.1). Participants must be notified that participation in other agency services is optional, and refusal will not impact their WIC application and/or benefits. Local agency must follow consent to release information policy IL WIC PM AD 5.2.

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Section 1: General Eligibility Requirements

- G. Dual participation must be assessed as information is entered into the WIC MIS per Addendum *IWIC Duplicates*.
1. Stopping a potential duplicate from becoming a dual enrollment in the WIC MIS can occur on the Precertification screen, if a potential duplicate record is found, WIC staff must evaluate and reconcile as appropriate.
 2. When potential dual enrollment is not resolved during completion of the Precertification screen, the WIC MIS will trigger Dual Enrollment. The WIC Coordinator/designated staff must monitor and resolve weekly any actual dual enrollment in WIC MIS (Resolve Dual Enrollment screen).

Addendum: IWIC Duplicates

¹ USDA WIC Policy Memo 2023-6

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Section 1: General Eligibility Requirements

2. Household, Economic Unit and Family (Effective: May 2024)

- A. Household, Economic Unit, and Family are all terms which can be used interchangeably. “Economic Unit” is the more definitive terminology because it correctly conveys that a familial relationship is not relevant to the determination of WIC family size and income. Members of the same economic unit share income and consumption of goods and/or services, regardless of their familial relationship to one another.
- B. 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. Use *Addendum Assessing for Separate Households* as a guide.
 2. Residents of a homeless facility or an institution are considered separate economic units.
 3. Age is not a determinant when assessing the economic unit.
 4. 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.
 5. 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.

Addendum- Assessing for Separate Households

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Section 1: General Eligibility Requirements

3. Notification of WIC Rights and Responsibilities (Effective: May 2024)

- A. To inform applicants, parents or caretakers of WIC Program rights and responsibilities, the following information must be provided during the certification:
 - 1. The illegality of dual participation.
 - 2. The following statements:
 - a) “Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, handicap, or sex.”
 - b) “You may appeal any decision made by the local agency regarding your eligibility for the Program.”
 - c) “The local agency will make health services, nutrition education and breastfeeding support available to you, and you are encouraged to participate in these services.”
 - 3. A statement that selling or offering to sell WIC benefits, including cash value vouchers, food instruments, EBT cards, or supplemental foods in person, in print, or on-line is a participant violation.
 - 4. Encouragement to keep WIC appointments and regularly receive WIC food benefits.
 - 5. Informing WIC applicants that information shared by the applicant or participant may be shared to representatives of public organizations designated by the Department (IL WIC PM AD 5.1).
 - 6. At least during the initial certification visit, each participant, parent, or caretaker must receive an explanation of how the local food delivery system operates (IL WIC PM NE 4.2) and advised of the types of health services available, where they are located, how they may be obtained and why they may be useful (IL WIC PM CS 13).
- B. The Addendum *WIC Rights and Responsibilities* must be read by or to the applicant, parent, or caretaker in the appropriate language before being signed by the Head of Household and documented in WIC MIS.
- C. Persons found ineligible for the Program during a certification visit shall be advised in writing of the ineligibility, of the reason(s) for the ineligibility, and of the right to a fair hearing (IL WIC PM CS 14.1).

Addendum- WIC Rights and Responsibilities

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Section 2: Physical Presence

1. General Information (Effective: July 2024)

- A. All WIC applicants must be physically present at the certification visit. This includes participants presenting with referral data (IL WIC PM CS 6.3 and 6.4).
- B. However, local agencies must grant applicants an exception to the physical presence requirement per 7 CFR 246.7(o)(2), which includes medical condition, working parents or caregivers, and infants and children receiving on-going healthcare.
 - 1. These exceptions may be self-reported by applicant.
 - 2. Physical presence must pose an unreasonable barrier.
- C. Consecutive exceptions to physical presence cannot be granted unless a medical condition applies per IL WIC PM CS 2.2. For example:
 - 1. If not present at certification visit, then must be present at mid-certification visit.
 - 2. If not present at mid-certification visit, then must be present at next certification visit (regardless of category change).
- D. Staff must obtain anthropometric and biochemical data before the scheduled appointment; otherwise, the appointment must be rescheduled (IL WIC PM CS 6.5).
 - 1. Data must follow timeframes per policy IL WIC PM CS 6.3, 6.4.
- E. Reason for exception to physical presence must be documented in the WIC MIS per Addenda *IWIC Flow Sheets* (IL WIC PM CS 11.1).

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Section 2: Physical Presence

2. *Exceptions to Physical Presence (Effective: July 2024)*

- A. Staff must follow general policy for physical presence in order for the following exceptions to apply (IL WIC PM CS 2.1).
- B. All Categories
 - 1. Medical conditions
 - 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 (including Disasters per IL WIC PM AD 14.4).
 - d) Applicants with disabilities and/or for those whose Head of Household have disabilities and are unable to be physically present at the WIC clinic.
- C. Infants and Children
 - 1. Working parents or caregivers
 - a) Staff must offer two-parent households the option of a “second parent”, allowing that parent to bring the infant or child to subsequent visits. (IL WIC PM CS 1.1).
 - b) Staff must offer appointment times outside of the standard schedule to accommodate working families (L WIC PM CS 10.3).
 - c) In cases where two-parent household and appointment times do not apply, the following gives exception for working parents or caregivers:
 - 1) Infant / child was present for initial certification, and
 - 2) Infant / child was present within 1-year of the most recent certification or recertification.
 - 2. Receiving ongoing health care
 - a) Infant / child must be present at initial certification.
 - 3. Actively enrolled in Head Start or Early Head Start
 - 4. Infant <8 weeks

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Section 2: Physical Presence

3. *American Rescue Plan Act (ARPA) Waiver (Effective: July 2024)*

- A. When exceptions listed in IL WIC PM 2.2 do not apply, physical presence can be waived for all other applicants with flexibilities available through American Rescue Plan Act (ARPA) waiver for continuation of remote services.
- B. The following must apply to give exception:
 - 1. Staff must follow general policy for physical presence (IL WIC PM CS 2.1).
 - a) Physical presence must pose an unreasonable barrier.
 - b) Consecutive exceptions to physical presence cannot be granted.
 - c) Applicant must be receiving on-going health care. Staff must obtain anthropometric and biochemical data before the scheduled appointment; otherwise, the appointment must be rescheduled.
 - d) Reason for exception must be documented in the WIC MIS.
 - 2. Applicant must have the option of scheduled, in person appointment.

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Section 3: Residency Determination

1. *General Requirements (Effective: May 2024)*

- A. Residency is defined as the location or address where the applicant routinely lives or spends the night.
- B. 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.
- C. 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.
- D. Special Living Circumstances- Applicants currently living in a homeless facility or institution 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. Applicants are not eligible if the facility:
 - a) Accrues financial or in-kind benefits by reducing expenditures for food service because of a resident's participation in WIC.
 - b) Requires food items purchased with WIC benefits be used in communal feeding.
 - c) Places constraints on the ability of the participant to partake of the supplemental foods, nutrition education and breastfeeding support.
 - d) Requires the institution manager to serve as a general proxy for participants.

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Section 3: Residency Determination

2. Residency Documentation (Effective: May 2024)

- A. An applicant's proof of current Illinois residency must be reviewed at the time of certification. Acceptable proofs include current (less than 60 days old, if applicable) electronic or paper versions of:
1. 1040 tax return
 2. 30-day certification
 3. Adjunctive eligibility (SNAP, Medicaid, TANF)
 4. DCFS placement papers
 5. Government issued ID
 6. Immunization record
 7. Matricula Consular ID card
 8. Military base orders
 9. Military leave and earnings
 10. No proof
 11. Official notices/bills with current Address (Pay stub, water bill, etc.)
 12. Pay stub
 13. Photo ID
 14. Rent or mortgage receipt
 15. Social Security benefits
 16. State administered program (Early Head Start or Head Start enrollment papers)
 17. Tuition assistance benefits
 18. Unemployment benefits
 19. Voter registration card
 20. W2 form
 21. WIC ID card
- B. Unacceptable forms include:
1. Checkbooks
 2. Post Office boxes
 3. Other addresses where the participant receives mail but does not live

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Section 3: Residency Determination

- C. Special circumstances where an applicant does not receive mail:
 - 1. Participants living in temporary housing, with a friend, or family member who do not have mail in their or their immediate family member's name may verify residency from a landlord, employer, shelter worker, staff engaged in public or private social services, legal services, law enforcement, or health services by:
 - 1. Presenting a letter from someone listed above attesting to applicant/participant living situation. This letter must list the address for the applicant/participant.
 - 2. Staff must document this as "Official notice" in WIC MIS and document living situation in a note in the participant's record.
 - 2. The address of a homeless facility frequently used may be listed for homeless participants.
 - a) If the homeless participant does not have a homeless facility address, the address of the WIC clinic may be used.
 - 3. The local agency must ensure the homeless facilities meet the requirements as defined in IL WIC PM CS 3.1.
 - 4. Head of Household should be advised that their EBT card is linked to the zip code listed in WIC MIS.

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Section 4: Income Eligibility Determination

1. *Income Documentation (Effective: May 2024)*

- A. 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.
- B. Income is the gross cash income earned by all members of a family before deductions for income taxes, employees' social security taxes, insurance premiums, bonds, etc. Acceptable proofs of income include current electronic or paper versions of:
1. 1040 tax return
 2. 30-day certification
 3. Adjunctive eligibility (SNAP, Medicaid, TANF)
 4. Alimony payments
 5. Child support payments
 6. DCFS placement papers
 7. Employment contract / letter from employer
 8. Military leave earnings
 9. No proof
 10. Pay stubs
 11. Social security benefits
 12. State administered program (Early Head Start or Head Start enrollment papers)
 13. Tuition assistance benefits
 14. Unemployment benefits
 15. Verification of Certification (VOC)
 16. W2 forms
- C. It is recommended that applicants declaring zero income be prompted to describe their living circumstances and how they obtain basic living necessities such as food and shelter. This ensures that the applicant does not receive income or financial assistance.
1. Follow policy for no proof (IL WIC PM CS 1.1).
 2. Offer and document appropriate referrals per IL WIC PM CS 13.1.

Addendum- Assessing Gross Income

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Section 4: Income Eligibility Determination

2. Timeframes for Determining Income (Effective: May 2024)

- A. Staff need 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.
- B. Current Income² is defined as the most recent available proof of 28-31 consecutive days' worth of income received by the household.
 - 1. Dates to consider when establishing current income:
 - a. Dates of pay stub(s) that cover 28-31 days.
 - b. The most recent pay stub must not be dated more than 30 days prior to the documentation submission date or the first certification appointment.
 - 2. 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 28-31 days.
 - 3. Unemployed persons (including laid-off workers) must have income eligibility determined by their current rate of income.
- C. Annual Income may be a more appropriate indicator of the need for WIC benefits and should be used in cases such as:
 - 1. Self-employed persons, including farmers or seasonally employed workers whose income fluctuates.
 - 2. Economic units in which a member is on a temporary leave of absence from employment such as maternity leave.
 - 3. Teachers who are paid on a 10-month basis and on leave during the summer months.
 - 4. College students who work only during the summer months and school breaks.
- D. 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.
- E. 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 reassessment of income is required (IL WIC PM CS 4.7).

² USDA WIC Policy Memo 2023-6

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Section 4: Income Eligibility Determination

3. *Adjunctive Eligibility (Effective: May 2024)*

- A. WIC extends adjunctive income eligibility to applicants receiving Temporary Aid to Needy Families (TANF), Medicaid program benefits (Federal-Title XIX), or Supplemental Nutrition Assistance Program (SNAP)³.
 - 1. Local agencies must first attempt to determine if the applicant is adjunctively eligible before performing a traditional income screening.
 - 2. When local agencies can access applicable data sources, they should attempt to confirm whether a participant nearing the end of their certification period remains adjunctively income eligible in advance of the participant's recertification appointment.
- B. Members of the same economic unit (categorically eligible for WIC) would be adjunctively income eligible under the following conditions:
 - 1. Receives SNAP or TANF,
 - 2. Contains a pregnant woman or infant who is receiving Title XIX Medicaid,
 - 3. Newborn infants whose mothers still has an active WIC eligible Title XIX Medicaid case from their pregnancy, or
 - 4. If a postpartum woman or child is receiving Title XIX Medicaid, only that participant would be adjunctively eligible.
- C. Assessment of Adjunctive Eligibility
 - 1. Determine all programs the household is participating in (Medicaid, TANF, or SNAP) for WIC applicants or the economic unit member.
 - 2. Verify one source of adjunctive income. Verification of adjunctive eligibility by an approved source, is the same as written documentation.
 - a) Local agency staff must require no other documentation to establish family income.
 - b) Acceptable proofs include current electronic or paper versions of:
 - 1) Notice of Decision letters, with current dates and information, from the Illinois Department of Healthcare and Family Services (HFS).
 - 2) Department approved online resources which reflect current, active, cases for these programs.
 - 3) Foster parents may provide written documentation from the Department of Children and Family Services verifying the child's status as a youth in care.
 - 3. Document adjunctive eligibility per Addendum *I-WIC Documenting Adjunctive Eligibility*.

Addendum- I-WIC Documenting Adjunctive Eligibility

- 4. If documentation of adjunctive eligibility is not available, staff must complete a Traditional Income Eligibility Screening (IL WIC PM CS 4.4).
- 5. Verbal annual income is requested when the applicant is determined adjunctively eligible for program administrative record keeping.
 - a) Monetary value of SNAP benefits is not included as income.

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Section 4: Income Eligibility Determination

- b) Cash benefits are included as income.
- c) For zero income, follow IL WIC PM CS 4.1 C.

Addendum- Approved Adjunctive Eligibility Resources

³ USDA WIC Policy Memo 2013-3, 2023-6

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Section 4: Income Eligibility Determination

4. Traditional Income Eligibility Screening (Effective: May 2024)

- A. In cases where Adjunctive Eligibility does not apply, a traditional income screening is required. Applicants must provide documentation of family income at certification as described below.
 - 1. Traditional Income Screening Procedures
 - a) Determine the total economic unit size. (IL WIC PM CS 1.2).
 - b) Obtain documentation of gross income reflective of the past 28-31 days.
 - c) When an applicant fails to bring proof of income to the WIC clinic, staff must complete a 30-Day Certification (IL WIC PM CS 4.8).
 - 1) To ensure the participant is advised of termination 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 (or fail to provide proof), they will be terminated.
 - 2) In cases where applicants declare zero income, follow IL WIC PM CS 1.1 and 4.1 C.
- B. Income information is calculated in the WIC MIS.
 - 1. In the case of a system disruption such as interruption of communication and/or connectivity the local agency must use the Addendum *Illinois WIC Paper Assessment Tool* which includes details on calculating traditional income (IL WIC PM AD 2.7).

Addendum: WIC Income Guidelines

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Section 4: Income Eligibility Determination

5. *Military Families (Effective: February 2021)*

- A. 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 IL WIC PM CS 4.7.
 - 2. 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.
 - d) Computing Military Income/Leave and Earnings Statement (LES)
 - 1) Military participants should have a current Leave and Earnings

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Section 4: Income Eligibility Determination

Statement (LES) to determine rank and years of service. These are issued on the 15th of the month and are one month behind.

- (a) Example: On April 15, participant will receive March's LES.
- (b) 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>

- 2) 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).
- 3) Locate "Total Earnings" on the LES; it is usually found on the middle of the page. This is the gross earnings for one month.
- 4) Include as income:
 - (a) Separate Rations including BAS (Basic Allowance for Subsistence) and Special Duty Pay is counted as income.
 - (b) Include any incentive pay such as aviation career, foreign duty, hazardous duty, or family separation pay.
 - (c) 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.
 - (d) All other income from other family members
 - (e) multiply remainder of pay by 12 for yearly income (after subtracting out BAQ, VHA and adjusting for exceptions).
 - (i) Exceptions: Reenlistment bonus or clothing allowance are once a year entitlement 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.
- 5) Exclude from income:
 - (a) 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".
 - (b) 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),

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provided to military personnel living overseas. These housing allowances will be reflected as BAH, FSH and OHA on military pay statements.

- (c) 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.
- (d) Military Combat Pay: Combat pay is excluded as income when it is:
 - (i) received in addition to the service member's basic pay.
 - (ii) 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
 - (iii) not received by the service member prior to his/her deployment to or service in the designated combat zone.

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.
 - (iv) Combat Pay can be found under the Entitlement Section of the LES.

e) Special Situations

- 1) 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.
- 2) 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 IL WIC PM CS 4.2 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

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Section 4: Income Eligibility Determination

the past 12 months as it may be a more accurate determination of the family's income status.

- f) Children in the Temporary Care of Friends or Relatives
 - 1) 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.
 - 2) 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.

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Section 4: Income Determination

6. WIC Income Exclusions (Effective: February 2021)

- 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.

Certification Standards

Section 4: Income Determination

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 childcare 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.

Certification Standards

Section 4: Income Determination

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.

Certification Standards

Section 4: Income Eligibility Determination

7. *Income Reassessment During a Certification Period (Effective: July 2024)*

- A. The local agency must disqualify a participant and any other household members currently receiving WIC benefits who are determined ineligible based on the mid-certification income reassessment.
- B. If a local agency is notified of a change in income of a household, a mid-certification income reassessment must be completed and documented in the WIC MIS for each participant.
 - 1. A mid-certification reassessment of income is not required when the participant has 90 days or less before the termination of the certification period.
 - 2. A mid-certification 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 household.
 - a) Participants and other household members currently receiving WIC benefits are disqualified during a certification period only after their income eligibility has been reassessed based on the income screening procedures used for applicants who are not adjunctively eligible.
 - 3. If upon mid-certification reassessment it is determined the participant is no longer income eligible the participant must be terminated from the program following the ineligibility and termination process (IL WIC PM CS 14).

The following steps apply:

- a) If using the Household Info screen to calculate new income, do not save the Income Information tab on the Household Info screen until benefits are issued. Once the Income screen is saved, benefits cannot be issued.
- b) Issue a minimum of 15 days and up to 30 days of WIC benefits.
- c) Enter updated income information for each participant and save Household Info screen.

Certification Standards

Section 4: Income Eligibility Determination

8. 30 Day Certification (Effective: May 2024)

- A. In cases where adjunctive eligibility does not apply, and information needed for traditional income screening is not available, a 30-day certification screening is required.
 1. 30-Day Certification Screening Procedures
 - a) Applicants must have one qualifying nutrition risk and can present at least two of the three required proofs (residency, income and / or identify).
 - b) Inform participant of acceptable forms and time frame of the missing proof that is needed within the 30 days (IL WIC PM CS 3.2, 4.1, 4.2, 5.1).
 - c) Participants must be advised the missing proof can be submitted in-person, electronically, or mailed per IL WIC PM CS 1.1.
 - d) Applicant must complete, review, and sign the Addendum *30-Day Certification or No Proof Form* (IL WIC PM CS 1.1). Staff must review the Form with the applicant and ensure they understand it.
 - e) Scan the Form into the participant's record in WIC MIS and provide the original, signed Form to the applicant. This document provides information on the missing proof and the time frame in which the applicant must provide the proof.
 - f) Schedule the participant to return within 30 days to provide appropriate proofs and issue one month's benefits.
 2. A full certification must be completed, including nutrition risk assessment and nutrition education, prior to benefit issuance for the current month (30 days).
 3. Participants will be terminated from the program for failure to return with the required proof within 30 days:
 - a) The local agency must rescreen and begin the recertification process.
 - b) Participants certified using a 30-day certification may not receive a consecutive 30-day certification.
 - c) No additional benefits may be issued to participants returning without proof beyond the initial 30-day period.

Certification Standards

Section 5: Identity Determination

1. *Identity Documentation (Effective: May 2024)*

- A. Proof of identity must be checked by the local agency for:
 - 1. Each applicant (women, infants, and children) at every certification appointment.
 - 2. Parent, second parent, caretakers or foster parents for infants or children at time of card issuance.
- B. Acceptable proofs of identity include current electronic or paper versions of:
 - 1. 1040 tax return
 - 2. 30-day certification
 - 3. Adjunctive eligibility (SNAP, Medicaid, TANF)
 - 4. Birth certificate
 - 5. DCFS placement papers
 - 6. Employment contract / letter from employer
 - 7. Government Issued ID (including Driver's License, Passport, Social Security Card, or immigration papers)
 - 8. Health plan card issued in participant's name
 - 9. Hospital documentation (crib card, ID bracelet, electronic medical record, etc.)
 - 10. Immunization record
 - 11. Matricula Consular ID
 - 12. Military base orders
 - 13. Military leave and earnings
 - 14. No proof
 - 15. Official notices / bills
 - 16. Pay stub
 - 17. Photo ID (issued by governments, governments of other countries, employers, or schools)
 - 18. Rent or mortgage receipt
 - 19. Social security benefits
 - 20. State administered program (Early Head Start or Head Start enrollment papers)
 - 21. Tuition assistance benefits
 - 22. Unemployment benefits
 - 23. Voter Registration Card
 - 24. W-2 Form
 - 25. Illinois WIC Identification Card (IL WIC PM CS 5.3)

Certification Standards

Section 5: Identity Determination

- C. Current photo identification, as indicated in above, may be scanned into the participant's record in WIC MIS and used to establish identity at subsequent certification appointments.

Certification Standards

Section 5: Identity Determination

2. *Second Parent/Caretakers/Foster Parents (Effective: May 2024)*

A. Second Parent

1. In two-parent households, the certifying parent may name the other parent as “second parent”. Staff would indicate this by marking “second parent” on the Participant Information screen in WIC MIS.

B. Caretakers

1. For WIC purposes a caretaker is an individual who does not have legal guardianship, but the child lives with them, and they have financial and medical responsibility for the child.
2. The economic unit income of the caretaker must be used.
3. A babysitter who cares for the child any portion of the day is not considered a caretaker.

C. Foster Parents

1. Foster parents are required to have written documentation from the Department of Children and Family Services (DCFS) verifying the child’s status.
2. A teen living with a foster parent will be their own HOH.

- D. For guidance on the responsibilities of various roles in WIC (Head of Household/Second Parent/Caretaker/Proxy/Designated Shopper) follow Addendum *Understanding Roles in WIC*.

Addendum – Understanding Roles in WIC

Certification Standards

Section 5: Identity Determination

3. WIC ID Card (Effective: May 2024)

- A. An Illinois WIC Identification (ID) card must be completed for each household or foster child.
- B. General Information
 - 1. The Department provides WIC ID cards to all Local Agencies. The WIC ID card is a uniform client reminder system. The WIC ID card can be used for identification at the WIC office.
 - 2. The WIC ID card provides the following information:
 - a) Name, address, phone number and fax of the issuing Local Agency
 - b) First and last names of the participant(s)
 - c) Household and Participant ID numbers
 - d) Signature of the participant or parent/guardian/caretaker
 - e) Signature of the authorized proxy
 - f) Using the WIC EBT Card
 - g) Participant Rights and Responsibilities (including Appeal Rights)
 - h) Service Ending Information
 - i) Appointment information
- C. WIC ID card Issuance
 - 1. Families should be listed on one WIC ID.
 - 2. A foster child is a family unit of one and will receive his/her own WIC ID.
- D. WIC ID card Replacement
 - 1. The WIC ID card can be replaced when the Head of Household, second parent or proxy present with a picture identification or by viewing a scanned photo ID in WIC MIS.
 - 2. If no picture identification is available, comparison of the requestor's signature must be viewed (e.g., WIC Rights and Responsibilities).

Addendum - WIC ID Card

Certification Standards

Section 6: Nutrition Assessment

1. Assess General Information (Effective: July 2024)

- A. To be certified as eligible for WIC, applicants who meet the Program's eligibility standards (IL WIC PM CS 3-5) must also be determined to be at nutritional risk. A competent professional authority (CPA) or CPA Assistant (CPAA) must determine if a person is at nutritional risk through a medical and/or nutritional assessment.
 - 1. Information necessary for a complete WIC nutrition assessment includes anthropometric, biochemical, health, and nutrition information that impacts nutritional status.
 - 2. When determining nutrition risk, a Value Enhanced Nutrition Assessment (VENA) must be completed on participants, for all applicable risks.
 - a) VENA training is required as part of the Department's initial WIC training for CPA/CPAA staff (IL WIC PM AD 11.1).
 - b) Applicants must meet specific criteria for nutrition risk as described in the *IWIC Nutrition Risk Criteria* found in the WIC MIS (Nutrition Risk screen). Details on each nutrition risk (e.g., justification, implications for WIC, references) can be found in the Addendum *USDA WIC Nutrition Risk manual*.

Addendum- USDA WIC Nutrition Risk Manual

- 3. Data used when completing VENA will impact the quality of the assessment, and potentially eligibility. Such values may be:
 - a) Collected on-site per IL WIC PM CS 6.3, 6.4.
 - b) Provided via a hospital/physician statement or electronic medical record.
 - c) Provided on a local agency referral form or the Illinois WIC Medical Referral Form prior to or at time of certification.
 - d) Exchanged by Head Start/Early Head Start (HS/EHS) following referral and consent requirements (IL WIC PM CS 6.3, 6.4, AD 5.2).
- 4. Self-reporting for anthropometric and biochemical values is only acceptable for pre-pregnancy weight, weight at delivery and lead values.
 - a) For infants and children, birth data is not required, and values must only be entered into the WIC MIS when provided by documentation provided by the hospital, referral data or the birth certificate.
- 5. 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.

Certification Standards

Section 6: Nutrition Assessment

2. *Anthropometric Assessment (Effective: August 2023)*

- A. Obtain the weight and height/length for all applicants.
 - 1. Measurements must be taken per the Centers for Disease Control (CDC) guidelines. Verbal information is not acceptable.
 - 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. Referral medical data may be used for anthropometric data (e.g. height/length, weight) when obtained from a qualified medical professional, such as private physician, health clinic personnel, hospital personnel or HMO prior to the WIC certification visit.
 - 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.
 - 4. When data is not collected on-site it must be documented in the WIC MIS. When entering data in the WIC MIS select "Non-WIC" and enter the date of the referral data.
- C. Assessing weight and height/length data.
 - 1. Data entered in the WIC MIS 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 I-WIC Nutrition Risk Criteria.
- D. Quality and reliable medical-grade measurement equipment must be used.
 - 1. Equipment (adult and infant scale, stadiometer and recumbent board) must be validated or calibrated annually at a minimum.
 - 2. Validation logs must be kept on file.
 - 3. Documentation notating service by an outside provider that includes the date of calibration is acceptable.

Addendum: Anthropometric Flow Sheet

Addendum: Illinois WIC Medical Referral Form

Addendum: Validation/Calibration Log

Certification Standards

Section 6: Nutrition Assessment

3. *Biochemical Assessment (Effective: July 2024)*

- A. A blood test for anemia such as a hemoglobin or hematocrit, must be performed and/or obtained from referral sources for all applicants, using the following time frames per category.
- B. 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) All infants nine months of age and older (who have not already had a blood test performed or obtained, between the ages of six and nine months), must have a blood test performed between nine and twelve months of age.
 - 1) For infants under 6 months, who are certified to their first birthday, complete blood test at their one-year certification visit.
 - 2) For infants who are certified 6 months or older, hemoglobin must be obtained between nine and twelve months of age.
 - 4. Children:
 - a) Only one blood test is required for children between 12 and 24 months of age and should be obtained at least 6 months after the infant test.
 - b) A blood test must be performed or obtained for children at least once every 12 months (at each certification).
 - c) If test reveals anemia, a follow-up blood test is recommended at 6-month intervals until the results are in the normal range.
- C. Quality and reliable medical-grade equipment must be used.
 - 1. Equipment used to analyze bloodwork must be validated or calibrated per manufacturer's instructions.
 - 2. Validation logs must be completed annually and kept on file (Addendum *Validation/Calibration Log*, IL WIC PM CS 6.3).
 - 3. Documentation notating service by an outside provider that includes the date of calibration is acceptable.
 - 4. Follow [Occupational Safety and Health Administration \(OSHA\) Healthcare](#)

Certification Standards

Section 6: Nutrition Assessment

guidelines for Bloodborne Pathogen and Personal Equipment Standards.

Addendum- Biochemical Flow Sheet

D. Referral Biochemical Data:

1. Referral 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.
3. When data is not collected on-site it must be documented in the WIC MIS. When entering data in the WIC MIS select "Non-WIC" and enter the date of the referral data.

Certification Standards

Section 6: Nutrition Assessment

4. *Deferral of Anthropometric and Biochemical Data (Effective: July 2024)*

- A. Anthropometric and biochemical data must be obtained as part of a thorough WIC nutrition risk assessment (either on-site or through referral data). Data may be deferred when:
 - 1. Participant is physically present, and the participant is uncooperative or disabled.
 - 2. Physical presence is waived (IL WIC PM CS 2), and staff obtain anthropometric and biochemical data before the scheduled appointment within required timeframes (WIC PM CS 6.3 and 6.4).
 - a) This does not apply to the exception of a Natural Disaster.
 - b) Document receipt of data per Addendum *PPS Secure and Confidential Communications with WIC Participants* (IL WIC PM AD 5.2); then enter data into the WIC MIS during scheduled appointment per Addenda *WIC Flow Sheets* (IL WIC PM CS 11.1).
- B. Hemoglobin or hematocrit testing may be deferred up to 90 days. If data is not obtained within 90 days, the participant must be terminated from the program as a voluntary withdrawal and documented on the Cert Action screen in WIC MIS as “No Bloodwork Provided”.
 - 1. Document on the Lab screen in WIC MIS as “No Blood”, exemption reason “Deferred”. Do not enter previous or verbal values.
 - 2. Refusal for Medical or Religious Reasons – in rare instances, an applicant/participant may refuse hemoglobin or hematocrit based on medical or religious reasons. The reason the hemoglobin or hematocrit test was not performed must be documented on the Lab screen in WIC MIS as “No Blood”, exemption reason “Medical Condition” or “Religion”.
 - 3. Local Agencies must have a process in place to follow up on collection of data when not obtained at the time of certification.

Certification Standards

Section 6: Nutrition Assessment

5. Diet Assessment (Effective: July 2024)

- A. The WIC Program's approach to dietary assessment will be qualitative, not quantitative. Staff must ask open-ended questions, in addition to the WIC MIS questions for data collection. 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 Addenda *WIC Assessment Guides* assist in this process.

Addendum- WIC Assessment Guides

- B. 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.
- C. 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.
- D. For all applicants, evaluate dietary pattern and feeding practices via the WIC MIS Health and Nutrition screens.
- E. 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 (IL WIC PM CS 14.1).
 - 2. Infants 4-11 months of age, children, pregnant and post-partum women: the appropriate presumptive eligibility risk factor will be generated by the WIC MIS.

Certification Standards

Section 6: Nutrition Assessment

6. *Breastfeeding Assessment (Effective: July 2024)*

- A. 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 (*Addendum NPS Breastfeeding (IL WIC PM AD 10.1)*).
- B. WIC's goal is to encourage mothers to breastfeed exclusively without supplementing with formula.
- C. A mother who intends to breastfeed should be provided counseling and support to help her feed only breast milk to her baby.
- D. 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.
- E. A comprehensive breastfeeding assessment must be completed and documented per the *Addenda IWIC Flow Sheets (IL WIC PM CS 11.1)*.

Certification Standards

Section 7: Priority System for Nutrition Risk Criteria

1. Priority System (Effective: July 2024)

- A. Based on category, each participant is assigned a priority to assure that those persons at greatest nutrition risk receive Program benefits.
 1. A priority [one (1) through six (6)] is assigned to each participant at certification. Details on priority levels assigned can be found in the *IWIC Nutrition Risk Criteria* manual found in the WIC MIS (Nutrition Risk screen).
 2. A lactating woman may be determined to be at nutrition risk based upon her own health status or that of her infant. A breastfed infant can be certified based on the mother's medical and/or nutrition assessment. All breastfed infants and their mothers must be assigned the same, highest priority for which either qualify.
 3. If a lactating woman who was certified with risk factors of her own ceases breastfeeding before six months postpartum, her category will need to be changed to Postpartum (NP) and infant's category is changed to Infant Full Formula (IFF), but their priority will remain the same.
 4. Previously certified participants do not take precedence over new applicants and must be evaluated to determine program eligibility.
 5. A summary of how priorities are assigned include the following:
 - a) Priority 1 - Pregnant women, breastfeeding women and infants at nutrition risk as demonstrated by hematological or anthropometric measurements; or documented nutritionally related medical condition(s) which demonstrate the person's need for supplemental foods.
 - b) Priority 2
 - 1) Infants up to six months of age born to women who participated in WIC during their pregnancy, who do not qualify for Priority 1.
 - 2) Infants up to six months of age born to women who did not participant in WIC during pregnancy, whose medical records (self-reported as documented in WIC MIS) indicate that they were at nutrition risk during pregnancy due to hematological or anthropometric measurements or other documented medical condition(s) which demonstrate need for supplemental foods.
 - c) Priority 3 - Children at nutrition risk due to hematological or anthropometric measurements or other documented medical condition(s) which demonstrate the child's need for supplemental foods.
 - d) Priority 4 - Pregnant women, breastfeeding women, and infants at nutrition risk due to inadequate dietary pattern.
 - e) Priority 5 - Children at nutritional risk due to inadequate dietary pattern.
 - f) Priority 6 - Postpartum, non-lactating women at nutrition risk.

Certification Standards

Section 8: Certification Periods

1. Certification Periods (Effective: July 2024)

- A. Based on category, each participant certified on the WIC Program is eligible to receive Program benefits for an established period of time.
1. Pregnant women (P category) are certified for the duration of their pregnancy and up to six (6) weeks postpartum regardless of pregnancy outcome.
 2. Lactating women (BE/BP category) are defined as “all women exclusively or partially breastfeeding to any degree, up to one year postpartum.”
 - a) Breastfeeding women are certified from their actual delivery date (ADD) until 1 day before their infant’s first birthday.
 - 1) Women who continue to breastfeed after six (6) months but receive the some/limited breastfeeding food package for their infant will remain on the Program but will no longer receive food benefits for herself.
 - b) 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 (NP category) until six (6) months from her ADD.
 - c) Women who cease breastfeeding after six (6) months fall under the guidance for postpartum, non-breastfeeding women (NP category) and will terminate.
 3. Postpartum, non-breastfeeding women (NP category) are eligible for certification for 6 months from their ADD or termination of pregnancy.
 4. Infants (IBE/IBP/IFF Category) under six (6) months of age at certification are certified until 1 day before their first birthday.
 5. Infants (IBE/IBP/IFF Category) six (6) months of age or older at certification are certified for 6 months minus one day.
 6. Children (C1/C2/C3 Category) are certified for one-year minus 1 day from the certification start date.
 7. Children (C4 Category) are certified for 1 year minus 1 day from the certification start date or to the last day of the month in which the child turns 5 years old, whichever occurs first.

Addendum- I-WIC Appointments

Certification Standards

Section 9: Maintaining Quality Assurance for One Year Certifications

1. *Maintaining Quality Assurance for One Year Certifications (Effective: August 2023)*

- A. The intent of one-year certifications is to reduce the administrative burden on both WIC staff and participants while maintaining quality nutrition services. A Mid-Certification appointment focuses on nutrition assessment and education.
- B. Participants certified for one-year intervals require a mid-certification nutrition assessment. One-year certifications are allowed for the following categories:
 - 1. Infants under six (6) months of age.
 - 2. Breastfeeding women until they cease breastfeeding or up to their infant's first birthday.
 - 3. Children up to their fifth birthday.
- C. To assure quality and accessibility of health care services a mid-certification assessment is required approximately 6 months into the certification period and includes:
 - 1. Anthropometric measurements.
 - 2. Bloodwork- must be obtained following the schedule outlined in IL WIC PM CS 6.3.
 - 3. Review of previous notes (e.g., nutrition and breastfeeding) and nutrition risks.
 - 4. A brief update of health and dietary assessment using the Mid-Certification screen in WIC MIS. If changes to risk factors are needed follow IL WIC PM CS 6.5.
 - 5. Category specific nutrition education pertinent to the participant's needs.
 - 6. Follow-up to the immunization screening and referrals provided during certification for infants and children (IL WIC PM CS 13.3).
- D. If the above required anthropometric and biochemical data are received before the scheduled appointment within required timeframes, the appointment may be completed remotely (IL WIC PM CS 2, 6.3, 6.4, 6.5).
- E. Document the mid-certification assessment in the WIC MIS per policy. In addition, the "notice of service ending" must be updated in the WIC ID Card and explained, if applicable.
- F. Food benefits cannot be withheld for failure to attend Mid-Certification appointments. Participants should be rescheduled and issued one month of food benefits (IL WIC PM NE 5.1). Participants should not be issued more than 2 consecutive months of food benefits for missed appointments without documentation of care from their Health Care Provider.
- G. Follow guidance in *I-WIC Appointments* for certification periods, appointment types and required WIC MIS screens, and further details on Mid-Certification appointments.

Addendum: I-WIC Appointments

Certification Standards

Section 10: Caseload Management

1. *Definitions of Caseload Management (Effective: July 2024)*

Caseload management includes all activities local agencies do to achieve their assigned caseload while following the WIC priorities and timeframes set forth within this policy. To assist in achieving this goal agencies should complete an agency assessment annually per Addendum *PPS Caseload Management Strategies*.

- A. Assigned/Base caseload is the number of persons the local agency is expected to serve monthly as determined by the Department. The local agency goal is to reach and maintain this level of participation.
- B. Active/Enrolled caseload is participants with an active WIC record who may or may not have food benefits for the current month. Any participant assigned a certification period is considered an active enrollee. The WIC MIS refers to this number as enrollment.
- C. Achieved caseload is the actual number of individuals who receive food benefits in the month. The WIC MIS refers to this number as closeout participation. Closeout participation is used to measure a local agency's percent achieved caseload of their assigned caseload.
- D. Waiting lists are meant to facilitate services for the highest priority participants at the earliest opportunity when caseload is exceeded and require Department approval (IL WIC PM CS 10.2).

Addendum- PPS Caseload Management Strategies

Certification Standards

Section 10: Caseload Management

2. *Processing Standards and Time Frames (Effective: July 2024)*

- A. Local agency staff must accept applicants, determine eligibility, and notify the applicants of the decisions made and, if the applicants are eligible, issue food benefits. All these actions must be accomplished within the processing standards set forth below.
 - 1. Processing Standards begin when the individual contacts the local 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:
 - a) Document the applicant's name, address and date of birth in the WIC MIS (Precertification screen).
 - b) The remainder of the information necessary to determine eligibility will be obtained at the time of certification.
 - 2. Local agencies must act on applications within the following time frames:
 - a) 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.
 - b) 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.
 - c) When unable to meet the required time frames, document in a General Note in WIC MIS the circumstance (e.g., participant preference, lack of staffing).
 - d) If the local agency is unable to provide services to all categories within required time frames due to lack of staffing or other agency circumstances, they must contact the Department.
 - 3. Local agencies at or above assigned caseload:
 - a) When a local agency is at or exceeds the assigned caseload, they are encouraged to continue serving participants and new applicants.
 - b) The Department will make every effort to adjust caseload assignments for those agencies consistently over their assigned caseload.
 - c) If a local agency is unable to provide services beyond their assigned caseload, they must contact the Department.
 - 1) Agencies must obtain approval from the Department prior to initiating a waiting list.
 - 2) If in discussion with the Department it is determined the local agency cannot serve new applicants beyond the assigned caseload, approval to initiate a waiting list may be given.
 - 3) Maintaining Waiting Lists
 - (1) Applicants should be advised that they may participate in other Illinois

Certification Standards

Section 10: Caseload Management

WIC programs in their area.

- (2) Provide information about other potential sources of food assistance in the area to applicants that cannot be served (IL WIC PM CS 13.1).
- (3) A waiting list is maintained of categorically eligible individuals who visit the local agency and express interest in receiving Program benefits.
- (4) 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.
- (5) Individuals must be notified of their placement on a waiting list within twenty (20) days after they contact the local agency to request Program benefits.
- (6) The local agency must use the WIC MIS for the waiting list. In order to contact the individuals when caseload space becomes available, the minimum data entered for the waiting list must include:
 - (i) Name of the applicant.
 - (ii) Address or phone number of the applicant.
 - (iii) Applicant's status (e.g., pregnant, breastfeeding, age of applicant).
 - (iv) Date placed on the waiting list (generated automatically).

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Section 10: Caseload Management

3. WIC Scheduling (Effective: July 2024)

- A. Each local agency must have a system for screening and providing services to new applicants and recertifying participants.
 - 1. Walk-in scheduling is utilized when no previously scheduled appointment exists for the applicant/participant. Benefits include reducing the amount of time spent on reminder calls, scheduling calls, preparing for next day appointments and allows for greater flexibility of work schedules for clinic staff and flexible appointments for participants.
 - 2. The availability of planned appointments must be offered to meet the needs of the working and student populations and minimize absence from work and/or school.
 - 3. Schedules must be maintained in WIC MIS to be accessible for review and ensure compliance with state and federal policies (IL WIC PM CS 11.1).
- B. Prioritizing
 - 1. To facilitate participation of special populations on WIC including working, homeless, migrant, minority families and those residing in rural areas, local agencies must implement processes that allow them access to the program by:
 - a) Maintaining WIC MIS schedules that reflect 5% of appointments outside the standard 8:30-4:30 Monday-Friday schedule allowing for completion of a certification visit (e.g., early morning, evening, or weekend hours), and
 - b) Making applicants and participants aware of extended hours by posting throughout the clinic and on the agency and Department websites, and
 - c) Maintaining clinic locations in areas of highest need.
 - 2. Any exceptions to required scheduling of extended hours must have approval from Program (e.g., agencies with caseloads less than 500).
 - 3. 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 (IL WIC PM CS 7, CS 10.2).
 - a) High risk applicants, whether for certification or recertification, must receive priority for scheduling appointments (and with appropriate staff per IL WIC PM AD 11.3, 12).
 - b) High risk, new applicants must be given appointments, even when it requires delaying the recertification of lower risk certifications.

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Section 10: Caseload Management

4. *Follow-up for Pregnant Women (Effective: July 2024)*

- A. 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.
 1. This applies to the initial Prenatal appointment and does not include missed food benefit issuance or subsequent missed appointments.
 2. To effectively reschedule the appointment, the following procedures should be followed:
 - a) At the time of initial contact (either by telephone or in person), the local agency should obtain the pregnant woman's address and preferred contact information (phone or text) and add to the WIC MIS (Precertification screen).
 - b) If the appointment is missed, the pregnant woman must be contacted and offered a new appointment.
 - 1) The local agency must document that the contact was attempted in a General Note in the WIC MIS.
 3. 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.
 4. Follow-up with participants who miss food benefits issuance and other appointments is encouraged as a means of reducing no-show rates and building caseload.

Certification Standards

Section 11: Participant Records

1. General Information (Effective: July 2024)

- A. Participant information required for the WIC certification visit must be documented in the WIC MIS per Addenda *IWIC Flow Sheets*. Data collected through the required screens is stored in the WIC MIS and is part of the participant's record.

Addendum: IWIC Flow Sheets

- B. Participant records include both paper documentation awaiting scanning into the WIC MIS and the electronic record. Forms are to be scanned per IL WIC PM AD 4.1.
- C. Each participant is assigned one identification number (Participant ID) through the WIC MIS. Dual participation must be assessed as information is entered into the WIC MIS (IL WIC PM CS 1.1).
- D. Document participant and staff service locations in the WIC MIS following requirements for physical presence, deferral of anthropometric and biochemical data, and confidentiality and compliance agreement related to remote work. (IL WIC PM CS 2, CS 6.5, AD 15.1).
- E. Agencies who utilize electronic record keeping systems/electronic medical records in addition to the WIC MIS 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.
 - 2. The participant's WIC information must be kept confidential.
 - 3. Schedules must also be maintained in WIC MIS (IL WIC PM CS 10.3).

Certification Standards

Section 11: Participant Records

2. Notes (Effective: July 2024)

- A. Local Agencies must document participant notes in the WIC MIS to ensure continuity of care.
- B. To assure accuracy, all notes should be completed on the day of the contact. Notes may be edited or removed the same day they are added, but not after.
- C. There are several note types used in the WIC MIS that create a care plan: General, Breastfeeding, and Nutrition Education notes. SAP format may be used when completing notes. Refer to *Nutrition Practice Standards Documenting in WIC MIS* for details on what must be included on each screen.
 - 1. Breastfeeding Note- used for breastfeeding dyads during certification, mid-certification, secondary education, and additional breastfeeding contacts.
 - 2. Nutrition Education Note- used for documenting individual in person (certification and secondary education) or telephone education.
 - 3. General Note- are used to document information not found in Breastfeeding Notes or Nutrition Education Notes. They are intended to be general in nature, may be added manually or auto generated by the WIC MIS and may not be necessary for every participant.
 - 4. Care Plan/SOAP Note- This type of note is optional, as information entered into the Nutrition Education and Breastfeeding Notes screens creates your participant care plan. If a CPA chooses to use this screen (e.g., high risk/priority participants) include information that is not documented in other notes or already in the WIC MIS.

Addendum - Nutrition Practice Standards - Documenting in WIC MIS

Certification Standards

Section 12: Transfer of Certification

1. *Out-of-State Transfer (Effective: July 2024)*

- A. An out of state transfer occurs when a participant transfers into Illinois from another State or Indian Tribal Organization or when a participant transfers out of Illinois.
- B. A Verification of Certification (VOC) ensures seamless and continued participation of certified participants through the entirety of their certification period⁴.
 - 1. The local agency is required to accept valid VOC documents from another state or the overseas WIC Program. Participants must be transferred and allowed to continue participating through the end of their current certification.
 - 2. Proof of identity and current residency in Illinois is required.
- C. If a local agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and be enrolled as soon as possible following IL WIC PM CS 10.2.
- D. The VOC Form must be issued to every participant who is a member of an economic unit in which there is a migrant farm worker or any other participant who is likely to be relocating during the certification period (e.g., participant indicates they will not be living in Illinois at the time of their next appointment).
 - 1. The VOC form is located in Print Documents screen in the WIC MIS.
 - 2. The WIC ID Card, when completed per policy, provides the minimum information needed for VOC (IL WIC PM CS 5.3).
- E. 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 local agencies to request contact information from sending agency to confirm a VOC request is legitimate.
- F. In order to provide key information for the seamless provision of WIC services and to prevent dual participation, the following must be present on the VOC:
 - 1. Participant's name and WIC ID number.
 - 2. Date the certification was performed.
 - 3. Date of income determination (this may be different than the certification date).
 - 4. Nutritional risk of the participant.
 - 5. Certification end date.
 - 6. Last date benefits issued.
 - 7. Signature and printed name of the certifying local agency staff.
 - 8. Name, address, and phone number of the certifying local agency.
- G. When a transferring participant is missing one or more of the required components, the VOC must be considered valid if it contains the following three items: 1) Participants name; 2) the date of the certification; and 3) the date that the current certification period expires.
 - 1. If an out of state participant does not have the necessary VOC information, the

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Section 12: Transfer of Certification

certification can be verified by calling the previous state or local agency for the required information.

- a) Each state WIC agency is required to provide a single point of contact for use during regular business hours. Local agency staff can find this information at: <https://www.fns.usda.gov/wic/program-contacts>.
 - b) Local agency staff should contact their Regional Nutritionist Consultant if no response is received within 24 hours from the transferring state.
 - c) If no VOC is provided, document in the WIC MIS (General Notes screen) the source of transfer verification (e.g., verbal confirmation from transferring state).
- H. For those participants receiving medically prescribed formula from WIC, provide a copy of their WIC Formula and Medical Nutritional Prescription Form from the WIC MIS to assist with and streamline the transfer of benefits.
- I. Transferring participants must surrender any unused food instruments or their Electronic Benefit Transfer (EBT) card to the receiving local agency prior to issuance of Illinois food benefits. The receiving clinic must destroy the unused food instruments or EBT card to ensure participation in only one WIC program.
- J. Provide education on the Illinois Authorized WIC Food List, current listing of WIC vendors, and EBT Card Issuance (IL WIC PM SFD 2.3). Document in the WIC MIS notes.
- K. Incoming VOC documents from other States must be scanned into the WIC MIS.
- L. Participants presenting a VOC have already been certified for WIC and therefore there is no need to conduct certification activities such as assessing income, performing anthropometric measurements, or bloodwork until a mid-certification or subsequent certification is required.
1. If a VOC is presented to a receiving agency and the certification will expire within the next 30 days, the receiving agency may offer a recertification appointment for the convenience of the participant.
- M. Transferring participants should be incorporated into the regular scheduling of nutrition education for the remainder of their certification period.
- N. The transfer of participants must be completed in the WIC MIS per Addendum *IWIC Transfers*.

Addendum- IWIC Transfers

Certification Standards

Section 12: Transfer of Certification

2. *In-State Transfer (Effective: July 2024)*

- A. Participants who relocate within Illinois during a certification period are considered In-State Transfers. In-State transfers occur when:
 - 1. A household needs to transfer from their current clinic to a different clinic either within the same agency or a to different agency.
 - 2. Participant needs to transfer to a different household due to custody or foster situations.
- B. Participants with no WIC ID Card, must present proof of identity and current address and verify in WIC MIS, including zip code (linked to EBT card).
- C. The receiving clinic must ensure there is not a gap in program benefits.
- D. The transfer of participants within Illinois will be completed in the WIC MIS per Addendum *IWIC Transfers* (IL WIC PM CS 12.2).
- 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 and the Illinois Authorized Food list must be provided, if applicable (e.g., new county or household).

Certification Standards

Section 12: Transfer of Certification

3. Department of Defense (DoD) WIC Overseas Program (Effective: July 2024)

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 until the end of his/her certification period, assuming the local agency is not at its maximum caseload (IL

Certification Standards

Section 12: Transfer of Certification

WIC PM CS 10.2).

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:
 - a) There is no guarantee that the WIC Overseas Program will be operational at the overseas site where they will be transferred;
 - b) By law, only certain individuals are eligible for the WIC Overseas Program;
 - c) Issuance of a VOC form does not guarantee continued eligibility and participation in the WIC Overseas Program;
 - d) 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 required information per IL WIC PM CS 12.1.
 - e) Acceptance of WIC and Overseas Program VOC Form
 - 1) 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:
 - (a) participant name,
 - (b) date the participant was certified, and
 - (c) date the current certification period expires.
 - 2) 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.
 - 3) The following website lists current locations where the Overseas WIC Program operates: <https://tricare.mil/wic> .

Certification Standards

Section 13: Referral to Services

1. **General Information (Effective: July 2024)**

- A. WIC applicants and participants or their designated proxies must be provided with information on health-related and public assistance programs, and when appropriate local agency staff must refer to such programs.
- B. Referrals must include Medicaid/SNAP, medical services including health and social services, substance/drug abuse counseling/information and treatment centers, smoking cessation programs, immunizations, lead screening, Head Start/Early Head Start, and other referrals as appropriate. When appropriate, staff should provide information about other potential sources of food or formula assistance in the local area (e.g., food pantries, soup kitchens, etc.).
 - 1. Local Agencies must maintain a current, Local Referral List that is available to all staff via paper or from the WIC MIS.
- C. Referrals must be documented in the WIC MIS per Addenda *IWIC Flow Sheets* (IL WIC PM CS 11.1).
- D. Each local agency must develop, implement, and maintain a written procedure that includes:
 - 1. Required referral information and how the Local Referral List will be updated at least annually.
 - 2. How consent will be obtained, prior to release of information, per policy (IL WIC PM AD 5.2).
 - 3. Use of commercial referral systems outside of the WIC MIS. Identify in the procedure what system is being used and how it is being used with WIC participants. For example, how and when consent is obtained, process for providing a referral and documentation in WIC MIS per policy.

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Section 13: Referral to Services

2. *Healthcare and Treatment Services (Effective: July 2024)*

A. Medicaid

1. 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 Title XIX of the Social Security Act (i.e., the Illinois Medicaid Program).
 - a) Local Agencies must provide a referral with written information (printed or electronic) to the Illinois Medicaid program for all applicants/participants not currently participating in the Illinois Medicaid program.

B. Drug and Substance Use

1. Local agencies must provide drug and other harmful substance abuse information to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participating in the program. This information is provided on the Food List and Addenda provided in *IL WIC PM NE 5.2*.
2. The Department offers treatment services for substance use through an extensive treatment provider network throughout the State of Illinois.
 - a) Refer participants to the [Illinois Helpline](http://www.dhs.state.il.us) online (www.dhs.state.il.us), by phone 1-833-234-6343 or text (833234).

C. Smoking Cessation

1. Local agencies must work with the Department of Public Health (IDPH) for resources for [tobacco prevention and control](https://dph.illinois.gov) (https://dph.illinois.gov)
2. Refer participant to the [Illinois Tobacco Quitline](#) to provide free tobacco cessation services.

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Section 13: Referral to Services

3. Immunization Screening and Referral (April 2026)

- A. Immunizing infants and children against certain diseases is one important way to help them stay healthy. WIC's mission is to be a partner with other services that are important to family well-being, such as immunizations.
- B. The Illinois Department of Public Health (IDPH) is the lead agency in immunization planning and screening. Its immunization section conducts programs and initiatives designed to ensure Illinois families have up-to-date immunization information. As an adjunct to services that provide immunizations, the WIC Program's role in immunizations screening and referral is to support existing funded immunization activities. WIC involvement in immunizations screening and referral activities should enhance rather than substitute for on-going Immunization Program initiatives.
 - a) The purchase of vaccines and delivery of immunizations is not an allowable WIC cost.
 - b) Refer to IDPH for information on the current, recommended immunization schedule appropriate to the current age of the infant/child.
- C. At the minimum, local agency staff must ensure that WIC infants, and children under the age of two, are screened and referred using a documented immunization history⁵. However, immunization records are not required to obtain WIC benefits.
- D. Screening, referring, and documenting immunization status of infants and children:
 - a) Parents and caretakers of infants and children must be advised that immunization records are requested as part of the WIC certification and health screening process.
 - b) During certification, review the infant/child's immunization status using a documented record. This includes a provider's immunization record, an immunization registry, the IDPH data system I-CARE, or a participant chart (paper copy or electronic).
 - c) At a minimum, use the table below to 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.
 - d) If the infant/child is under immunized, using the table below provide information on the recommended immunization schedule appropriate to the current age of the infant/child. Also provide referral for immunization services, ideally to the child's usual source of medical care
 - 1) By 3 months of age, the infant/child should have at least 1 dose of DTaP.
 - 2) By 5 months of age, the infant/child should have at least 2 doses of DTaP.
 - 3) By 7 months of age, the infant/child should have at least 3 doses of DTaP.
 - 4) By 19 months of age, the infant/child should have at least 4 doses of DTaP.
 - e) Encourage the parent/caretaker to bring the immunization record to the next certification visit.
- E. Document immunizations screened and/or referred in the WIC MIS per Addenda *IWIC Flow Sheets* (IL WIC PM CS 11.1).

⁵ USDA WIC Policy Memo 2001-7

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Section 13: Referral to Services

4. Blood Lead Screening (July 2024)

- A. 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. Per Public Law 106-387, 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 WIC MIS, and provide education and counseling as appropriate.
 - 1) Review WIC foods that are high in iron and calcium which help to alleviate the effects of elevated blood lead levels.
 - 2) Emphasize the importance of diet in the treatment of lead exposure and assist in developing an appropriate plan for nutrition intervention per Addendum *USDA WIC Nutrition Risk Manual*.
 - 3) Provide information on how to reduce exposure to lead.
 2. 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 cost⁶.

⁶ USDA WIC Policy Memo 93-3A, 2000-1

Certification Standards

Section 13: Referral to Services

5. *Infant and Children Services (Effective: July 2024)*

- A. Early Intervention
 - 1. To help children between the ages of birth to three with disabilities or delays the Department offers Early Intervention.
 - 2. Refer families to an Early intervention Child and Family Connection office by using the [DHS Office Locator](http://www.dhs.state.il.us) (www.dhs.state.il.us) or by phone (1-800-843-6154).
- B. Head Start / Early Head Start (HS/EHS)
 - 1. The MOU between Food and Nutrition Services (FNS) and the Administration for Children and Families (ACF)⁷ encourages WIC and the Office of Head Start (OHS) to collaborate to better meet the needs of low-income children and their families.
 - 2. The MOU between the Department and the Illinois Head Start Association affirms a collaborative relationship between WIC and HS/EHS to ensure coordination of programming and service delivery.
 - 3. To support this collaboration local agency WIC programs are encouraged to enter into local agreements to work collectively within the community. Local agencies are strongly encouraged to complete MOUs, submit to Department, and retain on file at the local agency.
- C. Additional Early Childhood Services
 - 1. Other infant and children services can be found on the Department's [Early Childhood Services](#) website (childcare, early care and education, and other community-based prevention and intervention programs).

⁷ USDA WIC Policy Memo 2017- MOU

Certification Standards

Section 14: Ineligibility and Termination Process

1. WIC Participant Ineligibility and Termination (Effective: July 2024)

A. Ineligibility

1. During the certification appointment or at any time during a certification period (IL WIC PM CS 8.1), the local agency must determine a person ineligible for the WIC Program if the applicant/participant does not meet all the program eligibility criteria of category, income, residency, and risk criteria.
2. All applicants found ineligible for WIC during a certification visit must be advised in writing of the reason for the ineligibility/termination and the right to a fair hearing.
 - a) Print the WIC Ineligibility/Termination Notice, complete the necessary information, (including reason for ineligibility, signatures of staff making the determination and the applicant) and inform the applicant of their right to a fair hearing.
 - b) Complete and scan the form into the WIC MIS and provide the applicant with the original form.
 - c) Notices do not need to be provided to participants who are terminated for failure to obtain food benefits.

B. Termination

1. Applicants/participants must be notified at least fifteen (15) days before suspension or disqualification.
 - a) Issue a minimum of 15 days and up to 30 days of WIC benefits prior to terminating the participant's active status in the electronic record.
 - b) Advise participant in writing when their services will end.
 1. During the certification this includes the end date of the EBT benefits indicated by the Service Ending Date and may be included on the WIC ID Card.
 2. The completed WIC Ineligibility/Termination Notice provides reason for ineligibility and informs the applicant of their right to a fair hearing.
 - c) When an applicant/participant appeal the termination of benefits follow Appeals policy (IL WIC PM CS 16).
2. Document ineligibility/termination in the WIC MIS (update the Cert Action screen to reflect the "Term Reason").

Addendum- WIC Ineligibility/Termination Notice

Certification Standards

Section 15: Participant Violations and Sanctions

1. WIC Participant Violations and Sanctions (Effective: July 2024)

A. Violations and Sanctions

1. A participant violation means any deliberate 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.
2. Per 7 CFR 246.12, participant violations include, but are not limited to, deliberately making false or misleading statements or deliberately misrepresenting, concealing, or withholding facts, to obtain benefits; selling or offering to sell WIC benefits, including EBT cards or supplemental foods, in person, in print, or online; exchanging or attempting to exchange WIC benefits, including EBT cards, or supplemental foods for cash, credit, services, 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.
3. Participant sanctions must be imposed for participant violations per Federal Regulations 246.12.
 - a) The State agency may provide warnings before imposing participant sanctions.
 - b) If the Department determines a violation of \$1000 or more, assesses a claim for dual participation, or assess a second claim of any amount, the participant must be disqualified for one year.
 - c) Exceptions to the mandatory disqualification include:
 - If within 30 days of receipt of notification of the repayment request, full payment is received or a repayment schedule is agreed upon, or
 - In cases of a participant who is an infant or child, the Department may approve the designation of a proxy to continue participation in the program.
 - d) When appropriate, the State agency may refer participants who violate program requirements to law enforcement authorities.
 - e) Proxies who initiate violations may no longer be recognized, and participant must identify a new proxy.
4. 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.

Addendum – Violations and Sanctions

Certification Standards

Section 15: Participant Violations and Sanctions

B. Reporting a Violation

1. Local agency staff must complete the Addendum *WIC Program Participant Violation Reporting Form* within three (3) calendar days of the occurrence.
2. Forward complaints to the Department via the designated Regional Nutritionist Consultant.
3. Participant will continue to receive Program benefits while Sanction is determined.

Addendum –Participant Violation Reporting Form

C. Notification of a Sanction

1. The Department will contact the local agency with actions required based on the violation.
2. Local agency staff will complete the Addendum *Participant Violations & Sanctions Notification Letter* based on the Department's investigation.
3. Local agency staff will call the participant to review the Addendum *Participant Violations & Sanctions Notification Letter*, including the right to fair hearing procedures.
 - a) Complete the bottom of the Letter, documenting that the Letter was reviewed. Scan the completed Letter into the WIC MIS (participant's record).
 - b) Confirm address of the participant and inform them that a copy of the Letter will be sent by certified mail.
 - c) Document unsuccessful attempts to contact the participant in a General Note in the WIC MIS.
 - d) Follow termination policies (IL WIC PM CS 14).

Addendum – Participant Violations & Sanctions Notification Letter

Certification Standards

Section 16: Appeals

1. *Participant Right to Appeal (Effective: July 2024)*

- A. Each potential WIC participant must be informed of the right to a fair hearing during the initial program certification (IL WIC PM CS 1.3).
- B. Those determined to be ineligible to participate in the program or suspected of program abuse must be notified in writing of the reason of ineligibility and the right to a fair hearing.
 - 1. This is met by receiving the *Addendum WIC Ineligibility/Termination Notice* (IL WIC PM CS 14) and the *Addendum Violations & Sanctions Notification Letter* (IL WIC PM CS 15).
- C. A copy of the *Addendum Applicant Notification of Appeal Rights/Right to a Fair Hearing* will be provided upon request.

Addendum – Applicant Notification of Appeal Rights/Right to a Fair Hearing

- D. 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.
- E. If a fair hearing is requested, the 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 with the designated timeframes as identified in IL WIC PM CS 16.2.
- F. Participants who appeal the termination of Program benefits within the period of time identified in 7 CFR 246.9 must continue to receive 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.
- G. Applicants who are denied Program 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.

Certification Standards

Section 16: Appeals

2. Fair Hearing Procedures (Effective: July 2024)

- A. Listed below are the uniform rules of procedure to be followed in processing an appeal on the denial or termination of Program benefits per 7 CFR 246.9:
1. 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.
 2. The hearing must 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.
 3. A minimum of ten (10) days advance written notice of the date, time and place of the hearing must be given.
 4. The decision of the Fair Hearing Officer must be in writing and must 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.
 5. The Fair Hearing Officer must:
 - a) Administer oaths or affirmations.
 - b) Ensure that all relevant issues are considered.
 - c) Request, receive and make part of the hearing all evidence determined necessary to decide the issues being raised.
 - d) Regulate the conduct and course of the hearing consistent with due process to ensure an orderly hearing.
 - e) Order, where relevant and necessary, an independent medical assessment or professional evaluation from a source mutually satisfactory to the appellant and the local agency.
 - f) Render a decision based exclusively on the hearing record.
 - g) Adhere to the pertinent sections of the "Rules of Practice and Procedure in Administrative Hearings," IL AD. Code, Part 100.
 6. The location of the hearing, usually the office of the local agency, must be accessible to the appellant.
 7. The hearing must be tape-recorded, and the tape retained as a permanent record of the hearing.
 8. The local agency will provide an appellant, or representative, the opportunity to:
 - a) Examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
 - b) Be assisted or represented by an attorney or other persons.
 - c) Bring witnesses.
 - d) Advance arguments without undue interference.

Certification Standards

Section 16: Appeals

- e) Question or review any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses.
 - f) Submit evidence to establish all pertinent facts and circumstances in the case.
9. During the hearing, the appellant must be the moving party and have the burden of proof.
 10. 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.
 11. The exclusive record of the fair hearing must 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 must be filed in the proceedings and be retained for a minimum of three years after the date the decision was rendered.
 12. 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)).
 13. Appeals should be directed to the Department's Bureau of Hearings:
IDHS-Bureau of Hearings
69 West Washington, 4th Fl.
Chicago, IL 60602
800-435-0774 (V)
800-435-0774 (TTY)
312-793-3387 (Fax)
DHS.BAH@illinois.gov
 14. Judicial review may be sought by the participant if they are not satisfied with the Department's decision (7 CFR 246.9).