Chapter One
General Administration
Chapter One
General Administration

Overview

Goal
The WIC Program provides nutrition and breastfeeding support and information, supplemental nutritious foods, and referrals to other health and social services as an adjunct to good health care during critical times of growth and development, in order to prevent occurrence of health problems, and to improve the health status of eligible women, infants and children.

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Administrative Responsibilities</td>
<td>1-3</td>
</tr>
<tr>
<td>B</td>
<td>Local Agency Staffing</td>
<td>1-5</td>
</tr>
<tr>
<td>C</td>
<td>Workplace Mandates</td>
<td>1-7</td>
</tr>
<tr>
<td>D</td>
<td>Conflict of Interest</td>
<td>1-8</td>
</tr>
<tr>
<td>E</td>
<td>Disaster Plan</td>
<td>1-10</td>
</tr>
<tr>
<td>F</td>
<td>New, Moving, Closing Clinics</td>
<td>1-11</td>
</tr>
<tr>
<td>G</td>
<td>Abbreviations</td>
<td>1-12</td>
</tr>
<tr>
<td>H</td>
<td>Definitions</td>
<td>1-14</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Nutrition Coordinator Job Roles</td>
<td>1-26</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Breastfeeding Coordinator Job Roles</td>
<td>1-28</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Training Coordinator Job Roles</td>
<td>1-30</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Sample Conflict of Interest Form</td>
<td>1-32</td>
</tr>
<tr>
<td>Appendix E</td>
<td>New, Moving, Closing Clinics Full Instructions</td>
<td>1-33</td>
</tr>
<tr>
<td>Index</td>
<td>Index</td>
<td>1-</td>
</tr>
</tbody>
</table>
### Section A
#### Administrative Responsibilities

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Quarterly</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Administration</strong> Chapter 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict of Interest Statements</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Certification</strong> Chapter 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Missed Appointment Procedures</td>
<td></td>
<td></td>
<td></td>
<td><strong>Update</strong></td>
</tr>
<tr>
<td>✓ Institution Compliance Procedures</td>
<td></td>
<td></td>
<td></td>
<td>Update</td>
</tr>
<tr>
<td><strong>Food Packages General</strong> Chapter 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Staff Listing of Individuals Authorized to Issue Food Packages</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Food Packages Formula</strong> Chapter 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Staff Listing of all Individuals who Provide Formula Approvals for Local Agency</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Procedures for Food Instrument Security</strong> Chapter 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security Protocols</td>
<td></td>
<td></td>
<td></td>
<td>Update</td>
</tr>
<tr>
<td>✓ Inventory</td>
<td></td>
<td></td>
<td></td>
<td>Update</td>
</tr>
<tr>
<td>✓ Voided Report</td>
<td></td>
<td></td>
<td></td>
<td>Update</td>
</tr>
<tr>
<td>✓ Lost/Stolen</td>
<td></td>
<td></td>
<td></td>
<td>Update</td>
</tr>
<tr>
<td>✓ Mailing</td>
<td></td>
<td></td>
<td></td>
<td>Update</td>
</tr>
<tr>
<td>Procedures for Separation of Duties</td>
<td></td>
<td></td>
<td></td>
<td>Update</td>
</tr>
<tr>
<td><strong>Referral And Outreach Coordination</strong> Chapter 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach Plan</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>✓ Outreach Activities Files</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>✓ Evaluate Outreach Activities</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>✓ Referral Agencies Contacted</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Procedures For Domestic Abuse</td>
<td></td>
<td></td>
<td></td>
<td>Update</td>
</tr>
<tr>
<td><strong>Participant and Staff Education</strong> Chapter 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition Services Plan</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Identify/develop Resources</td>
<td></td>
<td></td>
<td></td>
<td>Update</td>
</tr>
<tr>
<td>Evaluate Staff Performance</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Training For Each Staff Member</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Procedures For Breast Pumps</td>
<td></td>
<td></td>
<td></td>
<td>Update</td>
</tr>
</tbody>
</table>

---

**Note:** The table above summarizes the administrative responsibilities and their frequency of occurrence, such as weekly, monthly, quarterly, and annually, within the context of the ARIZONA WIC PROGRAM's POLICY AND PROCEDURE MANUAL. The document includes revisions and updates as noted in the original and revision dates.
<table>
<thead>
<tr>
<th><strong>Participant Disqualification and Dual Participation</strong></th>
<th><strong>Chapter 8</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dual Participation Reports</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Civil Rights and Non-discrimination</strong></th>
<th><strong>Chapter 9</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Civil Rights And ADA Training</td>
<td>X New staff</td>
</tr>
<tr>
<td>WIC Services Ineligible Log</td>
<td>X</td>
</tr>
<tr>
<td>Procedures To Ensure Compliance</td>
<td></td>
</tr>
<tr>
<td>Translation Policy</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Financial Management</strong></th>
<th><strong>Chapter 12</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit CER Report</td>
<td>X</td>
</tr>
<tr>
<td>Inventory WIC Purchased Property</td>
<td>X Due by January 31</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Program Costs</strong></th>
<th><strong>Chapter 13</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload Management</td>
<td>X</td>
</tr>
<tr>
<td>Document Expenditures by Functional Area</td>
<td>X</td>
</tr>
<tr>
<td>✔ Annual Cost Summary Report</td>
<td>X</td>
</tr>
<tr>
<td>✔ Personnel Costs Summary Sheet</td>
<td>X</td>
</tr>
<tr>
<td>✔ Daily Time Sheet.</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Records and Reports</strong></th>
<th><strong>Chapter 14</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidentiality Statements</td>
<td>X</td>
</tr>
<tr>
<td>Sharing Information Agreement</td>
<td>X</td>
</tr>
<tr>
<td>Procedures for Reporting Child Abuse</td>
<td>Updated</td>
</tr>
</tbody>
</table>

* X means must be done
** “Update” means to review and update as needed
## Section B
### Local Agency Staffing

<table>
<thead>
<tr>
<th>Role</th>
<th>Requirements and Details</th>
</tr>
</thead>
</table>
| **WIC Program Director/Manager** | Each Local Agency (LA) shall designate a WIC Program Director/Manager (Director) who has previous WIC and/or community health experience. If the Director will certify potential WIC clients, or provide high-risk counseling and/or formula authorization to WIC participants, then the Director must be a Registered Dietitian.  

In lieu of a Registered Dietitian and with prior approval from the State, the Local Agency shall designate a Director with a minimum of an undergraduate degree, from an accredited institution, in nutrition (community nutrition, public health nutrition, nutrition education, human nutrition or nutrition science) or a related field such as home economics or biochemistry, with an emphasis in nutritional science.  

**NOTE:** Previous WIC and/or community health experience and/or a Master’s degree in a related subject are desirable.  

| **Nutrition Services Coordinator** | The Local Agency will identify a Nutrition Services Coordinator/Manager who is a Registered Dietitian with at least 2 years of WIC experience. The position will oversee all WIC Nutrition Services for the agency. The roles and responsibilities of the Nutrition Coordinator/Manager can be found in Appendix A.                                                                                                                                                                                                                     |
| **Registered Dietitian**          | Each Local Agency shall provide a Registered Dietitian as a WIC Nutritionist to perform high-risk counseling, formula authorization, and, as necessary, Certification of clients. The Local Agency will provide the services of WIC Nutritionists in the number proportional to the Agency’s needs/caseload.  

The WIC nutritionist will have a minimum of an undergraduate degree, from an accredited institution, in nutrition (community nutrition, public health nutrition, nutrition education, human nutrition or nutrition science) or a related field such as home economics or biochemistry, with an emphasis in nutritional science.  

**NOTE:** Previous WIC and/or community health experience and/or a Master’s degree in a related subject are desirable.  

*Continued on Next Page*
Section B
Local Agency Staffing (Continued)

<table>
<thead>
<tr>
<th>Position</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding Coordinator</td>
<td>The Local Agency will identify an International Board Certified Lactation Consultant (IBCLC) to serve as the Local Agency Breastfeeding Coordinator. The Breastfeeding Coordinator will oversee all WIC breastfeeding services for the Local Agency to ensure all participants have access to breastfeeding promotion and support services. The roles and responsibilities of the Breastfeeding Coordinator can be found in Appendix B.</td>
</tr>
<tr>
<td>Training Coordinator</td>
<td>The Local Agency will identify a Training Coordinator. The Training Coordinator will oversee and facilitate both new employee and ongoing WIC training for the Local Agency, including certifying that staff have met competencies prior to providing services without supervision. The roles and responsibilities of the Training Coordinator can be found in Appendix C.</td>
</tr>
<tr>
<td>Paraprofessional Certifiers/</td>
<td>The Local Agency will provide nutrition/health personnel in numbers proportional to the Agency’s caseload. These individuals will certify applicants for participation in the Arizona WIC Program. These individuals will have the minimum of a high school degree or equivalent.</td>
</tr>
<tr>
<td>Community Nutrition Workers</td>
<td></td>
</tr>
<tr>
<td>or Equivalent</td>
<td></td>
</tr>
<tr>
<td>NOTE:</td>
<td>Previous nutrition or health-related job experience is desirable.</td>
</tr>
<tr>
<td>Clerks</td>
<td>At the option of the Local Agency, clerks will perform administrative support within WIC clinics. Such individuals will have the minimum of a high school degree or equivalent.</td>
</tr>
<tr>
<td>NOTE:</td>
<td>Previous clerical or work experience is desirable.</td>
</tr>
</tbody>
</table>
### Section C
### Workplace Mandates

<table>
<thead>
<tr>
<th><strong>No Smoking Policy</strong></th>
<th>State and Local Agencies will establish mandatory no smoking policies in each WIC clinic pursuant to the Federal Fiscal Year (FFY) 1994 Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act (Public Law 103-111).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drug-Free Workplace</strong></td>
<td>State and Local Agencies will adhere to the rules and policies established pursuant to federal drug-free workplace mandates. 5 U.S.C. § 7301, 41 U.S.C. § 701, and Presidential Executive Order No. 12564.</td>
</tr>
</tbody>
</table>
Section D
Conflict Of Interest

Policy

Arizona Department of Health Services and the Local Agencies shall ensure that no conflict of interest exists between any WIC agency personnel and participants and/or food vendor(s) within their respective jurisdiction.

The Local Agency’s Conflict of Interest policy must be forwarded to the Arizona WIC Program for approval. When changes are made to the LA Policy, the changes must be forwarded for approval.

WIC Directors shall review their Conflict of Interest policy annually and ensure that all employees know the policy.

All WIC personnel (State and Local Agency) must sign a Conflict of Interest form upon hire and annually thereafter. It is the employee’s responsibility to keep the forms updated each time a major change occurs in their personal affairs or official duties for any and all real, perceived, or potential conflicts of interest.

Each LA shall maintain a file of signed and dated Conflict of Interest forms that will be subject to examination at Management Evaluation visits.

WIC employees shall not engage in any activities which create a conflict of interest between the employees’ assigned functions and any other interests or obligations or those of immediate family members or business associates.

WIC employees shall not engage in activities which violate federal or state laws, WIC policies, or which, in any way, diminish the integrity, efficiency, or quality of the WIC Program.

WIC employees shall not share their username and passwords for any applications in the WIC Program (i.e., HANDS)

WIC employees shall not perform their official duties in a manner that would result in preferential or discriminatory treatment to any person or vendor.

WIC employees shall not, directly or indirectly, ask for, give, receive, or agree to receive any compensation, gift, reward, or gratuity for performing, omitting, or deferring the performance of any job-related duties.

Continued on Next Page
Section D
Conflict Of Interest (Continued)

Policy (Continued)

WIC employees who are related to, reside in the same household with, or are close friends of a participant shall not be involved in providing direct participant services (i.e., Certification, Food Instrument issuance). In addition, WIC employees may not provide services to themselves. All exceptions to this rule, such as situations of clinics staffed by one person, must receive prior approval from the supervisor.

WIC employees shall not abuse, misuse, or disclose confidential information in a manner that can result in a direct benefit to the employee or immediate family member or business associate.

WIC employees shall not access the HANDS automation system or any client files for any non-business related reason(s).

A WIC employee may not supervise another member of the employee's immediate family.

NOTE: Failure to comply with the terms of this policy may result in the employee being subject to appropriate disciplinary or corrective action, including deactivation of HANDS user accounts.

NOTE: This policy does not intend to deny any employee opportunities available to all other citizens of the state to acquire private economic or other interests so long as this does not interfere with their WIC duties or disadvantage the WIC Program in any manner. Conflicts of interest are not necessarily unwarranted, unethical or illegal, nor are they always avoidable. Rather, it is the failure to disclose conflicts or potential conflicts to appropriate authorities; to comply with approved conflict of interest policies; to continue to engage in a conflict after disapproval by appropriate authorities; or to further conduct oneself in a manner that unethically hurts, hinders, or disadvantages the WIC Program that must be avoided.
Section E
Disaster Plan

Policy
The State Agency will be responsible for the coordination of relief efforts for WIC participants in case of natural disaster and emergencies.

The Local Agency will contact the State Agency to report the disaster situation to develop a local WIC disaster plan.

Procedure
The State Agency WIC Program Integrity Manager will coordinate with the State of Arizona Division of Emergency Management, Arizona Emergency Operations Center, vendors and volunteer agencies.

The Local Agency Director will ensure the State Agency has their most recent contact information.

Retail System in Place
If the retail purchase system is in place in the disaster area, the Local Agency will do the following:

- Coordinate with volunteer agencies to secure temporary clinic sites, if necessary.
- Issue automated Food Instruments, if available.
- Mail Food Instruments, if postal services are available.

Retail System Not in Place
If the retail purchase system is not in place in the disaster area, the State Agency will function in accordance with the State of Arizona Emergency Operations Plan.

Evacuations
Participants will be transferred to the WIC clinic nearest their evacuation site.

Local Agencies will give the evacuees precedence status regarding appointments.
Section F
New, Moving, and Closing Local Agency Clinics

Policy

There are times that it becomes necessary for Local Agencies to open, move or close clinics in order to best serve our WIC participants. When such occasions occur, local agencies will follow this streamlined procedure and notification processes. This will ensure timely communication and also ensure that the local agency has all resources they need to make the transition successful.

Procedure to Open a New Clinic

To open a new clinic, the Local Agency WIC Director (or designee) must contact the WIC Service Desk at least 10 weeks in advance. The WIC Service Desk will provide the Local Agency with an electronic copy of the New Clinic Checklist. The Local Agency will complete the New Clinic Checklist and remit to the WIC Service Desk within 10 business days.

Procedure to Move an Existing Clinic

To move a clinic to a new location, the Local Agency WIC Director (or designee) must notify the WIC Service Desk of the plans to move locations. The WIC Service Desk will provide the Local Agency with an electronic copy of the Moving a Clinic Checklist. The Local Agency will complete the Moving Clinic Checklist and remit to the WIC Service Desk within 10 business days.

Procedure to Close an Existing Clinic

To close a clinic, the Local Agency WIC Director (or designee) will notify the WIC Service Desk and provide the following information:

• Clinic ID/Clinic Name
• Clinic information (including address & phone)
• Date of clinic closure

Supporting Documents

In addition to the document(s) that will be sent by the WIC Service Desk, there are additional resources in Appendix E that local agencies can use to assist them. Included in these resources are a local agency clinic needs assessment, a list of materials that are needed for a new clinic, and a checklist to use to plan for clinic storage space.
### Section G
#### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACADV</td>
<td>Arizona Coalition Against Domestic Violence</td>
</tr>
<tr>
<td>ADA</td>
<td>Americans with Disabilities Act of 1990</td>
</tr>
<tr>
<td>ADHS</td>
<td>Arizona Department of Health Services</td>
</tr>
<tr>
<td>AHCCCS</td>
<td>Arizona Health Care Cost Containment System (Arizona’s Medicaid program)</td>
</tr>
<tr>
<td>AIM</td>
<td>Arizona In Motion (WIC automation system)</td>
</tr>
<tr>
<td>A.R.S.</td>
<td>Arizona Revised Statutes</td>
</tr>
<tr>
<td>BNPA</td>
<td>Bureau of Nutrition and Physical Activity</td>
</tr>
<tr>
<td>CACFP</td>
<td>Child and Adult Care Food Program (Arizona Department of Education Child Care Food Program)</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CHIP</td>
<td>Children’s Health Insurance Program (Kids Care in Arizona)</td>
</tr>
<tr>
<td>CNW</td>
<td>Community Nutrition Worker</td>
</tr>
<tr>
<td>CPA</td>
<td>Competent Professional Authority</td>
</tr>
<tr>
<td>CPS</td>
<td>Child Protection Services</td>
</tr>
<tr>
<td>CRS</td>
<td>Children’s Rehabilitative Services</td>
</tr>
<tr>
<td>CSFP</td>
<td>Commodity Supplemental Food Program (Food Plus)</td>
</tr>
<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>DRI</td>
<td>Dietary Recommended Intakes</td>
</tr>
<tr>
<td>EFNEP</td>
<td>Expanded Food and Nutrition Education Program</td>
</tr>
<tr>
<td>EPSDT</td>
<td>Early and Periodic Screening, Diagnosis, and Treatment Services</td>
</tr>
<tr>
<td>FDD</td>
<td>Food Distribution (Division of USDA)</td>
</tr>
<tr>
<td>FDPIR</td>
<td>Food Distribution Program on Indian Reservations</td>
</tr>
<tr>
<td>FI</td>
<td>Food Instrument</td>
</tr>
<tr>
<td>FNS</td>
<td>Food and Nutrition Service</td>
</tr>
<tr>
<td>FFY</td>
<td>Federal Fiscal Year</td>
</tr>
<tr>
<td>HANDS</td>
<td>Health and Nutrition Delivery System</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability And Accountability Act</td>
</tr>
<tr>
<td>IHS</td>
<td>Indian Health Services</td>
</tr>
<tr>
<td>INS</td>
<td>Immigration and Naturalization Service</td>
</tr>
<tr>
<td>ITCA</td>
<td>Inter Tribal Council of Arizona, Inc.</td>
</tr>
<tr>
<td>ITS</td>
<td>Information Technology Services</td>
</tr>
</tbody>
</table>
LAN  Local Area Network
LTRS  Lawful Temporary Resident Status
M.E.  Management Evaluation
MIS  Management Information System
MOU  Memorandum of Understanding
OMB  Office of Management and Budget
PCE  Participant Centered Education
RD  Registered Dietitian
SSI  Supplemental Security Income
TANF  Temporary Assistance for Needy Families
TAPI  The Arizona Partnership for Immunization
USDA  United States Department of Agriculture
VENA  Value Enhanced Nutrition Assessment
VOC  Verification of Certification
WIC  Special Supplemental Nutrition Program for Women, Infants and Children
WRO  Western Regional Office

Continued on Next Page
Section H
Definitions

Introduction
This section includes definitions of words that are frequently used throughout the Arizona WIC Program Policy and Procedures Manual.

Beginning October 1, 2009, the Arizona WIC Program will begin issuing cash value vouchers/cash value food instruments for the purpose of allowing eligible participants to obtain authorized fruits and vegetables. For all intents and purposes, the Arizona WIC Program Policy and Procedure Manual refers to all coupons, vouchers, checks, and electronic benefit transfers as food instruments, except where noted otherwise.

Applicant
Applicant means pregnant women, breastfeeding women, postpartum women, infants, and children who are applying to receive WIC benefits, and the breastfed infants of applicant breastfeeding women.

Applicants include individuals who are currently participating in the program but are re-applying because their certification period is about to expire.

Alien Student
Alien students may not be excluded from WIC participation on the basis of their alien status. Participation in WIC does not impact on aliens who have been granted Lawful Temporary Resident Status (LTRS) or who are applying for such status.

WIC participation, however, may subject student aliens to deportation proceedings if it is found that they have become a “public charge.” This is determined and enforced by U.S. Immigration and Customs Enforcement (I.C.E.). Therefore, if an applicant reveals their citizenship status as student alien, they should be referred to INS for counseling. Assure all applicants that WIC does NOT share citizenship information with anyone.

Children born in the United States to alien student families are U.S. citizens and are entitled to WIC benefits; this will not affect their parents’ visas.

Continued on Next Page
### Section H
#### Definitions (Continued)

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Americans with Disabilities Act</strong></td>
<td>The Americans with Disabilities Act of 1990 (ADA), is the Federal law promoting equal opportunities to persons with disabilities, by requiring that barriers to equal access be eliminated.</td>
</tr>
<tr>
<td><strong>Authorized Representative</strong></td>
<td>The person, other than the WIC participant, who has the authority to sign for the participants of an economic unit, who is responsible for following the WIC regulations, and may pick up and redeem WIC food instruments for authorized WIC foods.</td>
</tr>
<tr>
<td><strong>Avoidance of Conflict of Interest</strong></td>
<td>The primary means by which WIC employees maintain public confidence in the impartiality and objectivity of the WIC Program. Avoiding and preventing situations that can result in or appear to result in conflict of interests minimizes the possibility of conflict of interest.</td>
</tr>
<tr>
<td><strong>Banking Contractor</strong></td>
<td>The financial institution under contract to provide visual and computer edits of redeemed WIC food instruments.</td>
</tr>
<tr>
<td><strong>Breastfed Infant</strong></td>
<td>For categorical eligibility, any infant receiving its milk from breast milk.</td>
</tr>
<tr>
<td><strong>Breastfeeding Woman</strong></td>
<td>For categorical eligibility, any woman feeding her breast milk to an infant(s) at least once a day.</td>
</tr>
<tr>
<td><strong>Business Integrity</strong></td>
<td>Relates to the business honesty of the Vendor’s owners, officers or managers.</td>
</tr>
<tr>
<td><strong>Cash Value Food Instrument/Cash Value Voucher</strong></td>
<td>Means a fixed-dollar amount food instrument known as a check, voucher, or electronic benefit transfer (EBT) which is used by a participant to obtain authorized fruits and vegetables.</td>
</tr>
<tr>
<td><strong>Categorical Eligibility</strong></td>
<td>Individuals who are eligible for WIC services because they are pregnant, postpartum, and/or breastfeeding women, infants up to their first birthday, and children age one (1) through the last day of their fifth (5) birthday month.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
Section H
Definitions (Continued)

<table>
<thead>
<tr>
<th>Certification</th>
<th>The process used to determine an applicant’s eligibility or ineligibility for WIC services. Certification is performed at the initial application and before each certification period expires.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification Period</td>
<td>Time frame for which each category of participant is certified as eligible for services from the WIC program.</td>
</tr>
<tr>
<td>Certified Mail</td>
<td>U.S. Postal Service’s method of delivering mail which requires a return receipt to the sender acknowledging receipt by the recipient.</td>
</tr>
<tr>
<td>Certifiers</td>
<td>The Competent Professional Authority (CPA) on the staff at the Local Agency that is responsible for determining nutritional risk and for prescribing supplemental foods. Persons authorized to serve as CPA’s are individuals who have documentation on file verifying they have been trained in certifying participants and prescribing supplemental foods:</td>
</tr>
<tr>
<td></td>
<td>• Physicians</td>
</tr>
<tr>
<td></td>
<td>• Nutritionists (B.S., B.A., M.P.H. or M.S. in nutrition, dietetics, public health nutrition, or home economics with emphasis in nutrition), Registered Dietitians</td>
</tr>
<tr>
<td></td>
<td>• Registered Nurses</td>
</tr>
<tr>
<td></td>
<td>• Physician’s Assistants (certified by the National Committee on Certification of Physician’s Assistant or certified by the State medical certifying authority)</td>
</tr>
<tr>
<td></td>
<td>• Trained paraprofessional (community nutrition workers [CNW], health aides, etc.)</td>
</tr>
<tr>
<td>Child</td>
<td>For categorical eligibility, a child age one (1) through the last day of her/his fifth (5) birthday month.</td>
</tr>
</tbody>
</table>

Continued on Next Page
### Section H
**Definitions (Continued)**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civil Money Penalty</td>
<td>A monetary penalty based on violations of the Contract, the Manual, State or Federal statutes or regulations. If the violations are not fraudulent, this may be assessed against the Vendor at the discretion of the Department if participant hardship would occur if the Vendor was disqualified.</td>
</tr>
<tr>
<td>Comparable</td>
<td>Prices charged to WIC participants/authorized representatives for authorized foods, which must be within 140% of similar type stores.</td>
</tr>
<tr>
<td>Compliance Buys</td>
<td>A covert, on-site investigation in which agents of the Department or Federal WIC program anonymously redeem WIC food instruments to determine if the Vendor or Farmer is following policy and procedures as outlined in the Vendor Contract, Vendor Manual, and WIC Policy and Procedure Manual.</td>
</tr>
<tr>
<td>Confidential Information</td>
<td>Any information that is not reasonably available to the public. All WIC participant information is considered confidential.</td>
</tr>
<tr>
<td>Conflict of Interest</td>
<td>Relates to the standard of ethical conduct in the discharge of a person’s duties. Conflict of Interest is defined as the interests or concerns of employees, or their immediate families or business associates, coinciding with the interests or functioning of the WIC Program. This conflict may be real, apparent, or potential, conflict of interest that arises from an activity or situation that places a WIC employee in a real, potential or apparent conflict between their private interests and their official duties and responsibilities.</td>
</tr>
<tr>
<td>Conflict of Interest Requirements</td>
<td>Objective standards designed to eliminate potentially compromising situations, thus protecting the employee, other employees, the Local Agency, the WIC Program, vendors, and the public interest.</td>
</tr>
<tr>
<td>Department</td>
<td>The Arizona Department of Health Services, Division of Public Health Services, Bureau of Nutrition and Physical Activity.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
Section H
Definitions (Continued)

Disqualification
The act of ending program participation of a participant, an authorized food vendor, or an authorized Local Agency. Disqualification can occur for administrative or punitive reasons and can be made for specified time periods.

Dual Participation
Simultaneous participation in more than one WIC program or simultaneous participation in WIC and CSFP.

Economic Unit / Household / Family
A group of related or non-related individuals who are living as one economic unit that share income and consumption of goods and/or services. For the purposes of WIC, the terms “economic unit” and “family” can be used interchangeably, but economic unit is the more appropriate terminology.

NOTE:
- Residents of a homeless facility/shelter/institution are not considered an “economic unit”
- More than one economic unit can live under one roof where general economic independence of the units has been determined through appropriate questioning
- A pregnant woman and her unborn child(ren) are counted as two (or more, i.e., twins) persons for determination of economic unit size
- A foster child is considered an economic unit of one (1) if he/she is the legal responsibility of a welfare or appropriate agency but may reside with a foster family

Endorsement
The Vendor’s identification, for banking purposes, affixed to the back of the food instrument.

Fair Hearing
The administrative review process by which a Vendor may appeal adverse action.

Continued on Next Page
### Section H
#### Definitions (Continued)

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Farmer</strong></td>
<td>An individual authorized by the Department to sell eligible fruits and vegetables to participants/authorized representatives at a farmers’ market or roadside stands. Individuals, who exclusively sell produce grown by someone else, such as wholesale distributors, cannot be authorized.</td>
</tr>
<tr>
<td><strong>First Date to Use/Last Date to Use</strong></td>
<td>The date the food instrument becomes valid (issue) until midnight of the day indicated on the “Last date to Use” line on the food instrument.</td>
</tr>
<tr>
<td><strong>Food and Nutrition Service</strong></td>
<td>The Food and Nutrition Service (FNS) of the United States Department of Agriculture.</td>
</tr>
<tr>
<td><strong>Food Instrument</strong></td>
<td>A voucher, check, electronic benefits transfer card (EBT), coupon or other document which is used by a participant to obtain supplemental foods.</td>
</tr>
<tr>
<td><strong>Food Sales</strong></td>
<td>Sales of all Food Stamp/Supplemental Nutrition Assistance Program (SNAP)-eligible foods intended for home preparation and consumption, including meat, fish, and poultry; bread and cereal products; dairy products; fruits and vegetables. Food items such as condiments and spices, coffee, tea, cocoa, and carbonated and non-carbonated drinks may be included in food sales when offered for sale along with foods in the categories identified above. Food sales do not include sales of any items that cannot be purchased with Food Stamp/SNAP benefits, such as hot foods or food that will be eaten in the store.</td>
</tr>
<tr>
<td><strong>Food Stamp/SNAP</strong></td>
<td>Food Stamp/SNAP authorized by the Food Stamp Act of 1977.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
Section H
Definitions (Continued)

Health Professional
Health professionals include: Physicians, Registered Dietitians, Registered Nurses, Physician’s Assistants (certified by the National Committee on Certification of Physician’s Assistants or certified by the State medical certifying authority) and Nutritionists (B.S., B.A., or M.S. in nutrition, community nutrition, dietetics, public health nutrition or home economics with emphasis in nutrition).

The health professionals that make referrals to WIC and write prescriptions for special formulas include Physicians (M.D. or D.O.), Nurse Practitioner (N.P.) or Physician’s Assistants (P.A.).

Homeless Facility
- A supervised publicly or privately operated shelter (including a welfare hotel or congregate shelter) designed to provide temporary living quarters
- A facility that provides a temporary residence for individuals intended to be institutionalized; or
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for humans

Homeless Individual
Person who lacks a fixed and regular nighttime residence or whose primary nighttime residence is one of the following:
- A supervised publicly or privately operated shelter (including a welfare hotel, congregate shelter, or shelter for victims of domestic violence) designed to provide temporary living accommodations
- An institution that provides a temporary residence for individuals intended to be institutionalized
- A temporary accommodation of not more than 365 days in the residence of another individual
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for humans

Continued on Next Page
### Section H
#### Definitions (Continued)

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Immediate Family</strong></td>
<td>An employee’s spouse or partner and any children, parents, brothers and sisters, grandchildren, grandparents, nieces and nephews, and same relationship of step categories, of the employee and the spouse/partner; as well as other relatives who share the employee’s home or otherwise are dependent on the employee or the spouse/partner for support.</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>Guidelines set by the federal government, which specify income allowable criteria for program participation.</td>
</tr>
<tr>
<td><strong>Infant</strong></td>
<td>For categorical eligibility, a child less than one (1) year of age.</td>
</tr>
<tr>
<td><strong>Institution</strong></td>
<td>A residential accommodation with meal service, excluding private residences and homeless facilities, designed to provide temporary living accommodations.</td>
</tr>
<tr>
<td><strong>Intent to Violate</strong></td>
<td>Any action or attempt by a participant, authorized representative, or a proxy that is determined by the Program in its discretion to be an intentional action or attempt to (1) disobey any federal or state statutes, regulations, policies, or procedures governing the Program, or (2) buy, sell, trade, or give away any WIC foods, WIC items, or other WIC issued benefits. An intent to violate will hold accountable a participant, parent or caretaker of an infant or child participant, or proxy, for actions or attempts knowingly or unknowingly carried out on their behalf by another individual.</td>
</tr>
<tr>
<td><strong>Local Agency</strong></td>
<td>Local non-profit agencies, county health departments and tribal entities under contract with the Department to implement and enforce policies and procedures of the WIC Program.</td>
</tr>
<tr>
<td><strong>Migrant</strong></td>
<td>An individual whose principal work is in agriculture or logging (&gt;50% of job) on a seasonal basis, and who has been so employed in the last 24 months. For the purposes of such employment, a migrant establishes a temporary abode. Only the migrant worker or those members of the family who actually travel with the migrant worker will be counted as migrants.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
### Section H
Definitions (Continued)

<table>
<thead>
<tr>
<th>Notice</th>
<th>The mechanism by which the Department informs the Vendor Applicant or current Vendor of specific actions pertaining to the application or executed contract.</th>
</tr>
</thead>
</table>
| Nutritional Risk | - Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements  
- Other documented nutrition-related medical conditions  
- Dietary deficiencies that impair or endanger health; and  
- Conditions that predispose persons to inadequate nutritional patterns or nutrition-related medical conditions |
| Participant Identification | Method used by WIC staff at certification and when issuing food instruments to check the identity of each participant. |
| Participant’s Identifying Mark | An “X” that a participant may use in place of a signature when signing food instruments, certification forms, requests for transfer of record, or any document requiring a signature. The Local Agency staff member will verify the individual’s mark by writing “for (participant’s name) by (staff member signature).”  
The cashier will verify the individual’s mark by writing “for (participant’s name) by (cashier signature) when food instruments are redeemed at the store. The participant identification folder/transfer card will reflect the use of the “X” signature. |
| Postpartum Woman | For categorical eligibility, a non-breastfeeding woman up to six months after the end of her pregnancy. |
| Priority Status | Applicants are enrolled in WIC according to the priority category of their nutritional risk(s), according to the “Arizona WIC Program, Nutritional Risk Factors by Priority for Service.” |

*Continued on Next Page*
| **Section H**  
<table>
<thead>
<tr>
<th><strong>Definitions (Continued)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proxy</strong></td>
</tr>
<tr>
<td><strong>Proxy Certification</strong></td>
</tr>
<tr>
<td><strong>Rain Check</strong></td>
</tr>
<tr>
<td><strong>Regression</strong></td>
</tr>
<tr>
<td><strong>Replacement Food Instrument</strong></td>
</tr>
<tr>
<td><strong>Residency Requirement</strong></td>
</tr>
<tr>
<td><strong>Retention of Records</strong></td>
</tr>
</tbody>
</table>

*Continued on Next Page*
**Section H**

**Definitions (Continued)**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Area</td>
<td>An area with a population of less than ten thousand persons according to the most recent United States Decennial Census.</td>
</tr>
<tr>
<td>Similar Type Stores</td>
<td>Stores that are similar in classification as determined by the store’s response to questions answered on the Arizona WIC Program Vendor Application form.</td>
</tr>
<tr>
<td>Subpoena</td>
<td>A request for information or an appearance in court issued by the clerk of the court. It does not represent a court’s ruling that WIC information must be released.</td>
</tr>
<tr>
<td>USDA</td>
<td>The United States Department of Agriculture, which is the Federal Department that oversees the WIC program nationally.</td>
</tr>
<tr>
<td>Urban area</td>
<td>An area with a population of ten thousand or more according to the most recent United States Decennial Census.</td>
</tr>
<tr>
<td>Vendor</td>
<td>A grocery store, military commissary, or pharmacy authorized and under Contract with the Department to redeem WIC food instruments or otherwise provide supplemental foods to WIC participants/authorized representatives.</td>
</tr>
<tr>
<td>WIC Authorized Foods</td>
<td>Those specific foods which the WIC state agency, using USDA standards, has approved for the current year for participants to receive using their food instruments.</td>
</tr>
<tr>
<td>WIC Benefits/Items</td>
<td>Any item received from the WIC Program to include WIC food instruments, WIC foods purchased with WIC food instruments, breast pumps (personal and hospital grade), breast milk storage bags, breast shells, nursing pads, breast milk storage bags, and nursing bras.</td>
</tr>
<tr>
<td>WIC Clinic</td>
<td>A facility where women, infants, and children are screened and determined to be eligible to participate in the WIC Program.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
## Section H
### Definitions (Continued)

<table>
<thead>
<tr>
<th><strong>WIC Food Instrument</strong></th>
<th>A negotiable food instrument issued by the Arizona WIC Program and used by a WIC participant/authorized representative to receive authorized supplemental foods.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WIC Participants</strong></td>
<td>Pregnant, breastfeeding or postpartum women, infants and children up to age five (5) years who are receiving WIC authorized supplemental foods, food instruments under the WIC program, and the breastfed infant of participating breastfeeding women.</td>
</tr>
<tr>
<td><strong>WIC Price/Stock Survey</strong></td>
<td>The Department survey (also known as a market basket assessment) that consists of a specified group of WIC authorized food items. The Department uses the price data collected for these food items to assess competitive price, monitor retail price increases, compare wholesale to retail, monitor market trends, and for food forecasting. The price data is not used to set or establish the maximum redemption amount for food instruments.</td>
</tr>
<tr>
<td><strong>WIC Program</strong></td>
<td>The Special Supplemental Nutrition Program for Women, Infants and Children authorized by Section 17 of the Child Nutrition Act of 1966, as amended.</td>
</tr>
<tr>
<td><strong>WIC Vendor Identification Stamp</strong></td>
<td>The rubber stamp with the authorized Vendor or Farmer’s unique four (4) digit identification number that is issued by the Department and used for validating WIC food instruments. Vendors and Farmers are provided with two (2) ID stamps and they both remain the property of the Arizona WIC Program.</td>
</tr>
</tbody>
</table>
Appendix A:
Nutrition Services Coordinator
Qualifications and Responsibilities

See following page
Local Agency Nutrition Coordinator
Qualifications and Responsibilities

The qualifications include:
1. Credentials of a Registered Dietitian (R.D.)
2. At least 2 years of job-related experience providing high risk counseling and WIC services
3. Master’s Degree preferred (counts as 1 year of experience)

The roles and responsibilities include:
1. Leads the development of the Local Agency nutrition services plan in coordination with the Breastfeeding and Training Coordinators
2. Develops Local Agency policies, procedures, or guidelines that pertain to nutrition services (e.g., nutrition assessment, nutrition education, food package prescriptions, and job descriptions)
3. Oversees the development of and seeks approval from State agency for any nutrition education materials that are developed or utilized in addition to state provided materials
4. Coordinates direct nutrition services so all participants have access to quality nutrition services in accordance with minimum frequency standards
5. Oversees food and formula prescriptions and coordinates with medical providers as appropriate
6. Collaborates with Training Coordinator to develop Local Agency training schedule including new employee training, ongoing training and mentoring, and nutrition in-services to Local Agency staff who provide nutrition services to participants
7. Provides support and supervision to local WIC agency staff involved with nutrition assessment or delivery of nutrition services
8. Participates in local and state workgroups to improve nutrition and program services
9. Develops and manages the nutrition services budget and ensures that at least 1/6 of the administrative budget is expended on nutrition education
10. Oversees the development and implementation of a quality assurance plan
11. Coordinates nutrition services with other WIC program operations, Local Agencies and community organizations
12. Provides technical assistance and consultation to other Local Agency staff and other health professionals regarding nutrition services
Appendix B:
Breastfeeding Coordinator
Qualifications and Responsibilities

See following page
Local Agency Breastfeeding Coordinator
Qualifications and Responsibilities

The qualifications include:
1. Has IBCLC credential
2. Meets the qualifications for a CPA
3. Has experience in program management
4. Has a minimum of 1 year experience providing breastfeeding counseling

The roles and responsibilities include:
1. Oversees the planning, implementation and evaluation of the Local Agency breastfeeding activities
2. Assesses staff breastfeeding educational needs and comfort levels; Develops individual staff training plans and trainings based on identified gaps in education and/or comfort level; and ensures Local Agency staff are properly trained
3. Provides ongoing supervision and support of Local Agency staff regarding breastfeeding
4. Follows-up with participants as needed if staff have identified a participant need or request that is out of their scope of practice
5. Keeps current with up-to-date breastfeeding information and disseminates this as well as FNS-provided information to other Local Agency staff
6. Identifies, coordinates and collaborates with community breastfeeding stakeholders
7. Monitors Local Agency breastfeeding rates
8. Ensures breast pump issuance is logged and breast pump inventory is monitored
9. Attends annual Breastfeeding Coordinators meeting
10. Completes quarterly breastfeeding report
Appendix C:
Training Coordinator
Qualifications and Responsibilities

See following page
Local Agency Training Coordinator
Qualifications and Responsibilities

The qualifications include:
1. A BS/BA degree in nutrition, public health or related field
2. A minimum of 2 years of job-related experience including direct WIC services
3. Credentials of a Registered Dietitian (R.D.) preferred
4. Knowledge of adult learning theory preferred

The roles and responsibilities include:
A. Leads the development of the Local Agency staff training portion of the Nutrition Services plan in coordination with the Nutrition and Breastfeeding Coordinators

B. Coordinates new employee training plan including:
   1. Completing all documentation and agreement declaration
   2. Mentoring or assigning mentors for new employees through completion of new employee training plan
   3. Ensuring new employee observations and chart reviews are completed according to State policy
   4. Ensuring competency of staff prior to filing certification paperwork with State office, per State policy

C. Provides technical assistance and consultation to Local Agency staff and other health professionals on staff training topics

D. Plans, develops and/or facilitates staff training through various methods including but not limited to state e-learning courses, blended learning approach and in-service training to ensure staff have skills in providing participant centered nutrition education

E. Completes PCS Champions LMS course and ensures any other training designees have also completed course

F. Attends state required trainings and/or designated state meetings for Training Coordinators
Appendix D:
Sample Conflict of Interest Form

See following pages
CONFLICT OF INTEREST DISCLOSURE STATEMENT

I have read and do understand the Women, Infants And Children Program’s (WIC) Conflict of Interest policy. By signing below, I am agreeing to always follow the policy.

And, to the best of my knowledge and belief, except as I have stated below, neither I nor any person with whom I have a personal, family or business relationship has a direct or indirect interest in or relationship to any individual or business that does or proposes to conduct business with WIC, including participants.

I will inform my supervisor, before any activity or discussion, if I find that I or any person with whom I have a personal, family or business, relationship may have a direct or indirect interest in or relationship to any individual or business that does or proposes to conduct business with WIC, including certification.

☐ I do not have any conflict of interests.

☐ I do have or may have a conflict of interest, which is (if needed attach separate page):

<table>
<thead>
<tr>
<th>Name of Family Member or other individual posing a conflict</th>
<th>Relationship</th>
<th>Employer/Title (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: John Doe</td>
<td>Brother</td>
<td>Manager at Fry’s</td>
</tr>
</tbody>
</table>

Full Name (printed): ____________________________________________

Signature: ____________________________ Date: ____________

Supervisor Signature: ____________________________ Date: ____________
Appendix E:
New, Moving, and Closing Local Agency Clinics
Complete Instructions

See following pages
Notification Process for New/Moving/Closing Clinics

1. New Clinic Notification Process
2. Moving a Clinic Notification Process
3. Closing a Clinic Notification Process

This is the EXTERNAL notification process for new, moved and closed WIC clinics.

From time to time, it becomes necessary for Local Agencies to open, close, or move clinics in order to best serve our WIC clients. In an effort to meet this need, we are streamlining the Local Agency notification process while ensuring that each area within the ADHS WIC team is notified in a timely manner of any changes to the WIC clinics. This document will be used to guide Local Agencies in the notification process for new/moving/closing WIC clinics to ensure each ADHS WIC team is given the opportunity to assess the clinic within their area of expertise and ensure the clinic is operational based on its status.

If you have any questions or need assistance, please contact the WIC Service Desk at 855-432-7220 or email us at: WICServiceDesk@azdhs.gov

How you can use this tool:

- Who do I need to contact when I have a change in clinic status?
- What information do I need to provide?
- What follow-up can I anticipate from the ADHS WIC team?

Additional Resources:

Additional clinic checklists for needs assessment, materials and business documents can be found in this Appendix. These checklists are provided as a tool to ensure that each clinic has the appropriate resource materials on hand in order to meet Federal and State requirements.

If you have any questions regarding these requirements, please contact your Nutrition Consultant.
New Clinic Notification Process

Local Agency initiates the process

1. Local Agency **WIC Director** (or designee) notifies the WIC Service Desk [WICServiceDesk@azdhs.gov](mailto:WICServiceDesk@azdhs.gov) that they will be opening a new clinic. [The ADHS WIC program staff request at least a 10-week notice on any new clinic openings.]
   - The WIC Service Desk will open a ‘FootPrints’ ticket to track internally.

2. **WIC Service Desk** will provide the Local Agency with an electronic copy of the NEW Clinic Checklist. The Local Agency will complete the *NEW Clinic Checklist* and remit to the WIC Service Desk within 10 business days. **NOTE:** Please complete and submit all sections, as instructed, to the WIC Service Desk.

3. Upon receipt of completed *NEW Clinic Checklist*, the **WIC Service Desk** will:
   - Assign the ‘FootPrints’ ticket to the proper IT tech team.
   - Notify **MIS QA Manager**.
     - MIS QA team works with the Local Agency to create the clinic in HANDS
   - Upon receipt of new clinic ID, WIC Service Desk will create the new clinic in Clinic Search. The WIC Service Desk will notify the Local Agency of the creation of the new clinic for staff to enter hours and any appropriate messages.
   - Near the proposed opening date, WIC Service Desk will work with the Local Agency to ‘activate’ the new clinic’s info for the public.

4. During the assessment of the new clinic, the **WIC Director** (or designee) may be contacted by the following areas to ensure all new clinic requirements are met or on track:
   - **Nutrition Consultant/Manager** provides support to the Local Agency WIC Director (or designee) on areas, as needed.
   - **MIS QA** team works directly with the WIC Director (or designee) to establish new clinic ID number.
   - **IT Lead** works with Local Agency IT staff to assess technical needs and determine if any computers or peripheral equipment needs to be assigned or ordered. WIC Director (or designee) may need to submit a hardware request if equipment needs to be purchased.
   - **Program Integrity** team works with the WIC Director (or designee) to arrange FI ordering, assess additional document needs and arrange drop shipping, if applicable.
   - **Breastfeeding Manager** works with the WIC Director to arrange any breast pump inventory.
   - **WIC Service Desk** works with the WIC Director (or designee) to ‘activate’ the new clinic for the public. **The new clinic can only be created by the WIC Service Desk.**

**WIC Director (or designee)** is responsible for managing their clinic information by: adding clinic hours, hours notes, special service notes and identifying employee roles for their new clinic in Clinic Search.
Chapter One
General Administration

Moving a Clinic Notification Process

Local Agency initiates the process

1. Local Agency **WIC Director** (or designee) notifies the WIC Service Desk [WICServiceDesk@azdhs.gov] that they will be **moving** a clinic.
   - The WIC Service Desk will open a ‘FootPrints’ ticket to track internally.

2. **WIC Service Desk** will provide the Local Agency with an electronic copy of the **MOVING Clinic Checklist**. The Local Agency will complete the **MOVING Clinic Checklist** and remit to the WIC Service Desk within 10 business days.

3. **WIC Director** (or designee) is responsible for managing their clinic information by:
   - updating their clinic address in HANDS and
   - updating their clinic information in Clinic Search

   Please work with the WIC Service Desk if you need the clinic ‘inactivated’ for any period of time during the transition.

4. During the assessment of the moved clinic, the WIC Director (or designee) may be contacted by the following areas to ensure all clinic requirements are met or on track:
   - **Nutrition Consultant/Manager** provides support to the Local Agency WIC Director (or designee), as needed.
   - **MIS QA** team works directly with the WIC Director (or designee) to ensure supervisors have appropriate access.
   - **IT Lead** works with Local Agency IT staff to assess technical needs and determine if any computers or peripheral equipment needs to be assigned or ordered. WIC Director (or designee) may need to submit a hardware request if equipment needs to be purchased.
   - **Program Integrity** team works with WIC Director (or designee) to arrange FI ordering, assess additional document needs and arrange drop shipping, if applicable.
Closing a Clinic Notification Process

Local Agency initiates the process

1. Local Agency **WIC Director** (or designee) notifies the WIC Service Desk [WICServiceDesk@azdhs.gov](mailto:WICServiceDesk@azdhs.gov) that they will be **closing** a clinic and provides the following information:
   1. Clinic ID/Clinic Name
   2. Clinic information (including address and phone)
   3. Date of clinic closure

2. **WIC Service Desk** will open a ‘FootPrints’ ticket to track internally.
   - WIC Service Desk will inactivate the clinic in Clinic Search, as appropriate.

3. During the assessment of the closing clinic, the **WIC Director** (or designee) **may** be contacted by the following areas to ensure all clinic requirements are met or on track.
   - **Nutrition Consultant/Manager** provides support to the Local Agency WIC Director (or designee), as needed.
   - **MIS QA** team works directly with the WIC Director (or designee) to ensure supervisors are moved appropriately in HANDS, and client records and historical records are moved appropriately.
   - **IT Lead** works with Local Agency IT staff to conduct an inventory of equipment assigned to the clinic in question. Arrangements will be made to transfer, pick up or return any ADHS computers and/or peripheral equipment. A **Capital Equipment Control Report** (F4 form) will be completed by WIC IT staff, if applicable
   - **Program Integrity** team works with WIC Director (or designee) to **transfer** or return the following:
     1. FI stock paper
     2. WIC ID folders
     3. Any excess ADHS materials (i.e. food lists, nutrition education materials, breast pumps, breastfeeding supplies, etc.)
# Needs Assessment Checklist For Clinic Site (For Local Agency Use Only)

<table>
<thead>
<tr>
<th>Considerations</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this an area of need and potentially underserved?</td>
<td></td>
</tr>
<tr>
<td>What is the anticipated caseload? Will the site accommodate it?</td>
<td></td>
</tr>
<tr>
<td>Is the site safe and easily accessible for clients?</td>
<td></td>
</tr>
<tr>
<td>Is there ample parking space?</td>
<td></td>
</tr>
<tr>
<td>How close are community partners and additional resources?</td>
<td></td>
</tr>
<tr>
<td>What are the lease agreement terms?</td>
<td></td>
</tr>
<tr>
<td>Where are the restrooms located? Are the restrooms easily accessible for clients?</td>
<td></td>
</tr>
<tr>
<td>Additional factors for consideration:</td>
<td></td>
</tr>
</tbody>
</table>
### Materials Needed Before Opening A New Clinic (For LA Use Only)

<table>
<thead>
<tr>
<th>Materials Checklist</th>
<th>Date Completed</th>
<th>Person Responsible/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Warehouse Order Form</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ WIC ID Folders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Plastic ID Folder Bags</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Arizona WIC Food Lists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ MICR Printer Toner Cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Breastfeeding Equipment and Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Medela Hospital Grade Breastpumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Medela Attachment Kits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Medela Personal Pumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Accessories: Flanges, Coolers, Breast Milk Storage Bags, Replacement Cases/Clips,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car Adaptors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Nutrition Education Handouts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Posters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ And Justice For All (Civil Rights, 1 at check-in/waiting area)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Voter Registration (1 at check-in/waiting area)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Breastfeeding Promotion</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Food Instrument Stock</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ A Standard Register/Smart Works account can be requested through the Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Masimo Pronto &amp; Hemocue Hemoglobin Testing Devices</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Local Agency WIC ID Folder Stamps with:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Local Agency Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Phone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Local Agency # and Clinic #</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Void Stamp(s)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Local Health Programs Referral List (Updated at minimum annually)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ SNAP, TANF, AHCCCS, Immunizations, Child support enforcement, Folic acid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>supplementation and education, Lead Screening, Breastfeeding hotline</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Local Vendor List</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://azdhs.gov/azwic/vendors.htm">http://azdhs.gov/azwic/vendors.htm</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Phone Numbers and Emergency Exits (Template in Ch. 15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ 911, other emergency numbers and exit signs posted in a visible area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Emergency exits are accessible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Emergency WIC number posted at entrance for participants (in case clinic is closed, etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Smoking Signs Posted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Office Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locking File Cabinets/Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voter Registration Forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offer of Voter Registration Forms (Found in Ch. 2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthropometric Equipment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Infant Scale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Recumbent Measuring Board</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Child/Adult Stadiometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Child/Adult Scale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All equipment must be calibrated and in compliance with Arizona WIC Program Anthropometric Manual Guidelines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephones with Answering/Messaging System</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Local Agency Policies and Procedures (For Local Agency Use Only)

<table>
<thead>
<tr>
<th>Action</th>
<th>Date Completed</th>
<th>Person Responsible/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Required Manuals (Hardcopies not required; a link to <a href="http://www.azwic.gov">www.azwic.gov</a> on workspace computer desktops is sufficient):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Federal Regulations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• WIC Program Policy &amp; Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Lab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Anthropometric</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Food Instrument Voids</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Where are they kept?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Are they stamped &quot;void&quot; immediately?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Are they shredded?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Clinic level unvoid role - Who is responsible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Void Report: Reconciled and verified by supervisor weekly</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Food Instrument Stock Inventory System</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Logged upon receipt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Maintained, balanced, and verified by a supervisor (initials)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Separation of duties</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FI paper removed from printers at the end of day and locked</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FI paper secured during breaks and lunch periods</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>There is secure storage of FI paper, MICR cartridges, program stamps and ID folders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Key Storage (For FI paper and WIC ID folder security purposes):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Who has keys?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ How is control of keys maintained - issuance/copying/location/access?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Separation of Duties</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ More than 1 person clinics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ 1 person clinics</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Americans with Disabilities Act Policy including:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Accomodations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Translation Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Foreign language, American sign language, Braille, TTY</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Material Safety Data Sheet (MSDS) - posted in clinic</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Chapter One
General Administration

Index

Alien Student, 14
Americans with Disabilities Act, 12, 15
Applicant, 14, 16, 22
Authorized Representative, 15
Avoidance of Conflict of Interest, 15
Banking Contractor, 15
Breastfed Infant, 15
Breastfeeding Woman, 15
Business Integrity, 15
Cash Value Food Instrument/Cash Value Voucher, 15
Categorical Eligibility, 15
Certification, 3, 13, 16, 20, 23
Certification Period, 16
Certified Mail, 16
Certifiers, 6, 16
Child, 4, 12, 16, 25
Civil Money Penalty, 17
Closing a Clinic, 11, 35, 38
Comparable, 17
Compliance Buys, 17
confidential, 9, 17
Confidential Information, 17
Conflict of Interest, 2, 3, 8, 17, 32, 33
Conflict of Interest Requirements, 17
Disaster Plan, 2, 10
Disqualification, 4, 18
Dual Participation, 4, 18
Economic Unit / Household / Family, 18
Endorsement, 18
Fair Hearing, 18
Farmer, 17, 19, 25
First Date to Use/Last Date to Use, 19
Food and Nutrition Service, 12, 19
Food Instrument, 3, 12, 15, 19, 23, 25
Food Sales, 19
Food Stamp/SNAP, 19
Health Professional, 20
Homeless Facility, 20
Homeless Individual, 20
Immediate Family, 21
Income, 13, 21
Infant, 21
Institution, 3, 21
Intent to Violate, 21
Local Agency, 2, 5, 6, 8, 10, 16, 17, 21, 22, 23
Migrant, 21
Moving a Clinic, 11, 35, 37
New Clinic, 11, 35, 36, 40
Notice, 22
Nutritional Risk, 22
Participant Identification, 22
Participant’s Identifying Mark, 22
Policy and Procedure Manual, 14, 17, 22
Postpartum Woman, 22
Priority Status, 22
Proxy, 23
Rain Check, 23
Regression, 23
Residency Requirement, 23
Retention of Records, 23
Rural Area, 24
Similar Type Stores, 24
Subpoena, 24
Urban area, 24
USDA, 12, 13, 17, 24
Vendor, 15, 17, 18, 22, 23, 24, 25
WIC Authorized Foods, 24
WIC Benefits/Items, 24
WIC Clinic, 24
WIC Participants, 25
WIC Price/Stock Survey, 25
WIC Program, 2, 5, 6, 8, 9, 10, 14, 15, 17, 21, 22, 23, 24, 25
WIC Vendor Identification Stamp, 25
Chapter Two
Certification
Chapter Two
Certification

Overview

Policy
Individuals applying for participation in the Arizona WIC Program will be screened, using procedures outlined in this chapter, to determine eligibility before they can be certified to participate.

In This Chapter
This chapter is divided into nineteen (19) sections and fourteen (14) appendices, which detail the Certification process.

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Certification Guidelines</td>
<td>2-4</td>
</tr>
<tr>
<td>B</td>
<td>Physical Presence / Identification</td>
<td>2-11</td>
</tr>
<tr>
<td>C</td>
<td>Residency</td>
<td>2-15</td>
</tr>
<tr>
<td>D</td>
<td>Ethnic Data Collection</td>
<td>2-19</td>
</tr>
<tr>
<td>E</td>
<td>Income Eligibility</td>
<td>2-20</td>
</tr>
<tr>
<td>F</td>
<td>Categorical Eligibility</td>
<td>2-37</td>
</tr>
<tr>
<td>G</td>
<td>Health and Nutrition Assessment</td>
<td>2-38</td>
</tr>
<tr>
<td>H</td>
<td>Risk Identification</td>
<td>2-45</td>
</tr>
<tr>
<td>I</td>
<td>Priorities</td>
<td>2-46</td>
</tr>
<tr>
<td>J</td>
<td>WIC Rights and Obligations</td>
<td>2-47</td>
</tr>
<tr>
<td>K</td>
<td>Voter Registration</td>
<td>2-50</td>
</tr>
<tr>
<td>L</td>
<td>WIC Rules and Regulations and Education</td>
<td>2-53</td>
</tr>
<tr>
<td>M</td>
<td>Referrals</td>
<td>2-55</td>
</tr>
<tr>
<td>N</td>
<td>Ineligibility</td>
<td>2-57</td>
</tr>
<tr>
<td>O</td>
<td>Authorized Representative</td>
<td>2-58</td>
</tr>
<tr>
<td>P</td>
<td>Proxies</td>
<td>2-65</td>
</tr>
</tbody>
</table>

Continued on Next Page
### Chapter Two
Certification

#### Overview (Continued)

<table>
<thead>
<tr>
<th>Contents (Continued)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>Waiting Lists</td>
<td>2-68</td>
</tr>
<tr>
<td>R</td>
<td>Transfer of Certification</td>
<td>2-75</td>
</tr>
<tr>
<td>S</td>
<td>Caseload Reduction</td>
<td>2-80</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Waiting List Notification Form</td>
<td>2-81</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Rights &amp; Obligations Forms</td>
<td>2-83</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Instructions for WIC Identification (I.D.) Folder</td>
<td>2-86</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Statement of Documentation Form</td>
<td>2-90</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Determining Income Eligibility &amp; Income Guidelines</td>
<td>2-93</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Health and Nutrition Assessment</td>
<td>2-96</td>
</tr>
<tr>
<td>Appendix G</td>
<td>Instructions for Documenting the Health and Nutrition Assessment in AIM Using Work-Arounds</td>
<td>2-114</td>
</tr>
<tr>
<td>Appendix H</td>
<td>Arizona WIC Risk Table FFY 2014</td>
<td>2-116</td>
</tr>
<tr>
<td>Appendix I</td>
<td>Risk Factors Not Currently Recognized by Arizona Table</td>
<td>2-124</td>
</tr>
<tr>
<td>Appendix J</td>
<td>Notification of Ineligibility Form</td>
<td>2-126</td>
</tr>
<tr>
<td>Appendix K</td>
<td>Proxy Certification Form</td>
<td>2-129</td>
</tr>
<tr>
<td>Appendix L</td>
<td>Sample Letter for Referral Agency Communication re: Waiting Lists</td>
<td>2-131</td>
</tr>
<tr>
<td>Appendix M</td>
<td>Military Pay Stub Guidelines</td>
<td>2-133</td>
</tr>
<tr>
<td>Appendix N</td>
<td>Offer of Voter Registration Form</td>
<td>2-138</td>
</tr>
<tr>
<td>Index</td>
<td>Index</td>
<td>2-140</td>
</tr>
</tbody>
</table>
### Section A
Certification Guidelines

#### Eligibility Determination
The Local Agency staff determines if the applicant meets each of the following eligibility criteria:

- Residence
- Income
- Category
- Nutrition Risk

All participants will be screened and Certified using the Health and Nutrition Delivery System (HANDS) automated system.

#### Within 10 days
Priority I pregnant women, infants under six (6) months of age, homeless, and migrants will be notified of their eligibility, ineligibility, or placement on a waiting list within ten (10) calendar days of the date of request for WIC services (see Appendix A for Waiting List Notification form).

#### Within 20 days
All other applicants requesting WIC services will be notified of their eligibility or ineligibility or placement on a waiting list within twenty (20) calendar days from the date of request for WIC services.

#### Extension of Timetable
An extension to a maximum of fifteen (15) calendar days for notifying Priority I pregnant women, infants under six (6) months of age, homeless, and migrants may be granted by the State to Local Agencies.

A written request justifying the extension must be received by the State agency and written approval must be given to the Local Agency prior to implementation.

*Continued on Next Page*
Local Agency Responsibility

Local Agencies will develop follow-up procedures to contact all applicants who miss their appointment.

Procedures will include:

- Methods of contact
- Information to be collected
- The date the applicant requests services
- The rescheduling of failed Certification appointments

Time frames for completing the Certification process, as specified above, begin when the applicant appears in person or telephones the Local Agency clinic and requests WIC services.

HANDS will automatically document the date of initial contact in the system.

At Certification, WIC staff will inform the applicant that they may name up to two (2) Authorized Representatives. WIC staff will also inform the applicant that they may name up to two (2) Proxies during a Certification period. Refer to Sections O and P for more information. They will also ask for the applicant’s home address and phone number. Local Agencies may collect email addresses to contact clients via email. The applicant should be asked whether or not they want to be contacted by text message, email, mail or phone. If the applicant does not want to be contacted by mail, check the “Do not send mailings” box on the Family screen. If the applicant does not want to be contacted by email, check the “Do not email” box on the Family screen. If the client does not want to be contacted by phone and/or text message, check the “Do not call” and/or “Do not text” boxes on the Family Phone(s) section of the Family screen. Local Agencies will attempt to contact all pregnant women who miss their initial Certification appointment to reschedule. Local Agencies are encouraged to contact all other applicants who miss appointments. Contact attempts should be made only if they have agreed to receive communication from the WIC Program. Attempts to contact will be maintained by the Local Agency in the Notes screen using the note type of “General.” If mailing correspondence, the Agency must use a sealed envelope or a postcard that does not mention a WIC appointment or a reason. Do not use “The WIC Program” in the return address; instead, use Health Department or Health Center.
Chapter Two
Certification

Section A
Certification Guidelines (Continued)

Local Agency Responsibility (Continued)

Applicants failing to provide verification of eligibility data within the established time frame will be denied participation in the program. They may reapply as soon as they have the necessary documentation and the time frames begin at the time of reapplication.

Components of Certification

The following are components of Certification:

- Rights & Obligations form (see Appendix B)
- Physical Presence / Identification
- Residency Verification
- Racial / Ethnic Data
- Income Determination
- Categorical Eligibility
- Health and Nutrition Assessment
- WIC Code Identification
- Referrals and Education
- Food Package
- WIC Rules and Regulations

Food Benefit Issuance

Local Agency staff must negotiate and tailor the food package based on risks, nutritional needs, and participant preference.

Participants will be issued appropriate Food Benefits at the time of Certification. Food Benefits should be placed in participant’s ID Folder.
Section A
Certification Guidelines (Continued)

Documentation Provided

The Rights & Obligations signature in HANDS as well as the Participant Rights and Obligations section of the ID folder explains the necessity of data collection for determination of WIC eligibility, including:

- Applicant’s name
- Applicant’s identification number
- Applicant’s address, identification, and income
- Certification period dates

The Participant Rights and Obligations also inform the participant what they can expect from the program and what the program will expect from them during their participation.

The Rights & Obligations signature in HANDS also verifies the above data through sworn statements signed by the participant or participant’s Authorized Representative.

The Consent signature in HANDS gives WIC staff permission to perform the anthropometric measurements and biochemical tests necessary for program Certification and to provide breastfeeding education, which may include physical contact, if breastfeeding counseling is requested.

Arizona WIC Program ID Folder

An Arizona WIC Program Identification (ID) Folder (see Appendix C) will be issued to the participant. The folder will include the participant’s name(s), Client ID number, Family ID number and the name and address of the certifying Local Agency. The participant will sign the Identification Folder, in ink, with their normal signature. This serves as the signature card for using the Food Benefits at the grocery store.

Continued on Next Page
Certification Guidelines (Continued)

Certification Periods

Pregnant Women

Certification will be valid up to six (6) weeks postpartum.

All documentation that includes the date when the Certification ends must read “up to six (6) weeks postpartum.”

A pregnant woman enrolled in WIC who has had an abortion, spontaneous (miscarriage) or therapeutic, is eligible to receive Benefits up to six (6) weeks past the date the pregnancy ended and can continue up to six (6) months past the date her pregnancy ended.

A pregnant woman who would have been eligible for the program during her pregnancy, who has had an abortion, spontaneous (miscarriage) or therapeutic, can also apply for Benefits. She is eligible for a total of six (6) months of Benefits from the date the pregnancy ended.

Postpartum Women

A postpartum woman is certified according to the following criteria:

A non-breastfeeding woman is certified as a postpartum woman from the time the pregnancy ends until six (6) months postpartum.

A breastfeeding woman’s Certification is valid up to the last day of the month in which her infant turns 1 year old, or until the woman ceases breastfeeding, whichever occurs first.

A partially breastfeeding woman who requests, after the sixth month postpartum, more than the maximum amount of formula allowed for a partially (mostly) breastfed infant, will no longer receive a food package or supplemental foods, but will continue to count as a WIC participant receiving nutrition and breastfeeding education, support, and referrals.

- If a woman ceases to breastfeed prior to six (6) months postpartum and breastfeeding is her only risk, she needs to have her category changed to a postpartum woman and be reassessed to identify WIC Codes.
## Section A
### Certification Guidelines (Continued)

<table>
<thead>
<tr>
<th>Certification Periods (Continued)</th>
<th>The WIC Program services are based on the following Certification time frames:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Less Than Six Months Old</td>
<td>An infant under six (6) months of age at the time of Certification is enrolled until their first birthday if they meet Priority I, II or IV criteria. Local Agencies must evaluate the health status of all infants who are six (6) months of age. The six (6) month evaluation does not affect the ending Certification date, which is the infant's first birthday.</td>
</tr>
<tr>
<td>Infant More Than Six Months Old</td>
<td>An infant more than six (6) months of age at the time of Certification is enrolled for six (6) months from the day of Certification if Priority I or IV. Infants who are six (6) months or older may not be certified as Priority II participants.</td>
</tr>
<tr>
<td>Children</td>
<td>Children are certified for one (1) year periods, ending with the end of the month in which the child reaches five (5) years of age.</td>
</tr>
</tbody>
</table>

**NOTE:** If a child is still in a valid Certification period (has not yet received twelve (12) food packages in the current Certification period) in the month they turn five (5), a food package may be issued, even if the pick-up is after the birthday.
Section A
Certification Guidelines (Continued)

Special Conditions
The Certification period may be adjusted from the original ending Certification date for several reasons. It can be shortened as much as needed or extended by thirty (30) days. It is preferred that Certification periods be **shortened** rather than lengthened; Some reasons for adjusting Certification end dates include:

- Difficulty in appointment scheduling or getting to the clinic for Certification due to extreme hardship, e.g., illness, imminent childbirth, inclement weather conditions, distance to travel, high cost of travel, or documented physical disability that prevents travel

- When a medical case conference is required to determine a participant’s nutritional or medical status

If the participant is found eligible to continue receiving program services, the new Certification period begins on the date the participant is certified again and receives the first set of Food Benefits in the new Certification period.

**HANDS does not allow staff to adjust Certification dates to synchronize Food Benefit pick-up; HANDS will automatically synchronize a family pick-up date.**

Women’s Nutrition Risk Determination
All data used to determine nutritional risk will be reflective of the woman’s categorical status at the time of Certification. For example, a woman certified during pregnancy as at risk for anemia cannot be certified in the postpartum period using any hemoglobin or hematocrit value that was obtained during her pregnancy.
## Chapter Two  
### Certification

#### Section B  
**Physical Presence / Identification**

| Physical Presence Policy | Applicants to the WIC Program are required to be physically present at the time of WIC Certification. If they are not, they must be rescheduled for a time when they can be present.  
| | Additionally, all participants with a one-year Certification are to be present at their Mid-Certification Assessment appointment so that a complete assessment can be done; however, if they are not present, the Authorized Representative is to be issued one (1) month of Food Benefits, rescheduled for the next month, and reminded to bring the participant(s) to this next appointment. |
| Exceptions to Physical Presence | Exceptions may be made for persons with permanent or temporary disabilities that make it difficult to attend the WIC Certification appointment. These include, but are not limited to, the following exceptions:  
| | **Exception 1**  
| | A condition that requires medical equipment that is not easily transportable.  
| | **Exception 2**  
| | A medical condition that requires confinement to bed (including bed rest).  
| | **Exception 3**  
| | A serious illness that may be worsened by coming to the clinic.  
| | **Exception 4**  
| | A serious or contagious illness. |
| Documentation of Exceptions | Local Agencies must receive documentation from a Medical or Osteopathic Physician (MD or DO), Nurse Practitioner (NP) or Physician’s Assistant (PA) indicating the most current anthropometric data for the participant(s) not present in order for a Certification to be completed. In addition, Local Agency staff shall include the reason the physical presence requirement was waived in the TGIF note for that Certification.  
| | If a pregnant woman is on bed rest prior to Certification, she may send someone to the clinic as her Authorized Representative. Written documentation of her anthropometric data from one of the above-listed sources, the woman’s proof of income, residency, and identity must be brought. |
Section B
Physical Presence / Identification (Continued)

Documentation of Exceptions (Continued)

Further clarification: if the woman is put on bed rest during her Certification, the new Authorized Representative must bring in the woman’s ID Folder. A new ID Folder will be made to reflect the new Authorized Representative. The new Authorized Representative will be encouraged to bring written documentation of the woman’s anthropometric data from one of the above-listed sources to record on the Medical screen in HANDS.

Certification of Women and Children in the Hospital and in other outreach locations

The purpose of enrolling WIC clients while in an off-site outreach location is to target outreach to those families who are not already on WIC. Local Agencies are encouraged to work closely with outreach sites to enroll new participants. However, if enrolling while in the hospital, food packages are not to be issued to participants for use in the hospital, since it is the responsibility of the medical insurance to provide food to the participant while in the hospital.

1.) Staff member verifies that the woman/family is not currently participating in WIC.

2.) If client/family is already participating in WIC, the staff member should not transfer a client who is participating in another Local Agency into the staff member’s agency for the sole purpose of offering one (1) month of Food Benefits.

3.) Staff member shall conduct a visual verification of all clients wanting to be enrolled in WIC.

4.) At the time of Certification, if the enrollment is taking place at the hospital, the WIC staff member should ask client for permission to obtain information needed for Certification, such as anthropometric measurements, address, and AHCCCS information from the medical record. Birth weight and length for infants and any additional infant measurements taken since birth may be obtained from the hospital records. However, the date that is entered into the WIC computer system must match the date the measurements were actually taken. Weight and height for women can be obtained with portable anthropometric equipment, by utilizing hospital equipment, or retrieving this information from the medical record. If the enrollment is taking place outside of the hospital setting, staff may utilize portable equipment to gather
anthropometric data. The anthropometric data may not be bypassed; it must be obtained during the Certification.

5.) Each Local Agency shall have a policy which addresses procedures and protocols for WIC services in outreach locations to address separation of duties. The Local Agency shall submit the proposed policy to their designated nutrition consultant for approval. At a minimum, this must include protocol for rotating staff at least once a month.

6.) For all clients seen in outreach locations that are already participating in WIC at a different agency, but are deemed by WIC staff as having special circumstances for which they need immediate WIC services, WIC staff will communicate the special circumstances in the Notes screen using the note type of “General Info.” Staff may transfer existing clients into their clinic to provide services in cases of documented special circumstances.

Maximum issuance is one (1) month of Food Benefits

Documentation of Identity

All applicants must present proof of identification at Certification and Food Benefit pick-up. The documents that can be used as proof of identity are found on the Family screen for Authorized Representatives, and the Client screen for clients. These documents include:

- AHCCCS/TANF/SNAP letter or card
- Birth certificate
- Clinic/hospital record
- Crib card
- Driver's license/State ID
- Immunization record
- Known to WIC (not used for initial Certification)
- Military ID/records
- Naturalization or immigration record
- Passport/visa/other country ID
- School ID
- WIC ID folder
Section B
Physical Presence / Identification (Continued)

Staff shall not make copies of a proof of identity unless requested by the State Office to aid in an investigation.

Identification that does not have the infant’s full name (i.e., baby boy Doe) is not an acceptable form of documentation.

Applicants with No Proof of Identity

When an applicant has proof of identification but did not bring it to the Certification appointment and are found eligible to receive Benefits, they are to be informed that they can receive Benefits for one month and will need to bring proof of identity before more Benefits are issued. They are to be issued one (1) month of Food Benefits and must bring proof of identification to the clinic within thirty (30) days.

When an applicant has no proof of identification as a result of being a victim of theft, loss or disaster, the applicant must sign the No Proof Exists – ID signature type found on the Family and Client screens in HANDS, which will become a part of their permanent record. They can be issued more than one (1) month of Food Benefits.
Chapter Two
Certification

Section C
Residency

Residency
All applicants are required to provide proof of residency within the state of Arizona. This is the location or address where a potential participant routinely lives or spends the night.

NOTE: Staff shall not make photocopies of a client’s proof of residency unless requested by the State Office to aid in an investigation.

State Service Area
The service area is defined by services available in a distinct geographical region of underserved eligible participants within the state of Arizona and state-approved areas bordering Arizona. Tribal members who live on reservations that border on or are partially located in Arizona and who receive health services in Arizona are eligible for services from the Arizona WIC Program.

In determining when to move into additional areas or expand existing operations, the location of new clinics is subject to approval by the Arizona State WIC Director. The number of potentially eligible participants in each area, the number being served, and proximity to existing sites will be taken into consideration when making this decision.

Participants will have the right to select a clinic within Arizona based on service and convenience in relation to residence, work, and where they receive their health services. Participants are not required to live in a specific geographic area, but they must reside in Arizona.

Continued on Next Page
Section C
Residency (Continued)

Documentation of residency is required at each Certification. Acceptable forms of documentation include, but are not limited to:

- Arizona Address Confidentiality Program (ACP)
- AHCCCS, SNAP, TANF award letter
- Bill (utility, cable, phone, etc.)
- Driver's license
- Letter from homeowner that person resides within their home
- Mail with postmark (no PO box)
- Pay stubs with current address
- Rent or mortgage receipts for lodging/housing
- Shelter letter on letterhead

The type of documentation is recorded on the Family screen of HANDS.

Arizona Address Confidentiality Program

If the participant provides an Address Confidentiality Program card for proof of residency the staff shall:

- Document the new address as listed on the ACP card in the Mailing and Street Address fields in HANDS
- Select Address Confidentiality Program for Proof of Address
- Ask the participant for their updated phone number and request permission to contact them if necessary
- If applicable, the Breast Pump release forms (loan agreements) for a family will be completed using the ACP card address

NOTE: Staff are prohibited from asking ACP participants to disclose their actual address.

Continued on Next Page
Institutional Residence

If the participant resides in an institution (e.g., homeless shelter, shelter for victims of domestic violence, penal institution), the following conditions must be met:

- WIC foods benefit the participant and not the institution (i.e., the institution must not accrue financial or in-kind benefit from the resident’s participation in WIC)
- WIC foods are used by the WIC participant only
- The institution allows and encourages the participant to partake of supplemental foods and all associated WIC services made available to participants by the Local Agency (e.g., education, referrals)

**NOTE:** Institutional proxies may not pick up Food Benefits for all WIC participants in their institutions.

The State agency and / or Local Agency will establish, to the extent practicable, whether institutions are in compliance with the conditions for WIC participation as stated above.

Non-Compliant Institutions Participants

If the institution where a participant is staying is found to be noncompliant with any of the above three (3) conditions:

- During the initial Certification, the participant will continue to receive all WIC Benefits.
- The participant applies for continuing Benefits and still resides in the institution, the State agency will discontinue provision of food other than formula and the participant will continue to be eligible for WIC education and health care referrals.
- The State and / or Local Agency will refer the participant to other accommodations, where possible.

*Continued on Next Page*
Chapter Two
Certification

Section C
Residency (Continued)

Applicants with No Proof of Residency

When an applicant has proof of residency but did not bring it to the Certification appointment and are found eligible to receive Benefits, they are to be informed that they can receive Benefits for one month and will need to bring proof of residency before more Benefits are issued. They are to be issued one (1) month of Food Benefits and must bring proof of residency to the clinic within thirty (30) days.

When an applicant has no proof of residency as a result of being a victim of theft, loss or disaster, the applicant must sign the No Proof Exists – Address signature type found on the Family screen in HANDS, which will become a part of their permanent record. Staff will choose “forgot documentation” as the type of residency documentation, and only 30 days of Food Benefits will be issued.

Homeless Applicants / Participants

For homeless applicants / participants, the address of a friend or relative through which the applicant / participant could be contacted should be collected, if possible. If this is not possible, the word “HOMELESS” or the WIC clinic’s address should be used.

Haitian Refugees

In order to meet the WIC Program residency requirement, an applicant must live in the state in which he or she applies at the time of application. In most instances, refugees from Haiti will not have a permanent place to live and, therefore, may be considered homeless. Program regulations allow State agencies to authorize the Certification of homeless individuals without proof of residency. There may instances in which refugees are temporarily living in a private residence with a family and may still be deemed homeless. Refer to the Applicants with No Proof of Residency section above for guidelines on documentation.
Section D
Ethnicity and Race Data Collection

Race / Ethnicity Determination

In order to comply with a Federal requirement by the United States Department of Agriculture (USDA), all applicants will be verbally asked to declare their race and ethnicity. Self-declaration at the time of initial Certification is the preferred method of obtaining this data. If, after being asked to self-declare, the applicant does not provide the information, the WIC staff member is to select the ethnicity “Not Hispanic or Latino”, race “White” and “Observed by Staff.” The choice “Not Hispanic or Latino” as the ethnicity and “White” as the race has been made the default (automatic choice) for situations such as described above.

Under no circumstances should WIC staff determine an applicant’s race and/or ethnicity without giving the applicant the chance to self-declare.

All applicants will choose one of the following ethnicities:

- Hispanic or Latino
- or
- Not Hispanic or Latino

Additionally, all applicants will choose one or more of the following races:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Applicants can choose as many races as are appropriate. Country of origin or nationality should not be asked of applicants. This data only needs to be collected at initial Certification.
Chapter Two
Certification

Section E
Income Eligibility

Policy

WIC applicants will have their income evaluated at each Certification using procedures outlined in this section (see Appendix E for Income Guidelines chart).

All applicants will provide documentation of income through:

- Proof of participation in an adjunctively eligible program (preferred)
- Proof of income

Determining Household Size/Economic Unit

Household / economic unit is defined as a group of related or non-related individuals who are living together as one economic unit.

Household / economic unit members share economic resources and consumption of goods and / or services. The terms “economic unit” or “household size” can be used interchangeably. However, “economic unit” is a more appropriate term to use because it conveys that familial relationship is not relevant to the determination of family size and income.

- If you live with your parents or other family members and they provide financial support, **include them** in your household/economic unit.
- If you live with your parents or other family members and they do not provide financial support, **do not include** them in your household/economic unit.
- Couples: If you live with your boyfriend, girlfriend, fiancée, domestic partner, etc., **include him or her** in your household/economic unit. Include opposite and same sex partners.
- If you live with others who provide financial support, **include them** in your household/economic unit.
- If you live with others who do not provide financial support, **do not include** them in your household/economic unit.

AZ KidsCare

In Arizona, the State Children’s Health Insurance Program (SCHIP) is called KidsCare and is **not** an adjunctive eligibility program for WIC, as its income determination level is up to 200% of current Federal Poverty Guidelines.
Section E
Income Eligibility (Continued)

Adopted Child
When a child has been adopted by a family, the child is counted in the household size of the family. The size and total income of that economic unit will be used to determine if the child is income eligible for WIC.

Foster Child
If an infant or child is in the care of foster parents, Child Protective Services (CPS), or other child welfare authorities, the infant or child will be considered a family of one (1); this income is to be documented in the Income screen in HANDS. The foster child will be the only family member selected to apply the income amount to. If the foster child is the only participant in the file, the family size will be one (1). If the foster child is a member of a family with other non-foster children, the family size will be the actual size of the Authorized Representative’s family minus the foster child. HANDS will automatically count the foster child as a family of one (1) when the ‘Foster Care’ box is checked. The placement paper, commonly called “Notice to Provider,” or an official notification of placement from a temporary adoption organization is required to make the foster parents the Authorized Representatives. The same placement paper is acceptable documentation for adjunctive eligibility if the Comprehensive Medical and Dental Program (CMDP) medical insurance number is listed. The payments made by the welfare agency or received from other sources for the care of that child will be considered to be the only income. This documentation can be scanned and saved in the participant’s file for future reference.

NOTE: Families with multiple foster children can share a Family ID number in HANDS and an ID Folder. Each foster child will have a separate income documented in the Income screen as a household size of one (1).

Continued on Next Page
Military Family

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.

Military dependents (infant, child, or woman) placed in the temporary care of friends or relatives who are dependent on that household to provide food, utilities, etc., should be considered a part of that household / economic unit during Certification. If the applicant receives funds to sustain her / himself (beyond in-kind housing), s/he may be counted as a separate economic unit.

When military personnel use alternative methods of depositing paychecks (waiving military income documentation) and / or receive combat / hazardous duty pay, the income over last 12 months can be used. See Appendix M for further clarification.

**NOTE:** Basic Allowance for Housing (BAH) is not considered income.

Pregnant Woman

A pregnant woman’s household is assessed by increasing it by the number of expected infants (unless the applicant has religious or cultural objections which preclude this).

Resident of Institutions

The resident of an institution is assessed as a separate economic unit from the institution.

The institution must meet the conditions as outlined in the previous section on institutional residency.

Co-living

Two (2) separate households / economic units residing at the same address under the same roof may be considered separate households / economic units. Each household must have an adequate source of income to cover expenses, such as rent, food, utilities, and other, to be determined as separate households / economic units.

When unmarried individuals reside together as an economic unit, the income and household size of both parties will be used in determining income eligibility.
### Section E
### Income Eligibility (Continued)

<table>
<thead>
<tr>
<th><strong>Separated Family</strong></th>
<th>When a family separates, the child is counted in the family with whom the child lives.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Custody</strong></td>
<td>The parents with whom the child spends a majority of their time can claim the child in reporting household size. Child support payments are considered income for the family with whom the child lives, but cannot be deducted from the income of the person making the payments.</td>
</tr>
<tr>
<td><strong>Teen</strong></td>
<td>An applicant who is under eighteen (18) years of age will have her household assessed following the rules which apply to any other economic unit (see Household / Economic Unit above).</td>
</tr>
<tr>
<td><strong>In-stream Migrant Worker</strong></td>
<td>In-stream migrant farm workers with expired Verification of Certification (VOC) cards are income-eligible as long as their income is determined at least once every 12 months.</td>
</tr>
<tr>
<td><strong>Haitian Refugees</strong></td>
<td>As part of the assessment process, Local Agency WIC staff will ask clarifying questions to determine the size of the economic unit for refugee applicants living in the residence of another individual. State and Local Agencies will require all applicants to provide documentation of income at the time of Certification. However, WIC Federal Regulations permit State agencies to remain flexible on the requirement for applicants, including homeless individuals, if this requirement would present an unreasonable barrier to participation in the WIC Program. Therefore, if a refugee is unable to provide the necessary documentation, a State agency may accept a self-declaration of income.</td>
</tr>
<tr>
<td><strong>Date of Income Determination</strong></td>
<td>Determination of income eligibility will be made at the time of Certification. The date of Certification on the Rights &amp; Obligations Form and the Identification Folder will be the date income eligibility was determined.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
Section E
Income Eligibility (Continued)

Income Standards
The State agency will adopt the income standard of 185% of the current DHHS Poverty Guidelines as its eligibility standard.

Local Agencies will implement the federally established income eligibility standards for their program (see Appendix E).

All data used to determine income eligibility will be reflective of the applicant’s total household income and applicant’s status at the time of Certification.

Adjunctive Eligibility
When an applicant, or in some cases a family member, participates in a federal or state program with income guidelines that are equal to or below the WIC income guidelines, the applicant is allowed to enroll in the WIC Program without duplication of their initial income screening.

An applicant is adjunctively income eligible for WIC if documentation shows that the individual is:

- Certified as fully eligible to receive Benefits from SNAP (Food Stamp Program), AHCCCS (including SOBRA and Transitional Medical Assistance - TMA), Temporary Assistance for Needy Families (TANF) program(s), Section 8 housing or FDPIR (Food Distribution Program on Indian Reservations)
- A member of a household containing a TANF or SNAP recipient or a pregnant woman or infant enrolled in AHCCCS

Documentation of Adjunctive Eligibility
- Documentation of adjunct eligibility will be noted on the Income screen of HANDS under the Adjunct Eligibility section.
- Select “Part. Proof” for each of the adjunct eligibility programs the applicant shows proof of participation in.
- If they show documentation that a member of their household is a TANF or SNAP recipient or there is a pregnant woman or infant enrolled in AHCCCS in their household, select “Fam Elig Proof” for those programs.

Acceptable documents (eligibility dates must be included):
- TANF approval letter
Section E
Income Eligibility (Continued)

- AHCCCS decision letter with current eligibility dates or printout from AHCCCS website of their personal AHCCCS eligibility dates
- SNAP (Food Stamps) – most recent Certification letter
- Section 8 housing award letter
- FDPIR Notice of Eligibility letter

**NOTE:** Electronic Benefits Transfer (EBT) cards and AHCCCS medical cards are not proof of adjunctive program participation, unless the card shows a current period of eligibility.

Eligibility and participation in an adjunctively eligible program can be confirmed with an official verification system, such as a dial-up confirmation with AHCCCS. Arizona WIC only needs to see proof of eligibility/participation for one (1) adjunctive eligibility program in order to meet the WIC Program’s income guidelines.

**Self-declaration is not allowed for adjunct eligibility. Applicants must show proof of participation on the day of certification to be adjunct eligible for WIC**

Continued on Next Page
Chapter Two
Certification

Section E
Income Eligibility (Continued)

Documentation of Income

The current income of the household should be assessed at each Certification. Current income is defined as income received by the household during the last thirty (30) days or the last twelve (12) months, whichever is most representative of the family’s status. Income received by each member of the economic unit must be confirmed by paper or an official verification system for the period of time (30 days or 12 months) that is being used to assess income. Photocopies are not required by the State agency. The number of household members is noted on the Income screen of HANDS.

Acceptable types of documentation of income include, but are not limited to:

- Pay stubs
- W-2 forms box 1
- Unemployment form
- Statement signed and dated by employer
- Tax reporting forms showing total gross income

NOTE: Staff shall not make photocopies or scan a client’s proof of income unless requested by the State Office to aid in an investigation.

Income will be documented in the Income screen in HANDS as follows:

1.) Enter the appropriate family size (economic unit).
2.) Enter name or source of income provider if desired, or leave default as “Primary Provider.”
3.) Enter the dollar amount of current income based on income documentation provided.
4.) Enter the interval for that amount of income, i.e., hourly, weekly, monthly, annually.
5.) If hourly is selected, enter number of hours per week.
6.) Enter correct type of income documentation from drop-down menu.
7.) Select which family members you are certifying today to which the income applies.
Applicants with No Proof of Income

If an applicant does not provide proof of income on the day of Certification because they forgot it, the applicant is to self-declare their current income amount and corresponding interval; the applicant will be certified and receive only one (1) month of Food Benefits. They will be instructed to bring proof of income to the clinic within the next 30 days. This will be documented in the Income screen in HANDS by selecting “Forgot Documentation” as the type of income documentation from the drop-down menu. The participant will then sign the “Forgot Documentation” signature type accessible from the Income screen.

If the applicant brings proof of income within 30 days, the WIC staff will verify the amount and update the documentation type by editing the income line in the Income screen in HANDS and may issue multiple months of Food Benefits.

Lack of income documentation cannot be a barrier to receiving WIC services, such as in the case of the homeless, migrant farm workers or people who work for cash. If the applicant cannot document income or declares no income exists, the applicant must sign the “No Proof Exists” signature type accessible from the Income screen. This signature serves as income documentation for the entire Certification period and will allow more than one (1) month of Food Benefits to be issued. This will be recorded in HANDS under the documentation type by selecting “Statement of Documentation” from the drop-down menu.

Zero Income

If an applicant reports zero income, the applicant should be asked to describe, in detail, their living circumstances and how they obtain basic living necessities such as food, shelter, medical care, and clothing to determine if they should be counted as part of a larger economic unit. If it is determined that the applicant is truly without resources, the applicant must sign the “Zero Income” signature type accessible from the Income screen. Zero income can only be used once. This will be recorded in HANDS under the documentation type by selecting “Statement of Documentation” from the drop-down menu.

Continued on Next Page
Section E
Income Eligibility (Continued)

No Proof of Income, Identification, or Residency within thirty (30) days of Certification

If there was missing documentation of proof of income, identification or residency at the time of Certification, a thirty (30) day Certification may be given.

When participants return within thirty (30) days with proof of income, staff will edit and update the current income in the Family screen income section in HANDS by verifying the amount and updating what documentation was reviewed. Staff will be unable to update Adjunct Eligibility, as this can only be claimed on the day of Certification if proof is presented. This section will be locked after end of day processing on the day of Certification. When participants return with proof of identity or residency, those documentation fields in HANDS will be updated with the type of documentation that was provided.

If program documentation is not provided within the thirty (30) day period, applicants are no longer presumed eligible and cannot receive WIC Benefits. In order to receive Benefits, the applicant will need to be recertified when proof is available. Only one (1) month of Food Benefits can be provided without proof of ID, residency and income being provided. Under no circumstances may a second, subsequent 30-day temporary Certification period be given. Participants may only get one (1) 30-day Certification per Certification period.

Migrants

Determination of income eligibility will be made once every twelve (12) months for migrant field workers, including qualifying loggers and their families. The migrant status will be indicated on the Arizona WIC identification folder, indicating exemption from having income determination repeated within a twelve (12) month period.

Continued on Next Page
Section E
Income Eligibility (Continued)

Reassessment of Income mid-Certification

The participant’s income eligibility during a current certification shall be reassessed if;

- The program receives information indicating the individual may have misrepresented income and/or household size when applying for services (e.g. complaint hotline call)
- The program receives new information indicating the participant’s income has changed
- The participant reports a change in income or household size, while in an active certification
- The participants are no longer adjunctively eligible
- A change in custody, which then results in change of income or household size.

If the reassessment indicates the family is over income and has more than 90 days remaining in their Certification period, they are to be given 15 days notice of their removal from the WIC Program (Notification of Ineligibility), informed of their right to a fair hearing, and provided a month of Food Benefits. The local agency will maintain a copy of the signed ineligibility notice. Staff shall not make copies of the documents used to determine income (e.g., pay stubs).

If the participant appeals the disqualification determination, they will continue to receive program Benefits until a decision is made or the Certification period expires, whichever comes first.

However, if there are 90 days or less before the Certification period expires, the state agency reserves the right to omit the reassessment of income.

NOTE: When a participant is in a current certification and there is reason to suspect that a participant has provided false information (e.g., family size, total household income) the State Office will coordinate with the Local Agency to reassess eligibility.

Continued on Next Page
Section E
Income Eligibility (Continued)

Household Income ineligible termination
If a local agency evaluates income for another member of the participant’s household, and the evaluation indicates that household income is above the income guidelines, all members of the household must be terminated from WIC services to include participants in a current certification. The participants in a current certification are eligible for one month of Food Benefits. The applicants are not eligible for Food Benefits. All participants in the family will be provided with a Notification of Ineligibility, informed of their right to a fair hearing, and provided a month of Food Benefits. The local agency will maintain a copy of the signed ineligibility notice. Staff shall not make copies of the documents used to determine income (e.g., pay stubs).

Disqualification During a Certification Period
Individuals may be disqualified during a Certification period if a reassessment identifies that they are no longer income eligible or adjunctively income eligible. However, such persons cannot be disqualified from WIC solely on the basis of cessation of Benefits from TANF, AHCCCS, Food Stamps, FDPIR, or other State-administered programs. They will be reassessed under other income criteria before being disqualified.

Income
Gross cash income before deductions such as income taxes, employee’s social security taxes, insurance premiums, bonds, etc.

The exceptions are farming or self-employment, where net income is used as the criteria. The most recent IRS Income Tax form should be used as documentation and the annual total must be the adjusted net income.
### Section E
Income Eligibility (Continued)

**Income Includes the Following:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wages</strong></td>
<td>Monetary compensation for services, including wages, salary, commissions, tips, or fees.</td>
</tr>
<tr>
<td><strong>Active Military Payments</strong></td>
<td>Recent Leave and Earnings Statement (LES). Further clarification is found in Appendix M: Military Pay Stubs Guidelines.</td>
</tr>
<tr>
<td><strong>Farm/Self-Employment</strong></td>
<td>Income from farm and non-farm self-employment. This is net income (total dollars made in the business minus operating expenses) as calculated by schedule C of IRS form 1040 or a ledger of business operations.</td>
</tr>
<tr>
<td><strong>Social Security</strong></td>
<td>Check stub / award letter as documented by current bank statements.</td>
</tr>
<tr>
<td><strong>Dividends/Trusts/Rental Income</strong></td>
<td>Dividends or interest on savings or bonds, income from estates or trusts, or net rental income as documented by Federal Income Tax Record for most recent calendar year.</td>
</tr>
<tr>
<td><strong>Public Assistance</strong></td>
<td>Public Assistance or Welfare cash payments. The dollar value of SNAP, previously known as food stamps, Benefits are not counted as income.</td>
</tr>
<tr>
<td><strong>NOTE:</strong> Persons receiving TANF, AHCCCS, SNAP (Food Stamps), Section 8 Housing or FDPIR Benefits are automatically income eligible for WIC.</td>
<td></td>
</tr>
<tr>
<td><strong>Unemployment</strong></td>
<td>Unemployment compensation as documented with approval letter or check stub(s).</td>
</tr>
<tr>
<td><strong>Retirement/Pensions/Annuities</strong></td>
<td>Government civilian employee or military retirement; pension or veteran’s payments; private pensions or annuities. Documentation includes income tax return for most recent calendar year.</td>
</tr>
<tr>
<td><strong>Alimony and Child Support</strong></td>
<td>Alimony and child support payments. Child support payments are considered income for the family with whom the child lives, but cannot be deducted from the income of the person making the payments.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
### Section E
Income Eligibility (Continued)

<table>
<thead>
<tr>
<th>Contributions</th>
<th>Regular contributions from persons not living in the household. Appropriate documentation would be a letter from the person contributing resources to the household.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royalties</td>
<td>Net Royalties                                                                ighbuth</td>
</tr>
<tr>
<td>Other Cash Income</td>
<td>Other cash income includes, but is not limited to, cash amounts received or withdrawn from any source, including savings, investments, trust accounts, and other resources which are readily available to the family.</td>
</tr>
<tr>
<td>Lump Sum Payments</td>
<td>Lump sum payments, which represent “new money” that are intended for income, are counted as income. Lump sum payments include gifts, inheritances, lottery winnings, workers compensation for lost income, severance pay, and insurance payments for “pain and suffering.” Lump sum payments for winnings and proceeds from gaming, gambling, and bingo are also counted as income. The lump sum payment may be counted as annual income or may be divided by twelve (12) to estimate a monthly income, whichever is most applicable. <strong>NOTE:</strong> Lump sum payments that represent reimbursement for lost assets or injuries should not be counted as income. This includes amounts received from insurance companies for loss or damage of personal property or payment for medical bills resulting from an accident or injury.</td>
</tr>
<tr>
<td>Student Financial Assistance</td>
<td>Student financial assistance used by the student for room and board and for dependent care expenses is considered income. <strong>NOTE:</strong> Financial assistance that is used for tuition, transportation, books, and supplies is exempt.</td>
</tr>
<tr>
<td>Census Workers</td>
<td>Income received by individuals hired to conduct a Federal census must be counted in determining WIC income eligibility. Local Agencies can consider this as part of the past 12 months of family income and not a lump sum payment.</td>
</tr>
</tbody>
</table>
### Section E
**Income Eligibility (Continued)**

The following Benefits are excluded as income in determining WIC eligibility:

<table>
<thead>
<tr>
<th>Military Exclusions</th>
<th>Check all military guidelines in Appendix M.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind / Non-Cash Benefits</td>
<td>Any Benefit of a value which is not provided in the form of cash money is considered an in-kind Benefit and is not counted as income.</td>
</tr>
<tr>
<td>Federal Program Benefits</td>
<td>Benefits provided under the following Federal Programs or Acts include, but are not limited to:</td>
</tr>
<tr>
<td></td>
<td>• Any payment to volunteers under Title I (Volunteers in Service to America (VISTA) and others or Title II (Retired and Senior Volunteer Program (RSVP), Senior Companions Program (SCP), Foster Grandparents Program and others) of the Domestic Volunteer Services Act of 1973, to the extent excluded by the act.</td>
</tr>
<tr>
<td></td>
<td>• Payment to volunteers under Section 8 (b) (1) of the Small Business Act Service Corps of Retired Executives (SCORE) and Active Corps Executives (ACE).</td>
</tr>
<tr>
<td></td>
<td>• Payments received under the Job Training Partnership Act (Adult and Youth Training Programs, Summer Youth Employment and Training Programs, Dislocated Worker Programs, Programs for Migrant and Seasonal Farm Workers, Veterans and the Job Corps).</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
### Section E
Income Eligibility (Continued)

#### Income Exclusions (Continued)

<table>
<thead>
<tr>
<th>Federal Program Benefits (Continued)</th>
<th>Payments under the Low-Income Home Energy Assistance Act, as payment under the Disaster Relief Act of 1974, as amended by the Disaster Relief and Emergency Assistance Amendments of 1989.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>The value of any child care payments made under section 402 (g)(1)(E) of the Social Security Act, as amended by the Family Support Act, including:</td>
</tr>
<tr>
<td></td>
<td>- Aid to Families with Dependent Children (AFDC)</td>
</tr>
<tr>
<td></td>
<td>- Title IV – A Child Care Program</td>
</tr>
<tr>
<td></td>
<td>- JOBS Child Care Program</td>
</tr>
<tr>
<td></td>
<td>The value of any “at risk” block grant child care payments made under section 5081 of Public Law 101 – 508, which amended section 402(i) of the Social Security Act.</td>
</tr>
<tr>
<td></td>
<td>The value of any childcare provided or paid for under the Child Care and Development Block Grant Act, as amended.</td>
</tr>
<tr>
<td></td>
<td>Mandatory salary reduction amount for military personnel, which is used to fund the Veteran’s Educational Assistance Act of 1984, as amended.</td>
</tr>
<tr>
<td></td>
<td>Payments received under the Old Age Assistance Claims Act, except for per capita shares in excess of $2,000.</td>
</tr>
</tbody>
</table>
## Income Exclusions (Continued)

### Federal Program Benefits (Continued)

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

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% of the median income of the area.

Benefits received through the Farmer Market Demonstration Project under Section 17 (M)(7)(A) of the Child Nutrition Act of 1966, as amended.

Under the Social Security Act, as amended with the Prescription Drug Card, persons receiving the prescription discount and / or the $600 subsidies shall not have these Benefits treated as income.

### Loans

Loans, such as bank loans, are not counted as income.

### Lump Sum / Large Cash Payments

Lump sum payments or large cash settlements (e.g., compensation for a loss such as an insurance settlement to pay for damage to a house or car). Also includes payments that are intended for a third party to pay for a specific expense (e.g., payment for medical bills resulting from an accident or injury.)

**NOTE:** If the lump sum payment is put in a savings account and the household regularly draws from that account for living expenses, the amount withdrawn is counted as income.

### Employer Contributions

Employer qualified Benefits, i.e., Benefits that the employer pays for (health care, vision, dental care, life term group insurance, disability, certain other Benefits and flexible spending accounts) that are made pursuant to salary reduction agreements between the employer and the employee are not counted as income.

---

*Continued on Next Page*
## Chapter Two
### Certification

#### Section E
##### Income Eligibility (Continued)

**Income Exclusions (Continued)**

<table>
<thead>
<tr>
<th>Income of / Payments to Native Americans</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Income derived from certain sub-marginal land of the United States that is held in trust for certain tribes.</td>
<td></td>
</tr>
<tr>
<td>- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians.</td>
<td></td>
</tr>
<tr>
<td>- Payments received under the Program for Native Americans.</td>
<td></td>
</tr>
<tr>
<td>- 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.</td>
<td></td>
</tr>
<tr>
<td>- Payments received under the Alaska Native Claims Settlement Act.</td>
<td></td>
</tr>
<tr>
<td>- Payments received under the Sac and Fox Indian Claims Agreement.</td>
<td></td>
</tr>
<tr>
<td>- Payments received under the Judgment Award Authorization Act, as amended.</td>
<td></td>
</tr>
<tr>
<td>- Payments to the Blackfeet, Groventre and Assiniboine tribes (Montana) and the Tohono O’odham Nation, a.k.a. Papago tribe (Arizona).</td>
<td></td>
</tr>
<tr>
<td>- Payments to the Red Lake Band of Chippewas, the Chippewas of Mississippi, and the Turtle Mountain Band of Chippewas (Arizona).</td>
<td></td>
</tr>
<tr>
<td>- Payments for relocation assistance for Navajo and Hopi Tribe members.</td>
<td></td>
</tr>
<tr>
<td>- Payments received under the Saginaw Chippewa Indian Tribe of Michigan Distribution of Judgment Funds Act.</td>
<td></td>
</tr>
<tr>
<td>- Payments to the Assiniboine tribe of the Fort Belknap Indians Community and the Assiniboine Tribe of the Fork Peck Indian Reservation (Montana).</td>
<td></td>
</tr>
</tbody>
</table>

*Continued on Next Page*
### Section F
#### Categorical Eligibility

A potential participant must be:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Woman</td>
<td>A pregnant woman (proof of pregnancy is not required).</td>
</tr>
<tr>
<td><strong>NOTE:</strong></td>
<td>If there is reason to suspect that a participant has falsely claimed to be pregnant, the State WIC office can request that proof of pregnancy be provided.</td>
</tr>
<tr>
<td>Postpartum Woman</td>
<td>A postpartum woman up to six (6) months after the end of the pregnancy.</td>
</tr>
<tr>
<td>Breastfeeding Woman</td>
<td>A woman who breastfeeds an infant at least one time per day, up to one (1) year or until she completely stops breastfeeding before the infant turns one (1) year old (this includes a wet nurse, adoptive mother and / or foster mother who choose to breastfeed and the infant’s biological mother is not certified as a breastfeeding woman).</td>
</tr>
<tr>
<td></td>
<td><strong>A breastfeeding assessment should be done before the issuance of Food Benefits at each Certification, Mid-Cert Assessment, when a breast pump is issued, and/or whenever the amount of formula the woman is requesting changes.</strong> The results of the assessment should be used to provide individualized breastfeeding support and to determine the appropriate food packages for her and her infant.</td>
</tr>
<tr>
<td><strong>NOTE:</strong></td>
<td>When a breastfeeding woman who is more than 6 months postpartum stops breastfeeding, she becomes categorically ineligible and is to be given 15 days notice of her removal from the WIC Program and informed of her right to a fair hearing. She is to be issued a half food package (designated as HALF P/P in AIM).</td>
</tr>
<tr>
<td>Infant</td>
<td>An infant until their first (1) birthday.</td>
</tr>
<tr>
<td>Child</td>
<td>A child between the ages of one (1) year and the last day of the month in which the child turns five (5) years old.</td>
</tr>
</tbody>
</table>
Chapter Two
Certification

Section G
Health and Nutrition Assessment

Policy
The participant’s health and nutrition assessment identifies the nutritional needs and interests of the participant. The nutrition assessment provides the basis for the nutrition care plan, including nutrition education / counseling, food package assignment, referrals, and follow-up plans. During the assessment process, heights, weights, biochemical information, dietary information, medical information and family situation are assessed and any potential WIC Codes are identified. Individuals applying for enrollment in the Arizona WIC Program must have at least one (1) WIC Code to be eligible for participation. Refer to the Arizona WIC Anthropometric Module for accurate height / length and weight measurements and the Lab Procedure Manual to obtain hemoglobin value to help determine WIC eligibility.

Before taking anthropometric measurements, hemoglobin screening, or assisting with breastfeeding, the participant or Authorized Representative must sign the signature type “Consent” found on the Medical screen in HANDS to verify that permission was given to do this.

NOTE: Anthropometric and / or hematologic measurements that have been done by a health care provider can be used for the assessment if they are provided in writing by a health care provider. When these measurements are brought in from outside sources, height and weight must not be older than 60 days and hemoglobin/hematocrit must be within 90 days of certification and be consistent with the blood work periodicity for the participant’s category/age as found in Appendix A of the AZ WIC Laboratory Procedure Manual. The date the anthropometric and/or hematologic measurements were collected must be the date entered in the Medical screen in HANDS.

USDA Criteria
The State of Arizona has adopted the Risk Criteria developed by the Risk Identification and Selections Collaborative (RISC) Committee for the National WIC Association (NWA) and the Food and Nutrition Service (FNS) divisions of the USDA.

Arizona Risk Criteria
A list of applicable risk factors, priorities, documentation requirements, and mandatory nutrition intervention is outlined in Appendix H of this chapter.

Other Risk Factors
A list of risk factors not currently recognized by the Arizona WIC Program can be found in Appendix I.
Section G
Health and Nutrition Assessment (Continued)

Certifiers
The competent professional authority (CPA) on staff at the Local Agency is responsible for determining nutrition risk, providing nutrition education, and prescribing supplemental foods.

Persons authorized to serve as CPAs are individuals who have documentation on file verifying that they have been trained in certifying participants and prescribing supplemental foods:

- Physicians
- Nutritionists (B.S., B.A., M.P.H. or M.S. in nutrition, dietetics, public health nutrition, or home economics with emphasis in nutrition)
- Registered Dietitians
- Registered Nurses
- Physician’s Assistants (certified by the National Committee on Certification of Physician’s Assistant or certified by the State medical certifying authority)
- Dietetic Technicians Registered
- Paraprofessional (Community Nutrition Workers [CNWs], health aides, etc.) who is trained according to the State training plan found in Chapter 7 and certified by the WIC local agency director or designee to be competent.

Continued on Next Page
Chapter Two
Certification

Section G
Health and Nutrition Assessment (Continued)

Health and Nutrition Assessment

The purpose of a WIC health and nutrition assessment is to obtain and synthesize relevant and accurate information in order to assess an applicant’s nutrition status, identify WIC Codes; design appropriate nutrition education and counseling; tailor the food package to address nutrition needs; and make appropriate referrals.

Staff will utilize the “Together We Can” model to provide accurate and appropriate anthropometric / biochemical assessment techniques and participant-centered interview techniques including open ended questions, affirmations, reflective listening, and summarization to conduct a complete nutrition assessment and to develop a participant-centered, individualized plan for behavior change.

The following criteria describe the components of a participant-centered health and nutrition assessment:

- Conveys a good overall picture of dietary intake and the participant’s situation by covering the ABCDE categories of participant information:
  
  A: Anthropometric information (growth, weight gain)
  B: Biochemical (hemoglobin status, lead screening)
  C: Clinical / Health (medical conditions, health care, pregnancy history, prenatal care)
  D: Dietary (food intake, feeding relationship, diet and nutrition behaviors)
  E: Environment (environmental smoking, smoking status, abuse, drug and alcohol use and / or caregiver situation)

- Identifies potential areas for education as well as concerns raised by participant.

Continued on Next Page
Section G
Health and Nutrition Assessment (Continued)

Frequency of Assessment

A complete assessment is required at participants’ Certification and children’s, infants’ and breastfeeding women’s Mid-Certification health checks. It is not required for participants at the time they are transferring into the Arizona WIC Program. In addition, there are times when additional assessments need to be performed. Those include the following:

Infant
A dietary assessment needs to be completed if an infant with a breastfeeding category (IEN/IPN/IPN+) changes to a non-breastfeeding category (IFF) and risk 603 (Breastfeeding Complications) was the participant’s only risk at Certification. A breastfeeding assessment is also required any time the amount of formula the infant is receiving changes.

Woman
A dietary assessment needs to be completed if a woman with a breastfeeding category (EN/PN/PN+) changes to a non-breastfeeding category (P) and risk 601 (Woman Breastfeeding an Infant at Nutritional Risk) and/or risk 603 (Breastfeeding Complications) was the participant’s only risk(s) at Certification.

Child
A health and nutrition assessment is required for children who transfer into the Arizona WIC Program from other states who have implemented one (1) year certification for children and who have more than 6 months remaining in their certification. In these cases, the child should return to the clinic 3 months after the transfer was done for the mid-certification complete assessment.
Completing an Assessment and Documentation

Completing a health and nutrition assessment using the participant-centered approach will consist of the following steps:

1.) Assess anthropometric measurements and biochemical information using accurate, appropriate methods as described in the AZ WIC Laboratory Procedure Manual and Anthropometric Manual and document in the Medical screen.

2.) Complete the health and nutrition assessment using the ABCDE approach, gathering information about the required topics listed within each of the ABCDE sections. In addition, Getting to the Heart of the Matter (GTHM) materials (Appendix F) are to be utilized when completing the "D" section of the assessment at Certification and any other time in which they are appropriate. The probing questions in HANDS highlight initial open-ended questions you can use in conjunction with the conversational assessment tools as a way to open up the conversation in each of the topic areas.

3.) Select risks/WIC Codes that you are manually assigning based on your assessment using the list of WIC Codes that appear below the ABCDE section of the assessment for each assessment area.

4.) Select “Complete assessment” only when all WIC codes have been assigned, nutrition education type documented, and referral screen is completed.

5.) At Certification, if no WIC Codes are manually assigned by the CPA and no Codes are assigned by HANDS, HANDS will then prompt the user to assign 401 or 428, as appropriate. Assignment of WIC Codes 401 or 428 should only be used after no other nutrition risk or dietary risk is identified for eligibility.

Continued on Next Page
Section G
Health and Nutrition Assessment (Continued)

Completing an Assessment and Documentation (continued)

6.) Document the nutrition assessment process and findings. Complete a TGIF note type in the Notes screen for all clients on the same day the Certification was completed, which includes the following:

T: Tool
- Getting to the Heart of the Matter Tool used, if applicable and what mom shared about her concerns and motivations.

G: Goals
- Personal goals or areas identified by participant that they plan to work on.

I: Information
- Knowledge, feelings and beliefs of breastfeeding for pregnant and breastfeeding women categories.
- Caregiver knowledge, feelings and beliefs of infant feeding for infant category.
- Relevant information that you would want the next person seeing this client to know.
- Any information that is pertinent to the interaction during the visit.
- Reasons for WIC Codes that are manually assigned.
- Further detail on nutrition education provided as needed to clarify.
- HANDS will collect infant feeding amounts in the Assessment screen, so including these in your note is optional.

F: Follow-up
- Any information that the staff has identified as areas to follow-up with at subsequent visits, such as specific referrals made, additional items to discuss, etc.

NOTE: The TGIF format will be used to document a breastfeeding assessment. As described in Chapter 19, Section A, a Breastfeeding Authority conducts a breastfeeding assessment if a breastfeeding infant changes category or formula needs, or a breast pump is issued. In addition to the above information, breastfeeding assessments will include the reason for the change and the education provided.
### Section G
Health and Nutrition Assessment (Continued)

<table>
<thead>
<tr>
<th>Monitoring of Assessment</th>
<th>During Management Evaluations (M.E.) or other technical assistance site visits, the State Agency staff will monitor nutrition and health assessment to determine if:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Proper procedures are followed for anthropometric and hematology data collection</td>
</tr>
<tr>
<td></td>
<td>• A complete assessment is performed using the ABCDE conversational approach to assessment and appropriate use of GTHM tools.</td>
</tr>
<tr>
<td></td>
<td>• Appropriate nutrition risks are assigned to participant based on information gathered, and documentation regarding justification of the staff-assigned risk(s) is included in the TGIF note</td>
</tr>
<tr>
<td></td>
<td>• Documentation is complete and includes an individualized note that follows the TGIF method.</td>
</tr>
<tr>
<td></td>
<td>• Staff are required to complete the TGIF documentation on the same day the Certification was complete. A Certification is considered incomplete and invalid if staff fails to complete the required documentation.</td>
</tr>
</tbody>
</table>

### Clinic Flow
Using Certification Specialists and Nutrition Education Specialists

In those clinics utilizing both job categories of Certification Specialist and Nutrition Education specialist to complete a certification, separation of duties shall include:

- **Certification Specialist**: Completes intake with participant including documentation in the Family and Client screens in HANDS
- **Nutrition Education Specialist**: Completes the remainder of the Certification, including risk assessment, nutrition education and food package assignment, including documentation in the Cert, Medical, Assessment, BF Surv, Care Plan, and Food Package screens in HANDS as described earlier in this section.
Chapter Two
Certification

Section H
Risk Identification

Policy
Applicants will be assigned all WIC Codes that apply, according to the HANDS automated system and the Nutrition Risk Factor Manual. To ensure participant centered education, it is highly recommended for staff NOT to tell participants their risk directly; instead, it is preferred for staff to offer the risk(s) as a nutrition education topic.

Documentation
The only WIC Code that currently requires documentation from a physician (Medical Doctor [M.D.] or Doctor of Osteopathy [D.O.]) or their assistant (Nurse Practitioner [N.P.] or Physician’s Assistant [P.A.]) is WIC Code 359 Recent Major Surgery, Trauma, Burns, IF it occurred more than 2 months prior and has a continued need for nutritional support.

Self-Reporting or Self-Diagnosis
Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person reports to have or have had a medical condition, without any reference to a professional diagnosis. A self-reported medical diagnosis such as “My doctor says that I have / my son or daughter has…” should prompt the CPA to validate the presence of the condition by asking more in-depth questions related to the diagnosis.

Self-reporting of “History of” conditions should be handled in the same manner as self-reporting of current conditions that require a physician’s diagnosis. The applicant may report to the CPA that s/he was diagnosed by a physician with a given condition in the past. Again, self-diagnosis of a past condition should not be confused with self-reporting.
Section I
Priorities

Special Note
The priority which indicates the greatest level of risk will be used to certify the applicant.

Priority Categories for WIC services are the following:

Priority I
Pregnant and breastfeeding women and infants at risk based upon hematological or anthropometric measurements or other documented nutritionally-related medical condition. Women who are breastfeeding Priority I infants with risk other than 702 or infants breastfed by Priority I women with risks other than 601.

Priority II
Infants up to six (6) months of age born to women who participated in WIC during pregnancy. Infants up to six (6) months of age born to women who would have been WIC-eligible based upon hematological or anthropometric measurements or other documented nutritionally-related medical conditions. Women who are breastfeeding Priority II infants with risk other than 702.

Priority III
Children and some postpartum women at risk based upon hematological or anthropometric measurements or other documented nutritionally-related medical conditions.

Priority IV
Pregnant and breastfeeding women and infants at risk due to inadequate dietary patterns.

Priority V
Children at risk because of inadequate dietary patterns.

Priority VI
Postpartum women at nutritional risk.

Priority VII
Participants who might regress in nutritional status without continued provision of supplemental foods.

NOTE: Regression may not be used for initial Certification, may not be used for infants, and may not be used consecutively as a reason for subsequent Certification. Regression can only be used twice in a five-year period.
Section J
WIC Rights and Obligations

WIC Rights and Obligations

Participants must be informed of their WIC Rights and Obligations at every Certification and transfer in their preferred language. Staff are required to ask open-ended questions to check for understanding of the following:

- WIC Rights and Obligations
- Availability of Health Services
- Food Delivery System

The WIC Rights and Obligations must be read by or to the applicant/Authorized Representative by the WIC staff.

For applicants determined eligible to participate in WIC, in a language the participant understands, the Certifier will explain the Rights and Obligations which is found in the participant’s ID Folder, including the bullet points under each section:

- Honesty
- Accurate information
- Good use of the program
- Protect your Benefits

Documentation

Documentation of WIC Rights and Obligations must be done at every Certification and transfer. This is documented by having the participant/Authorized Representative sign the signature type “Rights and Obligations” on the signature pad in HANDS.

Paper Rights and Obligations form

If, for some reason, HANDS is not available to capture signatures on the Rights and Obligations signature type and/or the Consent signature type, a paper copy of the Rights and Obligations form can be used. This form can be found on the Arizona WIC website [www.azwic.gov](http://www.azwic.gov). The form can be used for all members of the WIC family if desired.

1. The form must be signed and dated at each Certification by the Authorized Representative, certifier, and income verifier (if different than certifier). The local agency is required to have systems in place to obtain a signature if an Authorized Representative forgets to sign.

2. The Authorized Representative’s initials are necessary and serve as permission that staff can weigh/measure and
Section J
WIC Rights and Obligations (Continued)

3. check hemoglobin status for each client listed on the form. In addition the Authorized Representative can agree to receive assistance with breastfeeding.

4. Fill in the Family ID # in the table

5. Fill in only the names of those clients who are being certified on that particular day.

6. The height / weight / hemoglobin fields are not mandatory; local agencies may choose to make those fields mandatory and create a local agency policy.

7. The vertical bubbles for Family ID # and Authorized Representative Name are not mandatory; local agencies may choose to make those fields mandatory and create a local agency policy. The fields will prefill if the form is printed from AIM.

NOTE: Separate forms may be used for Foster children or children on AHCCCS who don’t qualify the rest of the family for WIC.

Availability of Health Services

In a language that the participant understands, the certifier will discuss the availability of health services, including:

- The types of health services
- The types of referral services
- The location of services
- How services are obtained
- The reason why services are useful
Section J
WIC Rights and Obligations (Continued)

Food Delivery System

In a language that the participant understands, the certifier will discuss the food delivery system, including:

Which foods are authorized for purchase with WIC Food Benefits

Provide a list of Authorized Arizona WIC vendors

How to use the Food Benefits:

- Food Benefits will only be used at Arizona WIC authorized vendors.
- Food Benefits will be used to purchase only those foods in the quantity (and / or brands) specified on the Food Benefit.
- Food Benefits cannot be exchanged for cash, non-authorized food items, or credit.
- Food Benefits will be used after issue date and before void date.
- Participant must inform cashier that they will be using WIC Food Benefits.
- WIC foods will be separated from other foods and according to each Food Benefit.
- The cashier will fill in the cost of the purchased WIC foods (as specified on the Food Benefit).
- The participant must verify amount & date of use written on Food Benefit.
- The Food Benefit will be signed, in ink, after the cashier fills in the date of use and the cost of the WIC foods. Participant / Authorized Representative must sign with their normal signature.
- The signature on the Food Benefit must match the signature on the WIC ID Folder or Arizona State issued Driver License/ID Card.
Section K
Voter Registration

WIC Voter Registration

Local Agency staff shall provide each applicant, participant or, in the case of infants and children, his/her Authorized Representative(s), the opportunity to register to vote:

- With each application for Certification or recertification
- With each transfer, including a change of address
- When the participant or Authorized Representative offers a change of address, the Local Agency shall enter the change of address into HANDS

The Local Agency staff providing voter registration assistance shall not:

- Seek to influence an applicant’s or participant’s or Authorized Representative’s political preference or party registration
- Wear or display any material that:
  - Identifies past, present, or future seekers of partisan elective office
  - Contains logos or other graphics that may be identified with a political party or preference
  - Would reasonably be associated with a political party or preference
  - That identifies a political issue or ballot measure
- Make any statement to applicant, participant or Authorized Representative or take any action, the purpose or effect of which is to discourage the applicant from registering to vote.

Local Agency staff shall advise applicants, participants, or Authorized Representatives that:

- The voter registration process is separate from the WIC Program eligibility process
- An interview is not necessary to register to vote

Continued on Next Page
Section K
Voter Registration (Continued)

Arizona Voter Registration Form
If the applicant, participant, or Authorized Representative wants to register to vote, staff shall provide the individual with an Arizona Voter Registration Form to complete.

- Local agency staff shall assist the applicant, participant, or Authorized Representative when requested. The assistance provided shall be to the degree that assistance is provided for completing a WIC form.
- If the applicant, participant, or Authorized Representative does not want assistance in completing the Arizona Voter Registration form at the clinic, the individual may take the form and complete it at his or her discretion.

WIC Program Offer of Voter Registration Form
The WIC Program Offer of Voter Registration Form must be completed: (See Appendix N)

- With each application for Certification and Recertification
- With each transfer (both in- and out-of-state), including a change of address
- When the participant or Authorized Representative offers a change of address, the Local Agency shall enter the change of address in HANDS.

Completing the Offer of Voter Registration Form:
The applicant, participant, or Authorized Representative should be encouraged to mark on the form whether he/she is currently registered, and/or whether he/she requests or declines the opportunity to register to vote.

The applicant, participant, or Authorized Representative shall sign and date the form indicating they were offered the opportunity to register to vote.

The applicant, participant, or Authorized Representative must answer all questions on the form.

If the applicant, participant, or Authorized Representative refuses to sign the Offer of Voter Registration form, the staff person shall:
- Circle “No”
- Initial the form indicating the individual declines the opportunity to register to vote
- Write the family identification number on the form.
Section K
Voter Registration (Continued)

HANDS Documentation
Local Agency staff shall indicate in the Voter Registration field in HANDS, the response given by the applicant, participant, or Authorized Representative as either:

CR – Currently Registered
NO – Not Interested
YG – Yes, Gave Form
NA – Not yet 18 years of age

Voter Registration Documentation
The Local Agency shall designate staff to:
Accept and mail the Arizona Voter Registration Form, regardless of completeness, to the appropriate County Recorder’s Office within five (5) calendar days of the receipt of the form
Collect all completed Offer of Voter Registration forms at the end of each week
Ensure that the completed Offer of Voter Registration forms are kept separate from WIC Program documents
Mail the completed Offer of Voter Registration forms by certified mail to the State Office, Program Integrity Manager on a quarterly basis or more frequently if necessary
Ensure the confidentiality of the Voter Registration Process
## Chapter Two
### Certification

#### Section L
#### WIC Rules and Regulations and Education

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Documentation of education and WIC Rules and Regulations must be done at every Certification. This is documented on the Food Package screen in the Issuance section in HANDS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>WIC Staff will follow the Nutrition Education guidelines as outlined in Chapter 7 titled Participant and Staff Education. This chapter includes: Program Education Requirements for Participants; Participant-Centered Nutrition Education for Participants; Nutrition Education Care Standards; and High-Risk Nutritionist Consults.</td>
</tr>
</tbody>
</table>
| WIC Rules and Regulations | At each Certification, participants will be informed of the WIC Rules and Regulations, which include:  
  - The duration of the Certification period  
  - The participant is qualified due to income, category and nutrition risk  
  
  The purpose of the Identification (ID) Folder, including, but not limited to:  
  7.) The ID Folder is the participant’s form of identification and they must bring it to the store with them or show their Arizona State Issued Driver License/ID Card  
  8.) The signature on the ID Folder or Arizona State Issued Driver License/ID Card must match the signature on the Food Benefit  
    - The ID Folder must be filled out completely (see Appendix C)  
    - An explanation of the food package and how these foods can improve their health status  
    - Option to report problems with a WIC vendor, WIC participant, WIC employee or WIC fraud by calling: 1-866-229-6561 or emailing azwiccomplaints@azdhs.gov  
    - Option to register to vote  |

*Continued on Next Page*
### WIC Rules and Regulations (Continued)

At each Certification, participants will be informed of the WIC Rules and Regulations, which include (continued):

- Food **Benefits** and VOC / ID Folder Security
- Participants / Authorized Representatives will keep scheduled appointments or notify Local Agency staff if unable to do so.
- Use of a Proxy
- Verification of marks if the applicant cannot write his or her name (Chapter 5, Section C, “X” Signature)

*We do not require participants to bring their receipts to their appointments; however, we can encourage them to review them from WIC purchases to ensure that appropriate items were charged and no sales tax is included in total purchase price.*
Section M
Referrals

Documentation

Documentation of referrals must be done at every Certification. This documentation must be recorded in the Care Plan screen in the Referral section of HANDS for each participant.

Referrals

The following referrals must be given to participants or their Authorized Representatives when appropriate:

- SNAP (Food Stamps) (all)
- Temporary Assistance for Needy Families (TANF) (all)
- Medicaid (AHCCCS) Income Guidelines (all)
- Child Support Enforcement (when parents of child WIC participant aren’t together)
- Immunizations (children)
- Substance Abuse (all)
- Folic Acid supplements and education (postpartum women)
- Lead Screening (women and children) refer to Chapter 6, Section I for more information.

Updated List of Referrals

All Local Agencies will keep an updated list of referral agencies in their community to which they refer WIC participants. The list should include, at least, the following information:

- Program name
- Phone number and/or website (if available)

Continued on Next Page
Section M
Referrals (Continued)

Release of Information

An applicant or participant requesting information be sent to a third party or organization, e.g., a doctor or a health maintenance organization, must sign a release form (see sample form in Chapter 14, Appendix C).

Signing the release is a voluntary act and not a condition of eligibility or participation. The Local Agency must ensure that applicants / participants are aware they can decline to sign a release form without jeopardizing their program status. The release form must contain a statement that informs the applicant / participant of this right. The release form should not be signed until the Certification process is completed and the applicant has been informed of the eligibility determination.

Also see Chapter 14 Section D: Release of WIC Client Records, Subpoenas, and Search Warrants for release of any information.
### Section N
### Ineligibility

**Notification of Ineligibility**

The applicant will be given the Arizona WIC / CSF Programs “Notification of Ineligibility” (see Appendix J) which states the reason (see below) for the determination and how to appeal the decision. The applicant must sign the signature type Income Ineligibility on the signature pad in HANDS if they are over income. For all other reasons of ineligibility, applicants will sign the letter, indicating that they understood why they are not eligible. This documentation is to be kept in the agency’s file.

- Categorical ineligibility
- Residence outside of Arizona
- Income above maximum allowable income
- Current participation in CSFP
- Other: The specific reason must be noted

**NOTE:** Staff shall not make photocopies of a client’s proof of income unless requested by the State Office to aid in an investigation.

**Information About Reapplication**

Applicants will be informed on how to reapply if conditions change or if they obtain the necessary documentation.

**Right to Fair Hearing**

Applicants who are denied WIC services must be notified of their right to appeal. See Chapter 16.

**Referrals**

Applicants will be given written information regarding other food assistance programs for which they may be eligible.

**Timeline**

For those participants who become ineligible to continue participation in the Arizona WIC Program, the following will occur:

- Local Agencies will notify participants at least fifteen (15) calendar days prior to the effective date of their ineligibility.
- Local Agencies will notify participants at least fifteen (15) calendar days before the expiration of each Certification period that their WIC Certification is soon to expire.
- A person who is about to be disqualified from program participation at any time during a Certification period will be advised in writing no fewer than fifteen (15) calendar days before the disqualification.
Chapter Two
Certification

Section O
Authorized Representative

Policy
An Authorized Representative can be one of the following:

- Parent(s)
- Caretaker
- Legal guardian
- Relative with whom the participant lives
- Spouse or significant other

The primary Authorized Representative has the right to identify a second Authorized Representative during any point while in a valid Certification, but is not required to designate one. The primary and secondary Authorized Representatives may have access to the family’s WIC records.

The Authorized Representative(s) are federally required to sign two forms during a WIC Certification:

1.) Arizona WIC ID folder, which serves as their WIC ID
2.) The WIC Rights and Obligations

- Authorized Representatives can be named at the Certification appointment or anytime during a valid Certification period.
- The ID Folder and Rights & Obligations must be completed in the clinic. The ID folder should not leave the clinic with blank signature lines that are not voided.
- If the Authorized Representative names a secondary Representative who is not present, staff will put the name of the second Representative in the Notes screen using the note type “Staff Alert” so that when the second Representative returns to the clinic, staff are aware that the Authorized Representative already named the second person.

All Authorized Representatives who will cash Food Benefits will be instructed on the Rules and Regulations of the WIC Program, including how to use WIC Food Benefits. The education will be documented on the Food Package screen in the Issuance section of HANDS.

Continued on Next Page
Chapter Two
Certification

Section O
Authorized Representative (Continued)

Procedures for Naming Authorized Representatives

A. If two Authorized Representatives are present at Certification visit:

- Request identification from both Representatives and enter their names into HANDS on the Family screen, **including what documentation of identification was seen**.
- Both Representatives sign the ID Folder and Rights & Obligations in front of the WIC staff.
- Explain the WIC Rules & Regulations, including WIC-eligible foods and how to cash Food **Benefits**, to both Representatives. Staff shall ask questions to verify the Representatives’ understanding of how to use the Food Benefits, especially the new Cash Value Vouchers.
- Document the education in **HANDS**.

B. If only one Authorized Representative is present at the Certification visit but there will be two representatives for the family and the family needs a new WIC ID Folder:

- Request an approved form of identification from the Representative who is present and enter that name in the Family screen in **HANDS** as well as select what documentation of ID was seen.
- Void the second signature line on the ID Folder.
- If the second Authorized Representative is going to cash the Food Benefits, then:
  - The second Representative can return to clinic at any time during the valid certification period, bringing the original ID Folder and an approved form of identification. **The second Representative’s name and documentation of Identification is then put into HANDS on the Family screen.**
  - The WIC staff member places an official white WIC sticker over the second line that was previously voided.
  - The second Representative signs the sticker on the ID Folder and the WIC staff initials and dates.

Continued on Next Page
Section O
Authorized Representative (Continued)

Procedures for Naming Authorized Representatives (Continued)

- The second Representative must sign the Rights & Obligations and be educated on the WIC Program.
- The WIC Staff must explain to the second representative how to use the Food Benefits and the Rules and Regulations and document this in HANDS.

- If the ID Folder is lost, a new folder is created, the second Representative signs, and the other signature line is voided. When the first Representative returns to the clinic with the new ID Folder, the white WIC sticker procedure is used again.

- If this second person is only going to attend WIC appointments and pick up Food Benefits (but not cash Food Benefits) their name should be entered into the HANDS system.
  - The second Representative is required to provide the ID Folder and an approved form of identification.
  - This second Authorized Rep does not need to sign the ID Folder nor receive education on how to shop for WIC foods/cash Food Benefits if they are not going to cash them.
  - This second Authorized Rep must sign the Rights & Obligations and be educated on the WIC Program Rules and Regulations.

Continued on Next Page
Section O
Authorized Representative (Continued)

<table>
<thead>
<tr>
<th>Change of Authorized Representative during a Certification period</th>
</tr>
</thead>
<tbody>
<tr>
<td>When an Authorized Representative of a WIC participant changes <strong>during</strong> a Certification period (and the original Authorized Representative does not come to the appointment with the Authorized Representative nor previously named by the original Authorized Rep) stating that the infant/child is currently under their care, the clinic may issue up to 3 months of Food Benefits to the infant/child if ALL of the five (5) following conditions are met:</td>
</tr>
</tbody>
</table>

1.) The new Authorized Representative must bring the infant/child participant to the WIC appointment. If they do not bring the infant/child to the clinic, they are to be rescheduled.

2.) The new Authorized Representative must show proof of the infant/child's ID or the WIC ID Folder. If ID is not available, the staff can issue one month food Benefits and have the Authorized Representative return next the following month with the appropriate documents.

3.) The new Authorized Representative must SIGN a written statement in the WIC office declaring that they are caring for the infant/child and an explanation of the circumstances that led them to becoming the caretaker.

**EXAMPLE:**

I, (name), have become the caretaker of (name), date of birth ________, because (reason). The former Authorized Representative, (name) is no longer the caretaker for this child. If this situation changes, I will immediately notify the WIC clinic.

Signature:___________________ Date:___________________

WIC Staff Member Signature:_____________________

4.) The WIC staff will assist in making the written statement if the new Authorized Representative is unable to write, and he or she must sign the statement or make their identifying mark.

5.) The income of the new Authorized Representative still meets the WIC eligibility criteria.

*Continued on Next Page*
<table>
<thead>
<tr>
<th>Change of Authorized Representative during a Certification period (Continued)</th>
</tr>
</thead>
</table>
| **Clarification:** In the case of a pregnant woman on bed rest prior to Certification, she may send someone to the clinic to serve as her Authorized Representative. Written documentation of her anthropometric data from one of the approved sources (Medical or Osteopathic Physician (MD or DO), Nurse Practitioner (NP) or Physician’s Assistant (PA)) and the woman’s proof of income, residency, and identity must be brought. They will sign the Rights and Obligations on her behalf and receive education on how to participate in the WIC Program. Her current weight needs to be brought to each clinic visit.

If the woman is put on bed rest during her Certification, the new Authorized Representative must bring in the woman’s ID Folder. A new ID Folder will be made to reflect the new Authorized Representative. The new Authorized Representative will be encouraged to bring written documentation of the woman’s anthropometric data from one of the above-listed sources to record on the Medical screen of HANDS.

**PROCEDURE:**

The new Authorized Representative will be required to bring the infant / child to the WIC appointment that is now in their care and sign a written statement stating that they are caring for the infant / child. A new Family ID number will be created in HANDS to accommodate the new Authorized Representative’s demographic information. (This procedure needs to occur even when the former and new Authorized Representatives are from the same household. This is not the same as a Proxy situation.) The infant / child will be transferred into this new family. The procedure is as follows:

1.) In HANDS, identify the **correct participant to be moved** into the new family. Go to the client screen.

2.) If the new Authorized Representative already has a HANDS record, select “transfer client” from the Client screen of the person to be transferred and select “existing family.” Search for the family you wish to transfer them into. Click the correct family and select “transfer client.” The participant is now in the new family.

3.) If the new Authorized Representative does not have an existing record in HANDS, select “transfer client” from the Client screen of the person to be transferred, and select “new family.” You will then be taken to a blank Family screen. Enter all information for the new Authorized Representative. Click save. The participant is now in the new family.
Chapter Two
Certification

Section O
Authorized Representative (Continued)

Change of Authorized Representative during a Certification period (Continued)

4.) Proceed with transaction. **NOTE:** The new Authorized Representative’s income must be verified and documented.

5.) The new Authorized Representative must sign the WIC Rights and Obligations and a new WIC ID Folder must be issued and signed.

6.) The WIC staff member should also document in the **Notes screen in HANDS using note type “General”** as to the change in the participant’s Authorized Representative situation.

7.) A note will also be made in the **Notes screen in HANDS using note type “General”** of the former Authorized Representative to provide the new Authorized Representative’s name, Family ID number and date of the change.

---

_Drafted on Next Page_
Examples

Different Scenarios:

1.) Both Authorized Representatives attend the Certification appointment (or the 2nd Rep visits the clinic at a later time during the certification) and sign the WIC ID Folder and Rights & Obligations. Both will receive education about the WIC Program, including the Rights & Responsibilities, the availability of health services, and how to use Food Benefits. They are also to be asked if they want to name up to two (2) Proxies who may attend one (1) future appointment and pick up/use Food Benefits.

2.) One Authorized Representative attends the Certification appointment and can name a 2nd Authorized Representative who can attend future appointments, receive nutrition education, and pick up/use Food Benefits (only if they sign the ID Folder at a future appointment). The 2nd signature line is to be voided at the time of Certification; when the 2nd Rep attends a future appointment and brings the ID Folder and approved ID, an official WIC sticker is to be placed over the voided 2nd signature line and the 2nd Rep signs the ID Folder and a Rights & Obligations. They are to be educated on the WIC Program, Rights & Responsibilities, the availability of health services, and how to use Food Benefits. They will have access to the WIC family record and have the ability to make/change appointments, obtain information from the family’s record, etc.

3.) If a 2nd Authorized Representative is not present at the Certification appointment and the 1st Rep doesn’t want/need for them to have the ability to use Food Benefits (they can only pick up Food Benefits), they do not need to sign the ID Folder, but they still must bring the ID Folder and approved ID. They are to sign the Rights & Obligations and be educated about the WIC Program. They, too, will have access to the WIC family record and have the ability to make/change appointments, obtain information from the family’s record, etc.

4.) If a representative for the family attends the WIC appointment with an authorization note from either of the Authorized Representatives stating that they can pick up Food Benefits, their name is to be entered into the Proxy section on the Family screen in HANDS, they must sign the Proxy Certification Form (PCF) and a scanned copy will be kept in the participant’s HANDS record, they will take the original with them, and receive education on how to use Food Benefits. They do not have access to the WIC family record.
Section P
Proxies

Policy

Participants / Authorized Representatives are encouraged to keep their appointments personally.

The Arizona WIC Program recognizes that the above is not always possible and will allow participants / Authorized Representatives to designate up to two (2) Proxies at Certification or anytime during their Certification period to pick up their Food Benefits. Proxies attend WIC appointments when an Authorized Representative cannot. A Proxy can be used only once in a Certification period (see Appendix K) and pick up only one (1) month of Food Benefits per Certification on behalf of the participant / Authorized Representative; however, the Proxy can pick up Food Benefits for more than one WIC client. The Proxy does not have access to the WIC family record and cannot make/change appointments. Whenever the Proxy(ies) are named, whether at Certification or during Certification, the Proxy name(s) is to be entered into Proxy section on the Family screen in HANDS, and the proof of identity documented.

A Proxy:

- Must bring in the participant’s / Authorized Representative’s Arizona WIC Program ID Folder.
- Must accept training on program requirements, be given an explanation of their responsibilities and how to use the Food Benefits to purchase authorized WIC foods only. This is documented by keeping a scanned copy of the Proxy form in the participant’s HANDS record.
- May receive nutrition education for participants, depending on their role in caring for the WIC participant.
- May do the shopping for the WIC participant or pick up and give the Food Benefits to the participant / Authorized Representative to use.

Continued on Next Page
Section P
Proxies (Continued)

Procedure

Proxy identified at Certification

- Local Agency staff will ask the participant / Authorized Representative if they would like to identify a person(s) (up to two (2)) to serve as a Proxy at any time during their Certification period.

- Staff will explain the role of a Proxy to the participant / Authorized Representative. The Authorized Representative should be informed that one (1) Proxy can attend only one (1) WIC appointment during the Certification and must bring the ID folder to the appointment and an acceptable form of identification (ID).

- Names of the proxies identified by the participant / Authorized Representative at Certification will be listed in the Notes screen using a note type of “Staff Alert”. Proxies will not need to bring a note to the clinic at the time of their visit if they have already been named. They will, however, need to show proof of identification by providing one of the documentation types found on the Family screen of HANDS and the staff will then add their name to the Proxy section of the Family screen and document the proof of identity that was shown. They can pick up Food Benefits for the entire family.

Proxy added at any time other than Certification:

- The Proxy must bring a signed note from the participant / Authorized Representative to the clinic. The note will state that the Proxy has permission to obtain the Food Benefits and for which family members.

- Local Agency staff will verify that the signature on the note matches the participant’s / Authorized Representative’s signature on the Arizona WIC Program ID Folder.

- The Proxy will need to show proof of identification by providing one of the documentation types found on the Family screen of HANDS and the staff will then add their name to the Proxy section of the Family screen and document the proof of identity that was shown.

Continued on Next Page
Designated Proxy(ies) will be assigned as a Proxy in the Family screen of the participant’s HANDS record.

The Local Agency staff will:

- Add the person or persons’ name(s) in the Proxy section. If the family already has two (2) Proxies named, delete one of the names in order to add this new Proxy’s name and document what was shown by the Proxy as proof of identity.
- Document any comments relevant to the Proxy assignment and / or issuance in the Notes screen.

Whenever Food Benefits are issued to a Proxy (regardless if they will shop for the WIC foods), the Local Agency staff will:

- Make a note in each client’s HANDS record on the Notes screen regarding whose Food Benefits were picked up by the Proxy noting the Proxy’s name and date of Food Benefit pick-up.
- Provide the Proxy with the same training on WIC Program requirements that is required for participants / Authorized Representatives. If applicable, WIC staff should provide nutrition education regarding the WIC participant and document in the AIM Care Plan screen. Document the education by selecting the Nutrition Education type in the Nutrition Discussion section of the care plan and writing a note in the notes screen using note type “TGIF”.
- Print the Proxy Certification Form (PCF) and have the Proxy sign the form, in ink, with their normal signature (see Appendix K), keeping a scanned copy in the participant’s HANDS record to acknowledge that they understand the WIC rules regarding Proxies (shop only at authorized WIC stores, buy only the foods listed on the Food Benefit, give all the foods to the participant, save and give the receipts to the participant, and use the Food Benefits during the valid dates.)
- Give the original PCF to the Proxy and let the Proxy know that the form must be taken to the grocery store if they are going to shop and cash the WIC Food Benefits.
- Have the Proxy sign, in ink, with their normal signature, the Food Benefit signature page (receipt page).
Chapter Two
Certification

Section Q
Waiting Lists

Policy
When the number of participants receiving Food Benefits each month exceeds the Local Agency’s assigned caseload, a waiting list may need to be initiated, following approval from the Arizona WIC Director. The lowest priority is closed first, the second lowest priority is closed next, and so on. Applicants are put on a waiting list until the priority is reopened (see Appendix A for Waiting List Notification form). When a closed priority is reopened, applicants are enrolled in a chronological order on the basis of the date of initial contact.

The Local Agency will work with the State agency to implement these procedures.

Determination of Priority Closing

Managing Caseload
When the actual caseload numbers begin to exceed the assigned caseload numbers, priorities will have to be closed. The Local Agency will plan how many priorities need to be closed with technical assistance from the State agency.

After planning how many priorities should be closed, the Local Agency will notify the State agency by e-mail or fax and obtain written consent from the Arizona WIC Director before closing any priorities. This will allow additional review of caseload numbers by the State agency and the impact from adjustments to insure that the least amount of disruption to customer service occurs.

Predicting Caseload
In order to determine the priorities that must be closed, use Participation, Status and Termination reports in HANDS. These reports will also assist in monitoring the caseload as the actual caseload numbers begin to adjust. Monitoring needs to occur monthly in the event that a waiting list is initiated.

Priorities
Priorities are closed from the lowest to highest priority or sub-priority; e.g., Priority VII would be closed first, followed by Priority VI, etc. When opening priorities, the highest priority will be opened first; e.g., Priority V would be opened before Priority VI.

Continued on Next Page
Chapter Two
Certification

Section Q
Waiting Lists (Continued)

Processing of Applicants

10 / 20 Day Rule
Applicants who are categorically eligible for open priorities are still screened within ten (10) calendar days (pregnant, infants under six (6) months, or migrant) or twenty (20) calendar days (all others) from the time they request clinic services. Notification of the placement on a waiting list must be given within twenty (20) days.

Waiting List
Information which shall be collected for each applicant on the waiting list, according to Federal Regulations, includes:

- Name
- Address
- Telephone Number (if applicable)
- Status (e.g., pregnant, breastfeeding, age of applicant)
- Date placed on waiting list

Once the Arizona WIC Program Waiting List Notification form (see Appendix A) is completed, a copy is given to the applicant and the original is placed in the waiting list file.

Optional information may include that which will assist in determining the approximate date on which the person may become categorically ineligible such as date of birth, actual delivery date or estimated delivery date.

Continued on Next Page
Section Q
Waiting Lists (Continued)

Program Considerations

Pre-Screening

The amount of screening which may be done prior to placement of an applicant on the waiting list will be determined by the category of the applicant in relation to the open priorities and the Local Agency resources.

Local Agencies that have closed priorities which are not likely to be served do not have to maintain waiting lists except in the case of a person who understands that the likelihood of that priority being opened is low and still requests placement on the waiting list.

The Local Agency will explain to each applicant who may qualify for a currently closed priority the likelihood that the priority will be opened.

Examples:

- The State agency strongly recommends that the Local Agency perform income screening prior to placement on the waiting list.
- If an agency has closed all priorities up to and including Priority III, there would be no need to screen a postpartum woman or a child because all the priorities for which they could be eligible are closed.

NOTE: If an applicant is categorically eligible for an open priority or sub-priority, the person will be screened. If the person is found to be eligible, they will be enrolled in that open priority.
Files

The State agency suggests the following system. However, if a Local Agency wants to adopt a different system, it must meet the same standards of all records (see Records Chapter 14) and guarantee that applicants and participants are served with nondiscrimination practices throughout the agency.

- A separate filing system will be set up for the waiting list.
- A separate section for each priority that is closed will be established.
- A copy of the “Arizona WIC / CSF Programs Waiting List Notification” shall be placed in the file for each person, in chronological order, with the form with earliest date of placement on the waiting list first.
- If the screening process has begun, any paperwork completed thus far shall be firmly attached to the copy and placed in the appropriate priority’s file.
- When that specific priority is reopened, the applicant with the earliest date of placement on the waiting list is the first to be notified, the second earliest date is notified, and so on.
- These files will be accessible and clearly labeled for management and audit purposes.
Section Q
Waiting Lists (Continued)

Program Considerations (Continued)

| Notification/Recall from Waiting List | Notification must be completed by telephone or mail, with documentation including the date notified and the form of contact (i.e., letter or phone).

If notification is mailed, the postcard or letter will state either:

- An actual appointment date to be screened with a notice to contact the office if they do not want to or are unable to keep the appointment

  or

- A date by which the person must contact the office to make an appointment

The notification form will contain a statement that the person will be moved to the bottom of the waiting list if they do not respond to the notification.
Program Considerations (Continued)

**Date of Ineligibility**
The date of perceived ineligibility may be written on the “Arizona WIC / CSF Programs Waiting List Notification” to aid in file management. For example, if a child will reach his fifth birthday soon, the file would be terminated on the birth date if the priority remains closed.

**False Expectation**
The WIC staff person will always explain why placement on the waiting list is necessary, and what it means in terms of realistic possibilities of receiving Benefits.

The Local Agency Director will provide training and scripts for clerks and / or CNWs to perform this task accurately and with comfort.

**Referrals to Other Programs**
Applicants who are placed on a waiting list will be referred to other appropriate programs (e.g., food assistance programs, Head Start, etc.)

**Breastfeeding Women Who Quit Breastfeeding**
Women who are categorically eligible for the WIC Program due to breastfeeding who quit breastfeeding can no longer be considered a participant in a breastfeeding priority and may not continue to receive Benefits.

If her baby is under six (6) months of age, the woman must be screened to determine if she is eligible for an open priority as a postpartum woman, if a postpartum risk had not been previously identified for her. If she qualifies for an open priority, she may be enrolled in that priority. If priorities serving postpartum women are closed, the woman may be placed on the waiting list if she requests to do so.

If the baby is older than six (6) months of age, the woman is no longer categorically eligible for the WIC Program and must be terminated.

If an infant is on the program with Risk 702 (Infant being breastfed by a woman at nutritional risk) as the only identified risk, the infant will need to be reassessed for Certification and issued a new food package, if appropriate.

*Continued on Next Page*
Section Q
Waiting Lists (Continued)

Program Considerations (Continued)

Transfers (After Certification)

At the end of their current Certification period, the person would be reassessed and one or more of the following appropriate actions would be taken:

- Placed on the program if they qualify for an open priority
- Placed on the waiting list if they qualify for a closed priority, if the person requests placement
- Graduated from WIC
- Terminated if found ineligible
- Referred to other appropriate programs

Notification of Referral Agencies

Agencies that refer applicants to the WIC Program will be kept informed of any actions taken by the Local Agency to adjust caseload (see sample letter in Appendix L). This may include identifying categories of applicants still being served and would include encouragement to those agencies to keep making referrals to the WIC Program. Referring agencies are to be made aware that even when some people are not being served, others may be eligible to receive Benefits immediately.
## Section R
### Transfer of Certification

<table>
<thead>
<tr>
<th>Verification of Certification (VOC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Agencies receiving transfers will accept as verification of Certification, the Verification of Certification (VOC) documents from other states. Each transferring participant must sign the Rights and Obligation form at the Local Agency receiving the transfer. A document containing the following information is to be considered a valid VOC:</td>
</tr>
<tr>
<td>- Name of participant</td>
</tr>
<tr>
<td>- Beginning date of Certification</td>
</tr>
<tr>
<td>- Ending date of Certification</td>
</tr>
<tr>
<td>- Date of income determination</td>
</tr>
<tr>
<td>- Participant’s nutrition risk</td>
</tr>
<tr>
<td>- Normal signature and full printed / typed name of the certifying Local Agency official</td>
</tr>
<tr>
<td>- Name and address of the certifying Local Agency</td>
</tr>
<tr>
<td>- An identification number or other means of accountability</td>
</tr>
<tr>
<td>- Identification of migrant status</td>
</tr>
</tbody>
</table>

### Incomplete Verification of Certification (VOC)

A partially complete VOC will be considered proof of WIC eligibility if it contains the following information:

- Name of participant
- Beginning date of Certification
- Ending date of Certification period
- Name and address of the certifying Local Agency

*Continued on Next Page*
Section R
Transfer of Certification (Continued)

Retention of VOC / Rights and Obligation
Local Agencies will retain the VOC from the transferring agency by scanning it into the participant’s file in HANDS and having the Authorized Representative sign the Rights and Obligations signature type in HANDS.

Transfer When a Waiting List Exists
An individual transferring into a Local Agency will be allowed to participate (unless there is a waiting list for all priorities) until the designated end of their current Certification period.

Local Agencies that have waiting lists will:
- Place transferring participants at the top of the list and enroll them before any other person
- or
- Enroll transferring participants immediately if some priorities are being served

Special Conditions
Participants with a VOC which shows them in a current certification who are transferring to the Arizona WIC Program from State agencies with shorter Certification periods than Arizona will have their Certification extended. Infants who have a certification start date on the VOC that was prior to the infant turning 6 months old will have their certification extended to their first birthday. Children and breastfeeding women with 6 month certification periods on the VOC will have their certification extended to 1 year from the certification start date that appears on the VOC.

Continued on Next Page
Transfers (Valid Certification Period)

Transfers who contact a Local Agency requesting services and who are currently in a valid Certification period shall be placed on the program immediately or at the top of the waiting list if the program is not enrolling new applicants. The transfer is placed on the waiting list ahead of all waiting applicants, regardless of the priority under which he/she was initially certified. The transferring participant must then be enrolled before any other person.

Documentation of valid Certification shall be a verification of Certification (VOC) card which includes:

- The name of the participant
- The date the Certification was performed
- The date income eligibility was last determined
- The nutrition risk condition of the participant
- The date the Certification period expires
- The signature and printed or typed name of the certifying Local Agency official
- The name and address of the certifying Local Agency
- An identification number or some other means of accountability

**NOTE:** Participants who arrive in a new service delivery area and show an incomplete VOC card which contains a minimum of the name, Certification beginning date and expiration date will be treated as if the VOC card contained all the information. The Local Agency will call the original agency to verify if Food Benefits had been issued within the last thirty (30) days.

Continued on Next Page
Section R
Transfer of Certification (Continued)

In-State Transfers

For transfers within the Arizona WIC Program:
The Local Agency to which the participant is transferring will:

- Verify active status using the HANDS system by doing a statewide search. Verify approved forms of identification (ID) for all transferring WIC clients.
- Complete the In-State Transfer screen of the HANDS system.
- Update Address and Voter Registration status on the Family Screen in HANDS.
- Have the Authorized Representative sign the Rights and Obligation signature type in HANDS.

NOTE: A transfer from Navajo Nation or Inter Tribal Council of Arizona, Inc. (ITCA) WIC Program is considered an out-of-state transfer.

Out-of-State Transfers

For out-of-state transfers within a valid Certification period:
The Local Agency to which the participant is transferring will:

- Ensure the participant was never participating in Arizona WIC by using HANDS to do a statewide search. If the participant was once an Arizona WIC participant, you will need to transfer the participant(s) into your clinic first.
- Verify approved forms of identification (ID) for all transferring WIC clients. Complete the Out-of-State Transfer screen in HANDS.
- For the unique VOC number in the Transfer screen, use the 2-letter state abbreviation followed by the unique identifier on the actual VOC. If there is no unique identifier on the VOC, use the state abbreviation followed by the client or family ID that is provided on the VOC.
- Have the Authorized Representative sign the Rights and Obligation signature type in HANDS and scan the VOC into the participant’s file in HANDS.
### Transferring out of Arizona WIC

If a participant is transferring to a WIC Program in another state, the other state may request information about the incoming participant. The requested information will be faxed to the requesting program upon receipt of the request from the other state’s WIC Program.

### Transfers in of Migrants and Native Americans

Local Agencies will ensure the continuation of Benefits to migrants, their families, and to Native Americans.

Local Agency transfer of Certification procedures will be developed and documented in the Local Agency policy and procedure manual to indicate:

- How transferring migrants, their families, and Native Americans will be identified
- The procedures that will be used to transfer their Certification expeditiously

**NOTE:** In the event that a Local Agency has a waiting list, transferring migrants, their families and Native Americans will be given priority for services.

### WIC Overseas

When participants are transferring from WIC Overseas, Arizona WIC will utilize their signed Verification of Certification (VOC, also called a Participant Profile Report) and transfer them into our program. The Out-of-State Transfer screen in AIM must be completed, the Rights and Obligation form signed and the Local Agency will retain the VOC form in their daily or central file. If the participant does not have a VOC, contact Margaret Applewhite at WIC Overseas 1 (877) 267-3728 and she can look up the VOC information within 24 hours. If the applicant is not in a valid Certification period, they will begin a new Certification period if still eligible.

When participants are transferring to WIC Overseas, participants will use their Arizona WIC Program VOC printed from the AIM system.
Section S
Caseload Reduction Due to Funding Shortages

Use of Waiting Lists

The State agency will notify Local Agencies of the need to remove a certain number of participants from the program and initiate a waiting list when a funding shortage occurs.

If funding shortages become so acute as to necessitate removing participants from the program in the middle of their Certification periods, participants will be given a half food package and fifteen (15) calendar days written notice that they are being taken off the program. This written notice will also include the categories of participants whose Benefits are being suspended or terminated due to such funding shortages.

Participants will be removed from the program in reverse priority order. That is, those in the lowest priorities will be taken off first and placed on a waiting list following established procedures.

When funding is available to serve additional participants, the persons on the waiting list will be recalled in priority order.

NOTE: Local Agencies may not remove participants from the program in the middle of their Certification periods without written approval from the Arizona WIC Director.
Appendix A:
Waiting List Notification Form

See Attached
It has been determined that you may meet the criteria to participate in the Arizona WIC Program. Unfortunately at this time funding is not available to provide services to all the applicants who may qualify. You are being placed on a waiting list and will be notified when it is possible for you to apply for program Benefits.

If you wish to appeal this decision, you must request an informal settlement conference and/or a fair hearing. Local Agency staff may assist you in filing your request in writing.

A request for an informal dispute resolution meeting must be post-marked within twenty (20) calendar days from the date on this form and addressed to WIC Director, 150 N. 18\(^{th}\) Ave., Suite 310, Phoenix, AZ 85007 or hand-delivered to the Local Agency Director who will forward it to the WIC Director.

A request for a fair hearing must be post-marked or hand-delivered within sixty (60) calendar days from the date on this form and be addressed to the Clerk of the Department, Arizona Department of Health Services, 150 North 18\(^{th}\) Avenue., Suite 500, Phoenix, AZ 85007.

If you choose, you may be represented by a relative, friend, legal counsel or other spokesperson. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.
Appendix B:
Rights & Obligations Forms
(Formerly Consent / Release Form)

See Attached
Welcome to Arizona WIC
Participant Rights and Obligations

Our pledge to you

Health Information
- WIC provides helpful tips on nutrition and active living.
- WIC supports breastfeeding.
- WIC will contact your healthcare provider to discuss nutritional needs for you and/or your child upon your request.

Healthy Foods
- WIC provides your family with checks to buy healthy foods.

Fair Treatment
- WIC Rules are the same for everyone.
- You have the right to appeal decisions made by WIC about your eligibility.
- If you do not understand your Rights and Obligations, you have the right, at any time, to ask a WIC staff member to explain them to you.

Privacy
- All the information provided to WIC will be kept private.

Help Getting Enrolled in Services
- If you move to a different area, your WIC information will be shared with the new WIC clinic if you request.
- WIC provides referrals to health and social services that may help your family.
- If you have other questions, ask to speak with a WIC Clinic Supervisor.

Your pledge to WIC

Honesty
- Do not sell or trade WIC checks, food, formula or breast pumps (the intention alone could be grounds for removal from the program).
- If WIC determines you have attempted to sell or had intention to sell any benefits (foods, formula or breast pumps) verbally, in print or online through any type of social media, you will be subject to disqualification from the Program.
- You can only enroll in one (1) WIC or one (1) Commodity Supplemental Food Program (CSFP) or Food Plus Program at any given time. You cannot get WIC food checks and receive a CSFP food box during the same month for the same person.
- WIC checks and ID folders are for you and your children and are not to be changed or altered in any manner.

Accurate Information
- Provide the most current and truthful information (WIC staff may verify that this information is correct).

Good Use of the Program
- Be courteous and respectful towards all WIC clinic and store staff.
- Do not shop only at WIC-approved stores.
- Do not return WIC checks if you are pregnant or breastfeeding.
- Follow the rules of the WIC Program.
- Be on time for your WIC appointment.
- If you cannot keep an appointment, call your local WIC office before your scheduled appointment.

Protect your benefits
- Keep your WIC ID Folder safe; lost/stolen checks are NOT replaceable (as they are treated the same as cash).
- Allow only the approved authorized representative or proxy to use your WIC checks or ID Folder.

In accordance with 7 CFR 246.24, the Director of Arizona Department of Health Services (ADHS) has authorized the use and disclosure of WIC participant information to the following programs: Arizona Early Intervention Program, Car Seat Program, Children with Special Healthcare Needs, Food Stamps, Health Start Program, High-Risk Pregnant Program/Neonatal Intensive Program, Arizona Immunizations Program, Maternal and Child Healthcare Programs and Tobacco Use Prevention. For additional details about the purpose of the Information Sharing Agreement, please see the inside of your WIC Identification (ID) Folder.

By signing this form, I agree to all the above:

Signature of Authorized Representative 1: __________________________ Date __________
Signature of Authorized Representative 2: __________________________ Date __________
Signature & Title of Certifier: __________________________
Signature of Income Verifier (if different): __________________________ Date __________

I agree to allow WIC staff to: (initials)
____ take height and weight for me and/or my child
____ take a small amount of blood to check the iron level for me and/or my child
____ physically touch me or my child during breast feeding instruction

Family ID #

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Weight</th>
<th>Height</th>
<th>Hgb</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, sex, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice), (866) 877-8339 (TDD). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6116 (Spanish). USDA is an equal opportunity provider and employer.
Bienvenido a los Derechos y Obligaciones de los Participantes de WIC de Arizona

El compromiso de WIC con usted

- Si usted no entiende sus Derechos y Obligaciones, usted tiene el derecho de pedírsele al personal de WIC, en cualquier momento, que se los explique.

Privacidad
- Toda la información proporcionada a WIC es privada.

Ayu dar en su Registro para Servicios
- Si se muda a otra área, su información de WIC se compartiría con la nueva clínica de WIC si usted lo solicita.

Un compromiso de usted con WIC

Buen Uso del Programa
- Trate con cortesía y respeto al personal de la clínica WIC y el de la tienda.
- Compre sólo los alimentos aprobados por WIC.
- Compre sólo en las tiendas autorizadas por WIC.
- Es importante seguir las reglas del Programa WIC para evitar ser excluido, descalificado o buen obligado a pagar los productos de Programa.
- Lleve a tiempo para su cita de WIC. Si no puede llegar, llame a su oficina local de WIC antes de su cita.

Proteger sus Beneficios
- Manienga segura su Carpeta de Identificación de WIC. Los cheques perdidos o robados NO se reemplazan (ya que son como dinero en efectivo).
- Permita que sólo su representante autorizado use sus cheques de alimentos o Carpeta de Identificación.
- Reporte inmediatamente los cheques robados a su oficina de WIC.

Información sobre Salud
- WIC ofrece consejos útiles sobre nutrición y estilo de vida activo.
- WIC apoya y ayuda con la lactancia.
- WIC se pondrá en contacto con su proveedor de cuidado de salud para hablar de las necesidades de nutrición de usted y/o su niño, si usted lo solicita.

Alimentos Saludables
- WIC proporciona a su familia cheques de alimentos saludables.

Trato Justo
- Las Reglas de WIC son iguales para todos.

Usted tiene el derecho de apelar las decisiones que hace WIC sobre su elegibilidad.

Honestidad
- No vender o intercambiar cheques, alimentos, la fórmula o bebidas de extracción de leche de WIC (es solo intención podría ser motivo para que se descalifique del programa).
- Si WIC determina que usted ha intentado vender o ha tenido la intención de vender cualquier beneficio (alimentos, fórmula o bebida de extracción de leche) verbalmente, por escrito o por Internet a través de cualquier red social, usted podría estar sujeto/a a descalificación del Programa.
- Usted se puede registrar en un (1) Programa de WIC, un (1) Programa de Productos Alimentos Suplementarios (CSP) o el Programa Food Plus. Usted no puede recibir cheques para alimentos de WIC y también recibir una caja de alimentos de CSP en el mismo mes, para la misma persona.

Los cheques y Carpetas de Identificación son para usted y sus niños y no se deben de cambiar o alterar de ninguna manera.

Información Correcta
- Proporcione la información más actualizada y exacta (el personal de WIC puede verificar esta información para ver si está correcta).

Conforme a 7 CFR 246.26, el Director del Departamento de Servicios de Salud de Arizona (ADHS) ha autorizado el uso y revelación de la información del participante de WIC a los siguientes programas:
Programas de Alimentos para Adultos; Programas de Alimentos para Adultos, Niños con Necesidades Especiales de Cuidado de Salud, Head Start, Healthy Start; Programa Nacional de Rendición de Información, por favor vea el reverso de su Carpeta de Identificación de WIC.

Al firmar esta forma, estoy de acuerdo con todo lo anterior:

Firma del Representante Autorizado 1:  
Fecha

Firma del Representante Autorizado 2:  
Fecha

Firma y Título de la Persona que Certifica  
Firma de Quien Verifica el Ingreso (si es diferente)  
Fecha

Estoy de acuerdo en permitir que el personal de WIC: (iniciales)

- tome medidas de altura y peso para mi y/o mi niño
- tome una pequeña muestra de sangre para checar mi nivel de hierro y/o el de mi niño
- toque físicamente, a mi niño o a mí, durante las instrucciones para la lactancia

Identificación Familiar #

<table>
<thead>
<tr>
<th>Nombre del Participante</th>
<th>Peso</th>
<th>Altura</th>
<th>Hgb</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

De acuerdo con la ley federal y las políticas del Departamento de Agricultura de los EE.UU. (USDA, sigla en inglés) se le prohíbe a esta institución que discriminen por razón de raza, color, origen, sexo, edad, o discapacidad. Para presentar una queja sobre discriminación, escriba a USDA, Director Office of Adjudication, 1425 Independence Ave., SW, Washington, DC. 20250-1310 o llame gratis al (866) 632-9992 (viva). Personas con discapacidad audibles e o del hablante pueden contactar con USDA por medio del Servicio Federal de Teléfono (Federal Relay Service) al (800) 877-8339 (capítulo) o (800) 877-8339 (inglés). USDA es un proveedor y empleador que ofrece oportunidad igual para todos.
Appendix C:
Instructions for WIC Identification
(I.D.) Folder

See Attached
Instructions for Completing the WIC ID Folder

Back Folder Cover

1. Signatures:
   • If there is only one person who will be signing, staff must write with ink (or stamp) the word “VOID” in space #2. Staff are not permitted to allow clients to leave the clinic with blank signature lines.
   • If both representatives are signing, follow the standard signing procedures.
   • If one of the representatives is not present at the time of Certification or replacement of a folder, staff should follow step 1 and use the Second Authorized signature sticker for future needs.

2. Staff should inform clients of the Complaint Hotline 1-866-229-6561

Inside Cover

1. Write in the Family ID number in the white box marked Family ID number.
2. Write the name of each qualified participant and their assigned HANDS participant ID number in the appropriate boxes.
3. Stamp your Local Agency’s program stamp or write the information (clinic number, address, phone number) in the space provided.
4. Staff should check for client’s understanding of The Rights and Obligations that are written on the inside of the WIC ID folder.

Folder Rules

1. At future Certifications, the same ID Folder may be used if the Authorized Representative(s) remain the same. In the case of two (2) Authorized Representatives, if only one attends the Certification appointment, they are to be asked if they want the other Authorized Representative to remain on the AIM record / ID Folder. If not, the Folder is to be voided and a new one created. If, at the time of the next Certification, an additional Authorized Representative needs to be added, the Second Authorized Representative sticker procedures can be used (see Section P).

2. If the ID Folder is lost or damaged during the Certification, a new Folder is to be issued. If both the Authorized Representative(s) are not available to sign the folder, follow the second Authorized Representative sticker procedures. (see Section P)

3. A maximum of one Second Authorized sticker can be used per folder.
Chapter Two
Certification

Family ID# / Identificación Familiar

<table>
<thead>
<tr>
<th>Name of Head</th>
<th>Last Name</th>
<th>1 Member</th>
<th>2 Members</th>
<th>3 Members</th>
<th>4 Members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How to Use WIC Checks

1. Check only if WIC approved checks.
2. Checks are valid through the “last date to use” shown on the front check.
3. No cash back allowed on checks.
4. Retailer cannot return, re-credit or replace any expired or lost WIC checks.
5. Check must be properly written and in the name of the recipient.
   (Read instructions on the back of the check for complete details.)
6. The checks are not transferable.

Cómo Usar los Cheques de WIC

1. Comprueba sólo si los cheques están autorizados por WIC.
2. Los cheques son válidos hasta el día de vencimiento del cheque, que aparece en la parte frontal.
3. No se pueden devolver, re-creditarse o reemplazar cheques que han vencido.
4. El vendedor no puede devolver, re-creditar o reemplazar cheques sin usar.
5. El cheque debe estar escrita correctamente en el nombre del destinatario.
   (Consulta las instrucciones en la parte trasera del cheque para mayor información.)
6. Los cheques no son transferibles.

Signature of Authorized Representative

Señal de la Autoridad Asignada

En los Estados Unidos de América

24-Hour Breastfeeding Hotline 1-800-333-4642

Cuidado de la leche materna 24 horas al día

For more information or to report fraud, please call 1-800-325-WIC.

www.wic.gov

United for Health

Respecto a los derechos de los bebés en la vida.
Chapter Two
Certification

Your Pledge to the WIC Program

ARIZONA WIC PROGRAM
POLICY AND PROCEDURE MANUAL
2-89
ORIGINAL: MARCH 1997
REVISION: OCTOBER 2014
Chapter Two
Certification

Appendix D:
Statement of Documentation Form

See Attached
Participant Name: ________________________________

☐ Forgot Documentation

I acknowledge that the information that I provided about my ID/Address/Income is true. I also acknowledge that I have proof of ID/Address/Income, but I forgot it today. I understand that I will only get a 30 day certification and benefit period and if I do not return within 30 days of today with my documentation, this certification will be terminated.

☐ Non-existing Documentation

For the following situations, the applicant, if qualified, can be enrolled on WIC for the entire Certification period:

Income

For Applicants or Authorized Representatives with inadequate income documentation or those that do not have income documentation because the documentation does not exist:
I declare my total gross household income is $_________ Per
☐ Week ☐ Every other week ☐ Month ☐ Year

Reason for inadequate or no documentation: ________________________________________________________________

Address or Identification

For Applicants or Authorized Representatives who do not have documentation of address and/or identification because the documentation does not exist:
Address is: ____________________________________________________________

Reason for no proof of address or identification: ____________________________________________________________

☐ Zero Income

For Applicants or Authorized Representatives with ZERO income. I declare my total gross household income is ZERO.
I am getting food and housing from: ____________________________________________

I, ____________________________, verify the above is correct for the section indicated. I understand that providing incorrect or misleading information can result in criminal charges and/or paying the Arizona Department of Health Services, in cash, the value of the food benefits improperly received.

Authorized Representative Signature ___________________________ Date ____________

WIC Staff Signature ___________________________ Date ____________
Chapter Two
Certification

Programa WIC de Arizona
Declaración de Documentación

Nombre del Participante: ________________________________

☐ Olvidó sus Documentos
Confirme que la información que estoy dando sobre mi Identificación/Domicilio/Ingresos, es verdadera. También confirme que cuento con prueba de Identificación/Domicilio/Ingresos, pero los olvidé hoy. Entiendo que solo obtendré una certificación y beneficios por un período de 30 días y si no regreso dentro de 30 días con mis documentos, esta certificación se terminará.

☐ Documentación No Existente
Para las siguientes situaciones, el solicitante, si califica, puede ser enlista/o para recibir WIC por el periodo completo de certificación:

Ingresos

Para los solicitantes o representantes autorizados con documentación de ingresos inadecuados o aquellos que no tienen documentación de ingresos porque la documentación no existe:

Yo declaro que el ingreso total de mi hogar es de $ ___________ Por

☐ Semana ☐ Quincena ☐ Cada dos semanas ☐ Mes ☐ Año

La razón para no tener documentación o presentar documentación inadecuada: ________________________________

Domicilio o Identificación

Para los solicitantes o representantes autorizados que no tienen documentación de domicilio o identificación porque ésta documentación no existe:

El domicilio es: ______________________________________________________

La razón por no tener prueba de domicilio o identificación: ________________________________

☐ Sin Ingresos

Para los solicitantes o representantes autorizados con CERO ingresos. Yo declaro que el total bruto de los ingresos en mi hogar es CERO.

Yo obtengo alimentos y vivienda de: ___________________________________________

_________________________________________________________________________

Yo, __________________________, verifico que lo anterior es correcto para la sección indicada. Yo entiendo que presentar información incorrecta o engañosa me puede resultar en cargos criminales y/o tener que pagarle al Departamento de Servicios de Salud del Estado de Arizona, en efectivo el valor de todos los beneficios de alimentos recibidos.

Firma del Representante Autorizado __________________________________________ Fecha ____________

Firma del Personal de WIC __________________________________________________ Fecha ____________
Appendix E:
Determining Income Eligibility & Income Guidelines

See Attached
Chapter Two
Certification

Determining Income Eligibility

Start
Does the client participate in AHCCCS, TANF, SNAP, Section 8, FDPIR?

Yes

If proof of adjunctive eligibility is not available on the day of Certification, you will document “part no proof” on adjunct eligibility section of income screen to capture status. This does not make the participant income eligible. You must continue with regular income screening and eligibility determination.

Yes

Is there proof of income?

No

Document “part proof” for the adjunctive program(s) in adjunct eligibility section of income screen.

Document amount of client’s verbal estimate of income.

Enter the appropriate income documentation code reflecting adjunctive eligibility in income screen.

“4” AHCCCS, TANF, SNAP eligibility letter.

Yes

Is proof of current participation in adjunctive program available?

No

Document amount of income in income screen.

Document what was seen as proof of income in income screen.

No

Can client bring proof later? (Does the documentation exist?)

Yes

Document “10- Forgot Documentation” in HANDS.

Have AR sign forgot documentation signature type in HANDS.

Proceed with Certification.

Give 1 month of Food Benefits, and 30 days to bring in proof of income.

No

Is proof of income received within 30 days?

Yes

Verify income.

No

Terminate current Certification and offer to recertify participant if appropriate documentation is available.

No

Is income within guidelines?

Yes

No

Document amount of income in income section.

Document proof of income that was seen.

Proceed with appointment.

Client not eligible

Sign income ineligibility signature type in HANDS.

Provide copy of letter.

Refer to other resources.

Client not eligible

Sign income ineligibility signature type in HANDS.

Provide copy of letter.

Refer to other resources.
### Arizona WIC Program Income Guidelines

**Effective: April 1, 2014**

<table>
<thead>
<tr>
<th>One Family Member</th>
<th>Two Family Members</th>
<th>Three Family Members</th>
<th>Four Family Members</th>
<th>Five Family Members</th>
<th>% DHHS Income Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week 2 Wks Month Year</strong></td>
<td><strong>Week 2 Wks Month Year</strong></td>
<td><strong>Week 2 Wks Month Year</strong></td>
<td><strong>Week 2 Wks Month Year</strong></td>
<td><strong>Week 2 Wks Month Year</strong></td>
<td><strong>% DHHS Income Code</strong></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>200</td>
<td>100</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>100%</td>
</tr>
<tr>
<td>400</td>
<td>200</td>
<td>400</td>
<td>400</td>
<td>400</td>
<td>100%</td>
</tr>
<tr>
<td>600</td>
<td>300</td>
<td>600</td>
<td>600</td>
<td>600</td>
<td>100%</td>
</tr>
<tr>
<td>800</td>
<td>400</td>
<td>800</td>
<td>800</td>
<td>800</td>
<td>100%</td>
</tr>
<tr>
<td>1,000</td>
<td>500</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
<td>100%</td>
</tr>
<tr>
<td>1,200</td>
<td>600</td>
<td>1,200</td>
<td>1,200</td>
<td>1,200</td>
<td>100%</td>
</tr>
<tr>
<td>1,400</td>
<td>700</td>
<td>1,400</td>
<td>1,400</td>
<td>1,400</td>
<td>100%</td>
</tr>
<tr>
<td>1,600</td>
<td>800</td>
<td>1,600</td>
<td>1,600</td>
<td>1,600</td>
<td>100%</td>
</tr>
<tr>
<td>1,800</td>
<td>900</td>
<td>1,800</td>
<td>1,800</td>
<td>1,800</td>
<td>100%</td>
</tr>
<tr>
<td>2,000</td>
<td>1,000</td>
<td>2,000</td>
<td>2,000</td>
<td>2,000</td>
<td>100%</td>
</tr>
<tr>
<td>2,200</td>
<td>1,100</td>
<td>2,200</td>
<td>2,200</td>
<td>2,200</td>
<td>100%</td>
</tr>
<tr>
<td>2,400</td>
<td>1,200</td>
<td>2,400</td>
<td>2,400</td>
<td>2,400</td>
<td>100%</td>
</tr>
<tr>
<td>2,600</td>
<td>1,300</td>
<td>2,600</td>
<td>2,600</td>
<td>2,600</td>
<td>100%</td>
</tr>
<tr>
<td>2,800</td>
<td>1,400</td>
<td>2,800</td>
<td>2,800</td>
<td>2,800</td>
<td>100%</td>
</tr>
<tr>
<td>3,000</td>
<td>1,500</td>
<td>3,000</td>
<td>3,000</td>
<td>3,000</td>
<td>100%</td>
</tr>
<tr>
<td>3,200</td>
<td>1,600</td>
<td>3,200</td>
<td>3,200</td>
<td>3,200</td>
<td>100%</td>
</tr>
<tr>
<td>3,400</td>
<td>1,700</td>
<td>3,400</td>
<td>3,400</td>
<td>3,400</td>
<td>100%</td>
</tr>
<tr>
<td>3,600</td>
<td>1,800</td>
<td>3,600</td>
<td>3,600</td>
<td>3,600</td>
<td>100%</td>
</tr>
<tr>
<td>3,800</td>
<td>1,900</td>
<td>3,800</td>
<td>3,800</td>
<td>3,800</td>
<td>100%</td>
</tr>
<tr>
<td>4,000</td>
<td>2,000</td>
<td>4,000</td>
<td>4,000</td>
<td>4,000</td>
<td>100%</td>
</tr>
<tr>
<td>4,200</td>
<td>2,100</td>
<td>4,200</td>
<td>4,200</td>
<td>4,200</td>
<td>100%</td>
</tr>
<tr>
<td>4,400</td>
<td>2,200</td>
<td>4,400</td>
<td>4,400</td>
<td>4,400</td>
<td>100%</td>
</tr>
<tr>
<td>4,600</td>
<td>2,300</td>
<td>4,600</td>
<td>4,600</td>
<td>4,600</td>
<td>100%</td>
</tr>
<tr>
<td>4,800</td>
<td>2,400</td>
<td>4,800</td>
<td>4,800</td>
<td>4,800</td>
<td>100%</td>
</tr>
<tr>
<td>5,000</td>
<td>2,500</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
<td>100%</td>
</tr>
<tr>
<td>5,200</td>
<td>2,600</td>
<td>5,200</td>
<td>5,200</td>
<td>5,200</td>
<td>100%</td>
</tr>
<tr>
<td>5,400</td>
<td>2,700</td>
<td>5,400</td>
<td>5,400</td>
<td>5,400</td>
<td>100%</td>
</tr>
<tr>
<td>5,600</td>
<td>2,800</td>
<td>5,600</td>
<td>5,600</td>
<td>5,600</td>
<td>100%</td>
</tr>
<tr>
<td>5,800</td>
<td>2,900</td>
<td>5,800</td>
<td>5,800</td>
<td>5,800</td>
<td>100%</td>
</tr>
<tr>
<td>6,000</td>
<td>3,000</td>
<td>6,000</td>
<td>6,000</td>
<td>6,000</td>
<td>100%</td>
</tr>
<tr>
<td>6,200</td>
<td>3,100</td>
<td>6,200</td>
<td>6,200</td>
<td>6,200</td>
<td>100%</td>
</tr>
<tr>
<td>6,400</td>
<td>3,200</td>
<td>6,400</td>
<td>6,400</td>
<td>6,400</td>
<td>100%</td>
</tr>
<tr>
<td>6,600</td>
<td>3,300</td>
<td>6,600</td>
<td>6,600</td>
<td>6,600</td>
<td>100%</td>
</tr>
<tr>
<td>6,800</td>
<td>3,400</td>
<td>6,800</td>
<td>6,800</td>
<td>6,800</td>
<td>100%</td>
</tr>
<tr>
<td>7,000</td>
<td>3,500</td>
<td>7,000</td>
<td>7,000</td>
<td>7,000</td>
<td>100%</td>
</tr>
<tr>
<td>7,200</td>
<td>3,600</td>
<td>7,200</td>
<td>7,200</td>
<td>7,200</td>
<td>100%</td>
</tr>
<tr>
<td>7,400</td>
<td>3,700</td>
<td>7,400</td>
<td>7,400</td>
<td>7,400</td>
<td>100%</td>
</tr>
<tr>
<td>7,600</td>
<td>3,800</td>
<td>7,600</td>
<td>7,600</td>
<td>7,600</td>
<td>100%</td>
</tr>
<tr>
<td>7,800</td>
<td>3,900</td>
<td>7,800</td>
<td>7,800</td>
<td>7,800</td>
<td>100%</td>
</tr>
<tr>
<td>8,000</td>
<td>4,000</td>
<td>8,000</td>
<td>8,000</td>
<td>8,000</td>
<td>100%</td>
</tr>
<tr>
<td>8,200</td>
<td>4,100</td>
<td>8,200</td>
<td>8,200</td>
<td>8,200</td>
<td>100%</td>
</tr>
<tr>
<td>8,400</td>
<td>4,200</td>
<td>8,400</td>
<td>8,400</td>
<td>8,400</td>
<td>100%</td>
</tr>
<tr>
<td>8,600</td>
<td>4,300</td>
<td>8,600</td>
<td>8,600</td>
<td>8,600</td>
<td>100%</td>
</tr>
<tr>
<td>8,800</td>
<td>4,400</td>
<td>8,800</td>
<td>8,800</td>
<td>8,800</td>
<td>100%</td>
</tr>
<tr>
<td>9,000</td>
<td>4,500</td>
<td>9,000</td>
<td>9,000</td>
<td>9,000</td>
<td>100%</td>
</tr>
<tr>
<td>9,200</td>
<td>4,600</td>
<td>9,200</td>
<td>9,200</td>
<td>9,200</td>
<td>100%</td>
</tr>
<tr>
<td>9,400</td>
<td>4,700</td>
<td>9,400</td>
<td>9,400</td>
<td>9,400</td>
<td>100%</td>
</tr>
<tr>
<td>9,600</td>
<td>4,800</td>
<td>9,600</td>
<td>9,600</td>
<td>9,600</td>
<td>100%</td>
</tr>
<tr>
<td>9,800</td>
<td>4,900</td>
<td>9,800</td>
<td>9,800</td>
<td>9,800</td>
<td>100%</td>
</tr>
<tr>
<td>10,000</td>
<td>5,000</td>
<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
<td>100%</td>
</tr>
</tbody>
</table>

* 130% of poverty is the upper maximum income for seniors enrolling in CSFP and SFMNP
** 185% of poverty is the upper maximum income for WIC program participation
> 185% of poverty is the maximum allowable income for program participation
Appendix F:
Health and Nutrition Assessment

See Attached
A Complete Assessment - As Easy As ABCDE

✓ = Potential WIC Codes/Key Areas to Assess

### 100's Anthropometric = HT/WT, %tiles (Anything related to weight gain, loss, growth)
- What has your doctor said about your child's growth/your weight?
- How do you feel about your weight changes?
- How do you feel about your child's growth?

Probe for these topics depending on what participant shares from questions to assess for all risks

| Family's feelings on growth/gain | Weight change |
| Family's feelings on weight gain/loss | Women's feelings on weight gain/loss |

### 200's Biochemical = Blood Tests (Anything related to blood- anemia, lead)
- What has your doctor said about your/your child's iron and lead levels?
- What have you heard about anemia and lead screening?
- Have you or your child had a lead test before?

### 300's Clinical = Health/Medical Conditions (Anything related to medical history, medical conditions, doctor access or pregnancy)
- What has your doctor said about your pregnancy/baby/child?
- What concerns do you have about your/your child's/your baby's health?
- How does this pregnancy compare to your previous pregnancies?
- How often do you feel down, depressed or hopeless, or have little interest in doing things?
- What has your doctor or dentist said about your/your child's/your baby's oral health?

Probe for these topics depending on what participant shares from questions to assess for all risks

<table>
<thead>
<tr>
<th>MOM</th>
<th>BABY</th>
<th>CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Prenatal Care</td>
<td>✓ Allergies</td>
<td>✓ Oral/Dental Health</td>
</tr>
<tr>
<td>✓ Nausea/Vomiting</td>
<td>✓ Medical</td>
<td>✓ Allergies</td>
</tr>
<tr>
<td>✓ Previous Pregnancy</td>
<td>✓ Conditions</td>
<td>✓ Medical Conditions</td>
</tr>
<tr>
<td>✓ Medical History (Recent Surgery, Delivery)</td>
<td>✓ Immunizations</td>
<td>✓ Immunizations</td>
</tr>
<tr>
<td>✓ Medications</td>
<td>✓ Oral/Dental</td>
<td>✓ Health</td>
</tr>
<tr>
<td>✓ Allergies</td>
<td>✓ Medications</td>
<td>✓ Medications</td>
</tr>
<tr>
<td>✓ Oral/Dental Health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 400's Diet and Nutrition
- What is meal time like for you/your family?
- When do you know baby is hungry? How does baby tell you?
- How do you feel about your appetite
- How do you feel about your child’s/your baby’s eating?

Probe for these topics depending on what participant shares from questions to assess for all risks

<table>
<thead>
<tr>
<th>MOM</th>
<th>BABY</th>
<th>CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Beverage/Water</td>
<td>✓ Solids foods/Beverages</td>
<td>✓ Beverage Intake/Cup Use</td>
</tr>
<tr>
<td>✓ Appetite (Likes/Aversions/Cravings)</td>
<td>- Plan/What/how/when</td>
<td>Water source? Bottle, tap, well?</td>
</tr>
<tr>
<td>✓ Prenatal Vitamins</td>
<td>✓ Food Safety</td>
<td>Milk Intake &amp; Type</td>
</tr>
<tr>
<td>✓ Food Safety</td>
<td>✓ Vitamins</td>
<td>Vitamins</td>
</tr>
<tr>
<td>✓ Breastfeeding</td>
<td>✓ Breastfeeding</td>
<td>Food Safety</td>
</tr>
<tr>
<td>- Questions/Feelings</td>
<td>- How often/typical feeding</td>
<td>Intake/Foods (picky, textures, number of meals, portions)</td>
</tr>
<tr>
<td>✓ Milk Consumption and Type</td>
<td>✓ formula (oz/day, Preparation)</td>
<td>Parent/Child Roles</td>
</tr>
<tr>
<td>✓ Eating patterns</td>
<td>✓ Bottle use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Water source? Bottle, tap, well?</td>
<td></td>
</tr>
</tbody>
</table>

### 900's Environmental/Other Factors (Anything related to smoking, substance use, safety)
- What are your thoughts about smoking in your home or around you or your kids?
- How do you feel about your safety in your relationship?
- How do you feel about your child's/your baby's safety in your family relationships?
- What concerns do you have about drugs or alcohol?

Probe for these topics depending on what participant shares from questions to assess for all risks

| ✓ Smoking (maternal smoking or smoking in the home) | ✓ Drug or Alcohol Abuse |
| Safety/Abuse | Foster Care |
| | |
# Getting to the Heart of Matter Tools Situations for Use

<table>
<thead>
<tr>
<th>Technique</th>
<th>When to use this technique</th>
<th>This technique is appropriate in most situations, especially:</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1: Card Sort</td>
<td>This technique is appropriate in most situations</td>
<td>First time WIC client</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pregnant women</td>
</tr>
<tr>
<td></td>
<td></td>
<td>People who are hesitant to share their feelings or true challenges</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Challenging clients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discouraged, frustrated or depressed clients</td>
</tr>
<tr>
<td>#2: Feeling Faces</td>
<td>This technique is not appropriate for:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participants that do not read, write or speak English or Spanish</td>
<td></td>
</tr>
<tr>
<td>#3: Doors</td>
<td>This technique is not appropriate for:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Women with history of pregnancy loss, high risk pregnancies or known complications with pregnancy or baby</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parents whose children have serious medical issues</td>
<td></td>
</tr>
<tr>
<td>#4: Metaphor Images</td>
<td>This technique is not appropriate for:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parents whose children have serious medical issues</td>
<td></td>
</tr>
<tr>
<td>#5: Paint Chips</td>
<td>This technique is not appropriate for:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parents whose children have serious medical issues</td>
<td></td>
</tr>
<tr>
<td>#6: Texture</td>
<td>This technique is not appropriate for:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parents whose children have serious medical issues</td>
<td></td>
</tr>
<tr>
<td>#7 Magic Wand</td>
<td>This technique is appropriate in most situations, especially:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To involve older WIC children in the conversation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Women with history of pregnancy loss, high risk pregnancies or known complications with pregnancy or baby</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parents whose children have serious medical issues</td>
<td></td>
</tr>
</tbody>
</table>
General tips on using Getting to the Heart of the Matter tools:

- Establish a warm and welcoming rapport before introducing the assessment tools. Clients need to feel comfortable and trust that you are leading them to a meaningful and fun activity. These tools are best implemented in a fun, playful, accepting environment where clients know they can take risks.

- Provide clear instructions in a light, fun conversational tone. Give an example of how to do it using a non-nutrition topic, if the client seems confused or hesitant. Make it a playful activity so clients can relax as they reveal their truths.

- Believe that these techniques work and that you will be a success. Clients can pick up on any uncertainty or hesitation.

- If you’re concerned or nervous about trying this new assessment approach, ask your client in advance for permission and support to try something new. Assure her that your goal is to serve her better. Ask for feedback if you’re interested in hearing your client’s perspective.

- After providing simple and clear instructions, focus on the client’s voice, face and words instead of the assessment process. Be fully present to pick up on her emotions and words.

- Probing will get you closer to the heart. Use phrases like “tell me more” or “help me understand” to dig deeper. The tools are just a starting point for your probing questions.

- It takes time to shift from logic-based to emotion-based assessment tools. Try using only one tool at a time and commit to using it at least ten times before deciding if it is an effective tool for you. Your success is tied to your comfort, something that will come only with practice.

- Consider practicing the tools with colleagues and friends before trying them with clients. Or observe colleagues who have greater comfort and success with them before trying them yourself.

- These tools are intended to circumvent rational thinking and lead to emotion-based conversations. Once you’re there, be as fully present and authentic as possible to continue the emotion-based conversation. Your client can feel if you’re being open, honest and authentic or hiding behind a WIC mask.

- Clients are revealing their hearts to you during these activities. Be sure to support and accept anything they say without judgment or comment. We can’t correct the emotions or feelings of others but we can lead them to new ways of thinking or behaviors that allow more positive emotions.

- Don’t force anyone to work with any of the tools. We always respect our clients’ decisions with total acceptance and warm regard.
Card Sort Tool

Overview
Looking for a tool that gets to the “heart of the matter” easily and quickly? Try the Card Sort. Early adopters rave about this tool because it identifies parental interests and concerns in less than a minute. It is especially effective with clients who are hesitant or unwilling to share any concerns or topics.

Each Card Sort tool contains a wide variety of common parental concerns. There is a different card deck for each of these groups: pregnant mothers, breastfeeding mothers, non-breastfeeding women, infants 6-12 months and children ages 1-2 and 2-5 years.

Ask clients to quickly sort through the cards, grouping them into three piles: “never a problem,” “sometimes a problem” and “always a problem.” Educators can quickly review the card piles to recognize successes from the “never a problem” pile as well as identify topics for discussion from the “always a problem” pile.

Objectives
Use the Card Sort tool to identify parental concerns and interests. The Card Sort tool can also be used to recognize successes.

Activities
1. Select the appropriate Card Deck Tool for each client based on the child’s age or the mother’s pregnancy or feeding choice.

2. After greeting the mom warmly, ask the parent to sort through the card deck, placing the cards into three groups: “never a problem,” “sometimes a problem” and “always a problem.”

3. If time permits, begin by looking at the “never a problem” pile. It is likely parents are not concerned about topics in this pile because they have been successful in maneuvering that common challenge in the past. Use this opportunity to recognize successes.

4. If pressed for time, go first to the “always a problem” pile. Identify the most pressing parental concern or interest by asking questions like these: “Which of these interests is the most important to you?” or “I want our conversation to be a good investment of your time today. Which of these concerns is most pressing for you?”

5. To engage emotionally, start by asking how the mother feels about the identified topic.

6. Discuss the identified interest or concern.

7. Ask the mother to share actions she has already taken or questions she has about the identified concern or interest.

8. Ask permission to share additional tips. Position tips as coming from successful mothers for greater influence.

9. Continue addressing topics identified, as time permits. Note topics that were not discussed in the client chart for future conversations.
Chapter Two
Certification

Card Sort Tool

Adaptations

The Card Sort Tool can be used with groups as well as individuals. Give each group participant a set of cards that corresponds to their child’s age, pregnancy or feeding choice. Provide directions on how to use the Card Sort and ask them to sort their cards into three piles: “never a problem,” “sometimes a problem” and “always a problem.” After the group members have completed this task, process the responses in either of these ways:

- Ask clients to share their greatest concern or interest from their card sort. Ask group members to share practical tips that would help the mother solve the problem. Contribute important but unmentioned tips after group members have shared.

- Ask clients to share their greatest concern or interest from their card sort. Record their response on poster board or paper. After all have shared their interests, go around the room, asking parents to share practical tips on each topic.
Feeling Faces Cards

Overview
Motivation. Everyone wants to know what causes people to act. We have long suspected that powerful forces lurk behind most actions. We have experienced the magical feeling when someone is transformed rather than informed. But what caused the change?

Science-based research has revealed that emotions—not logic and facts alone—are the root of motivation and human behavior.

Because emotions drive behaviors, it makes sense to start with emotions when talking with WIC clients. The Feeling Faces are a fun, easy and quick tool to uncover the emotions clients feel about any topic. Knowing how clients feel allows you to engage them in potentially life-changing, emotion-based conversations.

Objectives
Use the Feeling Faces Cards to identify how a parent feels about any topic. When the WIC staff member validates the client’s feelings, the stage is set for a deep and meaningful conversation. As with all tools, probing beyond the first answer takes you closer to real issues that can then be woven into amazing core conversations.

The Feeling Faces Cards can be especially helpful when talking about sensitive topics, for instance a child’s weight. Allowing parents to share how they feel helps educators approach the topic.

Activities
1. After greeting the client warmly, place the Feeling Faces Cards on a flat surface so clients can easily see them. Ask the client to select a face that says something about how they feel about a particular topic. Continue to repeat the directions as the client selects a picture that represents their feelings or if the client looks confused. Note: it is better to have the pictures positioned so the client can pick the picture up and hold it rather than point to it on the wall or door.

2. Ask the parent to show you their picture. Probe, using words like these: “Tell me more” or “So what about (the topic) makes you feel that way?” or “Help me understand. What about (topic) makes you feel frustrated?” Note: All emotions are valid, so we must accept every shared feeling without correction or comment.

3. If the parents share positive feelings: Recognize positive feelings like happiness first, celebrating successes and victories. Then, using the same Feeling Faces Cards and process, ask about a different topic.

4. If the parent shares negative feelings: Assure parent that it is common to have negative feelings about their child’s progress with (topic). If it is indeed the case, you might state that you shared those same feelings when you had children.

5. Get to specifics through probes like these: What is something that really frustrates you about (topic)? What happened in the last week that made you feel especially worried about (topic)? Help me understand the situation better by sharing a story about mealtimes at your house and how they make you feel sad.

6. Use the client feelings and their specific responses to engage in an emotion-based conversation about the topic. Always ask permission before sharing simple, practical and relevant tips that might change the situation for the parent and lead to positive feelings. When possible and for extra credibility, attribute the tips to other mothers.

“The Feeling Face Cards can be used with parents on any topic. They’re our “go to” tool when we want to get parents talking.”

Debi, Chickasaw Nation WIC Manager
Feeling Faces Cards

7. You can end the session by picking up and showing the “happy” face card to the client and saying: “Do you feel the tips we talked about today will lead you to feeling like this? What will you do first to lead you to that big smile?”

Adaptations

The Feeling Face Cards can be used with individuals or in a group. Establish a safe environment for sharing before asking mothers to share their feeling faces with others in the group.

Here are ways to use the Feeling Faces to generate group discussions:

Pick a face that says something about how you feel about the way your child eats or moves. Everyone have a face? Who would like to go first and show your face? What about the way your child eats makes you feel that way?

If parents share positive feelings: “Share with us a practical tip that makes you feel happy and content.”

If parents share negative feelings: “Who can share a practical tip for Susan so that she can feel happy rather than frustrated by mealtime with a toddler?”
The Hopes and Dreams Doors

Overview
A baby represents a new beginning. Mothers dream of better lives for their children. Listening and affirming the hopes and dreams of mothers allows you great insights into what motivates that mother and how to frame nutrition messages. The “hopes and dream doors” allow mothers to share their hopes and dreams for their children with you.

You, as a WIC counselor, may be the first person to hear mothers share their greatest desires for their babies. Honor and respect these personal words with attentive listening and sincere affirmations.

WIC is a five-year behavior change program. Understanding a mother’s hopes and dreams for her children allows you to connect in a powerful way for long-term change.

Objectives
Use the Hopes and Dreams doors to establish an emotion-based connection with parents. Connect behavior change ideas with hopes and dreams for greater attention and a higher probability of change. This activity has been found to be especially effective with pregnant women, but can also work well with parents of young children.

Activities
1. After greeting the mom warmly, lay out the door pictures on a table or desk.
   Tell the mother that the doors are special because they are “hopes and dreams” doors. Behind these doors lie all the hopes and dreams of mothers around the world. Ask the mother to choose a door that represents her hopes and dreams for her child. (Sample words: “Pick a door that says something to you about your hopes and dreams for you and your baby.”) Allow time for her to process your request and select the door that best represents her hopes and dreams.

2. Ask the mom to show you her hopes and dreams door. Ask her to unlock the door and ask “What hopes and dreams lie behind your door for your baby?” Listen carefully as she reveals her answer. (Jot it down for later reference after the session.)

3. Ask the mom what she is doing now to help move closer to her hopes and dreams. This acknowledges positive choices. Acknowledge her positive choices, reaffirming how important her actions are to her hopes and dreams. Sample dialogue:

   “You said that you are walking every day during your pregnancy. That’s wonderful. Each step is a gift you give your baby. You said you wanted your baby to grow up to be happy and healthy, and what you do today makes a difference to your baby’s tomorrow. Your hopes and dreams are already coming true!”
The Hopes and Dreams Doors

“Wow—you’re an amazing mom! You are already offering a veggie at lunch and dinner. That may seem like a challenge some days, especially when Sally won’t eat them. But you said you don’t want her to have weight issues later in life, and that small action is helping Sally move closer to your hopes and dreams for her. You must be very proud.”

Note: We could link to audio for examples too.

4. Ask the mom to identify challenges or concerns that might prevent her hopes and dreams from coming true. Sample dialogue:

“Sounds like you are doing so many great things for Sally, important things that are truly moving you and Sally closer to your hopes and dreams. Are there any things that concern you, things that may prevent your hopes and dreams for Sally from coming true?”

5. Address each concern identified by the mother. Devote more attention to issues that are of greatest concern to the mother or represent a significant or life-threatening situation. If you don’t have time to address all identified issues, ask the client for permission to record the concern in the chart for next time.

After identifying the issue, ask the mother to share what she has done so far to solve the problem. Resist the temptation to jump in with solutions, as the mother may have already tried them. Sample dialogue:

“You mentioned that Sally is a great veggie eater, but refuses to drink milk. You’re so wise to pay attention to this now! What have you tried to encourage Sally to drink milk? What’s worked? What hasn’t worked?”

6. Ask permission before offering suggestions on how to solve her challenge. Attribute the suggestions to other mothers for increased credibility. Connect the suggested behaviors to shared hopes and dreams. Sample dialogue:

“Sounds like you have tried many things already to help Sally learn to love milk. Sally is lucky to have you as a mom. Seems this is a very common problem. May I offer a few suggestions I picked up from other moms? Thanks. One mom said it helped to put the milk in a fun cup, complete with straw. Another mom had great success when she started drinking milk from a cup with her daughter. Isn’t it interesting how such small changes can make a big difference? How would you feel about trying one of those ideas? Let me know next time what worked for you so I can share your successes with others. So many moms want their children to grow up to be good eaters of the foods that will keep them active.”
The Hopes and Dreams Doors

7. Offer the mother a picture of the Hopes and Dream Door she selected. Have the mother write the goal (or you could write it for her) on the back to reinforce the conversation. Thank the mother for coming in. Sample dialogue:

“Thanks so much for coming in today. Sally can’t thank you yet for all you are doing to help her be all that she can be, but I can. I am very confident Sally will love milk soon, thanks to you. Would you like a picture of your “hopes and dreams door” to take with you? I know your focus is always on those hopes and dreams, and this door may be fun reminder.”

Adaptations

The Hope and Dream doors can be used with individuals or in a group setting. Establish a safe environment for sharing before asking mothers to reveal their responses. Thank them for sharing their heartfelt thoughts. Remember that authentic listening and affirmation are essential components of any effective counseling session, so feel comfortable exploring mothers’ aspirations for their families by using your own words and style.

Evaluation

You will know you have mastered the Hopes and Dream Doors technique when you have amazing conversations that allow you to connect with the mother at a deeper level. You will feel the difference between a superficial conversation that leads to role-playing and an authentic conversation that is life changing for both you and the client. Our early adopters report, “It is an amazing experience to take people to a different level. It’s a unique and wonderful experience that makes me feel I have done it! I feel I am doing the right thing when I can help a client express how they feel.”
Chapter Two
Certification

Metaphor Images

Overview

“Life is a roller coaster.”
“He has a heart of stone.”
“I’m feeling blue.”

We use metaphors everyday to express how we think and feel. Metaphors can also be used in the WIC clinic to help clients express how they feel and think.

The metaphor images provided suggest positive and negative feelings that can be useful in describing any nutrition or activity topic. They can also be useful for parents to express their feelings about sensitive topics like their child’s weight.

Objectives

Use the metaphor images to understand parents’ emotions about any nutrition or activity-related behavior. Since emotions drive behaviors, metaphors are a short-cut to the rich land of behavior change. Once parents have revealed how they feel about a topic, you can move quickly to provide solutions for negative feelings or recognize positive feelings.

Activities

1. After greeting the mom warmly, lay the metaphor images on a table or desk. Tell her that the images represent how many mothers feel about how the topic. (Topic examples: their child and veggies, weight gain during pregnancy, how active their child is, healthy snacks, etc.) Ask the mother to choose an image that represents her feelings about the topic. (Sample words: “Pick a picture that says something to you about how you feel about Tommy and vegetables.”) Allow time for her to process your request and select the image that best represents her feelings.

2. Ask the mom to show you the metaphor image she selected. Ask: “What does that picture say about how you feel about Tommy and vegetables?” Listen carefully as she reveals her answer.

3. Probe, as needed, to get more information. These statements lead to more depth: “Tell me more.” “Help me understand.”

4. Recognize positive responses with sincere congratulations. Example: “You picked the picture of a woman crossing the finish line in victory. Wow. You must feel so proud that Tommy loves veggies so much. What’s the secret to your success?”

5. Acknowledge negative feelings without judgment. Example: “You picked the ball and chain. Sounds like Tommy’s dislike of veggies is a worry you would like to get rid of.”

6. Ask permission before suggesting solutions: “Would you like to talk about some easy ways that have worked for other moms who also felt like veggies were a “ball and chain” in their life?”

7. Provide simple, practical ideas for solving the problem identified by the mother. Attribute the suggestions to other mothers for increased credibility. Wrap the suggestions with positive emotions. Example: “Other amazing mothers have told me that they like to mix veggies in foods their child likes. It’s an easy way to get veggies in and eliminate that “ball and chain” feeling that keeps you from feeling successful.”

“Both clients and staff enjoy the Metaphor images. Asking clients about pictures and how they relate to eating is some-thing they have never been asked to do. It’s a fun and effective tool.”

Kerr, Springfield, MA
Metaphor Images

8. Ask about other concerns. Recognize successes. Example: “Are there other things that are "ball and chain" moments for you that we could talk about today? And, I know there are many "victory" moments too, like this woman crossing the finish line. What's a "victory" for you that we could celebrate today?”

9. Thank the mother for coming in. Sample dialogue:
   “Thanks so much for coming in today. Every mother has “ball and chain” moments in their day and I’m happy we could talk about ways to remove them. And I’m really happy to celebrate the good things too.”

Adaptations

The metaphor images can be used with individuals or in a group setting. If using with individuals, choose a topic that is specific to the child or one that is common to children of that age and ask the parent to pick a picture that represents how they feel about that topic or behavior.

You can use metaphor pictures in the same way with groups. Simply ask participants to choose a picture that says something about how they feel about their child’s eating. Once everyone has selected an image, ask them to show their images with the group and explain how that image related to their child’s eating.

Here’s another way to use the images in the group. Show the images to the group and ask questions like these:

Image of overwhelming wave: “What makes you feel overwhelmed by the way your child eats—or doesn’t eat?”

Image of man carrying heavy boxes: “What makes you feel that feeding your child is like this man who is balancing a heavy load?”

Image of two hands tugging on a rope: “Does mealtime ever feel like this? What are the struggles that keep you pulling in opposite directions?”

Image of stop sign: “What stops you from feeling like an amazing mom at mealtimes? What can you celebrate about mealtimes?”

Image of one leaf: “What gives you hope that tomorrow will be a new day with your child eating or being active in the way you hoped they would be?”

Image of ball and chain: “What makes mealtimes feel like a ball and chain for you?”

Image of stopwatch: “What would you do to help your child be more active if you had more time? What can you do in the time you have that would help your child learn to love being active?”

Image of arrows going in multiple directions: “What confuses you about the way your child should eat? Maybe you’ve heard different advice that makes you wonder what direction to follow?”

Image of raging river: “What about your child’s eating makes mealtime seem like a roaring river? What can you do to calm the raging river?”

Image of boxing gloves: “What makes mealtime feel like a battleground? What would need to change so everyone can take off their boxing gloves?”
Paint Chips Tool

Overview
People react psychologically and intuitively to colors. Because color has an instant effect on us, it makes a perfect conduit to conversations about feelings.

The Paint Chips Tool is simply blocks of colors. You can create your own Paint Chip Tool by cutting colored construction paper into 6X5 inch (or larger) squares or picking up paint chips (sample color swatches) at your local hardware store. You will need a range of colors to evoke emotions, so be sure to create at least 25 color squares. More is better.

The Paint Chips are a projective technique. This means that there is no correct or logical connection between nutrition and activity colors and a client's color choice. For example, there is no correct answer to this question: Which color best says how you feel about Rachel's activity level? Therefore, clients have to project or create their own connection between a selected color and how they feel it relates to a WIC topic. That connection reveals much about the client’s feelings, challenges, and perceptions on that topic and provides a springboard to an amazing core conversation.

Objectives
Use the Paint Chips Tool to identify parental feelings related to any WIC topic. Recognize and accept all feelings equally without judgment or comment. If positive feelings are shared, recognize parental actions that allowed parents to feel positively about the topic. If parents share negative feelings, probe to understand the situation and ask what they are willing to change to feel better about the behavior or topic.

Activities
1. After greeting the mom warmly, present the Paint Chips to the parent. Ask the parent to select a color that says something about a WIC topic or behavior. Examples: “Pick a color that says something about your child’s growth” or “pick a color that says something about how much activity your toddler gets each day.” Encourage the parent to pick out a color and then probe using words like these: “What about that color says how you feel about Rachel’s growth?” or “Help me understand. How does that color relate to how you feel about Chad’s activity now?”

2. Continue probing to get deeper insights, using words like these: “Tell me more” or “Help me understand.” Allow silent pauses so the client can reflect and share.

3. Accept all responses without correction, dismissal, or judgment. Don’t say things like “you shouldn’t feel that way” or “you’ll get over that” or “it’s really not that big of deal.”

4. Ask the parent to identify specific behaviors or concerns that relate to their expressed feelings.

5. Discuss possible behavior changes. Framing suggested behavior change tips and ideas as parent-generated will allow you to be more influential.

Adaptations
The Paint Chips Tool can be used with individuals or in a group. Establish a safe environment for sharing before asking mothers to share their responses. Affirm all responses equally without judgment and thank mothers for sharing their heart-felt responses. Once all group members have shared, encourage parents to share practical tips that will resolve shared challenges.

“The Paint Chip Tool works for any topic but is especially helpful when talking about sensitive topics like weight.”

Gail, Holyoke/Chicopee
Texture Tool

Overview

We know that visuals, music and colors evoke feelings. Although we may not be aware if it, textures can also trigger emotions. Think about it. We often use tactile terms to describe events, saying it was a “bumpy ride” or “things went smoothly.” Sometimes we describe people as “rough around the edges” or having “soft eyes” or “silky hair.” Texture is a significant part of the sensory input we receive everyday, and that makes it perfect for use in the WIC clinic.

The Texture Tool helps parents express feelings related to WIC topics. Parents are offered a bag or box filled with fabric samples representing a wide variety of textures, and asked to select a fabric sample (texture) that represents how they feel about a topic or behavior. Because there is no right or logical response to the question, parents do this and project their feelings quickly and easily. This leads to honest and open sharing.

You can create your own Texture Tool. Simply purchase fabrics that represent a wide variety of textures like smooth, bumpy, velvety, hard, soft, fluffy and grainy. Consider adding other materials, too, like tile, smooth plastic, rubber, or sandpaper. Texture samples should be at least five inch square or larger, and can be kept in a bag or box.

Objectives

Use the Texture Tool to identify parental feelings related to any WIC topic. Recognize and accept all feelings equally, without judgment or comment. If positive feelings are shared, recognize parental actions that allowed clients to feel positively about the topic. If parents share negative feelings, probe to understand the situation and ask what they are willing to change to feel better about the behavior or topic.

Activities

1. After greeting the mom warmly, present the Texture Tool to her. Ask her to select a fabric sample (texture) that says something about a WIC topic or behavior. Examples: “Pick a texture that—when you touch it—reminds you of mealtime at your home” or “pick a texture that says something about how you feel about your weight gain at this time in your pregnancy.” Encourage her to pick out a texture, and then probe using words like these: “What is it about that texture that says how you are feeling about mealtime at your home?” or “Help me understand. How does the way that fabric feels relate to your weight gain?”

2. Continue probing to get deeper insights, using words like these: “Tell me more” or “Help me understand.” Allow silent pauses so the client can reflect and share.

3. Accept all responses without correction, dismissal or judgment. Don’t say things like “you shouldn’t feel that way” or “you’ll get over that” or “it’s really not that big a deal.”

4. Ask the parent to identify specific behaviors or concerns that relate to their expressed feelings.

5. Discuss possible behavior changes. Framing suggested behavior change tips and ideas as parent-generated will allow you to be more influential.
Texture Tool

Adaptions

The Texture Tool can be used with individuals or in a group. Establish a safe environment for sharing before asking mothers to share their responses. Affirm all responses equally without judgment, and thank the mothers for sharing their heart-felt responses. Once all group members have shared, encourage parents to contribute practical tips that will resolve shared challenges.

The Texture Tool can also be used with children. Ask older children to select a texture from the bag or box and encourage them to share their fabric samples along with their moms.
Chapter Two
Certification

Magic Wand Tool

Overview

Magic wands have been featured in historical documents since 2278 BC. People throughout time have been intrigued with the thought they could wave a magic wand and experience the power to change their lives or minimize their challenges.

The Magic Wand tool allows parents to step out of their daily realities and experience the illusion of immediate power. This enables them to alter the challenges they face as parents of picky toddlers, or even pregnancy challenges. While your clients enjoy the creative and fun experience of “waving a magic wand” and describing what parenting challenges they would change, you can quickly and easily identify topics for a meaningful—maybe even magical—WIC discussion.

Note: You can purchase your own “magic wand” tool at a local store or on the Internet.

Objectives

Use the Magic Wand tool to quickly and easily identify behavioral changes parents want to make. The Magic Wand makes assessment fun and creative, something all parents will welcome, but especially long-time WIC clients, who have answered traditional assessment questions many times.

The Magic Wand tool can also be used to involve older children (ages 3-5) in the session. Involving children in the session helps stressed parents relax and might also provide them with insights into their child’s eating preferences and concerns.

Use the responses of both parents and older children as a starting point for probes and deeper discussions.

Activities

1. After greeting the client warmly, tell the mother that you have a Magic Wand made especially for parents. Offer the wand to her, asking what she would change about the way about the ways her child eats or how active (s)he is.

   If the mother seems confused or hesitant, or if you want to show empathy, you can show how the Magic Wand works by using yourself as an example: “If I could use this Magic Wand to change the way I ate, I would wave it over me and wish that my craving for chocolate would disappear at 4:00 this afternoon.” Sharing your own desire to change something in your life will allow the parent to be more open with her concerns and challenges.

   Although the Magic Wand is designed for parents, it can also be used to involve older children (ages 3-5) in the session as well. Offer the wand to the child and say: “If you could use this magic wand and make your favorite foods appear, what would they be?”

2. Probe to get deeper insights into the feelings parents have about the challenge they presented. Use words like: “What makes you feel that way about the way Susie eats—or doesn’t eat—veggies?”
Chapter Two
Certification

Magic Wand Tool

3. Ask the parent for permission to share practical tips on ways to encourage her child to eat more vegetables. If possible, present them as tips from other successful parents. Words like these tie into the “magic” theme: “Other successful parents like you have shared practical ideas that work like magic for them. Would you be interested in hearing them? They may be the magical solution to the challenge you identified.”

4. Conclude the session by asking the parent to identify one or two actions she could try in the coming days using words like these: “We talked about many actions that mothers have tried that worked like magic for them, allowing them to feel proud of how their child eats veggies. Which of the ideas we talked about today might be the magical solution for you? Is there one idea that stands out as the “magic wand” idea that you’re going try first? Would you be willing to share what worked for you next time we talk? I’m always collecting great ideas of amazing moms like you and I would love to add your ideas to my growing list.”

Note: Your comfort level with the Magic Wand is the greatest predictor of how successful this tool will be in your sessions. If you feel silly or uncomfortable, the client will pick up on this and may resist trying it, or provide an awkward response. If you approach it with a fun, positive feeling, knowing it will be an effective assessment tool, the client will do the same.

Adaptations

The Magic Wand can be used with individuals or in a group. Establish a safe environment for sharing before demonstrating how the Magic Wand works, and use yourself as an example. Once parents understand the simple process and see how you enjoyed using it, ask for a volunteer to “wave the wand” over their child’s eating or activity levels.

The Magic Wand can be used with pregnant and post partum mother groups too. Ask them to “wave the wand” to change an eating or activity challenge.

You can use the tool in multiple ways in groups:

- Ask each group participant to “wave the wand” individually, noting topic ideas for later discussion. Once all the challenges have been identified, ask group participants to suggest practical solutions for each topic.

- Ask group participants to suggest “magical” ideas that might help solve the identified challenge after each “wave of the wand.” Be sure to pace the discussion so that all mothers receive practical ideas from the group.
Appendix G:
Instructions for Documenting the Health and Nutrition Assessment

See Attached
Chapter Two
Certification

TGIF TEMPLATE

TGIF EZ Template
Bolded sections are required for each participant; complete other sections when it applies

1. T: Used ______ tool (if used). Mom/Family feels ______________________

2. G: Mom/Family will ____________________________

3. I: Discussed
   Manually assigned Code(s) ______ due to ____________________________
   BF Feelings: ________________________________________________
   Food package (tailoring, special needs food package) ____________ because __
   ____________________________________________________________

4. F: Follow-up about (referrals made, topics for next time, next appt type, etc) __
   ____________________________________________________________

EXAMPLE

T: Use metaphors, mom feels like mealtime is a tug of war with the TV.
G: Mom wants to try to have family meals with no distractions
I: Discussed tips for getting kids excited about family meals. Mom remembers family meals when growing up and wants that for her family. 353 allergic to milk. No cheese/soy milk food package.
F: To see RD next visit. F/U with how family meals are going. Referred to AHCCCS

TGIF REMINDERS

T: What tool was used, what were the family’s feelings?

G: What does the family plan on working on or changing to improve health?

I: What was discussed? What did family share about their challenges, motivations, and strengths? What nutrition education was provided? If codes were assigned by staff, what was (were) the code(s) and why? What are the feelings about breastfeeding for PG and Breastfeeding women categories? Document special food packages assigned or any tailoring that was done.

F: What is there to follow up on next time? What referrals were made? What kind of appt are they having next time? What topics might be highlighted next time based on today’s discussion?
Appendix H:
Arizona WIC Risk Table FY2015

See Attached
## Arizona WIC Risk Table FY 2014

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>Pre-Pregnancy BMI less than 18.5</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>High-Risk (MR)</td>
</tr>
<tr>
<td>103.1</td>
<td>Weight for length less than or equal to 2nd percentile (Infants, children less than 2 yrs old) BMI for age less than or equal to 5th percentile (children 2 or over)</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>High-Risk</td>
</tr>
<tr>
<td>103.2</td>
<td>Weight for length above the 2nd percentile, but less than or equal to the 5th (Infants, children less than 2 yrs old) BMI for age above the 5th percentile, but less than or equal to the 10th (children 2 or over)</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>Pre-Pregnancy BMI greater than or equal to 25</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td>High Risk</td>
</tr>
<tr>
<td>113</td>
<td>BMI for age greater than or equal to 95th percentile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>High Risk</td>
</tr>
<tr>
<td>114</td>
<td>BMI/age ≥ 85th % but &lt; 95th % or Family History of BMI &gt; 30</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>115</td>
<td>Weight for length greater than or equal to 98th percentile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>High Risk</td>
</tr>
<tr>
<td>131</td>
<td>Low Maternal Weight Gain</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>High-Risk or MR</td>
</tr>
<tr>
<td>132</td>
<td>Maternal Weight Loss</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>High Risk</td>
</tr>
<tr>
<td>133</td>
<td>High Maternal Weight Gain</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>134</td>
<td>Failure to Thrive</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td></td>
<td></td>
<td></td>
<td>High Risk</td>
</tr>
<tr>
<td>135</td>
<td>Inadequate growth</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>High Risk</td>
</tr>
<tr>
<td>141</td>
<td>Low Birth Weight (Children less than 24 months)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>High-Risk or (MR - low birth weight infants/children, previously seen by high-risk Nutritionist, when infants are between 12-24 months)</td>
</tr>
</tbody>
</table>
### Arizona WIC Risk Table FY 2014

X: Requires documentation by a Physician or Primary Care Provider.

XX: Requires documentation by a Physician, Primary Care Provider, or Nutritionist.

XXX: Requires documentation by Physician, Primary Care Provider, Nutritionist, or Competent Professional Authority.

XS: Self-reported by the applicant/participant/caregiver as a diagnosis received from a Physician.

MR: Referral to a Nutritionist that can counsel medium risks if one is available; otherwise referred to high-risk Nutritionist.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>142</td>
<td>Prematurity (Children less than 24 months)</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>High-Risk (or MR - premature infants/ children, previously seen by high-risk Nutritionist, when infants between 12-24 months.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>151</td>
<td>Small for Gestational Age (Children less than 24 months)</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>153</td>
<td>Large for Gestational Age</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>201</td>
<td>Low Hemoglobin/Low Hematocrit</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td></td>
<td>High Risk (see App. C/ Lab Manual) or (MR - anemia, when hemoglobin is in the &quot;Nutritionist&quot; ranges)</td>
</tr>
<tr>
<td>211</td>
<td>Lead Poisoning</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td></td>
</tr>
<tr>
<td>301</td>
<td>Hyperemesis Gravidarum</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>XS</td>
<td>High Risk</td>
<td></td>
</tr>
<tr>
<td>302</td>
<td>Gestational Diabetes</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>XS</td>
<td>High Risk</td>
<td></td>
</tr>
<tr>
<td>303</td>
<td>History of Gestational Diabetes</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
<td>XS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>304</td>
<td>History of Preeclampsia</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
<td>XS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>311</td>
<td>History of Premature Delivery</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>312</td>
<td>History of Low Birth Weight</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>321</td>
<td>History of Fetal or Neonatal Loss</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>331</td>
<td>Pregnancy at a Young Age</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>332</td>
<td>Closely Spaced Pregnancies</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>333</td>
<td>High Parity and Young Age</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>334</td>
<td>Inadequate Prenatal Care</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>335</td>
<td>Multi-fetal Gestation</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
<td>High Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>336</td>
<td>Delayed Uterine Growth</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>XS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Arizona WIC Risk Table FY 2014

X: Requires documentation by a Physician or Primary Care Provider.
XX: Requires documentation by a Physician, Primary Care Provider, or Nutritionist.
XXX: Requires documentation by Physician, Primary Care Provider, Nutritionist, or Competent Professional Authority.
XS: Self-reported by the applicant/participant/caregiver as a diagnosis received from a Physician.
MR: Referral to a Nutritionist that can counsel medium risks if one is available; otherwise referred to high-risk Nutritionist.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>337</td>
<td>History of Large for Gestational Age</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
<td>XS</td>
<td></td>
</tr>
<tr>
<td>338</td>
<td>Pregnant Woman Breastfeeding</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>339</td>
<td>History of Birth with a Congenital Defect</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
<td>XS</td>
<td></td>
</tr>
<tr>
<td>341</td>
<td>Nutrient Deficiency Disease</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>342</td>
<td>Gastro-Intestinal Disorders</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>343</td>
<td>Diabetes Mellitus</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>344</td>
<td>Thyroid Disorders</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td></td>
</tr>
<tr>
<td>345</td>
<td>Hypertension and Pre-hypertension</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>346</td>
<td>Renal Disease</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>347</td>
<td>Cancer</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>348</td>
<td>Central Nervous System Disorders</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>349</td>
<td>Genetic &amp; Congenital Disorders</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>351</td>
<td>Inborn Errors of Metabolism</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>352</td>
<td>Infectious Diseases</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>353</td>
<td>Food Allergies</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>354</td>
<td>Celiac Disease</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>355</td>
<td>Lactose Intolerance</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td></td>
</tr>
<tr>
<td>356</td>
<td>Hypoglycemia</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>358</td>
<td>Eating Disorders</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>359</td>
<td>Recent Surgery, Trauma, Burns</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td>High Risk (if less than 2 months)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X (if greater than 2 months)</td>
</tr>
<tr>
<td>360</td>
<td>Other Medical Conditions</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td></td>
</tr>
<tr>
<td>361</td>
<td>Depression</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
<td>XS</td>
<td></td>
</tr>
</tbody>
</table>
### Arizona WIC Risk Table FY 2014

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>362</td>
<td>Developmental Delays, Sensory or Motor Delays Interfering with the Ability to Eat</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>363</td>
<td>Pre-Diabetes</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td>XS</td>
<td>High Risk</td>
</tr>
<tr>
<td>371</td>
<td>Maternal Smoking</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>372</td>
<td>Alcohol and Illegal Drug Use</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>381</td>
<td>Oral Health Conditions</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>XS</td>
<td></td>
</tr>
<tr>
<td>382</td>
<td>Fetal Alcohol Syndrome</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>401</td>
<td>Failure to Meet Dietary Guidelines for Americans</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td></td>
<td>XXX</td>
<td></td>
</tr>
<tr>
<td>411</td>
<td>Inappropriate Nutrition Practices for Infants</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>411.1</td>
<td>Routinely using a substitute for breastmilk or FDA approved iron-fortified formula as primary nutrient source during first year of life</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>411.2</td>
<td>Routinely using nursing bottles or cups improperly</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>411.3</td>
<td>Routinely offering complementary foods or other substances that are inappropriate in type or timing</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>411.4</td>
<td>Routinely using feeding practices that disregard the development needs or stage of the infant</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>411.5</td>
<td>Feeding foods to an infant that could be contaminated with harmful microorganisms</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>411.6</td>
<td>Routinely feeding inadequately diluted formula</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>411.7</td>
<td>Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>411.8</td>
<td>Routinely feeding a diet very low in calories and/or essential nutrients</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>411.9</td>
<td>Routinely using inappropriate sanitation in preparation, handling, and storage of formula</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Arizona WIC Risk Table FY 2014

X: Requires documentation by a Physician or Primary Care Provider.
XX: Requires documentation by a Physician, Primary Care Provider, or Nutritionist.
XXX: Requires documentation by Physician, Primary Care Provider, Nutritionist, or Competent Professional Authority.
XS: Self-reported by the applicant/participant/caregiver as a diagnosis received from a Physician.
MR: Referral to a Nutritionist that can counsel medium risks if one is available; otherwise referred to high-risk Nutritionist.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>411.10</td>
<td>Feeding dietary supplements with potentially harmful consequences</td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>411.11</td>
<td>Routinely not providing dietary supplements recognized as essential</td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>425</td>
<td>Inappropriate Nutrition Practices for Children</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>425.1</td>
<td>Routinely feeding inappropriate beverages as the primary milk source</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>425.2</td>
<td>Routinely feeding a child any sugar-containing fluids</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>425.3</td>
<td>Routinely using nursing bottles, cups, or pacifiers improperly</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>425.4</td>
<td>Routinely using feeding practices that disregard the developmental needs or stages of the child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>425.5</td>
<td>Feeding foods to a child that could be contaminated with harmful microorganisms</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>425.6</td>
<td>Routinely feeding a diet very low in calories and/or essential nutrients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>425.7</td>
<td>Feeding dietary supplements with potentially harmful consequences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>425.8</td>
<td>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>425.9</td>
<td>Routine ingestion of non-food items (pica)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>427</td>
<td>Inappropriate Nutrition Practices for Women</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>427.1</td>
<td>Consuming dietary supplements with potentially harmful consequences</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>427.2</td>
<td>Consuming a diet very low in calories and/or essential nutrients</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>427.3</td>
<td>Compulsively ingesting non-food items (pica)</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>427.4</td>
<td>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Arizona WIC Risk Table FY 2014

X: Requires documentation by a Physician or Primary Care Provider.
XX: Requires documentation by a Physician, Primary Care Provider, or Nutritionist.
XXX: Requires documentation by Physician, Primary Care Provider, Nutritionist, or Competent Professional Authority.
XS: Self-reported by the applicant/participant/caregiver as a diagnosis received from a Physician.
MR: Referral to a Nutritionist that can counsel medium risks if one is available; otherwise referred to high-risk Nutritionist.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>427.5</td>
<td>Pregnant women ingesting foods that could be contaminated with pathogenic microorganisms</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>428</td>
<td>Dietary Risk Associated with Complementary Feeding Practices</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>501</td>
<td>Possibility of Regression</td>
<td>4</td>
<td>7</td>
<td>5</td>
<td></td>
<td>XXX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>502</td>
<td>Transfer of Certification</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>503</td>
<td>Presumptive Eligibility for PG Women</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>601</td>
<td>Woman Breastfeeding an Infant at Nutritional Risk</td>
<td>1, 2, 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>602</td>
<td>Breastfeeding Complications (BF)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>603</td>
<td>Breastfeeding Complication(s)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>701</td>
<td>Infant Up To 6 Months of Age Born to WIC Mother or WIC-Eligible Mother</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>702</td>
<td>Infant Being Breastfed by a Woman at Nutritional Risk</td>
<td></td>
<td></td>
<td></td>
<td>1, 2, 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>703</td>
<td>Infant Born of Woman with Mental Retardation, Alcohol, Drug Abuse</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>XS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>801</td>
<td>Homelessness</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>802</td>
<td>Migrant status</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>901</td>
<td>Recipient of Abuse</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>902</td>
<td>Woman or Infant/Child of Primary Caregiver with Limited Ability</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>5 XS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- High-Risk or IBCLC for breastfeeding complications; after initial consultation may be referred to MR, CBC or CLC.
- XS (mental illness only)
### Arizona WIC Risk Table FY 2014

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>903</td>
<td>Foster Care</td>
<td>4</td>
<td>7</td>
<td>7</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>904</td>
<td>Exposure to Environmental Tobacco Smoke</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix I:
Risk Factors Not Currently Recognized by Arizona Table

See Attached
### Risk Factors Not Currently Recognized By Arizona

<table>
<thead>
<tr>
<th>Code</th>
<th>Risk Name</th>
<th>Priority-PG</th>
<th>Priority-BF</th>
<th>Priority-PP</th>
<th>Priority-Infant</th>
<th>Priority-Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>121</td>
<td>Short Stature or At Risk of Short Stature</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>(Infants and Children)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>152</td>
<td>Low Head Circumference</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>357</td>
<td>Drug Nutrient Interactions</td>
<td>1</td>
<td>1</td>
<td>3, 4, 5, or 6</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>
Appendix J:
Notification of Ineligibility Form

See Attached
You have been found ineligible to participate in the WIC □ or CSFP □ (check only one) Program for the following reason(s):

WIC

CSFP

Health and/or Public Assistance Program referral made: yes □ no □

If any of the above changes, you may reapply for services.

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within twenty (20) calendar days for an informal dispute resolution meeting or sixty (60) calendar days for a fair hearing of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought.

An informal dispute resolution meeting is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting. A decision is made at the end of the meeting. You have the right to request an informal dispute resolution meeting. If you request an informal dispute resolution meeting, the agency shall notify you at least ten (10) calendar days before the meeting, after having received the request. The notice will explain the meeting location, time and procedures. This request must be post-marked or hand-delivered to the Local Agency Director no later than twenty (20) calendar days from the date of receipt of this notice. Local Agency staff may assist you in filing your request in writing.

To request an informal dispute resolution meeting, submit the request in writing to:

Chief, Bureau of Nutrition and Physical Activity
150 North 18th Avenue, Suite 310
Phoenix, AZ 85007

or hand deliver to Local Agency WIC Director who will immediately forward to the Bureau Chief.

If you do not wish to request an informal dispute resolution meeting, you may request a fair hearing. A fair hearing may, also, be requested when a participant/Authorized Representative disagrees with the decision of informal dispute resolution meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this notice to post-mark or hand-deliver a written request for a fair hearing. The request must contain a statement of facts, the reasons you believe you are entitled to a fair hearing, and the relief sought. Local Agency staff may assist you in filing your request in writing.

To request a fair hearing, submit your request in writing to:

Arizona Department of Health Services
Clerk of the Department
1740 W. Adams, Suite 203
Phoenix, AZ 85007

If you choose to appeal, you will receive Program Benefits, if you file your appeal within fifteen (15) calendar days from receipt of this notice, during the appeal process until the hearing officer reaches a decision or the Certification period ends whichever comes first. (Participants who are denied Benefits at initial Certification; participants whose Certification period has expired or who become categorically ineligible will not continue to receive Benefits while awaiting the decision on their appeal.)

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

For participants in a valid Certification period only:

Participants are advised in writing fifteen (15) calendar days prior to the end of program Benefits. Your WIC Program Benefits will end on____________________________

Applicant/caretaker signature: ___________________________ Date: ___________________________

Clinic Staff signature: ___________________________ Date: ___________________________
AVISO DE INELIGIBILIDAD PARA LOS PROGRAMAS WIC/CSFP DE ARIZONA

Nombre del Solicitante: ____________________________________________

Usted no es elegible para participar en el Programa WIC ☐ o CSFP ☐ (marque sólo uno) por la(s) razón(es):

☐ WIC
☐ CSFP

Se hizo una recomendación de Programa de Salud y/o Asistencia Publica: ☐ Sí ☐ No

Si alguno de los anteriores cambia, usted puede volver a solicitar los servicios.

Si usted no esta de acuerdo con esta decisión y quiere apelar, su solicitud de apelación se debe presentar por escrito dentro de veinte (20) días del calendario para una junta informal de resolución de la disputa o sesenta (60) días del calendario después de recibir este aviso, para una audiencia justa. La solicitud debe incluir los hechos que usted cree le dan derecho a beneficios y los servicios solicitados.

Una JUNTA INFORMAL PARA RESOLUCIÓN DEL CASO es una junta informal entre usted, el director de la Agencia Local, el personal de la Agencia Local involucrada y un representante de la Agencia Estatal, quien presidirá la junta. La decisión se toma al terminar la junta. Usted tiene el derecho a solicitar una junta informal para resolución del caso. Si usted solicita una junta informal para resolución del caso, la agencia le avisará por lo menos diez (10) del calendario, después de recibir la solicitud. El aviso le explicará el procedimiento y le dirá la hora y ubicación de la junta. La solicitud puede presentarse por correo o entregarse en persona al Director de la Agencia Local a más tardar veinte (20) días del calendario de la fecha en que se reciba el aviso. El personal de la Agencia Local le puede ayudar a llenar su petición por escrito.

Para solicitar una Junta Informal para Resolución del Caso, envíe su solicitud por escrito a:
Chief, Bureau of Nutrition and Physical Activity
150 North 18th Avenue, Suite 310
Phoenix, AZ 85007

O entréguela personalmente al Director de la Agencia Local de WIC quien de inmediato la enviará al jefe del Departamento.

Si no quiere solicitar una junta informal para resolución del caso, puede solicitar una AUDIENCIA JUSTA. La audiencia justa también se puede solicitar cuando un participante/representante autorizado no está de acuerdo con la decisión tomada en una junta informal para resolución del caso. Una audiencia justa es una audiencia administrativa ante un juez administrativo y la decisión se toma dentro de los siguientes cuarenta y cinco (45) días del calendario después de la primera solicitud de audiencia. Tiene sesenta (60) días del calendario a partir de la fecha en que se reciba el aviso, por escrito, ya sea por correo o en persona, solicitando una audiencia justa. La solicitud debe contener una declaración de los hechos, las razones por las que cree que tiene derecho a una audiencia justa y los beneficios solicitados. El personal de la Agencia Local le puede ayudar a llenar su petición por escrito.

Para solicitar una audiencia justa, envíe su petición por escrito ante:
Arizona Department of Health Services
Clerk of the Department
1740 W. Adams, Suite 203
Phoenix, AZ 85007

Si decide apelar recibirá beneficios del programa, si presenta la apelación dentro de 15 días del calendario de que reciba este aviso, durante el proceso de apelación hasta que el oficial de audiencias tome una decisión o termine el periodo de certificación, lo que ocurra primero. (A los participantes que se les nieguen beneficios al principio de la certificación, participantes cuya certificación haya expirado o quienes definitivamente no sean elegibles, no seguirán recibiendo los beneficios mientras esperan la decisión sobre su apelación.)

De acuerdo con la ley federal y las políticas del Departamento de Agricultura de los EE.UU. (USDA, sigla en inglés), se le prohíbe a esta institución que discrimine por razón de raza, color, origen, sexo, edad, o discapacidad.

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, o llame gratis al (866) 632-9992 (voz). Personas con discapacidad auditiva o del habla pueden contactar con USDA por medio del Servicio Federal de Relevo (Federal Relay Service) al (800) 845-6136 (español) o (800) 877-8339 (inglés). USDA es un proveedor y empleador que ofrece oportunidad igual para todos.

Solo para participantes en un periodo válido de certificación:

Se avisa a los participantes por escrito quince (15) días antes de que terminen sus beneficios del programa. Sus beneficios del Programa WIC terminarán el

______
Firma solicitante/encargado de su cuidado: __________________________ Fecha: __________________________

______
Firma personal de Clínica: __________________________ Fecha: __________________________
Appendix K:
Proxy Certification Form

See Attached
PROXY CERTIFICATION

ARIZONA WIC PROGRAM

I, ___________________________________________________, understand that I will be allowed to accept WIC Food Benefits (checks) and buy WIC authorized foods for:

Participant's Name       Participant's Name
Participant's Name       Participant's Name
Participant's Name       Participant's Name

I also understand that I must follow all WIC rules including:

- Shop only at WIC authorized stores
- Buy only the foods listed on the Food Benefit (check)
- Give all foods bought to the participant
- Save the receipts for the foods bought and give them to the participant
- Use the Food Benefits only during the dates in which they are valid.

Finally, I understand that misuse of Food Benefits (checks) is against the law and that offenders will be prosecuted.

The undersigned person is authorized to accept and use WIC Food Benefits (checks)

FROM ____________________________ TO__________________________

Proxy signature                     Date
Signature of clinic staff            Date

Printed name and title of clinic staff

CERTIFICADO DE AUTORIDAD

PROGRAMA WIC DE ARIZONA

Yo, _____________________________________________________, entiendo que me será permitido aceptar los cheques de WIC y comprar los alimentos autorizados por WIC para:

Nombre de participante       Nombre de participante
Nombre de participante       Nombre de participante
Nombre de participante       Nombre de participante

Además entiendo que debo seguir las reglas de WIC incluyendo:

- Comprar solo en las tiendas autorizadas por WIC
- Comprar solo los alimentos de la lista en el cheque
- Dar todos los alimentos al participante
- Obtener los recibos de la tienda de los alimentos comprados y entregarlos al participante
- Usar los cheques solamente durante el tiempo en que son válidos

Finalmente, comprendo que el mal uso de los cheques es contra la ley y los ofensores estarán sujetos a un proceso judicial.

La persona firmante está autorizada para aceptar y usar los cheques de WIC.

DESDE ____________________________ HASTA__________________________

Firma de autorizado(a)                     Fecha
Firma de personal de la clínica            Fecha

Escriba con letra impresa el título del personal de la clínica
Appendix L:
Sample Letter for Referral Agency Communication
Regarding Waiting Lists

See Attached
Dear WIC Partner:

For the past few years, the Arizona WIC Program has been growing and has been accepting all applicants who meet the eligibility criteria. However, we are now in a position where we are going to have to reduce our caseload in response to restricted funding and rising costs. In the next few months, we will need to remove approximately 3,800 participants statewide from the program. This does not mean, however, that we are not taking new applicants.

Although we may not be able to serve all of the potentially eligible applicants, we will continue to serve those at highest risk. According to WIC definitions of risk and priority for service, pregnant women come ahead of all others. Breastfeeding women and infants are next, with children and postpartum, non-breastfeeding women in the lower priorities.

This means that we still are encouraging all agencies to continue to refer potential WIC clients to us. New applicants have an equal chance of being served as clients who are at the end of their Certification periods. WIC does not give preference to clients who have been on the program before.

Postpartum women and some children may be placed on waiting lists or referred to other programs such as Food Plus (CSFP) or Head Start.

We don’t want to give the impression to the public that it is not worthwhile to apply for WIC because WIC is experiencing caseload adjustments. We are still serving pregnant and breastfeeding women, infants, and most children who meet our eligibility criteria.

Thank you for your continuing support of WIC and your referral of potential WIC clients.

Sincerely,

Local Agency WIC Director
Appendix M:
Military Pay Stub Guidelines

See Attached
Military Pay Stub Guidelines

I. The Leave and Earnings Statement (LES) is a monthly statement of the preceding month’s pay of military personnel. This is the document that will provide WIC the correct information for income eligibility determination.

II. Entitlements refer to the different types of pay active military personnel receive, depending on their rank, location, and assignment.

III. The following types of pay for active military personnel are counted in gross income for WIC income determination:

BASE PAY
Base Pay is the amount of basic pay all active duty personnel receives. The amount of base pay is determined by the length of time in the service and pay grade.

BASIC ALLOWANCE (BAS)
Referring to Basic Allowance for Subsistence, BAS is intended to provide meals for the service member; its level is linked to the price of food.

SAVE PAY
Save Pay refers to money given to some personnel as they switch from time-in-service to time-in-grade pay so that they do not see a drop in basic pay.

CLOTHING ALLOWANCE
A clothing allowance may be issued to help a member pay for his/her uniforms. This is an annual pay given primarily to enlisted service members.

FAMILY SEPARATION ALLOWANCE (FSA)
This pay is for service members with dependents that meet the eligibility criteria to receive an additional $250 per month. Service members will receive FSA pay from the day of departure from the home station and end the day prior to arrival at the home station.

RE-ENLISTMENT BONUS (SRB)
SRB may be paid to a U.S. Armed Forces enlisted member who meets certain conditions. Reenlistment bonus amounts may vary depending on member's prior years of service. The member receives 50% of the bonus up front and the remaining balance is paid in annual installments.

CAREER ENLISTED FLYER INCENTIVE PAY (CEFIP)
A service member may be eligible to receive CEFIP if he/she is considered "Career Enlisted Flyer" by the military. If this is the case, the service member may be eligible for continuous, monthly incentive pay.

CAREER SEA PAY
Active Duty Enlisted Service Members or Commissioned Officers on sea duty are entitled to Career Sea Pay up to $730 a month.

COST OF LIVING ALLOWANCE (COLA) OR CONUS COLA (CONTINENTAL US COST OF LIVING ALLOWANCE)
COLA is a cash allowance intended to enable an equitable standard of living in areas where cost of living is unusually high in the continental U.S. If the cost of living in the area where the member is assigned is the same or lower than average in the U.S., COLA is not authorized. See the following link for States where military personnel are authorized to receive COLA: https://secureapp2.hqda.pentagon.mil/perdiem/cclocs07.pdf.
FOREIGN LANGUAGE PROFICIENCY PAY (FLPP)
An officer or enlisted member of the Armed Forces who has been certified as proficient in a foreign language within the past 12 months (or 12 months plus 180 days when called or recalled to active duty in support of contingency operations) may be paid Foreign Language Proficiency Pay (FLPP). FLPP that was not received by a service member prior to the time of deployment to a designated combat zone should be excluded from the WIC income eligibility determination.

SPECIAL DUTY ASSIGNMENT PAY (SDAP)
All enlisted active duty service members who perform duties designated as extremely difficult or requiring a high level of responsibility in a military skill may be paid SDAP. Amounts paid monthly based on duties range from $75 to $450. SDAP that was not received by a service member prior to the time of deployment to a designated combat zone should be excluded from the WIC income eligibility determination.

VETERAN’S EDUCATIONAL ASSISTANCE PROGRAM OR THE GI BILL
Service members pay into an education program, the Veteran’s Educational Assistance Program or the GI Bill, and the military matches the amount. When these individuals later attend school/college, they receive a monthly check for school expenses. This monthly check must be included in gross income.

NOTE: If any of the types of pay are made on a temporary basis (ie: not for the full year), you may choose 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. Averaging the pay for the past 12 months gives them a better chance of qualifying for WIC. However, if the current rate of pay is less than previous months’ pay rate, use the current rate.

For example, the LES of an enlisted person shows a monthly pay for the past 3 months of $5,000, which included combat duty pay and excluded their housing allowances. Their LES statements for the preceding 9 months show only $3,000 per month, so you would multiply $5,000 by 3 months and $3,000 by 9 months to get a total of $42,000 for the year. This amounts to an average of $3,500/month, which is less than the average of $5,000/month if income had been calculated using $5,000 for the entire 12 months.

MILITARY SURVIVOR BENEFITS PLAN (SBP)
The Uniformed Services Survivor Benefit Plan (SBP) is the sole means by which survivors can receive a portion of military retired pay. Without it, retired pay stops on the date of death of the retiree. The dollar amount of the survivor’s Benefits pay can be any amount between $300 per month and full retired pay.

IV. In order to be excluded from the WIC income eligibility determination, the pay must have been received in addition to the service member’s basic pay; must have been 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 must not have been received by the service member prior to his/her deployment to or service in the designated combat zone. The following types of pay for active military pay are not counted in gross income for WIC income determination purposes and, therefore, should be deducted from their gross pay:

BAH
BAH refers to Basic Allowance for Housing, an allowance for housing given to personnel who lives off base.

DEIP/DESP
DEIP/DESP Deployment Extension Incentive Pay, also known as Deployment Extension Stabilization Program Pay is given to active duty service members who agree to extend their military service by completing deployment with their units without re-enlisting. This is not counted as income when they receive this pay while they are deployed.
COMMON MILITARY PAYS/ALLOWANCES THAT MUST BE COUNTED WHEN DETERMINING WIC INCOME ELIGIBILITY

FSA
FAMILY SEPARATION PAY (FSA) is for service members with dependents who meet certain eligibility criteria. Service members receive FSA pay from the day of departure from the home station and end the day prior to arrival at the home station. This payment may be excluded in some but not all cases. FSA is only excluded if the service member is en route to a training location prior to deployment to a designated combat zone or on deployment orders to a combat zone.

HOSTILE FIRE/IMMINENT DANGER PAY (HFP/IDP)
A member of a uniformed service may be paid a special pay for any month in which he was entitled to basic pay in which they served within an officially declared hostile fire/imminent danger zone. One day spent in a designated HFP area qualifies the member for an entire month of pay.

HARDSHIP DUTY PAY (HDP, HDP-L OR HDP-M)
Hardship Duty Pay is a special pay used as additional compensation for service members who are either serving in locations where living conditions create undue hardship or who are performing designated hardship missions.

HDP-M (mission) is a special pay entitled to service members for specific missions, at the monthly rate whenever any part of the month is served fulfilling the specific mission.

HDP-L (location) is a special pay entitles to service members who serve in a designated area for over 30 days and stops upon departure for that area.

If HDP-L and –M are not in combat areas, they are not excluded from the gross income.

HAZARDOUS DUTY INCENTIVE PAY (HDIP)
Service members show perform any of the following duties can earn HDIP:
- Parachute Duty
- Flight Deck
- Demolition Duty
- Experimental Stress Duty
- Toxic Fuels (or Propellants) Duty
- Toxic Pesticides Duty
- Dangerous Viruses (or Bacteria) Lab Duty
- Chemical Munitions Duty
- Maritime Visit, Board, Search and Seizure (VBSS) Duty
- Polar Region Flight Operations Duty

FLLP (note comments in allowable income guidelines)

SDAP (note comments in allowable income guidelines)

COMBAT-RELATED INJURY AND REHABILITATION PAY (CIP)
Service members who are med evac'ed out of the combat zone and are considered “hospitalized” are entitled to CIP. A service member is considered hospitalized if he/she is admitted as an impatient or is receiving extensive rehabilitation as an outpatient while living in quarters affiliated with the military health care system. The monthly CIP payment equals a set amount less any HFP payment for the same month, and the hospitalized service member is eligible for CIP starting the month after being evacuated. These payments also would be excluded for the WIC eligibility purposes.
Chapter Two  
Certification  
Appendix M

OCONUS COLA 
OCONUS COLA refers to cost of living allowance provided to military personnel residing in designated overseas high-cost living areas outside of the continental United States. (This is different from COLA, which is provided to military personnel residing in the continental U.S.; COLA must be counted as income for WIC.)

ARMED FORCES FAMILY SUBSISTENCE SUPPLEMENTAL ALLOWANCE (FSSA) 
FSSA are payments received under the Armed Forces Family Subsistence Supplemental Allowance, to bring a household’s income up to 130% of the Federal Poverty Level and are not to be counted as income.

VETERAN’S EDUCATIONAL ASSISTANCE PROGRAM OR THE GI BILL 
Service members pay into an education program, the Veteran’s Educational Assistance Program or the GI Bill, and the military matches the amount. When these individuals later attend school/college, they receive a monthly check for school expenses. WIC is required to exclude the upfront amount taken out of a military persons’ salary that goes into the education assistance program.

V. Military Reservists called to active duty 
Families of military reservists who are placed in active duty may experience a drop in income such that they may become income eligible for the WIC Program. In this situation, determination of income may be based on the family’s “current” rate of income while the reservist is on active duty for a more accurate determination of the family’s income status.

VI. Children in the temporary care of friends or relatives 
There are 3 options to determine income:

a. If gross income is available, the absent parents or one parent and their children can be considered as the economic unit.
b. If the unit has its own adequate source of income, e.g. child allotment, the children can be counted as a separate economic unit.
c. When the first two above-mentioned options are not applicable, the children are considered to be part of the economic unit of the person(s) they are residing with.
Appendix N:
Offer of Voter Registration Form

See Attached
Offer of Voter Registration
State of Arizona

If you are **NOT** registered to vote where you live now, would you like to apply to register to vote here today?

☐ YES  ☐ NO

□ NO, already registered at current address

• If you do not check any of the boxes above, you will be considered to have decided not to register to vote at this time.

• Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.

• If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

• If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

  State Elections Officer
  Secretary of State's Office
  1700 West Washington Street, 7th Floor
  Phoenix, Arizona 85007
  (602) 542-8683

Signature of Applicant / Authorized Rep (or initials of staff person) Date

---

Oferta de Registro para Votantes
Estado de Arizona

Si usted **NO** está registrado(a) para votar donde vive actualmente, ¿Le gustaría solicitar hoy el registro para votar?

☐ Sí  ☐ NO

☐ NO, ya estoy registrado(a) en mi domicilio actual

• Si no marca ninguna de las casillas de arriba, será considerado como que decidió no registrarse para votar esta vez.

• Solicitar registrarse para votar, o negarse a hacerlo, **no** afectará la ayuda que se le prestará en esta agencia.

• Si necesita ayuda para llenar la solicitud para registro de votantes, nosotros le podemos ayudar. La decisión de pedir o aceptar ayuda es de usted. Puede llenar la solicitud en privado.

• Si cree que alguien ha interferido en su derecho de registrarse o de negarse a registrarse para votar, su derecho a la privacidad, su decisión de registrarse o solicitar una forma de registro para votar o su derecho a escoger su propio partido político u otra preferencia política, usted puede presentar una queja ante:

  State Elections Officer
  Secretary of State's Office
  1700 West Washington Street, 7th Floor
  Phoenix, Arizona 85007
  (602) 542-8683

Firma del Solicitante/Representante Autorizado (o iniciales del personal) Fecha

---
### Index

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>“X” Signature</td>
<td>2-54</td>
</tr>
<tr>
<td>10 / 20 Day Rule</td>
<td>2-69</td>
</tr>
<tr>
<td>adjunctive eligibility</td>
<td>2-20, 2-21</td>
</tr>
<tr>
<td>birth date</td>
<td>2-73</td>
</tr>
<tr>
<td>Certification of Women and Children in the Hospital</td>
<td>2-12</td>
</tr>
<tr>
<td>Child support</td>
<td>2-23, 2-31</td>
</tr>
<tr>
<td>ethnicity</td>
<td>2-19</td>
</tr>
<tr>
<td>Foster Child</td>
<td>2-21</td>
</tr>
<tr>
<td>homeless</td>
<td>2-4, 2-17, 2-18, 2-23, 2-27</td>
</tr>
<tr>
<td>Household Size</td>
<td>2-20</td>
</tr>
<tr>
<td>Identification Folder</td>
<td>2-7, 2-23</td>
</tr>
<tr>
<td>Ineligibility</td>
<td>2-2, 2-3, 2-29, 2-30, 2-57, 2-73, 2-126</td>
</tr>
<tr>
<td>Military</td>
<td>2-3, 2-22, 2-31, 2-33, 2-133, 2-134, 2-137</td>
</tr>
<tr>
<td>Physical Presence</td>
<td>2-2, 2-6, 2-11, 2-12, 2-13, 2-13, 2-14</td>
</tr>
<tr>
<td>proof of identification</td>
<td>2-13, 2-14, 2-18, 2-66</td>
</tr>
<tr>
<td>Proof of income</td>
<td>2-20</td>
</tr>
<tr>
<td>proof of residency</td>
<td>2-15, 2-16, 2-18</td>
</tr>
<tr>
<td>race</td>
<td>2-82, 127</td>
</tr>
<tr>
<td>Race / Ethnicity</td>
<td>2-19</td>
</tr>
<tr>
<td>referral</td>
<td>2-48, 2-55, 127, 132</td>
</tr>
<tr>
<td>Referrals</td>
<td>2-2, 2-6, 2-55, 2-56, 2-57, 2-73</td>
</tr>
<tr>
<td>refugee</td>
<td>2-23</td>
</tr>
<tr>
<td>Refugees</td>
<td>2-18</td>
</tr>
<tr>
<td>Rights and Obligations</td>
<td>2-2, 2-11, 2-47, 2-48, 2-48, 2-62, 2-63</td>
</tr>
<tr>
<td>Statement of Documentation</td>
<td>2-3, 2-14, 2-90</td>
</tr>
<tr>
<td>Transfer</td>
<td>2-3, 2-25, 2-75, 2-76, 2-77, 2-78, 2-79, 2-122</td>
</tr>
<tr>
<td>Verification of Certification (VOC)</td>
<td>2-23, 2-75</td>
</tr>
</tbody>
</table>
Overview

Introduction
Specific food packages are designed, each of which are appropriate for a category of participants, taking into consideration the specific needs of the individuals to be served.

A Food Package Committee determines which foods will be authorized for inclusion in the Arizona WIC Programs Food List. The nutritional value of all foods selected must meet Federal Regulations 7 CFR 246.10 (c).

In This Chapter
This chapter is divided into the following eighteen (18) sections; each one details State and Local Agency responsibilities, and describes the various food packages. It also includes five (5) Appendices.
## Chapter Three
### Food Package - General

### Overview (continued)

<table>
<thead>
<tr>
<th>Contents</th>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>State Agency Responsibilities</td>
<td>3-4</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>Local Agency Responsibilities</td>
<td>3-5</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>Introduction of Complementary Foods</td>
<td>3-6</td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>Food Packages for Fully Breastfed Infants (FFP I and II)</td>
<td>3-7</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>Food Packages for Partially Breastfeeding Infants (FFP I and II)</td>
<td>3-8</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>Food Packages for Formula Fed Infants (FFP I and II)</td>
<td>3-10</td>
</tr>
<tr>
<td></td>
<td>G</td>
<td>Food Packages for Children (FFP IV)</td>
<td>3-12</td>
</tr>
<tr>
<td></td>
<td>H</td>
<td>Food Packages for Pregnant Women (FFP V)</td>
<td>3-13</td>
</tr>
<tr>
<td></td>
<td>I</td>
<td>Food Packages for Fully Breastfeeding Women (FFP VII)</td>
<td>3-14</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>Food Packages for Partially Breastfeeding Women (FFP V)</td>
<td>3-15</td>
</tr>
<tr>
<td></td>
<td>K</td>
<td>Food Packages for Postpartum Women and Minimally Breastfeeding Women (FFP VI)</td>
<td>3-16</td>
</tr>
<tr>
<td></td>
<td>L</td>
<td>Food Packages for Medically Fragile Participants (FFP III)</td>
<td>3-17</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>Medical Documentation for “Healthy Participants”</td>
<td>3-20</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>Milk and Milk Alternative Food Packages</td>
<td>3-22</td>
</tr>
<tr>
<td></td>
<td>O</td>
<td>Food Packages for Homeless Participants</td>
<td>3-24</td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>Tailoring the Food Package</td>
<td>3-25</td>
</tr>
<tr>
<td></td>
<td>Q</td>
<td>Use of the Full Food Package</td>
<td>3-26</td>
</tr>
<tr>
<td></td>
<td>R</td>
<td>Authorization of Poor Water/Refrigeration Packages</td>
<td>3-27</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Food Selection Criteria</td>
<td>3-28</td>
<td></td>
</tr>
<tr>
<td>Appendix B</td>
<td>Food List</td>
<td>3-41</td>
<td></td>
</tr>
<tr>
<td>Appendix C</td>
<td>Authorized Supplemental Food – Basic Specifications</td>
<td>3-55</td>
<td></td>
</tr>
<tr>
<td>Appendix D</td>
<td>Food Packages – Maximum Monthly Quantity</td>
<td>3-62</td>
<td></td>
</tr>
<tr>
<td>Appendix E</td>
<td>Medical Documentation Form</td>
<td>3-70</td>
<td></td>
</tr>
</tbody>
</table>
Chapter Three
Food Package - General

Section A
State Agency Responsibilities

Introduction
The State Agency will develop and distribute a list of authorized foods and will develop food packages for participants by category and for those with special needs.

Criteria for Inclusion on the Food List
Those foods authorized by the Food Package Committee are selected on the basis of:

- Nutritional criteria – as listed in Appendix A
- Cost – the cost of each food item will be similar to like food types, and will not exceed 130 percent of the cost of like foods
- Availability – the food item will be readily available in the marketplace
- Time in Market – The food product, with the exception of formula, shall have been available for at least one year on store shelves before it is considered for addition to the WIC food package in an effort to effectively assess cost and future availability. However, the program reserves the right to waive this requirement to ensure that appropriate food packages are implemented.

Food Distribution List
The list of approved foods will be provided to all Local Agencies, participants, and Vendors. The list will be reviewed periodically, and additions or deletions will be made as required or recommended by the Food Package Committee.

Food Packages
Food packages, conforming to Federal food package specifications and based on recognized principles of proper nutrition, will be developed for each category of participant. Additionally, packages will be created for those participants with special needs. Food packages are categorically defined as follows:

- FFP I: Infants 0-5.9 Months
- FFP II: Infants 6-11.9 Months
- FFP III: Participants with qualifying medical conditions
- FFP IV: Children 1-4.9 years of age
- FFP V: Pregnant and partially breastfeeding
- FFP VI: Postpartum
- FFP VII: Fully Breastfeeding Women
Section B
Local Agency Responsibilities

Introduction
Local Agency staff will issue and explain the use of food instruments and Cash Value Vouchers for food package purchases, and tailor food packages for individual clients' needs and cultural preferences as desired. It is the responsibility of the Local Agency to verify and document food packages for those participants with special needs and obtain medical documentation for the issuance of any supplemental foods requiring medical documentation (see Section L).

Local Agency Register
The Local Agency WIC Director or designee will maintain a current listing of the staff members authorized to issue supplemental food packages. The list will include the names, signatures, and titles of those staff members.

Certification / Explanation
During Certification, Local Agency staff will explain the food package to the participant. The explanation will include a list of which foods can be purchased and how they are relevant to the participant's nutritional risk, including proper use and redemption of food instruments and Cash Value Vouchers.

Custom Food Packages
The State Agency will provide custom food packages at the request of the Local Agency.

Food Instrument Issuance
Local Agency staff will issue food instruments to participants (or their proxies) that can be used to purchase supplemental foods. Participants or caretakers shall be advised, when appropriate, that the supplemental foods issued are only for the use of the WIC participant only. Supplemental foods are not authorized for participant use while hospitalized on an in-patient basis. Supplemental foods are also not authorized for use in communal food service settings.

NOTE: The amount of supplemental foods authorized for purchase will not exceed the maximum quantities specified in Appendix C. The amount can be tailored downward if the participant needs or requests less.
Section C
Introduction of Complementary Foods

Policy

Baby food fruits and vegetables allow for early introduction to new flavors and textures over time and encourage availability of developmentally appropriate textures.

Infants will be issued baby food fruits and vegetables and infant cereal beginning at six (6) months of age and will continue through eleven (11) months of age.

Fully breastfed infants will also receive baby food meats in addition to the baby food fruits and vegetables beginning at six (6) months of age and will continue through eleven (11) months of age.

Special needs children (C1–C4) and women categories will be able to receive infant fruits and vegetables if needed in place of the fruits and vegetable voucher.

Local Agency Responsibility

Infant food packages are designed to address the developmental needs of participants and bring the infant food packages in line with current infant feeding practice guidelines from the American Academy of Pediatrics (AAP). Local Agencies should issue infant food packages in accordance with the individual developmental needs of the infant to encourage healthy dietary patterns.
Section D
Food Packages for Fully Breastfed Infants – FFP I and II

Introduction
Local Agency staff will actively support and encourage breastfeeding to pregnant and postpartum participants.

Definition
WIC promotes breastfeeding as the optimal feeding choice for infants.

A fully breastfed infant is one who does not receive any formula from the WIC program.

The fully breastfed infant feeding category includes infants who are zero to five (0-5) months; they receive breastfeeding support and referrals. At six to eleven (6-11) months of age, the fully breastfed infant receives baby food fruits and vegetables, baby food meats, and infant cereal in addition to the continued breastfeeding support and referrals.

A breastfeeding assessment should be done before the issuance of food instruments at every visit. The results of the assessment should be used to provide individualized breastfeeding support and to determine the appropriate food package.

This category is identified as IEN (Infant Exclusively Nursing) in HANDS.
Section E
Food Packages for Partially Breastfed Infants – FFP I and II

Introduction
Local Agency staff will actively support and encourage breastfeeding to pregnant and postpartum participants.

Definition
WIC promotes breastfeeding as the optimal feeding choice for infants.

A partially (mostly) breastfed infant is categorized by four infant feeding categories by age including zero to one (0-1) month of age; one through three (1-3) months of age; four through five (4-5) months of age; and six through eleven (6-11) months of age.

Partially (mostly) breastfeeding infants receive baby food fruits and vegetables and infant cereal beginning at six (6) months of age.

A breastfeeding assessment should be done before the issuance of food instruments at every visit. The results of the assessment should be used to provide individualized breastfeeding support and to determine the appropriate food package.

Maximum Monthly Allowance
The maximum monthly allowance of formula for the partially (mostly) breastfed infant is as follows:

- 0-1 month: 104 fluid oz. of reconstituted powder formula.
- 1-3 months: 435 fluid oz. of reconstituted powder formula or 388 fluid oz. of liquid concentrate formula or 384 fluid oz. of ready-to-feed formula.
- 4-5 months: 522 fluid oz. of reconstituted powder formula or 460 fluid oz. of liquid concentrate formula or 474 fluid ounces of ready-to-feed formula.
- 6-11 months: 384 fluid oz. of reconstituted powder formula or 315 fluid oz. of liquid concentrate formula or 338 fluid oz. of ready-to-feed formula.

If the caregiver of the partially breastfeeding infant requests more than the maximum monthly allowance of formula for a partially (mostly) breastfed infant, the infant is identified as an IPN+ in HANDS. The partially breastfeeding woman will correspondingly be identified as a PN+ (see Section K) in HANDS, and will no longer receive a food package or supplemental foods after 6 months postpartum. PN+ mothers will, however, continue to count as a WIC participant, receiving nutrition and breastfeeding education, support, and referrals.
### Section E
**Food Packages for Partially Breastfed Infants – FFP I and II**
(Continued)

<table>
<thead>
<tr>
<th>Partially Breastfed Infant Formula Issuance 0-1 month</th>
<th>Formula may only be issued in the first month after birth for partially (mostly) breastfeeding infants following a comprehensive assessment of the breastfeeding mom and infant and by approval of the Local Agency designated breastfeeding authority including an IBCLC/CBC/CLE/CLC or nutritionist.</th>
</tr>
</thead>
</table>

Section F
Food Packages for Formula-Fed Infants – FFP I and II

Policy
Rebated iron fortified milk or soy-based powdered formulas should be issued to all healthy infants in their first year of life if breastfeeding is not chosen. Issuance of any other exempt or non-contract infant formula must follow prescribed procedures as outlined in Chapter 4.

Written medical documentation and nutritionist approval must be obtained for any non-contract infant formula. State nutritionist approval is required for any regular non-contract brand infant formula (i.e., Enfamil Infant).

Definition
A formula-fed infant is categorized into three infant feeding categories by age including zero to three (0-3) months of age; four through five (4-5) months of age; and six through eleven (6-11) months of age.

The maximum monthly allowance of formula for the formula-fed infant is as follows:

- 0-3 months: 870 fluid oz. of reconstituted powder formula or 823 fluid oz. of reconstituted liquid concentrate formula or 832 fluid oz. of ready-to-feed formula.
- 4-5 months: 960 fluid oz. of reconstituted powder formula or 896 fluid oz. of reconstituted liquid concentrate formula or 913 fluid ounces of ready-to-feed formula.
- 6-11 months: 696 fluid oz. of reconstituted powder formula or 630 fluid oz. of reconstituted liquid concentrate formula or 643 fluid oz. of ready-to-feed formula.

Formula-fed infants also receive baby food fruits and vegetables and infant cereal beginning at six (6) months of age.

This category is identified as IFF (Infant Formula Feeding) in HANDS.

Continued on Next Page
Section F
Food Packages for Formula-Fed Infants – FFP I and II (Continued)

Cost Containment

The USDA requires cost containment so that WIC can serve more participants. The terms of the infant formula contract state that the Arizona WIC Program will issue the specified formula in order to receive rebates. As infant formula is the most expensive food that WIC provides, it is important to issue rebated infant formula whenever possible in order to maximize food dollars. The State Agency will establish and monitor exception rates to rebated formula issuance.

The State Agency will monitor formula usage and counsel Local Agencies with exception rates above 3 percent.

During Management Evaluations, chart reviews will focus on proper documentation for exceptions to the issuance of rebated formula according to procedures contained in the Arizona WIC Policy and Procedure manual (see Chapter 4).
Section G
Food Packages for Children – FFP IV

Introduction
The primary goals of the Arizona WIC food packages for children are to:

- Help the child maintain a healthy weight.
- Offer a variety of foods.
- Provide foods that are lower in fat and higher in fiber.
- Provide foods that are consistent with the Dietary Guidelines for Americans and MyPlate recommendations.

This package is designed for issuance to children who do not have a condition qualifying them to receive a medical food package to address special nutritional needs.

Definition
The child’s food package is designed for issuance to children 1 through 4 years of age and includes one $8 cash value voucher for fresh, frozen, and/or canned fruits and vegetables.

Children 1 year of age (12 months-23 months) are authorized to receive whole milk. Reduced fat (2%) milks can be issued to one-year olds for whom overweight or obesity is a concern. This category is identified as C1 in HANDS.

Children 2 through 4 years of age shall receive 1% or skim milk. Reduced fat (2%) milks are available only for participants with certain conditions that would benefit from an increased calorie intake, including, but not limited to, being underweight. These categories are identified as C2, C3, and C4 in HANDS.

Soy products are allowed as a milk substitution for all children categories.

Special formula or medical foods are available for children with qualifying medical conditions up to a maximum of 455 fl oz. of liquid concentrate per month (see Section L).

Maximum monthly allowances for supplemental foods are listed in Appendix D.
Section H
Food Packages for Pregnant Women – FFP V

Introduction
The primary goals of the Arizona WIC food packages for pregnant women are to:

- Promote a healthy weight gain for mom and baby.
- Improve the variety of foods available.
- Provide foods that are lower in fat and higher in fiber.
- Provide foods that are consistent with the Dietary Guidelines for Americans and MyPlate recommendations.

Definition
This food package is designed for issuance to pregnant participants and includes two $5 Cash Value Vouchers ($10 total) for fresh, frozen, and/or canned fruits and vegetables.

Women participants pregnant with multiples are eligible to receive increased foods as listed in the Maximum Monthly Allowances in Appendix D. The maximum monthly allowance of food is equivalent to that of a fully breastfeeding woman (FFP VII).

Special formula or medical foods are available for women with qualifying medical conditions up to a maximum of 455 fl oz. of liquid concentrate per month (see Section L).

This category is identified as PG1 (pregnant woman under 18 years of age) and PG2 (pregnant woman 18 years of age and older) in HANDS.
Chapter Three
Food Package - General

Section I
Food Packages for Fully Breastfeeding Women – FFP VII

Introduction
The primary goals of the Arizona WIC food package for exclusively breastfeeding women are to:

- Actively promote and support successful breastfeeding.
- Promote breastfeeding as the norm and optimal feeding choice for the infant.
- Encourage selection of fully breastfeeding package without formula, providing breastfeeding support to help mom feed only breast milk to baby.
- Encourage continued exclusive breastfeeding and support breast milk supply.
- Improve the variety of foods available.
- Provide foods that are lower in fat and higher in fiber.
- Provide foods that are consistent with the Dietary Guidelines for Americans and MyPlate recommendations.

Definition
This is package is designed for breastfeeding women up to one year postpartum whose infants do not receive formula from WIC, women pregnant with two or more fetuses; women partially (mostly) breastfeeding multiple infants from the same pregnancy; and pregnant women who are also fully or partially (mostly) breastfeeding singleton infants. It includes two $5 Cash Value Vouchers ($10 total) for fresh, frozen, and/or canned fruits and vegetables.

A breastfeeding assessment should be done before the issuance of food instruments at every visit. The results of the assessment should be used to provide individualized breastfeeding support and to determine the appropriate food package.

A woman fully breastfeeding multiples is eligible to receive 1.5x the maximum monthly allowance of supplemental food authorized for a fully breastfeeding woman. This includes three $5 Cash Value Vouchers ($15 total) for fresh fruits and vegetables.

Maximum monthly allowances for supplemental foods are listed in Appendix D.

Special formula or medical foods are available for women with qualifying medical conditions up to a maximum of 455 fl oz. of liquid concentrate per month (see Section L). This category is identified as EN (Exclusively Nursing) in HANDS.
Section J
Food Packages for Partially (Mostly) Breastfeeding Women – FFP V

Introduction
The primary goals of the Arizona WIC food package for the partially breastfeeding women are to:

- Actively promote and support successful breastfeeding.
- Improve the variety of foods available.
- Provide foods that are lower in fat and higher in fiber.
- Provide foods that are consistent with the Dietary Guidelines for Americans and MyPlate recommendations.

Definition
This food package is designed for the issuance to breastfeeding women participants, up to one year postpartum, whose partially (mostly) breastfed infant receives formula from the WIC program in amounts that do not exceed the maximum allowances described in Appendix D for a partially (mostly) breastfeeding infant and includes two $5 Cash Value Vouchers ($10 total) for fresh, frozen, and/or canned fruits and vegetables.

This category is identified as PN (Partially (mostly) Nursing) in HANDS. A PN woman will receive a food package or supplemental foods up to one year postpartum.

A breastfeeding assessment should be done before the issuance of food instruments at every visit. The results of the assessment should be used to provide individualized breastfeeding support and to determine the appropriate food package.

A partially breastfeeding woman who requests more formula than can be provided for this category (PN) is identified as a PN+ in HANDS, and will be given smaller food package (see Section K).

Similarly, a partially breastfeeding infant that receives more than the maximum monthly allowance of formula for a partially (mostly) breastfed infant will be an IPN+ in HANDS (see Section E).

Women participants who are partially (mostly) breastfeeding multiples are eligible to receive increased foods as listed in the Maximum Monthly Allowances in Appendix D. The maximum monthly allowance of food is equivalent to that of a fully breastfeeding woman (FFP VII).

Special formula or medical foods are available for women with qualifying medical conditions up to a maximum of 455 fl oz. of liquid concentrate per month (see Section L).
### Section K
Food Packages for Postpartum Women and Minimally Breastfeeding Women – FFP VI

#### Introduction
The primary goals of the Arizona WIC food package for the postpartum woman are to:

- Helps maintain the strength needed to care for an infant.
- Promote a steady weight loss and/or maintain a healthy weight after delivery.
- Improve the variety of foods available.
- Provide foods that are lower in fat and higher in fiber.
- Provide foods that are consistent with the Dietary Guidelines for Americans and MyPlate recommendations.

#### Definition
This package is designed for issuance to postpartum women up to six months postpartum (who are not breastfeeding their infants), as well as minimally breastfeeding women. Categories receiving this package are identified in HANDS as P (postpartum) and PN+ (minimally breastfeeding). The package includes two $5 Cash Value Vouchers ($10 total) for fresh, frozen, and/or canned fruits and vegetables. After 6 months, both P and PN+ women will no longer receive a food package or supplemental foods. PN+ women will continue to count as a WIC participants, however, receiving nutrition and breastfeeding education support and referrals.

A breastfeeding assessment should be done before the issuance of food instruments at every visit. The results of the assessment should be used to provide individualized breastfeeding support and to determine the appropriate food package.

Maximum monthly allowances for supplemental foods are listed in Appendix D.

Special formula or medical foods are available for women with qualifying medical conditions up to a maximum of 455 fl oz. of liquid concentrate per month (see Section L).
Section L
Food Packages for Medically Fragile Participants – FFP III

Introduction
This package is reserved for issuance to women, infants, and children with a qualifying medical condition and medical documentation to receive eligible infant formula, exempt infant formula, and medical foods. A WIC-eligible nutritional includes certain enteral products specifically formulated to provide enteral support for individuals with a diagnosed medical condition, when the use of conventional foods is precluded, restricted, or inadequate. A WIC-eligible nutritional may be nutritionally complete or incomplete, but must serve the purpose of a food, provide a source of calories and one or more nutrients, and be designed for enteral digestion via oral or tube feeding.

Qualifying conditions include, but are not limited to: premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant’s nutritional status.

Definition
Participants who are eligible to receive this food package must have one or more qualifying condition as determined by an authorized prescriptive authority. This food package may not be issued solely for the purpose of enhancing nutrient intake or managing body weight. (See Chapter 4 for specific authorization criteria.) Participants eligible for this food package are also eligible to receive supplemental foods that are not contraindicated by the qualifying condition as determined appropriate by the prescriptive authority.

All apparatus or devices designed to administer WIC formulas are not allowable WIC costs.

Continued on Next Page
Section L
Food Packages for Medically Fragile Participants – FFP III (Continued)

Documentation Requirements
Information regarding the request or medical need for substitutions or alternatives must be documented in the HANDS system. Medical documentation must be provided on the Special Formula Authorization form (see Appendix E) and include the following:

- Date of prescription
- Name and type of formula (i.e., ready-to-feed, powder, or concentrate) and amount needed per day
- Allowable supplemental foods and prescribed amounts, or acknowledgment that they defer the authorization of supplemental foods to the agency’s Registered Dietitian
- Diagnosis and duration
- Signature of the prescriptive authority requesting formula (signature stamps and faxes are acceptable)
- Contact information for the person prescribing the formula

FFP III Medical Documentation Requirements

- Any exempt infant formula
- Any formula prescribed to a child or adult
- Any WIC-eligible medical nutritional
- Any supplemental foods issued to participants in FFP III, unless deferred to RD by prescriptive authority
- New medical prescriptions are required for all formula, medical foods, and supplemental foods requiring medical documentation at least yearly or when there is a change in participant category and/or requested WIC-eligible nutritionals.

Continued on Next Page
Section L
Food Packages for Medically Fragile Participants – FFP III (Continued)

Unauthorized Issuance

This food package is **not** authorized for:

- Participants (women, infants, and children) whose only condition is:
  1. A diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula; or
  2. A non-specific formula or food intolerance.

  Participants who have a food intolerance to lactose or milk protein can be successfully managed with the use of one of the other WIC food packages (i.e., Food Packages I, II, or IV–VII).

- Any participant solely for the purpose of personal preference, enhancing nutrient intake or managing body weight without an underlying qualifying condition.
Section M  
Medical Documentation for “Healthy Participants”

Introduction  
In addition to the medical documentation requirements needed for medically fragile participants in Federal Food Package III (see Section L), medical documentation is also required for “healthy participants” in the following situations:

• Food Package I & II participants (Infants Partially Nursing and Infants Formula Feeding) receiving non-contract brand formula, or contract brand formulas not meeting the USDA definition of infant formula.

Definition  
Medical documentation must be provided on the Special Formula Authorization form (see Appendix E) and include the following:

• Date of prescription
• Name of formula as applicable
• Type of formula (i.e., ready-to-feed, powder, or concentrate) and amount needed per day, as applicable
• Allowable supplemental foods and prescribed amounts or acknowledgment that they defer the authorization of supplemental foods to the agency’s Registered Dietitian
• Diagnosis or explanation of need
• Duration
• Signature of the prescriptive authority requesting formula/supplemental food (signature stamps and faxes are acceptable)
• Contact information for the person prescribing the formula/supplemental food

For additional information on related policies and documentation requirements for formula, see Chapter 4.

New medical prescriptions are required for all formula, WIC-Eligible Nutritional, and supplemental foods requiring medical documentation at least yearly or when there is a change in participant category and/or requested WIC-eligible nutritional.
Section M  
Medical Documentation for “Healthy Participants”  
(Continued)

<table>
<thead>
<tr>
<th>Missing and Incomplete Prescription Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the client does not have documentation deferring to the RD for food requiring a prescription, an RD or nutritionist can approve one month based on the nutrition assessment and if participant has previously tolerated this food.</td>
</tr>
</tbody>
</table>

When an incomplete prescription is presented, three months may be issued as long as the following criteria are met:

- The prescription, at a minimum, contains the food requested and diagnosis

AND

- The missing prescription information has been obtained through a verbal order from a licensed healthcare provider and written documentation will be obtained within 30 days.

**NOTE:** If complete written prescription is not obtained within this issuance period, additional months of the food requiring prescription cannot be given until complete written documentation is obtained.
Section N
Milk and Milk Alternative Food Packages

Policy

Children 12-23 months:

- Whole milk is the standard.
- Reduced fat (2%) milks can be issued to one-year olds if overweight or obesity is a concern.
- Low-fat (1%) / fat-free milk will only be authorized for medically fragile participants receiving Federal Food Package III with medical documentation.

Children two years of age and older and all women:

- Low-fat (1%) / fat-free milk is the standard.
- Reduced fat (2%) milk is available for those participants over age 2 with certain conditions, including, but not limited to, being underweight, and for women with maternal weight loss during pregnancy.
- Whole milk will only be authorized for those medically fragile participants receiving Federal Food Package III with medical documentation, including, but not limited to, a diagnosis such as failure to thrive.

Nutrition education shall be directed towards appropriate foods and food amounts for underweight and overweight participants.

Lactose free or lactose-reduced dairy products should be offered before non-dairy milk alternatives for participants with lactose intolerance.

Authorized Foods

Authorized substitutions for milk include:

- Lactose free or lactose-reduced milk
- Ultra-High Temperature or long-shelf-life (UHT) milk
- Evaporated milk
- Powdered milk
- Soy-based beverage
- Goat’s Milk
- Tofu
- Cheese

Cheese is substituted for milk at the rate of one (1) pound of cheese per three (3) quarts of milk.
The maximum amount of cheese that may be issued is one (1) pound for children and pregnant/postpartum/partially (mostly) breastfeeding women and two (2) pounds of cheese for fully breastfeeding women and women who qualify for food package VII, in addition to the one (1) pound standard included in food package VII. Food packages with cheese substituted for milk may be chosen for a participant based on nutritional need and individual preference.
### Section O
**Food Packages for Homeless Participants**

**Policy**
The Local Agency will provide Food Instruments and Cash Value Vouchers for supplemental foods which are the most appropriate to the homeless participant’s situation.

**Documentation**
In order to authorize a homeless food package, there must be documentation in the client’s record of the following conditions:

- Client is homeless.
- The Food Instruments and Cash Value Vouchers will benefit the client, not a homeless facility or institution.
- WIC foods will not be used in communal feeding.

Food packages may be tailored with options of individual serving-size containers or alternate forms of specific food items to accommodate lack of storage or preparation facilities.

Alternate forms may include the following:

- Ready-to-feed formula
- Long-shelf-life (UHT) milk
- 5.5 oz - 8 oz juices
Chapter Three
Food Package - General

Section P
Tailoring the Food Package

Policy
Individual tailoring of food packages is recommended after a comprehensive assessment of the participant’s supplemental nutrition needs and to accommodate cultural preferences.

Special Conditions
The certifier will document in the participant’s file all special conditions that require tailoring of the food package and issuance of special products. This will include, but is not limited to:

- Special dietary needs as determined by a competent health professional.
- Lactose intolerance which might necessitate a need for goat’s milk, soymilk and/or tofu.
- Poor refrigeration or an unsafe water supply that necessitates issuance of ready-to-feed formula or a long shelf life food package.
- Homelessness.

Food package requests to individually tailor a food package which omits or reduces quantities of certain foods that do not already exist in HANDS should be submitted to the State Food Package Nutritionist.

NOTE: If a food package that will meet the participant’s needs is not available in the HANDS system, please fill out the “Request for New Food Package in HANDS” form found in Chapter 4, Appendix G.

The need for a participant’s food package to be tailored can only be determined on an individual basis and substitutions of food(s) to allow for different cultural eating patterns are available.

Issuance of supplemental foods to meet religious eating patterns will be accommodated with documentation in HANDS.
Section Q
Use of the Full Food Package

Policy
The designated authority will prescribe types of supplemental foods in quantities appropriate for each participant, taking into consideration the participant’s category and nutritional needs. The amounts of supplemental foods shall not exceed the maximum quantities specified in the USDA Federal Regulations.

Procedure
All participants shall be prescribed a food package that meets the participants’ nutritional needs.

Food package tailoring continues to be the preferred standard when issuing appropriate food packages to participants.
# Section R
## Authorization of Poor Water/Refrigeration Packages

### Policy
The Local Agency will provide participants Food Instruments and Cash Value Vouchers with which to purchase supplemental foods most appropriate to the participant’s living situation.

### Documentation
Documentation in the client’s record of the following conditions must exist prior to the authorization of poor water/refrigeration packages:
- Unsanitary water supply and/or
- Lack of refrigeration

### Authorized Foods
- Ready-to-feed formula
- Long-shelf-life (UHT) milk
- 5.5 oz - 8 oz juices
Appendix A
Food Selection Criteria

See Following Pages
ARIZONA, INTER TRIBAL COUNCIL OF ARIZONA, INC. AND NAVAJO NATION WIC PROGRAMS FOOD SELECTION CRITERIA
FOR FFY 2015

PHILOSOPHY STATEMENT

The Arizona, Inter Tribal Council of Arizona, Inc. (ITCA) and Navajo Nation WIC Programs shall provide a reasonable selection of nutritious foods within each category and will consider the following factors: client nutritional needs, client cultural preferences, cost, and state and program-wide availability.

In addition to the criteria specified in this policy, WIC reserves the right to restrict the number of brands and types of any products. WIC is not obligated to authorize every available food that meets federal requirements.

GENERAL CRITERIA

Foods and their packaging shall be evaluated by the Food Selection Coordination Committee (FSCC) based on the following factors: nutritional considerations, cost, product distribution within the areas served by the Arizona, ITCA and Navajo Nation WIC Programs, participant acceptance and administrative feasibility.

A. NUTRITIONAL CONSIDERATIONS:

1. WIC foods shall meet all federal requirements specified in 7 C.F.R. §246.1 et seq. Refer to the following link:


2. The allowed food products must be compatible with current nutrition and public health recommendations for maternal, infant and child health.

3. The food package shall offer a variety of types and brands of the allowed foods to ensure that all client dietary needs shall be considered. (i.e. high fiber cereals, low-fat milk, lactose-free milk, etc.).

B. ACCEPTABILITY OF FOODS:

Foods shall be selected that can be consumed by the majority of clients and shall consider cultural and special food needs of the clients.

1. Client preference analysis shall be conducted at least one year after implementation of any changes to the WIC Programs food list by each of the
three WIC Programs in Arizona. The results will be compiled by each Program and reviewed at the quarterly Tri-State meeting held immediately following the compilation. Foods that show a high degree of acceptability shall be considered for the next WIC food authorization process.

2. Cultural food beliefs, preferences and practices shall be considered when evaluating a food item based upon participant characteristics, and responses to annual customer satisfaction surveys.

3. Environmental concerns and ease of preparation may also determine allowable forms and packaging of specific foods.

C. AVAILABILITY OF FOODS:

The selection of food products for the WIC Food Package shall be determined based on availability at the retail and wholesale level in urban and rural areas.

1. The food product shall be available from one of the five largest wholesale distributors for non-chain stores, in each of the three service areas (Arizona, ITCA, and Navajo Nation). Exceptions may be allowed based on specific Program needs.

2. Change in formulations of an authorized food item may be reviewed at any time and the food item may be removed if it does not continue to meet the food selection requirements.

3. The food product, with the exception of formula, shall have been available for at least one year on store shelves before it is considered for addition to the WIC Food Package in an effort to effectively assess cost and future availability. However, due to the new changes in the food package regulations, the programs reserve the right to waive this requirement to ensure that appropriate food packages are implemented.

D. COST

1. The cost of food items shall be considered prior to authorization.

2. When there is an immediate (soon after being authorized) or a ten percent (10%) increase in the cost of an authorized food, it may be reviewed to assess the impact to the Program’s budget and may be removed from the food list when the impact is relevant.

3. With the exception of the fruit and vegetable cash value vouchers, Arizona WIC, ITCA WIC, and Navajo Nation WIC have a “No Organic” policy.
## Chapter Three
Food Package - General

### E. ARIZONA WIC PROGRAMS SELECTION CRITERIA

<table>
<thead>
<tr>
<th>Food Item</th>
<th>GUIDELINES</th>
</tr>
</thead>
</table>
| **Cereal** | Any brand meeting the below criteria will be considered for inclusion on the authorized food list.  
The package size shall not be smaller than 14 ounces for cold cereals and 11.8 ounces for hot cereals.  
The authorized cereals must include:  
- at least three types of grains (i.e. corn, rice, wheat, oat)  
- at least half of the cereals on the food list must have whole grain as the primary ingredient by weight and meet the labeling requirements for making a health claim as a “whole grain food with moderate fat content”.  
- at least two hot cereals  
- one high fiber ($\geq 4$ gm dietary fiber per ounce) cold cereal  
- one cereal that is fortified with 100% of the RDA for vitamins and minerals  
- three cereals containing low levels of phenylalanine. |
| **Juice** | Any brand meeting the below criteria will be considered for inclusion on the authorized food list.  
Juice may be single strength or frozen concentrate.  
Fresh and non-frozen concentrate juices are not allowed.  
Organic juice is not allowed.  
Allowable containers include plastic containers, cartons and cans only.  
Shelf-stable and refrigerated must be 64 oz. container size and include apple, orange, grape, grapefruit, pineapple and tomato.  
Frozen concentrate must be 11.5-12 oz. size and include apple, orange, grape, grapefruit, pineapple and blended flavors.  
Individual servings of juice are allowed only in specific situations as outlined in policy. |
### Chapter Three
### Food Package - General

<table>
<thead>
<tr>
<th>Food Item</th>
<th>GUIDELINES</th>
</tr>
</thead>
</table>
| **Cheese** | Store/house brands declared by the vendor are the only brands authorized and must meet the criteria below:  
The package size must be 16 ounces.  
Pasteurized domestic cheese in blocks are allowed in the following varieties:  
- Cheddar (includes longhorn)  
- Colby (includes longhorn)  
- Monterey Jack  
- Mozzarella  
- Blended Cheese, including Colby Jack  
Mozzarella string cheese is allowed.  
Cheese sticks or cheese swirls are **not allowed**.  
Shredded, cubed, random weight and deli counter cheeses are **not allowed**.  
Cheese with added flavors or ingredients such as, wine, peppers, onions or pepperoni is **not allowed**.  
Cheese food, cheese products, cheese spreads and imitation cheeses are **not allowed**. |
| **Eggs** | Store/house brands declared by the vendor are the only brands authorized and must meet the criteria below:  
Medium or Large white chicken eggs are allowed.  
Eggs shall be packaged in cartons of a dozen.  
Extra-large, jumbo, brown eggs and egg substitutes are **not allowed**.  
Specialty eggs, including low cholesterol, DHA, organic, free range, cage free, nest and fertile eggs are **not allowed**. |
## Food Package - General

<table>
<thead>
<tr>
<th>Food Item</th>
<th>GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Canned Fish</strong></td>
<td>Any brand meeting the below criteria is allowed.</td>
</tr>
<tr>
<td></td>
<td>Chunk light water packed tuna and canned water packed pink salmon is allowed.</td>
</tr>
<tr>
<td></td>
<td>Oil packed tuna; solid white or albacore tuna and tuna lunch kits are <strong>not allowed</strong>.</td>
</tr>
<tr>
<td></td>
<td>Canned red sockeye salmon is <strong>not allowed</strong>.</td>
</tr>
<tr>
<td></td>
<td><strong>Flavored or seasoned canned salmon and tuna is not allowed</strong></td>
</tr>
<tr>
<td></td>
<td>Pouches are not allowed.</td>
</tr>
<tr>
<td></td>
<td>3.75 oz cans flavored, seasoned or plan sardines. Any type except Brisling and Norwegian Brisling.</td>
</tr>
<tr>
<td><strong>Dried Beans, Peas, and Lentils</strong></td>
<td>Any brand meeting the below criteria is allowed.</td>
</tr>
<tr>
<td></td>
<td>Mature legumes</td>
</tr>
<tr>
<td></td>
<td>The package size must be 16 ounces.</td>
</tr>
<tr>
<td></td>
<td>Bulk dry beans are allowed.</td>
</tr>
<tr>
<td></td>
<td>Any type or variety of dry, plain mature beans, peas or lentils is allowed.</td>
</tr>
<tr>
<td></td>
<td>Flavored, seasoned or gourmet beans and bean soup mixes are <strong>not allowed</strong>.</td>
</tr>
<tr>
<td></td>
<td>Immature varieties of legumes such as green beans, snap beans, yellow beans, and wax beans are <strong>not allowed</strong>.</td>
</tr>
<tr>
<td><strong>Canned Beans</strong></td>
<td>Any brand meeting the below criteria may be included on the authorized food list.</td>
</tr>
<tr>
<td></td>
<td>Mature legumes up to 16 oz can size allowed.</td>
</tr>
<tr>
<td></td>
<td>May not contain added sugars*, fats, oils, fruit, vegetables or meat</td>
</tr>
<tr>
<td></td>
<td>Canned beans may be regular or lower in sodium content</td>
</tr>
<tr>
<td></td>
<td>*Note: Small amounts of sugar are added to some foods that are naturally sugar-containing during the canning process to prevent stress resulting in membrane rupture (e.g., kidney beans). This small amount of added sugar is minimal and helps to maintain the quality</td>
</tr>
</tbody>
</table>
### Chapter Three
**Food Package - General**

<table>
<thead>
<tr>
<th>Food Item</th>
<th>GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>and structure of the food. To encourage greater variety in food choices in the WIC food packages, canned legumes that contain a small amount of sugar for processing purposes, such as plain canned kidney beans, are allowed. Pork and beans, baked beans, and refried beans are also <strong>not allowed.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Peanut Butter</strong></td>
<td>Any brand meeting the below criteria is allowed. The container size must be 16 to 18 ounces. Plain, smooth, or chunky types of peanut butter are allowed. Natural peanut butter is allowed. Peanut butter with added ingredients such as jams, jelly, marshmallow, chocolate, DHA, omega-3, or honey is <strong>not allowed.</strong> Peanut butter spreads and organic peanut butters are <strong>not allowed.</strong> Peanut butter in tubes are <strong>not allowed.</strong></td>
</tr>
<tr>
<td><strong>Milk</strong></td>
<td>For cow's milk only - store/house brands declared by the vendor are the only brands authorized and must meet the criteria below: Fluid whole, reduced fat, low fat, skim or fat free cow's milk in gallon containers are allowed. Half gallon and quart containers of milk will be allowed only under special circumstances. Lactose free milks are allowed. Milk in the following identities is allowed: canned evaporated whole or skim milk; dry whole, non-fat or low fat milk; and calcium fortified milk. UHT milk is allowed for clients that are homeless or have poor refrigeration. Flavored milks are <strong>not allowed.</strong> Organic, raw, goat’s, non-dairy, evaporated filled milk, buttermilk, acidophilus, sweetened condensed milk and half and half are <strong>not allowed.</strong></td>
</tr>
</tbody>
</table>
## Food Item

### Yogurt
- 32 oz. quart sized yogurt only.
- Yogurt must be pasteurized and conform to FDA standard of identity for whole fat (21 CFR 131.200), lowfat (21 CFR 313.203), or nonfat (21 CFR 131.206).
- Can be plain or flavored with ≤ 40 gm of total sugars per cup.
- Yogurts fortified with added vitamin A and D are allowed.
- Yogurts sold with accompanying mix-in ingredients such as granola, candy pieces, honey, nuts, and similar ingredients are not authorized.
- Greek, organic, and drinkable yogurts are not authorized.

### Soy Based Beverage
- Any brand meeting the below criteria will be considered for inclusion on the authorized food list.
- Packaging sizing must be a minimum of 32 ounces (1 quart).
- Must be fortified to meet the following nutrient levels: 276 mg calcium/cup, 8 grams protein/cup, 500 IU vitamin A/cup, 100 IU vitamin D/cup, 24 mg magnesium/cup, 222 mg phosphorus/cup, 349 mg potassium/cup, 0.44 mg riboflavin/cup, and 1.1 mcg vitamin B12 per cup, in accordance with fortification guidelines issued by FDA.
- Flavored or unflavored.

### Goat’s Milk
- Any brand meeting the below criteria will be considered for inclusion on the authorized food list.
- AZ and Navajo Nation Only.
- Package size must be a minimum of 32 ounces (1 quart).
- Fluid low fat and whole goat’s milk are allowed.

### Tofu
- Any brand meeting the below criteria is allowed.
- 16 oz. container size only
- Any texture calcium-set tofu without added fats, sugar, oils or sodium is allowed. Tofu must be calcium-set, (contain calcium salts), but may also contain other coagulants, i.e., magnesium chloride.
### Chapter Three
**Food Package - General**

<table>
<thead>
<tr>
<th>Food Item</th>
<th>GUIDELINES</th>
</tr>
</thead>
</table>
| **Fresh Fruits and Vegetables** | Any variety of fresh fruits and vegetables is allowed.  
Whole or cut fresh fruits and vegetables are allowed.  
Bagged vegetables, including lettuce are allowed.  
Not allowed: Herbs and spices; edible blossoms such as squash blossoms; creamed or sauced vegetables; vegetable-grain mixtures; fruit-nut mixtures; breaded vegetables; fruits and vegetables for purchase on salad bars; salad kits; nuts; ornamental fruits and vegetables, such as chilies on a string; painted pumpkins; fruit baskets and party trays; and items such as blueberry muffins are **not allowed**. |
| **Frozen Fruit**   | Any brand and type of container is allowed.  
AZ and Navajo Nation Only.  
Any variety of plain frozen fruits without added sugars  
Any brand and type of container is allowable |
| **Frozen Vegetables** | Any brand and type of container is allowed.  
AZ and Navajo Nation Only.  
Any variety of frozen vegetables without added sugars, fats, or oils.  
Any brand and type of container is allowable |
| **Canned Fruit**   | Any brand and type of container is allowed.  
AZ and Navajo Nation Only.  
Any variety of canned* fruits including applesauce, juice pack or water pack without added sugars, fats, oils, or salt (i.e. sodium)  
Any brand  
*Containers may be cans or other shelf-stable containers (i.e. jars, pouches). |
| **Canned Vegetables** | AZ and Navajo Nation Only.  
Any brand and type of container is allowed. |
### Chapter Three
### Food Package - General

<table>
<thead>
<tr>
<th>Food Item</th>
<th>GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any variety of canned* vegetables without added sugars**, fats, or oils. May be regular or lower in sodium</td>
<td>**Note: Small amounts of sugar are added to some foods that are naturally sugar-containing during the canning process to prevent stress resulting in membrane rupture (i.e. sweet peas). This small amount of added sugar is minimal and helps to maintain the quality and structure of the food. To encourage greater variety in food choices in the WIC food packages, canned vegetables that contain a small amount of sugar for processing purposes, such as plain canned sweet peas and corn, are allowed.</td>
</tr>
<tr>
<td>Whole Grains</td>
<td>Any brand meeting the below criteria will be considered for inclusion on the authorized food list.</td>
</tr>
<tr>
<td></td>
<td>16 oz package size only.</td>
</tr>
<tr>
<td>Whole Wheat Bread</td>
<td>Packaging must be labeled with 100% Whole Wheat and meet the Standard of Identity (SOI) for whole wheat bread (21 CFR 136.180). [This standard allows for negligible amounts of non-wheat flours.]</td>
</tr>
<tr>
<td>Brown Rice</td>
<td>Long grain or short grain brown rice is allowed. Instant brown rice and rice in plastic containers is not allowed.</td>
</tr>
<tr>
<td>Corn Tortillas</td>
<td>Whole corn (or ground masa/corn flour) must be listed as the first ingredient. Soft corn plain, yellow or white tortillas are allowed.</td>
</tr>
<tr>
<td>Whole Wheat Flour Tortillas</td>
<td>Whole wheat flour must be listed as the only flour in the ingredient list.</td>
</tr>
<tr>
<td>Whole wheat pasta</td>
<td>Most conform to FDA standard of identity (21 CFR 139.138) and have no added sugars, fats, oils, or salt (i.e., sodium). “Whole wheat flour” and/or “whole durum wheat flour” must be the only flours listed in the ingredient list. Must have no added sugars, fats, oils, or salt.</td>
</tr>
</tbody>
</table>
### Chapter Three
**Food Package - General**

<table>
<thead>
<tr>
<th>Food Item</th>
<th>GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Fruit and Vegetables</td>
<td>Any brand meeting the below criteria will be considered for inclusion on the authorized food list.</td>
</tr>
<tr>
<td></td>
<td>Stage 2 single variety or combination of plain fruits or vegetables in 3.5 or 4 oz containers.(Added salt, sugar and/or starches is not allowed)</td>
</tr>
<tr>
<td></td>
<td>Pouches are <strong>not allowed.</strong></td>
</tr>
<tr>
<td></td>
<td>Organic jarred infant foods are <strong>not allowed.</strong></td>
</tr>
<tr>
<td></td>
<td>Desserts, dinners and food combinations are <strong>not allowed.</strong></td>
</tr>
<tr>
<td>Infant Food Meats</td>
<td>Any brand meeting the below criteria will be considered for inclusion on the authorized food list.</td>
</tr>
<tr>
<td></td>
<td>Any stage, 2.5 oz single ingredient infant meats with added broth or gravy are allowed. (Added salt and/or sugars are <strong>not allowed.</strong>)</td>
</tr>
<tr>
<td></td>
<td>Desserts, dinners and food combinations are <strong>not allowed.</strong></td>
</tr>
<tr>
<td>Infant Formula</td>
<td>Contract formulas are allowed.</td>
</tr>
<tr>
<td></td>
<td>Non-contract and exempt formulas are authorized per each state agency’s policies as defined in the Federal Regulations.</td>
</tr>
<tr>
<td>Infant Cereal</td>
<td>Any brand meeting the below criteria will be considered for inclusion on the authorized food list.</td>
</tr>
<tr>
<td></td>
<td>Only single grain cereals in 8 or 16 oz boxes are allowed.</td>
</tr>
<tr>
<td></td>
<td>Organic cereals, high protein cereals and mixed cereals are <strong>not allowed.</strong></td>
</tr>
<tr>
<td></td>
<td>Cereals with added fruit, sugar, yogurt, formula or DHA/ARA are <strong>not allowed.</strong></td>
</tr>
<tr>
<td></td>
<td>Cereals in jars, cans or variety boxes are <strong>not allowed.</strong></td>
</tr>
</tbody>
</table>
Chapter Three
Food Package - General

F. ARIZONA WIC PROGRAMS’ WIC FOOD AUTHORIZATION PROCEDURE

All foods must meet nutrient standards as defined by the United States Department of Agriculture (7 C.F.R. §246 et seq.).

The following process will be used for authorization of food products for the WIC program:

1. A food company or other entity, such as a local WIC clinic, shall submit a written request for authorization of a product by May 1st of the year prior to the beginning of the 3-year contract period. (For example, product information would need to be received by May 1, 2010 for the contract period beginning October 1, 2011.)

2. The food company representative shall furnish package flats or labels, information on package sizes and prices, and a summary of current distribution.

3. The food company’s summary of current distribution shall be in writing and shall include, but is not limited to:
   a. Identification of the wholesaler(s) carrying the product; and
   b. An assessment of when the new product will replace the old product on store shelves (when there is a change in the product formulation).

4. The Food Selection Coordination Committee (FSCC) will be comprised of:
   • Up to four representatives from each of the WIC programs (Arizona, ITCA and Navajo Nation) to be selected by each program.
   • Two Vendor representatives to be selected by the President of the Arizona Food Marketing Alliance. Vendor representatives will only provide input on authorized foods.

   The committee shall elect a chairperson. The chairperson shall oversee the authorization process for WIC foods.

5. The FSCC shall evaluate each food product based on the federal requirements and the Arizona, ITCA and Navajo Nation Food Selection Criteria.

6. The FSCC shall verify product availability and price information for all foods submitted that meet the federal and state requirements. This will be accomplished by completing site visits to at least 10% of each Program’s Independent/Trading Post population of authorized Vendors and documenting the above-mentioned information. An Excel spreadsheet will be developed and sent to each authorized Vendor Chain Corporation requesting input and submission of their data on the products.
7. The FSCC shall review all data and recommendations and shall present their recommendations to the WIC Directors from the Arizona, ITCA and Navajo Nation in October of the year preceding the contract year.

8. The WIC Directors' (Arizona, ITCA and Navajo Nation) acceptance or denial of all or part of the recommendations will be final.

9. The WIC Directors will notify the food companies through a joint correspondence of acceptance or denial of the food products and the FSCC will disseminate information regarding upcoming changes to the authorized foods.

10. There shall be opportunities to review food products outside the established time frame. The FSCC shall determine when special reviews are necessary and make decisions as to how a limited process shall occur. Special circumstances that may require additional reviews include, but are not limited to:

- Changes in federal regulations
- Changes in product formulations that make the authorized product ineligible
- Changes in product packaging that cause difficulties in product purchases
- Changes in price that negatively impact one or more of the three WIC Programs' budget(s)
- Changes in product availability due to unforeseen circumstances, i.e., natural disasters that negatively impact participant variety
Appendix B
Food List

See Following Pages
WIC Participant Responsibilities

Before you shop:
1. Look carefully at the “First Date to Use” and “Last Date to Use” dates printed on your checks to make sure you are taking the right checks to the store.
2. Shop only at WIC approved stores.
3. Your WIC office will let you know the locations where you can cash your checks. Look for the “We Accept Arizona WIC Food Instruments Here” sign at the grocery store.
4. Tell the clinic staff if you would like someone else to be able to pick up and cash WIC checks.

While you shop:
1. Read your checks carefully. Each family member may be provided with different foods.
2. Buy only foods and amounts on the WIC checks.

At the checkout stand:
1. Separate WIC foods from other foods you’re buying.
2. Tell the cashier right away that you are using WIC checks and show your WIC ID card/folder.
3. You can sign your check once the cashier writes the date and amount on the check. Make sure the amount written on the check matches the total from the register. Do not sign your checks before you go to the store.
4. If your check is not accepted at the store, contact your WIC office.

If you have problems at the grocery store:
Talk to the store manager if you have a problem at the store. Report the date, time and names of store people involved and save your store receipt. Contact your WIC office if you are still not satisfied.

If you want to know if a particular brand of food is eligible, please visit the Arizona Food List Database at http://azdhs.gov/azwic/az-food-list-database.htm or contact your WIC office.

Maximum quantity of each food item will be specified on your WIC check.

Weights: What’s helpful to know
ounces = oz.  
pound = lb.
16 ounces = 1 pound  
pound = #

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial status, parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).
**Infant Cereal and Formula**

**Infant Cereal**

**Can Buy**
- Gerber or BeechNut, single grain cereal, 8 or 16 oz.
  - Barley
  - Oatmeal
  - Rice
  - Whole wheat

**Cannot Buy**
- Infant cereal with added fruit, sugar, yogurt, formula or DHA/ARA
- Jars, cans or single serving cups
- High protein
- Mixed cereals
- Multi-grain
- Organic

**Infant Formula**

Only brand, type and size as specified on your WIC check. All formula listed on WIC check must be purchased.

---

**Infant Foods**

**Infant Fruits and Vegetables**

**Can Buy**
- Any of the following single or mixed variety of Stage 2, 3.5 or 4 oz. infant fruits and vegetables
  - BeechNut
  - Gerber
  - Tippy Toes

**Cannot Buy**
- Foods with added salt, sugar or starches
- Desserts, dinners and food combinations
- Added formula, cereal or DHA/ARA
- Smoothies
- Organic
- Pouches

**Infant Food Meats**

Allowable for fully breastfeeding infants only

**Can Buy**
- Any of the following 2.5 oz. single ingredient infant meats (added broth and gravy allowed) in any stage
  - BeechNut
  - Gerber
  - Tippy Toes

**Cannot Buy**
- Foods with added salt or sugar
- Dinners and food combinations
- Meat sticks
- Organic

**ITCA WIC ONLY:**

Fresh bananas if listed on the check, including those that are in a bunch, single and organic.

Note: Plantains, baby and red bananas are not allowed.
Milk

Can Buy

- Pasteurized fluid cow's milk
  - Fat-free
  - Low-fat (1%)
  - Reduced-fat (2%)
  - Whole

- Chocolate milk
- Flavored milk
- Buttermilk
- Acidophilus milk
- Half and half
- Rice milk
- Raw milk
- Sweetened condensed milk
- Creamers
- Filled milk
- Organic milk

Any Brand Specialty Items

- Lactose-free cow's milk (1/2 gallon)
- Evaporated milk (12 oz. can)
- Powdered dry milk (9.6 to 25.6 oz. box)
- UHT/Sterile/Long Shelf Life Milk

Cannot Buy

- 8th Continent, 1/2 gallon, refrigerated, original and vanilla only
- Silk, 1/2 gallon, refrigerated, original only
- Soy milk with added DHA/ARA
- Organic or Light
- 8th Continent chocolate, fat-free, or complete vanilla
- Silk Soy milk in other flavors

*Look for the 'WIC Approved' sign

Type of milk as specified on your WIC check.

Half gallons and quarts only when specified on your WIC check.

Milk Alternatives

(only when specified on your WIC check)

Soy Milk

Can Buy

- Pacific Ultra Soy 32 oz. shelf stable, original and vanilla only
- Soy milk with added DHA/ARA
- Organic or Light
- 8th Continent chocolate, fat-free, or complete vanilla
- Silk Soy milk in other flavors

Cannot Buy

- Soy milk with added DHA/ARA
- Organic or Light
- 8th Continent chocolate, fat-free, or complete vanilla
- Silk Soy milk in other flavors

Goat Milk

Arizona WIC only:

Can Buy

- Meyenberg, quart, refrigerated

Cannot Buy

- Evaporated
- Powdered
- Canned

Tofu

Only when specified on your WIC check

Can Buy

- Tofu with added fats, sugars, oils or sodium
- Organic tofu

Cannot Buy

- Tofu with added fats, sugars, oils or sodium
- Organic tofu
Yogurt

Can Buy
Any flavor of the following brands of 32 oz. quart-sized yogurt*

- Any of the following store brands
  - Essential Everyday
  - Food Club
  - Great Value
  - Kroger
  - Market Pantry
  - Lucerne
- Brown Cow
- Dannon
- LALA
- Mountain High
- Yoplait

Cannot Buy
- Yogurt with mix-ins such as granola, candy pieces, honey, nuts and similar ingredients
- Yogurts that are:
  - Greek
  - Organic
  - Drinkable

*Type of yogurt as specified on your WIC check.

Cheese

Can Buy
- Monterey Jack
- Mozzarella
- Cheddar
- Colby
- Colby & Monterey Jack
- String

Cannot Buy
- Diced, grated, shredded or sliced
- Cheese from the deli counter
- Random weight cheese
- Cheese with added peppers or other ingredients
- Imported cheese
- Processed American cheese, processed cheese food, cheese product or cheese spread
- Cream cheese
- Cheese sticks (besides string cheese) or swirls
- Packages less than 16 oz.
- Organic cheese

*Look for the ‘WIC Approved’ sign
Juice

11.5-12 oz. Frozen Concentrate

- Apple
  - Langers
  - Old Orchard
  - Seneca
  - Shurfine
  - Tree Top
  - Western Family

- Grape
  - Old Orchard
  - Western Family
  - Welch’s (including purple or white grape)

- Pineapple
  - Dole (including pineapple orange)
  - Old Orchard

Orange*:
- Any brand

Grapefruit*:
- Any brand

64 oz. Shelf Stable or Refrigerated

- Apple
  - Langers
  - Seneca
  - Shurfine
  - Tree Top
  - Western Family

- Grape
  - Langers (including purple or white grape)
  - Shurfine
  - Welch’s (including purple or white grape)
  - Western Family

- Pineapple
  - Langers
  - Campbell’s

Orange*:
- Any brand

Grapefruit*:
- Any brand

Only when specified on your WIC check

Navajo Nation WIC Only
### Juice Continued

#### 64 oz. Refrigerated

**Can Buy**
- Orange* (any brand)
- Odwalla and Naked brands of refrigerated juice

**Cannot Buy**
- Calcium fortified allowed. Organic NOT allowed. Allowable containers include plastic bottles, cartons and cans only.

### Fruits and Vegetables Buying Guide

The buying guide will help you get the most food with your fruit and vegetable checks. This chart can help you figure out the cost of an item priced by the pound. When choosing fresh fruits and vegetables, follow these steps:
- Place the item on the grocery scale
- Round the weight up to the nearest pound or half pound
- Estimate the cost of the item based on the chart
- There may be differences in weight between the scales in the produce section and at the register. The scale at the register will determine the actual weight and cost of the fruits and vegetables.

* Only when specified on your WIC check
  - 5.5-6 oz. containers of Dole Pineapple, Donald Duck Orange and V8 juice (any type).
  - Navajo Nation WIC Only: 4.3 oz. containers of Juicy Juice (any flavor) in eight-packs.

<table>
<thead>
<tr>
<th>Price per lb.</th>
<th>1 lb.</th>
<th>1½ lbs.</th>
<th>2 lbs.</th>
<th>2½ lbs.</th>
<th>3 lbs.</th>
<th>3½ lbs.</th>
<th>4 lbs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>.49</td>
<td>.49</td>
<td>.74</td>
<td>.88</td>
<td>1.33</td>
<td>1.47</td>
<td>1.73</td>
<td>1.96</td>
</tr>
<tr>
<td>.99</td>
<td>.99</td>
<td>1.38</td>
<td>1.66</td>
<td>2.38</td>
<td>2.77</td>
<td>3.16</td>
<td>3.56</td>
</tr>
<tr>
<td>1.49</td>
<td>1.49</td>
<td>2.24</td>
<td>2.98</td>
<td>3.73</td>
<td>4.47</td>
<td>5.23</td>
<td>5.96</td>
</tr>
<tr>
<td>1.99</td>
<td>1.99</td>
<td>2.99</td>
<td>3.98</td>
<td>4.96</td>
<td>5.97</td>
<td>6.97</td>
<td>7.96</td>
</tr>
<tr>
<td>2.49</td>
<td>2.49</td>
<td>3.74</td>
<td>4.98</td>
<td>6.35</td>
<td>7.47</td>
<td>8.73</td>
<td>9.66</td>
</tr>
</tbody>
</table>
Fruits

Fresh Fruits

Can Buy
Any variety of fresh fruit
- Whole
- Cut-up
- Single pieces
- Bagged or pre-packaged
- Organic

Cannot Buy
- Dried fruit
- Fruit-nut mixtures
- Fruit with dipping sauce
- Fruit for purchase on salad bars
- Ornamental fruits
- Fruit baskets
- Party trays
- Items such as blueberry muffins
- Fruit with added sugar, fat, oil or salt

Frozen Fruits
Arizona and Navajo Nation WIC only

Can Buy
Any brand
- Any size and type of container
- Any single or mixed variety
- Organic

Cannot Buy
- Fruit with:
  - added sugar, fat, oil or salt
  - artificial sweeteners such as Splenda or NutraSweet
  - any other added ingredients
  - Smoothies

Canned Fruits*
Arizona and Navajo Nation WIC only

Can Buy
Any brand
- Any size and type of container (shelf stable or refrigerated)
- Any single or mixed variety packaged in juice or water
- Natural or unsweetened applesauce
- Organic

Cannot Buy
- Fruit:
  - packed in syrup such as heavy, light or extra light
  - with added sugar, fat, oil or salt
  - packed in sweetened fruit juice or nectar
  - with artificial sweeteners such as Splenda or NutraSweet
  - Cranberry sauce or pie filling

*Allowable containers include cans, cups, jars or pouches.
**Vegetables**

**Fresh Vegetables**

**Can Buy**
- Any variety of fresh vegetables
  - Whole
  - Cut-up
  - Single
  - Bagged or pre-packaged, including lettuce
  - Organic

**Cannot Buy**
- Kits with dressings or dipping sauce
- Herbs and spices
- Edible blossoms such as squash blossoms (broccoli, cauliflower, and artichokes are allowed)
- Creamed or sauced vegetables
- Vegetable-grain mixtures
- Breaded vegetables
- Vegetables for purchase on salad bars
- Salad kits
- Ornamental vegetables, such as chilies on a string
- Painted pumpkins
- Party trays
- Vegetables with added sugar, fat, oil, or salt

---

**Vegetables Continued**

**Frozen Vegetables**
Arizona and Navajo Nation WIC only

**Can Buy**
- Any brand
  - Any size and type of container
  - Any single or mixed variety
  - Steamer bags
  - Organic

**Cannot Buy**
- Breaded or seasoned vegetables
- French fries, tater tots or hash browns
- Vegetables with sauce such as cheese, butter or teriyaki sauce
- Added sugar, syrup, oil, fat, pasta, rice or any other ingredients

**Canned Vegetables**
Arizona and Navajo Nation WIC only

**Can Buy**
- Any brand
  - Any size and type of container
  - Regular and low sodium
  - Any single or mixed variety
  - Tomato sauce, paste, puree, whole, crushed, diced or stewed tomatoes
  - Organic vegetables

**Cannot Buy**
- Vegetables with added fat, sugar*** or oil
- Added pastas or rice
- Pickled or creamed vegetables
- Vegetables in sauce
- Pizza sauce, soups, ketchup, relish and olives

---

Arizona WIC only

You may also use your cash value vouchers (CVV) to buy fresh fruits and vegetables at approved farmer’s markets if specified on check.

*Allowable containers include cans, cups, jars or pouches.
** Sugar allowed for sweet peas and corn only.
Dry Legumes, Peanut Butter and Eggs

**Dry Beans/Peas/Lentils**

**Can Buy**
- Any eligible brand, any variety
  - 16 oz. package size

**Cannot Buy**
- Green, yellow or wax beans
- Fresh or frozen beans
- Refried beans
- Bean soup mixes with flavoring packets/spices
- Organic beans
- Bulk

**Peanut Butter**

**Can Buy**
- Any eligible brand, 16 to 18 oz.
  - Plain, creamy, chunky or super chunky styles
  - Low sodium
  - Low sugar
  - Natural

**Cannot Buy**
- Peanut butter spread
- Peanut butter with added jams, jellies, chocolate, marshmallows, DHA, omega-3 or honey
- Peanut butter in tubes
- Organic peanut butter

**Eggs**

**Can Buy**
- Store or house brand*, dozen-size carton
  - Fresh, raw, white chicken eggs
  - Medium or large

**Cannot Buy**
- Specialty eggs (low cholesterol, DHA, organic, free range, cage free, nest and fertile)
- Extra large or jumbo
- Brown eggs
- Eggs in six-pack cartons
- Egg substitutes

*Look for the ‘WIC Approved’ sign

Canned Beans

**Canned Beans**

Only when specified on your WIC check

**Can Buy**
- Any brand, any variety, in up to 16 oz. size. Plain, regular, or low sodium.
  - In varieties such as:
    - Black
    - Black-eyed peas
    - Cannellini
    - Garbanzo (Chickpeas)
    - Great Northern
    - Kidney (red or white)
    - Lima
    - Navy
    - Pink
    - Pinto
    - Red
  - Refried beans
  - Peas or lentils
  - Green peas, green beans or wax beans
  - Baked, Cajun, barbeque or ranch style
  - Beans with added fat, oils, seasonings, spices, meat, fruits or vegetables
  - Pork and beans
  - Chili beans
  - Organic

**Cannot Buy**
- Refried beans
- Peas or lentils
- Green peas, green beans or wax beans
- Baked, Cajun, barbeque or ranch style
- Beans with added fat, oils, seasonings, spices, meat, fruits or vegetables
- Pork and beans
- Chili beans
- Organic
Canned Fish

**Tuna**
- **Can Buy**
  - Any eligible brand
  - Chunk light only
  - Plain, water-packed
  - Regular or low sodium
- **Cannot Buy**
  - Solid white or Albacore tuna
  - Tuna with soy protein added
  - Oil-packed tuna
  - Prime fillet
  - Lunch kit tuna mix
  - Tuna packed in pouches
  - Tuna with added ingredients
  - Flavored or seasoned tuna

**Pink Salmon**
- **Can Buy**
  - Any eligible brand
  - Pink salmon only
  - Plain, water-packed
  - Regular or low sodium
- **Cannot Buy**
  - Salmon with added ingredients
  - Red salmon
  - Salmon in pouches
  - Flavored or seasoned salmon
  - Atlantic salmon
  - Fillets

**Sardines**
- **Can Buy**
  - Any eligible brand
    - 3.75 oz. cans, flavored, seasoned or plain
- **Cannot Buy**
  - Brisling
  - Norwegian

Cereal

**Hot Cereal**
- 11.8 oz. box or larger; up to 36 combined oz.
- **Can Buy**
  - Cream of Wheat Instant Original Flavor individual packets
  - Malt-O-Meal Original
  - Quaker Instant Oatmeal Original individual packets
- **Cannot Buy**
  - Hot cereals less than 11.8 oz.
  - Added raisins, fruit or nuts
  - Variety packs
  - Organic cereals
Cold Cereal
14 oz. or larger bags or boxes; up to 36 combined oz.

Can Buy
- Any of the following store brand Crispy Rice: Best Yet, First Street, Great Value
- Any of the following store brand Toasted Oats: Best Yet, Essential Everyday, First Street, Food Club, Great Value, Hy-Tops, Kroger, Market Pantry, Safeway Kitchens
- General Mills: Total, Kix (Plain), Cheerios (Plain and MultiGrain), and Chex (Corn, Rice and Wheat)
- Kellogg’s: Corn Flakes, Special K Original, All-Bran Complete Wheat Flakes, Frosted Mini-Wheats Original and Rice Krispies
- Malt-O-Meal: Frosted Mini Spooners and Crispy Rice
- Post: Great Grains Banana Nut Crunch, Honey Bunches of Oats (Honey Roasted, Almond and Vanilla Bunches), Grape-Nuts Original and Grape-Nuts Flakes
- Quaker: Life (Original), Oatmeal Squares (Brown Sugar and Cinnamon)

Cannot Buy
- Cold cereals less than 14 oz.
- Variety packs
- Frosted cereals except those listed in the CAN BUY section
- Organic cereals

CEREAL
You may combine multiple sized containers to equal up to 36 oz. Examples:

18 + 18 = 36
16 + 18 = 34
Whole Grains

100% Whole Wheat Bread

**Can Buy**

Any of the following loaves of bread in a 16 oz. size only

- Any eligible store or house brand labeled 100% whole wheat bread (including bakery)
- Bimbo 100% Whole Wheat
- Nature's Own 100% Whole Wheat
- Oroweat 100% Whole Wheat
- Ozark Hearth 100% Whole Wheat
- Roman Meal SunGrain 100% Whole Wheat
- Sara Lee 100% Whole Wheat
- Wonder 100% Whole Wheat

**Cannot Buy**

- Gluten-free
- Diet, light or low carb
- Mini loaves
- Pita or flat bread
- English muffins
- Sandwich thins or rounds
- Bagels
- Buns
- Rolls
- Organic

Brown Rice

**Can Buy**

Any of the following brands of brown rice (long or short grain) in a 16 oz. size only

- Any store or house brand
- Blue Ribbon
- Mahatma
- Shurfine
- Springfield

**Cannot Buy**

- Instant brown rice
- Rice in plastic containers
- Seasoned or flavored rice
- White rice
- Basmati and jasmine rice
- Organic rice

Whole Wheat Flour Tortillas

**Can Buy**

Any of the following whole wheat flour tortillas in a 16 oz. size only*

- Carlita
- Guerrero Tortillas de Harina Integral
- IGA
- La Banderita Fajita
- Mission
- Sunrise Bakery

**Cannot Buy**

- Tortilla chips
- Tostada or taco shells
- White flour tortillas
- Flavored tortillas (such as spinach or tomato)
- Organic tortillas

*Whole wheat flour must be the only flour listed in the ingredient list.
Whole Grains Continued

Soft Corn Tortillas

**Can Buy**

Any of the following yellow or white soft corn tortillas in a 16 oz. size only:

- Carlita
- Casa Rica
- Don Pancho
- Guerrero
- La Banderita
- La Burrita
- Mama Lola’s
- Mission
- Santa Fe Tortilla Company

**Cannot Buy**

- Tortilla chips
- Tostada or taco shells
- Organic tortillas

* Corn (masa) flour, ground corn, or whole corn flour must be listed as the first ingredient.

Whole Wheat Pasta

**Can Buy**

Any variety of the following brands of whole wheat pasta in a 16 oz. size only:

- Delallo
- Hodgson Mill

**Cannot Buy**

- Pastas that list any other flour besides whole wheat and/or whole durum wheat flour in the ingredients
- Pastas with added sugars, fats, oils or salt
Appendix C
Authorized Supplemental Foods – Basic Specifications

See Following Pages
Chapter Three
Food Package – General

Authorized Supplemental Foods – Basic Specifications

Infant Formula
All authorized infant formulas must:
(1) meet the definition for an infant formula in section 201(z) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(z)) and meet the requirements for an infant formula under section 412 of the Federal Food, Drug and Cosmetic Act, as amended (21 U.S.C. 350a) and the regulations at 21 CFR Parts 106 and 107;
(2) be designed for enteral digestion via an oral or tube feeding;
(3) provide at least 10 mg iron per liter (at least 1.8 mg iron/100 kilocalories) at standard dilution;
(4) provide at least 67 kilocalories per 100 milliliters (approximately 20 kilocalories per fluid ounce) at standard dilution;
(5) not require the addition of any ingredients other than water prior to being served in a liquid state.
(6) contract brand infant formula that does not meet the definition of infant formula, may only be issued with medical documentation

Exempt Infant Formula
All authorized exempt infant formula must:
(1) meet the definition and requirements for an exempt infant formula under section 412(h) of the Federal Food, Drug, and Cosmetic Act as amended (21 U.S.C. 350a(h)) and the regulations at 21 CFR Parts 106 and 107; and
(2) be designed for enteral digestion via an oral or tube feeding.

WIC-eligible Nutritional
Certain enteral products that are specifically formulated to provide nutrition support for individuals with a qualifying condition, when the use of conventional foods is precluded, restricted, or inadequate. Such WIC-eligible nutritional must serve the purpose of a food, meal, or diet (may be nutritionally complete or incomplete) and provide a source of calories and one or more nutrients; be designed for enteral digestion via an oral or tube feeding; and may not be a conventional food, drug, flavoring, or enzyme.
WIC-eligible nutritional include many, but not all, products that meet the definition of medical food in Section 5(b)(3) of the Orphan Drug Act (21 U.S.C. 360ee(b)(3)).
### Chapter Three
**Food Package – General**

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cow’s Milk</td>
<td>Must conform to FDA standard of identity for whole, reduced fat, low fat, or non-fat milks (21 CFR 131.110). Must be pasteurized and contain at least 400 IU of vitamin D per quart (100 IU per cup) and 2000 IU of vitamin A per quart (500 IU per cup). May be fluid, shelf-stable, evaporated (21 CFR 131.130), or dried (i.e., powder) (21 CFR 131.147).</td>
</tr>
<tr>
<td>Yogurt</td>
<td>Yogurt must be pasteurized and conform to FDA standard of identity for whole fat (21 CFR 131.200), lowfat (21 CFR 131.203) or nonfat (21 CFR 131.206); plain or flavored with ≤ 40 g of total sugars per 1 cup yogurt.</td>
</tr>
<tr>
<td>Soy-based Beverage</td>
<td>Must be fortified to meet the following nutrient levels: 276 mg calcium per cup, 8 g protein per cup, 500 IU vitamin A per cup, 100 IU vitamin D per cup, 24 mg magnesium per cup, 222 mg phosphorus per cup, 349 mg potassium per cup, 0.44 mg riboflavín per cup, and 1.1 mcg vitamin B12 per cup, in accordance with fortification guidelines issued by FDA.</td>
</tr>
<tr>
<td>Goat Milk</td>
<td>Must conform to FDA standard of identity for whole, reduced fat, low fat, or non-fat milks (21 CFR Part 131). Must be pasteurized and contain at least 400 IU of vitamin D per quart (100 IU per cup) and 2000 IU of vitamin A per quart (500 IU per cup) following FDA fortification standards (21 CFR Part 131). May be fluid.</td>
</tr>
<tr>
<td>Tofu</td>
<td>Calcium-set tofu prepared with only calcium salts (e.g., calcium sulfate). May not contain added fats, sugars, oils, or sodium.</td>
</tr>
<tr>
<td>Cheese</td>
<td>Domestic cheese made from 100% pasteurized milk. Must conform to FDA standard of identity (21 CFR Part 133); Monterey Jack, Colby, natural Cheddar, part-skim or whole Mozzarella, or blends of any of these cheeses are authorized. Cheeses that are labeled low, free, reduced, less or light in the nutrients of sodium, fat or cholesterol are WIC-eligible.</td>
</tr>
<tr>
<td>Juice</td>
<td>Must be pasteurized 100% unsweetened fruit juice. Must conform to FDA standard of identity (21 CFR Part 146) as appropriate or vegetable juice must conform to FDA standard of identity (21 CFR Part 156) and contain at least 30 mg of vitamin C per 100 mL of juice. With the exception of 100% citrus juices, State agencies must verify the vitamin C content of all State approved juices. Juices that are fortified with other nutrients may be allowed at the State agency’s option. Juice may be fresh, from concentrate, frozen, canned, or shelf-stable. Vegetable juice may</td>
</tr>
</tbody>
</table>
Chapter Three
Food Package – General

be regular or lower in sodium.

Eggs
Fresh shell domestic hens’ eggs or dried eggs mix (must conform to FDA standard of identity in 21 CFR 160.105) or pasteurized liquid whole eggs (must conform to FDA standard of identity in 21 CFR 160.115). Hard boiled eggs, where readily available for purchase in small quantities, may be provided for homeless participants.

Dry Cereal
Breakfast cereals as defined by FDA in 21 CFR 170.3(n)(4) for ready-to-eat and instant and regular hot cereals. Must contain a minimum of 28 mg iron per 100 g dry cereal. Must contain ≤ 21.2 g sucrose and other sugars per 100 g dry cereal (≤ 6 g per dry oz). At least half of the cereals authorized on a State agency’s food list must have whole grain as the primary ingredient by weight AND meet labeling requirements for making a health claim as a “whole grain food with moderate fat content”:

(1) contain a minimum of 51% whole grains (using dietary fiber as the indicator);
(2) meet the regulatory definitions for “low saturated fat” at 21 CFR 101.62 (≤ 1 g saturated fat per RACC) and “low cholesterol” (≤ 20 mg cholesterol per RACC);
(3) bear quantitative trans fat labeling; and
(4) contain ≤ 6.5 g total fat per RACC and ≤ 0.5 g trans fat per RACC.

Infant Cereal
Infant cereal must contain a minimum of 45 mg of iron per 100 g of dry cereal.

Infant cereals containing infant formula, milk, fruit, or other non-cereal ingredients are not allowed.

Infant Food

Fruits
Any variety of single ingredient commercial infant food fruit without added sugars, starches, or salt (i.e., sodium).

Mixtures with cereal or infant food desserts (e.g., peach cobbler) are not authorized; however, combinations of single ingredients (e.g., apple-banana) are allowed.

Vegetables
Any variety of single ingredient commercial infant food vegetables without added sugars, starches, or salt (i.e., sodium). Texture may range from strained through diced.

Combinations of single ingredients (e.g., peas and carrots) are
allowed.

No infant food combinations (e.g., meat and vegetables) or dinners (e.g., spaghetti and meatballs) are allowed.

### Infant Food Meat

Any variety of commercial infant food meat or poultry, as a single major ingredient, with added broth or gravy. Added sugars or salt (i.e., sodium) are not allowed. Texture may vary.

### Fruits and Vegetables

Any variety of fresh whole or cut fruit without added sugars. Any variety of fresh whole or cut vegetables are allowed.

Any variety of canned* fruits (must conform to FDA standard of identity (21 CFR Part 145); including applesauce, juice pack or water pack without added sugars, fats, oils, or salt (i.e., sodium). Any variety of canned* vegetables (must conform to FDA standard of identity (21 CFR Part 155)) without added sugars†, fats, or oils. May be regular or lower in sodium.

*NOTE: Canned refers to processed food items in cans or other shelf-stable containers (i.e. jars, pouches).

†NOTE: Canned vegetables that contain a small amount of sugar for processing purposes, such as plain canned sweet peas and corn, are allowed.

Any variety of frozen fruits without added sugars.

Any variety of frozen vegetables (must conform to FDA standard of identity (21 CFR part 155)) without added sugars, fats, or oils. May be regular or lower in sodium.

Herbs or spices; edible blossoms and flowers, e.g., squash blossoms (broccoli, cauliflower and artichokes are allowed); creamed or sauced vegetables; vegetable-grain (pasta or rice) mixtures; fruit-nut mixtures; breaded vegetables; fruits and vegetables for purchase on salad bars; peanuts; ornamental and decorative fruits and vegetables such as chili peppers on a string; garlic on a string; gourds; painted pumpkins; fruit baskets and party vegetable trays; and items such as blueberry muffins and other baked goods are not authorized. Ketchup or other condiments; pickled vegetables, olives; soups; juices; and fruit leathers and fruit roll-ups are not authorized.
### Mature dry beans or peas
Any type of mature dry beans, peas, or lentils in dry-packaged form. Examples include, but are not limited to, black beans (“turtle beans”), black eye peas (cowpeas of the black eye variety, “cow beans”), garbanzo beans (chickpeas), great northern beans, kidney beans, lima beans (“butter beans”), navy beans, pinto beans, soybeans, split peas, and lentils.

### Canned beans
May be any plain, canned, mature beans. May not contain added sugar, fats, oils, or meats.

The following canned mature legumes are not authorized: soups; immature varieties of legumes, such as those used in canned green peas, green beans, snap beans, orange beans, and wax beans; baked beans with meat; e.g., beans and franks; and beans containing added sugars (with the exception of baked beans), fats, meat, or oils.

### Peanut butter
Peanut butter and reduced fat peanut butter (must conform to FDA Standard of Identity (21 CFR 164.150)); creamy or chunky, regular or reduced fat, salted or unsalted forms are allowed.

### Canned Fish
Canned only: Light tuna (must conform to FDA standard of identity (21 CFR 161.190)); Salmon (must conform to FDA standard of identity (21 CFR 161.170)); May be packed in water or oil; Sardines; Pack may include bones or skin. May be regular or lower in sodium content.

### Whole Grains
Whole wheat bread: Packaging must be labeled with 100% Whole Wheat and meet the Standard of Identity (SOI) for whole wheat bread (21 CFR 136.180). [This standard allows for negligible amounts of non-wheat flours.]

Brown rice: Plain without added sugars, fats, oils, or salt (i.e. sodium).

Soft corn tortillas: Soft corn tortillas made from ground masa flour (corn flour) using traditional processing methods are WIC eligible, e.g., whole corn, corn (masa), whole ground corn, corn masa flour, masa harina, and white corn flour.

Whole wheat tortillas: Whole wheat must be the primary ingredient by weight. Whole wheat flour must be the only flour listed in the ingredient list.

Whole wheat pasta: Must conform to FDA standard of identity (21 CFR 139.138) and have no added sugars, fats, oils, or salt (i.e.
Whole wheat flour and/or whole durum wheat flour must be the only flours listed in the ingredient list. Must have no added sugars, fats, oils, or salt.
Appendix D
Maximum Monthly Quantity

See Following Pages
### Maximum Monthly Quantity

#### 1. INFANTS (0-5 months)

**Federal Food Package I - 7 CFR 246.10(c)(1)**

<table>
<thead>
<tr>
<th>Formula</th>
<th>Container size</th>
<th>Category</th>
<th>Non-Homeless</th>
<th>Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0-1 mo.</td>
<td>1-3 mo.</td>
<td>4-5 mo.</td>
</tr>
<tr>
<td>- Concentrate OR</td>
<td>13 oz bottle</td>
<td>IFF &amp; IPN+</td>
<td>31</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IPN</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IEN</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>- Powder OR</td>
<td>Oz of reconstituted powder</td>
<td>IFF &amp; IPN+</td>
<td>870</td>
<td>960</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IPN</td>
<td>104</td>
<td>435</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IEN</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>- Ready-To-Feed</td>
<td>8 oz bottle</td>
<td>IFF &amp; IPN+</td>
<td>104</td>
<td>112</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IPN</td>
<td>13</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IEN</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>32 oz bottle</td>
<td>IFF &amp; IPN+</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IPN</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IEN</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### 2. INFANTS (6-11 months)

**Federal Food Package II - 7 CFR 246.10(c)(2)**

<table>
<thead>
<tr>
<th>Formula</th>
<th>Container size</th>
<th>Category</th>
<th>Non-Homeless</th>
<th>Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>6-11 mo.</td>
<td>6-11 mo.</td>
<td></td>
</tr>
<tr>
<td>- Concentrate OR</td>
<td>13 oz bottle</td>
<td>IFF &amp; IPN+</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IPN</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IEN</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>- Powder OR</td>
<td>Oz of reconstituted powder</td>
<td>IFF &amp; IPN+</td>
<td>696</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IPN</td>
<td>384</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IEN</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>- Ready-To-Feed</td>
<td>8 oz bottle</td>
<td>IFF &amp; IPN+</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IPN</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IEN</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>32 oz bottle</td>
<td>IFF &amp; IPN+</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IPN</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IEN</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cereal</td>
<td>IFF &amp; IPN+</td>
<td></td>
<td>Up to 24 oz.</td>
<td>Up to 24 oz.</td>
</tr>
<tr>
<td></td>
<td>IPN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IEN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Fruits and Vegetables</td>
<td>IFF &amp; IPN+</td>
<td>32- 4oz jars</td>
<td>32- 4oz jars</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td>36- 3.5oz jars</td>
<td>36- 3.5oz jars</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IPN</td>
<td>32- 4oz jars</td>
<td>32- 4oz jars</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td>36- 3.5oz jars</td>
<td>36- 3.5oz jars</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IEN</td>
<td>64- 4oz jars</td>
<td>64- 4oz jars</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td>73- 3.5oz jars</td>
<td>73- 3.5oz jars</td>
<td></td>
</tr>
<tr>
<td>Infant Meats</td>
<td>IFF &amp; IPN+</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IPN</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IEN</td>
<td>31- 2.5oz jars</td>
<td>31- 2.5oz jars</td>
<td></td>
</tr>
</tbody>
</table>

*Continued on Next Page*
### Maximum Monthly Quantity (Continued)

#### 3. Children and Women with Special Needs

Federal Food Package III – 7 CFR 246.10 (c)(3)

<table>
<thead>
<tr>
<th>Item</th>
<th>Formula Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formula</strong></td>
<td></td>
</tr>
<tr>
<td>- Concentrate, OR</td>
<td>13 oz can</td>
</tr>
<tr>
<td>- Powder, OR</td>
<td>910 fl oz of reconstituted powder</td>
</tr>
<tr>
<td>- Ready-To-Feed</td>
<td>8 oz can</td>
</tr>
<tr>
<td></td>
<td>3 oz can</td>
</tr>
<tr>
<td><strong>Cereal</strong></td>
<td></td>
</tr>
<tr>
<td>Regular, hot or cold</td>
<td>36 oz</td>
</tr>
<tr>
<td><strong>Juice</strong></td>
<td></td>
</tr>
<tr>
<td>- Single-strength, OR</td>
<td>64 oz bottle</td>
</tr>
<tr>
<td></td>
<td>2 – C1-C4</td>
</tr>
<tr>
<td></td>
<td>2 – PG, PN, EN</td>
</tr>
<tr>
<td></td>
<td>1 – P, PN+</td>
</tr>
<tr>
<td>- Frozen concentrate</td>
<td>12 oz cans</td>
</tr>
<tr>
<td></td>
<td>2 – C1-C4</td>
</tr>
<tr>
<td></td>
<td>3 – PG, PN, EN</td>
</tr>
<tr>
<td></td>
<td>2 – P, PN+</td>
</tr>
<tr>
<td><strong>Milk</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16 qt – C1-C4, P, PN+</td>
</tr>
<tr>
<td></td>
<td>22 qt – PG, PN</td>
</tr>
<tr>
<td></td>
<td>24 qt – EN</td>
</tr>
<tr>
<td><strong>Whole grains</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 lb – C1-C4</td>
</tr>
<tr>
<td></td>
<td>1 lb – PG, PN, EN</td>
</tr>
<tr>
<td></td>
<td>0 – P, PN+</td>
</tr>
<tr>
<td><strong>Fish</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30 oz – EN</td>
</tr>
<tr>
<td><strong>Legumes OR Canned Beans</strong></td>
<td>1 lb dry OR 64 oz canned</td>
</tr>
<tr>
<td><strong>OR Peanut Butter</strong></td>
<td>18 oz – C1-C4, P, PN+</td>
</tr>
<tr>
<td><strong>AND Peanut Butter</strong></td>
<td>18 oz – PG, PN, EN</td>
</tr>
<tr>
<td><strong>Tofu</strong></td>
<td>1 lb of tofu can be substituted for 1 quart of milk. Up to 4 lbs of Tofu can be given for C1-C4, P, PG/PN; Up to 6 lbs of tofu can be given for EN</td>
</tr>
<tr>
<td><strong>Yogurt</strong></td>
<td>1 quart</td>
</tr>
<tr>
<td></td>
<td>1 quart can be given in place of 1 quart of milk for C1-C4, PG, P, PN+, EN</td>
</tr>
<tr>
<td><strong>Cheese</strong></td>
<td>1 lb each</td>
</tr>
<tr>
<td></td>
<td>1 lb can be given in place of 3 quarts of milk for C1-C4, PN+, P, PN, PG</td>
</tr>
<tr>
<td></td>
<td>1 lb in the package and up to 2 lbs can be substituted with 3 quarts of milk substituted per lb of cheese for EN</td>
</tr>
<tr>
<td><strong>Cash Value Voucher</strong></td>
<td>$8 (one voucher) - C1-C4</td>
</tr>
<tr>
<td></td>
<td>$10 (2 - $5 vouchers) - PG, P, PN+, PN, EN</td>
</tr>
</tbody>
</table>

**Continued on next page**
# Chapter Three
## Food Package – General

### Maximum Monthly Quantity (Continued)

<table>
<thead>
<tr>
<th>4. CHILDREN Federal Food Package IV – 7 CFR 246.10 (c)(4)</th>
<th>Non-Homeless</th>
<th>Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milk</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fluid (whole, reduced fat, skim/non-fat, low fat, long shelf life, lactose-reduced, goat’s, soy) OR</td>
<td>16 qt</td>
<td>16 qt</td>
</tr>
<tr>
<td>- Dry (non-fat, low fat) OR</td>
<td>16 qt reconstituted (up to 51.2 dry oz)</td>
<td></td>
</tr>
<tr>
<td>- Evaporated</td>
<td>12 oz can</td>
<td>21</td>
</tr>
</tbody>
</table>

**ALL ONE YEAR OLDS ARE ISSUED WHOLE MILK UNLESS OTHERWISE SPECIFIED**

<table>
<thead>
<tr>
<th><strong>Yogurt</strong></th>
<th>A maximum of 1 quart of yogurt can be substituted for 1 quart of milk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cheese</strong></td>
<td>1 pound of cheese reduces the amount of milk by 3 quarts. A maximum of 1 pound of cheese can be substituted for milk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Tofu</strong></th>
<th>Up to 4 pounds of tofu can be added in the package. 1 quart of milk is substituted for each pound of tofu added.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eggs</strong> – Grade A</td>
<td>1 dozen</td>
</tr>
<tr>
<td><strong>Cereal</strong> - Regular, hot or cold</td>
<td>36 oz dry</td>
</tr>
<tr>
<td><strong>Juice</strong></td>
<td></td>
</tr>
<tr>
<td>- Single strength, OR</td>
<td>64 oz bottle</td>
</tr>
<tr>
<td>- Frozen concentrate</td>
<td>6 oz can</td>
</tr>
<tr>
<td><strong>Peanut Butter, OR</strong></td>
<td>18 oz</td>
</tr>
<tr>
<td><strong>Dry Beans or Peas</strong></td>
<td>1 lb dry OR</td>
</tr>
<tr>
<td><strong>Canned Beans</strong></td>
<td>32 oz</td>
</tr>
<tr>
<td><strong>Whole Grains</strong></td>
<td>$8.00</td>
</tr>
<tr>
<td><strong>Cash Value Vouchers</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Continued on Next Page*
5. PREGNANT AND PARTIALLY (MOSTLY) BREASTFEEDING WOMEN
Federal Food Package V - 7 CFR 246.10 (c)(5)

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Non-Homeless</th>
<th>Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fluid (whole, reduced-fat, skim/non-fat, low fat, long shelf life, lactose-reduced, goat’s, soy) OR</td>
<td>22 qt</td>
<td>22 qt</td>
</tr>
<tr>
<td>- Dry (non-fat, low fat) OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Evaporated</td>
<td>12 oz can</td>
<td>29</td>
</tr>
<tr>
<td>Yogurt</td>
<td></td>
<td>22 qt reconstituted (up to 70.4 dry oz)</td>
</tr>
<tr>
<td>Cheese</td>
<td></td>
<td>1 pound of cheese reduces the amount of milk by 3 quarts. A maximum of 1 pound of cheese can be substituted for milk</td>
</tr>
<tr>
<td>Tofu</td>
<td></td>
<td>Up to 4 pounds of tofu can be added in the package. 1 quart of milk is substituted for each pound of tofu added.</td>
</tr>
<tr>
<td>Eggs - Grade A</td>
<td>1 dozen</td>
<td>1 dozen</td>
</tr>
<tr>
<td>Cereal - regular, hot or cold</td>
<td>36 oz dry</td>
<td>36 oz dry</td>
</tr>
<tr>
<td>Juice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Single strength, OR</td>
<td>64 oz bottle</td>
<td>2 OR</td>
</tr>
<tr>
<td></td>
<td>6 oz can</td>
<td>24</td>
</tr>
<tr>
<td>- Frozen concentrate</td>
<td>12 oz can</td>
<td>3</td>
</tr>
<tr>
<td>Peanut Butter, OR</td>
<td>18 oz</td>
<td>18 oz</td>
</tr>
<tr>
<td>Dry Beans or Peas</td>
<td>1 lb dry OR</td>
<td>64 oz canned</td>
</tr>
<tr>
<td>Canned Beans</td>
<td>64 oz canned</td>
<td>64 oz canned</td>
</tr>
<tr>
<td>Whole grains</td>
<td>1 lb</td>
<td>1 lb</td>
</tr>
<tr>
<td>Cash Value Vouchers</td>
<td>2 - $5 vouchers</td>
<td>2 - $5 vouchers</td>
</tr>
</tbody>
</table>

Continued on next page
## Chapter Three
### Food Package – General

### Maximum Monthly Quantity (Continued)

#### 6. POSTPARTUM, NON-BREASTFEEDING WOMEN AND MINIMALLY BREASTFEEDING WOMEN
Federal Food Package VI - 7 CFR 246.10 (c)(6)

<table>
<thead>
<tr>
<th></th>
<th>Non-Homeless</th>
<th>Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fluid (whole, reduced-fat, skim/non-fat, low fat, long shelf life, lactose-reduced, goat’s, soy) OR</td>
<td>16 qt</td>
<td>13 qt</td>
</tr>
<tr>
<td>- Dry (non-fat, low-fat) OR</td>
<td>16 qt reconstituted (up to 51.2 dry oz)</td>
<td>13 qt reconstituted (up to 41.6 dry oz)</td>
</tr>
<tr>
<td>- Evaporated</td>
<td>12 oz can</td>
<td>21</td>
</tr>
<tr>
<td>Yogurt</td>
<td>1 quart of yogurt can be substituted for 1 quart of milk A maximum of 1 quart of yogurt can be substituted for milk</td>
<td></td>
</tr>
<tr>
<td>Cheese</td>
<td>1 pound of cheese reduces the amount of milk by 3 quarts. A maximum of 1 pound of cheese can be substituted for milk</td>
<td></td>
</tr>
<tr>
<td>Tofu</td>
<td>Up to 4 pounds of tofu can be added in the package. 1 quart of milk is substituted for each pound of tofu added.</td>
<td></td>
</tr>
<tr>
<td>Eggs</td>
<td>1 dozen</td>
<td>1 dozen</td>
</tr>
<tr>
<td>Cereal - regular, hot or cold</td>
<td>36 oz dry</td>
<td>36 oz dry</td>
</tr>
<tr>
<td>Juice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Single strength OR</td>
<td>64 oz bottle</td>
<td>1</td>
</tr>
<tr>
<td>- Frozen concentrate</td>
<td>12 oz can</td>
<td>2</td>
</tr>
<tr>
<td>Dry Beans or Peas or Canned Beans Or Peanut Butter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 1 lb. OR 64 OZ OR 18 oz</td>
<td>1 lb. OR 64 OZ OR 18 oz</td>
<td></td>
</tr>
<tr>
<td>Cash Value Voucher</td>
<td>2 - $5 vouchers</td>
<td>2 - $5 vouchers</td>
</tr>
</tbody>
</table>

Continued on Next Page
## Chapter Three
Food Package – General

### Maximum Monthly Quantity (Continued)

7. **FULLY BREASTFEEDING WOMEN and PG WOMEN WHO ARE PARTIALLY (MOSTLY) NURSING AN INFANT and PREGNANT WITH MULTIPLES WOMENS PACKAGE**

Federal Food Package VII - 7 CFR 246.10 (c)(5)

<table>
<thead>
<tr>
<th></th>
<th>Non-Homeless</th>
<th>Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milk</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fluid (whole, reduced-fat, skim/non-fat, low fat, long shelf life, lactose-reduced, goat’s, soy) OR</td>
<td>24 qt</td>
<td>24 qt</td>
</tr>
<tr>
<td>- Dry (non-fat, low-fat) OR</td>
<td></td>
<td>24 qt reconstituted (up to 76.8 dry oz)</td>
</tr>
<tr>
<td>- Evaporated</td>
<td>12 oz can</td>
<td>32</td>
</tr>
<tr>
<td><strong>Yogurt</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 quart of yogurt can be substituted for 1 quart of milk</td>
<td>A maximum of 1 quart of yogurt can be substituted for milk</td>
</tr>
<tr>
<td><strong>Cheese</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 lb</td>
<td>1 lb</td>
</tr>
<tr>
<td>Additional pounds of cheese will be substituted at a rate of 1 pound of cheese for 3 quarts of milk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A maximum of 2 pounds of cheese can be substituted for milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tofu</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Up to 6 pounds of tofu can be added in the package. 1 quart of milk is substituted for each pound of tofu added.</td>
<td></td>
</tr>
<tr>
<td><strong>Eggs - Grade A</strong></td>
<td>2 dozen</td>
<td>2 dozen</td>
</tr>
<tr>
<td><strong>Cereal - regular, hot or cold</strong></td>
<td>36 oz dry</td>
<td>36 oz dry</td>
</tr>
<tr>
<td><strong>Juice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Single strength, 64 oz bottle OR 6 oz can</td>
<td>2 OR</td>
<td>2 OR</td>
</tr>
<tr>
<td>- Frozen concentrate 12 oz can</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td><strong>Dry Beans</strong></td>
<td>1 lb dry OR 64 oz canned</td>
<td>64 oz canned</td>
</tr>
<tr>
<td><strong>Canned Beans</strong></td>
<td>18 oz</td>
<td>18 oz</td>
</tr>
<tr>
<td><strong>Peanut Butter</strong></td>
<td>30 oz</td>
<td>30 oz</td>
</tr>
<tr>
<td><strong>Fish</strong></td>
<td>16 oz</td>
<td>16 oz</td>
</tr>
<tr>
<td><strong>Whole grains</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cash Value Vouchers</strong></td>
<td>2 - $5 vouchers</td>
<td>2 - $5 vouchers</td>
</tr>
</tbody>
</table>

Continued on next page
### Maximum Monthly Quantity (Continued)

#### 8. BREASTFEEDING WOMEN WITH MULTIPLES and PG WOMEN EXCLUSIVELY NURSING AN INFANT

Federal Food Package VII – 7 CFR 246.10 (c)(7)

<table>
<thead>
<tr>
<th></th>
<th>Non-Homeless</th>
<th>Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milk</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluid (whole, reduced-fat, low fat, skim/non-fat, long shelf life, lactose-reduced, goat’s, soy) OR</td>
<td>36 qt</td>
<td>36 qt</td>
</tr>
<tr>
<td>Dry (non-fat, low-fat) OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaporated</td>
<td>12 oz can</td>
<td></td>
</tr>
<tr>
<td><strong>Yogurt</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheese</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheese</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional pounds of cheese will be substituted at a rate of 1 pound of cheese for 3 quarts of milk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A maximum of 2 pounds of cheese can be substituted for milk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tofu</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eggs – Grade A</td>
<td>3 dozen</td>
<td>3 dozen</td>
</tr>
<tr>
<td>Cereal - regular, hot or cold</td>
<td>54 oz dry</td>
<td>54 oz dry</td>
</tr>
<tr>
<td>Juice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single strength, OR</td>
<td>3 OR</td>
<td></td>
</tr>
<tr>
<td>Frozen concentrate</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Dry Beans</strong></td>
<td>24 oz OR</td>
<td>24 oz OR</td>
</tr>
<tr>
<td>Canned Beans</td>
<td>96 oz</td>
<td>96 oz</td>
</tr>
<tr>
<td>Peanut Butter</td>
<td>18 oz</td>
<td>18 oz</td>
</tr>
<tr>
<td>Fish</td>
<td>45 oz</td>
<td>45 oz</td>
</tr>
<tr>
<td>Whole grains</td>
<td>24 oz</td>
<td>24 oz</td>
</tr>
<tr>
<td><strong>Cash Value Vouchers</strong></td>
<td>3 - $5 vouchers</td>
<td>3 - $5 vouchers</td>
</tr>
</tbody>
</table>
Appendix E
Medical Documentation Form

See Following Pages
## Chapter Three
Food Package – General

### Medical Documentation Form for Special Needs Food Packages

<table>
<thead>
<tr>
<th>Client Name:</th>
<th>WIC Client ID:</th>
</tr>
</thead>
</table>

**Please fully complete every section (1-7) to avoid delays in issuance. Please choose WIC routine formulas whenever possible, as noted by ****.**

1. **Current Formula Request:**
   - Similac Advance (20 Cal/oz.)*
   - Similac Sensitive*
   - Similac for Spit-up*
   - Similac Total Comfort*
   - Enfamil ProSobee*
   - Enfagrow Toddler Transitions Soy*
   - Alimentum
   - Nutramigen
   - Gerber Enfamil Hi (Powder)
   - Enfamil Enfamil (Powder and PTF)
   - Similac Expert Care Neosure (Powder and PTF)
   - Pediasure (must meet WIC criteria for issuance)
   - Other: [ ]

2. **Amount of Formula Requested Per Day:**
   - Oral [ ]
   - Tube Feeding [ ]
   - (If no amount written, amount defaults to WIC Maximum)

3. **Form of Formula:**
   - [ ] Powder
   - [ ] Concentrate
   - [ ] Ready-to-feed
   - Note: Concentrate or Ready to feed form given to premature clients unless otherwise specified.

4. **Diagnosis for routine formula [includes Similac Advance (20 Cal/oz.), Similac Sensitive (19 Cal/oz.), Similac for Spit-up (19 Cal/oz.), Enfamil ProSobee, and Similac Total Comfort (19 Cal/oz.):**
   - [ ] Formula Intolerance
   - [ ] Food allergy
   - [ ] Inappropriate growth patterns
   - [ ] Other: ______________________

   **Diagnosis for Special Formula or Medical Food:**
   - [ ] Prematurity
   - [ ] GERD or reflux
   - [ ] Dysphagia
   - [ ] Failure to thrive
   - [ ] Other: ______________________
   - Note: Must be a specific medical diagnosis.

5. **WIC Foods:**
   - Default to WIC Registered Dietitian (RD)/Qualified Nutritionist to choose appropriate WIC foods
   - OR Check any foods listed below that are not appropriate for this patient

   **Category** | **WIC Foods** | **Do Not Give** | **Note:**
   |--------------|--------------|----------------|
   - Infants (6-11 mo.) or Special Needs
   - Women/Children
   - Children (1-5 yr.) and Women
   - Women
   - Infant Jarred Meats

   **Notes:**
   - Children 12-23 months old are typically given whole milk.
   - Anyone 2 and older is given 1% fat free milk. If another milk type is needed please include in comment section.
   - Comments: ______________________

   **Exclusively Nursing Only:**
   - Women: Canned Fish
   - Infant Jarred Meats

   **Notes:**
   - **Grains include the options of whole wheat bread, brown rice, whole wheat tortillas, and/or corn tortillas.

6. **Length of Time Requested:**
   - [ ] Up to first birthday
   - OR # months: ______________________

7. **Print Provider Name:** ______________________
   **Title (Circle):** M.D., D.O., P.A., N.P.
   **Date:** ______________________
   **Healthcare Provider Signature:** ______________________
   **Phone Number:** ______________________

---

Please visit [http://www.azwic.gov/physician.htm](http://www.azwic.gov/physician.htm) for additional forms or information. Revised 3/15
Chapter Three
Food Package – General

Index

Complementary Foods pg. 6.
Documentation Requirements pg. 18, 20
Food list pg. 41
Food Selection Criteria pg. 28
Formula intolerance pg. 19
Goat's Milk pg. 22, 25, 35
Infant food packages pg. 6
Infant Formula pg. 56
Local Agency Responsibilities pg. 5
Maximum Monthly Quantity pg. 62-69
Medical documentation pg. 10, 18, 20, 21, 70

Medically Fragile Participants pg. 17-19, 22
Poor Water pg. 27
Powdered milk pg. 22
Prescription pg. 21
Poor Refrigeration pg. 25, 27
Soy based beverage pg. 25, 35, 57
Special dietary needs pg. 25
Special formula pg. 18, 20
State Agency Responsibilities pg. 4
Tailoring the Food Package pg. 25
Ultra-High Temperature milk pg. 22
Chapter Four
Food Package – Formula
Overview

In This Chapter

This chapter is divided into eight (8) sections, as well as eight (8) appendices.

Formula packages are reserved for issuance to infants or women and children with a qualifying medical condition and medical documentation to receive eligible infant formula, exempt infant formula, and medical foods as defined in this chapter.

Infant Formula Policy

The Arizona WIC Program will issue rebated formula to partially breastfed or non-breastfed infant participants, except under special circumstances.
# Chapter Four
## Food Package – Formula

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Formula Food Packages for Women, Infants, and Children with Special Dietary Needs</td>
<td>4-4</td>
</tr>
<tr>
<td>B</td>
<td>Special Formula AHCCCS Policy</td>
<td>4-9</td>
</tr>
<tr>
<td>C</td>
<td>Food Packages for Formula Fed Infants – Issuance of Regular Non-Contract Formula</td>
<td>4-12</td>
</tr>
<tr>
<td>D</td>
<td>Issuance of Formula for the Premature Infant</td>
<td>4-13</td>
</tr>
<tr>
<td>E</td>
<td>Food Packages for Formula Fed Infants – Issuance of Liquid Formula</td>
<td>4-14</td>
</tr>
<tr>
<td>F</td>
<td>Food Packages for Formula Fed Infants – Issuance of Low Iron Formula</td>
<td>4-16</td>
</tr>
<tr>
<td>G</td>
<td>Issuance of Special Formula – Conditions for PediaSure/Boost Issuance</td>
<td>4-17</td>
</tr>
<tr>
<td>H</td>
<td>Issuance of Special Formula – Local Agency Responsibilities</td>
<td>4-18</td>
</tr>
<tr>
<td>Appendix A</td>
<td>How to Calculate Formula Volume</td>
<td>4-21</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Alternate Formula Screening Form</td>
<td>4-23</td>
</tr>
<tr>
<td>Appendix C</td>
<td>WIC/AHCCCS Formula Coverage Flow Chart</td>
<td>4-25</td>
</tr>
<tr>
<td>Appendix D</td>
<td>AHCCCS Referral Letter and Form</td>
<td>4-27</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Formula Descriptions</td>
<td>4-31</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Arizona WIC Formula List</td>
<td>4-38</td>
</tr>
<tr>
<td>Appendix G</td>
<td>Arizona WIC Program Medical Documentation Forms</td>
<td>4-119</td>
</tr>
<tr>
<td>Appendix H</td>
<td>Request for New Food Package Form</td>
<td>4-123</td>
</tr>
<tr>
<td>Index</td>
<td>Index</td>
<td>4-126</td>
</tr>
</tbody>
</table>
Introduction

Children and women with special dietary needs may receive formula if a physician determines that the participant has a medical condition which precludes or restricts the use of conventional foods and necessitates the use of formula as outlined in Chapter 3, Section L.

A written medical authorization from a health professional with prescriptive authority is required prior to the issuance of any special formula to meet the medical and nutritional needs of the WIC clients.

Policy

Evaluation and approval in AIM of the prescribed formula by the Local Agency Nutritionist or approved Local Agency Registered Nurse is required. Nutritionists must meet the requirements as defined in Chapter 7 of this manual.

Registered Nurses must have a four-year degree and specialize in infant and child health. Registered Nurses must also have been trained in the Arizona In Motion (AIM) system and approved by the Local Agency’s State Nutrition Consultant.

In the absence of a Nutritionist or approved Registered Nurse, a one-month supply of the prescribed formula may be issued pending the Local Agency Nutritionist’s approval, with the exception of regular non-contract formulas. All contract formula appropriate for a condition must be tested and eliminated.

Definition of Special Formula

Formula intended for use by participants who have inborn errors of metabolism, premature or low birth weight infants, or participants who otherwise have a documented medical or dietary condition.

Limitations

Formulas may not be authorized solely for the purpose of enhancing nutrient intake or managing body weight of participants. [7CFR 246.10 (e)(3)(i)]
### Section A

**Formula Food Packages for Women, Infants, and Children with Special Dietary Needs (Continued)**

<table>
<thead>
<tr>
<th>Medical / Prescriptive Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provider name and signature must be on the following forms in order to be valid:</td>
</tr>
<tr>
<td>• Arizona WIC Special Formula Authorization Form – Children, Women and Healthy Infants</td>
</tr>
<tr>
<td>• Arizona WIC Special Formula Authorization Form – For Premature and Medically Fragile Infants</td>
</tr>
<tr>
<td>• Arizona WIC Milk Alternative Request Form</td>
</tr>
<tr>
<td>• Doctor’s Prescription Form</td>
</tr>
<tr>
<td>• Doctor’s Letterhead with Prescription</td>
</tr>
</tbody>
</table>

Please assess if the provider signing the authorization form(s) is one of the following:

- M.D.
- D.O.
- P.A. (any specialty)
- N.P. (any specialty)

If the answer is “No” to all of the above, you cannot approve the prescription to issue a special formula.

Medical authorization is only accepted if prescriptive authority is a Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), Physician Assistant (P.A.), or Nurse Practitioner (N.P).

Examples of providers without prescriptive authority in Arizona WIC include, but are not limited to:

- C.E.D. Prof. – Professional ID Card (Mexico)
- C.E.D. Especialista (Mexico)

*Continued on Next Page*
Section A
Formula Food Packages for Women, Infants, and Children with Special Dietary Needs (Continued)

<table>
<thead>
<tr>
<th>Written Medical Authorization (Prescription)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical documentation must be provided on the Special Formula Authorization form (see Appendix G) and include the following:</td>
</tr>
<tr>
<td>• Date of prescription</td>
</tr>
<tr>
<td>• Name of formula</td>
</tr>
<tr>
<td>• Type of formula (i.e., ready-to-feed, powder, or concentrate)</td>
</tr>
<tr>
<td>• Amount needed per day</td>
</tr>
<tr>
<td>• Diagnosis or explanation of need</td>
</tr>
<tr>
<td>• Duration</td>
</tr>
<tr>
<td>• Signature of the prescriptive authority requesting formula (signature stamps and facsimiles are acceptable)</td>
</tr>
<tr>
<td>• Contact information for the person prescribing the formula</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supplemental Formulas Requiring Medical Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical documentation is required for issuance of the following supplemental formulas:</td>
</tr>
<tr>
<td>• Any non-contract brand infant formula</td>
</tr>
<tr>
<td>• Any infant formula prescribed to a child or adult</td>
</tr>
<tr>
<td>• Any exempt infant formula</td>
</tr>
<tr>
<td>• Any WIC-eligible medical food (see Chapter 3, Section L)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Verbal Medical Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal prescriptions are acceptable, but shall be documented in the participant’s record with all the details required for a written prescription, and followed up with a written prescription within 30 days.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>The formula requested must be indicated for the medical condition and age of the client. For example, if the medical formula requested is indicated for use as an adult nutritional or developed for a child over one year of age, this would not be an approved WIC formula for an infant.</td>
</tr>
</tbody>
</table>

Continued on Next Page
Section A
Formula Food Packages for Women, Infants, and Children with Special Dietary Needs (Continued)

Issuance of Special Formulas
If the client does not have a written prescription, only an RD or nutritionist can approve one month of formula if the client has been on the formula prior. Prior use of a formula should be confirmed by conversation with licensed healthcare professional or by documentation (e.g. past record of being on the formula). Means of ensuring prior use of formula should be documented in AIM, including names/contact info of any healthcare professionals spoken with if applicable.

When an incomplete prescription is presented, three months of formula may be issued as long as the following criteria are met:

- The prescription at a minimum contains the formula name and diagnosis

AND

- The missing prescription information has been obtained through a verbal order from a licensed healthcare provider and written documentation will be obtained within 30 days.

NOTE: If complete written prescription is not obtained within this issuance period, no more of the formula can be given until written documentation is complete.

Documentation of Special Formula in AIM
The physical prescription must be accessible for 5 years, 5 months of being received. In addition, documentation of prescription will be included in the comments section of the food package screen in AIM. The minimum documentation that needs to be in AIM includes:

- Name of staff member approving the formula
- Start and end dates for prescription
- Diagnosis
- Formula name and type (powder, liquid, RTF, etc)
- Medical prescriptive authority name and phone number

Incomplete Written Medical Authorizations
Incomplete written prescriptions shall be followed up with a phone call to obtain missing information, provided the prescription has the signature of the prescriptive authority. The missing information will be documented in the comment section of the Food Package screen of the AIM system.
Section A
Formula Food Packages for Women, Infants, and Children with Special Dietary Needs (Continued)

Challenge
When a formula has been prescribed, a different formula cannot be challenged or issued during the prescription period without first obtaining approval from the health care provider who prescribed the formula. This change should be documented in the Care Plan screen under the Notes section of AIM.

Monitoring
During a Management Evaluation (ME), the State will review the usage rate and participant files for unapproved issuance of non-contract formulas and corrective action, and financial penalties may be imposed for unauthorized issuance of non-contract formulas. Medical documentation must be maintained on file at the local clinic.

Food Package Availability
If a food package cannot be found in AIM that meets the client’s needs, the Local Agency Nutritionist must complete and submit the Request For New Food Package form to the State Food Package Specialist. (Reference Chapter 4, Appendix H).

AHCCCS
If a participant requiring a special formula is participating in AHCCCS, it is the responsibility of the WIC nutritionist to review the criteria for AHCCCS special formula coverage and explain the process to the participant. (Reference: Chapter 4, Section B).
Section B
Special Formula AHCCCS Policy

Policy

The formula provided by WIC for infants, children, and women must be appropriate to their age and medical condition. It must be nutritionally complete and meet all federal guidelines specified for Food Package I, II, and III. Contract brand infant formulas that are iron fortified and do not require the addition of any ingredients other than water, exempt infant formulas, and WIC eligible medical foods make up these packages.

Procedure

A) AHCCCS tube feeding

1) When a request comes in for medical nutritional therapy for a tube feeding for an Arizona Health Care Cost Containment System (AHCCCS) client, the WIC staff should refer the client back to their AHCCCS primary care doctor for coordination. The tube feeding formula is a covered AHCCCS expense and should be processed as a prior authorization.

2) If the AHCCCS client receives both tube feeding formula and oral supplemental nutritional feeding, both products are a covered AHCCCS expense and should be processed as a prior authorization. (Certificate of Medical Necessity for Commercial Oral Nutritional Supplements form is not required).

B) AHCCCS commercial oral nutritional supplements (special formula)

AHCCCS defines a commercial oral nutritional supplement as a formula that provides nourishment and increased calorie intake of other age appropriate foods or as the sole source of nutrition. WIC refers to these nutritional supplements as special formulas.

1) When a request comes in for a special formula for an AHCCCS client, WIC staff should abide by the following procedures:

   a) The WIC nutritionist will assess if the client meets at least two of the following criteria from the AHCCCS EPSDT Policy 430 Requirements to determine medical necessity:

Continued on Next Page
## Section B  
### Special Formula AHCCCS Policy (Continued)

**Procedure (Continued)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>At or below the 10(^{th}) percentile for age and gender for three months or more.</td>
</tr>
<tr>
<td>(2)</td>
<td>Reached a plateau in growth or nutritional status for more than six months.</td>
</tr>
<tr>
<td>(3)</td>
<td>Demonstrated a medically significant decline in weight for three months or more.</td>
</tr>
<tr>
<td>(4)</td>
<td>Consumes/eats no more than 25% of his or her nutritional requirements from age appropriate foods.</td>
</tr>
<tr>
<td>(5)</td>
<td>Absorption problems as evidenced by emesis, diarrhea, dehydration, and/or weight loss and intolerance to milk or formula products have been ruled out.</td>
</tr>
<tr>
<td>(6)</td>
<td>Nutritional supplements needed on a temporary basis due to an emergent condition.</td>
</tr>
<tr>
<td>(7)</td>
<td>High risk for regression due to chronic disease or condition and there are no alternatives for adequate nutrition.</td>
</tr>
</tbody>
</table>

b) If a client meets two or more of the AHCCCS criteria, WIC staff will refer them back to their primary care doctor to process and submit the Certificate of Medical Necessity for Commercial Oral Nutritional Supplements form to the Health Care Plan. You may provide the client with a copy of the AHCCCS referral letter (see Appendix D).

(1) WIC staff will issue a supply of formula each month until AHCCCS approval is completed.

(2) If special formula coverage is denied by the Health Care Plan, WIC staff should contact the State office for follow up.

c) If the criteria are not met, the WIC nutritionist will tailor an appropriate package to meet the client’s needs.
C) Food package tailoring for infants, children, and women with special dietary needs

1) The goal of the food package tailoring guidelines is to ensure that all participants receive the Arizona WIC food package that best meets their individual nutritional and dietary needs. Packages for infants, children, and women with special dietary needs (Food Package III) may receive food packages that are tailored when formula needs are being supplied by an outside source such as AHCCCS or another insurer.

a) Only the Local Agency nutritionist should complete food package prescription tailoring for special needs infants, children, and women.

b) Tailoring should be coordinated with the participant’s supervising health care provider to assure that the participant is provided food items that they can consume.

a) Document in the AIM Care Plan the reason for the food package tailoring.

b) Follow-up with the participant’s health care provider will be done by the Local Agency WIC nutritionist on a regular basis to assure that the food package continues to meet the needs of the participant.

NOTE: WIC participants may receive formula from AHCCCS and a food package from the Arizona WIC Program.
### Section C

#### Food Packages for Formula Fed Infants – Issuance of Regular Non-Contract Formula

**Policy**

Contract brand infant formulas will be issued to all WIC infants unless there is medical documentation for an exempt infant formula. It is important to help infant caregivers understand that WIC is a supplemental nutrition program and formula is not provided by entitlement. Non-contract regular infant formulas that are nutritionally equivalent will not be issued and prescriptions will not be accepted for a healthy infant. Issuance of non-contract formula is reserved by prescription under the following circumstances:

- Transition to an alternate contract formula is medically contraindicated for pre- or post-operative recovery where formula transition would put infant at risk for compromised nutritional status impacting growth and development.
- NICU discharge warrants continuation of a tolerated non-contract formula to avoid weight loss in the recovery of a previous Failure to Thrive infant (WIC risk 134) or infant who has experienced inadequate growth.
- Infants with a medical birth history of a congenital defect (WIC risk 349) where formula transition would put infant at risk for compromised nutritional status impacting growth and development.
- Infants with a medical history of central nervous system disorders (WIC risk 348) and genetic/congenital disorders (WIC risk 349) where formula transition would put infant at risk for compromised nutritional status impacting growth and development.

### Definition of Regular Non-Contract Formula

Regular non-contract formula as defined by cost containment measures includes standard iron fortified milk-based, soy-based, and lactose-free formulas that are nutritionally equivalent to contract brand formulas.

### Local Agency Responsibility

After assessment, if an infant meets one of the four mentioned criteria for non-contract formula with valid prescription, the Local Agency will contact the State Food Package Specialist or a State nutritionist for approval. After accepted, approval and relevant medical information shall be documented in the Care Plan in AIM.

One month of formula **may not** be issued without prior State approval.
Section D
Issuance of Formula for the Premature Infant

Policy
Feeding recommendations for infants born <37 weeks gestation include introduction to cow’s milk at 12 months corrected age.

Corrected age (CA) is based on the age the infant would be if the pregnancy had gone to term. The CA is calculated by subtracting the number of weeks premature from the actual age in months.

Example: If an infant was 6 weeks premature and the infant’s actual age is 10 months old, then:

\[10 \times 4 = 40 \text{ weeks} - 6 \text{ weeks} = 34 \text{ weeks or } 8\frac{1}{2} \text{ months}\]

It is at the Local Agency nutritionist’s or referring medical provider’s discretion to extend the use of infant formula to 12 months corrected age.

Procedure
The Local Agency nutritionist will base feeding recommendations of the premature infant on birth weight, nutritional status, developmental stage, and continued monitoring of growth.

- If the need for continued formula is apparent, the participant will be referred back to their medical provider to obtain a prescription for the continuation of formula.

- One month of formula food instruments may be issued to allow time for the participant to return to their medical provider for a complete prescription. This must be documented in the Notes section of AIM.

- The participant must return the completed prescription to the Local Agency to continue to receive formula food instruments at the following appointment.
Section E
Food Packages for Formula Fed Infants – Issuance of Liquid Formula

Introduction
Although liquid infant formula is commercially sterile, powdered infant formula is not. Powdered infant formula contains low levels of *E. sakazakii*, which is a gram-negative, non-spore-forming bacterium belonging to the Enterobacteriaceae family. *E. sakazakii* has been associated with sepsis, meningitis, cerebritis and necrotizing enterocolitis. Premature infants, low birth weight infants or immunocompromised infants are at particular risk.

Improper preparation and refrigeration of powdered infant formula can cause an increase in the level of contamination of *E. sakazakii* in powdered formula.

The World Health Organization recommends: “In situations where the mother cannot breastfeed or chooses not to breastfeed for any reason, encourage caregivers of infants, particularly those at high risk, to use, whenever possible and appropriate, commercially sterile formula (i.e. liquid) or formula which has undergone an effective point-of-use decontamination procedure (e.g. heating reconstituted formula).”

Definition
Infants who are born three or more weeks early (<37 weeks gestational age) are considered premature.

Infants who weigh less than 2,500 grams (<5.5 pounds) at birth are considered low birth weight.

Policy
The Arizona WIC program will issue liquid concentrate infant formula, which is commercially sterile, to premature, low birth weight infants, and/or immunocompromised infants for up to six months corrected age.

When liquid concentrate is not available in the prescribed formula, ready-to-feed formula should be chosen. Powdered formula will only be issued to premature, low-birth weight, and/or immunocompromised infants with a health care provider’s prescription.

Continued on Next Page
Section E
Food Packages for Formula Fed Infants –
Issuance of Liquid Formula (Continued)

### Ready-To-Feed Formula

Ready-to-feed formula may be authorized without a prescription when the Competent Professional Authority determines and documents that one of the following applies:

- The participant’s household has an unsanitary or restricted water supply.
- There is poor or no refrigeration available.
- The caregiver may have difficulty in correctly diluting concentrated liquid or powdered formula.
- When no other forms of the prescribed formula are available.
- If a ready-to-feed form better accommodates the participant’s condition.
- If it improves the participant’s compliance in consuming the prescribed WIC formula.

### Concentrate Formula

In the case of rebate formula, concentrate may be issued without prescription for multiples (twins, triplets), premature, low birth weight infants, immunocompromised infants, or for better formula tolerance when consulted by the nutritionist or approved Registered Nurse.

All other requests for concentrate formula require written prescriptions from the prescriptive authority.
Chapter Four
Food Package – Formula

Section F
Food Packages for Formula Fed Infants – Issuance of Low Iron Formula

Policy
Low iron infant formula may only be issued to medically fragile infants in Food Package III and requires appropriate medical documentation with a qualifying condition. Conditions include, but aren't limited to, renal insufficiency and iron storage disorders.

NOTE: Spitting up, diarrhea, constipation, and colic are not acceptable reasons for issuing low iron formula.

The American Academy of Pediatrics Committee on Nutrition’s Position Paper recommends that iron fortified formula be used for all formula-fed infants.
Section G
Issuance of Special Formula – Conditions for PediaSure/Boost Issueance

Acceptable Conditions

PediaSure/Boost (or comparable supplements) are intended for children one year of age and older and cannot be provided to infants. A written medical authorization for PediaSure/Boost can be accepted and food instruments issued when at least one of the following conditions exist:

- Current assignment of Risk 103 (Underweight). Underweight definition for WIC: Birth to 2 years, less than or equal to fifth percentile weight for length. Two to 5 years, less than or equal to fifth percentile BMI for age. (Growth patterns are currently based on the 2000 CDC growth charts in AIM.)

- Weight curve has crossed more than 2 percentile lines on the growth charts after having achieved a previously stable pattern. For example, the child has dropped from the 75th to the 25th percentile over time.

- Other medical conditions for the management of nutrition-related disorders.

For all other questionable conditions, contact the State office for technical assistance.

WIC Approval

Issuance of PediaSure/Boost requires the Local Agency nutritionist to:

- Complete a thorough screening and assessment as well as document all medical, nutrition, or psychosocial risk factors in the Care Plan in AIM.

- Obtain a current height and weight for accuracy in growth screening criterion.

- Provide nutrition education on nutrient-dense foods to help promote weight gain. This will be documented in the Notes section of the Care Plan screen of the AIM system.

NOTE: PediaSure/Boost cannot be issued:

- In response to “picky eaters”.

- For the sole purpose of enhancing nutrient intake or managing body weight without an underlying condition.
Section H
Issuance of Special Formula – Local Agency Responsibilities

Policy
Exempt formulas, non-contract formulas, and WIC medical formulas will be issued only to those participants who have a demonstrated and documented need. However, the need must be a result of a medical condition. All contract formula appropriate for a condition must be tested and eliminated.

Documentation
Prescriptions for special formulas or alternative milk requests are to be filed at the Local Agency, and made readily available for review. The State Agency requests for Local Agencies to have a prescription filing system, depending on the size of the agency. (For example, large agencies have a monthly prescription file; medium and small agencies have a quarterly prescription file.)

Special Formula Ordering
For any special formula issuance, participants must be informed on how to obtain the formula. WIC staff should ensure participants know whether the formula can be found on the retail shelf or must be ordered through a store pharmacy. For pharmacy special order products, WIC staff should aid the participant in finding a pharmacy that can issue the product. The first time a product is ordered for a client, it may be necessary to order the product for them.

Unauthorized Issuance Reimbursement
Local Agencies may be required to reimburse the State Agency for all unauthorized issuance of non-contract and exempt special formulas detected during Management Evaluations or review of AIM reports. Unauthorized issuance of a non-contract or exempt special formula means:

- Lack of Notes explaining exceptions on the Food Package screen in the AIM system.
- Issuance of a regular non-contract formula that does not meet one of the four criteria listed in Section E of this chapter.
- Lack of State approval for issuance of non-contract infant formula.
Unauthorized Issuance
Reimbursement (Continued)

Special formulas are not authorized for: infants whose only condition is formula intolerance or allergy to lactose or sucrose. They should also not be given for lactose or milk protein allergies that can be managed by routine contract formula, or for conditions that can be successfully managed with one of the standard food packages. They should not be authorized for non-specific food or formula intolerance and are not to be authorized for the sole purpose of enhancing nutrient intake or managing body weight without an underlying medical condition.

Continued on Next Page
### Section H
Issuance of Special Formula – Local Agency Responsibilities (Continued)

#### Procedure for Handling Non-Contract and Special Formula Requests

<table>
<thead>
<tr>
<th>Personal Preference:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recommendations will be made for a comparable contract formula and issued to the participant.</td>
</tr>
</tbody>
</table>

**If participant states intolerance to a contract formula:**

- Explain to the participant or caregiver that WIC is a supplemental nutrition program and formula is not provided by entitlement. Non-contract infant formulas that are nutritionally equivalent will not be issued and prescriptions will not be accepted for a healthy infant. (See Section E for the four eligible criteria for the issuance of non-contract formula.)

- The Local Agency nutritionist will complete the Alternate Formula Screening form (see Appendix B).

- If it is determined through screening with the nutritionist that the intolerance is the result of improper formula preparation or inappropriate feeding, education will be provided and the appropriate contract formula will be issued.

- If no outstanding issues arise during the screening process, the client will be referred to their physician for further follow-up.

**Out-of-state transfer using non-contract formula**

- Explain to the participant or caregiver transferring into Arizona that each state may have different contract brand formulas. Provide education on the nutritionally equivalent Arizona state contract formulas.

- Recommendations will be made for the transition to a comparable contract formula and issued to the participant.

- If problems arise with the contract formula, the Local Agency nutritionist will complete the Alternate Formula Screening form to rule out any intolerance issues resulting from improper formula preparation or inappropriate feeding practices.
Appendix A: How to Calculate Formula Volume

See Following Page
How to Calculate Formula Volume

Maximum Quantity
The maximum quantity of infant formula provided by the WIC Program monthly is varied depending on the age and category of the client. Please refer to the infant sections in Chapter 3 for maximum formula volumes.

Standard Caloric Content
Similac Advance and Enfamil ProSobee yield twenty (20) kilocalories/ounce, and Similac Sensitive, Similac for Spit Up, and Similac Total Comfort yield nineteen (19) kilocalories/ounce when prepared according to the directions on the product label.

Formula Volume Calculation
To calculate formula volume:
1. Calculate the approximate amount of formula (in ounces) the client consumes each day and multiply it by the number of days in the month to give the total monthly volume.
2. Determine the ounces of prepared formula that one (1) can of formula will provide. Prepared ounces will vary by formula.
3. Divide the total monthly volume by the ounces one (1) can of prepared formula provides to establish the approximate number of cans the client will need for the month.

Example: Baby is partially breastfed and consuming about 12 ounces of prepared Similac Advance powdered formula each day. The Similac Advance powdered formula can size is 12.4 ounces.
1. 12 ounces per day x 31 days = 372 ounces per month
2. 1 -12.4 ounce can of Similac Advance = 90 fl. ounces prepared
3. 372 ounces per month / 90 fl ounces prepared = 4.133 cans
   Round 4.133 up to 5 cans per month.
Appendix B:
Alternate Formula Screening Form

See Following Pages
WOMEN, INFANTS AND CHILDREN (WIC) SUPPLEMENTAL NUTRITION PROGRAM
ALTERNATE FORMULA SCREENING FORM

INSTRUCTIONS: Complete for participants who indicate a problem with Similac Advance or Enfamil ProSobee infant formula and attach to the appropriate medical documentation form if necessary.

Participant’s Name: (Last, First) Birth date ID#

Physician’s Name-Telephone Number: LA#/Clinic#/Interviewer Code:

Formula History: Name of Special Formula/Package#

Time Period of Authorization (by Nutritionist) From: To:

Screening for Problems(s) with Formula Preparation, Feeding, or Storage:
1. How is the formula being prepared?
2. How is the prepared formula being stored?
3. After baby is fed, what is done with formula left in the bottle?
4. How many ounces of formula is the baby drinking during the day?
5. How are you holding the baby during feedings?
6. How often do you burp the baby?
7. Have any solid foods been started?

Circle the correct answer after reviewing questions 1-7 with parent/guardian.
c. Adequately refrigerated? YES NO
c. Burped at necessary intervals? YES NO

Check the Symptom(s) reported by the parent/guardian from the use of Similac Advance, Similac Sensitive for Fussiness & Gas, or Enfamil ProSobee:

YES NO YES NO
Diarrhea Skin rash
Vomiting Congestion
Watery, frothy stools Chronic runny nose
Abdominal distension Wheezing
Bloody stool Coughing
Colicky abdominal pain Family history of cow’s milk allergy

Check the following conditions to further evaluate reported problems:

YES NO
Family history of soy allergy
Family history of corn allergy
Infant recently has been taking medicine. If yes, specify:
Infant recently been sick or had a fever.
Other:

Screening Results: (Initials)________
Based on screening, current formula is appropriate.
Problem appears to be due to improper feeding, preparation, or storage. Participant’s parent/guardian counseled.
Possible milk allergy or lactose intolerance – may need Similac Sensitive for Fussiness & Gas or Enfamil ProSobee.
Possible intolerance due to powdered form – may need to try the concentrate form.
Other:

Care Plan:

Nutritionist’s Name (Print) & Signature: Date:
Appendix C:
Arizona WIC/AHCCCS Formula Coverage Flow Chart

See Following Page
WIC AHCCCS Formula Coverage Flowchart

WIC Participant has a formula request

Is WIC Participant on AHCCCS?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

Is the request for rebated products?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

WIC provides formula

(i.e.):
- Similac Advance
- Similac Sensitive
- Similac for Spit-Up
- Similac Total Comfort
- Enfamil ProSobee
- Enfagrow Toddler Transitions Soy

Is the request for non-contract standard formula or specialized formula?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

Non-contract standard formula

Specialized formula

Participant referred back to PCP

- Covered expense by AHCCCS Health Plan
- No prior authorization required
- PCP completes EPSDT Form 430-3 and submits to insurance plan for Prior Authorization
- Initiated by case manager or social worker

Does the participant meet at least 1 of 4 criteria in Chapter 4?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

WIC & AHCCCS cannot provide the formula

WIC can provide when approved by State nutritionist

WIC Nutritionist evaluates & approves formula packages as appropriate

1 month of formula is issued and nutritionist to follow up with family to see if AHCCCS denies or covers formula

Request Closed

WIC Nutritionist should work with family and PCP regarding transitioning to rebated formula; otherwise, family may opt to purchase desired formula on their own.

Participant referred back to PCP
Appendix D:
AHCCCS Referral Letter and Form

See Following Pages
Dear Doctor,

Based on AHCCCS policy 430, WIC is referring AHCCCS covered WIC participants who receive enteral feedings or who qualify for medically necessary commercial oral nutritional supplements to their Primary Care Physician (PCP) for nutritional therapy.

According to AHCCCS policy 400 Section 430.C.6, Nutritional Assessment and Nutritional Therapy, “if an AHCCCS covered EPSDT member qualifies for nutritional therapy due to a medical condition, then AHCCCS Contractors are the primary payor for WIC-eligible exempt infant formulas and medical foods,” which includes commercial oral nutritional supplementation.

AHCCCS covers nutritional therapy for EPSDT-eligible members on an enteral, parenteral, or oral basis when determined medically necessary to provide either complete daily dietary requirements, or to supplement a member’s daily nutritional and caloric intake. Prior authorization (PA) is required for commercial oral nutritional supplements.

The PCP or attending physician must complete and submit the AHCCCS approved form, “Certificate of Medical Necessity for Commercial Oral Nutritional Supplements” (Exhibit 430-3) to obtain PA from the Contractor. If the member meets two of the seven criteria listed on the form, AHCCCS supplies the commercial oral nutrition supplements. Please complete the enclosed form and process the form as a prior authorization.

Thank you for working with us on this procedure.

(Name) ______________________________
(WIC Nutritionist)
(Local WIC clinic address)
(Phone number)
EXHIBIT 430-3

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
CERTIFICATE OF MEDICAL NECESSITY
FOR COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS
(EPSDT MEMBERS)

SUBMITTED BY:

Provider Name: ____________________________________________

Provider AHCCCS ID Number: ________________ Telephone: ________________

MEMBER INFORMATION

Member’s Name: ____________________________ Date of Birth: __________

Last Initial First

Member’s AHCCCS ID Number ________________ Enrollment: ________________ (Contractor)

Member’s Address: ____________________________________________

________________________________________

ASSESSMENT FOR COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS

Assessment performed by: ____________________________________________

AHCCCS Provider ID: ________________ Telephone Number: ________________

Date of Assessment: ________________

Assessment Findings: (If necessary, add attachments to provide the most complete information)

1. Indicate which of the following criteria have been met to determine that oral supplemental nutritional feedings are medically necessary. (At least two of the following must be met.) Check all that apply.

   a. The member is at or below the 10th percentile on the appropriate growth chart for their age and gender for 3 months or more.

   b. The member has reached a plateau in growth and/or nutritional status for more than 6 months (prepubescent).

   c. The member has already demonstrated a medically significant decline in weight within the past 3 months (prior to the assessment).

   d. The member is able to consume/eat no more than 25% of his/her nutritional requirements from normal food sources.

   e. Absorption problems are evidenced by emesis, diarrhea, dehydration, weight loss, and intolerance to milk or formula products has been ruled out.

   f. The member requires oral supplemental nutritional feedings on a temporary basis due to an emergent condition; i.e., post-hospitalization (No PA for first 30 days).

   g. The member is at risk for regression due to chronic disease or condition.
2. List past nutritional counseling efforts and alternative nutritional feedings which were tried (include by whom and the length of time that counseling was conducted and/or the alternative feedings that were used).

### Oral Supplemental Nutritional Feeding Recommendations

<table>
<thead>
<tr>
<th>Type of Nutritional Feeding</th>
<th>Source of Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weaning from Tube Feeding</td>
<td></td>
</tr>
<tr>
<td>Oral Feeding - Sole Source (PA required)</td>
<td></td>
</tr>
<tr>
<td>Oral Feeding - Supplemental (PA Required)</td>
<td></td>
</tr>
<tr>
<td>Emergency Supplemental Nutrition (No PA required for first 30 days)</td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:

Nutritional Assessment Provider   Date   Member’s PCP/Attending Physician   Date

Revised: 4/01/2007
Effective: 1/01/2000
# Brief Formula Description

<table>
<thead>
<tr>
<th>Formula:</th>
<th>Description:</th>
<th>Forms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similac Products (Abbott)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Similac Advance</td>
<td>• Formula infant standard.</td>
<td>Powder (12.4oz cans) Conc (13oz cans) RTF (32oz bottles)</td>
</tr>
<tr>
<td>Similac Sensitive for Fussiness &amp; Gas</td>
<td>• Lactose-reduced standard infant formula.</td>
<td>Powder (12.6oz cans) Conc (13oz cans) RTF (32oz bottles)</td>
</tr>
</tbody>
</table>
| Similac for Spit-Up | • Contains added Rice Starch  
• Milk based, lactose-reduced  
• Good for GER, GERD or reflux | Powder (12.3oz cans) RTF (32oz bottles) |
| Similac Soy Isomil | • Soy based standard infant formula.  
• Lactose-free | Powder (12.4oz cans) Conc (13oz cans) RTF (32oz bottles) |
| Similac Isomil DF | • Dietary management for diarrhea  
• Soy formula  
• Low osmolality  
• For infants 6 mo and older | RTF (32oz bottles) |
| Similac Total Comfort | • For digestive discomfort  
• 100% whey hydrolysed proteins  
• Lactose-reduced | Powder (12.6oz can) |
| Similac Expert Care Alimentum | • Hypoallergenic – contains a predigested protein  
• Lactose-free  
• RTF formula is corn-free  
• Good for infants with milk protein allergy | Powder (16oz cans) RTF (32oz bottles) |
| Similac Expert Care Neosure | • 22 kcal/fl oz  
• For premature infants  
• Supports catch up growth  
• Higher levels of protein, vitamins and minerals compared to standard formulas | Powder (13.1oz cans) RTF (32oz bottles) |
| Elecare for Infants | • Nutritionally complete elemental formula for infants  
• Protein broken down to amino acids  
• Does not contain milk protein, soy protein, fructose, galactose, lactose or gluten  
• Unflavored  
• Good for infants that cannot tolerate intact or hydrolyzed proteins  
• Good for infants with protein maldigestion, malabsorption, severe food allergies, short-bowel syndrome, eosinophilic GI disorders, GI-tract impairment. | Powder (14.1oz can unflavored) |
| Similac Special Care 24 with Iron | • 24 kcal/fl oz  
• For low birth weight and preterm infants  
• Not intended for infants once they reach 8 lbs. | RTF (2oz nursettes) |
### Food Package – Formula

<table>
<thead>
<tr>
<th>Formula Type</th>
<th>Description</th>
<th>Powder/RTF</th>
</tr>
</thead>
</table>
| **Similac PM 60/40** | • 60:40 ratio of whey to casein (similar to human milk)  
• Low iron  
• For infants who need lower mineral intake, including those with impaired renal function.  
• Good for infants with hypercalcemia and hypocalcemia due to hyperphosphatemia | Powder (14.1oz cans) |
| **Similac Human Milk Fortifier** | • Intended for low birth weight infants as a supplement to preterm human milk  
• 3.5 kcal/packet  
• Usually only used in the hospitals | Powder (.90g packets) |
| **Pediasure (also available with Fiber)** | • Supplemental drink  
• Milk based, lactose-free  
• With fiber comes only in vanilla flavor.  
• 237kcal per 8oz serving | RTF (8oz cans vanilla, strawberry and chocolate, Fiber one comes only in vanilla) |
| **Pediasure Enteral Formula (also available with Fiber and scFOS)** | • Specially formulated for tube feeding  
• scFOS is a prebiotic  
• Milk based, lactose-free  
• For kids aged 1-13 years old  
• 237kcal per 8oz serving | RTF (8oz cans vanilla flavor) |
| **PediaSure Peptide 1.0 (also a 1.5 kcal version available)** | • Hydrolyzed proteins for better/easier absorption  
• Semi-elemental formula  
• Lactose free  
• For kids ages 1-13 years old  
• 237kcal per 8oz serving  
• Designed for kids with malabsorption, maldigestion and other GI conditions | RTF (8oz cans in unflavored, vanilla and strawberry flavors) |
| **Polycose** | • An easily digested CHO when extra kcals are needed  
• Rapid absorption  
• Reduced osmolality  
• Low renal-solute load  
• Lactose free  
• Should not be used for sole source of nutrition | Powder (12.3oz cans) |
| **Enfamil Products (Mead Johnson)** | •  |  |
| **Enfamil (Newborn or Infant)** | Standard infant formula | Powder (12.5oz cans)  
Conc (13oz cans)  
RTF (13oz bottles) |
| **Enfamil Gentlease** | • Easily digested proteins that are partially hydrolyzed  
• 20% Lactose (reduced levels)  
• Good for lactose intolerance | Powder (12.4oz cans)  
RTF (32oz can) |
| **Enfamil Prosobee** | • Soy based standard infant formula  
• Good for milk protein allergy or lactose intolerance | Powder (12.9oz cans)  
Conc (13oz cans)  
RTF (32 oz cans) |
## Chapter Four
### Food Package – Formula

<table>
<thead>
<tr>
<th>Formula</th>
<th>Description</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enfamil AR</strong></td>
<td>• “Added rice” or AR in formula – thickens formula so infant has less reflux</td>
<td>Powder (12.9oz cans) RTF (32 oz cans)</td>
</tr>
<tr>
<td></td>
<td>• Good for reflux, GERD or GER</td>
<td></td>
</tr>
<tr>
<td><strong>Enfacare</strong></td>
<td>• 22 kcal/oz</td>
<td>Powder (12.8oz cans) RTF (32oz cans)</td>
</tr>
<tr>
<td></td>
<td>• Milk based</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Higher levels of protein and some vitamin and minerals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Good for premature or low birth weight infants</td>
<td></td>
</tr>
</tbody>
</table>
| **Enfamil Premature 24 kcal** | • 24 kcal/fl oz  
  • For VLBW and ELBW premature infants  
  • Extra calories for premature or FTT. | RTF (2oz nursettes)                           |
| **Nutramigen w/Enflora LGG** | • Hypoallergenic for milk protein allergies.  
  • Lactose free  
  • extensively hydrolyzed protein  
  • Enflora LGG to promote immune system balance and GI tract.  
  • Good for milk protein allergy and soy allergy | Powder (12.6oz cans)                          |
| **PurAmino**             | • Amino acid based (proteins broken down)                                   | Powder (14.1oz cans)                          |
|                          | • Hypoallergenic                                                             |                                                 |
|                          | • Scientifically designed for infants and toddlers with severe cow's milk protein allergies and/or multiple food protein allergies  
  • May be good for babies that don't tolerate regular Nutramigen or other hydrolyzed protein formulas |                                                 |
| **Pregestimil**          | • Hypoallergenic                                                            | Powder (16oz cans) RTF (2oz nursettes)        |
|                          | • Contains MCT oil, which is more easily absorbed by babies with some GI problems  
  • Lactose-free and sucrose (table sugar) free  
  • Good for fat malabsorption.  
  • Good for infants with cystic fibrosis, short bowel syndrome, intractable diarrhea, and severe protein calorie malnutrition. Also ok for infants with galactosemia. |                                                 |
| **Enfamil Human Milk Fortifier Acidified Liquid** | • For use with premature and low birth weight infants  
  • Use as a supplement in human breast milk  
  • Milk based  
  • Increases levels of protein, energy, calcium, phosphorous, and other nutrients | Concentrate (5 mL vials)                      |
| **Enfamil Toddler Transitions** (also available in Gentlease and Soy) | • For toddlers 10-36 months  
  • Increased vitamins and nutrients for toddlers  
  • Gentlease form contains partially broken downs proteins, and decreased lactose content  
  • Soy form is lactose free | Powder (24oz cans) RTF (32oz cans) – Premium Toddler only |

**Nutricia**

<table>
<thead>
<tr>
<th>Formula</th>
<th>Description</th>
<th>Packaging</th>
</tr>
</thead>
</table>
| **Neocate Infant**       | • Infant formula (0-12 months)  
  • Hypoallergenic  
  • Amino acid based – easy to digest  
  • Good for cow and soy milk allergy, short bowel syndrome (SBS), Eosinophilic esophagitis (EE), GERD, and other gastrointestinal tract impairment | Powder (14oz cans)                            |
| **Neocate Junior**       | • Formula for ages 1-10 years                                                | Powder (14oz cans)                            |
# Chapter Four
## Food Package – Formula

<table>
<thead>
<tr>
<th>Formula</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duocal</td>
<td>Hypoallergenic, Amino acid based – easy to digest, Extra vitamins and minerals for malabsorptive conditions. Good for cow and soy milk allergy, short bowel syndrome (SBS), Eosinophilic esophagitis (EE), GERD, and other gastrointestinal tract impairment. 42 kcal/Tbsp – very high calorie, Duocal powder is completely soluble and mixes easily in liquids and moist foods, Milk-protein free, Appropriate for oral and tube feeding, 59% CHO, 41% fat, Good for disorders of protein and amino acid metabolism, protein restricted diets, electrolyte restricted diets, high energy diets, and catabolic states (e.g. burns, trauma, post-operative stress). Powder (14oz cans)</td>
</tr>
<tr>
<td>Gerber Good Start</td>
<td>Gerber Good Start Gentle: Standard infant formula, Comfort proteins – broken down 100% whey proteins. Powder (12.7oz cans) Conc (12.1oz carton) RTF (four pack containing 8.45oz containers each). Gerber Good Start Soy: Soy based standard infant formula, Good for milk protein allergy or lactose intolerance. Powder (12.9oz cans) Conc (12.1oz carton) RTF (four pack containing 8.45oz containers each). Gerber Good Start Nourish: Premature infant formula, 22 kcal per fluid ounce, Comfort proteins – broken down 100% whey proteins, DHA &amp; ARA, Higher levels of protein, and some vitamins and minerals compared to standard formulas. Powder (12.6 oz can) RTF (Eight pack containing 3 fl oz nursers)</td>
</tr>
<tr>
<td>Nestle</td>
<td>Boost Kids Essentials (retail): Probiotic straw, 1.0 kcal/mL, Lactose free, For ages 1-8 years old, Increased vitamins and nutrients for the older child. RTF (four pack containing 8.45oz containers each). Boost Kids Essentials 1.0 (pharmacy special order only): 1.0 kcal/mL, Lactose free, For ages 1-8 years old, Increased vitamins and nutrients for the older child. RTF (8 fl oz cartons – 27ea/case). Boost Kids Essentials 1.5 (pharmacy special order only): Used to be called Resource Just for Kids 1.5, 1.5 kcal/mL, For ages 1-13 years old, Increased vitamins and nutrients for the older child, lactose free, low residue, May be consumed orally or used as a tube feeding. RTF (8 fl oz cartons – 27case)</td>
</tr>
</tbody>
</table>
**Formula issuance:**

**Green (bolded):** Can always issue without RX

**Yellow (italicized):** Only RD and nutritionists can approve 1 month without script if client has been on the formula prior.

**Red (underlined):** One month without prescription cannot be issued. Must contact the state for approval.

**Grey:** Unable to issue.

<table>
<thead>
<tr>
<th>Similac</th>
<th>Enfamil</th>
<th>Gerber</th>
<th>Neocate</th>
<th>Nestle Nutrition</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similac Advance</td>
<td>Enfamil Newborn or Infant</td>
<td>Good Start Protect</td>
<td></td>
<td></td>
<td>Regular</td>
</tr>
<tr>
<td>Similac Sensitive for Fussiness &amp; Gas</td>
<td>Enfamil Gentlease</td>
<td></td>
<td></td>
<td></td>
<td>Lactose intolerance</td>
</tr>
<tr>
<td>Similac Soy Isomil</td>
<td>Enfamil Prosobee</td>
<td>Gerber Good Start Soy</td>
<td></td>
<td></td>
<td>Milk protein allergy, lactose intolerance, or dairy free diet</td>
</tr>
<tr>
<td>Similac for Spit-Up</td>
<td>Enfamil AR</td>
<td></td>
<td></td>
<td></td>
<td>Reflux, GERD, or GER</td>
</tr>
<tr>
<td>Similac for Supplementation</td>
<td>Enfamil for Supplementing</td>
<td></td>
<td></td>
<td></td>
<td>For breastfeeding supplementation</td>
</tr>
<tr>
<td>Similac Total Comfort</td>
<td></td>
<td>Good Start Gentle</td>
<td>Good Start Soothe</td>
<td></td>
<td>Digestive discomfort, lactose intolerance.</td>
</tr>
<tr>
<td>Alimentum</td>
<td>Nutramigen with Enflora LGG</td>
<td></td>
<td></td>
<td></td>
<td>Severe food allergies</td>
</tr>
<tr>
<td>Neosure</td>
<td>Enfacare</td>
<td>Good Start Nourish</td>
<td></td>
<td></td>
<td>Prematurity, low birth weight</td>
</tr>
<tr>
<td>Elecare for Infants</td>
<td>PureAmino</td>
<td></td>
<td>Neocate Infant Neocate Jr.</td>
<td></td>
<td>Protein maldigestion, malabsorption, severe food allergies, short-bowel syndrome, eosinophilic GI disorders, GI-tract impairment.</td>
</tr>
<tr>
<td>Elecare Junior</td>
<td>Pregestimil</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Similac Special Care 24</td>
<td>Enfamil Premature 24</td>
<td>Good Start Premature 24</td>
<td></td>
<td></td>
<td>Prematurity, low birth weight</td>
</tr>
<tr>
<td>Similac 60/40</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Impaired renal function</td>
</tr>
<tr>
<td>Formula</td>
<td>Increased CHO kcal needs</td>
<td>Prematurity, low birth weight</td>
<td>For FTT, poor oral intake, malnutrition, oral surgery</td>
<td>Malabsorption, maldigestion and other GI conditions</td>
<td>Increased vitamins and nutrients for toddlers</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Polycose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Similac Human Milk Fortifier</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enfamil Human Milk Fortifier</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediasure and Pediasure 1.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediasure Peptide 1.0</td>
<td></td>
<td>Neocate Junior Duocal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Go &amp; Grow- milk based</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Go &amp; Grow – soy based</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enfagrow Toddler Transitions</td>
<td></td>
<td></td>
<td>Good Start Graduates (Gentle and Protect)</td>
<td>Good Start Graduates Soy</td>
<td>Good Start Graduates Soy</td>
</tr>
<tr>
<td>Enfagrow Toddler Transitions Soy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PediaSure Peptide 1.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neocate Junior Duocal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Chapter Four**

**Food Package – Formula**
Appendix F:
Arizona WIC Formula List

See Following Pages
### ARIZONA WIC FORMULA LIST
**FFY 2014**
(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acerflex</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Valine-, leucine- and isoleucine-free powdered drink mix that contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, fat and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven maple syrup urine disease in children over the age of 1 year.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>16 oz (454 g) can - 6 cans/case</td>
</tr>
<tr>
<td>Add-Ins</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine, flavorless powder, containing essential and non essential amino acids, fat, vitamin, minerals and trace elements.</td>
<td>Inborn errors of metabolism: For the dietary management of proven phenylketonuria in individuals over one year of age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>0.64 oz (18.2 gm) sachet - 60 sachets/case</td>
</tr>
<tr>
<td>Arginine 2000</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Amino acid powder product. Nutritionally incomplete.</td>
<td>For the dietary management of individuals (suitable from one year of age) with inborn errors of metabolism. Should be used under medical supervision.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>4 gm packets – 30 packets/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------</td>
</tr>
<tr>
<td>A-Soy</td>
<td>PBM Products, LLC</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Soy-based, cow's milk protein-free, lactose-free, cholesterol-free, gluten-free nutritional drink. Contains dietary fiber, omega 3 fatty acids, FOS prebiotics, and l-arginine. For oral or tube feeding.</td>
<td>For adults and children 10 years and older with cow's milk allergy, galactosemia or lactose intolerance.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 oz cans - 24 cans/case</td>
</tr>
<tr>
<td>BCAD 1</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>Yes</td>
<td>Isoleucine-, Leucine- and Valine-free iron fortified diet powder.</td>
<td>Inborn error of metabolism: For the dietary management of infants and toddlers with maple syrup urine disease (MSUD) under the direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>16 oz (1 lb) can - 6 cans/case</td>
</tr>
<tr>
<td>BCAD2</td>
<td>Mead Johnson Nutritionals</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Dietary powder free of the branched chain amino acids, isoleucine, leucine, and valine.</td>
<td>Inborn error of metabolism: For the dietary management of children and adults with MSUD or other inborn errors of branched chain amino acid metabolism under direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>16 oz (1 lb) can - 6 cans/case</td>
</tr>
</tbody>
</table>
### ARIZONA WIC FORMULA LIST
**FFY 2014**
(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benecalorie</strong></td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Low-volume, calorie and protein supplement; allows for flexible serving options and helps reduce taste fatigue. Low residue, lactose-free, gluten-free, kosher.</td>
<td>For patients with unintended weight loss and/or increased nutritional needs, such as those with cancer, HIV/AIDS, burns, COPD, fluid restriction and/or anorexia.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>1.5 oz cups - 24 cups/case</td>
</tr>
<tr>
<td><strong>Beneprotein Instant Protein Powder</strong></td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Whey protein supplement. Lactose-free, gluten-free, kosher.</td>
<td>For those individuals who require additional protein to bolster their regular diet, help promote skin health, wound healing and immune support.</td>
<td>Milk-Based, Lactose-Free</td>
<td>Pharmacy special order</td>
<td>8 oz canister - 6 canister/case; 7 gm packets - 75 packets/case</td>
</tr>
<tr>
<td><strong>Boost</strong></td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete oral drink. Lactose-free, gluten-free, kosher.</td>
<td>For patients with general oral supplement needs because they are not consuming meals or may need more for meals; for geriatric patients.</td>
<td>Adult/Older Child Supplements</td>
<td>Retail</td>
<td>8 oz (237 mL) bottles - 6 pack</td>
</tr>
<tr>
<td><strong>Boost Glucose Control</strong></td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritional Drink specifically formulated to meet the unique nutritional needs of people with diabetes. Lactose-free, gluten-free, kosher.</td>
<td>For adults with diabetes mellitus, glucose intolerance, or stress-induced hyperglycemia.</td>
<td>Adult/Older Child Supplements</td>
<td>Retail</td>
<td>8 oz (237 mL) bottles - 6 pack</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------</td>
<td>-----------------</td>
<td>------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------</td>
<td>----------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>Boost High Protein</td>
<td>Nestle HealthCare</td>
<td>Medical Food</td>
<td>X</td>
<td>High protein, nutritionally balanced oral supplement; lactose-free, gluten-free, kosher.</td>
<td>For adult participants with supplemental protein requirements such as those recovering from illness including HIV/AIDS, cancer, or wounds (including pressure wounds) and surgery.</td>
<td>Adult/Older Child Supplements</td>
<td>Retail</td>
<td>8 oz (237 mL) bottles - 6 pack</td>
</tr>
<tr>
<td>Boost Kid Essentials</td>
<td>Nestle HealthCare</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, oral supplement that meets the DRI levels of 25 vitamins and minerals for children 1 to 13 years of age. Lactose-free, gluten-free, kosher.</td>
<td>For children 1 to 13 years of age who require supplementation to achieve optimal growth and to meet nutritional requirements. Can be used for failure to thrive, oral supplementation, increased energy needs, celiac disease, growth failure, malnutrition, an</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 oz (237 mL) box -27 boxes/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------------------</td>
<td>----------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Boost Kid Essentials (Retail)</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, oral supplement that meets the DRI levels of 25 vitamins and minerals for children 1 to 13 years of age. Lactose-free, gluten-free, kosher.</td>
<td>For children 1 to 13 years of age who require supplementation to achieve optimal growth and to meet nutritional requirements. Can be used for failure to thrive, oral supplementation, increased energy needs, celiac disease, growth failure, malnutrition, an</td>
<td>Adult/Older Child Supplements</td>
<td>Retail</td>
<td>Ready-to-Use 8.25 oz (244 mL) containers - 4 pack</td>
</tr>
<tr>
<td>BOOST Kid Essentials 1.5 (Special Order)</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, oral supplement that meets the DRI levels of 25 vitamins and minerals for children 1 to 10 years of age. Lactose-free, gluten-free, kosher.</td>
<td>For children 1 to 13 years of age who require supplementation to achieve optimal growth and to meet nutritional requirements. Can be used for failure to thrive, oral supplementation, increased energy needs, celiac disease, growth failure, malnutrition, an</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>Ready-to-Use 8 oz (237 mL) box - 27 boxes/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------</td>
</tr>
<tr>
<td>BOOST Kid Essentials 1.5 with Fiber (Special Order)</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, oral supplement that meets the DRI levels of 25 vitamins and minerals for children 1 to 10 years of age. Lactose-free, gluten-free, kosher.</td>
<td>For children 1 to 13 years of age who require supplementation to achieve optimal growth and to meet nutritional requirements. Can be used for failure to thrive, oral supplementation, increased energy needs, celiac disease, growth failure, malnutrition and</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 oz (237 mL) box -27 boxes/case</td>
</tr>
<tr>
<td>Boost Plus</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, high calorie, high protein oral supplement; lactose-free, gluten-free, kosher.</td>
<td>For patients with volume restriction (cancer, anorexia, chronic obstructive lung disease), fluid restriction (heart failure, liver disease) or weight gain requirements due to medical conditions.</td>
<td>Adult/Older Child Supplements</td>
<td>Retail</td>
<td>8 oz (237 mL) bottles - 6 pack</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-----------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Boost Pudding</td>
<td>Nestle</td>
<td>Medical</td>
<td>X</td>
<td>Nutritional Pudding. Low residue, lactose-free, gluten-free and kosher. Thicker consistency for greater control in chewing and swallowing.</td>
<td>For patients with dysphagia, facial nerve damage, cancer, HIV/AIDS, chewing or swallowing difficulties, fluid or volume restricted diets, or need for alternative to liquid formula.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>5 oz cup - 48 cups/case</td>
</tr>
<tr>
<td>Boost VHC Very High Calorie</td>
<td>Nestle</td>
<td>Medical</td>
<td>X</td>
<td>Nutritionally complete, calorically dense oral drink. Lactose-free, gluten-free, low residue, and kosher.</td>
<td>Generally for adults and children at least 10 years of age who require very high calories and/or a severe fluid restriction.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 oz (237 mL) boxes - 27 boxes/case</td>
</tr>
<tr>
<td>Bright Beginnings Pediatric Drink</td>
<td>PBM Products, LLC (formerly Wyeth)</td>
<td>Medical</td>
<td>X</td>
<td>Nutritionally-complete, Kosher, lactose-free, gluten-free snack drink; can be used as supplement or as total nutrition support (with doctor's supervision).</td>
<td>For children 1 to 10 years old.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 oz (237 mL) cans - 24 cans/case</td>
</tr>
<tr>
<td>Bright Beginnings Soy Pediatric Drink</td>
<td>PBM Products, LLC (formerly Wyeth)</td>
<td>Medical</td>
<td>X</td>
<td>Nutritionally-complete, Kosher, lactose-free, gluten-free and cow's milk protein-free snack drink; can be used as supplement or as total nutrition support (with doctor's supervision).</td>
<td>For children 1 to 10 years old who are allergic to cow's milk protein and/or are lactose intolerant.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 oz (237 mL) cans - 24 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------------</td>
<td>-------------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>-------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Calcilo XD</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Nutritionally complete low-calcium/vitamin D-free infant formula.</td>
<td>For use in patients with Williams syndrome or osteoporosis.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>Ready-to-Use 13.2 oz (375 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Carnation Breakfast Essentials No Sugar Added</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Milk-based, reduced-carbohydrate liquid food for oral feeding.</td>
<td>Diabetic formula for adult participants with a medical condition such as HIV or cancer when the use of a conventional food is precluded or restricted.</td>
<td>Adult/Older Child Supplements</td>
<td>Retail</td>
<td>10 packets per 12.6 oz box (36 gm packets)</td>
</tr>
<tr>
<td>Carnation Breakfast Essentials</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Milk-based liquid food for oral feeding.</td>
<td>For adults with a medical condition such as HIV or cancer when conventional food is restricted or precluded.</td>
<td>Adult/Older Child Supplements</td>
<td>Retail</td>
<td>8 packets per 5.64 oz box (20 gm packets)</td>
</tr>
<tr>
<td>Citrulline 1000 Amino Acid Supplement</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered citrulline amino acid supplement on a carbohydrate base.</td>
<td>Provide dietary citrulline for patients 1 year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>4 gm sachets-30 sachet-30 sachets/pack</td>
</tr>
<tr>
<td>Compleat</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Ready-to-use blenderized tube feeding formulated from traditional foods including: chicken, vegetables, and fruit. Provides complete, balanced nutrition and contains fiber for</td>
<td>For use in patients with Semi-synthetic formula-related intolerance such as diarrhea, abdominal distention, constipation, nausea, long-term tube feeding.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
</tbody>
</table>
# ARIZONA WIC FORMULA LIST

**FFY 2014**

(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compleat Pediatric</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Ready-to-use, blenderized tube feeding formulated from traditional foods including meat, fruit, and vegetables; designed for children ages 1-10.</td>
<td>For use in children requiring chronic or long-term, total or supplemental tube feeding; children with special health needs, failure to thrive, HIV/AIDS, developmental disabilities, chronic illnesses.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Compleat Pediatric Reduced Calorie</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Complete nutrition, reduced calorie, pediatric tube feeding formula. Formulated using real food ingredients, and 40% fewer calories than a 1.0 kcal/mL formula.</td>
<td>For use in children requiring chronic or long-term, total or supplemental tube feeding and fewer calories; children with special health needs and developmental disabilities.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Complete Amino Acid Mix</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered mixture of essential and non-essential amino acids. Not suitable as sole source of nutrition.</td>
<td>For the dietary management of conditions in which a nutritionally complete feed is not suitable or a modular approach is required. For individuals over 1 year of age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>7 oz (200 gm) can - 2 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Complex Essential MSD Drink Mix</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>X</td>
<td>Metabolic formula; nutritionally incomplete; improved nutrient profile, contains flax &amp; fiber; can be used for oral and/or tube feeding; does not contain Isoleucine, Leucine or Valine.</td>
<td>Inborn errors of metabolism: Maple Syrup Urine Disease Diagnosis Code 270.3 - Can be used by children &amp; adults - Not for infants under one year old - Not for parenteral use.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - cans/case</td>
</tr>
<tr>
<td>Complex Junior MSD Drink Mix</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>X</td>
<td>Metabolic formula specially formulated for toddlers and young children; nutritionally incomplete; can be used for oral and/or tube feeding; does not contain Isoleucine, Leucine or Valine. Used for patients of all ages to manage Maple Syrup Urine Disease.</td>
<td>Inborn errors of metabolism: Maple Syrup Urine Disease Diagnosis Code 270.3 - Can be used by toddlers and young children and patients of all ages to manage days of illness or metabolic crisis. - Not for infants under one year old - Not for parenteral use.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>400 gm can - 4 cans/case</td>
</tr>
<tr>
<td>Complex MSD Amino Acid Bars</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>X</td>
<td>Metabolic formula; nutritionally incomplete; can be used for oral feeding; does not contain Isoleucine, Leucine or Valine.</td>
<td>Inborn errors of metabolism: Maple Syrup Urine Disease Diagnosis Code 270.3 - Can be used by children &amp; adults - Not for infants under one year old.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>47 gm bars</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------</td>
<td>---------------------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Complex MSD Amino Acid Blend</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>X</td>
<td>Metabolic formula; nutritionally incomplete; can be used for oral and/or tube feeding; does not contain Isoleucine, Leucine or Valine.</td>
<td>Inborn errors of metabolism: Maple Syrup Urine Disease Diagnosis Code 270.3 - Can be used by children &amp; adults - Not for infants under one year old - Not for parenteral use.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - cans/case</td>
</tr>
<tr>
<td>Cyclinex-1</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula &amp; Medical Food</td>
<td>X</td>
<td>Free of non-essential amino acids.</td>
<td>Inborn errors of metabolism: Nutrition support of infants and toddlers with: urea cycle enzyme defects, Gyrate atrophy of the choroids and retina, HHH syndrome.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can -6 can/case</td>
</tr>
<tr>
<td>Cyclinex-2</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Free of non-essential amino acids.</td>
<td>Inborn errors of metabolism: Nutrition support of infants and toddlers with: urea cycle enzyme defects, Gyrate atrophy of the choroids and retina HHH syndrome.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can -6 can/case</td>
</tr>
<tr>
<td>Cystine Amino Acid Supplement</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered cystine amino acid supplement on a carbohydrate base.</td>
<td>Provide dietary cystine for patients 1 year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>4 gm sachets - 30 sachets/carton</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------</td>
<td>----------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Doc Omega</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered Docosahexaenoic acid (DHA) supplement on a carbohydrate base.</td>
<td>Provide dietary DHA for patients 1 year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>4 gm sachets - 30 sachets/carton</td>
</tr>
<tr>
<td>EAA Supplement</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Tropical flavored powder containing essential amino acids, carbohydrate, vitamins, minerals and trace elements; can be blended with water into a low-volume drink.</td>
<td>For the dietary management of protein metabolism where essential amino acids are required; Suitable for urea cycle disorders; for patients 3 years of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>4 gm sachets - 50 sachets/carton</td>
</tr>
<tr>
<td>Elecare for Infants</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Nutritionally complete amino-acid based medical food for oral or tube feeding.</td>
<td>For the dietary management of protein malabsorption, severe food allergies, short-bowel syndrome, eosinophilic GI disorders, GI-tract impairment, or other conditions in which an amino acid-based diet is required. For birth to 12 months.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can -6 can/case</td>
</tr>
</tbody>
</table>

ARIZONA WIC FORMULA LIST
FFY 2014
(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)
## ARIZONA WIC FORMULA LIST
**FFY 2014**
(Intended for use by AZ WIC Nutritionists/RDNs **only** in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elecare Jr. Unflavored</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete amino-acid based medical food for oral or tube feeding.</td>
<td>For the dietary management of protein maldigestion, malabsorption, severe food allergies, short-bowel syndrome, esoinophilic GI disorders, GI-tract impairment, or other conditions in which an amino acid-based diet is required. For ages 1+</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can -6 can/case</td>
</tr>
<tr>
<td>Elecare Jr. Vanilla</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete amino-acid based medical food for oral or tube feeding.</td>
<td>For the dietary management of protein maldigestion, malabsorption, severe food allergies, short-bowel syndrome, esoinophilic GI disorders, GI-tract impairment, or other conditions in which an amino acid-based diet is required. For ages 1+</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can -6 can/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer/Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------</td>
<td>-----------------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td>Enfagrow Toddler Next Step Natural Milk Flavor (previously Enfagrow Premium Older Toddler Natural Milk Flavor)</td>
<td>Mead Johnson Nutritionals/Medical Food</td>
<td>Yes</td>
<td>Incomplete toddler milk drink; provides 19 nutrients including iron, vitamins C, D and E and calcium.</td>
<td>Toddlers 1 year and older.</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>21 oz can</td>
<td></td>
</tr>
<tr>
<td>Enfagrow Toddler Next Step Vanilla (previously Enfagrow Premium Older Toddler Vanilla)</td>
<td>Mead Johnson Nutritionals/Medical Food</td>
<td>Yes</td>
<td>Incomplete toddler milk drink; provides 19 nutrients including iron, vitamins C, D and E and calcium.</td>
<td>Toddlers 1 year and older.</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>24 oz can</td>
<td></td>
</tr>
<tr>
<td>Enfagrow Toddler Transitions (previously Enfagrow Premium Toddler)</td>
<td>Mead Johnson Nutritionals/Infant Formula</td>
<td>Yes</td>
<td>Infant or toddler formula intended to replace milk; provides 25 nutrients including iron, vitamins C, D and E and calcium; includes DHA and ARA.</td>
<td>For infants and toddlers (12-36 months).</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>21 oz can (previously 24 oz can)</td>
<td></td>
</tr>
</tbody>
</table>

*Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials*
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enfagrow Toddler Transitions Gentlease (previously Enfagrow Toddler Gentlease)</td>
<td>Mead Johnson Nutritionals</td>
<td>Infant Formula</td>
<td>X</td>
<td>Infant or toddler formula will include the same easy-to-digest proteins as Gentlease in a formulation specifically designed for toddler growth and development.</td>
<td>For infants and toddlers (10-36 months).</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>21 oz can (previously 24 oz can)</td>
</tr>
<tr>
<td>Enfagrow Toddler Transitions Soy (previously Enfagrow Toddler Soy)</td>
<td>Mead Johnson Nutritionals</td>
<td>Infant Formula</td>
<td>X</td>
<td>Infant or toddler formula intended to replace milk; made with soy protein instead of milk protein; provides 25 nutrients including iron, vitamins C, D and E and calcium; includes DHA and ARA.</td>
<td>For infants and toddlers (10-36 months) when soy is preferred.</td>
<td>Soy-Based, Lactose-Free</td>
<td>Retail</td>
<td>21 oz can (previously 24 oz can)</td>
</tr>
<tr>
<td>Enfamil A.R.</td>
<td>Mead Johnson Nutritionals</td>
<td>Infant Formula</td>
<td>X</td>
<td>Thickened formula with added rice starch. Formula includes DHA and ARA.</td>
<td>For infants who spit up frequently.</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>12.9 oz can</td>
</tr>
<tr>
<td>Enfamil EnfaCare</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Milk-based discharge formula; provides more calories, protein, vitamins and minerals than routine starter formulas. Formula includes DHA and ARA.</td>
<td>For infants who were born premature or with low birth weight.</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>12.8 oz can</td>
</tr>
</tbody>
</table>
### ARIZONA WIC FORMULA LIST
**FFY 2014**
(_intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials_

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enfamil Gentlease</td>
<td>Mead Johnson Nutritionals</td>
<td>Infant Formula</td>
<td>X</td>
<td>Milk-based, partially hydrolyzed proteins, iron fortified formula. About 1/5 the lactose of a full lactose formula; includes DHA and ARA.</td>
<td>For infants 0 - 12 months with fussiness or gas.</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>32 fl. oz can; 2 fl. oz nursettes - 48 nursettes/case</td>
</tr>
<tr>
<td>Enfamil Human Milk Fortifier Acidified Liquid</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Milk-based, ultra-concentrated liquid to be added to breast milk.</td>
<td>For low-birthweight or premature infants.</td>
<td>Milk-Based</td>
<td>Pharmacy special order</td>
<td>0.71 gm sachet - 200 sachets/case</td>
</tr>
<tr>
<td>Enfamil Premature (available in 20 cal, 24 cal, and 30 cal)</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Milk-based infant formula; includes added nutrition and DHA and ARA.</td>
<td>For use in hospitals as sole nutrition for premature infants.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>2 fl. oz nursettes - 48 nursettes/case</td>
</tr>
<tr>
<td>Enfamil Premature 30</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Nutritionally complete milk-based exempt infant formula. Contains 30 kcal per fluid ounce and provides 1.8mg of iron per 100 calories. Also provides 400 IU vitamin D in 5.6 fluid ounces.</td>
<td>For premature infants.</td>
<td>Milk-Based</td>
<td>Pharmacy special order</td>
<td>8.25 oz (244 mL) containers - 4 pack</td>
</tr>
<tr>
<td>Enfamil Premature High Protein 24</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Milk-based premature infant formula with more protein than other premature formulas.</td>
<td>For use in hospitals for premature infants.</td>
<td>Milk-Based</td>
<td>Pharmacy special order</td>
<td>2 fl. oz nursettes - 48 nursettes/case</td>
</tr>
</tbody>
</table>

**G:\FOOD PACKAGE\ARIZONA WIC FORMULARY**
**REVISION: APRIL 2014**
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enfamil Premium Infant</td>
<td>Mead Johnson Nutritionals</td>
<td>Infant Formula</td>
<td>X</td>
<td>A milk-based formula that has Natural Defense Dual Prebiotics. Supports baby's brain and eye development, and immune system.</td>
<td>For full-term infants who do not have special nutritional needs.</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>Conc. Powder Ready-to-Use</td>
</tr>
<tr>
<td>Enfamil Premium Newborn</td>
<td>Mead Johnson Nutritionals</td>
<td>Infant Formula</td>
<td>X</td>
<td>A milk-based infant formula that is designed specifically for newborns through 3 months and has Natural Defense Dual Prebiotics. Delivers 400 IU of vitamin D in just 27 fl oz - close to the approximate daily intake of a newborn through 3 months.</td>
<td>For full-term newborns through 3 months who do not have specific nutritional needs.</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>Conc. Powder Ready-to-Use</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------</td>
<td>----------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>-----------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Enfamil ProSobee</td>
<td>Mead Johnson Nutritionals</td>
<td>Infant Formula</td>
<td>X</td>
<td>Soy-based formula; has DHA and ARA; lactose-free; sucrose (table sugar)-free.</td>
<td>For babies when a soy formula is preferred.</td>
<td>Soy-Based, Lactose-Free</td>
<td>Retail</td>
<td>13 fl. oz can; 8 fl. oz can - 24 cans/case</td>
</tr>
<tr>
<td>Enfaport</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Milk-based, 30 Calorie per fluid ounce formula; with 84% of fat as MCT oil, including essential fatty acids, linolenic and alpha-linolenic acid.</td>
<td>For infants with chylothorax or LCHAD deficiency.</td>
<td>Milk-Based</td>
<td>Pharmacy special order</td>
<td>8 fl. oz can - 24 cans/case</td>
</tr>
<tr>
<td>Ensure</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>A nutritionally complete, lactose-free, low-residue formula for oral or tube feeding.</td>
<td>For adults and children age 4 and older. Prescribed due to a medical condition (i.e. Cancer, HIV, cerebral palsy, etc.) that restricts or precludes the use of conventional foods.</td>
<td>Adult/Older Child Supplements</td>
<td>Retail</td>
<td>8 oz bottles (237 ml) - six pack</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacture</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
<td>----------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>-----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Ensure Clear</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>High-calorie, fat-free oral supplement. Fat-free, clear liquid nutrition containing high-quality protein and fortified with 20 essential vitamins and minerals.</td>
<td>Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia. Ideal choice for people on clear liquid, pre- and postsurgical, bowel-prep, fat-malabsorptive, and fat-restricted diets.</td>
<td>Adult/ Older Child Supplements</td>
<td>Retail</td>
<td>10 oz bottles - four pack</td>
</tr>
<tr>
<td>Ensure High Protein</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>High-protein, nutritionally complete, lactose-free and gluten free formula. Excellent source of 24 essential vitamins and minerals.</td>
<td>For people who need extra protein and other nutrients in their diet. For people recovering from general surgery.</td>
<td>Adult/ Older Child Supplements</td>
<td>Retail</td>
<td>14 fl. oz - four pack</td>
</tr>
<tr>
<td>Ensure Plus</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Complete balanced nutrition with 350 calories and Immune Balance - a unique blend of prebiotic fiber to help promote digestive tract health and antioxidants to support the immune system. Excellent source of plant-based omega-3 fatty acid ALA to support heart health.</td>
<td>Nutrition support primarily due to a medical condition (i.e. Cancer, HIV, cerebral palsy, etc.) that requires extra calories, corresponding higher concentrations of protein, and other nutrients to achieve a required caloric intake.</td>
<td>Adult/ Older Child Supplements</td>
<td>Retail</td>
<td>8 oz bottles (237 ml) - six pack</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------</td>
<td>-----------</td>
<td>------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>-----------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Ensure Powder</td>
<td>Abbott Nutrition</td>
<td>Medical</td>
<td>X</td>
<td>A low-residue powder that, when reconstituted with water, is a low-residue formula.</td>
<td>For the dietary management of a medical condition (i.e. Cancer, HIV, cerebral palsy, etc.) that restricts or precludes the use of conventional foods and which may require a low-residue diet.</td>
<td>Adult/Older Child Supplements</td>
<td>Retail</td>
<td>14 oz (397 gm) can</td>
</tr>
<tr>
<td>Ensure Pudding</td>
<td>Abbott Nutrition</td>
<td>Medical</td>
<td>X</td>
<td>Complete, balanced nutrition in pudding form.</td>
<td>For adults with dysphasia. Prescribed due to a medical condition (i.e. Cancer, HIV, cerebral palsy, etc.) that restricts or precludes the use of conventional foods.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>4 oz (113 gm) plastic cups - 48 cups/case</td>
</tr>
<tr>
<td>EO28 Splash</td>
<td>Nutricia North America (former ShS)</td>
<td>Medical</td>
<td>X</td>
<td>Pediatric amino acid-based ready-to-feed liquid for children over 1 year in age. Nutritionally complete, including vitamins, minerals, and trace elements.</td>
<td>For children over one year of age with cow and soy milk allergy, multiple food protein intolerance, food allergy-related Gastroesophageal Reflux Disease (GERD) and Eosinophilic esophagitis (EE), and other conditions for which an amino acid-based diet is required.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>8 oz (237 mL) boxes - 27 boxes/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------------------------</td>
<td>---------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Essential Amino Acid Mix</td>
<td>Nutricia North America (formerly SHS)</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered mixture of essential amino acids, including cystine and histidine.</td>
<td>For the dietary management of urea cycle disorders and other conditions where a nutritionally complete feed is not suitable or a modular approach is required. For individuals over 1 year of age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>7 oz (200 gm) - 2 cans/case</td>
</tr>
<tr>
<td>Fibersource HN</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, high-nitrogen, lactose-free liquid formula with a blend of soluble and insoluble fiber. (10g fiber/1000mL) for adults.</td>
<td>For use in patients with elevated protein requirements, abnormal bowel function, extended inactivity, developmentally disabled, neurological impairment, long-term tube feeding.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8.45 fl. oz (250 ml) - 24 cans/case</td>
</tr>
<tr>
<td>GA</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Lysine- and Tryptophan-free iron fortified dietary powder.</td>
<td>Inborn error of metabolism: For the dietary management of infants, children, and adults with glutaric acidemia type I under direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) - cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------</td>
<td>----------------</td>
<td>------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>GA Express 15</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Lysine free, low tryptophan protein substitute.</td>
<td>Inborn errors of metabolism: intended for use in dietary management of Glutaric Aciduria Type 1 (GA1). Suitable from 3 years of age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>25 gm sachets - 30 sachets/case</td>
</tr>
<tr>
<td>GA GEL</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Lysine free, low tryptophan protein substitute.</td>
<td>Inborn errors of metabolism: intended for use in dietary management of Glutaric Aciduria Type 1 (GA1).</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>25 gm sachets - 30 sachets/case</td>
</tr>
<tr>
<td>Gerber Good Start Gentle</td>
<td>Nestle HealthCare Nutrition</td>
<td>Infant Formula</td>
<td>X</td>
<td>Milk-based formula with easy to digest 100% whey protein, partially hydrolyzed; contains DHA and ARA, and prebiotics.</td>
<td>For infants 0 - 12 months.</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>12.1 fl. oz (358 ml) carton</td>
</tr>
<tr>
<td>Gerber Good Start Nourish</td>
<td>Nestle HealthCare Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>100 percent partially hydrolyzed whey protein formula. Contains 22 kcal per fluid ounce and provides 1.8mg of iron per 100 calories.</td>
<td>For premature infants following hospital discharge.</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>12.6 oz can</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------------------------</td>
<td>-------------------------</td>
<td>------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Gerber Good Start Premature 20 Infant Formula</td>
<td>Nestle HealthCare Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Contains 20 kcal per fluid ounce and at least 10mg of iron per liter. Partially hydrolyzed 100% whey protein, meets recommendations for calcium, phosphorous, and vitamin D 2-3, contains DHA and ARA.</td>
<td>For premature infants in Neonatal Intensive Care (NICU). Available in 3-fluid ounce ready-to-feed Nursers packaged as 8 bottles per carton.</td>
<td>Milk-Based</td>
<td>Pharmacy special order</td>
<td>3 oz bottle - 48 bottles/case</td>
</tr>
<tr>
<td>Gerber Good Start Premature 24</td>
<td>Nestle HealthCare Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Milk-based 24 calorie per fluid ounce premature infant formula, 100% whey protein, partially hydrolyzed, designed to promote easy digestion and provides complete nutritional support specially formulated for premature infants.</td>
<td>For premature infants whose digestive system is fragile. Premature/low birth weight.</td>
<td>Milk-Based</td>
<td>Pharmacy special order</td>
<td>3 oz bottle - 48 bottles/case</td>
</tr>
<tr>
<td>Gerber Good Start Premature 24 High Protein</td>
<td>Nestle HealthCare Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>100 percent partially hydrolyzed whey protein formula. Contains 24 kcal per fluid ounce and provides 1.8mg of iron and 3.6 grams of protein per 100 calories.</td>
<td>For premature infants who have increased protein needs.</td>
<td>Milk-Based</td>
<td>Pharmacy special order</td>
<td>3 oz bottle - 48 bottles/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------</td>
</tr>
<tr>
<td>Gerber Good Start Protect</td>
<td>Nestle HealthCare Nutrition</td>
<td>Infant Formula</td>
<td>X</td>
<td>Milk-based older-infant and toddler formula with easy to digest 100% whey protein, partially hydrolyzed; contains DHA and ARA. Also contains the probiotic Bifidus BLâ&quot;¢.</td>
<td>For infants 9 - 24 months.</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>12.4 oz (351 gm) can</td>
</tr>
<tr>
<td>Gerber Good Start Protect</td>
<td>Nestle HealthCare Nutrition</td>
<td>Infant Formula</td>
<td>X</td>
<td>Milk-based formula with easy to digest 100% whey protein, partially hydrolyzed; contains DHA and ARA. Also contains the probiotic Bifidus BLâ&quot;¢.</td>
<td>For infants 0 - 12 months.</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>12.4 oz (351 gm) can</td>
</tr>
<tr>
<td>Gerber Good Start Soy</td>
<td>Nestle HealthCare Nutrition</td>
<td>Infant Formula</td>
<td>X</td>
<td>Milk-free, lactose-free, soy-based formula with partially hydrolyzed soy protein; contains DHA and ARA.</td>
<td>For infants 0 - 12 months who require a soy-based or lactose-free formula.</td>
<td>Soy-Based, Lactose-Free</td>
<td>Retail</td>
<td>12.1 fl oz (358 ml) carton</td>
</tr>
<tr>
<td>Gerber Graduates Gentle (formerly Gerber Good Start 2 Gentle)</td>
<td>Nestle HealthCare Nutrition</td>
<td>Infant Formula</td>
<td>X</td>
<td>Milk based older-infant and toddler formula with easy to digest 100% whey protein, partially hydrolyzed; contains DHA and ARA, and prebiotics.</td>
<td>For use in healthy infants 9-24 months of age.</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>1.37 lb (22 oz) tub</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>---------------------</td>
<td>------</td>
</tr>
<tr>
<td>Gerber Graduates Protect (formerly Gerber Good Start 2 Protect)</td>
<td>Nestle HealthCare Nutrition</td>
<td>Infant Formula</td>
<td>X</td>
<td>Milk-based older-infant and toddler formula with easy to digest 100% whey protein, partially hydrolyzed; contains DHA and ARA. Also contains the probiotic Bifidus BLâ“¢.</td>
<td>For infants 9 - 24 months.</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>1.37 lb (22 oz) tub</td>
</tr>
<tr>
<td>Gerber Graduates Soy (formerly Gerber Good Start 2 Soy)</td>
<td>Nestle HealthCare Nutrition</td>
<td>Infant Formula</td>
<td>X</td>
<td>Milk-free, lactose-free, soy-based older-infant and toddler formula; contains DHA and ARA.</td>
<td>For use in infants 9-24 months of age who require a soy-based or lactose-free formula.</td>
<td>Soy-Based, Lactose-Free</td>
<td>Retail</td>
<td>1.5 lb (24 oz) can</td>
</tr>
<tr>
<td>Glucerna 1.0 cal (also available in 1.2 cal and 1.5 cal)</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, low-carbohydrate, high-fat, gluten- and lactose-free liquid food with added soy fiber, chromium, selenium, molybdenum, taurine, and L-carnitine for oral or tube feeding. CAUTION: When used for tube feeding, follow physician’s instructions</td>
<td>For adults and children 4 years of age and older requiring dietary management of hyperglycemia.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>(8 fl oz can - 24 cans/case)</td>
</tr>
<tr>
<td>Glucerna Meal Bars</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete meal or snack replacement/supplement.</td>
<td>For people with diabetes or abnormal glucose tolerance.</td>
<td>Adult/Older Child Supplements</td>
<td>Retail</td>
<td>2.04 oz bars (58 gm) - 4 bars/box (8.16 oz box)</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------</td>
<td>----------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>----------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Glucerna Shake</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Low carbohydrate, complete balanced nutrition for oral use only.</td>
<td>For people with diabetes or abnormal glucose tolerance.</td>
<td>Adult/Older Child Supplements</td>
<td>Retail and pharmacy special order</td>
<td>8 oz bottles - six pack; 8 oz cans - 24 cans/case</td>
</tr>
<tr>
<td>Glucerna Snack Bar</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Between meal snack.</td>
<td>For people with diabetes or abnormal glucose tolerance.</td>
<td>Adult/Older Child Supplements</td>
<td>Retail</td>
<td>1.41 oz bar - 4 bars/box</td>
</tr>
<tr>
<td>GlutarAde GA-1 Amino Acid Blend</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>X</td>
<td>Metabolic formula; nutritionally incomplete; can be used for oral and/or tube feeding; does not contain lysine and low in tryptophan.</td>
<td>Inborn errors of metabolism: Glutaric Aciduria Type 1 Diagnosis Code 270.7. Can be used by children, adults and pregnant women - not for infants under one year old. Not for parental use. Must be used under medical supervision.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------</td>
<td>------------------</td>
<td>------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>GlutarAde Junior GA-1 Drink Mix</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>X</td>
<td>Metabolic formula specially formulated for toddlers and young children; nutritionally incomplete; can be used for oral and/or tube feeding; does not contain lysine and low in tryptophan. Can be used for patients for all ages if needed for additional calor</td>
<td>Inborn errors of metabolism: Glutaric Aciduria Type 1 Diagnosis Code 270.7. Can be used by children, adults and pregnant women - not for infants under one year old. Not for parental use. Must be used under medical supervision.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>400 gm can - 4 cans/case</td>
</tr>
<tr>
<td>Glutarex-1</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Amino acid-modified medical food with iron. Nutrition support of infants and toddlers with glutaric aciduria type I. Give only to infants and toddlers with proven glutaric aciduria type I who are under medical supervision. Must be supplemented with intact protein and fluid in prescribed amounts to</td>
<td></td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can -6 can/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>--------------</td>
<td>------------------</td>
<td>-------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>----------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Glutarex-2</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Amino acid-modified medical food.</td>
<td>Nutrition support of children and adults with glutaric aciduria type I. Give only to children and adults with proven glutaric aciduria type I who are under medical supervision. Must be supplemented with intact protein in prescribed amounts to completely m</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can - 6 can/case</td>
</tr>
<tr>
<td>Glycine500</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Amino acid protein powder. Nutritionally incomplete.</td>
<td>For the dietary management of individuals (suitable from one year of age) with inborn errors of metabolism. Should be used under medical supervision.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>4 gm packets - 30 packets/box</td>
</tr>
<tr>
<td>Glytrol</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Complete liquid formula specifically formulated for adults with diabetes.</td>
<td>For use in patients with diabetes mellitus, glucose intolerance, stress-induced hyperglycemia.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
</tbody>
</table>
## ARIZONA WIC FORMULA LIST

**FFY 2014**

(Intended for use by AZ WIC Nutritionists/RDNs **only** in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCU Cooler</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Ready to drink methionine free protein substitute, available in orange flavor, containing essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements and DHA &amp; EPA.</td>
<td>For use in the dietary management of Homocystinuria in people from 3 years of age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>130 mL pouch - 30 pouches/case</td>
</tr>
<tr>
<td>HCU Cooler 20</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Methionine-free protein substitute consumed by people with proven homocystinuria.</td>
<td>For the dietary management of individuals (suitable from three years of age) with inborn errors of metabolism. Nutritionally incomplete. Should be used under strict medical supervision.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>174ml pouches - 30 pouches/box</td>
</tr>
<tr>
<td>HCU Express Powder</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered methionine free protein substitute containing essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements; can be blended with water into a low-volume drink.</td>
<td>For use in the dietary management of Homocystinuria for people from 8 years of age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>25 gm sachets - 30 sachets/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-----------------------</td>
<td>------</td>
</tr>
<tr>
<td>HCU Gel</td>
<td>Vitaflor USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered methionine free protein substitute containing essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements; can be blended with water into a smooth gel or drink.</td>
<td>For use in the dietary management of Homocystinuria for people from 8 years of age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>24 gm sachets - 30 sachets/case</td>
</tr>
<tr>
<td>HCU Lophlex LQ</td>
<td>Nutricia North America (formerly SHS)</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally incomplete, methionine free.</td>
<td>Inborn errors of metabolism: intended for use in dietary management of Homocystinuria (HCU).</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>34.2 fl oz (125 mL) pouches - 30/case</td>
</tr>
<tr>
<td>HCY 1</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Methionine-free iron fortified diet powder.</td>
<td>Inborn error of metabolism: For the dietary management of infants and toddlers with homocystinuria under direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - cans/case</td>
</tr>
<tr>
<td>HCY 2</td>
<td>Mead Johnson Nutritionals</td>
<td>Medical Food</td>
<td>X</td>
<td>Methionine-free dietary powder.</td>
<td>Inborn errors of metabolism: For adults and children with homocystinuria; to be used under the direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>--------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Hi-Cal</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>High-calorie supplement fortified with vitamins and minerals.</td>
<td>For people needing extra calories/nutrition. Ideal for Med Pass.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>33.8 fl oz (1000 mL) bottle - 8 bottles/case</td>
</tr>
<tr>
<td>HOM 2</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Mixture of L-amino acids free of methionine; enriched with vitamins and minerals.</td>
<td>Inborn errors of metabolism: For the dietary management of homocystinuria due to cystathioninesynthase deficiency (vitamin B6 independent form) in children and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>17.6 oz (500 gm) can - 2 cans/case</td>
</tr>
<tr>
<td>Hominex-1</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula &amp; Medical Food</td>
<td>X</td>
<td>Methionine-free formula.</td>
<td>Inborn errors of metabolism: Nutrition support for infants and toddlers with homocystinuria due to cystathione B-synthase deficiency.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------</td>
</tr>
<tr>
<td>Hominex-2</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Methionine-free formula.</td>
<td>Inborn errors of metabolism: Nutrition support for infants and toddlers with homocystinuria due to cystathione B-synthase deficiency.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) - can/case</td>
</tr>
<tr>
<td>Isoleucine 1000 Amino Acid Supplement</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered isoleucine amino acid supplement on a carbohydrate base.</td>
<td>Provide dietary isoleucine for patients 1 year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>4 gm sachets - 30 sachets/case</td>
</tr>
<tr>
<td>Isoleucine Amino Acid Supplement</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered isoleucine amino acid supplement on a carbohydrate base.</td>
<td>Provide dietary isoleucine for patients 1 years of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>4 gm sachets - 30 sachets/case</td>
</tr>
<tr>
<td>Isosource 1.5 Fiber</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, high calorie formula with fiber and 30% of the fat source coming from MCT oil. It can be used for oral feedings and/or tube feedings. The product is lactose-free, gluten-free, and kosher.</td>
<td>It may be used for adults with medical conditions such as cancer or malnutrition that require increased caloric requirements, the need for MCT as the fat source and/or fluid restriction. Not for individuals with galactosemia.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
</tbody>
</table>
## ARIZONA WIC FORMULA LIST
**FFY 2014**
(Intended for use by AZ WIC Nutritionists/RDNs **only** in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isosource HN</td>
<td>Nestle HealthCare</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, high-nitrogen, lactose-free, gluten-free, kosher, low residue formula for adults with elevated protein needs.</td>
<td>For use in patients with elevated protein requirements, malnutrition, inadequate oral intake, transitional feeding.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>I-Valex-1</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula &amp; Medical Food</td>
<td>X</td>
<td>Leucine-free formula.</td>
<td>Inborn errors of metabolism: Nutrition support of infants and toddlers with disorders of leucine catabolism.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) - 6 can/case</td>
</tr>
<tr>
<td>I-Valex-2</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Leucine-free formula.</td>
<td>Inborn errors of metabolism: Nutrition support of infants and toddlers with disorders of leucine catabolism.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) - 6 can/case</td>
</tr>
<tr>
<td>Jevity 1 Cal</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Isotonic nutrition with fiber.</td>
<td>For patients who have intolerance of hyperosmolar feeding or altered taste perception.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) cans - 24 cans/case</td>
</tr>
<tr>
<td>Jevity 1.2 Cal</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>High protein nutrition with fiber and NutraFlora scFos.</td>
<td>For patients who may benefit from a moderate-osmolality, high protein, fiber containing formula.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) cans - 24 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issue Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>-------------------</td>
<td>------</td>
</tr>
<tr>
<td>Jevity 1.5</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>High-protein nutrition with fiber and NutraFlora® scFOS.</td>
<td>For tube feeding or oral feeding of patients with altered taste perception. CAUTION: When used for tube feeding, follow physician’s instruction.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) cans - 24 cans/case</td>
</tr>
<tr>
<td>KetoCal 3:1</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Medical food that contains a 3:1 (fat:carbohydrate + protein) ratio enabling an individual to achieve and maintain a high level of ketosis; high in fat and low in carbohydrate.</td>
<td>Provide complete or supplemental nutritional support for children over one year of age with intractable epilepsy.</td>
<td>Milk-Based</td>
<td>Pharmacy special order</td>
<td>11 oz (300 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>KetoCal 4:1</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Medical food that contains a 4:1 (fat:carbohydrate + protein) ratio enabling an individual to achieve and maintain a high level of ketosis; high in fat and low in carbohydrate.</td>
<td>Provide complete or supplemental nutritional support for children over one year of age with intractable epilepsy.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>11 oz (300 gm) can - 6 cans/case</td>
</tr>
</tbody>
</table>
## ARIZONA WIC FORMULA LIST
### FFY 2014
(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>KetoCal 4:1 LQ</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Medical food that contains a 4:1 (fat: carbohydrate + protein) ratio enabling an individual to achieve and maintain a high level of ketosis; high in fat and low in carbohydrate. Contains a multi-fiber system: a blend of insoluble and soluble fiber. Supple</td>
<td>Nutritionally complete 4 to 1 ratio (4:1) liquid ketogenic formula for the dietary management of intractable epilepsy. Provides complete nutritional support or supplementary feeding from 1-10 years of age. May be used for supplementary feeding over the age</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) box - 27 boxes/case</td>
</tr>
<tr>
<td>Ketonex-1</td>
<td>Abbott Nutrition &amp; Medical Food</td>
<td>Exempt Infant Formula</td>
<td>Yes</td>
<td>Isoleucine-, leucine-, valine-, free formula.</td>
<td>Inborn errors of metabolism: Nutrition support of children and adults with: maple syrup urine disease or B-ketothiolase deficiency.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Ketonex-2</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Isoleucine-, leucine-, valine-, free formula.</td>
<td>Inborn errors of metabolism: Nutrition support of children and adults with: maple syrup urine disease or B-ketothiolase deficiency.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can - 6 cans/case</td>
</tr>
</tbody>
</table>
## ARIZONA WIC FORMULA LIST
**FFY 2014**
(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ketovolve</td>
<td>Solace Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Medical food for intractable that contains a 4:1 (fat: carbohydrate + protein) ratio enabling an individual to achieve and maintain a high level of ketosis; high in fat and low in carbohydrate.</td>
<td>Provides supplemental or complete nutritional support for children over one year of age with intractable epilepsy.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>10 oz (300 gm) container</td>
</tr>
<tr>
<td>Key Omega</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered blend of Arachidonic acid (AA) and Docosahexaenoic acid (DHA) supplement on a carbohydrate base.</td>
<td>Provide dietary AA &amp; DHA for patients 1 year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>4 gm sachets - 30 sachets/carton</td>
</tr>
<tr>
<td>L-Emental</td>
<td>Hormel Health Labs</td>
<td>Medical Food</td>
<td>X</td>
<td>Elemental 100% free amino acid diet (adult) for oral or complete tube feeding; lactose free, gluten free, low residue.</td>
<td>For use in patients with inflammatory bowel disease, bowel resection, chronic diarrhea, Crohn's disease, irradiated bowel, malabsorption, GI fistula, short bowel syndrome, pancreatic disorder, limited gut function.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>10 gm packet - 50 packets/carton</td>
</tr>
</tbody>
</table>
### ARIZONA WIC FORMULA LIST
**FFY 2014**
(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEU Free Cooler</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Leucine free protein substitute.</td>
<td>Inborn errors of metabolism: intended for use in dietary management of individuals requiring a Leucine-free protein source. Suitable from 3 years of age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>130 mL pouch - 30 pouches/case</td>
</tr>
<tr>
<td>Lipistart</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, powdered formula containing whole protein, carbohydrate, fat high in medium chain triglycerides and low in long chain triglycerides, vitamins, minerals, trace elements and essential fatty acids; mixed with water.</td>
<td>For the dietary management of fat malabsorption, disorders of long chain fatty acid oxidation, Type 1 hyperlipidemia and chylothorax and disorders requiring dietary management using a high MCT, low LCT formula; for patients 1 years of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>400 gm can</td>
</tr>
</tbody>
</table>
### ARIZONA WIC FORMULA LIST
#### FFY 2014
( Intended for use by AZ WIC Nutritionists/RDNs **only** in combination with other resource materials )

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacture</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>LMD</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Leucine-free iron fortified dietary powder.</td>
<td>Inborn error of metabolism: For the dietary management of infants, children, and adults with inborn errors of Leucine Metabolism, including Isovaleric Acidemia, under direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can</td>
</tr>
<tr>
<td>Lophlex</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Low-volume, phenylalanine-free, amino acid-based powdered drink mix with vitamins and minerals.</td>
<td>Inborn errors of metabolism: For the dietary management of phenylketonuria in children over the age of 4 and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.3 gm (0.5 oz) packet - 30 packets/case</td>
</tr>
<tr>
<td>MCT Oil</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Modular source of MCT (Medium Chain Triglycerides).</td>
<td>For patients with problems hydrolyzing, absorbing and/or transporting conventional fats.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>32 oz (1 quart) bottle</td>
</tr>
</tbody>
</table>
# ARIZONA WIC FORMULA LIST

**FFY 2014**  
(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCT Pro-Cal</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Neutral tasting powder containing protein, carbohydrate and fat high in medium chain triglycerides; can be mixed with liquid or food.</td>
<td>For use in the dietary management of malnutrition, fat malabsorption, disorders of long chain fatty acid oxidation, Type 1 hyperlipidemia and chylothorax; for patients 1 year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>16 gm sachets - 30 sachets/carton ; 480 gm tub</td>
</tr>
<tr>
<td>Methionaid</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Methionine-free drink mix that contains a balanced mixture of all other essential and some non-essential amino acids. Contains minerals and trace elements and some water-soluble vitamins. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven hypermethioninemia and homocystinuria (Vit. B6 non-responsive) in individuals over one year of age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>200 g (7 oz) container - 10 containers/case</td>
</tr>
<tr>
<td>Methionine Amino Acid Supplement</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered methionine amino acid supplement on a carbohydrate base.</td>
<td>Provide dietary methionine for patients 1 year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>4 gm sachets - 30 sachets/carton</td>
</tr>
</tbody>
</table>
# ARIZONA WIC FORMULA LIST

**FFY 2014**

(Intended for use by AZ WIC Nutritionists/RDNs **only** in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microlipid</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>50% fat emulsion (safflower oil emulsion) for special dietary use in oral or tube feeding formulas; high in linoleic acid.</td>
<td>For patients with increase caloric requirements, anorexia, decreased carbohydrate tolerance, or fluid/volume restriction.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>3 oz bottles - 48 bottles/case</td>
</tr>
<tr>
<td>Milupa PKU 2 Tomato</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Discontinued February 2010. Powdered amino acid mixture with carbohydrates, fat, vitamins, minerals and trace elements. Due to the use of natural ingredients to achieve a savory taste, the product contains traces of phenylalanine (9 milligrams per sachet)</td>
<td>Inborn errors of metabolism: For the dietary management of phenylketonuria and hyperphenylalaninemia in children and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>500 gm (17.6 oz) - 2 cans</td>
</tr>
<tr>
<td>MMA/PA</td>
<td>Vitafl Oz USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Methionine, threonine, valine free protein substitute.</td>
<td>Inborn errors of metabolism: intended for use in dietary management of Methylmalonic academia/Propionic academia (MMA/PA).</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>25 gm packets - 30 packets/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------------------</td>
<td>----------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>MMA/PA Cooler</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Methionine, threonine, valine free protein substitute.</td>
<td>Inborn errors of metabolism: intended for use in dietary management of Methylmalonic academia/Propionic academia (MMA/PA). Suitable from 3 years of age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>130 mL cooler - 30 coolers/case</td>
</tr>
<tr>
<td>MMA/PA Express Powder</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered methionine, threonine, valine free and isoleucine low protein substitute containing essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements; can be blended with water into a low-volume drink.</td>
<td>For use in the dietary management of Methylmalonic Acidemia and Propionic Acidemia for patients 8 years of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>25 gm packets - 30 packets/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>-----------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------</td>
</tr>
<tr>
<td>MMA/PA Gel</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Powdered methionine, threonine, valine free and isoleucine low protein substitute containing essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements; can be blended with water into a smooth gel or drink.</td>
<td>For use in the dietary management of Methylmalonic Acidemia and Propionic Acidemia for patients 1 year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>24 gm packets - 30 packets/case</td>
</tr>
<tr>
<td>Monogen</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Milk-protein based powder, low in fat and high in medium chain triglycerides.</td>
<td>For the dietary management of gastrointestinal, lymphatic and metabolic disorders.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14 oz (400 gm) cans - 6 cans/case</td>
</tr>
<tr>
<td>MSUD 2</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Mixture of Lα”amino acids free of isoleucine, leucine and valine, enriched with vitamins and minerals.</td>
<td>Inborn errors of metabolism: For children with Maple syrup urine disease (classic, inherited and intermittent forms), hypervalinemia (isoleucine and leucine to be added), αâ€”methylacetoacetic aciduria (leucine and valine to be added), ketotic hypoglycemia,</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>500 gm can - 2 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------------------</td>
<td>-------------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>MSUD Aid</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Isoleucine-, leucine- and valine-free drink mix that contains a balanced mixture of all other essential and some non-essential amino acids. Contains minerals and trace elements and some water-soluble vitamins. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven maple syrup urine disease in individuals over one year of age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>7 oz (200 gm) can - 2 cans/case</td>
</tr>
<tr>
<td>MSUD Analog</td>
<td>Nutricia North America</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Valine-, leucine- and isoleucine-free formula; contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, fat and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven maple syrup urine disease in infants.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14 oz (400 gm) cans - 6 cans/case</td>
</tr>
<tr>
<td>MSUD Cooler 10</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Leucine, isoleucine and valine free protein substitute for the dietary management of maple syrup urine disease (MSUD). Nutritionally incomplete.</td>
<td>For the dietary management of individuals (suitable from three years of age) with inborn errors of metabolism. Should be used under strict medical supervision.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>87 mL pouch - 30 pouches/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------</td>
<td>-------------------</td>
<td>------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>MSUD Cooler 15</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Leucine, isoleucine and valine free protein substitute for the dietary management of maple syrup urine disease (MSUD). Nutritionally incomplete.</td>
<td>For the dietary management of individuals (suitable from three years of age) with inborn errors of metabolism. Should be used under strict medical supervision.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>130 mL pouch - 30 pouches/case</td>
</tr>
<tr>
<td>MSUD Cooler 20</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Leucine, isoleucine and valine free protein substitute for the dietary management of maple syrup urine disease (MSUD). Nutritionally incomplete.</td>
<td>For the dietary management of individuals (suitable from three years of age) with inborn errors of metabolism. Should be used under strict medical supervision.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>174 mL pouch - 30 pouches/case</td>
</tr>
<tr>
<td>MSUD Express 15</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered leucine, isoleucine and valine free protein substitute containing essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements; can be blended with water into a low-volume drink.</td>
<td>For use in the dietary management of Maple Syrup Urine Disease for people 8 years of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>25 gm sachets - 30 sachets/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>-----------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>MSUD Express20</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered leucine, isoleucine and valine free protein substitute containing essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements; can be blended with water into a low-volume drink.</td>
<td>For use in the dietary management of Maple Syrup Urine Disease for people 8 years of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>34 gm sachets - 30 sachets/case</td>
</tr>
<tr>
<td>MSUD Gel</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered leucine, isoleucine and valine free protein substitute containing essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements; can be blended with water into a smooth gel or drink.</td>
<td>For use in the dietary management of Maple Syrup Urine Disease for people 1 year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>20 gm sachets - 30 sachets/case</td>
</tr>
<tr>
<td>MSUD Lophlex LQ</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally incomplete, leucine and valine free.</td>
<td>Inborn errors of metabolism: intended for use in dietary management of Maple Syrup Urine Disease (MSUD).</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>4.2 fl oz (125 mL) pouches - 30 pouches/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>-----------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------</td>
</tr>
<tr>
<td>MSUD Maxamaid</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Isoleucine-, leucine-, and valine- free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven maple syrup urine disease in toddlers and young children.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) - 6 cans/case</td>
</tr>
<tr>
<td>MSUD Maxamum</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Isoleucine-, leucine-, and valine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven maple syrup urine disease in older children and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) - 6 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>---------------------</td>
<td>---------------------------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-----------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Neocate Infant Formula</td>
<td>Nutricia North America</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Hypoallergenic. Complete nutritional support for infants with cow milk allergy and multiple food protein intolerance. Contains 100% free amino acids.</td>
<td>An infant formula for infants with cow and soy milk allergy, multiple food protein intolerance, food allergy-related Gastroesophageal Reflux Disease (GERD) and Eosinophilic Esophagitis (EE), and other conditions for which an amino acid-based diet is requi</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14 oz (400 gm) can - 4 cans/case</td>
</tr>
<tr>
<td>Neocate Infant Formula with DHA/ARA</td>
<td>Nutricia North America</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Hypoallergenic. Complete nutritional support for infants with cow milk allergy and multiple food protein intolerance. Contains 100% free amino acids; includes DHA and ARA.</td>
<td>An infant formula for infants with cow and soy milk allergy, multiple food protein intolerance, food allergy-related Gastroesophageal Reflux Disease (GERD) and Eosinophilic Esophagitis (EE), and other conditions for which an amino acid-based diet is requi</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>400 gm can - 4 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacture</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------</td>
<td>----------------</td>
<td>------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Neocate Junior</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>An elemental medical food containing 100% free amino acids. Complete nutritional support for children with gastrointestinal impairment due to cow and soy protein allergies or sensitivity or other medical conditions affecting the gastrointestinal tract.</td>
<td>For children over one year of age with with cow and soy milk allergy, multiple food protein intolerance, food allergy-related Gastroesophageal Reflux Disease (GERD) and Eosinophilic Esophagitis (EE), and other conditions for which an amino acid-based diet</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>400 gm can - 4 cans/case</td>
</tr>
<tr>
<td>Neocate Junior - Prebiotics</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>An elemental medical food containing 100% free amino acids and prebiotic fiber. Complete nutritional support for children with gastrointestinal impairment due to cow and soy protein allergies or sensitivity or other medical conditions affecting the gastrointestinal tract.</td>
<td>For children over one year of age with with cow and soy milk allergy, multiple food protein intolerance, food allergy-related Gastroesophageal Reflux Disease (GERD) and Eosinophilic Esophagitis (EE), and other conditions for which an amino acid-based diet</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>400 gm can - 4 cans/case</td>
</tr>
</tbody>
</table>
ARIZONA WIC FORMULA LIST
FFY 2014
(Entended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neocate Junior - Prebiotics - Vanilla</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>An elemental medical food containing 100% free amino acids and prebiotic fiber. Complete nutritional support for children with gastrointestinal impairment due to cow and soy protein allergies or sensitivity or other medical conditions affecting the gastr</td>
<td>For children over one year of age with with cow and soy milk allergy, multiple food protein intolerance, food allergy-related Gastroesophageal Reflux Disease (GERD) and Eosinophilic esophagitis (EE), and other conditions for which an amino acid-based diet</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>400 gm can - 4 cans/case</td>
</tr>
<tr>
<td>Neocate Nutra</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Hypoallergenic, amino acid-based semi-solid medical food that contains essential vitamins and minerals.</td>
<td>For infants over 6 months of age with cow or soy milk allergy, multiple medical food protein intolerance or gastrointestinal conditions</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14 oz (400 gm) can - 4 cans/case</td>
</tr>
<tr>
<td>Nepro</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Therapeutic nutrition for people on dialysis.</td>
<td>For dialyzed dialysis patients with chronic renal failure (stage 5 of CKD).</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>8 fl oz container - 24 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------</td>
<td>---------------</td>
<td>------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>----------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Novasource Renal</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, calorically-dense liquid formula fortified with vitamins and minerals commonly lost in dialysis; used for oral and/or tube feeding; lactose-free, gluten-free, low-residue, kosher.</td>
<td>For dialyzed patients with acute or chronic renal failure; Generally designed for adults and children at least 10 years of age; provides a reduced electrolyte content to help prevent imbalances.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 fl oz containers - 27 containers/case</td>
</tr>
<tr>
<td>Nutramigen</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Hypoallergenic formula; contains extensively hydrolyzed proteins; includes DHA and ARA.</td>
<td>For infants who have allergies to the intact proteins in cow's milk and soy formulas.</td>
<td>Metabolic</td>
<td>Retail</td>
<td>13 fl oz cans</td>
</tr>
<tr>
<td>Nutramigen Toddler with Enflora LGG</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Hypoallergenic, extensively hydrolyzed formula designed for infants and toddlers 9 to 36 months of age with cow's milk allergy. The probiotic LGG has been shown to promote a healthy GI and immune system by supporting a balanced immune response.</td>
<td>For the dietary management of those 9 to 36 months with cow's milk protein allergy. Those who are allergic to cow's milk protein may have immune system imbalance, a harmful gut microflora, and a compromised gut barrier.</td>
<td>Metabolic</td>
<td>Retail</td>
<td>12.6 oz can</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------------------</td>
<td>-------------------</td>
<td>------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>----------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Nutramigen with Enflora LGG</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>Yes</td>
<td>Hypoallergenic, extensively hydrolyzed protein so it is uncommonly recognized as an allergen by the body's immune system. The probiotic LGG has been shown to promote a healthy GI and immune system by supporting a balanced immune response, colonizing the gut.</td>
<td>For the dietary management of infants with cow's milk protein allergy. Infants who are allergic to cow's milk protein may have immune system imbalance, a harmful gut microflora, and a compromised gut barrier.</td>
<td>Metabolic</td>
<td>Retail</td>
<td>12.6 oz can</td>
</tr>
<tr>
<td>Nutren 1.0</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Nutritionally complete, isotonic liquid diet for complete or supplemental nutrition support for tube feeding; lactose-free, gluten-free, low-residue and kosher.</td>
<td>Generally for adults and children at least 10 years of age; ideal for short- or long-term tube feeding of patients with normal protein and calorie requirements.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Nutren 1.0 with Fiber</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, isotonic, fiber-containing liquid diet for complete or supplemental nutrition support for tube feeding; lactose-free, gluten-free, and kosher.</td>
<td>Generally for adults and children at least 10 years of age; ideal for short- or long-term tube feeding for patients with normal protein and calorie requirements but require dietary management of diarrhea and constipation.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Nutren 1.5</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, high-calorie liquid diet for complete or supplemental nutrition support for tube feeding; lactose-free, gluten-free, low-residue, and kosher.</td>
<td>Generally for adults and children at least 10 years of age; ideal for short- or long-term tube feeding for patients with increased caloric requirements and/or a fluid restriction. Contains 50% of fat source as MCT to enhance absorption and tolerance.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issue Type</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>------------</td>
<td>------</td>
</tr>
<tr>
<td>Nutren 2.0</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, very high calorie liquid diet for complete or supplemental nutrition support for tube feeding; lactose-free, gluten-free, low-residue, and kosher.</td>
<td>Generally for adults and children at least 10 years of age; ideal for short- or long-term tube feeding for patients with very high caloric requirements, a severe fluid restriction, and/or fat malabsorption.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>Ready-to-Use 250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Nutren Junior</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, isotonic, whole protein liquid diet for complete or supplemental nutrition support in pediatric patients; use as oral and/or tube feeding; lactose-free, gluten-free, kosher, low-residue.</td>
<td>Designed for children ages 1-10, with stable and functioning gastrointestinal tract. Can be used with cancer; pre- and post-surgery; pediatric failure to thrive; neurologic disease or impairment; HIV/AIDS; multiple fractures; anorexia/weight loss; malnutrition.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>Ready-to-Use 250 mL containers - 24 containers/case</td>
</tr>
</tbody>
</table>
## ARIZONA WIC FORMULA LIST
**FFY 2014**

(Entended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutren Junior with Fiber</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, fiber-containing, whole protein liquid diet for complete or supplemental nutrition support for oral and/or tube feeding in pediatric patients; lactose-free, gluten-free, kosher, low-residue.</td>
<td>Designed for children ages 1-10, with stable and functioning gastrointestinal tract. Can be used with cancer; pre-and post-surgery; pediatric failure-to-thrive; neurological disease or impairment; HIV/AIDS; multiple fractures; anorexia/weight loss; malnutrition.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Nutren Pulmonary</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, low carbohydrate formula with a high-fat profile that includes MCT and canola oil to improve tolerance. Calorically-dense to meet elevated energy needs in a low volume for oral and/or tube feeding use; lactose-free, gluten-free, low residue.</td>
<td>Generally designed for adults and children at least 10 years of age with respiratory disease. Designed to reduce CO2 production. High MCT content to minimize fat intolerance; elevated phosphorus content to replenish low serum phosphorus levels.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------</td>
<td>------------------</td>
<td>------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Nutren Replete</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Nutritionally complete, high protein liquid nutrition for healing support; lactose-free, gluten-free, low residue, and kosher. Uses are tube feeding and/or oral supplement.</td>
<td>Formulated to meet the nutritional requirements of wound healing and protein repletion. Specifically formulated for use in patients recovering from surgery, burns, or pressure ulcers. Generally designed for adults and children at least 10 years of age.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>Ready-to-Use</td>
</tr>
<tr>
<td>Nutren Replete Fiber</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Nutritionally complete, fiber-containing, high-protein liquid nutrition for healing support and bowel management for diarrhea or constipation.; lactose-free, gluten-free, and kosher. Uses are tube feeding and/or oral supplement.</td>
<td>Formulated to meet the nutritional requirements of wound healing in patients requiring bowel management for diarrhea or constipation. For use in patients recovering from surgery, burns, or pressure ulcers. Generally designed for adults and children at least 10 years of age.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>Ready-to-Use</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------------</td>
</tr>
<tr>
<td>NutriHep</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, calorically dense liquid formerly for Hepatic patients. Lactose-free, gluten-free, low-residue, and kosher. For tube feeding and/or oral supplement.</td>
<td>Generally designed for adults and children at least 10 years of age for the nutritional management of liver injury which can be caused by viral infection, ischemia, metabolic abnormalities, or damage from hepatotoxic substances.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>OA 1</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Isoleucine-, Methionine-, Threonine- and Valine-free iron-fortified dietary powder.</td>
<td>Inborn error of metabolism: For the dietary management of infants and toddlers with propionic and methylmalonic acidemias under the direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------</td>
</tr>
<tr>
<td>OA 2</td>
<td>Mead Johnson Nutritionals</td>
<td>Medical Food</td>
<td>X</td>
<td>Isoleucine-, Methionine-, Threonine- and Valine-free iron fortified dietary powder.</td>
<td>Inborn error of metabolism: For the dietary management of children and adults with propionic and methylmalonic acidemias under the direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>ONESource</td>
<td>One Source Nutrition, LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Milk-based, 98% lactose-free and gluten-free nutrition drink.</td>
<td>For adults and children.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 oz boxes - 27 boxes/case</td>
</tr>
<tr>
<td>Optimental</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Therapeutic, elemental nutrition for malabsorptive conditions.</td>
<td>For people with malabsorptive conditions such as Crohn's disease, metabolic stress, or short-bowel syndrome.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>8 oz cans - 24 cans/case</td>
</tr>
<tr>
<td>OS 2</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Mixture of amino acids free of isoleucine, methionine, threonine and valine, enriched with vitamins and minerals. NOTE: OS 2 may contain 100 mg isoleucine/100 g powder for technical reasons.</td>
<td>Inborn errors of metabolism: For the dietary management of propionic acidemia or methylmalonic aciduria (vitamin B12-independent form) in children and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm)</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>---------------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Osmolite</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Discontinued March 2008. Nutritionally complete, isotonic, lactose-free, low-residue liquid food for oral or tube feeding.</td>
<td>For adults and children age 4 and older requiring moderately electrolyte-restricted diets.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) cans - 24 cans/case</td>
</tr>
<tr>
<td>Osmolite 1 Cal</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Isotonic nutrition.</td>
<td>For patients with caloric requirements of less than 2000 Cal per day or for patients with increased protein requirements.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) cans - 24 cans/case</td>
</tr>
<tr>
<td>Osmolite 1.2 Cal</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>High-protein nutrition.</td>
<td>For patients who may benefit from increased protein and calories.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) cans - 24 cans/case</td>
</tr>
<tr>
<td>Osmolite 1.5 Cal</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>High-protein, high calorie nutrition.</td>
<td>For patients who may benefit from increased protein and calories, or for those with limited volume tolerance.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) cans - 24 cans/case</td>
</tr>
<tr>
<td>Oxepa</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Therapeutic nutrition for modulating inflammation in sepsis, ALI, ARDS.</td>
<td>For critically ill, mechanical-ventilated patients with SIRS, ALI or ARDS.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) cans - 24 cans/case</td>
</tr>
</tbody>
</table>
### Arizona WIC Formula List

**FFY 2014**  
(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>PediaSure</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Suitable for lactose intolerance, gluten-free liquid food for oral and tube feeding. Discontinued Blueberry and Bababa Institutional Flavors.</td>
<td>For children 1 to 10 years of age who are undernourished due to illness or a medical condition that warrants the prescription of the product.</td>
<td>Adult/Older Child Supplements</td>
<td>Retail</td>
<td>8 fl oz (237 mL) bottles - six pack</td>
</tr>
<tr>
<td>PediaSure 1.5 Cal</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Higher caloric density product designed for pediatric patients who require higher caloric concentrated feedings, such as for children with malnutrition, children who have fluid restrictions, or children who have poor tolerance to large volume feeds.</td>
<td>Not intended for infants under 1 year of age unless specified by a physician. Not for parenteral use. Not for children with galactosemia.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) can - 24 cans/case</td>
</tr>
<tr>
<td>PediaSure 1.5 Cal with Fiber</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Higher caloric density product designed for pediatric patients who require higher caloric concentrated feedings, such as for children with malnutrition, children who have fluid restrictions, or children who have poor tolerance to large volume feeds.</td>
<td>Not intended for infants under 1 year of age unless specified by a physician. Not for parenteral use. Not for children with galactosemia.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) can - 24 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------------------</td>
<td>---------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>PediaSure Enteral</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>A milk-based, gluten-free and lactose-free formula for tube or oral feeding.</td>
<td>For tube feeding children 1 to 13 years of age. May be used as the sole source of nutrition. See product literature or manufacturer representative for details. Note: Not for children with galactosemia. Use under medical supervision. Not intended for infants.</td>
<td>Milk-Based, Lactose-Free</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) can - 24 cans/case</td>
</tr>
<tr>
<td>PediaSure Peptide 1.0 Cal</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Therapeutic Semi-Elemental Nutrition for Children for tube or oral feeding.</td>
<td>For tube or oral feeding as sole source or supplemental nutrition. Designed for children ages 1-13 with malabsorption, maldigestion or impaired GI function resulting from: inflammatory bowel disease (ulcerative colitis, crohn's), cystic fibrosis, celiac d</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) bottles - 24 bottles/case</td>
</tr>
</tbody>
</table>
## ARIZONA WIC FORMULA LIST
**FFY 2014**

(Described for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>PediaSure Peptide 1.5 Cal</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Therapeutic peptide-based nutrition for children. For oral or tube feeding.</td>
<td>For tube or oral feeding as sole source or supplemental nutrition. Designed for children ages 1-13 with malabsorption, maldigestion or impaired GI function resulting from: inflammatory bowel disease (ulcerative colitis, crohns), cystic fibrosis, celiac disease, or</td>
<td>Pharmacy special order</td>
<td></td>
<td>8 fl oz (237 mL) bottles - 24 bottles/case</td>
</tr>
<tr>
<td>PediaSure Sidekicks</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Provides complete nutrition for children ages 2-13 with 150 calories per 8 fluid ounce serving compared to 240 calories for standard PediaSure.</td>
<td>May meet the dietary needs of individuals with neurological impairments such as cerebral palsy or growth retarding syndromes who would medically benefit from a lower calorie product that contains 100 percent of the Dietary Reference Intake levels recommend</td>
<td>Adult/Older Child Supplements</td>
<td>Retail</td>
<td>8 fl oz (237 mL) bottles - four pack</td>
</tr>
<tr>
<td>PediaSure Sidekicks Clear</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Clear nutritional supplement that contains no fat. Low residue, gluten-free, kosher.</td>
<td>For children ages 2-13 years of age. Suitable for lactose intolerance but not Galactosemia.</td>
<td>Adult/Older Child Supplements</td>
<td>Retail</td>
<td>8 fl oz (237 mL) bottles - four pack</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>----------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>-------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>PediaSure with Fiber</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>A milk-based, fiber-containing, gluten-free, lactose-free isotonic enteral formula for tube or oral feeding.</td>
<td>For children 1 to 10 years of age. Note: Use under medical supervision. Not intended for infants under 1 year of age unless specified by a physician. May be used as the sole source of nutrition. See product literature or manufacturer representative for de</td>
<td>Adult/Older Child Supplements</td>
<td>Retail</td>
<td>8 fl oz (237 mL) bottles - 6 pack</td>
</tr>
<tr>
<td>PediaSure Enteral Formula</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>A milk-based, gluten-free and lactose-free formula with fiber; contains a patented blend of soluble and insoluble fibers and fructooligosaccharides (FOS).</td>
<td>For children 1 to 13 years of age. It is designed for tube feeding but is also appropriate for oral feeding. Note: Not for children with galactosemia. Use under medical supervision. Not intended for infants under 1 year of age unless specified by a physic</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) cans - 24 cans/case</td>
</tr>
</tbody>
</table>
ARIZONA WIC FORMULA LIST  
FFY 2014  
(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pepdite Junior</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>A semi-elemental, non-dairy medical food containing low molecular weight peptides and free amino acids. Complete nutritional support for children with gastrointestinal impairment where a hydrolyzed, non-dairy formula is indicated.</td>
<td>For patients with GI tract impairment, malabsorption, whole protein intolerance, other medical conditions where an elemental diet is indicated.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>51 gm packets - 15 packets/case</td>
</tr>
<tr>
<td>Peptamen</td>
<td>Nestle Healthcare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, isotonic, liquid, peptide-based elemental diet; provides complete or supplemental nutritional support in easily absorbed form from partially hydrolyzed whey protein for tube feeding; lactose-free, gluten-free, and low-residue.</td>
<td>For adults and children generally over 10 who have impaired gastrointestinal function; also short bowel syndrome, inflammatory bowel disease, malabsorption syndromes, pancreatic insufficiency, chronic diarrhea, radiation enteritis, and delayed gastric emptying</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Peptamen with Prebio1</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, 100% hydrolyzed whey protein. Lactose-free, gluten-free. For tube feeding and/or oral supplement.</td>
<td>Complete elemental diet for adults and children at least 10 years of age with impaired gastrointestinal function with the added benefits of soluble fiber.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Peptamen 1.5</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, calorically dense, liquid peptide-based elemental diet, provides complete or supplemental nutritional support in a readily absorbable form from partially hydrolyzed whey protein for tube feeding; lactose-free, gluten-free, low- r</td>
<td>For adults and children generally over 10 who have impaired gastrointestinal function with normal or elevated caloric requirements. Peptide-based to improve absorption, designed for those with malabsorption complicated by fluid restriction, elevated calor</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------</td>
<td>-------------</td>
<td>------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
<td>----------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Peptamen 1.5 with Prebio1</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Complete nutrition, calorically dense, peptide based tube feeding formula with soluble fiber added to help support digestive health.</td>
<td>Calorically dense, complete elemental diet with soluble fiber for adults and children at least 10 years of age with impaired gastrointestinal function that have normal or elevated caloric requirements and require the added benefits of soluble fiber.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Peptamen AF</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Nutritionally complete elemental formula with partially hydrolyzed whey protein and soluble fiber. It is isotonic, high calorie and protein, lactose-free, gluten-free, and may be used for oral and/or tube feeding. It is not for individuals with galactosemia</td>
<td>Designed for adults with medical conditions such as impaired gastrointestinal function, adult respiratory distress syndrome, organ transplant, cancer or sepsis. It is not for individuals with galactosemia.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------</td>
<td>---------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Peptamen Junior</td>
<td>Nestle HealthCare</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, isotonic, peptide-based elemental diet partially hydrolyzed whey protein. Provides complete or supplemental nutritional support; for tube feeding use; lactose-free, gluten-free, and low residue.</td>
<td>Provides a customized protein, lipid, vitamin, and mineral profile for children ages 1 to 10 with impaired gastrointestinal function; also for inflammatory bowel disease, short bowel syndrome, cystic fibrosis, chronic diarrhea, malabsorption, cerebral palsy</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Peptamen Junior with Prebio1</td>
<td>Nestle HealthCare</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete, elemental liquid diet; may also be used as a dual feeding with TPN or as a transition diet from TPN.</td>
<td>For the nutritional management of children ages 1 to 10 with chronic diarrhea/malabsorption, growth failure, short-bowel syndrome, bowel transplants, cerebral palsy, Crohnâ€™s disease, HIV/AIDS and cystic fibrosis, as well as other conditions causing impair</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------</td>
<td>------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peptamen Junior 1.5</td>
<td>Nestle HealthCare</td>
<td>Medical</td>
<td>X</td>
<td>Nutritionally complete peptide-based elemental nutrition for children ages 1 to 13. Lactose-free and gluten-free.</td>
<td>For children 1 to 13 years of age who require 100% enzymatically hydrolyzed whey protein. Can be used in children for a variety of medical conditions, including chronic diarrhea, short bowel syndrome and cystic fibrosis.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peptamen Junior Fiber</td>
<td>Nestle HealthCare</td>
<td>Medical</td>
<td>X</td>
<td>Elemental formula with a blend of Prebio1 and insoluble fiber.</td>
<td>For the dietary management of gastrointestinal-compromised children 1 to 10 years of age. Can provide support for children with short bowel syndrome, cerebral palsy, cystic fibrosis, Crohn's disease, HIV/AIDS, malabsorption, chronic diarrhea, delayed gast</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form</th>
<th>Issuance Information</th>
<th>Product Type</th>
<th>Written Approval</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Conc.</td>
<td>Powder</td>
<td>Ready-to Use</td>
<td>Metabolic</td>
</tr>
</tbody>
</table>
### ARIZONA WIC FORMULA LIST
**FFY 2014**
(IMPORTANT FOR USE BY AZ WIC NUTRITIONISTS/RDNs ONLY IN COMBINATION WITH OTHER RESOURCE MATERIALS)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer/Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peptamin Bariatric</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Complete nutrition, peptide based tube feeding formula intended to meet the calorie and protein needs of acutely ill patients with obesity.</td>
<td>Complete elemental nutrition for adults and children at least 10 years of age that are acutely ill and require special caloric and protein intake.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>Yes</td>
</tr>
<tr>
<td>Perative</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Therapeutic, peptide based nutrition for metabolic stress.</td>
<td>For use in the nutritional management of metabolically stressed patients such as those with multiple fractures, wounds, burns, decubitus ulcers, surgery, hypermetabolism and/or risk of sepsis.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>Yes</td>
</tr>
<tr>
<td>Periflex Advance</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Phenylalanine-free powdered drink mix that contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, fat and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven phenylketonuria in older children and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>Yes</td>
</tr>
</tbody>
</table>

---

G:\FOOD PACKAGE\ARIZONA WIC FORMULARY
REVISION: APRIL 2014
### ARIZONA WIC FORMULA LIST
**FFY 2014**
( Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials )

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacture</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periflex Infant</td>
<td>Nutricia North America</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>phenylalanine-free but contains balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven phenylketonuria in infants.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14 oz (400 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Periflex Junior</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine-free powdered drink mix that contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, fat and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven phenylketonuria in toddlers and young children.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>PFD 1</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Protein- and Amino acid-free product. This product does contain taurine, a non-protein-building amino acid.</td>
<td>For the dietary management of infants and toddlers with inborn errors of amino acid metabolism under the direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
</tbody>
</table>
### ARIZONA WIC FORMULA LIST
**FFY 2014**
(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFD 2</td>
<td>Mead Johnson Nutritionals</td>
<td>Medical Food</td>
<td>X</td>
<td>Protein- and Amino acid-free product. This product does contain taurine, a non-protein-building amino acid.</td>
<td>For the dietary management of children and adults with inborn errors of amino acid metabolism or with special nutritional needs under the direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Phenex-1</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Phenylalanine-free formula.</td>
<td>Inborn errors of metabolism: Nutrition support for infants and toddlers with phenylketonuria (PKU) and hyperphenylalaninemia (hyperphe).</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Phenex-2</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Inborn errors of metabolism: phenylalanine-free formula.</td>
<td>Inborn errors of metabolism: Nutrition support of children and adults with PKU or hyperphe.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------------------</td>
<td>----------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>PhenylAde 60 Drink Mixes</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Metabolic formula; nutritionally incomplete; can be used for oral and/or tube feeding; does not contain phenylalanine.</td>
<td>Inborn errors of metabolism: Phenylketonuria Diagnosis Code 270.1 - Can be used by children, adults and pregnant women -Not for infants under one year old -Not for parenteral use.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>16.7 gm pouch; 1 lb (454 gm) can</td>
</tr>
<tr>
<td>PhenylAde Amino Acid Bars</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Metabolic formula; nutritionally incomplete; can be used for oral feeding; some contain phenylalanine while others phenylalanine-free.</td>
<td>Inborn errors of metabolism: Phenylketonuria Diagnosis Code 270.1 - Can be used by children, adults and pregnant women -Not for infants under one year old.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>47 gm bar - 12 bars/case</td>
</tr>
<tr>
<td>PhenylAde Amino Acid Blend</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Metabolic formula; nutritionally incomplete; can be used for oral and/or tube feeding; does not contain phenylalanine.</td>
<td>Inborn errors of metabolism: Phenylketonuria Diagnosis Code 270.1 - Can be used by children, adults and pregnant women -Not for infants under one year old -Not for parenteral use.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>12.4 gm pouch - 30 pouches/case; 1 lb (454 gm) can - 4 cans/case</td>
</tr>
</tbody>
</table>
# ARIZONA WIC FORMULA LIST

**FFY 2014**

(Intended for use by AZ WIC Nutritionists/RDNs **only** in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhenylAde Essential Drink Mixes</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Metabolic formula; nutritionally incomplete; improved nutrient profile, contains flax &amp; fiber; can be used for oral and/or tube feeding; fortified with vitamins, minerals essential and non essential amino acids, does not contain phenylalanine.</td>
<td>Inborn errors of metabolism: Phenylketonuria Diagnosis Code 270.1 - Can be used by children, adults and pregnant women - Not for infants under one year old - Not for parenteral use. Must be used under medical supervision.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>40 gm pouch - 16 pouches/case</td>
</tr>
<tr>
<td>PhenylAde MTE Amino Acid Blend</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Metabolic formula; nutritionally incomplete; can be used for oral and/or tube feeding; does not contain phenylalanine.</td>
<td>Inborn errors of metabolism: Phenylketonuria Diagnosis Code 270.1 - Can be used by children, adults and pregnant women - Not for infants under one year old - Not for parenteral use.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>12.8 gm pouches - 30 pouches/case; 1 lb (454 gm) can - 4 cans/case</td>
</tr>
</tbody>
</table>
## ARIZONA WIC FORMULA LIST
**FFY 2014**
(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhenylAde RTD Flavor Blast Original</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>X</td>
<td>Liquid phenylalanine-free Metabolic formula; nutritionally incomplete; high in protein, low in calories and low in fat, can be used for oral and/or tube feeding; fortified with vitamins, minerals, essential and non-essential amino acids.</td>
<td>Inborn errors of metabolism: Phenylketonuria Diagnosis Code 270.1 - Can be used by children, adults and pregnant women - Not for infants under one year old - Not for parenteral use. Must be used under medical supervision.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>2.5 fl oz drink</td>
</tr>
<tr>
<td>PhenylAde40 Drink Mixes</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine-free Metabolic formula; nutritionally incomplete; high in protein, low in fat and calories, can be used for oral and/or tube feeding; fortified with essential and non-essential amino acids.</td>
<td>Inborn errors of metabolism: Phenylketonuria Diagnosis Code 270.1 - Can be used by children, adults and pregnant women - Not for infants under one year old - Not for parenteral use. Must be used under medical supervision.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>25 gm pouches - 20 pouches/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issue Information</td>
<td>Form</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>-------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>PhenylAde60 Drink Mix</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine-free Metabolic formula; nutritionally incomplete; high in protein, low in calories and low in fat, can be used for oral and/or tube feeding; fortified with vitamins, minerals, essential and non-essential amino acids.</td>
<td>Inborn errors of metabolism: Phenylketonuria Diagnosis Code 270.1 - Can be used by children, adults and pregnant women - Not for infants under one year old - Not for parenteral use. Must be used under medical supervision.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>16.7 gm pouches - 30 pouches/case; 1 lb (454 gm - 4 cans/case)</td>
</tr>
<tr>
<td>Phenylalanine Amino Acid Supplement</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered phenylalanine amino acid supplement on a carbohydrate base.</td>
<td>Provide dietary phenylalanine for patients 1 years of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>4 gm sachets - 30 sachets/carton</td>
</tr>
<tr>
<td>Phenyl-Free 1</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Phenylalanine-free, iron-fortified dietary powder.</td>
<td>Inborn errors of metabolism: For the dietary management of infants and toddlers with PKU (phenylketonuria) under the direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------</td>
<td>----------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Phenyl-Free 2</td>
<td>Mead Johnson Nutritionals</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine-free dietary powder.</td>
<td>Inborn errors of metabolism: For the dietary management of children and adults with PKU (phenylketonuria) under the direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Phenyl-Free 2 HP</td>
<td>Mead Johnson Nutritionals</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine-free dietary powder; high in protein.</td>
<td>Inborn errors of metabolism: For the dietary management of children and adults with PKU (phenylketonuria), also appropriate for women with maternal PKU. Use under the direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Phlexy-10 Capsules</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine-free but otherwise balanced mixture of essential and non-essential amino acids in a cellulose capsule. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven phenylketonuria in children (need to be able to swallow capsules) and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>200 capsules/bottle</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Phlexy-10 Drink Mix</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids and carbohydrate. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven phenylketonuria in children over the age of 1 year and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>20 gm pouches - 30 pouches/case</td>
</tr>
<tr>
<td>Phlexy-10 Tablets</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids and carbohydrate. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven phenylketonuria in children (need to be able to swallow tablets) and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>75 tablets/bottle</td>
</tr>
<tr>
<td>PKU 2</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Mixture of “amino acids” free of phenylalanine, enriched with vitamins and minerals.</td>
<td>Inborn errors of metabolism: For children with phenylketonuria or hyperphenylalaninemia.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>500 gm can - 2 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------------</td>
<td>------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>PKU 3</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Mixture of L-amino acids free of phenylalanine, enriched with vitamins and minerals.</td>
<td>Inborn errors of metabolism: For the dietary management of phenylketonuria in older children and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>500 gm can - 2 cans/case</td>
</tr>
<tr>
<td>PKU Cooler 10</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Ready to drink phenylalanine free protein substitute, available in flavored and neutral tasting options, containing essential and non-essential amino acids, carbohydrate, vitamins, trace elements and the omega-3 fatty acid DHA; provides 10g protein per se</td>
<td>For use in the dietary management of Phenylketonuria for people 3 years of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>87 mL pouch - 30 pouches/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>PKU Cooler 15</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Ready to drink phenylalanine free protein substitute, available in flavored and neutral tasting options, containing essential and non-essential amino acids, carbohydrate, vitamins, trace elements and the omega-3 fatty acid DHA; provides 15g protein per se</td>
<td>For use in the dietary management of Phenylketonuria for people 3 years of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>130 mL pouch - 30 pouches/case</td>
</tr>
<tr>
<td>PKU Cooler 20</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Ready to drink phenylalanine free protein substitute, available in flavored and neutral tasting options, containing essential and non-essential amino acids, carbohydrate, vitamins, trace elements and the omega-3 fatty acid DHA; provides 20g protein per se</td>
<td>Provide Phenylalanine-free protein for patients 8 years of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>174 mL pouches - 30 pouches/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------</td>
<td>----------------</td>
<td>------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>PKU Gel</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered phenylalanine free protein substitute containing essential and non-essential amino acids, carbohydrate, vitamins and trace elements; can be blended with water into a smooth gel or drink.</td>
<td>For use in the dietary management of Phenylketonuria for people 1 year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>20 gm sachets - 30 sachets/carton</td>
</tr>
<tr>
<td>PKU Lophlex LQ</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>A phenylalanine-free, ready to drink medical food containing amino acids, vitamins, trace elements and some minerals.</td>
<td>For the dietary management of phenylketonuria (PKU) in individuals 4 years and older, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>125 mL containers - 30 containers/case; 62.5 mL containers - 30 containers/case</td>
</tr>
<tr>
<td>PKU-Express</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered phenylalanine free protein substitute containing essential and non-essential amino acids, carbohydrate, vitamins and trace elements; can be blended with water into a low-volume drink.</td>
<td>Provide phenylalanine-free protein for patients 8 years or older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>25 gm sachets - 30 sachets/case</td>
</tr>
</tbody>
</table>
# Arizona WIC Formula List

**FFY 2014**
(Intended for use by AZ WIC Nutritionists/RDNs **only** in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polycose</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Glucose polymer module.</td>
<td>Easily digested source of carbohydrate calories for use when additional calories are required.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>12.2 oz (349 gm) can</td>
</tr>
<tr>
<td>Portagen</td>
<td>Mead Johnson Nutritionals</td>
<td>Medical Food</td>
<td>X</td>
<td>Milk-based powder with medium chain triglycerides (MCT).</td>
<td>For children and adults with defects in the breakdown, absorption and transport of fat in the body.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Pregestimil</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>An iron-fortified, lactose-free, sucrose (table sugar)-free, hypoallergenic infant formula with 55% of the fat from medium-chain triglycerides (MCT) oil; includes DHA and ARA.</td>
<td>For infants who experience fat malabsorption and who may be sensitive to intact proteins.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Pregestimil</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>An iron-fortified, lactose-free, sucrose (table-sugar)-free, hypoallergenic infant formula with 55% of the fat from medium-chain triglycerides (MCT) oil; includes DHA and ARA.</td>
<td>For infants who experience fat malabsorption and who may be sensitive to intact proteins.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>2 oz nursettes - 48 nursettes/case</td>
</tr>
<tr>
<td>Pregestimil 24</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>An iron-fortified, lactose-free, sucrose (table-sugar)-free, hypoallergenic infant formula with 55% of the fat from medium-chain triglycerides (MCT) oil; includes DHA and ARA.</td>
<td>For infants who experience fat malabsorption and who may be sensitive to intact proteins.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>2 oz nursettes - 48 nursettes/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------</td>
</tr>
<tr>
<td>Pro-Cal</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Neutral tasting powder containing protein, carbohydrate and fat; can be mixed with liquid or food.</td>
<td>For use in the dietary management of disease related malnutrition, malabsorption states and other conditions requiring fortification with protein, carbohydrate and fat; for patients 1 year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>15 gm sachets - 30 sachets/carton; 510 gm tub</td>
</tr>
<tr>
<td>Product 3232A</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>A protein hydrolysate formula base that is to be used with added carbohydrate. It contains tapioca starch.</td>
<td>Inborn errors of metabolism: For use in the dietary management of infants and children with disaccharidase deficiencies or other disorders of carbohydrate metabolism under the direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------</td>
<td>---------------------</td>
<td>------------------</td>
<td>--------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------</td>
<td>-------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>ProMod Liquid Protein</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Concentrated liquid protein.</td>
<td>For people with increased protein needs including wounds, protein-energy malnutrition (PEM), involuntary weight loss (IWL), pre- and post-surgery, anorexia, stress, trauma, cancer and burns.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>32 fl oz bottle - 6 bottles/case</td>
</tr>
<tr>
<td>Promote</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>High-protein, nutritionally complete liquid food.</td>
<td>For patients who may benefit from an increased protein intake. A lactose-free/gluten-free liquid; it will not contribute to lactose-associated diarrhea.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 fl oz) can - 24 can/case</td>
</tr>
<tr>
<td>Promote with Fiber</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Complete, balanced, very-high-protein, and fiber-fortified liquid formula.</td>
<td>For patients who need a higher proportion of calories from protein, for those with low caloric and/or wound healing needs and those at risk for protein-energy malnutrition or pressure ulcers.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 fl oz) can - 24 can/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------</td>
</tr>
<tr>
<td>Pro-Phree</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula &amp; Medical Food</td>
<td>X</td>
<td>Protein-free formula.</td>
<td>Nutrition support of infants and toddlers requiring reduced protein intake or increased energy, minerals &amp; vitamins.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Propimex-1</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Methionine- and valine-free, low in isoleucine and threonine.</td>
<td>Inborn errors of metabolism: For nutrition support of infants and toddlers with propionic or methylmalonic acidemia.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Propimex-2</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Methionine- and valine-free, low in isoleucine and threonine.</td>
<td>Inborn errors of metabolism: For nutrition support of infants and toddlers with propionic or methylmalonic acidemia.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------</td>
<td>---------------------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>ProViMin</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula &amp; Medical Food</td>
<td>Yes</td>
<td>Protein, vitamins and minerals.</td>
<td>Inborn errors of metabolism: Nutrition support for disorders of: abeta and hypobetalipoproteinemia, cholestasis, chylothorax, chylous ascites, fatty acid oxidation defects (mitochondrial), glutaric aciduria type II, hyperlipoproteinemia type I, lipoatrophy</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>5.3 oz (150 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Pulmocare</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Therapeutic nutrition for people with COPD.</td>
<td>High-calorie, low-carbohydrate formula to help reduce carbon dioxide production, which may be helpful for patients with COPD, cystic fibrosis, or respiratory failure.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) can - 24 cans/case</td>
</tr>
<tr>
<td>PurAmino (formerly Nutramigen AA)</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>Yes</td>
<td>Hypoallergenic, amino acid-based formula for infants and toddlers with severe cow’s milk protein and multiple food allergies.</td>
<td>For the dietary management of infants and toddlers with severe cow's milk protein and multiple food allergies.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>-----------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------</td>
</tr>
<tr>
<td>Renalcal</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Ready-to-use, nutritionally incomplete calorically dense low protein formula with a low electrolyte profile for short term use; lactose-free, gluten-free, low residue and kosher. Uses are tube feeding and/or oral supplement.</td>
<td>Provides nutritional support for patients with acute renal failure. Generally recommended for adults and children at least 10 years of age. This formula contains no added electrolytes or fat soluble vitamins.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>Adult/Older Child Supplements</td>
</tr>
<tr>
<td>Renastart</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>A nutritionally complete, powdered formula with low levels of protein, calcium, chloride, potassium, phosphorus and vitamin A, containing whole protein, amino acids, carbohydrate, fat, vitamins, minerals, trace elements and the long-chain polyunsaturated</td>
<td>May be used for complete nutritional support or supplementary feeding in the dietary management of renal failure in individuals 1 year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>100 gm sachets - 10 sachets/carton</td>
</tr>
</tbody>
</table>
## ARIZONA WIC FORMULA LIST
### FFY 2014
(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource 2.0</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Calorically dense, high-nitrogen, low-sodium, complete liquid formula for adults. Low residue, lactose-free, gluten-free, kosher.</td>
<td>For patients on medication pass programs, wound prevention and treatment programs, fluid restricted/volume sensitive patients (congestive heart failure, liver disease with ascites, respiratory disease, pulmonary edema), shortened feeding schedules, elevated adult/older child supplements.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>Ready-to-Use 8 fl oz boxes - 27 boxes/case; 32 fl oz cartons - 12 cartons/case</td>
</tr>
<tr>
<td>Resource Breeze</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Fruit-flavored, clear-liquid nutritional supplement for individuals who cannot consume a sufficient intake of food to meet their nutritional requirements. Low residue, lactose-free, gluten-free, kosher.</td>
<td>For use in patients with oncology, geriatrics, cerebrovascular accident, oral surgery, bowel preparation, anorexia, protein-calorie malnutrition, pressure ulcers, pre- and post-operative, fat malabsorption, HIV/AIDS, clear liquids.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>Ready-to-Use 8 fl oz boxes - 27 boxes/case</td>
</tr>
<tr>
<td>Resource Dairy Thick</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Ready to serve thickened, 2% reduced-fat milk. Gluten-free, kosher.</td>
<td>For nutritional management of individuals with dysphagia.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>Ready-to-Use 8 fl oz boxes - 27 boxes/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------</td>
<td>----------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Resource Nutritious Pudding</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Supplemental food in ready-to-serve cups.</td>
<td>To prevent unintended weight loss or malnutrition in patients with protein-calorie malnutrition, dysphagia, pureed, full liquid, or medication pass diet orders and risk of wounds.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>4 oz cup - 48 cups/case</td>
</tr>
<tr>
<td>Resource Thickened Juice</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Ready-to-serve vitamin fortified thickened juice; available in nectar and honey consistency.</td>
<td>For use in patients with dysphagia.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 fl oz boxes - 27 boxes/case</td>
</tr>
<tr>
<td>Ross Carbohydrate Free (RCF)</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Carbohydrate-free formula.</td>
<td>For use in patients with carbohydrate malabsorption, disaccharidase deficiencies, glucose transport defect, seizure disorders requiring a ketogenic diet.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>13 fl oz (384 mL) can - 12 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>-------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-----------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>S.O.S.</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Age specific range of neutral-tasting carbohydrate powder drink mixes; can be blended with water into a low-volume drink.</td>
<td>For use as an emergency regimen in the dietary management of inborn errors of metabolism. S.O.S. 10 is suitable from birth. S.O.S. 15 is recommended from 1 to 2 years of age. S.O.S. 20 is recommended from 2 to 10 years of age. S.O.S. 25 is recommended from 1</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>16 gm sachets - 30 sachets/carton ; 480 gm tub</td>
</tr>
<tr>
<td>ScandiCal Calorie Booster</td>
<td>AxcanPharma</td>
<td>Medical Food</td>
<td>Yes</td>
<td>High calorie gluten-free powder provides 35 calories per tablespoon and is intended to be added to foods or beverages. Certified kosher.</td>
<td>For the dietary management of an adult or child with a warranted medical condition.</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>8 oz cans - 6 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issue</td>
<td>Issuance Information</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>--------------</td>
<td>-------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>ScandiShake</td>
<td>AxcanPharma</td>
<td>Medical Food</td>
<td>X</td>
<td>High calorie gluten-free high-fat high-carbohydrate powdered mixture without supplemental vitamins and minerals. Certified kosher. Lactose Free and Sweetened with Aspartame formulations. Note: ScandiShake is not a meal replacement and should not be consumed.</td>
<td>For the dietary management of an adult or child with a warranted medical condition.</td>
<td>Adult/Child Supplements</td>
<td>Pharmacy special order</td>
<td>3 oz envelopes - 4 envelopes/box</td>
</tr>
<tr>
<td>Similac Advance EarlyShield</td>
<td>Abbott Nutrition</td>
<td>Infant Formula</td>
<td>X</td>
<td>Infant formula with iron; milk-based, supplemented with DHA and ARA. Supplemented with prebiotics, antioxidants, and nucleotides.</td>
<td>For infants 0 - 12 months.</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>13 fl oz can</td>
</tr>
</tbody>
</table>
## ARIZONA WIC FORMULA LIST

**FFY 2014**

(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacture</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similac Expert Care Alimentum</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>A protein hydrolysate formula with iron for oral or tube feedings.</td>
<td>A nutritionally complete hypoallergenic formula for infants and a supplemental beverage for children with severe food allergies, sensitivity to intact protein, protein maldigestion or fat malabsorption.</td>
<td>Metabolic</td>
<td>Retail</td>
<td>1 quart (32 oz) bottles; 8 fl oz can -</td>
</tr>
<tr>
<td>Similac Expert Care for Diarrhea</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>A soy formula with iron for diarrhea for oral or tube feedings. Caution: Should not be fed to infants or toddlers with constipation.</td>
<td>A short-term (7-10 days or as directed by a doctor) feeding for the dietary management of diarrhea in infants older than 6 months and toddlers.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 quart (32 oz) bottles; 8 fl oz can - 24 can/case</td>
</tr>
<tr>
<td>Similac Expert Care NeoSure</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Higher calorie, higher nutrient base formula. May be used for oral or tube feeding.</td>
<td>For premature infants.</td>
<td>Metabolic</td>
<td>Retail</td>
<td>13.1 oz (371 gm) can</td>
</tr>
</tbody>
</table>

G:\FOOD PACKAGE\ARIZONA WIC FORMULARY

REVISION: APRIL 2014
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similac for Spit Up</td>
<td>Abbott Nutrition</td>
<td>Infant Formula</td>
<td>X</td>
<td>Milk-based, lactose free infant formula. Contains rice starch.</td>
<td>For lactose sensitivity and when milk-based formula is medically recommended.</td>
<td>Milk-Based, Lactose-Free</td>
<td>Retail</td>
<td>1 quart</td>
</tr>
<tr>
<td>Similac Human Milk</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula &amp; Medical Food</td>
<td>X</td>
<td>Nutritionally incomplete supplement to be added to preterm human milk (human milk fortifier.)</td>
<td>For premature or low-birthweight infants.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>0.90 gm packet - 50 packets/carton</td>
</tr>
<tr>
<td>Similac PM 60/40</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>A low-iron infant formula for oral or tube feedings.</td>
<td>For infants predisposed to or being treated for hypocalcemia due to hyperphosphatamia, or those with impaired renal function who would benefit from lowered mineral intake. Additional iron should be supplied from other sources.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can</td>
</tr>
</tbody>
</table>
ARIZONA WIC FORMULA LIST  
FFY 2014  
(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similac Sensitive</td>
<td>Abbott Nutrition</td>
<td>Infant Formula</td>
<td>X</td>
<td>Lactose-free, milk-based formula.</td>
<td>For lactose sensitivity and when milk-based formula is medically recommended.</td>
<td>Milk-Based, Lactose-Free</td>
<td>Retail</td>
<td>12.6 oz (357 gm) can</td>
</tr>
<tr>
<td>Similac Soy Isomil</td>
<td>Abbott Nutrition</td>
<td>Infant Formula</td>
<td>X</td>
<td>A soy-based, iron-fortified infant formula, supplemented with DHA and ARA.</td>
<td>For infants with feeding problems such as allergies or sensitivity to cow's-milk protein; for patients with disorders for which lactose should be avoided, including lactase deficiency, lactose intolerance, and galactosemia (Powder preferred).</td>
<td>Soy-Based, Lactose-Free</td>
<td>Retail</td>
<td>13 fl oz can</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>------</td>
</tr>
<tr>
<td>Similac Special Care 20</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>A 20 Cal/fl oz, low-iron premature infant formula; contains DHA and ARA. Additional iron may be supplied from other sources as necessary.</td>
<td>For growing, low-birth-weight infants. Very low-birth-weight infants are particularly susceptible to gastrointestinal complications; therefore, feeding should be initiated cautiously.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>2 fl oz nursettes - 48 nursettes/case</td>
</tr>
<tr>
<td>Similac Special Care 24</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>A 24 Cal/fl oz, low-iron premature infant formula; contains DHA and ARA. Additional iron may be supplied from other sources as necessary.</td>
<td>For growing, low-birth-weight infants. Very low-birth-weight infants are particularly susceptible to gastrointestinal complications; therefore, feeding should be initiated cautiously.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>2 fl oz nursettes - 48 nursettes/case</td>
</tr>
<tr>
<td>Similac Special Care 24 High Protein</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>A 24 Cal/fl oz, 3.3 g of protein/100 cal; iron-fortified premature infant formula; contains DHA and ARA.</td>
<td>For growing, low-birth-weight infants and premature infants. Similac Special Care Advance with Iron is not intended for feeding these infants after they reach a weight of 3600 g (approx. 8 lb) or as directed by a doctor. Use a vitamin.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>2 fl oz nursettes - 48 nursettes/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------</td>
<td>---------------------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Similac Special Care 30</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>A 30 Cal/fl oz, iron-fortified premature infant formula; contains DHA and ARA.</td>
<td>For growing, low-birth-weight infants. Very low-birth-weight infants are particularly susceptible to gastrointestinal complications; therefore, feeding should be initiated cautiously.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>2 fl oz nursettes - 48 nursettes/case</td>
</tr>
<tr>
<td>Similac Total Comfort</td>
<td>Abbott Nutrition</td>
<td>Infant Formula</td>
<td>X</td>
<td>Milk-based, powdered nutritionally complete infant formula with 100% partially hydrolyzed whey protein and 98% less lactose than other Similac standard milk-based infant formulas. Contains DHA,</td>
<td>For infants.</td>
<td>Milk-Based</td>
<td>Retail</td>
<td>12.6 oz can</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issue Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>-----------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>------------------</td>
<td>------</td>
</tr>
<tr>
<td>Solvil</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Unflavored powdered supplement containing the branched chain amino acids (valine, isoleucine and leucine) in a water-soluble form.</td>
<td>For use as an adjunct to the ketogenic diet in the dietary management of pediatric epilepsy and other conditions requiring the use of branched chain amino acids.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>5 gm sachets - 30 sachets/carton</td>
</tr>
<tr>
<td>Super SolubleDuocal</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>A powdered medical food providing fat and carbohydrate for increased caloric intake; not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For patients with disorders of protein and amino acid metabolism, protein restricted diets, electrolyte restricted diets, high energy diets, failure to thrive.</td>
<td>Adult/Child Supplements</td>
<td>Pharmacy special order</td>
<td>14 oz (400 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------</td>
<td>-----------</td>
<td>-----------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Suplena</td>
<td>Abbott Nutrition</td>
<td>Medical</td>
<td>X</td>
<td>Therapeutic nutrition for people with chronic kidney disease (Stages 3&amp;4).</td>
<td>For people with chronic kidney disease (stages 3 and 4) to help maintain their nutritional status while adhering to their renal diets.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>8 fl oz (237 mL) can - 24 can/case</td>
</tr>
<tr>
<td>Tolerex</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical</td>
<td>X</td>
<td>Nutritionally complete, very low-fat elemental diet for adults containing 100% free amino acids. Low residue, lactose-free, gluten-free, kosher.</td>
<td>For use in patients with impaired digestion and absorption, specialized nutrient needs e.g. food allergies.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>2.82 oz packets - 60 packets/case</td>
</tr>
<tr>
<td>TRY Lophlex LQ</td>
<td>Nutricia North America</td>
<td>Medical</td>
<td>X</td>
<td>Nutritionally incomplete, tyrosine and phenylaline free.</td>
<td>Inborn errors of metabolism: intended for use in dietary management of Tyrosinemia (TRY).</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>125 mL pouch - 30 pouches/case</td>
</tr>
<tr>
<td>Two Cal HN</td>
<td>Abbott Nutrition</td>
<td>Medical</td>
<td>X</td>
<td>Nutritionally complete, high-calorie, high-nitrogen liquid formula for oral or tube feeding.</td>
<td>For severely fluid-restricted patients or those with limited volume tolerance.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>8 oz (237 mL) cans - 24 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------</td>
</tr>
<tr>
<td>TYR 2</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Mixture of L-amino acids free of phenylalanine and tyrosine, enriched with vitamins and minerals.</td>
<td>Inborn errors of metabolism: For the dietary management of tyrosinemia type I, tyrosinemia type II, due to tyrosine amino acid transferase deficiency (Richner-Hanhart Syndrome) in children and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>500 gm can - 2 cans/case</td>
</tr>
<tr>
<td>TYR Cooler 10</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine and tyrosine free protein substitute for the dietary management of tyrosinemia (TRY). Nutritionally incomplete.</td>
<td>For the dietary management of individuals (suitable from three years of age) with inborn errors of metabolism. Should be used under strict medical supervision.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>87ml pouches - 30 pouches/case</td>
</tr>
<tr>
<td>TYR Cooler 15</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Ready to drink tyrosine and phenylalanine free protein substitute, available in orange flavor, containing essential and non-essential amino acids, carbohydrate, vitamins, trace elements and DHA &amp;</td>
<td>For use in the dietary management of Tyrosinemia for people 3 years of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>130ml pouches - 30 pouches/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------</td>
<td>---------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>TYR Cooler 20</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Ready to drink tyrosine and phenylalanine free protein substitute, available in orange flavor, containing essential and non-essential amino acids, carbohydrate, vitamins, trace elements and DHA &amp; EPA.</td>
<td>For use in the dietary management of Tyrosinemia for people 3 years of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>174ml pouches - 30 pouches/case</td>
</tr>
<tr>
<td>TYR Express Powder</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered tyrosine and phenylalanine free protein substitute containing essential and non-essential amino acids, carbohydrate, vitamins and trace elements; can be blended with water into a low-volume drink.</td>
<td>For use in the dietary management of Tyrosinemia for people 8 years of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>25 gm sachets - 30 sachets/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------</td>
<td>---------------------------</td>
<td>------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>TYR Gel</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered tyrosine and phenylalanine free protein substitute containing essential and non-essential amino acids, carbohydrate, vitamins and trace elements; can be blended with water into a smooth gel or drink.</td>
<td>For use in the dietary management of Tyrosinemia for people 1 year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>20 gm sachets - 30 sachets/case</td>
</tr>
<tr>
<td>Tyrex-1</td>
<td>Abbott Nutrition</td>
<td>Exempt Infant Formula &amp; Medical Food</td>
<td>X</td>
<td>Phenylalanine-and tyrosine-free formula.</td>
<td>Inborn errors of metabolism: Nutrition support of infants and toddlers with tyrosinemia types I,II,III.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Tyrex-2</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine-and tyrosine-free formula.</td>
<td>Inborn errors of metabolism: Nutrition support of infants and toddlers with tyrosinemia types I,II,III.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14.1 oz (400 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>TYROS 1</td>
<td>Mead Johnson Nutritionals</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Phenylalanine- and Tyrosine-free iron fortified dietary powder.</td>
<td>Inborn error of metabolism: For the dietary management of infants and toddlers with Tyrosinemia Type I and Type II under the direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 can/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------</td>
<td>----------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>TYROS 2</td>
<td>Mead Johnson Nutritional</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine- and tyrosine-free dietary powder.</td>
<td>Inborn errors of metabolism: For the dietary management of children and adults with inborn errors of Tyrosine metabolism including Tyrosinemia Type II under the direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>UCD 2</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Mixture of all essential L-amino acids, enriched with vitamins and minerals.</td>
<td>Inborn errors of metabolism: For children with carbamyl phosphate synthesis deficiency, ornithine carbamyl phosphate deficiency, citrullinemia or argininosuccinic acid synthetase deficiency, argininosuccinase deficiency, or arginase deficiency.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>500 gm can - 2 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------------------</td>
<td>-------------------</td>
<td>------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>---------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>UCD Anamix Jr.</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Contains essential amino acids and branched chain amino acids (BCAA) to help maintain positive nitrogen balance and promote optimal protein synthesis. A nutritionally incomplete product, it must be supplemented with protein and other nutrients as medically.</td>
<td>Inborn errors of metabolism: For the dietary management of Urea Cycle Disorder (UCD), Hyperammonemia, Hyperornithinemia, Homocitrullinemia Syndrome and Gyrate Atrophy. For children one year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>125 mL bottles - 36 bottles/case</td>
</tr>
<tr>
<td>Valine 1000 Amino Acid Supplement</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered valine amino acid supplement on a carbohydrate base.</td>
<td>To be used in conjunction with a protein substitute for people with Maple Syrup Urine Disease 1 year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>4 gm sachets - 30 sachets/carton</td>
</tr>
<tr>
<td>Valine Amino Acid Supplement</td>
<td>Vitaflo USA LLC</td>
<td>Medical Food</td>
<td>X</td>
<td>Powdered valine amino acid supplement on a carbohydrate base.</td>
<td>To be used in conjunction with a protein substitute for people with Maple Syrup Urine Disease 1 year of age and older.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>4 gm sachets - 30 sachets/carton</td>
</tr>
<tr>
<td>Vital High Nitrogen (Vital HN)</td>
<td>Abbott Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Therapeutic, elemental, lowfat nutrition.</td>
<td>For patients with chronically impaired gastrointestinal function (maldigestion, malabsorption).</td>
<td>Adult/Older Child Supplements</td>
<td>Pharmacy special order</td>
<td>2.79 oz (79 gm) packet - 24 packets/case</td>
</tr>
</tbody>
</table>
## ARIZONA WIC FORMULA LIST
### FFY 2014
(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vivonex Pediatric</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete elemental formula for children ages 1-10. Used as a tube feeding or consumed orally. Low residue, lactose-free, gluten-free, kosher.</td>
<td>For use in patients with transitional feeding following TPN, short bowel syndrome, malabsorption syndrome, select trauma/surgery, Crohn’s disease, GI enterocutaneous fistula, intractable diarrhea, GI disorder related to AIDS.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1.7 oz packets - 36 packets/case</td>
</tr>
<tr>
<td>Vivonex Plus</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>High-nitrogen, low-fat, elemental diet for total enteral nutrition for adults. Low residue, lactose-free, gluten-free, kosher.</td>
<td>For use in patients with transitional feeding following TPN, bowel resection, irradiated bowel malabsorption syndrome, select trauma/surgery, early postoperative feeding, Crohn’s disease, GI enterocutaneous fistula, pancreatic disorders.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>2.8 oz packets - 36 packets/case</td>
</tr>
</tbody>
</table>
# ARIZONA WIC FORMULA LIST

**FFY 2014**

(Intended for use by AZ WIC Nutritionists/RDNs only in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vivonex Ready to Feed</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>High-nitrogen, low-fat elemental diet for total enteral nutrition for adults. Low residue, lactose-free, gluten-free, kosher.</td>
<td>For use in patients with bowel resection, irradiated bowel, malabsorption syndrome, select trauma/surgery, Crohn’s disease, GI enterocutaneous fistula, pancreatic disorders, early postoperative feeding, transitional feeding following TPN.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>250 mL containers - 24 containers/case</td>
</tr>
<tr>
<td>Vivonex T.E.N.</td>
<td>Nestle HealthCare Nutrition</td>
<td>Medical Food</td>
<td>X</td>
<td>Nutritionally complete low-fat, elemental diet for total enteral nutrition for adults. Low residue, lactose-free, gluten-free, kosher.</td>
<td>For use in patients with bowel resection, irradiated bowel, malabsorption syndrome, select trauma/surgery, Crohn’s disease, GI enterocutaneous fistula, pancreatic disorders, limited gut function.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>2.84 oz packets - 60 packets/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>WND 1</td>
<td>Mead Johnson Nutritional</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Non-essential amino acid-free iron fortified dietary powder.</td>
<td>Inborn error of metabolism: For the dietary management of infants and toddlers with inborn errors of the urea cycle under the direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>WND 2</td>
<td>Mead Johnson Nutritional</td>
<td>Medical Food</td>
<td>X</td>
<td>Non-essential amino acid free dietary powder.</td>
<td>Inborn errors of metabolism: For the dietary management of children and adults with inborn errors of the urea cycle under the direct and continuing supervision of a doctor.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>XLeu Analog</td>
<td>Nutricia North America</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Leucine-free but contains balanced mixture of all other essential and non-essential amino acids, carbohydrates, fat, vitamins, minerals, and trace elements. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven isovaleric acidemia and other disorders of leucine metabolism in infants.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14 oz (400 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------</td>
<td>--------------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>XLeu Maxamid</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Leucine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven isovaleric acidemia and other disorders of leucine metabolism in toddlers and young children.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>XLeu Maxamum</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Leucine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven isovaleric acidemia and other disorders of leucine metabolism in children over 8 years of age and adults.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>XLys, XTrp Analog</td>
<td>Nutricia North America</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Lysine-and tryptophan-free but contains balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven glutaric acidemia Type I in infants.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14 oz (400 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>XLys, XTrp</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Lysine- and tryptophan-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven glutaric acidemia type I in toddlers and young children.</td>
<td>Metabolic</td>
<td>Metabolic Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Maxamaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XLys, XTrp</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Lysine- and tryptophan-free powdered drink mix but contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven glutaric academia Type I in older children and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Metabolic Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Maxamum</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XMet Analog</td>
<td>Nutricia North America</td>
<td>Exempt Infant Formula</td>
<td>Yes</td>
<td>Methionine-free but contains balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, and vitamins, minerals, and trace elements. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven vitamin B6 non-responsive homocystinuria or hypermethioninemia in infants.</td>
<td>Metabolic</td>
<td>Metabolic Pharmacy special order</td>
<td>14 oz (400 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>------------</td>
<td>-----------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>XMet Maxamaid</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Methionine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven hypermethioninemia and homocystinuria (Vit. B6 non-responsive) in toddlers and young children.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>XMet Maxamum</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Methionine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven hypermethioninemia and Vit. B6 non-responsive homocystinuria in older children and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>-------------------</td>
<td>------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>XMTVI Analog</td>
<td>Nutricia</td>
<td>Exempt Infant</td>
<td>Yes</td>
<td>Methionine-, threonine-, valine-free and isoleucine-low but contains balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven methylmalonic or propionic acidemia in infants.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14 oz (400 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>XMTVI Maxamaid</td>
<td>Nutricia</td>
<td>Medical Food</td>
<td>Yes</td>
<td>Methionine-, threonine-, valine-free and isoleucine-low powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven propionic or methylmalonic acidemia in toddlers and young children.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) cans/case</td>
</tr>
</tbody>
</table>
## ARIZONA WIC FORMULA LIST
**FFY 2014**
(Intended for use by AZ WIC Nutritionists/RDNs **only** in combination with other resource materials)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacture</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>XMTVI Maxamum</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Methionine-, threonine-, valine-free and isoleucine-low powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven propionic or methylmalonic acidemia in older children and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Xphe Maxamaid</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven phenylketonuria in toddlers and young children.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Xphe Maxamum</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven phenylketonuria in older children and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1.8 oz (50 gm) sachets - 30 sachets/case; 1 lb (454 gm) can - 6 cans/case</td>
</tr>
</tbody>
</table>

G:\FOOD PACKAGE\ARIZONA WIC FORMULARY
REVISION: APRIL 2014
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Category</th>
<th>Written Approval</th>
<th>Description</th>
<th>Indications</th>
<th>Product Type</th>
<th>Issuance Information</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>XPhe Maxamum Drink</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine-free drink that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven phenylketonuria in children and adults, including pregnant women and women of child-bearing age.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>8.5 fl oz (250 mL) box - 18 boxes/case</td>
</tr>
<tr>
<td>XPhe, XTyr Analog</td>
<td>Nutricia North America</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Phenylalanine- and tyrosine-free but contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals, and trace elements. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven tyrosinemia in infants, when plasma methionine level is normal.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14 oz (400 gm) - 6 cans/case</td>
</tr>
<tr>
<td>XPhe, XTyr Maxamaid</td>
<td>Nutricia North America</td>
<td>Medical Food</td>
<td>X</td>
<td>Phenylalanine- and tyrosine-free powdered drink mix but contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven tyrosinemia (when plasma methionine is normal) in toddlers and young children.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>1 lb (454 gm) can - 6 cans/case</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------------</td>
<td>-------------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>XPTM Analog</td>
<td>Nutricia North America</td>
<td>Exempt Infant Formula</td>
<td>X</td>
<td>Phenylalanine-, tyrosine- and methionine-free but contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements. Not suitable as sole source of nutrition.</td>
<td>Inborn errors of metabolism: For the dietary management of proven tyrosinemia in infants, when plasma methionine level is above normal.</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>14 oz (400 gm) - 6 cans/case</td>
</tr>
<tr>
<td>#0120A L-Arginine</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>X</td>
<td>Single amino acid medical food.</td>
<td>For the dietary management of inborn errors of metabolism that provide necessary nutrients to people with inherited metabolic disorders of metabolism such as phenylketonuria, maple syrup urine disease and glutaric aciduria Type I. May be used for children</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>50 gm bottle</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>------------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>#0130G Glycine</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>X</td>
<td>Single amino acid medical food.</td>
<td>For the dietary management of inborn errors of metabolism that provide necessary nutrients to people with inherited metabolic disorders of metabolism such as phenylketonuria, maple syrup urine disease and glutaric aciduria Type I. May be used for children</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>50 gm bottle</td>
</tr>
<tr>
<td>#0140I L-Isoleucine</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>X</td>
<td>Single amino acid medical food.</td>
<td>For the dietary management of inborn errors of metabolism that provide necessary nutrients to people with inherited metabolic disorders of metabolism such as phenylketonuria, maple syrup urine disease and glutaric aciduria Type I. May be used for children</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>50 gm bottle</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>-----------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------</td>
</tr>
<tr>
<td>#0150L L-Leucine</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>X</td>
<td>Single amino acid medical food.</td>
<td>For the dietary management of inborn errors of metabolism that provide necessary nutrients to people with inherited metabolic disorders of metabolism such as phenylketonuria, maple syrup urine disease and glutaric aciduria Type I. May be used for children</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>50 gm bottle</td>
</tr>
<tr>
<td>#0160T L-Tyrosine</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>X</td>
<td>Single amino acid medical food.</td>
<td>For the dietary management of inborn errors of metabolism that provide necessary nutrients to people with inherited metabolic disorders of metabolism such as phenylketonuria, maple syrup urine disease and glutaric aciduria Type I. May be used for children</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>50 gm bottle</td>
</tr>
<tr>
<td>Product Name</td>
<td>Manufacturer</td>
<td>Category</td>
<td>Written Approval</td>
<td>Description</td>
<td>Indications</td>
<td>Product Type</td>
<td>Issuance Information</td>
<td>Form</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>#0170V L-Valine</td>
<td>Applied Nutrition Corporation</td>
<td>Medical Food</td>
<td>X</td>
<td>Single amino acid medical food.</td>
<td>For the dietary management of inborn errors of metabolism that provide necessary nutrients to people with inherited metabolic disorders of metabolism such as phenylketonuria, maple syrup urine disease and glutaric aciduria Type I. May be used for children</td>
<td>Metabolic</td>
<td>Pharmacy special order</td>
<td>50 gm bottle</td>
</tr>
</tbody>
</table>
Chapter Four
Food Package – Formula

Appendix G:
Arizona WIC Program Medical Documentation Forms

See following pages
Arizona WIC Special Formula Authorization Form
For Premature and Medically Fragile Infants

Client Name: _________________________________ WIC Client ID: _________________________________

Date of Birth: _________________________________

The above infant has been identified as being premature and/or medically fragile. Please use this authorization form to:

- Prescribe a contract routine formula (Similac Advance, Similac Sensitive, Similac for Spit-Up, Similac Total Comfort, or Enfamil Prosobee) in the powder form for premature/LBW infants, or
- Prescribe a non-contract formula to any infant when medically necessary.

Since powder formulas are not sterile, WIC only provides powder formulas to premature/LBW infants when authorized by a medical provider.

Please fully complete every section (1-7) to avoid delays in issuance.

1. Current Formula Request: Please choose WIC contract formulas whenever possible.
   - Contract Formulas
     - Similac Advance
     - Similac Sensitive
     - Similac for Spit-Up
     - Similac Total Comfort
     - Enfamil Prosobee
     - Other: _________________________________
   - Special Formulas
     - Enfamil Enfamilcare (Powder and RTF)
     - Gerber Good Start Nourish (Powder)
     - Similac Expert Care NeoSure (Powder and RTF)
     - Other Special Formula: _________________________________

2. Form of Formula: □ Powder □ Concentrate □ Ready-to-feed
   Note: Concentrate or Ready to feed form given to premature clients unless otherwise specified.

3. Amount of Formula Per Day: _________________________________ (Ad lib is an acceptable response)

4. Diagnosis for routine formula (includes Similac Advance, Similac Sensitive, Similac for Spit-Up, Enfamil Prosobee, and Similac Total Comfort):
   - Formula intolerance
   - Food allergy
   - Inappropriate growth patterns
   - Other: _________________________________
   - Prematurity
   - GERD or reflux
   - Dysphagia
   - Failure to thrive (<5th percentile wt/length or BMI/age)
   - Severe Food allergy
   - Other: _________________________________
   Note: Must be a specific medical diagnosis.

5. WIC Foods:
   □ All foods are appropriate for the client once 6 months old.
   OR
   WIC Foods | Do Not Give | Comment
   --- | --- | ---
   Infant cereal | □ | _________________________________
   Infant Jarred | □ | _________________________________
   Fruits and Vegetables | □ | _________________________________

6. Length of Time Requested: □ Up to first birthday OR # months: _________________________________ OR # weeks: _________________________________

7. Print Provider Name/Title: _________________________________ Date: _________________________________
   Healthcare Provider Signature: _________________________________ Phone Number: _________________________________
   Medical/Office Name and Address: _________________________________

Local Nutritionist/State Approval

□ Approved □ Not Approved Length of Authorization: From _________________________________ To _________________________________
Signature: _________________________________

Please visit http://www.azwic.gov/physicians.htm for additional forms or information.
Revised 2/2014
Arizona WIC Special Formula Authorization Form

Children, Women and Healthy Infants

Client Name: _____________________________________________ WIC Client ID: __________________________

Date of Birth: ____________________________

Please fully complete every section (1-7) to avoid delays in issuance. Please choose WIC rebated formulas whenever possible, as noted by ‘*’:

1. Formula(s) Previously Tried:
   - WIC contract formula:
     - Similac Advance*
     - Similac Sensitive*
     - Similac for Spit-up*
     - Similac Total Comfort*
     - Enfamil ProSobee*
     - Other:

   - Other:

2. Current Formula Request:
   - Similac Advance*
   - Similac Sensitive*
   - Similac for Spit-up*
   - Similac Total Comfort*
   - Enfamil ProSobee*
   - Enfagrow Toddler Transitions Soy*
   - Alimentum
   - Nutramigen
   - Preemie (must meet WIC criteria for issuance)
   - Other:

3. Amount of Formula Requested Per Day:
   - Oral
   - Tube Feeding

   Form of Formula:
   - Powder
   - Concentrate
   - Ready-to-feed

4. Diagnosis for routine formula (includes Similac Advance, Similac Sensitive, Similac for Spit-up, Enfamil ProSobee, and Similac Total Comfort):
   - Formula Intolerance
   - Food allergy
   - Inappropriate growth patterns
   - Other:

Diagnosis for Special Formula or Medical Food:
   - Prematurity
   - GERD or reflux
   - Dysphagia
   - Failure to thrive (<5th percentile wt/length or BMI/age)
   - Other:

Note: Must be a specific medical diagnosis.

5. WIC Foods: Please check any foods listed below that are NOT appropriate for the diagnosis.
   - Category: Infant (6-11 mo.)
   - WIC Foods
   - Do Not Give
   - Exclusively Canned Fish
   - Nursing Women

   - Category: Infant cereal
   - Do Not Give

   - Category: Infant Jarred-fruits/vegetables
   - Do Not Give

   - Category: Children
   - Cow’s milk
   - Cheese
   - Eggs
   - Peanut butter
   - Whole grains* 
   - Cereal
   - Beans
   - Vegetable/fruit
   - Juice
   - Soy milk
   - Tofu

   - Category: and Women
   - Comments:

   - Category: Comments:

   - Category: Comments:

   - Category: Comments:

   - Category: Comments:

   - Category: Comments:

   - Category: Comments:

   - Category: Comments:

   - Category: Comments:

**Grains include the options of whole wheat bread, brown rice, and/or corn tortillas.

6. Length of Time Requested: □ Up to first birthday OR # months: _____________ OR # weeks: _____________

7. Print Provider Name/Title: ____________________________ Date: ____________________________

   Healthcare Provider Signature: ____________________________ Phone Number: ____________________________

Local Nutritionist/State Approval

□ Approved □ Not Approved Length of Authorization: From _____________ To _____________

Comments: ____________________________

Signature: ____________________________

Please visit http://www.azwic.gov/physicians.htm for additional forms or information.
Arizona WIC Milk Alternative Request Form

Client Name: ___________________________________________ WIC Client ID: ______________________________

Date of Birth: ____________________________

Please fully complete every section (1-4) to avoid delays in issuance.

1. Current Request: *Lactose-free or lactose-reduced milk is available upon request and does not require medical documentation

Medical documentation required for children only

☐ Soy Beverage
☐ Soy Beverage and Tofu
☐ Soy Beverage and Cheese

Medical documentation required for all participant categories

☐ Goat Milk

Allowable for participants with qualifying reason (such as lactose intolerance)

☐ Additional Cheese
☐ Additional Tofu

☐ Other (please list): __________________________________________________________

Per federal regulation 7CFR246.10 medical documentation is required for the issuance of soy based beverages for children to ensure the healthcare provider is aware that a child may be at nutritional risk when milk is replaced by other foods. The Dietary Guidelines for Americans stress the importance of milk consumption in the development of bone mass for children.

2. Medical Reason/Need for Request:

☐ Lactose Intolerance
☐ Severe Lactose Malabsorption
☐ Vegan

☐ Milk Protein Allergy
☐ Cow’s Milk Sensitivity
☐ Other (Please Describe): ______________________________

3. Length of Time Requested: ☐ Up to a year OR # months: ____________________ OR # weeks: ____________________

4. Print Provider Name: ___________________________________________ Title: ______________________________

Healthcare Provider Signature: ______________________________ Date: ______________________________

Medical Office/Clinic: ______________________________ Phone Number: ______________________________

WIC Staff Authorization

Date Received: ______________________________ Staff Name: ______________________________

Please visit http://www.azwic.gov/physicians.htm for additional forms or information. Revised 02/2014
Appendix H:
Request for New Food Package Form

See following pages
Request for New Food Package in AIM

If an appropriate food package isn’t available for a client in AIM, it may need to be built. Please email the state Food Package Specialist with this request using the following form:

**Information:**

* = indicates required fields

Local Agency/Clinic: ____________________________

* Date of Request: _______________  * Date needed by: _______________

Nutritionist Contact: ____________________________

Phone number __________________ Email: __________________

* Participant ID: ____________  * Participant’s Age: _____  * Category: _________

Name of WIC Participant: ____________________________

Is this a tube-fed participant?  Yes _______  No _______

Doctor’s Prescription:  Yes _______  No _______

* Formula info:

Formula(s) Requested: ____________________________

Form:  Powder _____  Concentrate _____  Ready-to-Use _____

Amount of formula requested/day: ____________________________

Special mixing instructions: ____________________________

* Foods:

For Infants (6 to 11 months):

_____ only jarred foods  _____ only cereal  _____ both  _____ neither (no foods)
* Foods continued

For Children and Women:

- No foods

OR

All foods except (check all that apply):

<table>
<thead>
<tr>
<th>Category</th>
<th>WIC Foods</th>
<th>Please EXCLUDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (1-5 yr.) and Women</td>
<td>Beans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cereal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cheese</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cow’s milk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eggs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Juice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peanut butter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Whole grains*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vegetables/fruits</td>
<td></td>
</tr>
<tr>
<td>Exclusively Breastfeeding</td>
<td>Canned fish</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Grains include whole wheat bread, brown rice, & corn tortillas

Specialty items to include:

<table>
<thead>
<tr>
<th>WIC Foods</th>
<th>Check if desired:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soymilk</td>
<td></td>
</tr>
<tr>
<td>_Tofu</td>
<td>1 lb   2 lb   3 lb   4 lb</td>
</tr>
<tr>
<td>Goats milk</td>
<td></td>
</tr>
<tr>
<td>Infant cereal</td>
<td></td>
</tr>
</tbody>
</table>

If EN, please indicate if additional cheese desired: __ 2 lb __ 3 lb

Indicate other requests or comments: ________________________________

Note: Upon the creation of a food package it will be available for use in AIM after end of day (EOD) processing. Local agency will be notified by E-mail or phone of the new food package number.

Outcome:
WIC Approved: Yes _____ No* _____
Date Created: ____________ Food Package # ____________ Created By: ____________
*If No, follow-up action: ___________________________________________________________________
Chapter Four
Food Package – Formula

Index

AHCCCS Policy, 4-3, 4-9, 4-10, 4-11
AHCCCS Referral Letter, 4-3, 4-27
Alternate Screening Form, 4-3
Arizona WIC Formula List, 4-3, 4-37
Arizona WIC Milk Alternative Request Form, 4-5
Arizona WIC Special Formula
  Authorization Form – Children, Women and Healthy Infants, 4-5
Arizona WIC Special Formula
  Authorization Form – For Premature and Medically Fragile Infants, 4-5
Calculate Formula Volume, 4-3, 4-21, 4-22
Challenge, 4-8
corrected age, 4-13, 4-14
documentation, 4-24
Documentation, 4-3, 4-6, 4-7, 4-18, 4-118
exempt infant formula, 4-2, 4-6, 4-12
Food Package Availability, 4-8
Food package tailoring, 4-11
Formula Descriptions, 4-3, 4-31
Formula Fed Infants, 4-3, 4-12, 4-14, 4-15, 4-16
formula intolerance, 4-19
Formula issuance, 4-36
formula-fed infants, 4-16
gestational age, 4-14
immunocompromised infants, 4-14, 4-15
Incomplete Written Medical Authorizations, 4-7
Liquid Formula, 4-3, 4-14, 4-15
Local Agency Responsibilities, 4-3, 4-18, 4-19, 4-20
low birth weight, 4-4, 4-14, 4-15, 4-32, 4-33, 4-34, 4-36, 4-49, 4-55
Low Iron Formula, 4-3, 4-16
Management Evaluation, 4-8
Management Evaluations, 4-18
medical authorization, 4-4, 4-17, 4-18
Medical authorization, 4-5
Medical Authorization, 4-6
medical documentation, 4-2, 4-16
Medical documentation, 4-6, 4-8
Medical Documentation Forms, 4-3, 4-118
Monitoring, 4-8
New Food Package Form, 4-3, 4-121
Non-Contract Formula, 4-3, 4-12
oral nutritional supplements, 4-9, 28
PediaSure/Boost Issuance, 4-3, 4-17
pharmacy special order, 4-18, 4-35, 4-40
powdered infant formula, 4-14
premature infant, 4-13, 4-50, 4-55, 4-106
Premature Infant, 4-3, 4-13
prescriptive authority, 4-4, 4-5, 4-6, 4-7, 4-15
rebate formula, 4-15
refrigeration, 4-14, 4-15
restricted water supply, 4-15
Special Dietary Needs, 4-3, 4-4, 4-5, 4-6, 4-7, 4-8
special formula, 4-4, 4-5, 4-8, 4-9, 4-10, 4-18
Special Formula, 4-3, 4-4, 4-6, 4-7, 4-9, 4-10, 4-11, 4-17, 4-18, 4-19, 4-20, 4-24
State approval, 4-12, 4-18
Underweight, 4-17
Verbal prescriptions, 4-6
WIC/AHCCCS Formula Coverage Flow Chart, 4-3, 4-25
WIC-eligible medical food, 4-6

ARIZONA WIC PROGRAM
POLICY AND PROCEDURE MANUAL 160
ORIGINAL: MARCH 1997
REVISION: APRIL 2014
Chapter Five
Food Instrument Issuance and Accountability
Overview

Policy

The Arizona WIC Program will operate a retail purchase food delivery system for all categories of participants.

The State Agency is responsible for the financial management of, and accountability for, the food delivery system under its jurisdiction.

The State Agency will maintain a uniform food delivery system and food instruments to be used by the Local Agencies within its jurisdiction. The State Agency will ensure that the program’s supplemental foods are accessible to low-income individuals free of charge.

All contracts entered into by the State or Local Agencies for the management or operation of the food delivery system will conform to federal and state regulations.

The Arizona WIC Program uses the Arizona In Motion (AIM) automation system to print food instruments and cash value vouchers/cash value food instruments at Local Agency WIC clinics. In addition, the automation system produces reports related to certification and food delivery.

Beginning October 1, 2009, the Arizona WIC Program will begin issuing cash value vouchers/cash value food instruments for the purpose of allowing eligible participants to obtain authorized fruits and vegetables.

The Arizona WIC Program Policy and Procedure Manual shall be the authority which governs the operation of the Arizona WIC Program and those Local Agencies under its jurisdiction.

For all intents and purposes, the Arizona WIC Program Policy and Procedure Manual refers to all coupons, vouchers, checks, and electronic benefit transfers as food instruments, except where noted otherwise.
Chapter Five
Food Instrument Issuance and Accountability

Overview (Continued)

In This Chapter
This chapter is divided into fourteen (14) sections which detail food instrument types, food instrument issuance, food instrument security and accountability, mailing of food instruments, and AIM automation training manuals, and three (3) appendices.

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Single Signature Food Instrument</td>
<td>5-4</td>
</tr>
<tr>
<td>B</td>
<td>Frequency of Issuance</td>
<td>5-6</td>
</tr>
<tr>
<td>C</td>
<td>Food Instrument Issuance</td>
<td>5-8</td>
</tr>
<tr>
<td>D</td>
<td>Food Issuance Pickup/Redemption</td>
<td>5-10</td>
</tr>
<tr>
<td>E</td>
<td>Missed Appointments and Food Package Proration (Late Pickup)</td>
<td>5-11</td>
</tr>
<tr>
<td>F</td>
<td>Accountability for Food Instruments</td>
<td>5-12</td>
</tr>
<tr>
<td>G</td>
<td>Food Instrument Security</td>
<td>5-13</td>
</tr>
<tr>
<td>H</td>
<td>Questionable Food Instrument Issuance</td>
<td>5-15</td>
</tr>
<tr>
<td>I</td>
<td>Reconciliation and Auditing</td>
<td>5-16</td>
</tr>
<tr>
<td>J</td>
<td>Reconciliation and Auditing/Voided Food Instruments</td>
<td>5-17</td>
</tr>
<tr>
<td>K</td>
<td>Monitoring of Food Instruments</td>
<td>5-18</td>
</tr>
<tr>
<td>L</td>
<td>Lost/Stolen Food Instruments</td>
<td>5-19</td>
</tr>
<tr>
<td>M</td>
<td>Mailing of Food Instruments</td>
<td>5-22</td>
</tr>
<tr>
<td>N</td>
<td>AIM User's Training Manual</td>
<td>5-27</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Food Instrument</td>
<td>5-28</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Cash Value Voucher / Cash Value Food Instrument</td>
<td>5-32</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Lost/Stolen Food Instrument Report</td>
<td>5-37</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Perpetual FI Inventory Log</td>
<td>5-39</td>
</tr>
<tr>
<td>Index</td>
<td>Index</td>
<td>5-41</td>
</tr>
</tbody>
</table>
Section A
Single Signature Food Instrument

Automated Food Instruments

- The Arizona In Motion (AIM) automation system produces a single signature food instrument (see examples, Appendix A and B) for Local Agency use.

- The AIM automated single signature food instruments are computer generated and contain all participant and food package information.

**NOTE:** The banking contractor produces a second food instrument type for use by the State Agency. These food instruments are used to replace rejected food instruments submitted by Vendors for second level review.
Section A
Single Signature Food Instrument

Signature

When a WIC participant is certified on the WIC Program, they or their authorized representative are required to sign documents using their normal signature. Their signature acknowledges that they accept and understand their responsibilities to participate in the program. Some of these documents include the Rights and Obligations, the WIC Identification (ID) folder or Proxy Certification form, and the Food Instrument (FI) itself when it is redeemed at an authorized WIC location.

The only exception to the “normal signature” requirement is when a participant only uses, or wants to use, initials. An initial is only acceptable if used for the first name and/or middle name. Last names must be signed. Samples of satisfactory signatures are shown below.

<table>
<thead>
<tr>
<th>Acceptable Signatures</th>
<th>Unacceptable Signatures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Paul J. Edwards</strong></td>
<td>PJE</td>
</tr>
<tr>
<td>P. James Edwards</td>
<td>PJE</td>
</tr>
<tr>
<td><strong>J. P. Edwards</strong></td>
<td>JPE</td>
</tr>
<tr>
<td>Paul Edwards</td>
<td>PE</td>
</tr>
<tr>
<td><strong>P. Edwards</strong></td>
<td>PE</td>
</tr>
</tbody>
</table>

**NOTE:** If a WIC participant/authorized representative or proxy is unable to sign their name, the “X” signature process can be used as described in this chapter, Section C Food Instrument Issuance.
Section B
Frequency of Issuance

Policy
The State Agency will establish uniform procedures for food instrument issuance. The procedures will be detailed in the food instrument processing section of the AIM User’s Training Manual.

Local Agencies will establish clinic schedules. Food instruments will be issued to participants/authorized representatives during these scheduled clinic hours.

Food instruments may be issued monthly, bi-monthly or tri-monthly, according to the participant’s nutritional risk and needs.

When issuing food instruments, the Local Agency will follow the separation of duties procedures as outlined in Section F.

Early Issuance
To accommodate participant needs, food instruments may be issued early. Participants/authorized representatives will not redeem any food instrument before the “first date to use.” Each food package is designed to supplement the nutritional needs of the participant for a 30-day period.

NOTE: The Vendor will not be paid if the food instrument is cashed before the “first date to use.”

Continued on next page
Section B
Frequency of Issuance (Continued)

Bi-Monthly and Tri-Monthly Issuance

Participants may be issued two (2) or three (3) sets of food instruments during one clinic visit. Bi-monthly or tri-monthly issuance diminishes barrier of service by allowing the client to come into the clinic less often, yet still receive quality care, as well as allowing an increase in caseloads without diminishing services.

Bi-monthly or tri-monthly issuance may be allowed for high-risk participants when the Local Agency has developed a written policy defining use. It will be at the discretion of the Local Agency Nutritionist, and should be based on review and dietary assessment of the individual, and development of the high-risk care plan that addresses the nutritional need of the participant.

- Current participation in a comprehensive prenatal or special needs service program,
- Serious medical condition that necessitates bed rest, limited mobility,
  and
- Approval recommended by the agency’s Registered Dietitian

Staff should consider limiting the number of months issued if there is reason to believe the family will be disqualified due to program violations or future custody of the child is uncertain.

Early Issuance of Bi-Monthly and Tri-Monthly

Issue bi-monthly or tri-monthly food instruments according to the instructions in the AIM User’s Manual.

Local Agencies may place any food instruments which are issued early, into the envelope provided by the State Agency for that purpose. The “first date to use” and “the last date to use” should be noted on the envelope and the envelope should be sealed.
Section C
Food Instrument Issuance

Procedures

On their assigned pick up day, participants/authorized representatives will be issued food instruments based on nutritional risk and dietary assessment, monthly, bi-monthly or tri-monthly.

At each clinic visit, Local Agency staff will document in the client’s AIM automated record, the code number of the food package issued, and whether it is a single, bi-monthly or tri-monthly issuance.

At the clinic, participants/authorized representatives will sign the following, in ink:

• WIC ID folder/transfer card at certification or re-certification, as applicable,

  and

• The food instrument signature page to acknowledge receipt of the food instrument(s). The signed signature page will be placed in the centralized file as established by the Local Agency.

• The local agency is required to have systems in place for obtaining the authorized representative’s signature on the signature receipt if the staff forgets to obtain it at the time of food instrument issuance.

Mailing Food Instruments

Under certain conditions, food instruments can be mailed as outlined in Section M.

Continued on Next Page
Section C
Food Instrument Issuance (Continued)

Exception to Issuance
If the participant, authorized representative or proxy is unable to write their name:

- At the Local Agency – the person will mark “X” on the WIC ID folder/transfer card, or the Proxy Certification form and the food instrument signature page as applicable.

- The Local Agency staff member will verify the individual’s mark by writing “for (participant’s name) by (Local Agency staff member’s name)” and signing their own name, and

- The Local Agency staff member will instruct the individual to repeat the above procedure at the store.

- At the store – The person will mark “X” in the signature box of the food instrument after the amount of the purchase has been entered. The cashier will verify the individual’s mark by writing “for (participant’s name) by (cashier’s name)” and signing their own name using the same procedure as the Local Agency (see example below).

NOTE: If a WIC participant/authorized representative or proxy is blind, the “X” signature process can be used.

NOTE: Failure to follow these procedures exactly will result in the Vendor not being paid for the foods on that specific food instrument.

Example “X” Signature

![Example Signature Image]
## Section D
### Food Instrument Pickup/Redemption

<table>
<thead>
<tr>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants in the Arizona WIC Program are responsible for following program policies and procedures regarding food instruments. Refer to Chapter Two, Certification, Section K, WIC Rights and Obligations, Food Delivery System.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>When issuing food instruments to participants, Local Agency staff will provide training to participants/authorized representatives on program requirements to prevent program errors or abuse and to improve services:</td>
</tr>
<tr>
<td>• During the first visit of each certification period and</td>
</tr>
<tr>
<td>• When a violation of any program requirement is committed and</td>
</tr>
<tr>
<td>• As needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following will be documented in the “Care Plan Follow-Up/Nutrition Education” field in the participant’s record in AIM:</td>
</tr>
<tr>
<td>• All training/education provided on WIC program Rights and Obligations and Rules and Regulations</td>
</tr>
<tr>
<td>• Any violations committed by the participant/authorized representative</td>
</tr>
<tr>
<td>• All actions taken</td>
</tr>
</tbody>
</table>
Chapter Five
Food Instrument Issuance and Accountability

Section E
Missed Appointments and Food Package Proration
(Late Pickup)

Policy
In order to serve the maximum number of eligible individuals, the Arizona WIC Program will serve participants who miss scheduled appointments.

Procedure
If a participant/authorized representative cannot keep the original appointment, the Local Agency will make available another appointment within seven (7) calendar days of the request for a new appointment. A participant/authorized representative will receive the entire food package as long as the food instruments are within valid “use” dates. There will not be a prorating of the food package.
Section F
Accountability for Food Instruments

Food Instrument and Security

Each Local Agency will submit their Policy and Procedures regarding food instrument security procedures by July 1 of each year. The procedures must state clearly who is responsible for food instrument security from the time the Local Agency receives their food instrument supply shipment until the food instruments are issued to the participant/authorized representative (See Separation of Duties below).

Management Evaluation

Food instrument issuance and security procedures will be assessed biennially during the Management Evaluations.

Separation of Duties

Local Agencies will separate staff duties pertaining to the following area of responsibilities:

- Participant certification and food instrument issuance
- Food instrument stock control

Procedure

Local Agencies will designate one staff member to certify participants, and another staff member to issue food instruments.

Example: The CNW position would determine the participant’s eligibility and prescribe food packages. The clerk position would issue the food instrument.

Local Agencies will designate one staff member to receive and inventory the food instrument stock, and another staff member to maintain the perpetual inventory of the food instrument stock.

Example: One staff member would receive food instrument stock shipments and perform the physical inventory of the food instrument stock. A different staff member would keep the perpetual inventory log.

Exception

In small or satellite clinics where only one person is staffing a clinic, separation of duties may not be possible. In this instance, Local Agencies will have written, state approved policies and procedures that establish quality assurance standards and a regular monitoring system.
Chapter Five
Food Instrument Issuance and Accountability

Section G
Food Instrument Security

Policy
Food instruments are negotiable instruments and must be handled with the same care given to cash.

Automation Contractor’s Responsibilities
The automation contractor will generate and distribute consignment numbers to the Local Agencies.

State Agency Responsibilities
The State Agency has contracted with Standard Register to maintain an inventory of AIM food instrument stock paper and MICR cartridges.

The State Agency is responsible for approving the creation of local agency accounts which allows the designated staff person to order food instrument stock paper and MICR cartridges from Standard Register’s website. The Local Agency is responsible for contacting the Program Integrity Manager to obtain a user name and password allowing access to the website. Standard Register will ship orders to the Local Agency via UPS.

Local Agency Responsibilities
Local Agency staff are responsible for ordering, distributing and maintaining an inventory of AIM supplies:

- Food instrument stock paper
- MICR printer cartridges

Maintaining an accurate inventory of these items:

Assigned staff will receive the AIM supplies and must review the contents received to verify that the items have been received in good condition.

Staff will sign and date the invoice or other shipping document from Standard Register. A copy of the invoice or shipping document must be kept on file by the Local Agency.

Any discrepancies regarding the order must be reported immediately to a supervisor and noted on the form. The supervisor will call Standard Register and the Program Integrity unit at the State Agency to resolve any discrepancies.

AIM supplies that are sent to the Local Agency will be added to the master inventory list and then stored in a locked area until they are transferred to a clinic.

Continued on Next Page
### Section G
Food Instrument and Security (Continued)

| Transferring AIM Supplies Within Local Agencies | Each clinic will identify staff authorized to receive food instrument stock paper. All supplies will be added to the master inventory for the clinic and stored in a locked area until used. |
| Local Agency Security | Each clinic will ensure that the food instrument stock paper and supplies are kept in a locked storage area whenever staff is not present in the clinic, including lunch, breaks and after hours. |
| Inventory Log | Required documentation in the inventory log will include the following:  
  - Date received from Standard Register  
  - Contents of package verified  
  - Date food instrument stock paper was distributed to the Local Agency clinic  
  - Signature/initials of staff member who distributed/sent the food instrument stock paper to the clinic |
Section H
Questionable Food Instrument Issuance

Policy
The State Agency will ensure that all cashed food instruments are validly issued.

Procedures
Before any food instruments are printed, the participant must be certified and in a current certification period.

No manual food instruments are issued to participants.

Food instruments will be reconciled monthly against the AIM automated Food Instrument Issuance Report.

The AIM automation system will match all cashed food instruments to the Issuance Record. In the event that the system cannot identify a match, a report will be generated that will list all food instruments cashed, but not issued. The State Agency will review and research the information identified on this report monthly and will work with the Local Agency staff to ensure that a valid issuance record exists for each food instrument.
Section I
Reconciliation and Auditing

AIM Automation System Capabilities

The AIM automated system will accurately document the disposition of all food instruments as issued, voided, redeemed or not cashed within 67 calendar days from the first date to use that is printed on the food instrument.

During the end of day process, the AIM automated system will void (as "Stale Dated") all food instruments that have not been cashed, 67 days past the first date of use that is printed on the food instrument.

Each Local Agency clinic is assigned food instrument serial numbers that are unique to that clinic, and are automatically assigned to each food instrument that is printed, to prevent duplication of food instruments.

NOTE: The AIM automation system is designed to prevent food instruments from being issued to individuals outside of a valid certification.
Section J
Reconciliation and Auditing Voided Food Instruments

Voided Food Instruments

Food instruments that cannot be issued are to be voided by stamping “VOID” across the whole face, being reconciled by the supervisor, and then shredded.

Policy

Food instruments that are returned due to a change of food package, returned unused, invalid due to system errors, or cannot be issued, are to be voided and filed for reconciliation by the supervisor or a staff designated by the supervisor.

The local agency shall develop procedures if the staff responsible for completing the void reconciliation report also provides direct client services (i.e. certification, food instrument issuance). For example, if the clinic manager is responsible for completing the weekly void reconciliation report and, on occasion, issues food instruments to participants, an additional staff member should sign off on the void report to ensure separation of duties.

Procedure

Once the stamped, voided food instrument and serial number(s) are recorded as “voided” in the AIM automated system, the supervisor will reconcile the voided instrument(s) to the Food Instrument Issuance Report (found in AIM in Food Instruments under Outputs) at a minimum of once a week.

Reconciliation will be done as follows:

- Verify that the voided food instruments on hand match the voided food instruments on the report
- If the manual void is not on hand, the following steps should be taken:
  - Look up the food instrument in AIM
  - Display the food instrument with voided date and print a Screen Shot of the food instrument
  - Ask staff that voided the food instrument if they know what happened
  - If necessary, contact client and ask if the food instrument was inadvertently given to them
  - If these voids are not tracked, accounted for or found, attach screen print to report
- After the reconciliation is completed, the responsible staff will sign and date the report. The signed report will be maintained on file for review during Management Evaluations. The voided food instruments can then be shredded.
### Section K
#### Monitoring of Food Instruments

<table>
<thead>
<tr>
<th><strong>Policy</strong></th>
<th>Food instrument security is a critical component of the Arizona WIC Program, and the ability to manage related supplies is imperative. An accurate inventory must be maintained at all times. Perpetual and periodic physical inventories will be conducted monthly.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food Instrument and Security Protocol</strong></td>
<td>Each Local Agency will have a food instrument handling protocol, with appropriate inventory forms and records. The protocol will include a set of instructions for staff to follow in order to maintain food instrument security. The protocol will clearly identify who is responsible for the security of food instruments from the time food instrument stock is received, until food instruments are printed and issued. The protocol also dictates how the issuance information is reviewed and stored. Each Local Agency will ensure that the staff members who are responsible for issuing/voiding food instruments do not conduct the inventory by themselves. The protocol will be incorporated into the Local Agency’s Policy and Procedure Manual.</td>
</tr>
</tbody>
</table>
Chapter Five
Food Instrument Issuance and Accountability

Section L
Lost/Stolen Food Instruments

Policy

Food instruments are to be treated the same as cash and will not be replaced when lost, stolen or destroyed.

Exception

Food instruments lost in the mail can be replaced. Local Agencies will write procedures for replacing food instruments sent by certified mail that were later reported and verified to be lost in the mail.

The local agency can request an exception for an authorized representative by contacting the Program Integrity team for certain circumstances to include: house fires, repossessed vehicles, evictions, or recent entry into foster care (food instruments previously issued to a different authorized representative). The authorized representative will be required to provide supporting documentation, such as a police report or towing service receipt. The documentation does not guarantee an approval for reissuance but will be reviewed for consideration.

Procedures For Participant

Participants/authorized representatives must immediately report the loss or theft of food instruments to the Local Agency.

They will advise the participant/authorized representative to notify the clinic if the food instruments are found and that they cannot redeem food instruments that have been reported lost or stolen. They must be replaced.

If it is established that the participant/authorized representative actually redeemed the food instrument(s) reported lost/stolen, the participant/authorized representative must be counseled and or disqualified.

If the food instrument(s) reported lost/stolen are redeemed by someone other than the participant/authorized representative, the Local Agency will report the information to the State Agency for follow-up action.

Continued on Next Page
Section L
Lost/Stolen Food Instruments (Continued)

Procedure for Staff

The Local Agency will immediately report the loss/theft to the state by faxing the Lost/Stolen Food Instrument Report form (see Appendix C) to the WIC Program Integrity Team at:

(602) 542-1890.

The following information must be provided:

- Whether the food instrument was lost or stolen (If lost, were they lost in the mail?)
- Date reported to the Local Agency
- Food instrument serial number(s)
- Participant’s name and identification number
- Food instrument type(s)
- Action taken
  and
- Other relevant information

The loss or theft of food instruments will be documented in the participant’s AIM automation record in the notes box on the family information screen.

Food instruments that have been reported by the participant/authorized representative will not be voided as lost/stolen in the AIM automation system by the Local Agency.

Continued on Next Page
Section L
Lost / Stolen Food Instruments (Continued)

Local Agencies that lose food instrument stock paper, food instruments or have these items stolen will:

- Report the theft to the police
  and
- Report in writing the loss/theft to the WIC Program Integrity Team at (602) 542-1890. All losses or thefts will be documented containing the following information:
  - Whether the food instruments were lost or stolen
  - Date noted by the Local Agency
  - Food instrument and serial number(s)
  - Food instrument and type(s)
  - Other relevant information

NOTE: The written report will be the official record of the loss/theft. If the lost/theft is reported by fax, the fax will be considered the official record.
Chapter Five
Food Instrument Issuance and Accountability

Section M
Mailing of Food Instruments

Policy

The Local Agency will have state approved policies and procedures in place before mailing food instruments.

The Local Agency may approve the mailing of food instruments when participants/authorized representatives are encountering extreme difficulties in personally obtaining food instruments.

The Local Agency will maintain adequate documentation/inventory of all food instruments issued by certified mail and procedures for replacement of food instruments lost or stolen when sent by mail.

To ensure nutrition education, breastfeeding counseling and certification contacts, not more than three (3) sets of food instruments (one (1) set per mailing) will be mailed to a participant within six (6) months.

Early Issuance procedures will be followed.

Procedures

When the Local Agency approves the mailing of food instruments, staff will:

- Document the reason for mailing the food instruments in the participant’s AIM automation record
  Acceptable reasons include:
  - Employment
  - Illness
  - Imminent childbirth
  - Inclement weather conditions
  - Lack of transportation
  - Physical disability preventing travel
  - Temporary power outages and other computer related problems in the clinic

Continued on Next Page
Section M
Mailing of Food Instruments (Continued)

Mailing Procedures

Local Agency staff will:

- Inform eligible WIC participants/authorized representatives that food instruments should be picked up at the Local Agency clinic, if at all possible. This is an effort to coordinate food delivery with nutrition education, breastfeeding counseling and other health services

- Notify the client that only three (3) sets of food instruments and (one (1) set per mailing) can be mailed to them within a six (6) month period

- Follow the Early Issuance procedures under the Food Instrument Issuance section of this chapter

- Document in the ‘Care Plan Follow-Up/Nutrition Education’ field in the participant’s AIM record, the food instrument serial numbers, certified mail number, and the date the food instruments were mailed

- Document on the food instrument receipt that the food instruments were mailed. Include the date mailed and the initials of the person that mailed them

- File the “certified return receipt” in the Local Agency centralized file when received

- Develop procedures for replacing food instruments reported as not being received and not reported lost, which includes how many times replacements will be made. Document the reason certified mail was returned, and ensure reason was not caused by participant/authorized representative’s negligence (i.e., did not claim certified mail that was mailed to the correct address)

Continued on Next Page
Section M
Mailing of Food Instruments (Continued)

Local Agency staff will:

- Mail food instruments as follows:
  - Via certified mail
  - Restrict delivery to person(s) authorized to receive the food instruments
  - Return receipt requested
  - Place in an envelope which prevents the identification of the food instruments and is sturdy enough to hold multiple food instruments
  - Stamp clearly “DO NOT FORWARD – RETURN TO SENDER” on the front of the envelope
  - The return address will NOT identify the Local Agency or clinic as the sender

- Ensure security procedures for mailing food instruments, including:
  - Envelope preparation procedures (i.e., a two party system where one staff member prepares envelopes and another reviews them prior to sealing and mailing)
  - Assign staff member(s) who will have access to the food instruments during the process
  - Transfer to postal authority which includes the following:
    a. Assign staff member(s) who will be responsible
    b. Identify how the food instruments will be carried (i.e., mixed in with other mail)
  - Identify how the food instruments will be transported

Continued on Next Page
### Section M
#### Mailing of Food Instruments (Continued)

<table>
<thead>
<tr>
<th>Mailing Procedures (Continued)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Agency staff will:</td>
<td></td>
</tr>
<tr>
<td>• Maintain an accurate inventory and record of all mailed food instruments which includes:</td>
<td></td>
</tr>
<tr>
<td>• Food instrument serial numbers mailed</td>
<td></td>
</tr>
<tr>
<td>• Date mailed</td>
<td></td>
</tr>
<tr>
<td>• Certified number</td>
<td></td>
</tr>
<tr>
<td>• Participant and clinic name</td>
<td></td>
</tr>
<tr>
<td>• Name of staff member who logged in certification information</td>
<td></td>
</tr>
<tr>
<td>• Date &quot;certified return receipt&quot; (green card) was received and name of staff member who logged it in and date</td>
<td></td>
</tr>
<tr>
<td>• Follow-up conducted on “certified return receipts” (green cards) not received</td>
<td></td>
</tr>
<tr>
<td>• Date and name of staff member who conducted the follow-up</td>
<td></td>
</tr>
<tr>
<td>• Disposition of food instruments – was “certified return receipt” (green card) located; certified mail was returned as undeliverable or food instruments were reported lost to state office?</td>
<td></td>
</tr>
<tr>
<td>• Date and name of staff member who ensured the food instruments were located, correctly voided or reported as lost, and correctly documented on the food instrument signature page(s) and in the participant’s record(s)</td>
<td></td>
</tr>
</tbody>
</table>

*Continued on Next Page*
## Section M
### Mailing of Food Instruments (Continued)

<table>
<thead>
<tr>
<th>Mailing Procedures (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Maintenance of accurate records of returned food instruments which documents:</td>
</tr>
<tr>
<td>• Date food instruments were picked up</td>
</tr>
<tr>
<td>• Certified number</td>
</tr>
<tr>
<td>• Participant and clinic name</td>
</tr>
<tr>
<td>• Who picked up food instruments</td>
</tr>
<tr>
<td>• Date certified envelope was opened and by whom</td>
</tr>
<tr>
<td>• Participant ID number (if applicable)</td>
</tr>
<tr>
<td>• Sequential serial numbers of all food instruments in envelope</td>
</tr>
<tr>
<td>• Date of disposition and status (returned to inventory or voided)</td>
</tr>
<tr>
<td>• Who conducted disposition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitoring of Mailed Food Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Local Agency WIC Director will conduct monthly reviews of mailed food instrument security to monitor compliance with the Local Agency policies and procedures and maintain documentation of the reviews and findings that will be available at the Management Evaluations.</td>
</tr>
</tbody>
</table>
Section N
AIM User’s Training Manual

Policy
The AIM User’s Training Manual procedures will be followed for:
- Generating automated food instruments
- Voiding food instruments
- Correcting data inaccurately input into the AIM system

**NOTE:** Local Agencies will keep their AIM User's Training Manual complete and up-to-date.
Appendix A:
Food Instrument

See Following Pages
### Appendix A: Food Instrument Example

<table>
<thead>
<tr>
<th>ID</th>
<th>UNIT</th>
<th>QUANTITY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1015</td>
<td>OZ</td>
<td>18</td>
<td>PEANUT BUTTER</td>
</tr>
<tr>
<td>1</td>
<td>LB</td>
<td>1</td>
<td>DRIED BEANS/PEAS/LENTILS</td>
</tr>
<tr>
<td>1</td>
<td>GAL</td>
<td>1</td>
<td>SKIM/MOFPAT OR LOWFAT (1%) MILK (GALLON CONTAINERS ONLY)</td>
</tr>
<tr>
<td>1</td>
<td>LB</td>
<td>1</td>
<td>WIC APPROVED CHEESE</td>
</tr>
<tr>
<td>1</td>
<td>DOZ</td>
<td>1</td>
<td>FRESH EGGS (12 PACK CARTONS ONLY)</td>
</tr>
</tbody>
</table>

**Note:** This is an example of a Food Instrument issued for WIC (Women, Infants, and Children) program. The instrument is voided by the cashier and cannot be used for purchase.

**Cashier Note:** Do not accept if already signed. Must detach signature or void.

**Participant:** Do not sign until time of purchase.
### Appendix A: Food Instrument (Continued)

<table>
<thead>
<tr>
<th>Front of Food Instrument</th>
<th>The food instrument issued to participants will provide the following information:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Local Agency and clinic code</td>
</tr>
<tr>
<td></td>
<td>• Participant’s identification number</td>
</tr>
<tr>
<td></td>
<td>• Participant’s name</td>
</tr>
<tr>
<td></td>
<td>• Food instrument type code number</td>
</tr>
<tr>
<td></td>
<td>• Sequential serial number</td>
</tr>
<tr>
<td></td>
<td>• First date to use, date of use and last date to use</td>
</tr>
<tr>
<td></td>
<td>• Food authorized for purchase (quantity and brands)</td>
</tr>
<tr>
<td></td>
<td>• Maximum value of food instrument</td>
</tr>
<tr>
<td></td>
<td>• Space for the Vendor Identification Number</td>
</tr>
<tr>
<td></td>
<td>• Space for participant/authorized representative’s signature in store</td>
</tr>
</tbody>
</table>

Use statements will be as follows:

- Need help? Mon. – Fri. 8:00 AM – 5:00 PM, Call 1-800-2525-WIC
- Misuse of drafts subject to State and Federal prosecution. Void if altered
- Vendor must deposit within 60 calendar days from first date to use
- $ Correction only
- Cashier initials
- Tax exempt sale not to exceed $200. 00
- Pay to the Order of
- Not payable without Vendor ID stamp
- Participant: Do not sign until time of purchase
- Cashier: Do not accept if already signed. Must match signature on ID folder *

*Initials are not acceptable  

*Continued on Next Page*
### Appendix A:
Food Instrument (Continued)

<table>
<thead>
<tr>
<th>Back of Food Instrument / Endorsement Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information provided on the back:</td>
</tr>
<tr>
<td>• For deposit only by an authorized Arizona WIC Vendor in payment for the foods purchased on the front of this document</td>
</tr>
<tr>
<td>• Vendor must deposit within sixty (60) calendar days from first date to use</td>
</tr>
<tr>
<td>• Do not write, stamp or endorse below this line</td>
</tr>
</tbody>
</table>


Chapter Five
Food Instrument Issuance and Accountability

Appendix B:
Cash Value Voucher / Cash Value Food Instrument

See following pages
Appendix B: Cash Value Voucher / Cash Value Food Instrument (Continued)

Example

[Image of a Cash Value Voucher]

- **Redeemable at Authorized Farmers' Markets or Approved WIC Stores**
- **Up to $8.00 Fresh Vegetables and/or Fruits**
- **May Pay Amount Over Voucher Value at Some Locations**
### Appendix B:
Cash Value Voucher / Cash Value Food Instrument (Continued)

<table>
<thead>
<tr>
<th>Front of Cash Value Voucher / Cash Value Food Instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>The food instrument issued to participants will provide the following information:</td>
</tr>
<tr>
<td>• Local Agency and clinic code</td>
</tr>
<tr>
<td>• Participant’s identification number</td>
</tr>
<tr>
<td>• Participant’s name</td>
</tr>
<tr>
<td>• Food instrument type code number</td>
</tr>
<tr>
<td>• Sequential serial number</td>
</tr>
<tr>
<td>• First date to use, date of use and last date to use</td>
</tr>
<tr>
<td>• Food authorized for purchase (fresh vegetables and/or fruits***)</td>
</tr>
<tr>
<td>• Maximum value of food instrument (based on category, available in $5.00, $6.00, and $8.00 denominations*)</td>
</tr>
<tr>
<td>• Space for the Vendor Identification Number</td>
</tr>
<tr>
<td>• Space for participant/authorized representative’s signature in store</td>
</tr>
</tbody>
</table>

*The cash value voucher/cash value food instrument is only valid up to the dollar amount as printed on the face of the food instrument. The WIC participant/authorized representative may pay the difference (with cash, EBT/SNAP benefits, personal check or credit card) when the total dollar amount exceeds the maximum amount as specified on the cash value voucher/cash value food instrument.

**Canned Substitutions only when printed on the WIC Food Instrument
Appendix B: Cash Value Voucher / Cash Value Food Instrument (Continued)

Front of Cash Value Voucher / Cash Value Food Instrument (Continued)

Use statements will be as follows:

- Need help? Mon. – Fri. 8:00 AM – 5:00 PM, Call 1-800-2525-WIC
- Misuse of drafts subject to State and Federal prosecution. Void if altered.
- Vendor must deposit within 60 calendar days from first date to use
- $ Correction only
- Cashier initials
- Tax exempt sale not to exceed $200. 00 (However, any portion of the produce purchase above the CVFI maximum value paid with a participant’s own funds is subject to any tax which applies to non-WIC purchases of fruits and vegetables.)
- Pay to the Order of
- Not payable without Vendor ID stamp
- Participant: Do not sign until time of purchase
- Cashier: Do not accept if already signed. Must match signature on ID folder*

*Initials are not acceptable

Continued on Next Page
Appendix B:  
Cash Value Voucher / Cash Value Food Instrument (Continued)

<table>
<thead>
<tr>
<th>Back of Cash Value Voucher / Cash Value Food Instrument / Endorsement Information</th>
<th>Information provided on the back:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• For deposit only by an authorized Arizona WIC Vendor in payment for the foods purchased on the front of this document</td>
</tr>
<tr>
<td></td>
<td>• Vendor must deposit within sixty (60) calendar days from first date to use</td>
</tr>
<tr>
<td></td>
<td>• Do not write, stamp or endorse below this line</td>
</tr>
</tbody>
</table>
Appendix C:
Lost/Stolen Food Instrument

See following pages
Arizona WIC Program
Lost/Stolen Food Instrument Report

<table>
<thead>
<tr>
<th>Lost/Stolen .................................................. (Police report)</th>
<th>Y ______</th>
<th>N ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Reported ..................................................</td>
<td>Reported By ..............................................</td>
<td></td>
</tr>
<tr>
<td>Participant’s Name (Last) ......................................</td>
<td>(First) ..................................................</td>
<td></td>
</tr>
<tr>
<td>Participant’s ID # ............................................</td>
<td>Food Package .............. FI Type .............</td>
<td></td>
</tr>
<tr>
<td>FI Serial Number(s) ...........................................</td>
<td>Issue Date .............................................</td>
<td></td>
</tr>
<tr>
<td>.........................................................................</td>
<td>Issue Date .............................................</td>
<td></td>
</tr>
<tr>
<td>.........................................................................</td>
<td>Issue Date .............................................</td>
<td></td>
</tr>
<tr>
<td>.........................................................................</td>
<td>Issue Date .............................................</td>
<td></td>
</tr>
<tr>
<td>.........................................................................</td>
<td>Issue Date .............................................</td>
<td></td>
</tr>
<tr>
<td>.........................................................................</td>
<td>Issue Date .............................................</td>
<td></td>
</tr>
<tr>
<td>Action Taken (with Participant): Verbal Warning .....................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Warning ....................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disqualified ........................................................</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Local Agency Number ............................................... | Clinic Number ...........................................
| Comments ............................................................. |
| Completed By ....................................................... | Date: ...................................................... |
| (Signature of Clinic Staff) ...................................... |
| ......................................................................... | Date: ...................................................... |
| (Print Name of Clinic Staff) .................................... |

Fax the completed form to the Arizona WIC Program Integrity Team at (602) 542-1890.
Chapter Five
Food Instrument Issuance and Accountability

Appendix D:
Perpetual FI Inventory Log

See following pages
Food Instrument Inventory Form

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Initials</th>
<th>Initials</th>
<th>Beginning Inventory (# of Reams)</th>
<th>Carton # received [ex: 184 of 1750]</th>
<th>Number of Reams Received</th>
<th>Number of Reams Checked Out</th>
<th>To/From Which Clinic? [Indicate ‘to’ or ‘from’ then clinic name]</th>
<th>Ending Inventory (# of Reams)</th>
<th>Date Verified/Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REMEMBER TO MARK THE INVENTORY IN NUMBER OF REAMS (Example: 1 BOX = # REAMS)
ALWAYS VERIFY THE ACTUAL INVENTORY BEFORE SIGNING YOUR INITIALS!
### Chapter Five
Food Instrument Issuance and Accountability

<table>
<thead>
<tr>
<th>Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Instrument Issuance, 5-3, 5-5, 5-8, 5-9, 5-15, 5-17, 5-23</td>
</tr>
<tr>
<td>food instrument stock, 5-12, 5-13, 5-14, 5-18, 5-21</td>
</tr>
<tr>
<td>initials, 5-5, 5-14, 5-23, 5-30, 5-35</td>
</tr>
<tr>
<td>Inventory Log, 5-14</td>
</tr>
<tr>
<td>Lost/Stolen Food Instruments, 5-3, 5-19, 5-20</td>
</tr>
<tr>
<td>Mailing Food Instruments, 5-8</td>
</tr>
<tr>
<td>Management Evaluations, 5-12, 5-17, 5-26</td>
</tr>
<tr>
<td>master inventory list, 5-13</td>
</tr>
<tr>
<td>MICR, 5-13</td>
</tr>
<tr>
<td>Program Integrity, 5-13, 5-19, 5-20, 5-21, 5-38</td>
</tr>
<tr>
<td>Reconciliation, 5-3, 5-16, 5-17</td>
</tr>
<tr>
<td>separation of duties, 5-6, 5-12, 5-17</td>
</tr>
<tr>
<td>signature, 5-8, 5-9, 5-25, 5-30, 5-34, 5-35</td>
</tr>
<tr>
<td>Signature, 5-3, 5-4, 5-5, 5-9, 5-14, 5-38</td>
</tr>
<tr>
<td>Standard Register, 5-13, 5-14</td>
</tr>
<tr>
<td>theft, 5-19, 5-20, 5-21</td>
</tr>
<tr>
<td>Voided Food Instruments, 5-3, 5-17</td>
</tr>
</tbody>
</table>
Chapter Six
Referral, Outreach and Coordination of Services

Overview

Policy
Each Local Agency will develop an outreach plan of the available WIC services and coordinate services with other providers and community members. The Local Agency will review and/or revise the Outreach Plan annually and submit the plan to the State for approval.

In This Chapter
This chapter is divided into ten (10) sections, which detail State and Local Agency responsibilities for outreach and referral, as well as evaluation of outreach, and mechanisms for health care coordination, and three (3) appendices.

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Outreach – Overview</td>
<td>6-2</td>
</tr>
<tr>
<td>B</td>
<td>Outreach – State Agency Responsibilities</td>
<td>6-4</td>
</tr>
<tr>
<td>C</td>
<td>Outreach – Local Agency Responsibilities</td>
<td>6-6</td>
</tr>
<tr>
<td>D</td>
<td>Referral – State Agency Responsibilities</td>
<td>6-8</td>
</tr>
<tr>
<td>E</td>
<td>Referral – Local Agency Responsibilities</td>
<td>6-9</td>
</tr>
<tr>
<td>F</td>
<td>Health Care Coordination</td>
<td>6-10</td>
</tr>
<tr>
<td>G</td>
<td>Immunization Screening and Referral</td>
<td>6-11</td>
</tr>
<tr>
<td>H</td>
<td>Reporting of Domestic Abuse</td>
<td>6-14</td>
</tr>
<tr>
<td>I</td>
<td>Lead Screening</td>
<td>6-15</td>
</tr>
<tr>
<td>J</td>
<td>Access for Participants with Special Needs</td>
<td>6-17</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Sample Outreach Log</td>
<td>6-18</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Arizona WIC Program Referral Form – Pregnant, Postpartum, Breastfeeding Women</td>
<td>6-20</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Arizona WIC Program Referral Form – Infant/Child</td>
<td>6-22</td>
</tr>
</tbody>
</table>
Section A
Outreach – Overview

**Procedure**
All Local Agencies will develop a written outreach plan specifying the objectives, methods, and evaluation of WIC outreach efforts. The plan will include coordination of activities between Local Agencies and outreach/referral agencies. The Local Agency will review and/or revise the Outreach Plan annually and submit the plan to the State for approval.

**Objectives of Outreach**
The objectives of WIC outreach efforts are:

- To inform eligible persons of the availability of the WIC Program, including the eligibility criteria for participation and the location of WIC services
- To target outreach toward physicians/hospitals in order to increase enrollment of high risk participants
- To increase the number of migrants/agricultural workers enrolled in WIC

**Emphasis of Outreach**
Emphasis will be placed on reaching potential participants who are:

- Migrant and agricultural workers
- Pregnant women, especially teens and women in the early months of pregnancy
- Recipients of Temporary Assistance for Needy Families (TANF) or Food Stamps
- Participants in the Child and Adult Care Food Program (CACFP)
- Women enrolled in substance abuse programs
- Persons enrolled in the Arizona Health Care Cost Containment System (AHCCCS)
- Minority and immigrant populations
- Homeless individuals
- Infants and children under the care of foster parents, protective services, and child welfare authorities
- Working families

Continued on Next Page
Section A
Outreach – Overview (Continued)

Methods of Outreach

- Agencies, offices and organizations (including minority organizations serving or having access to eligible persons) will be contacted at least annually.

- Brochures describing WIC services, eligibility criteria, and location of Local Agencies will be distributed to outreach agencies that serve or have access to WIC’s target population.

- Outreach agencies include, but are not limited to: AHCCCS providers and private physicians, Indian Health Services (IHS) facilities, dental services, Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT), family planning services, alcohol and drug abuse counseling agencies, child protective services, child abuse counseling agencies, immunization providers, prenatal and postnatal care providers, well child programs, Arizona Department of Education Child Care Food Program (CACFP) providers, the Food Stamp Program, Expanded Food and Nutrition Education Program (EFNEP), TANF, Supplemental Security Income (SSI), hospitals and clinics, welfare and unemployment offices, schools, social service agencies, food banks, other food assistance programs Food Distribution a Division of USDA (FDD), Commodity Supplemental Food Program (CSFP), Food Distribution Program on Indian Reservations (FDPIR), homeless shelters, child support enforcement services, foster care agencies, farm worker and migrant/agricultural worker compensations, agencies who serve children with special health care needs, and community religious organizations in low-income areas.
Section B
Outreach – State Agency Responsibilities

Coordination With Anti-Hunger Groups
The State Agency encourages Local Agency participation with hunger advocates, food bank representatives, and others interested in supporting WIC. WIC staff is encouraged to participate in the Statewide, Arizona Hunger Action Council, DES.

Announcement of WIC Services
The State Agency will announce the availability of WIC services to the public annually using statewide media.

Development of Materials
The State Agency will obtain or develop outreach materials for distribution to Local Agencies to assist in their outreach efforts.

Guidelines For Outreach
The State Agency will assist Local Agencies in developing or expanding referral systems and outreach plans.

State and Local Agency’s files of outreach agencies contacted will include (as applicable):

- Agency name and address
- Agency phone number
- Agency hours
- WIC eligibility requirements
- Contact person(s)
- Service area
- Services of each agency

Uniform WIC information materials announcing program benefits will include:

- A program description
- Eligibility criteria
- Location of local clinics
- Non-discrimination statement

Continued on Next Page
Section B
Outreach – State Agency Responsibilities (Continued)

Toll-Free Lines
A bilingual “800” number (1-800-2525-WIC) is available during normal business hours. The number allows potential or current participants to call the State Agency directly to ask for assistance or to find the nearest WIC office.

A Vendor / Local Agency complaint telephone line is available by calling 1-866-229-6561.

A Breastfeeding Hotline is available to all Arizona residents to ask questions about breastfeeding. This telephone number is 1-800-833-4642. This line is open 24 hours a day seven days a week to help residents answer their breastfeeding questions.

Monitoring Local Agency Activity
The State Agency will monitor the following outreach activities at each Management Evaluation:

- Non-discrimination statement on Local Agency developed outreach materials
- Breastfeeding promotional materials visible
- Outreach log
- Media contact policy
- Designated staff member responsible for outreach
- Outreach Plan, including:
  - Homeless and migrant outreach
  - Efforts to target eligible women in their first trimester of pregnancy
- Other activities outlined in management evaluation forms in Chapter 15 of the Policy and Procedures Manual.

Evaluation
The State and Local agency’s files of outreach activities will be updated annually.
Section C
Outreach – Local Agency Responsibilities

Outreach Plan

Each Local Agency will prepare an outreach plan annually that will guide their outreach efforts. It will include:

- How to identify high risk potential clients and plan targeting strategies to the following:
  - Working families
  - Migrant and agriculture workers
  - Pregnant women, with emphasis on enrolling teens and women in the early months of pregnancy
  - Recipients of Temporary Assistance for Needy Families (TANF) or Food Stamps
  - Participants in the Child and Adult Care Food Program (CACFP)
  - Women enrolled in substance abuse programs
  - Participants enrolled in the Arizona Health Care and Cost Containment System (AHCCCS)
  - Minority and immigrant populations
  - Homeless individuals
  - Children under the care of foster parents, protective services, and child welfare authorities.

- A list of agencies to contact and a plan (including time frame and staff responsibilities) for these contacts

- A plan to improve access for employed persons and rural residents

- A plan to specify what steps will be taken to provide convenient WIC services, such as appointment scheduling, extended clinic hours, and/or mobile clinic locations

- A description of how disabled participants will be accommodated, such as handicapped accessible clinics, home visits, mailing food instruments or assistance with interpreters, readers or signers

- An evaluation component that will include reporting outreach efforts in progress reports (Appendix A - example outreach log)

Continued on Next Page
## Section C
### Outreach – Local Agency Responsibilities

<table>
<thead>
<tr>
<th>Outreach Plan (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Policies and Procedures for ensuring participation and following up on participants who do not keep appointments, especially pregnant women and teens</td>
</tr>
<tr>
<td><strong>Note:</strong> Those agencies that do not routinely schedule appointments outside of normal business hours will make appointments available for working persons seeking to participate in the WIC program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outreach Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Local Agency will contact agencies, offices, and organizations (including minority organizations) serving or having access to eligible persons in the local service area annually. Each agency will be supplied with a description of WIC services, eligibility criteria, and location of Local Agency clinics.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Announcement of WIC Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Local Agency will announce the availability of WIC services to the public annually, using media that will reach potential clients in the Local Agency service area.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Local Agency WIC Director and the State Agency Staff will evaluate the effectiveness of outreach efforts. The State Agency will monitor the Local Agency’s outreach activities during Management Evaluations.</td>
</tr>
</tbody>
</table>
Section D
Referral – State Agency Responsibilities

Policy
The State Agency will require and monitor Local Agencies for referrals to all adults applying for themselves or others, and provide information on the following programs.

AHCCCS and EPSDT
If individuals are not currently participating in Arizona Health Care and Cost Containment System (AHCCCS), but appear to be eligible, the Local Agency will refer those individuals to AHCCCS. This will include referring infants and children to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and pregnant women for AHCCCS presumptive eligibility services.

Child Support and TANF
Child support and Temporary Assistance to Needy Families (TANF)

Food Stamps
The Food Stamp Program

Substance Abuse
Substance Abuse Counseling/Treatment programs.

Food Providers
Other nutrition or emergency food providers (e.g., CSFP, Food Banks, FDPIR.)

Immunizations
State and local immunization programs.

Head Start
State and local Head Start programs.

Contact Phones
The State Agency will maintain a list of contact phone numbers for agencies providing services of use to WIC clients statewide. When inquiries are received on the 800-number, appropriate referrals will be made.
Referral List

- Each Local Agency will develop a list of services available locally. The list will be updated at least annually. This list will be similar to the list of agencies contacted for outreach.
- At every certification all WIC participants will be given written referral information about AHCCCS, Food Stamp, TANF, Child Support Enforcement, and Substance Abuse Treatment and Counseling, as well as information about other nutrition or food providers. This referral list will include contact information and a description of benefits offered by each program.
- Applicants who are found to be ineligible for WIC services or applicants who are placed on waiting lists will be given referrals to other appropriate services.

Child Support

At each certification, WIC participants will be informed of the availability of child support enforcement services.

Social/Health Services & Breastfeeding Support

- WIC participants will be referred to appropriate social or health services according to identified needs.
- Participants will be referred to appropriate social or health services.
- Breastfeeding or pregnant participants will be referred to appropriate counselors, peer counselors when available, or organizations for breastfeeding education and support.

Criteria For High Risk Referrals

Local Agencies will develop a plan for referring high-risk clients internally and externally. The plan will define the level of intervention and be submitted to the State Agency for approval prior to implementation.

Example:

Internal Referral: Follow-up one-on-one counseling with Registered Dietician, group ed., etc.

External Referral: Children’s Rehabilitative Services (CRS) referral for Phenylketonuria (PKU) diagnosed child.
Chapter Six
Referral, Outreach and Coordination of Services

Section F
Health Care Coordination

Policy

Outreach/referral agencies will be contacted annually to review referral and coordination procedures and to resolve identified problems.

The Local agencies will identify the Health Care Payee in the Family Information Screen of AIM for each participant and authorized representative.

The State Agency will encourage each Local Agency operation or agency run by cooperative agreement with a hospital, to advise potentially eligible persons of the availability of WIC services.

This includes:

- Clients who receive inpatient or outpatient prenatal, maternity, or postpartum services
- Those that accompany a child under the age of five who receives well-child services.
Chapter Six
Referral, Outreach and Coordination of Services

Section G
Immunization Screening and Referral

Policy
Children served by WIC will be screened for immunization status and if needed, referred for immunizations.

Arizona State WIC and Local Agency will ensure that WIC infants and children under two years of age are screened using documented immunization histories and referrals for immunizations.

Background
Low-income children are less likely to be immunized than their counterparts, placing them at high risk for potentially serious diseases, such as diphtheria, pertussis, oligomyelitis, measles, mumps, and rubella. According to the Centers for Disease Control and Prevention (CDC), children who are not fully immunized are at increased risk for other preventable conditions, such as anemia and lead toxicity.

WIC’s Role
The Immunization Program in each State is the lead agency in immunization planning and screening, and is responsible for the design of immunization services. The WIC Program’s role in immunization screening is to refer participants for immunizations when necessary. WIC involvement in immunization screening and referral activities will be to enhance, not to replace ongoing Immunization Program Initiatives.

Note: The purchase of vaccines and delivery of immunization remain unallowable costs to WIC.

Screening Timeline
At initial certification and any subsequent visits for children under the age of two (2), the infant/child’s immunization status will be screened using a documented record.

Documented Record
A record (computerized or paper) in which actual vaccination dates are recorded. This includes:

- A hand-held immunization record from the provider
- An immunization registry
- An automated data system
- A client share (paper copy)
### Immunization Screening and Referral (Continued)

<table>
<thead>
<tr>
<th>Screening</th>
<th>At minimum, the infant/child’s immunization status will be screened by counting the number of doses of DTaP (diphtheria, tetanus toxoids, and acellular pertussis) vaccine they have received in relation to their age, according to the following list:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• By three months of age, the infant/child should have at least one dose of DTaP</td>
</tr>
<tr>
<td></td>
<td>• By five months of age, the infant/child should have at least two doses of DTaP</td>
</tr>
<tr>
<td></td>
<td>• By seven months of age, the infant/child should have at least three doses of DTaP</td>
</tr>
<tr>
<td></td>
<td>• By nineteen months of age, the infant/child should have at least four doses of DTaP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Under Immunized</th>
<th>If the child does not have the minimum number of doses mentioned above:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• The caregiver will be provided with information on the recommended immunization schedule</td>
</tr>
<tr>
<td></td>
<td>• The participant will be referred to their health care provider or local immunizations program</td>
</tr>
<tr>
<td></td>
<td>• The caregiver will be asked to bring the child’s immunization record to the next certification visit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Missing Immunization Record</th>
<th>If the Immunization record is missing:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• The recommended immunization schedule appropriate to the current age of the infant/child will be provided</td>
</tr>
<tr>
<td></td>
<td>• A referral for immunization services will be provided, ideally to the child’s usual source of medical care</td>
</tr>
<tr>
<td></td>
<td>• The parent/caretaker will be told to bring the immunization record to the next certification visit</td>
</tr>
<tr>
<td></td>
<td>• Staff may access The Arizona State Immunization Information System (ASIIS) to obtain immunization information</td>
</tr>
</tbody>
</table>

Continued on Next Page
ASIIIS

The Arizona State Immunization Information System (ASIIS) is an immunization registry designed to capture immunization data on individuals within the state. Providers are mandated under Arizona Revised Statute (A.R.S. §36-135) to report all immunizations administered to children from birth through 18 years of age to the state’s health department. The registry serves as a receptacle for accommodating this reported data. In this capacity, the registry then provides a valuable tool for the management and reporting of immunization information to public health professionals, private and public healthcare providers, parents, guardians and other child care personnel.

The Internet can be used to access the ASIIS website.

- Login to the ASIIS website using the username assigned by the ASIIS Office.
- After login, select Patient section to start the Search process.
- Enter the minimum number of search details to receive data. Note the WIC identification number is not populated in their database, so will not produce the immunization record.
- After searching and finding the child’s record, clinic staff can view the record by scrolling to the bottom of the page.
- Staff should logout when done using the ASIIS-Web application and close the browser.

Documentation

Document specific action taken in AIM in the Health History screen.
Section H
Reporting of Domestic Abuse

Domestic Abuse of WIC Participants

Abuse is most often perpetrated by one person to another with whom they have an intimate or family relationship. Research has shown repeatedly that it is nearly always women who experience domestic violence and nearly always men who are the primary perpetrators.

Procedures

In the participant certification Health Screen of AIM there is a question on abuse that must be asked at every certification, unless the safety of the participant would be at risk with a potential abuser present. If the participant or authorized representative answers “yes”, Local Agency Policy and Procedures must be followed.

The safety of the client must be the first priority. Some questions that can be asked include:

• “Do you have a safe place to go?”
• If client is residing in a safe place, ask, “Do you want to talk to someone about your abusive situation?”
• “Do you want a referral to a “safe house”, program or hot line for abuse?”
• “Is it safe to give you information on abuse to read?” In many cases if the abuser sees materials on the subject, the safety of the client could be jeopardized. If the client does not want the referral materials, the WIC staff can offer to write down telephone numbers or addresses for the clients.

The local WIC staff will have available information on Domestic Violence Service Providers in their area. The Arizona Coalition Against Domestic Violence telephone number is (800) 782-6400.

Note: Domestic violence of an adult is not a reportable offense. However, State law requires reporting suspected child abuse. Please see Chapter 14, section D for more information on reporting child abuse.
Section I
Lead Screening

Lead Screening Recommendations
In 1997, the Centers for Disease Control and Prevention (CDC) updated its lead screening guidelines and published revised guidance to help state and local public health authorities determine which children are at risk for elevated blood lead levels and are most likely to benefit from lead screening. The American Academy of Pediatrics (AAP) supports these revised guidelines.

Federal Medicaid and AHCCCS policies require that all eligible children be screened for lead poisoning as described under Universal Screening, because they are presumed high risk for lead poisoning based on CDC determinants.

To prevent lead poisoning, infants/children should receive lead screening at 9 to 12 months of age and again at approximately 24 months of age. All children 36-72 months of age who have not been previously screened should receive a lead screening using a blood lead test. Universal screening will be recommended for all WIC children in Arizona.

More information and materials can be obtained from the ADHS-Childhood Lead Poisoning Prevention Program at (602) 364-3118. The flyer “What everyone should know about LEAD POISONING” has been developed for the Arizona WIC Program.

Policy
All authorized representatives of children participants will be asked if their child has received a lead screening from a health care provider and a referral made if no lead screening has been performed.

Continued on Next Page
Section I
Lead Screening (Continued)

Procedure

1. The Competent Professional Authority (CPA) will ask authorized representatives of 1 and 2 year olds if their health care provider has screened the child for lead poisoning.

2. If the child has received a blood lead screening, this will be documented in the child's Care Plan under the Follow-Up/ Nutr Ed button in AIM. Select one of the following: Lead Screening Age 1, or Lead Screening Age 2.

3. If the child has not received a blood lead screening, the WIC staff will refer the child to their health care provider for a screening. This referral will be documented in the Care Plan screen under the Follow-Up/ Nutr Ed button in AIM. Select one of the following: No Lead Screening Age 1 or No Lead Screening Age 2. Lead Poisoning materials should be given to the authorized representative and can be noted in the Materials button of the Follow-Up/ Nutr Ed screen.

4. If the child is age three or older and has not been screened for lead poisoning at neither age one nor age two, the CPA should ask if the child has been screened at each certification until the authorized representative answers “yes” or the child is no longer on the WIC Program. Select one of the following options in the Care Plan screen under the Follow-Up/ Nutr Ed button in AIM according to the authorized representative’s answer: Lead Screening Age 3-5 or No Lead Screening Age 3-5. Lead Poisoning materials should be given to the authorized representative and can be noted in the Materials button of the Follow-Up/ Nutr Ed screen.

Information on lead screening may be obtained from:

Office of Environmental Health
150 North 18th Avenue, Suite 430
Phoenix, Arizona, 85007 or
call 602-364-3118.
### Section J
#### Access for Participants with Special Needs

<table>
<thead>
<tr>
<th><strong>Policy</strong></th>
<th>Participants who have special conditions that may make access to the WIC clinic difficult or impossible will be accommodated by the Local Agencies to ensure equal access to all participants.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employed Or Rural Individuals</strong></td>
<td>Employed participants’ needs are met by any of the following:</td>
</tr>
<tr>
<td></td>
<td>• Extending clinic hours to evenings, early mornings and or weekends</td>
</tr>
<tr>
<td></td>
<td>• Priority scheduling of appointments</td>
</tr>
<tr>
<td></td>
<td>• Mailing food instruments</td>
</tr>
<tr>
<td></td>
<td>• Expediting clinic procedures</td>
</tr>
<tr>
<td></td>
<td>• Satellite clinics</td>
</tr>
<tr>
<td><strong>Disabled Participants</strong></td>
<td>Participants with a disability must be accommodated by:</td>
</tr>
<tr>
<td></td>
<td>• Making the clinics handicapped accessible</td>
</tr>
<tr>
<td></td>
<td>• Making home visits when necessary</td>
</tr>
<tr>
<td></td>
<td>• Mailing food instruments</td>
</tr>
<tr>
<td></td>
<td>• Providing additional assistance when needed (interpreters, readers, signers)</td>
</tr>
</tbody>
</table>
## Sample Outreach Log

### Outreach Log

**FY___**

<table>
<thead>
<tr>
<th>Date</th>
<th>Staff Name</th>
<th>Organization Contacted</th>
<th>Type of Contact</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/6/96</td>
<td>Ima Great, CNW</td>
<td>Concordia Valley High School Attn: Joan Doe Phoenix, AZ 85000</td>
<td>Mailed Outreach packet</td>
<td>Potential to reach 100 pregnant and/or parenting teens.</td>
</tr>
</tbody>
</table>

### Explanation of Log Criteria

- **Date** = date outreach activity completed
- **Staff Name** = staff member who did the outreach
- **Organization** = person/group who received information
- **Type of contact** = e.g., mailed information, radio interview, press release, public presentation, staffed booth at health fair
- **Result** = e.g., potential number of clients reached, and the description of those clients.
Chapter Six
Referral, Outreach and Coordination of Services

Appendix B: Arizona WIC Program Referral Form – Pregnant, Postpartum, Breastfeeding Women
Arizona WIC Program Referral/Information Request Form - Woman

Name: ___________________________ Birthdate: __________

Consent
I authorize the release of all medical information to the WIC Program.
Yo autorizo la divulgación de toda mi información médica al Programa de WIC.

Patient Signature: ___________________________ Date: __________

Medical Information Requested

Expected Delivery Date _______ Hgb/Hct _______ Date of Hgb/Hct _______

Medical Conditions: __________________________________________________________
_____________________________________________________________________

Problems During Past Pregnancies (not including current):
_____________________________________________________________________
_____________________________________________________________________

Current Pregnancy Information Requested

Pregnancy Issues:
 □ Nausea  □ Gestational Diabetes
 □ Vomiting □ Low Weight Gain
 □ Constipation □ Other: ________________________________

Problem During This Pregnancy: ____________________________________________
_____________________________________________________________________

Multiple Gestation: Yes _____ No _____ If yes, how many? ___________

Anticipated or Actual C-Section? Yes _____ No _____

Additional Information: ________________________________________________
_____________________________________________________________________

Medical Provider:
_________________________________________ ______________________
Signature                          Date
_________________________________________ ______________________
Printed Name/Title              Telephone
Appendix C: Arizona WIC Program Referral Form – Infant/Child
Arizona WIC Program Referral/Information Request Form – Infant and Child

Name: ___________________________ Birthdate: _____________

Name of parent or guardian: ____________________________________________

Consent
I authorize the release of all medical information to the WIC Program.
Yo autorizo la divulgación de toda mi información médica al Programa de WIC.

Parent/Guardian Signature: ___________________________ Date: ______

Medical Information Requested

Date of Measurements _______ Weight _______ Height _______ Hgb/Hct _______

Gestational Age___________

Medical Conditions:
☐ Failure to thrive ☐ Premature Infant
☐ Cystic Fibrosis ☐ Intolerance / Allergy to ______________________
☐ IUGR/low weight ☐ Other: ____________________________

Formula Requested

1. Formulas tried and specific reactions:
   _____ Similac Advance ________________________________
   _____ Similac Isomil Advance __________________________
   _____ Similac Sensitive _______________________________
   _____ Others ________________________________

2. Formula Name: _______________________________________

3. Form (circle one): POWDER READY to FEED CONCENTRATE
   (Powder will be provided if one is not circled)

4. Length of Issuance: ________________________________

5. Medical reason for formula: ___________________________

6. Special instructions: _________________________________
   ____________________________________________

Medical Provider:

__________________________________________  _________________________
Signature                                          Date

___________________________ _________________________
Printed Name/Title             Telephone
Chapter Seven
Participant and Staff Education
Chapter Seven
Participant and Staff Education

Overview

Introduction
This chapter covers participant education and staff training. Nutrition and breastfeeding education are integral parts of the WIC Program. Continuing to integrate participant-centered services, including the conversational approach to assessment and utilizing projective, interactive tools requires ongoing staff training and support. This support and training of staff will ensure that appropriate nutrition and breastfeeding education is offered to participants in a way that best meets their needs.

In This Chapter
This chapter is divided into six sections and six appendices which detail program education, nutrition education for participants, breastfeeding promotion, education for staff, and how to report the cost of nutrition education.

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Program Education Requirements for Participants</td>
<td>7-4</td>
</tr>
<tr>
<td>B</td>
<td>Participant-Centered Nutrition Education for Participants: Together We Can</td>
<td>7-6</td>
</tr>
<tr>
<td>C</td>
<td>Nutrition Education Care Standards</td>
<td>7-11</td>
</tr>
<tr>
<td>D</td>
<td>High-Risk Nutritionist Consults</td>
<td>7-12</td>
</tr>
<tr>
<td>E</td>
<td>Education for Professional and Paraprofessional Staff</td>
<td>7-16</td>
</tr>
<tr>
<td>F</td>
<td>Nutrition Education Materials</td>
<td>7-23</td>
</tr>
</tbody>
</table>

Continued on Next Page
## Chapter Seven
Participant and Staff Education

### Overview (Continued)

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>Certification Specialist and Nutrition Education Specialist Training Timeline</td>
<td>7-25</td>
</tr>
<tr>
<td>Appendix B</td>
<td>HANDS Competencies</td>
<td>7-29</td>
</tr>
<tr>
<td>Appendix C</td>
<td>VENA Competencies</td>
<td>7-36</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Hemoglobin Cut-Off Values</td>
<td>7-75</td>
</tr>
<tr>
<td>Appendix E</td>
<td>WIC Workforce Position Definitions</td>
<td>7-82</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Training Checklists for Observations and Chart Reviews</td>
<td>7-85</td>
</tr>
<tr>
<td>Index</td>
<td>Index</td>
<td>7-95</td>
</tr>
</tbody>
</table>
Chapter Seven
Participant and Staff Education

Section A
Program Education Requirements for Participants

Certification

1. At initial certification appointments, staff will provide the following to the participants or their primary and secondary authorized representatives:

   a) An explanation of participant eligibility criteria including income, residency, category, and nutritional risk.

   b) An opportunity to read, or get an explanation of WIC Rights and Obligations and WIC Rules and Regulations. Staff must check for the client’s understanding of the Rights and Obligations. Food Package Issuance Screen in the HANDS system. Please refer to Chapter 2, Sections K & M.

   c) An opportunity to designate an authorized representative(s). Please refer to Chapter 2, Section P.

   d) An opportunity to designate a proxy. A proxy who picks up food instruments for a participant will be given the same explanation on WIC Rules and Regulations and how to use the WIC FIs. Refer to Chapter 2 Section Q.

   e) An explanation of WIC foods to be purchased, and the proper use of cash value vouchers (CVV) and cash value food instruments (FI) in a grocery store or farmers’ market.

   f) Mandatory referrals to services such as immunizations, lead screening, food stamps, TANF, AHCCCS, child support enforcement, and local resources for substance abuse treatment and counseling. This is documented in the Referral Screen in the Care Plan screen of the HANDS system.

None of these services count as a nutrition education contact.
Section A
Program Education Requirements for Participants (Continued)

Certification (Continued)

2. At subsequent certification appointments, participants will be given an opportunity to read or have explained the WIC Rights and Obligations and WIC Rules and Regulations and referrals to services. Staff must check for the client’s understanding of the Rights and Obligations. In addition, staff will assess participants’ understanding of WIC eligibility criteria, allowable WIC foods, and the proper use of CVVs and FIs. Documentation in Food Package Issuance Screen in the HANDS system is required.
Participant and Staff Education

Section B  
Participant-Centered Nutrition Education for Participants: Together We Can

Policy

Participant-Centered Education (PCE) is a framework of providing nutrition services where the participant is the decision maker in the educational process based on their needs (risks, family situations) and interests. In Arizona, this is known as the Together We Can model, which includes all aspects of the clinic experience. PCE nutrition education will be offered to all WIC participants utilizing State approved nutrition education care standards developed by the Local Agency, Bureau of Nutrition and Physical Activity (BNP), Arizona Department of Health Services (ADHS) or other accepted nutrition authorities.

All participants will be offered the opportunity to receive two PCE nutrition education contacts during a six month certification as part of WIC Program service requirements. All pregnant and breastfeeding participants, or caregivers of infants whose certification periods are greater than six months will receive a PCE nutrition education contact at least quarterly. One of these nutrition education opportunities can be provided as part of the Certification appointment.

A nutrition education contact is defined as a verbal communication between WIC staff and participants in an individual or group setting. Nutrition education should be designed to stress the relationship between proper nutrition and good health based on the needs of the participant and assist the participant in achieving a positive change in food habits resulting in improved health. All nutrition education activities are to be provided in the context of the participant’s environmental and educational limitations, their interests, and cultural preferences with consideration as to where the participant is in the stages of change. The contact will include the development of a nutrition care plan based on the nutrition assessment results and participant interests and a discussion of potential next steps for behavior change.

The environment where participants receive their WIC services will be welcoming and promote learning and facilitate positive messages related to nutrition, health, safety and civil rights.

However, individual participants shall not be denied supplemental food benefits if they refuse to participate in nutrition education activities.

Continued on Next Page
Section B
Participant-Centered Nutrition Education for Participants
(Continued)

Individual Education

- The nutrition education specialist will engage the participant in a discussion related to their nutrition assessment and their interests.
- After the topic has been discussed, the nutrition education specialist will help the participant identify next steps or their goals based on their readiness for change.
- The nutrition education specialist will document the type of nutrition education contact in the Care Plan screen by clicking on the Nutrition Discussion screen and selecting the contact type from the pick list.
- Nutrition education shall be documented for each individual participant in their individual care plan note. Topics which apply to the whole family may be discussed, as long as the topic is documented in each individual file.
- Staff will complete a note for all clients on the same day the nutrition education was completed following “TGIF” note structure including the following information.

  T: Tool
    - Getting to the Heart of the Matter Tool used, if applicable
  G: Goals
    - Personal goals or areas identified by participant that they plan to work on
  I: Information
    - Knowledge, feelings and beliefs of breastfeeding for pregnant and breastfeeding women categories
    - Caregiver knowledge, feelings, motivations and challenges and nutrition education topics discussed
    - Caregiver knowledge, feelings, beliefs of infant feeding for infant category
    - Relevant information that you would want the next person seeing this client to know
    - Any information that is pertinent to the interaction during the visit
    - Notes reflecting any new risk factors that were identified at nutrition education visit

Continued on Next Page
Section B  
Participant-Centered Nutrition Education for Participants  
(Continued)

Individual Education (Continued)

- Reasons for food package assignment:
  o For any participant with tailored food package
  o For any participant getting Food Package III
  o For any infant receiving formula, show how the amount of formula on food package was determined
- Further detail on nutrition education provided as needed to clarify

F: Follow-up
Any information that the staff person has identified as areas to follow-up with at subsequent visits.

Note: The TGIF documentation shall be tailored per individual. Documenting the identical note in each individual care plan in a family is not acceptable.

Group Education

Participants may attend a facilitated group nutrition education session appropriate for their category as a second nutrition education contact if determined as appropriate by the WIC Certifier. Local Agencies will include standardized competencies for each group and methods for evaluation in group class education plans/classes. Individual TGIF notes are not required for group nutrition education if the class title in HANDS reflects the nutrition education topic.

Continued on Next Page
Section B  
Participant-Centered Nutrition Education for Participants  
(Continued)

Proxies
The WIC staff should determine at the time of the appointment whether the proxy should receive nutrition education, depending on their role in caring for the WIC participant.

Proxies should receive nutrition education for a participant when the proxy is a member of the participant's household or a caretaker of a child or infant participant. (A caretaker could be a regular day care provider, parent, grandparent or other relative). This makes the participant eligible to receive their FIs and CVVs.

Note: Friends, neighbors or relatives who do not ordinarily care for a participant or live with them may pick up food instruments for the participant, but will not need to receive nutrition education and may only receive one month of FIs and CVVs. The Authorized Representative will receive nutrition education at their next pick-up.

Monitoring of Nutrition Education
During Management Evaluations (M.E.) or other site visits, the State Agency staff will monitor nutrition education to determine if:

- Information provided is accurate and up-to-date.
- Information is individualized to meet participant’s needs and interests, considering the educational level, lifestyle and cultural beliefs, and readiness for change of each participant.
- Participant receives positive feedback to reinforce good nutrition habits.
- A nutrition care plan is included in each individual’s record with a typed note using the “TGIF” note type is included in the Notes section.
- All documentation of goals and next steps in HANDS reflect the participant’s involvement and statements and not the sole direction of the counselor.
- Nutrition education materials are appropriate, state approved, and permission is obtained by the participant before being offered.

Continued on Next Page
Section B
Participant-Centered Nutrition Education for Participants
(Continued)

Nutrition Education Materials
Nutrition education may be conducted through individual or group sessions. Nutrition education materials are designed as tools to reinforce nutrition education messages provided in a participant-centered setting. The State of Arizona provides materials to reinforce emotion-based messages. These materials are available for order online through the warehouse. In addition, MyPlate nutrition education materials are available for downloading and printing from www.choosemyplate.gov. Local Agencies may choose to develop and/or purchase their own materials. Agency-developed/purchased nutrition education materials shall be submitted to the State for approval. The State shall review the Local Agency materials to ensure they meet the following criteria:

- Accurate and relevant content based on current scientific evidence;
- Support PCE;
- Contain cultural considerations;
- Be available in alternate languages as appropriate;
- Be at no higher than 4th grade reading level;
- Are a reasonable expense.

Local Agency Responsibilities
Local Agencies shall perform the following activities in carrying out their nutrition education responsibilities:

- Make nutrition education available or enter into an agreement with another agency to make nutrition education available to all participants and caretakers.
- Offer nutrition education through individual or group sessions.
- State-developed materials may also be provided to pregnant, postpartum, and breastfeeding women; and parents or caretakers of infants and children; participating in Local Agency services other than the WIC Program.
## Chapter Seven
Participant and Staff Education

### Section C
**Nutrition Education Care Standards**

<table>
<thead>
<tr>
<th>Policy</th>
<th>Each Local Agency will adopt and utilize the State Nutrition Education Care Standards for nutrition education contacts in accordance with FNS guidelines. All staff will be trained on nutrition in varying degrees and depth, depending on their responsibilities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition Education Care Standards</td>
<td>The Nutrition Education Care Standards was developed with Local Agencies as a guide for staff to offer nutrition topics to pregnant women, infants and children that may be of interest and relevance for their category. The Standards are to be used as resource for staff to improve their understanding of the nutrition needs of WIC participants. The Standards provide guidance to staff when conducting nutrition assessments, providing nutrition education, and facilitating behavior change.</td>
</tr>
</tbody>
</table>
Section D
High-Risk Nutritionist Consults

Purpose
Certain participants are identified to be at higher risk and have counseling needs beyond the scope of paraprofessional staff. These participants benefit from more in-depth counseling provided by a Registered Dietitian (RD), a BS Degree Nutrition graduate (Degreed Nutritionist) or a Registered Dietetic Technician (DTR).

Qualified Staff
Each Local Agency shall provide a Registered Dietitian as a WIC Nutritionist to perform high-risk counseling, formula authorization, and as necessary, certification of clients. The Local Agency will provide the services of WIC Nutritionists in the number proportional to the agency’s needs/caseload.

If a Local Agency has a hardship and is unable to provide a Registered Dietitian for high-risk counseling, they may request prior approval from the State to designate a WIC Nutritionist to provide high-risk counseling. This WIC Nutritionist must have a minimum of an undergraduate degree from an accredited institution in nutrition (Community Nutrition, Public Health Nutrition, Nutrition Education, Human Nutrition or Nutrition Science) or a related field with an emphasis in nutritional science. This request must be in writing and include a description of the hardship and the qualifications/resumé of the person that will be designated as the WIC Nutritionist.

Note: Previous WIC and/or community health experience, and/or a Master’s degree in a related subject are desirable.

Policy
The Arizona WIC Program stratified the nutrition risks to medium and high risk. The Registered Dietitian (RD) or State-Approved Nutritionist will see all participants meeting one of the high-risk criteria outlined below during their current certification period. In lieu of an RD, a Degreed Nutritionist or a DTR may see all participants meeting one of the medium risk criteria during their current certification period. An International Board Certified Lactation Consultant (IBCLC) may counsel participants with risk codes 602 / 603 if those are the only high-risk codes in lieu of a RD.

Continued on Next Page
Section D
High-Risk Nutritionist Consults (Continued)

Policy (Continued)
The participant may receive up to three (3) months of food instruments between the certification and the High Risk nutrition visit (RD, IBCLC, Nutritionist) per local agency discretion.

High Risk Criteria
The following high risks must be seen by the high-risk dietitian or State-approved nutritionist, although it is at the Local Agency discretion to include additional high risks as deemed necessary: These codes will trigger the Red High-Risk Icon in the Care Plan and Active Record in HANDS.

- Risk 103.1 (infants and children wt/length ≤ 2nd percentile on WHO growth chart or BMI/age ≤ 5th percentile on CDC chart
- Risk 111 (Pre-Pregnancy BMI ≥ 25)
- Risk 113 (BMI for age ≥ 95th percentile)
- Risk 115 (Weight for length ≥ 98th percentile)
- Risk 132 (maternal wt. loss)
- Risk 134 (failure to thrive – infants & children)
- Risk 141 (low birth weight infants and children up to 12 mo.)
- Risk 142 (premature infants and children up to 12 mo.)
- Risk 301 (Hyperemesis Gravidarum)
- Risk 302 (Gestational Diabetes for pregnant women)
- Risk 335 (Multi-fetal Gestation)
- Risk 341 (Nutrient Deficiency Disease)
- Risk 342 (Gastro-Intestinal Disorders)
- Risk 343 (Diabetes Mellitus)
- Risk 345 (Hypertension and Pre-hypertension)
- Risk 346 (Renal Disease)
- Risk 347 (Cancer)
- Risk 348 (Central Nervous System Disorders)
- Risk 349 (Genetic and Congenital Disorders)

*Continued on Next Page*
## Section D
### High-Risk Nutritionist Consults (Continued)

<table>
<thead>
<tr>
<th>High Risk Criteria (Continued)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk 351 (Inborn Errors of Metabolism)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Risk 352 (Infection Diseases)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Risk 353 (Food Allergies)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Risk 354 (Celiac Disease)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Risk 356 (Hypoglycemia)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Risk 358 (Eating Disorders)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Risk 602/603 (BF complications) = RD/IBCLC may refer to staff with CBC/CLC after seen by RD/IBCLC</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medium-Risk Criteria</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The following risks are considered medium risk and may be seen by a State-Approved Nutritionist or DTR:</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Risk 141 (low birth weight infants and children after 12 mo. old after seen by an RD)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Risk 142 (premature infants and children after 12 mo. old, after seen by an RD)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Risk 201 (anemia) nutritionist ranges</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Risk 101 (pre-pregnancy underweight)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Risk 131 (low maternal weight gain)</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

*Continued on Next Page*
Section D
High-Risk Nutritionist Consults (Continued)

Documentation of Education

The High-Risk Care Plan will be documented for all high- and medium-risk participants in the HANDS system in the Notes screen with the NCP/PES/SOAP note type. The High-Risk Care Plan may be written using SOAP, PIE, PES or other equivalent professional format, including, at a minimum, assessment and plan. For example:

- **S:** Subjective Information
  - Information the participant gives
  - Observations made by RD, Nutritionist, IBCLC
  - Getting to the Heart of the Matter tool used

- **O:** Objective Information
  - Measurable information
  - Lab results, height, weight, Hgb, blood glucose, etc.

- **A:** Assessment
  - RD, Nutritionist, IBCLC assessment and interpretation of participant status based on information provided
  - Interventions, education, discussion completed during high risk visit

- **P:** Plan
  - Documentation of client identified goals or plans for behavior change
  - Follow-up information

Continued on Next Page
### High-Risk Nutritionist Consults (Continued)

#### High-Risk Referrals

<table>
<thead>
<tr>
<th>High-Risk Referrals</th>
</tr>
</thead>
</table>
| Each Local Agency will develop written procedures for the Nutrition Education Specialists in order to refer medium and high-risk participants to an appropriate nutritionist or Registered Dietitian.  

The Local Agency will monitor and evaluate their internal procedures at least two times per year to ensure that participants needing the referrals were seen by the appropriate personnel. |

#### Nutritionist Referral

<table>
<thead>
<tr>
<th>Nutritionist Referral</th>
</tr>
</thead>
</table>
| When the participant no longer requires in-depth nutrition counseling, the nutritionist will change the Red High-Risk Heart Icon in the Care Plan in HANDS to Green and review the participant’s chart and provide a nutrition care plan for the Nutrition Education Specialist to follow with specific criteria for referral back to the nutritionist, if needed.  

- Participants shall receive assessment and education by a nutritionist for each certification period that a high risk is identified.  

- Nutrition status is reassessed at each certification. If the same high risk is identified as the previous certification period, the participant still requires evaluation and follow-up by the nutritionist.  
  
**Note:** If the previous high-risk condition was identified as stable and not requiring high-risk nutritionist intervention, the nutritionist may note the referral back to the medium risk nutritionist or nutrition education specialist for follow up. Documentation of this referral and statement that staff must refer the participant back to the high-risk nutritionist should status change must be recorded in the Notes screen in HANDS. The Red High-Risk Heart must also be changed to Green. |

#### High-Risk No-Shows

<table>
<thead>
<tr>
<th>High-Risk No-Shows</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Risk and Medium risk participants will receive monthly issuance of food instruments until they meet with the registered dietitian or nutritionist, unless approval is requested from the State.</td>
</tr>
</tbody>
</table>

#### Follow-up

<table>
<thead>
<tr>
<th>Follow-up</th>
</tr>
</thead>
</table>
| The nutritionist’s discretion shall be used to determine whether to continue to see the participant or to refer the participant back to the Nutrition Education Specialist. The nutritionist will document this by changing the Red High-Risk Heart Icon to Green in the Care Plan and in the Notes screen of HANDS.  

The Local Agency will develop written procedures providing the Nutrition Education Specialists with guidance for referral back to the |
nutritionist, as needed.
### Section E
**Education for Professional and Paraprofessional Staff**

**Policy**

The Arizona WIC Program considers well-trained, competent staff essential to providing quality nutrition services. Local WIC programs will ensure that staff is appropriately trained to perform functions according to policy. Local program staff shall complete State training modules and requirements as appropriate for their position. Local program staff must demonstrate an adequate level of competence in performing their tasks.

**Training Requirements for New WIC Staff**

Local WIC program staff must complete the appropriate training modules, guidebooks and other required activities for their position within a designated time period. See Appendices B and C – New Employee Training Schedule for the list of modules, requirements and timelines.

All staff performing WIC functions, including clerical staff, must complete required WIC training for their positions.

**Local Agency Training Coordinator**

The Training Coordinator, as defined in Chapter 1, will ensure all Local WIC staff are trained in a timely manner in compliance with policy, as Training Lead for their agency.

The Training Coordinator will be trained by the WIC Director or Nutrition Coordinator and receive orientation to the Training Coordinator’s role and responsibilities by the WIC director, Nutrition Coordinator or from their State WIC Nutrition Consultant. All Training Leads must be Competent Professional Authorities (CPAs) as defined in Chapter 2 and have completed and satisfactorily passed all training requirements and modules to which they are assigned prior to training other staff.

**Local Agency Staff Training Responsibilities**

The Training Coordinator, in conjunction with the Nutrition Coordinator and/or WIC Director, will develop a training plan for new employees which includes completion of State and Local Agency training requirements (see Appendix B). The Training Coordinator will initiate training for the trainee and use the trainer guidebook(s) for instruction.

*Continued on Next Page*
Section E
Education for Professional and Paraprofessional Staff (Continued)

Local Agency Staff Training Responsibilities (Continued)

The Training Coordinator or designee will complete the specified observations and chart reviews for the trainee as indicated in Appendix B.

The Training Coordinator or Nutrition Coordinator will complete and certify that the trainee demonstrated adequate competence in the final observation, as specified in Appendix B. The Local Agency will maintain their own records of training completion as well as send documentation of completed guidebooks and observations to the State Training Team within the specified timeframe found in Appendix B.

Local Agencies may request an extension for submission of documentation for an individual trainee, as long as the request is received within the specified timeframe.

If documentation is not received within the specified timeframe, the State may require additional training plans for the trainee and/or limit access to the HANDS system until documentation is received.

If staff do not demonstrate adequate competency during the final observation or at subsequent observations or management evaluations, the State will require additional training plans for the trainee. In addition, the State will limit access to the HANDS system until competency is met.

The Training Coordinator, in conjunction with the Nutrition Coordinator and/or WIC Director, will also develop an ongoing training and mentoring plan for existing employees. In addition to completion of any mandatory State and Local Agency training requirements, an ongoing observation and mentoring plan must be in place for all employees to ensure ongoing job performance.

Continued on Next Page
Section E
Education for Professional and Paraprofessional Staff (Continued)

Blended Learning

The Arizona WIC Program utilizes blended learning for employee training. Blended learning includes paper-based guidebooks which outline required activities and the Learning Management System (LMS), which is a web-based software used for delivering, tracking and managing training/education. The purpose of LMS is to be able to provide and track both online (e-learning) and instructor led training to internal and external WIC staff which allows us to maintain documentation to meet all federal and state reporting requirements. The system can be accessed 24 hours a day, 7 days a week. (See section K).

The following is a listing of LMS courses and guidebooks that will be available for staff to complete:

- Civil Rights
- CLAS Training
- Introduction to WIC
- Introduction to HANDS (the HANDS Workbook + Resource Site)
- Hematology + Guidebook
- Anthropometrics + Guidebook
- Breast Feeding + Guidebook
- Basic Nutrition + Guidebook
- Pre-Natal Nutrition +Guidebook
- Child Nutrition + Guidebook
- Infant Nutrition + Guidebook
- Postpartum Nutrition + Guidebook
- Nutrition Assessment ABCDE Website + Guidebook
- Motivational Interviewing/PCE + Guidebook

Continued on Next Page
Local Agency Self-Assessment, Mentoring, and Evaluation

Local Agencies are required to conduct, at a minimum, one (1) self-assessment per employee on years they are receiving a State Management Evaluation (ME), and two (2) self-assessments in years without an ME. Components of an employee self-assessment include:

- Observations of one (1) Certification for each category (woman, infant, child) including anthropometric and hematology components;
- Observations of one (1) secondary nutrition education contact for each category;
- Chart reviews of certifications for:
  - 1 infant client
  - 1 child client
  - 1 pregnant client
  - 1 breastfeeding client
  - 1 postpartum client

At the time of the observations and chart reviews for staff, the Local Agency will provide one-on-one mentoring to staff that will include feedback and guidance in a positive way, following the Management Evaluation Certification Observation Form and accompanying Rubric as well as the Chart Review Form.

If staff do not demonstrate adequate competency during ongoing observations, State technical assistance visits, or Management Evaluations, the State will require an additional individualized training plan for the employee(s). In addition, the State will limit access to the HANDS system if staff do not show adequate competency.

WIC University

“WIC University” is State Agency-facilitated in-person trainings, including Anthropometrics and Hematology for trainers, GTHM for new employees, WIC 201 for nutritionists and WIC Director orientation. LMS courses have been developed to replace some instructor-led training.
Section E
Education for Professional and Paraprofessional Staff (Continued)

Continuing Education Plan

Local Agencies will provide a minimum of 24 hours of continuing education spread throughout the year and quarterly at a minimum. State-provided in-person training does not count toward the Local Agency 24-hour requirement. However, State-provided curriculum administered at the Local Agency level can be counted toward the continuing education requirement.

Local Agencies must maintain documentation on continuing education for each staff member in each fiscal year.

At least 16 hours of nutrition education will be in:

- Nutrition Risk and Assessment
- Nutrition Through the Life Cycle
- Counseling

At least 8 hours of staff education will focus on breastfeeding.

Additional WIC-related education will be provided on the following:

- Civil Rights training is required annually for all staff
- Food Package

It is required by the USDA that Local Agencies incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients and in any nutrition and counseling-related training and in-services.

Local Agencies must also have a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods.

Other training may also include topics such as:

- Program rules
- WIC management information system (HANDS)
- Food instrument issuance
- Referral procedures
- Computer skills
- Customer service
- Car seat safety
- Personal safety

continued on Next Page
## Section E
### Education for Professional and Paraprofessional Staff (Continued)

### Agency Training Files
New program staff will take and complete the required courses, guidebooks and observations according to State requirements.

In a central file, each Local Agency will maintain a record of all continuing education provided.

Central training files will include:

- Agenda, outline and teaching materials used for each local in-service training provided
- A list of participants, speakers, dates and time spent in training
- Agenda and outline of meetings which Local Agency staff attend (e.g., Breastfeeding Training, Statewide Staff Meetings)
- College or University courses taken, the name of the course and grade

**Note:** Local Agencies may use the ADHS LMS System to document all the training provided to each staff.

### Staff Training Files
Current training files for each paraprofessional will include:

- A summary of needs based on Local Agency self-assessments that are updated annually
- Completed new employee training files as outlined in instructional guidebook
- Documentation of training provided

### Documentation of Training
Documentation consists of a list of dates, topics presented and time spent in training. Date and time summaries will be separated by fiscal year in order to verify the required 24 hours per year have been provided. Documentation comprises copies of pre- and post-tests or other methods of evaluation. Also included is documentation of a follow-up training plan, which is required if competency is not met.

**Note:** The name of the workshop or in-service training is sufficient when the agenda and training outline are retained in the Local Agency training file.

*continued on Next Page*
Section E
Education for Professional and Paraprofessional Staff (Continued)

The WIC Nutrition Assessment Certificate is a 15 credit certification developed by Central Arizona College to provide continuing education or supplement training as part of a follow-up training plan. This certificate is available to WIC staff.

- Local Agencies may provide paid time for employees to work on modules or group time for certificate classes. When documented, this time applies to the 24 hours of continuing education required per employee each year.

The State Agency funds full or partial tuition for Local Agency staff when requested and approved in the Local Agencies budget each fiscal year.
Section F
Nutrition Education Materials

Program Incentives

The United States Department of Agriculture (USDA) allows the State, when funds are available, to purchase incentive and outreach items for WIC. The items would be used for teaching health messages or to inform people about the WIC Program. They would not promote a certain Local Agency’s logo or be items that would be seen or used by staff only. Items should include the State WIC number: 1-800-2525-WIC (1-800-252-5942).

These items are allowable for three purposes: outreach, breastfeeding promotion, and nutrition education.

Program incentive items for Nutrition Education should:

- Be targeted to participants
- Contain a WIC-approved nondiscrimination statement for publications or other printed material that also include any program information
- Have a clear and useful connection to particular WIC nutrition education messages
- Either convey enough information to be considered educational or be utilized by participants to reinforce nutrition education contacts
- Have value as nutrition education aids that equal or outweigh other uses
- Be distributed to the audience for which the items were designed (e.g., tippy cups distributed to mothers of infants who are learning or will be learning to drink from a cup during a relevant nutrition education contact)
- Be reasonably and necessarily priced

Some examples include calendars that contain important nutrition education messages and refrigerator magnets with nutrition or breastfeeding information on them.
## Section F
### Nutrition Education Resources (Continued)

<table>
<thead>
<tr>
<th>Program Incentives (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program incentive items for Breastfeeding Promotion and Support should:</strong></td>
</tr>
<tr>
<td>- Contain a WIC-approved nondiscrimination statement for publications or other printed material that also include any program information</td>
</tr>
<tr>
<td>- Have a clear and useful connection to promoting and supporting breastfeeding among current WIC participants</td>
</tr>
<tr>
<td>- Either convey information that encourages and supports breastfeeding in general, informs participants about the benefits of breastfeeding, or offers support and encouragement for women to initiate and continue breastfeeding</td>
</tr>
<tr>
<td>- Have value as breastfeeding promotion and support items that equal or outweigh other uses</td>
</tr>
<tr>
<td>- Be distributed to the audience for which the items were designed</td>
</tr>
<tr>
<td>- Be reasonable and necessary costs</td>
</tr>
</tbody>
</table>

Examples include: T-shirts, buttons or other items of nominal value with a breastfeeding promotion or support message (e.g., "Breast Fed is Best Fed").

Careful consideration should be given to the public perception of funds spent on items. Like any other administrative cost, these expenditures are subject to review, audit, and public scrutiny. WIC should be prepared for public challenges and be able to justify their incentive expenditures.

It is mandatory in WIC, that the clinics create a positive environment that endorses breastfeeding as the preferred method of infant feeding.

Each Local Agency must have a designated staff person to coordinate breastfeeding promotion and support activities.

It is required by the USDA that Local Agencies incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients. Local Agencies must also have a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods.
Appendix A:
Certification Specialist and Nutrition Education Specialist
Training Timeline

See following pages
Chapter Seven
Participant and Staff Education

ADHS WIC Program Training Plan for New Employees – Certification Specialist

<table>
<thead>
<tr>
<th>Week One</th>
<th>Week Two</th>
<th>Week Three</th>
<th>Week Four</th>
</tr>
</thead>
<tbody>
<tr>
<td>• New employee orientation, HR forms, computer log in, agency policy,</td>
<td>• Complete Intro to HANDS module 8</td>
<td>• Complete Civil Rights LMS</td>
<td>• LA Policies on referrals (nutrition education, other services, etc.)</td>
</tr>
<tr>
<td>forms, what is WIC LMS, Review WIC policy and procedures.</td>
<td>• Anthropometric module &amp; Guide Book (GB)</td>
<td>• Complete Breastfeeding LMS and complete breastfeeding GB modules 1-7</td>
<td>• Review other WIC-related administrative tasks in the clinics such as</td>
</tr>
<tr>
<td>Begin HANDS training, or Intro to HANDS LMS modules 1-7</td>
<td>• Hematology module &amp; GB</td>
<td>• Continue to observe clinic flow, certification and health check visits</td>
<td>ordering of FI's, voiding of FI's, explaining how to use FI's in the</td>
</tr>
<tr>
<td>Observation of clinic flow, answering phones, making appointments</td>
<td>• Practice measurement and hematology techniques</td>
<td>completing anthropometrics and hematology with supervision</td>
<td>groceries and the CVV's in Farmers' Markets, separating the printed FI's,</td>
</tr>
<tr>
<td></td>
<td>• Observe certifications and health checks completing measurement and</td>
<td>• Continue observation of clinic flow, answering phones, making</td>
<td>checking the names, and having clients sign, etc.</td>
</tr>
<tr>
<td></td>
<td>hematology portion of visits with supervision</td>
<td>appointments and begin doing these tasks</td>
<td>• Observe staff doing WIC-related administrative tasks</td>
</tr>
<tr>
<td></td>
<td>• Continue observation of clinic flow, answering phones, making</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>appointments and begin doing these tasks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Starting October 1, 2012, all new employees hired to become certification specialist will follow this training plan.

- Local Agency WIC Director or designee facilitated completion and assesses employee performance by interactive discussions, observations, chart reviews, and comprehensive evaluations during the 4 week period and documents successful completion of each activity listed to ensure the employee has the necessary skills to perform job duties as a certification specialist.

- After the employee passes the initial 4 week timeline and is performing intake, anthropometrics and hematology without observation, the supervising trainer will conduct monthly chart reviews (minimum of nine, including three per WIC participant category with the 3 women reviews being 1 pregnant, 1 breastfeeding and 1 postpartum) and employee observations (minimum of five, including one per WIC participant category,) in order to determine what additional guidance and support may be offered to achieve minimum performance standards.
Chapter Seven
Participant and Staff Education

- Before the end of the employee’s sixth (6) month probation, the Local Agency WIC Director or designee will conduct a final comprehensive evaluation of the new employee before certifying the employee as a Competent Certification Specialist and request a completion certificate from the State WIC office. The final comprehensive evaluation will include chart reviews (minimum of nine, including three per WIC participant category with the 3 women reviews being 1 pregnant, 1 breastfeeding and 1 postpartum) and employee observations (minimum of five, including one per WIC participant category).

ADHS WIC Program Training Plan for New Employees - Nutrition Education Specialist

<table>
<thead>
<tr>
<th>Week One</th>
<th>Week Two</th>
<th>Week Three</th>
<th>Week Four</th>
</tr>
</thead>
<tbody>
<tr>
<td>• New employee orientation, HR forms, computer log in, agency policy, customer service, etc</td>
<td>• Intro to HANDS module 8</td>
<td>• Continue nutrition &amp; dietary risk training</td>
<td>• Basic Nutrition module 3</td>
</tr>
<tr>
<td>• What is WIC LMS</td>
<td>• Anthropometric module &amp; Guide Book (GB)</td>
<td>• Practice nutrition assessment using ABCDE and projective tools</td>
<td>• LA training on food packages</td>
</tr>
<tr>
<td>• Review WIC policy and procedures</td>
<td>• Hematology module &amp; GB</td>
<td>• Civil Rights LMS</td>
<td>• LA Policies on referrals (nutrition education, other services, etc)</td>
</tr>
<tr>
<td>• Begin HANDS training, or Intro to HANDS LMS modules 1-7</td>
<td>• Practice measurement and hematology techniques</td>
<td>• Breastfeeding LMS, GB modules 1-7</td>
<td>• Prenatal Nutrition LMS, GB modules 1-3</td>
</tr>
<tr>
<td>• Observation of clinic flow, answering phones, making appointments</td>
<td>• Observe certifications and health checks completing measurement and hematology portion of visits with supervision</td>
<td>• Continue to observe clinic flow, certification and health check visits completing anthropometrics and hematology with supervision</td>
<td>• WIC Listens LMS, GB modules 1-2</td>
</tr>
<tr>
<td></td>
<td>• Begin Nutrition and Dietary Risk training using GB</td>
<td>• Basic Nutrition LMS, GB modules 1-2</td>
<td>• Review Touching Hearts Touching Minds (THTM) handouts for women</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Observe PG Certs and use HANDS training database to practice mock certs for PG women</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Certify PG, BF and Post-Partum women, children and infants with supervision</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Teach and observe other WIC-related administrative tasks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week Five</th>
<th>Week Six</th>
<th>Week Seven</th>
<th>Week Eight</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Child Nutrition LMS &amp; GB</td>
<td>• Infant Nutrition LMS, GB module 3</td>
<td>• Post-Partum Nutrition LMS, GB module 2</td>
<td>• WIC Listens LMS, GB module 9</td>
</tr>
<tr>
<td>• Review THTM materials for infants and children</td>
<td>• Infant formula orientation</td>
<td>• WIC Listens LMS, GB modules 7-8</td>
<td>• Certify PG, BF and Post-Partum women, children and infants with supervision</td>
</tr>
<tr>
<td>• WIC Listens LMS, GB modules 3-4</td>
<td>• Observe infant certs and use training database to practice mock certs for infants</td>
<td>• Observe BF and PP certs and use training database to practice</td>
<td>• Teach and observe other WIC-related administrative tasks</td>
</tr>
<tr>
<td>• Observe Child certs and use</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Chapter Seven
Participant and Staff Education

| training database to practice mock certs for children • Certify PG women and children with observation • Infant Nutrition LMS, GB modules 1-2 | • WIC Listens LMS, GB modules 5-6 • Post-Partum Nutrition LMS, GB module 1 • Certify PG women, children and infants with supervision | mock certs for BF and PP women • Certify PG, BF and Post-Partum women, children and infants with supervision | related to FI's (see CS) |

- **Starting October 1, 2012, all new employees hired to become nutrition education specialist will follow this training plan.**

- Local Agency WIC Director or designee facilitates completion and assesses employee performance by interactive discussions, observations, chart reviews, and comprehensive evaluations during the 8-12 week period and documents successful completion of each activity listed above to ensure the employee has the necessary skills to perform job duties as a nutrition education specialist.

- After the employee passes the initial 8-12 week timeline and is performing certifications without observation, the supervising trainer will conduct monthly chart reviews (minimum of nine, including three per WIC participant category with the 3 women reviews being 1 pregnant, 1 breastfeeding and 1 postpartum) and employee observations (minimum of five, including one per WIC participant category), in order to determine what additional guidance and support may be offered to achieve minimum performance standards.

- Before the end of the employee’s sixth (6) month probation, the Local Agency WIC Director or designee will conduct a final comprehensive evaluation of the new employee before certifying the employee as a Competent Professional Authority (CPA) and request a completion certificate from the State WIC office. The final comprehensive evaluation will include chart reviews (minimum of nine, including three per WIC participant category with the 3 women reviews being 1 pregnant, 1 breastfeeding and 1 postpartum) and employee observations (minimum of five, including one per WIC participant category).
Chapter Seven
Participant and Staff Education

Appendix B:
HANDS Competencies

See following pages
## Clerk Competencies

<table>
<thead>
<tr>
<th>Clerk Competencies</th>
<th>Clerk Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To understand that WIC is a national program administered by the USDA and describe the purpose of the WIC program.</td>
<td>11. To describe the clerk role in supporting/promoting breastfeeding</td>
</tr>
<tr>
<td>2. To successfully logon to the HANDS System</td>
<td>12. To describe the clerk role in providing good customer service</td>
</tr>
<tr>
<td>3. To correctly identify and appropriately utilize the different parts of the HANDS System windows</td>
<td>13. To understand the clerk role in promoting good clinic flow</td>
</tr>
<tr>
<td>4. To successfully navigate through the HANDS System</td>
<td>14. To understand the clerk role in handling customer complaints and civil rights complaints</td>
</tr>
<tr>
<td>5. To accurately perform a query</td>
<td>15. To successfully print and distribute food instruments</td>
</tr>
<tr>
<td>6. To successfully utilize appropriate help functions</td>
<td>16. To successfully void and reissue food instruments</td>
</tr>
<tr>
<td>7. To identify eligibility criteria and successfully pre-certify a client</td>
<td>17. To understand and successfully run appropriate reports</td>
</tr>
<tr>
<td>8. To successfully transfer in-state and out-of-state clients</td>
<td></td>
</tr>
</tbody>
</table>
### Certification Specialist Competencies

<table>
<thead>
<tr>
<th><strong>HANDS Competencies</strong></th>
<th><strong>Certification Specialist Competencies</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To describe the purpose of the WIC program and identify eligibility criteria</td>
<td>12. To describe the certification specialist role in supporting/promoting breastfeeding</td>
</tr>
<tr>
<td>2. To successfully logon to the HANDS System</td>
<td>13. To correctly identify the guidelines for weighing and measuring clients</td>
</tr>
<tr>
<td>3. To correctly identify and appropriately utilize the different parts of the HANDS System windows</td>
<td>14. To describe common anthropometric and biomedical risks</td>
</tr>
<tr>
<td>4. To successfully navigate through the HANDS System</td>
<td>15. To successfully print and distribute food instruments</td>
</tr>
<tr>
<td>5. To accurately perform a query</td>
<td>16. To successfully void and reissue food instruments</td>
</tr>
<tr>
<td>6. To successfully utilize appropriate help functions</td>
<td>17. To understand and successfully run appropriate reports</td>
</tr>
<tr>
<td>7. To successfully pre-certify a client</td>
<td></td>
</tr>
<tr>
<td>8. To successfully transfer in-state and out-of-state clients</td>
<td></td>
</tr>
<tr>
<td>9. To schedule a new appointment</td>
<td></td>
</tr>
<tr>
<td>10. To successfully determine and document income eligibility using the Income Calculator</td>
<td></td>
</tr>
<tr>
<td>11. To print an appointment notice</td>
<td></td>
</tr>
</tbody>
</table>
## Nutrition Education Specialist Competencies

<table>
<thead>
<tr>
<th>HANDS Competencies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To describe the purpose of the WIC program and identify eligibility criteria</td>
<td>12. To describe the nutrition education specialist role in</td>
</tr>
<tr>
<td></td>
<td>supporting/promoting breastfeeding</td>
</tr>
<tr>
<td>2. To successfully logon to the HANDS System</td>
<td>13. To correctly identify the guidelines for weighing and</td>
</tr>
<tr>
<td></td>
<td>measuring clients</td>
</tr>
<tr>
<td>3. To correctly identify and appropriately utilize the different parts</td>
<td>14. To describe common anthropometric, biomedical, medical, and</td>
</tr>
<tr>
<td>of the HANDS System windows</td>
<td>dietary risks</td>
</tr>
<tr>
<td>4. To successfully navigate through the HANDS System</td>
<td>15. To successfully complete a conversational ABCDE nutrition</td>
</tr>
<tr>
<td></td>
<td>and health assessment using the GTHM tools.</td>
</tr>
<tr>
<td>5. To accurately perform a query</td>
<td>16. To successfully transition from assessment to education</td>
</tr>
<tr>
<td>6. To successfully utilize appropriate help functions</td>
<td>17. To offer participant centered nutrition education based on</td>
</tr>
<tr>
<td></td>
<td>client needs and interests</td>
</tr>
<tr>
<td>7. To successfully pre-certify a client</td>
<td>18. To create a client care plan based on client information</td>
</tr>
<tr>
<td>8. To successfully transfer in-state and out-of-state clients</td>
<td>19. To understand and assign the appropriate food package for a</td>
</tr>
<tr>
<td></td>
<td>client</td>
</tr>
<tr>
<td>9. To schedule a new appointment</td>
<td>20. To successfully print and distribute food instruments</td>
</tr>
<tr>
<td>10. To successfully determine and document income eligibility using the Income</td>
<td>21. To successfully void and reissue food instruments</td>
</tr>
<tr>
<td>Calculator</td>
<td></td>
</tr>
<tr>
<td>11. To print an appointment notice</td>
<td>22. To understand and successfully run appropriate reports</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>23. To demonstrate their skills to provide nutrition education to WIC</td>
<td></td>
</tr>
<tr>
<td>participants through role play</td>
<td></td>
</tr>
</tbody>
</table>
Staff Training Competencies  
WIC 201 – Nutritionist Training

<table>
<thead>
<tr>
<th>WIC 201 Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To understand WIC history, mandates, categories, priorities, targeting populations, role of USDA, State office and Local Agency Nutritionists</td>
</tr>
<tr>
<td>2. To understand and describe WIC nutrition risk factors</td>
</tr>
<tr>
<td>3. To develop effective client care plans and interventions</td>
</tr>
<tr>
<td>4. To provide effective participant centered counseling to WIC clients, especially high risk clients</td>
</tr>
<tr>
<td>5. To accurately assess client dietary behaviors</td>
</tr>
<tr>
<td>6. To appropriately authorize special formulas</td>
</tr>
<tr>
<td>7. To correctly run HANDS reports</td>
</tr>
<tr>
<td>8. To correctly order nutrition education handouts and supplies</td>
</tr>
<tr>
<td>9. To provide breastfeeding support, including pumps, incentives, referrals, and education</td>
</tr>
<tr>
<td>10. To conduct accurate internal audits</td>
</tr>
<tr>
<td>11. To develop quality staff in-services for continuing education</td>
</tr>
<tr>
<td>12. To develop effective outreach activities for the targeted audience</td>
</tr>
<tr>
<td>13. To appropriately handle customer complaints and civil rights complaints</td>
</tr>
</tbody>
</table>
### Staff Training Competencies – WIC 301 Director Training

<table>
<thead>
<tr>
<th>WIC 301 Competencies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To prepare program budget (contract) proposals, participate in contract negotiations, and monitor compliance</td>
<td>18. To manage clinic operations: Load clinic hours, appointments and schedules in HANDS</td>
</tr>
<tr>
<td>2. To manage caseload and priority distribution with an outreach plan, appointment scheduling, waiting lists, and waiting lists sorted by priority</td>
<td>19. To understand and follow federal processing standards</td>
</tr>
<tr>
<td>3. To submit reports and revisions in a timely manner according to the AZ P&amp;P manual, “Financial Management” chapter</td>
<td>20. To ensure separation of duties in Local Agency clinics</td>
</tr>
<tr>
<td>4. To understand process for submitting Contractor Expenditure Reports (CER’s)</td>
<td>21. To appropriately resolve client complaints</td>
</tr>
<tr>
<td>5. To order forms and supplies from the Office of Nutrition Services (ONS) Administrative Support Supervisor at the State WIC office</td>
<td>22. To develop an appropriate outreach plan</td>
</tr>
<tr>
<td>6. To submit inventory list annually</td>
<td>23. To update and confirm referral lists</td>
</tr>
<tr>
<td>7. To obtain State approval prior to purchasing capital equipment as defined in AZ P&amp;P</td>
<td>24. To develop a Nutrition Care Plan for each risk factor, including the procedures for identifying high risk clients and documentation of an internal referral process</td>
</tr>
<tr>
<td>8. To understand the community needs assessment for vendor authorizations</td>
<td>25. To develop procedures for internal referrals to nutritionist</td>
</tr>
<tr>
<td>9. To develop, implement and monitor procedures to ensure food instrument security and accountability</td>
<td>26. To develop and update Local Agency WIC P&amp;P manual</td>
</tr>
<tr>
<td>10. To ensure the accuracy of food instrument issuance and redemption training</td>
<td>27. To document and maintain files according to the AZ P&amp;P, “Records and Reports” chapter</td>
</tr>
<tr>
<td>11. To ensure that maximum levels of food are not exceeded</td>
<td>28. To understand Community Nutrition Team Programs and Services</td>
</tr>
<tr>
<td>12. To refer all vendor requests/complaints/issues to the State Agency for follow-up</td>
<td>29. To identify Healthy Arizona 2010 Nutrition Objectives</td>
</tr>
<tr>
<td>13. To follow-up on all vendor complaints regarding participants that are forwarded to you by the State Agency</td>
<td>30. To understand the role of the HANDS system</td>
</tr>
<tr>
<td>14. To notify the State Agency of all claims of lost and/or stolen food instruments</td>
<td>31. To understand Children's Rehabilitative Services, Early Intervention Program, and High Risk Prenatal Services</td>
</tr>
<tr>
<td>15. To complete and submit the Redemption Error Report by due date</td>
<td>32. To appropriately use HANDS management functionality</td>
</tr>
<tr>
<td>16. To develop and perform quality assurance reviews or other continuous quality improvement program regularly</td>
<td>33. To provide daily staff supervision</td>
</tr>
<tr>
<td>17. To prepare and present an annual review/evaluation for each staff member</td>
<td>34. To understand how to run HANDS reports</td>
</tr>
</tbody>
</table>
### HANDS Local Agency Administration Competencies

<table>
<thead>
<tr>
<th>HANDS Administration Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To create a new employee in the HANDS computer system</td>
</tr>
<tr>
<td>2. To edit personnel information in the HANDS computer system.</td>
</tr>
<tr>
<td>3. To appropriately use the outreach/referrals section of the HANDS computer system.</td>
</tr>
<tr>
<td>4. To complete the time study/daily log in the HANDS computer system.</td>
</tr>
<tr>
<td>5. To complete the annual WIC cost summary in the HANDS computer system.</td>
</tr>
<tr>
<td>6. To run reports in the HANDS computer system.</td>
</tr>
<tr>
<td>7. To assign passwords and roles to new users and update passwords and roles for existing users of the HANDS computer system.</td>
</tr>
<tr>
<td>8. To run Caseload reports in the HANDS computer system.</td>
</tr>
<tr>
<td>9. To demonstrate understanding of how to appropriately monitor FI stock and MICR cartridge inventory.</td>
</tr>
<tr>
<td>10. To understand how to identify FI number issuance.</td>
</tr>
<tr>
<td>11. To use the Outputs section of the HANDS computer system.</td>
</tr>
<tr>
<td>12. To demonstrate an understanding of how to track/monitor help desk calls.</td>
</tr>
<tr>
<td>13. To demonstrate an understanding of how to report a technical problem.</td>
</tr>
</tbody>
</table>
Chapter Seven
Participant and Staff Education

Appendix C:
VENA Competencies

See Following Page
## Certification Specialist

**Minimum Requirements:** High School Diploma or GED

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revised 1.15.13</strong></td>
<td><strong>Knowledge of:</strong></td>
<td>Have the ability to assess participant’s understanding of information provided.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Understands WIC program requirements.</td>
<td>WIC Program services, Participant categories, WIC foods and key nutrients in foods, Income requirements, and Community resources.</td>
<td>Explains the WIC Program, the eligible population, income qualifications, and the services provided. i.e. referrals, nutrition education, community resources, nutritious foods, WIC complaint hotline, and other basic information.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participants’ rights and responsibilities</td>
<td>Explains to participants their rights and responsibilities and voter registration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How to use WIC Food Instruments</td>
<td>How to use Food Instruments and Cash Value Vouchers and where they can be used.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How to complete and use WIC ID folder</td>
<td>Accurately completes and explains the WIC ID folder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The basic physiology of lactation and evidence-based techniques for lactation management. Breastfeeding support and resources provided by WIC.</td>
<td>Promotes breastfeeding. Explains WIC support and resources available to participants such as the breastfeeding hotline, as appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide appropriate referrals to</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Competency Revised 1.15.13

<table>
<thead>
<tr>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Referral Resources</td>
<td>community resources. Attends required in-services and trainings. Successful completion of required CS courses.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 2. Nutrition assessment process:
Understands the WIC nutrition assessment process, including risk assignment and documentation.

<table>
<thead>
<tr>
<th>Knowledge of:</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to navigate in HANDS</td>
<td>Pre-certifies and schedules WIC appointments in HANDS Explains eligibility requirements and certification process to participants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC eligibility and certification requirements. Knowledge and purpose of nutrition assessment, risk assignment, nutrients in WIC foods, and food package in the WIC program</td>
<td>Accurately completes the following: collect required demographic data, eligibility and category determination, record documentation, food instrument issuance, appointment scheduling, and referrals to other programs Appropriately documents required data in HANDS. Determines which other community programs the participant may be eligible for and/or may benefit from and makes appropriate referrals. Successful completion of CS required</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Competency Revised 1.15.13

<table>
<thead>
<tr>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Anthropometric and hematological data collection techniques: Understands the importance of using appropriate measurement techniques to collect anthropometric and hematological data.</td>
<td>Knowledge of: &lt;br&gt;Knowledge and purpose of medical assessment in the WIC program and how to collect hematological and anthropometric information. &lt;br&gt;The basic relevance of anthropometric data to health and nutrition status. &lt;br&gt;Relationship of hematological parameters to health and nutrition status</td>
<td>Cleans, maintains, sets up, and organizes the laboratory to meet local and state quality assurance standards. &lt;br&gt;Demonstrates appropriate anthropometric measurement techniques. &lt;br&gt;Reads and records measurements accurately. &lt;br&gt;Demonstrates appropriate technique for performing a hemoglobin screening and assessment. &lt;br&gt;Obtains consent and release prior to performing screenings. &lt;br&gt;Performs measurements of stature, weight, hemoglobin, and review of medical documentation. &lt;br&gt;Explains the purpose of collecting anthropometric and hematological data to participants. &lt;br&gt;Follows protocols for re-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competency</td>
<td>Knowledge and Skills</td>
<td>Performance Expected</td>
<td>Target Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------</td>
<td>----------------------</td>
<td>-------------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Revised 1.15.13</strong></td>
<td><strong>Knowledge of:</strong> &lt;br&gt; The principles of effective communication</td>
<td><strong>Knowledge of:</strong> &lt;br&gt; USDA and State agency policies about participant confidentiality.</td>
<td><strong>Knowledge of:</strong> &lt;br&gt; Successful completion of required CS courses.</td>
<td><strong>Knowledge of:</strong> &lt;br&gt; Answers, routes, and receives all incoming phone calls for clinic(s)</td>
</tr>
<tr>
<td>Competency</td>
<td>Knowledge and Skills</td>
<td>Performance Expected</td>
<td>Target Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------</td>
<td>----------------------</td>
<td>-------------</td>
<td>----------</td>
</tr>
<tr>
<td>Revised 1.15.13</td>
<td>how to use food instruments correctly, and WIC foods. Provides explanations when/if participant is unable to follow program guidelines. Answers basic questions and resolves simple complaints from applicants. Successful completion of required CS courses.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Multicultural awareness: Understands how sociocultural issues affect nutrition and health practices and nutrition-related health problems.</td>
<td>Knowledge of: Cultural groups in the target population, including their families and communities, values and beliefs, characteristics, and resources. Cultural eating patterns and family traditions such as core foods, traditional celebrations, and fasting. Differences in communication styles between groups and how these differences may impact the assessment process.</td>
<td>Completes annual Civil Rights training Respects different belief systems about issues such as blood work, alternative medicine, and traditional healers. Uses culturally appropriate communication styles to collect participant information Uses interpretation and/or translation services appropriately to collect information from participants with limited English proficiency. Awareness of cultural issues surrounding breastfeeding.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Competency

### Revised 1.15.13

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Critical thinking: Knows how to synthesize and analyze data to draw appropriate conclusions.</td>
<td>Knowledge of: Principles of critical thinking. Critical thinking recognizes when participants need higher level referrals such as nutritionists, supervisors, and/or IBCLC.</td>
<td>Schedules participants appropriately. Asks additional questions to clarify information or gather more details. Maintains an awareness of the participant’s current situation and determines best course of action. Makes appropriate referrals to supervisors, dietitians, or IBCLC.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Customer Services: Provides good customer service using PCE approach.</td>
<td>Knowledge of: Principles of PCE in dealing with customers to meet their needs.</td>
<td>Greets and acknowledges customers in courteous manner builds rapport with active and reflective listening. Provides accurate and relevant information. Able to diffuse a difficult situation with a frustrated/angry customer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Nutrition Education Specialist

Minimum requirements: Bachelors Degree in Nutrition or DTR certification or Associates degree plus 12 hours of college level nutrition courses or Certification Specialist plus 12 hours of college level nutrition courses – Recommended for FY10; Mandatory for FY13

#### Revised 1.15.13

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Principles of life-cycle nutrition: Understands normal nutrition issues for pregnancy, lactation, the postpartum period, infancy, and early childhood.</td>
<td>In addition to knowledge and skills of the CS. Knowledge of: Nutrition requirements and dietary recommendations for women, infants, and children served by WIC. Federal nutrition policy guidance and its implications for women, infants and children served by WIC.</td>
<td>In addition to performance expected of CS: Analyzes health and nutrition histories based on lifecycle stage. Evaluates the impact of the parent/feeding dynamics on nutritional status, growth, and development. Interprets and compares dietary practices of WIC participants to federal policy guidance. Differentiates between safe and inappropriate food and nutrition practices. Selects food package tailored to participant's nutritional and preference needs. Selects appropriate nutrition education materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competency</td>
<td>Knowledge and Skills</td>
<td>Performance Expected</td>
<td>Target Date</td>
<td>Comments</td>
<td>Date Completed</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>-----------</td>
<td>----------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assesses potential barriers to breastfeeding.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognizes health and lifestyle contraindications to breastfeeding.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Applies knowledge of physiology in the assessment of breastfeeding problems.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Successfully completes the Certified Breastfeeding Course (CBC) and/or Certified Lactation Course (CLC).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>After passing the CBC/CLC courses, completes breastfeeding assessments at critical points in the early postpartum period.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Analyses breastfeeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competency</td>
<td>Knowledge and Skills</td>
<td>Performance Expected</td>
<td>Target Date</td>
<td>Comments</td>
<td>Date Completed</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------</td>
<td>----------------------</td>
<td>-------------</td>
<td>----------</td>
<td>----------------</td>
</tr>
<tr>
<td>1.15.13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>problems using evidence-based information as the standard. Evaluates the impact of early formula supplementation and mother/infant separation on milk supply and the mother’s breastfeeding intention.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Promotes breastfeeding and refers participants to Certified Lactation Consultants as needed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attends the state-wide nutrition education workshop, regional training, departmental in-services, and other trainings as required.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Nutrition assessment process: Understands the WIC nutrition assessment process, including risk assignment and documentation.</td>
<td>Knowledge of:</td>
<td>Appropriately completes a health and nutrition assessment using the GTHM conversational approach, including assessing for all applicable WIC Codes using the ABCDE guide and GTHM tools.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How to conduct an effective conversational assessment using the HANDS system and VENA skills.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Revised 1.15.13

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WIC medical and nutrition risk criteria.</td>
<td>Evaluates need for documentation of diagnosis vs. self-report of medical conditions according to policies.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Importance of documenting nutrition assessment results.</td>
<td>Applies risk definitions correctly and uses appropriate cut-off values when assigning nutrition risks.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Anthropometric and hematological data collection techniques:</td>
<td>In addition to knowledge and skills of the CS Knowledge of: Relevance of anthropometric data to health</td>
<td>Completes documentation of nutrition assessment using approved workarounds, appropriately assigns WIC Codes in Health History screen and completes documentation of assessment in the Notes screen using TGIF note guidelines.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assess participant progress from previous visit.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Chapter Seven Participant and Staff Education

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Understands the importance of using appropriate measurement techniques to collect anthropometric and hematological data.</strong></td>
<td>and nutrition status.</td>
<td>Interprets growth data and prenatal weight gains correctly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relationship of hematological parameters to health and nutrition status</td>
<td>Evaluates anthropometric and blood work results for nutritional risk.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow local agency protocol for values that qualify as a medical emergency.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Nutrition Education:</strong> Provide Participant Centered nutrition education.</td>
<td>Knowledge of:</td>
<td>Provides participant centered nutrition education based on participant interest and risk to achieve behavior change.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PCE skills including motivational interviewing and emotion based counseling.</td>
<td>Provides participant centered, emotion based nutrition education reflecting participant interest and risk to achieve behavior change.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nutrition Care Standards. (Care Plans)</td>
<td>Use handouts when appropriate.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WIC approved education materials such as Touching Hearts, Touching Minds and Breastfeeding book.</td>
<td>Documents nutrition education contact in the Care Plan screen and topics given</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competency</td>
<td>Knowledge and Skills</td>
<td>Performance Expected</td>
<td>Target Date</td>
<td>Comments</td>
<td>Date Completed</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------</td>
<td>----------------------</td>
<td>-------------</td>
<td>----------</td>
<td>----------------</td>
</tr>
<tr>
<td>1. Knowledge and Skills</td>
<td>Other available services in the community.</td>
<td>Documents referrals provided.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Determines which other community programs the participant may be eligible for and/or may benefit from and makes appropriate referrals and documentation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Behavior Change: Help guide participant to identify behavior change goals.</td>
<td>Knowledge of: Behavioral change theories such as stages of change.</td>
<td>Assesses participants' readiness for change.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Works with participants to determine next steps.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conducts PCE group sessions and discussions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Documents participants' goals using TGIF note type in the Notes screen in HANDS.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Food Package Assignment: Tailor food package to meet participant health.</td>
<td>Knowledge of: WIC Food Packages available in HANDS. WIC formula and food package issuance</td>
<td>Assigns issues and documents appropriate food package in HANDS. Able to customize a food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competency and Staff Education</td>
<td>Knowledge and Skills</td>
<td>Performance Expected</td>
<td>Target Date</td>
<td>Comments</td>
<td>Date Completed</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------</td>
<td>----------------------</td>
<td>-------------</td>
<td>----------</td>
<td>----------------</td>
</tr>
<tr>
<td>situational and cultural needs.</td>
<td>policies and procedures.</td>
<td>package in HANDS.</td>
<td>Follows procedure for new food package request.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Communication: Knows how to develop rapport and foster open communication with participants and caretakers.</td>
<td>The principles of effective communication to collect nutrition assessment information.</td>
<td>Protects participant confidentiality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provides PCE based on participant’s identified nutritional risk and the participant’s priority, emphasizing positive health outcomes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Answers more complex questions and resolves more complex complaints from applicants.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Acts as mentor to Certification Specialist.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Chapter Seven Participant and Staff Education

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Multicultural awareness: Understands how socio-cultural issues affect nutrition and health practices and nutrition-related health problems.</td>
<td>Knowledge of:</td>
<td>Respects different belief systems about issues such as blood work, immunizations, dietary supplements, alternative medicine, and traditional healers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cultural groups in the target population, including their families and communities, values and beliefs, characteristics, and resources.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cultural eating patterns and family traditions such as core foods, traditional celebrations, and fasting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Differences in communication styles</td>
<td>Evaluates cultural practices for their potential to harm the participant’s health or nutritional status.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>When appropriate, includes core foods and recognizes their nutrient contributions in an assessment of eating patterns.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluates food selection and preparation within a cultural context.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Selects food package tailored to participant’s cultural needs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uses culturally appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Competency Knowledge and Skills

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>between groups and how these differences may impact the assessment process.</td>
<td>communication styles to collect nutrition assessment information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Uses interpretation and/or translation services appropriately to collect nutrition assessment information from participants with limited English proficiency.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Uses culturally appropriate strategies to assess breastfeeding practices and beliefs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Critical thinking: Knows how to synthesize and analyze data to draw appropriate conclusions.</td>
<td>Knowledge of: Principles of critical thinking.</td>
<td>Collects all assessment information before drawing risk or counseling conclusions and deciding upon the best course of action.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asks additional probing questions to clarify information or gather more details.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognizes factors that</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Competency Knowledge and Skills

### Performance Expected
- Contribute to the identified nutrition problem(s) and refers appropriately.
- Considers the applicant’s point of view about nutrition and health priorities, needs, and concerns.
- Prioritizes nutrition problems to be addressed.
- Understands when to refer participant to the nutritionist/RD

### Comments

### Date Completed

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>contribute to the identified nutrition problem(s) and refers appropriately.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Considers the applicant’s point of view about nutrition and health priorities, needs, and concerns.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prioritizes nutrition problems to be addressed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Understands when to refer participant to the nutritionist/RD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### WIC Program Quality Assurance Activities Performed by Manager or Designee

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Principles of life-cycle nutrition:</strong> Understands normal nutrition issues for pregnancy, lactation, the postpartum period, infancy, and early childhood.</td>
<td>Same knowledge and skills as NES.</td>
<td>Same performance expected as NES.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Nutrition assessment process:</strong> Understands the WIC nutrition assessment process, including risk assignment and documentation.</td>
<td>Same knowledge and skills as NES.</td>
<td>Same performance expected as NES. Conducts quality assurance activities and documentation procedures.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Competency Knowledge and Skills

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Anthropometric and hematological data collection techniques: Understands the importance of using appropriate measurement techniques to collect anthropometric and hematological data.</td>
<td>In addition to the Knowledge and Skills of NES: State Anthropometric and Laboratory manual regarding lab techniques, quality assurance, and record keeping.</td>
<td>Conducts quality assurance activities on laboratory results and record keeping procedures.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Nutrition Education: Provide Participant Centered nutrition education.</td>
<td>Same Knowledge and Skills as NES.</td>
<td>Same Performance Expected of NES.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Behavior Change: Help guide client to identify behavior change goals.</td>
<td>In addition to Knowledge and Skills as NES: Knowledge of adult learning principles and behavior change theory.</td>
<td>In addition to Performance Expected of NES: Assist staff in their own work performance improvement.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competency</td>
<td>Knowledge and Skills</td>
<td>Performance Expected</td>
<td>Target Date</td>
<td>Comments</td>
<td>Date Completed</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------</td>
<td>----------------------</td>
<td>-------------</td>
<td>----------</td>
<td>----------------</td>
</tr>
<tr>
<td>6. Food Package Assignment: Tailor food package to meet client health, situational and cultural needs.</td>
<td>In addition to Knowledge and Skills as NES: HANDS reports related to food package issuance. State and local policies and procedures related to food packages</td>
<td>In addition to Performance Expected of NES: Run and analyze food package reports in HANDS and take appropriate action to resolve any discrepancies. Work with and respond to vendors, medical community, and other external partners regarding food package guidelines. Follows procedure for new food package request.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Communication: Knows how to develop rapport and foster open communication with participants, caretakers, staff, and external partners.</td>
<td>In addition to Knowledge and Skills as NES: Knowledge of customer service and conflict management principles. Knowledge of effective verbal and written communication skills.</td>
<td>In addition to Performance Expected of NES: Provide effective and timely resolution of conflict to satisfy client need. Ensure that clients receive good customer service through observation and client feedback. Speaks and writes clearly and effectively.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Chapter Seven Participant and Staff Education

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Multicultural awareness: Understands how socio-cultural issues affect nutrition and health practices and nutrition-related health problems.</td>
<td>In addition to Knowledge and Skills of NES: Knowledge of Civil Rights Title VI law regarding language access services.</td>
<td>In addition to Performance Expected of NES: Ensures that clients’ language needs are met.</td>
</tr>
<tr>
<td>9. Critical thinking: Knows how to synthesize and analyze data to draw appropriate conclusions.</td>
<td>In addition to Knowledge and Skills of NES: Principles of critical thinking.</td>
<td>In addition to Performance Expected of NES: Demonstrates a strong ability to identify, analyze, and solve problems.</td>
</tr>
</tbody>
</table>
## Chapter Seven Participant and Staff Education

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>caseload via staffing patterns, clinic flow, staff productivity, outreach, budget management, and quality customer service.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HANDS reports and Discover queries.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fraud and integrity policies and corrective actions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community partners and resources.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency, OSHA, State, and Local security policies on staff, clinic, and client safety.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Personnel Management: Knowledge of how to effectively manage staff.</td>
<td>Knowledge of and skills related to:</td>
<td>Makes certain that employees have a clear understanding of their responsibilities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Management and supervisory principles.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Revised 1.15.13

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training requirements of staff.</td>
<td></td>
<td>Effectively coaches and counsels staff.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Motivates staff to work toward personal, professional, and agency goals.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monitors, mentors, and coaches staff to ensure compliance with Federal, State, and Local policies and utilizes appropriate monitoring tools.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prepares staff for Management Evaluations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provides a safe environment for mentoring, coaching, and providing feedback to staff.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluates participant centeredness of clinic.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop and monitor adherence to training plans for all staff utilizing appropriate training resources, i.e. LMS and in-</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Competency Knowledge and Skills | Performance Expected | Target Date | Comments | Date Completed
---|---|---|---|---
Local agency human resources/personnel rules. | person trainings. | | | 
Follows local guidelines on hiring, firing, and progressive discipline. | | | | 
Uses sound coaching techniques to solve disciplinary problems. | | | | 
Conducts regular performance evaluations for each staff. | | | |
### High Risk Nutritionist

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Principles of life-cycle nutrition: Understands normal nutrition issues for pregnancy, lactation, the postpartum period, infancy, and early childhood.</td>
<td>Nutrition requirements and dietary recommendations for women, infants, and children served by WIC. Federal nutrition policy guidance and its implications for women, infants and children served by WIC.</td>
<td>Provides emotion-based nutrition education using appropriate GTHM tools to high-risk participants. High Risks: 103- infants and children underweight &lt;5%ile 132 – maternal weight loss 134- failure to thrive – infants and children 141- low birth weight infants and children up to 12 months 142- premature infants and children up to 12 months 302- gestational diabetes for pregnant women, referral to MNT or doctor 602/603 – Breast Feeding complications; after initial consultation may be referred to CBC or CLC Approves special formula food packages</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Chapter Seven Participant and Staff Education

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Nutrition assessment process: Understands the WIC nutrition assessment process, including risk assignment and documentation.</td>
<td>Knowledge of: Purpose of nutrition assessment in the WIC program and how to collect information using the GTHM conversational approach. WIC nutrition risk criteria.</td>
<td>Monitors high-risk client progress. Writes nutrition education and nutrition risk protocols with local agency Successfully completes LMS courses as they become available.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Anthropometric and hematological data collection techniques: Understands the importance of using appropriate measurement techniques to collect anthropometric &amp; hematological data.</td>
<td>In addition to the Knowledge and Skills of the NES: Knowledge of State Anthropometric and Laboratory manual regarding lab techniques, quality assurance, and record keeping.</td>
<td>In addition to performance expected of NES: Read and reference Anthropometric Lab manual Assists supervisor in staff observation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Competency: Knowledge and Skills

#### In addition to knowledge and skills of Certification Specialist (CS) and Nutrition Education Specialist (NES) and Medium Risk Nutritionist, knowledge of:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Nutrition Education: Provide Participant Centered nutrition education.</td>
<td>In addition to the Knowledge and Skills of NES: Advanced knowledge of participant centered education and adult learning principles, including motivational interviewing, emotion-based counseling, and behavior change theory.</td>
<td>In addition to Performance Expected of NES: Serves as model for all staff of exemplary participant centered education. Mentors NES staff in PCE techniques and provides constructive feedback and evaluation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Behavior Change: Help guide client to identify behavior change goals</td>
<td>In addition to Knowledge and Skills as NES: Knowledge of adult learning principles and behavior change theory.</td>
<td>In addition to Performance Expected of NES: Helps high-risk clients move toward behavior change and monitors their progress. Assists staff in their own work performance improvement.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Food Package Assignment: Tailor food package to meet client health, situational and</td>
<td>In addition to Knowledge and Skills as NES: Knowledge of: Food package policies, procedures, and availability in HANDS to assign appropriate</td>
<td>In addition to Performance Expected of NES: Assesses clients’ need for and approves special formula</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Chapter Seven Participant and Staff Education

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>cultural needs.</td>
<td>In addition to knowledge and skills of Certification Specialist (CS) and Nutrition Education Specialist (NES) and Medium Risk Nutritionist, knowledge of:</td>
<td>In addition to performance expected on Certification Specialist (CS) and Nutrition Education Specialist (NES) and Medium Risk Nutritionist:</td>
<td>food packages.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Follows up with physicians on non-contract regular formulas and requests approval from State.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Assists clients in obtaining special formulas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Works with and responds to vendors, medical community, and other external partners regarding food package guidelines.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Follows procedure for new food package request.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Coordinates with local health care providers to obtain necessary documentation and provide appropriate food and formulas to clients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Approves appropriate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Competency: Knowledge and Skills

*In addition to knowledge and skills of Certification Specialist (CS) and Nutrition Education Specialist (NES) and Medium Risk Nutritionist, knowledge of:*

- including formulas for special needs clients and medical foods.
- Policies regarding working with AHCCCS and CRS.

<table>
<thead>
<tr>
<th>Performance Expected</th>
</tr>
</thead>
</table>
| In addition to performance expected on Certification Specialist (CS) and Nutrition Education Specialist (NES) and Medium Risk Nutritionist:

- formulates and medical foods and follows up with health care provider when needed.
- Coordinates and refers with AHCCCS and CRS per State protocol.

### Target Date

**7. Communication:**

Knows how to develop rapport and foster open communication with participants and caretakers.

- Knowledge of:
  - The principles of effective communication to collect nutrition assessment information.
  - Using Participant centered communication style in nutrition education, staff communication and conflict resolution
  - USDA and State agency policies about participant confidentiality.

  **Answers the most complex questions and resolves the most complex complaints from applicants and staff.**

  **Provides participant centered nutrition education, counseling and referral for complex medical and nutritional needs**

  **Protects participant confidentiality**

### Date Completed

**8. Multicultural awareness:**

Understands how socio-cultural issues affect

- Knowledge of:
  - Cultural groups in the target population, including their families and communities, values and beliefs, characteristics, and

  **Respects different belief systems about issues such as blood work, immunizations, dietary supplements, alternative medicine, and**
## Chapter Seven Participant and Staff Education

### Competency

**Knowledge and Skills**

*In addition to knowledge and skills of Certification Specialist (CS) and Nutrition Education Specialist (NES) and Medium Risk Nutritionist, knowledge of:*

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>nutrition and health practices and nutrition-related health problems.</td>
<td>resources.</td>
<td>traditional healers.</td>
</tr>
<tr>
<td></td>
<td>Cultural eating patterns and family traditions such as core foods, traditional celebrations, and fasting.</td>
<td>Evaluates cultural practices for their potential to harm the participant’s health or nutritional status.</td>
</tr>
<tr>
<td></td>
<td>Differences in communication styles between groups and how these differences may impact the assessment process</td>
<td>When appropriate, includes core foods and recognizes their nutrient contributions in an assessment of eating patterns.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluates food selection and preparation within a cultural context.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Selects food package tailored to participant’s cultural needs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uses culturally appropriate communication styles to collect nutrition assessment information.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uses interpretation and/or</td>
</tr>
</tbody>
</table>
## Chapter Seven Participant and Staff Education

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>In addition to knowledge and skills of Certification Specialist (CS) and Nutrition Education Specialist (NES) and Medium Risk Nutritionist, knowledge of:</strong></td>
<td><strong>In addition to performance expected on Certification Specialist (CS) and Nutrition Education Specialist (NES) and Medium Risk Nutritionist:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>translation services appropriately to collect nutrition assessment information from participants with limited English proficiency. Uses culturally appropriate strategies to assess breastfeeding practices and beliefs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Critical thinking: Knows how to synthesize and analyze data to draw appropriate conclusions.</td>
<td><strong>In addition to Knowledge and Skills of NES:</strong> Principles of critical thinking.</td>
<td><strong>In addition to Performance Expected of NES:</strong> Demonstrates a strong ability to identify, analyze, and solve problems.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Mentoring, Monitoring, and Training</td>
<td>Knowledge of VENA, PCE, nutrition, and adult learning principles.</td>
<td>Mentors, models, and trains all staff on nutrition-related topics. Works one-on-one with staff to develop PCE skills.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Knowledge of Federal, State, and Local</td>
<td>Assists supervisor in</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Competency

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In addition to knowledge and skills of Certification Specialist (CS) and Nutrition Education Specialist (NES) and Medium Risk Nutritionist, knowledge of:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>In addition to performance expected on Certification Specialist (CS) and Nutrition Education Specialist (NES) and Medium Risk Nutritionist:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Policy and procedures.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Observation of staff to comply with policies and to prepare for management evaluations.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Assists in the hiring process and training of new staff.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>11. Manages and supervises WIC staff</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Federal nutrition policy guidance and its implications for women, infants and children served in WIC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Performance Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acts as a liaison to public and government agencies, health care providers, and hospitals regarding nutrition and program service issues</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participates in the development of policies and procedures</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Oversees and assists the director in developing training plan for CNW’s in area of nutrition</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Acts as preceptor/proctor for staff training.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Manages and monitors employee activities in LMS</th>
</tr>
</thead>
</table>
## Chapter Seven Participant and Staff Education

### Competency

<table>
<thead>
<tr>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>In addition to knowledge and skills of Certification Specialist (CS) and Nutrition Education Specialist (NES) and Medium Risk Nutritionist, knowledge of:</td>
<td>Participates in hiring process for other CNW's</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participates in supervising and training staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assists in planning and coordinating outreach efforts, and/or other WIC related programs or projects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conducts staff meetings and in-services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other duties as assigned.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Medium Risk Nutritionist

<table>
<thead>
<tr>
<th>Competency Revised 1.15.13</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Principles of life-cycle nutrition:</strong> Understands normal nutrition issues for pregnancy, lactation, the postpartum period, infancy, and early childhood.</td>
<td>Knowledge of: Nutrition requirements, dietary recommendations, and Federal nutrition policy guidance for women, infants, and children served by WIC.</td>
<td>Provides nutrition education to medium-risk participants and tailors food packages appropriately. Medium Risks: 101 - pre--pregnancy underwgt. 103- infants and children underwgt &gt;5%ile - &lt;10 %ile 131- low maternal wgt. gain 141- low birth wgt.infants and children, previously seen by high risk nutritionist, when infants are older than 12 months 142- premature infants and children, previously seen by high risk nutritionist, when infants older than 12 months 201- anemia, when hemoglobin in the “nutritionist” ranges</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Competency Revised 1.15.13

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Nutrition assessment process: Understands the WIC nutrition assessment process, including risk assignment and documentation.</td>
<td>In addition to Knowledge and Skills of NES: Knowledge of: Purpose of nutrition assessment in the WIC program and how to collect information using the GTHM conversational approach. WIC nutrition risk criteria.</td>
<td>In addition to Performance Expected on NES: Provides a thorough assessment of medium-risk clients before providing education/intervention. Monitors medium-risk client progress. Writes nutrition education and nutrition risk protocols with local agency and receives approval from the State.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Anthropometric and hematological data collection techniques: Understands the importance of using appropriate measurement</td>
<td>In addition to the Knowledge and Skills of the NES: Knowledge of State Anthropometric and Laboratory manual regarding lab techniques, quality assurance, and record keeping.</td>
<td>In addition to performance expected of NES: Read and reference Anthropometric Lab manual Assists supervisor in staff observation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Chapter Seven Participant and Staff Education

<table>
<thead>
<tr>
<th>Competency Revised 1.15.13</th>
<th>Knowledge and Skills</th>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4. Nutrition Education:</strong> Provide Participant Centered nutrition education.</td>
<td><strong>In addition to Knowledge and Skills of NES:</strong> Advanced knowledge of participant centered education and adult learning principles, including motivational interviewing, emotion-based counseling, and behavior change theory.</td>
<td><strong>In addition to Performance Expected of NES:</strong> Serves as model for all staff of exemplary participant centered education. Mentors NES staff in PCE techniques and provides constructive feedback and evaluation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Behavior Change: Help guide client to identify behavior change goals.</strong></td>
<td><strong>In addition to Knowledge and Skills as NES:</strong> Knowledge of adult learning principles and behavior change theory.</td>
<td><strong>In addition to Performance Expected of NES:</strong> Helps medium-risk clients move toward behavior change and monitors their progress. Assists staff in their own work performance improvement.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Chapter Seven Participant and Staff Education

| Competency Revised 1.15.13 | Knowledge and Skills  
In addition to Knowledge and Skills of Certification Specialist (CS) and Nutrition Education Specialist (NES): | Performance Expected  
In addition to performance expected of Certification Specialist (CS) and Nutrition Education Specialist (NES): | Target Date | Comments | Date Completed |
|---------------------------|--------------------------------------------------|--------------------------------------------------|-------------|------------|----------------|
| 6. Food Package Assignment: Tailor food package to meet client health, situational and cultural needs. | In addition to Knowledge and Skills as NES: Knowledge of:  
Food package policies, procedures, and availability in HANDS to assign appropriate package to participants. | In addition to Performance Expected of NES:  
Assesses clients’ need for and approves special formula food packages.  
Follows up with physicians on non-contract regular formulas and requests approval from State.  
Assists clients in obtaining special formulas.  
Works with and responds to vendors, medical community, and other external partners regarding food package guidelines.  
Follows procedure for new food package request.  
Coordinates with local health care providers to obtain necessary documentation and | | | |
<p>| | Federal Food Package III and importance of working with health care providers. | | | | |</p>
<table>
<thead>
<tr>
<th>Competency Revised 1.15.13</th>
<th>Knowledge and Skills <strong>In addition to Knowledge and Skills of Certification Specialist (CS) and Nutrition Education Specialist (NES):</strong></th>
<th>Performance Expected <strong>In addition to performance expected of Certification Specialist (CS) and Nutrition Education Specialist (NES):</strong></th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All WIC-approved formulas and indications, including formulas for special needs clients and medical foods. Policies regarding working with AHCCCS and CRS.</td>
<td>provide appropriate food and formulas to clients. Approves appropriate formulas and medical foods and follows up with health care provider when needed. Coordinates and refers with AHCCCS and CRS per State protocol.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Communication:</td>
<td><strong>In addition to Knowledge and Skills of NES:</strong> Knowledge of customer service and conflict management principles. Knowledge of effective verbal and written communication skills.</td>
<td><strong>In addition to Performance Expected of NES:</strong> Models excellent customer service. Models exemplary verbal and written communication skills. Protects participant confidentiality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knows how to develop rapport and foster open communication with participants, caretakers, staff, and external partners.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Critical thinking:</td>
<td><strong>In addition to Knowledge and Skills of NES:</strong> Knowledge of appropriate case management</td>
<td><strong>In addition to Performance Expected of NES:</strong> Utilizes community resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knows how to synthesize and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ARIZONA WIC PROGRAM
POLICY AND PROCEDURE MANUAL
7-75

ORIGINAL: MARCH 1997
REVISION: OCTOBER 2013
## Competency Revised 1.15.13
### Knowledge and Skills
*In addition to Knowledge and Skills of Certification Specialist (CS) and Nutrition Education Specialist (NES):*

<table>
<thead>
<tr>
<th>Performance Expected</th>
<th>Target Date</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>...</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Analysis and Advocacy
- Analyze data to draw appropriate conclusions.
- Advocacy skills to achieve optimal outcomes.

### Target Date
- Date Completed

### 7. Mentoring, Monitoring, and Training

| Knowledge of VENA, PCE, nutrition, and adult learning principles. |
| Knowledge of Federal, State, and Local policies and procedures. |

| Mentors, models, and trains all staff on nutrition-related topics. |
| Works one-on-one with staff to develop PCE skills. |
| Assists supervisor in observation of staff to comply with policies and to prepare for management evaluations. |
| Assists in the hiring process and training of new staff. |

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>...</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix D
Hemoglobin Cut-Off Values

See following pages
## Cut-off values for Hemoglobin Levels at 0-2,999 feet

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>action</th>
<th>Pregnant</th>
<th>Breastfeeding/Post-Partum</th>
<th>Infant and Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Smoker</td>
<td></td>
<td>1st Trimester</td>
<td>2nd Trimester</td>
<td>3rd Trimester</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 – 13 weeks</td>
<td>14 – 26 weeks</td>
<td>27 + weeks</td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
<td>10.9</td>
<td>10.4</td>
<td>10.9</td>
</tr>
<tr>
<td>Nutritionist</td>
<td></td>
<td>8.5</td>
<td>16.3</td>
<td>8.1</td>
</tr>
<tr>
<td>up to 1 pack (1-19 cigarettes)</td>
<td></td>
<td>11.2</td>
<td>10.7</td>
<td>11.2</td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
<td>8.8</td>
<td>16.6</td>
<td>8.3</td>
</tr>
<tr>
<td>Nutritionist</td>
<td></td>
<td>9.5</td>
<td>17.3</td>
<td>7.9</td>
</tr>
<tr>
<td>1-2 packs (20-39 cigarettes)</td>
<td></td>
<td>11.4</td>
<td>10.9</td>
<td>11.4</td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
<td>9.5</td>
<td>17.3</td>
<td>7.9</td>
</tr>
<tr>
<td>Nutritionist</td>
<td></td>
<td>10.2</td>
<td>18.0</td>
<td>7.5</td>
</tr>
</tbody>
</table>

Hemoglobin values at or below the "Anemia" cutoff are reported as anemic in WIC.
Hemoglobin values outside the "Nutritionist" range are referred to a Nutritionist.
### Chapter Seven
Participant and Staff Education

#### Cut-off values for Hemoglobin Levels at 3,000-3,999 feet

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>action</th>
<th>Pregnant</th>
<th>Breastfeeding/Post-Partum</th>
<th>Infant and Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0 – 13 weeks</td>
<td>14 – 26 weeks</td>
<td>27 + weeks</td>
</tr>
<tr>
<td>Non-Smoker</td>
<td>Anemia</td>
<td>11.1</td>
<td>10.6</td>
<td>11.1</td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>9.0</td>
<td>16.8</td>
<td>8.6</td>
</tr>
<tr>
<td>up to 1 pack (1-19 cigarettes)</td>
<td>Anemia</td>
<td>11.4</td>
<td>10.9</td>
<td>11.4</td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>9.3</td>
<td>17.1</td>
<td>8.8</td>
</tr>
<tr>
<td>1-2 packs (20-39 cigarettes)</td>
<td>Anemia</td>
<td>11.6</td>
<td>11.1</td>
<td>11.6</td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>10.0</td>
<td>17.8</td>
<td>8.4</td>
</tr>
<tr>
<td>2+ packs (40+ cigarettes)</td>
<td>Anemia</td>
<td>11.8</td>
<td>11.3</td>
<td>11.8</td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>10.7</td>
<td>18.5</td>
<td>8.0</td>
</tr>
</tbody>
</table>

Hemoglobin values at or below the "Anemia" cutoff are reported as anemic in WIC.
Hemoglobin values outside the "Nutritionist" range are referred to a Nutritionist.
### Cut-off values for Hemoglobin Levels at 4,000-4,999 feet

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>action</th>
<th>1st Trimester (0 – 13 weeks)</th>
<th>2nd Trimester (14 – 26 weeks)</th>
<th>3rd Trimester (27 + weeks)</th>
<th>12 years to 14 years 11 months</th>
<th>15 years +</th>
<th>Infant 6 to 23 months</th>
<th>Child 2 to 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Smoker</td>
<td>Anemia</td>
<td>11.2</td>
<td>10.7</td>
<td>11.2</td>
<td>12.0</td>
<td>12.2</td>
<td>11.2</td>
<td>11.3</td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>9.1</td>
<td>16.9</td>
<td>8.8</td>
<td>16.6</td>
<td>9.1</td>
<td>16.9</td>
<td>9.5</td>
</tr>
<tr>
<td>up to 1 pack (1-19 cigarettes)</td>
<td>Anemia</td>
<td>11.5</td>
<td>11.0</td>
<td>11.5</td>
<td>12.3</td>
<td>12.5</td>
<td>12.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>9.4</td>
<td>17.2</td>
<td>9.0</td>
<td>16.8</td>
<td>9.4</td>
<td>17.2</td>
<td>9.8</td>
</tr>
<tr>
<td>1-2 packs (20-39 cigarettes)</td>
<td>Anemia</td>
<td>11.7</td>
<td>11.2</td>
<td>11.7</td>
<td>12.5</td>
<td>12.7</td>
<td>12.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>10.2</td>
<td>18.0</td>
<td>8.6</td>
<td>16.4</td>
<td>10.2</td>
<td>18.0</td>
<td>10.0</td>
</tr>
<tr>
<td>2+ packs (40+ cigarettes)</td>
<td>Anemia</td>
<td>11.9</td>
<td>11.4</td>
<td>11.9</td>
<td>12.7</td>
<td>12.9</td>
<td>12.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>10.9</td>
<td>18.7</td>
<td>8.2</td>
<td>16.0</td>
<td>10.9</td>
<td>18.7</td>
<td>10.2</td>
</tr>
</tbody>
</table>

Hemoglobin values at or below the "Anemia" cutoff are reported as anemic in WIC. Hemoglobin values outside the "Nutritionist" range are referred to a Nutritionist.
### Chapter Seven
Participant and Staff Education

#### Cut-off values for Hemoglobin Levels at 5,000-5,999 feet

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>Action</th>
<th>1st Trimester</th>
<th>2nd Trimester</th>
<th>3rd Trimester</th>
<th>Breastfeeding/Post-Partum</th>
<th>Infant and Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Smoker</td>
<td>Anemia</td>
<td>11.4</td>
<td>10.9</td>
<td>11.4</td>
<td>12.2</td>
<td>12.4</td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>9.3</td>
<td>17.1</td>
<td>8.9</td>
<td>16.7</td>
<td>9.7</td>
</tr>
<tr>
<td></td>
<td>Up to 1 pack (1-19 cigarettes)</td>
<td>Anemia</td>
<td>11.7</td>
<td>11.2</td>
<td>11.7</td>
<td>12.5</td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>9.6</td>
<td>17.4</td>
<td>9.2</td>
<td>17.0</td>
<td>9.6</td>
</tr>
<tr>
<td>1-2 packs (20-39 cigarettes)</td>
<td>Anemia</td>
<td>11.9</td>
<td>11.4</td>
<td>11.9</td>
<td>12.7</td>
<td>12.9</td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>10.3</td>
<td>18.1</td>
<td>8.8</td>
<td>16.6</td>
<td>10.3</td>
</tr>
<tr>
<td>2+ packs (40+ cigarettes)</td>
<td>Anemia</td>
<td>12.1</td>
<td>11.6</td>
<td>12.1</td>
<td>12.9</td>
<td>13.1</td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>11.0</td>
<td>0.0</td>
<td>8.4</td>
<td>16.2</td>
<td>11.0</td>
</tr>
</tbody>
</table>

Hemoglobin values at or below the "Anemia" cutoff are reported as anemic in WIC.
Hemoglobin values outside the "Nutritionist" range are referred to a Nutritionist.
### Chapter Seven
Participant and Staff Education

#### Cut-off values for Hemoglobin Levels at 6,000-6,999 feet

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>Action</th>
<th>1st Trimester 0 – 13 weeks</th>
<th>2nd Trimester 14 – 26 weeks</th>
<th>3rd Trimester 27 + weeks</th>
<th>Breastfeeding/Post-Partum 12 years to 14 years 11 months</th>
<th>Infant and Child 15 years +</th>
<th>Infant 6 to 23 months</th>
<th>Child 2 to 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Smoker</td>
<td>Anemia</td>
<td>11.6</td>
<td>11.1</td>
<td>11.6</td>
<td>12.4</td>
<td>12.6</td>
<td>11.6</td>
<td>11.7</td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>9.4 17.2</td>
<td>9.1 16.9</td>
<td>9.4 17.2</td>
<td>9.9 17.7</td>
<td>9.7 17.5</td>
<td>8.7 16.5</td>
<td>9.1 16.9</td>
</tr>
<tr>
<td>up to 1 pack (1-19 cigarettes)</td>
<td>Anemia</td>
<td>11.9</td>
<td>11.4</td>
<td>11.9</td>
<td>12.7</td>
<td>12.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>9.7 17.5</td>
<td>9.3 17.1</td>
<td>9.7 17.5</td>
<td>10.2 18.0</td>
<td>10.2 18.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 packs (20-39 cigarettes)</td>
<td>Anemia</td>
<td>12.1</td>
<td>11.6</td>
<td>12.1</td>
<td>12.9</td>
<td>13.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>10.5 18.3</td>
<td>8.9 16.7</td>
<td>10.5 18.3</td>
<td>10.4 18.2</td>
<td>10.7 18.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2+ packs (40+ cigarettes)</td>
<td>Anemia</td>
<td>12.3</td>
<td>11.8</td>
<td>12.3</td>
<td>13.1</td>
<td>13.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nutritionist</td>
<td>11.2 19.0</td>
<td>8.5 16.3</td>
<td>11.2 19.0</td>
<td>10.6 18.4</td>
<td>11.2 19.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hemoglobin values at or below the "Anemia" cutoff are reported as anemic in WIC.
Hemoglobin values outside the "Nutritionist" range are referred to a Nutritionist.
### Cut-off values for Hemoglobin Levels at 7,000-7,999 feet

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>Action</th>
<th>1st Trimester 0 – 13 weeks</th>
<th>2nd Trimester 14 – 26 weeks</th>
<th>3rd Trimester 27 + weeks</th>
<th>12 years to 14 years 11 months</th>
<th>15 years +</th>
<th>Infant 6 to 23 months</th>
<th>Child 2 to 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Smoker</td>
<td>11.9</td>
<td>11.4</td>
<td>11.9</td>
<td>12.7</td>
<td>12.9</td>
<td>11.9</td>
<td>12.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.6</td>
<td>17.4</td>
<td>9.3 17.1</td>
<td>9.6 17.4</td>
<td>10.2 18.0</td>
<td>9.8 17.6</td>
<td>8.8 16.6</td>
<td>9.2 17.0</td>
</tr>
<tr>
<td>up to 1 pack (1-19 cigarettes)</td>
<td>12.2</td>
<td>11.7</td>
<td>12.2</td>
<td>13.0</td>
<td>13.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.9</td>
<td>17.7</td>
<td>9.5 17.3</td>
<td>9.9 17.7</td>
<td>10.5 18.3</td>
<td>10.4 18.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 packs (20-39 cigarettes)</td>
<td>12.4</td>
<td>11.9</td>
<td>12.4</td>
<td>13.2</td>
<td>13.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10.6</td>
<td>18.4</td>
<td>9.1 16.9</td>
<td>10.6 18.4</td>
<td>10.7 18.5</td>
<td>10.8 18.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2+ packs (40+ cigarettes)</td>
<td>12.6</td>
<td>12.1</td>
<td>12.6</td>
<td>13.4</td>
<td>13.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11.3</td>
<td>19.1</td>
<td>8.7 16.5</td>
<td>11.3 19.1</td>
<td>10.9 18.7</td>
<td>11.3 19.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hemoglobin values at or below the "Anemia" cutoff are reported as anemic in WIC.
Hemoglobin values outside the "Nutritionist" range are referred to a Nutritionist.
Chapter Seven
Participant and Staff Education

Appendix E:
WIC Workforce Position Definitions

See following pages
## WIC Workforce Position Definitions

<table>
<thead>
<tr>
<th>Position</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>RD</td>
<td>A Registered Dietitian is a degreed professional staff with a minimum of a bachelor’s degree with RD credentials and performs the following: high risk counseling, formula authorization, and certification of clients. RD’s may have multiple roles such as Clinic Supervisor, WIC Director and/or High Risk Nutritionist. They are expected to be able to perform all duties associated with paraprofessional staff including breastfeeding counseling.</td>
</tr>
<tr>
<td>Degreed Nutritionist</td>
<td>A WIC Nutritionist is a degreed professional staff with a minimum of a bachelor’s degree in nutrition and dietetics who has not acquired their RD credentials. They are able to perform medium risk counseling as well as perform all duties associated with the Nutrition Education Specialist.</td>
</tr>
<tr>
<td>DTR</td>
<td>A Registered Dietetic Technician that is a degreed professional staff with a minimum of an associate’s degree with DTR credentials. A DTR is able to perform the same duties as a degreed nutritionist.</td>
</tr>
<tr>
<td>Nutritionist</td>
<td>A general term used to describe a degreed WIC professional staff member who can complete WIC certifications and provide nutrition education. Most common positions referenced as nutritionist in WIC are the RD, Degreed Nutritionist, and DTR.</td>
</tr>
</tbody>
</table>

Continued on Next Page
<table>
<thead>
<tr>
<th>Position</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Paraprofessional</strong></td>
<td>A general term used to describe a WIC staff member who is trained to assist professional staff (i.e., RD, Nutritionist, Supervisors) but are not themselves degreed or certified at a professional level. Most common positions referenced as paraprofessionals in WIC are the Clerk, Receptionist, CNW/CPA, Certification Specialist, or a non-degreed Nutrition Education Specialist.</td>
</tr>
<tr>
<td><strong>CS</strong></td>
<td>A Certification Specialist describes a paraprofessional WIC staff member whose primary job responsibility is to complete the WIC intake screening for categorical eligibility for participants and may be used to collect anthropometric and biochemical data as needed. Other duties may include clerk responsibilities such as managing phones and appointment scheduling.</td>
</tr>
<tr>
<td><strong>NES</strong></td>
<td>A Nutrition Education Specialist describes a paraprofessional or degreed professional WIC staff member whose primary job responsibility is to complete health history and nutrition assessment, review of client risks, provide nutrition education, develop participant centered care plan and behavioral goal setting, provide referrals, tailor food package and issue food instruments. In addition, they are expected to be able to perform all duties of the CS. This term replaces the Community Nutrition Worker and Competent Professional Authority designations.</td>
</tr>
</tbody>
</table>
Appendix F:
Training Checklists for Observations and Chart Reviews

See following pages
## Arizona WIC Program-Certification Observation

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>Notes</th>
<th>2</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Certifier Name</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Participant ID No.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Category</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intake/Family Information</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greeted Client/Introduced Self</td>
<td>1 2 3</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opened Appointment/Explained purpose of the interview</td>
<td>1 2 3</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asked permission to review and verify documents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of address was provided and recorded correctly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voter Status updated/Offer of registration completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Level Collected/Updated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff verified confidentiality of participant address and phone number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proxy policies followed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client being certified physically present</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rights &amp; Obligations Form; the certifier explained (at minimum) Client’s Pledge to WIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honesty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accurate Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good Use of the Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protect Your Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signed by representative(s), certifier, and income verifier</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clients are informed the R&amp;O are located in the folder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VOIDED second representative line (if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Client Registration</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accurate birth date &amp; Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **1** = Complete, done correctly
- **2** = Not applicable
- **0** = Incorrectly done or not done
- **1** = N/A

*See Scale Rubric for Arizona WIC appointments*

Revised 08/12
<table>
<thead>
<tr>
<th>Family size determination</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of identification provided and recorded accurately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster Status Documented (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race and ethnicity data collected accurately (at initial cert only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in adjunctively eligible programs (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of income provided and recorded accurately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement of Documentation completed (if applicable)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nutrition Assessment (VENA)**

<table>
<thead>
<tr>
<th>A: Anthropometric information (according to ABCDE Tool)</th>
<th>0 1 2 3</th>
<th>0 1 2 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>B: Biochemical (according to ABCDE Tool)</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>C: Clinical/Health (according to ABCDE Tool)</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>D: Dietary (according to ABCDE Tool)</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>E: Environment (according to ABCDE Tool)</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
</tr>
</tbody>
</table>

What GHTM tool was used for the assessment?

Was the tool used appropriately?

Uses bridge appropriately | 0 1 2 3 | 0 1 2 3 |

Were the AIM work arounds properly utilized?

Immunizations Recorded

Infant Condition Recorded

Utilizes critical thinking skills to gather, analyze, evaluate, and prioritize the assessment to appropriately assign WIC Codes | 0 1 2 3 | 0 1 2 3 |

Was a full assessment completed prior to end of appointment?

**Nutrition Counseling & Education**

Offered appropriate, relevant, and accurate counseling and advice | 0 1 2 3 | 0 1 2 3 |

The nutrition education was appropriate to the client's cultural preferences and consideration to household situation,

√ = Complete, done correctly

N/A = Not applicable

Ø = Incorrectly done or not done

*See Scale Rubric for Arizona WIC appointments

Revised 08/12
# Chapter Seven
## Participant and Staff Education

<table>
<thead>
<tr>
<th>Area</th>
<th>Details</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational background</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourages and assists the client's success by closing the conversation</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>Follow up appointment addressed appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate referrals were made (including nutritionist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td>Education documented according to individual participant in Follow up/Nutrition Ed (not by family)</td>
<td></td>
</tr>
<tr>
<td>Goal 215 Selected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T* (Tool)</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>G* (Goal)</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>I* (Information)</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>F* (Follow up)</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>Food Package and Issuance</td>
<td>Food Package tailored appropriately</td>
<td></td>
</tr>
<tr>
<td>Appropriate issuance interval (High Risk, Forgot Documentation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Instrument/Cash Value Voucher education provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided authorized food list</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided a current list of authorized vendor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff checked for clients understanding of WIC foods and using the WIC Food Instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An explanation of the food package and foods received (new clients)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client signed signature page (receipt) acknowledging receiving food instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation of duties is consistent with policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Customer Service</td>
<td>Staff logged out of AIM or locked computer when leaving the workstation</td>
<td></td>
</tr>
<tr>
<td>Confidentiality/privacy maintained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodations were made to provide services/forms in participant’s preferred language/ Focused on client when a translator was used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff focused on the client and not the computer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff informed client of the right to complain/ complaint hotline number on ID Folder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **√**: Complete, done correctly
- **N/A**: Not applicable
- **Ø**: Incorrectly done or not done

*See Scale Rubric for Arizona WIC appointments*

Revised 08/12
## Chapter Seven
Participant and Staff Education

### Farmers Market Food Instruments

| Participant Guides are provided to clients when FMNP checks are issued |
| Proper use and redemption of FMNP checks, and CWVs, including lost/stolen and valid dates are reviewed |
| Maps, names and locations of approved markets in the area |
| Eligible and non-eligible foods explained |
| Prohibition against cash change |
| Right to complain/ FMNP complaint hotline number |
| Information is available for non-English speaking participants |
| Nutrition education is relevant to participant’s ethnic and cultural background |

<table>
<thead>
<tr>
<th>Client name &amp; ID</th>
<th>Notes</th>
</tr>
</thead>
</table>

Discussion points with the certifier:

- How do you feel the appointment went?
- What areas do you feel you do well on?
- What might you do different next time?

<table>
<thead>
<tr>
<th>Client name &amp; ID</th>
<th>Notes</th>
</tr>
</thead>
</table>

Discussion points with the certifier:

- How do you feel the appointment went?
- What areas do you feel you do well on?
- What might you do differently next time?

\( \sqrt{ } = \text{Complete, done correctly} \quad \text{N/A} = \text{Not applicable} \quad \emptyset = \text{Incorrectly done or not done} \quad 0^* = 1^* = 2^* = 3^* \)

*See Scale Rubric for Arizona WIC appointments

Revised 08/12
<table>
<thead>
<tr>
<th>ACTION</th>
<th>(0) Lacks Competence</th>
<th>(1) Needs training, guidance, close monitoring</th>
<th>(2) Needs to be mentored in specific identified skills</th>
<th>(3) Demonstrates Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Invest in the Interaction</strong></td>
<td>• Has minimum interaction with client</td>
<td>• Staff introduces self</td>
<td>• Greets client by name</td>
<td>• Reviews previous notes before calling client</td>
</tr>
<tr>
<td>Welcome the participant and build rapport</td>
<td></td>
<td></td>
<td>• Staff introduces self</td>
<td>• Greets client by name</td>
</tr>
<tr>
<td>by opening the conversation in a warm,</td>
<td></td>
<td></td>
<td>• Sets the agenda</td>
<td>• Staff introduces self</td>
</tr>
<tr>
<td>inviting, genuine tone with:</td>
<td></td>
<td></td>
<td>• Reviews previous notes at an inappropriate time</td>
<td>• Sets the agenda in the spirit of PCS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Affirms client</td>
</tr>
<tr>
<td><strong>Assessment</strong></td>
<td>• No assessment completed</td>
<td>• Assessment illogical and does not follow any order or flow</td>
<td>• Assessment is choppy</td>
<td>• Uses ABCDE completely</td>
</tr>
<tr>
<td>Utilizes critical thinking skills to gather</td>
<td>• Doesn’t use ABCDE</td>
<td>• Uses ABCDE but misses major portions</td>
<td>• Uses ABCDE, misses key areas in a section</td>
<td></td>
</tr>
<tr>
<td>analyze, evaluate, and prioritize the</td>
<td>• Asks minimal questions</td>
<td>• Introduces GTHM Tool at inappropriate times or doesn’t relate tool to nutrition/</td>
<td>• Introduces GTHM Tool, but does not connect it to the assessment</td>
<td></td>
</tr>
<tr>
<td>assessment to appropriately assign WIC</td>
<td>• Asks closed ended questions</td>
<td>breastfeeding</td>
<td>• Asks the client closed ended questions</td>
<td></td>
</tr>
<tr>
<td>Codes</td>
<td>• Asks repetitive questions</td>
<td>• Asks unproductive and/or irrelevant questions</td>
<td>• Actively listens to client</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Doesn’t use GTHM Tools appropriately or doesn’t use them at all</td>
<td>• Asks repetitive questions</td>
<td>• Ask probing questions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fails to identify WIC Codes appropriately</td>
<td>• Incomplete or inaccurate assignment of codes</td>
<td>• Interrupts complete assessment process to identify WIC codes</td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition Counseling &amp; Education</strong></td>
<td>• Doesn’t offer to discuss topics based on assessment</td>
<td>• Offers different topics to discuss based on assessment and client’s interest at</td>
<td>• Offers education at appropriate moments</td>
<td></td>
</tr>
<tr>
<td>Offers appropriate, relevant, and accurate</td>
<td></td>
<td>appropriate times</td>
<td>• Offers different topics to discuss based on assessment and client’s interest at</td>
<td></td>
</tr>
<tr>
<td>counseling and advice</td>
<td></td>
<td></td>
<td>appropriate times</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Offers anticipatory guidance</td>
<td>• Offers anticipatory guidance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Offers education in a didactic manner</td>
<td>• Tailors discussion around client’s needs and interests in the spirit of PCS</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Uses OARS</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Asks permission</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Uses consensus</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Explores and offers ideas</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Explores client’s feelings</td>
<td></td>
</tr>
<tr>
<td>ACTION</td>
<td>(0) Lacks Competence</td>
<td>(1) Needs training, guidance, close monitoring</td>
<td>(2) Needs to be mentored in specific identified skills</td>
<td>(3) Demonstrates Competence</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------</td>
<td>----------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
</tbody>
</table>
| Support Health Outcomes  
Encourage success by closing the conversation | - Doesn’t discuss next steps  
- Doesn’t summarize appointment | - Asks client about next steps  
- Briefly summarizes discussion | - Asks client about next steps  
- Briefly summarizes discussion | - Asks and discusses with client next steps  
- Summarizes discussion in more detail  
- Affirms client  
- Sets up topic(s) for next appointment for follow up |
| Documentation  
Uses TGIF note structure appropriately | - Doesn’t leave a note or note contains only 1-2 words in each section | - Very few words are used in each section of the notes, making them very difficult to understand at follow appointment  
- GHTM Tool used, if applicable  
- Personal goals or areas identified by participant that they plan to work on  
- Information  
- May contain a few key points, but not all  
- Follow-up  
- Is minimal or missing or is not relevant to goal or discussion | - T: Tool  
- GHTM Tool used, if applicable  
- Personal goals or areas identified by participant that they plan to work on  
- Information  
- May contain a few key points, but not all  
- Follow-up  
- Is minimal or missing or is not relevant to goal or discussion | - T: Tool  
- GHTM Tool used, if applicable. If no tool used, a justification of why this decision was made needs to be in the T section of the documentation  
- Personal goals or areas identified by participant that they plan to work on  
- Information  
- May contain a few key points, but not all  
- Follow-up  
- Is minimal or missing or is not relevant to goal or discussion |
### Chart Review

**Participant Name and ID # (list)**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth (list)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Family Information**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family ID# (list)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of Address (no code 10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Client Registration**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s ID on infant/child record</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjunctive Eligibility documented correctly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of income documented correctly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cert Action**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cert Start –End (extended?)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous Cert (extended?)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CNW (Not EODADM)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date (within 60 days of cert)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height- correct coding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight- correct coding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HGB- correct coding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HGB – correct intervals for age and category</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Breastfeeding Documentation**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>T (Tool)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G (Goal)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I (Information)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F (Follow up)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>User name of who wrote the note</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- ✓ = Complete, done correctly
- N/A = Not applicable
- X = Incorrectly done or not done
## Chapter Seven
### Participant and Staff Education

### Arizona WIC Program
#### Chart Review

<table>
<thead>
<tr>
<th>Health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk Code(s)</td>
<td></td>
</tr>
<tr>
<td>Manually Assigned Code(s)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Care Plan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals Tailored (215 used)</td>
<td></td>
</tr>
<tr>
<td>T (Tool)</td>
<td></td>
</tr>
<tr>
<td>G (Goal)</td>
<td></td>
</tr>
<tr>
<td>I (Information)</td>
<td></td>
</tr>
<tr>
<td>F (Follow up)</td>
<td></td>
</tr>
<tr>
<td>Rights and Obligations (79)</td>
<td></td>
</tr>
<tr>
<td>WIC Rules and Regulations (57)</td>
<td></td>
</tr>
<tr>
<td>Mandatory Referrals (51 or MR)</td>
<td></td>
</tr>
<tr>
<td>Lead Screening (101)</td>
<td></td>
</tr>
<tr>
<td>High Risk referred to nutritionist (appointment made)</td>
<td></td>
</tr>
<tr>
<td>High Risk participant seen by nutritionist; if client missed appointment, were they rescheduled appropriately?</td>
<td></td>
</tr>
<tr>
<td>Date of Appointment</td>
<td></td>
</tr>
<tr>
<td>User Name of Nutritionist</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Follow up/Nutrition Education</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate Nutrition Ed.</td>
<td></td>
</tr>
<tr>
<td># of Nutrition Education Contacts dates per Certification</td>
<td></td>
</tr>
<tr>
<td>2 Ed contacts per six month certification period or 4 nutrition ed contacts for a 1 year cert period documented (chart review) (list number of topics)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food Package</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant (141/142) appropriate package; (notes for powder)</td>
<td></td>
</tr>
</tbody>
</table>

√ = Complete, done correctly  
N/A = Not applicable  
X = Incorrectly done or not done
### Notes:

<table>
<thead>
<tr>
<th>Participant Name and ID #</th>
<th>Explanation of Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- ✓ = Complete, done correctly
- N/A = Not applicable
- X = Incorrectly done or not done
## Chapter Seven
### Participant and Staff Education

### Index

| Care Plan, 7-4, 7-5, 7-7, 7-15, 7-16, 7-35, 7-47, 7-49 | medium risk criteria, 7-12, 7-13 |
| Competencies, 7-3, 7-30, 7-31, 7-32, 7-33, 7-34, 7-35, 7-36, 7-37 | mentoring, 7-18, 7-59 |
| continuing education, 7-21, 7-22, 7-23, 7-34 | New Employee Training, 7-17 |
| Continuing Education, 7-21 | Nutrition Education Care Standards, 7-2, 7-11 |
| Documentation of Education, 7-15 | nutrition education contact, 7-4, 7-6, 7-8, 7-24 |
| Documentation of training, 7-22 | Nutrition Education Materials, 7-3 |
| facilitated group nutrition education, 7-8 | Participant-Centered Nutrition Education, 7-2, 7-6, 7-7, 7-8, 7-9, 7-10 |
| guidebook, 7-17 | program education, 7-2 |
| High Risk Criteria, 7-13, 7-14 | Program Education, 7-2, 7-4, 7-5 |
| high-risk counseling, 7-12 | TGIF note, 7-47, 7-49 |
| Incentives, 7-24, 7-25 | training plan for new employees, 7-17 |
| LMS, 7-19, 7-20, 7-22, 7-27, 7-28, 7-29, 7-28, 7-29, 7-28, 7-59, 7-62, 7-68 | Training Timeline, 7-3, 7-26 |
| Local Agency Training Lead, 7-17 |  |
Chapter Eight
Participant Disqualification and Dual Participation
Chapter Eight
Participant Disqualification and Dual Participation

Overview

In This Chapter
This chapter is divided into six (6) sections. It also describes the mechanism for participant disqualification, dual participation, and who is responsible for the actions needed.

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Participant Disqualification for Program Fraud</td>
<td>8-3</td>
</tr>
<tr>
<td>B</td>
<td>Dual Participation within the Arizona WIC Program</td>
<td>8-8</td>
</tr>
<tr>
<td>C</td>
<td>Dual Participation with Other WIC State Agencies</td>
<td>8-9</td>
</tr>
<tr>
<td>D</td>
<td>Dual Participation with CSFP</td>
<td>8-10</td>
</tr>
<tr>
<td>E</td>
<td>Responsibilities</td>
<td>8-11</td>
</tr>
<tr>
<td>F</td>
<td>Claims</td>
<td>8-12</td>
</tr>
<tr>
<td>Index</td>
<td>Index</td>
<td>8-14</td>
</tr>
</tbody>
</table>

Policy
The Arizona WIC Program will implement policies and procedures for the detection of fraud and abuse within the Arizona WIC Program.

Written Agreement
The Arizona WIC Program will have written agreements for the detection and prevention of dual participation.
Chapter Eight
Participant Disqualification and Dual Participation

Definitions

Abuse
Abuse is defined as intentional infliction of physical harm and/or to attack with verbal words. This can include, but is not limited to, ridiculing or being demeaning, making derogatory remarks toward or verbally harassing another.

Abuse is also defined as misuse: to use something in an improper, illegal, or harmful way.

Fraud
Fraud is an intentional misrepresentation of the truth to deceive others for the purpose of acquiring something of value, such as a financial gain or WIC benefits. Anything calculated to deceive, whether it be by a single act or combination, by the suppression of truth, or by a suggestion of what is false, whether it is by a direct lie (deception), silence, omission, a look, or a gesture. An example of fraud could be the selling of an issued food instrument and/or state issued equipped (i.e. breast pump, accessories) for personal gain; an act which intentionally deceives the WIC program and abuses one's benefits.

Intent to Violate
Any intentional action of a participant, parent or caretaker of an infant or child participant, or proxy that violates Federal or State statutes, regulations, policies, or procedures governing the Program. For the purposes of the Arizona WIC Program, an intentional violation is defined as a participant making a verbal offer to sell to another individual or providing the posting of WIC foods, WIC items or any other issued WIC benefits for sale, given away or traded online, in any type of printed manner (newspapers, etc.), or allowing someone else to conduct this act for them (knowingly or unknowingly), would be evidence that the participant has intentional, whether direct or indirect, committed a participant violation.
Section A
Participant Disqualification for Program Fraud

**Policy**

Arizona WIC Program participants shall receive written warning or be disqualified when an investigation and supporting evidence/documentation verifies that participant fraud has occurred.

The State Agency reserves the right to disqualify participants for other actions not listed herein if the participant violates any program policies and/or regulations.

**Government Accounting Office (GAO) Definition**

Participant Violation: Intentional activities or actions of WIC participants or their Authorized Representatives or proxies taken to obtain benefits to which they are not entitled and/or to misuse benefits they receive. Activities and actions include, but are not limited to:

- Misrepresenting facts used to determine eligibility (e.g. total household income, age of children, existence of children, custody of children, address, etc.)
- Exchanging/substituting food instruments for non-approved items (e.g., cash, alcohol, or tobacco products, sundries, etc.)
- Selling or giving away foods obtained with WIC issued food instruments/benefits
- Selling or attempting to sell (either in person, online, or through any other means available), WIC foods or WIC items (i.e. Breast pump, breast milk storage bags, and/or other accessories) received through the WIC Program.
- Participating at more than one WIC or CSFP agency simultaneously
- Verbally/physically abusing WIC vendors and/or WIC staff

**Disqualification Without Warning**

Serious substantiated violations of program integrity, such as the sale of WIC food instruments or personal/hospital grade breast pumps will result in disqualification without any prior warning. Warnings before sanctions are at the sole discretion of the State and are conducted on a case by case basis.

*Continued on Next Page*
## Section A
Participant Disqualification for Program Fraud, Abuse, and Misuse

<table>
<thead>
<tr>
<th>VIOLATIONS</th>
<th>NUMBER OF OFFENSES</th>
<th>SANCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Using food benefit(s) before “Date of Issue” or after “Date Valid To”</td>
<td>1 2</td>
<td>Warning letter 30-day disqualification</td>
</tr>
<tr>
<td>2. Failing to sign food benefit(s) at time of purchase</td>
<td>1 2</td>
<td>Warning letter 30-day disqualification</td>
</tr>
<tr>
<td>3. Cashing food benefit(s) reported lost or stolen</td>
<td>1 2 3</td>
<td>Warning letter 30-day disqualification and repayment 1-year disqualification and repayment</td>
</tr>
<tr>
<td>4. Allowing an unauthorized person to use food benefit(s) or ID folder</td>
<td>1 2</td>
<td>Warning letter 90-day disqualification and repayment</td>
</tr>
<tr>
<td>(including altering ID folder)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Using food benefit(s) to buy unauthorized food costing $99 or less</td>
<td>1 2</td>
<td>90-day disqualification and repayment 1-year disqualification and repayment</td>
</tr>
<tr>
<td>(for $100 or more, see #6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Using food benefit(s) to buy unauthorized food equaling $100 or more</td>
<td>1</td>
<td>1-year disqualification and repayment</td>
</tr>
<tr>
<td>7. Threatening harm to Local Agency or Vendor staff</td>
<td>1</td>
<td>1-year disqualification and possible referral to the appropriate Law Enforcement Authorities</td>
</tr>
<tr>
<td>8. Creating a public nuisance, or disrupting normal activities through</td>
<td>1 2 3</td>
<td>Warning letter 30-day disqualification 1-year disqualification</td>
</tr>
<tr>
<td>verbal misconduct at the Local Agency or at the Vendor location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Altering food benefits’ date, quantity, or type of food in any manner</td>
<td>1 2 3</td>
<td>60-day disqualification and repayment 90-day disqualification and repayment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-year disqualification and repayment</td>
</tr>
</tbody>
</table>
### Section A
**Participant Disqualification for Program Fraud, Abuse, and Misuse (Continued)**

<table>
<thead>
<tr>
<th>VIOLATIONS</th>
<th>NUMBER OF OFFENSES</th>
<th>SANCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Intentional false statement(s) or misrepresentation of income, name,</td>
<td>1</td>
<td>Immediate termination and 1-year disqualification and repayment</td>
</tr>
<tr>
<td>residence, family size (including receiving and using benefits for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>children no longer in the family), medical data, pregnancy, and/or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>date of birth to obtain WIC benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Exchanging food benefit(s) for credit or non-food items</td>
<td>1</td>
<td>90-day disqualification and repayment</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1-year disqualification and repayment</td>
</tr>
<tr>
<td>12. Selling or giving away food benefit(s), and/or WIC issued items</td>
<td>1</td>
<td>1-year disqualification and repayment and possible referral to the</td>
</tr>
<tr>
<td>(i.e. personal or hospital grade breast pumps).</td>
<td></td>
<td>appropriate Law Enforcement Authorities and possible referral to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SNAP authorities</td>
</tr>
<tr>
<td>13. Making a verbal offer to sell to another individual or posting of</td>
<td>1</td>
<td>90-day disqualification and possible referral to SNAP authorities</td>
</tr>
<tr>
<td>WIC foods, WIC items or any other issued WIC benefits for sale, given</td>
<td>2</td>
<td>1-year disqualification and possible referral to SNAP authorities</td>
</tr>
<tr>
<td>away or traded online, in any type of printed manner (newspapers, etc.),</td>
<td></td>
<td></td>
</tr>
<tr>
<td>allowing someone else to conduct this act for them (knowingly allowing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>allowing someone else to conduct this act for them, with or without</td>
<td></td>
<td></td>
</tr>
<tr>
<td>that person’s knowledge of WIC participant fraud, abuse and misuse)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Selling, trading, or giving away supplemental food that was purchased</td>
<td>1</td>
<td>1-year disqualification and repayment and possible referral to the</td>
</tr>
<tr>
<td>with WIC food benefit(s) (to include infant formula)</td>
<td></td>
<td>appropriate Law Enforcement Authorities and possible referral to SNAP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>authorities</td>
</tr>
<tr>
<td>15. Using food benefit(s) at unauthorized stores and/or through any other</td>
<td>1</td>
<td>90-day disqualification and repayment and possible referral to SNAP</td>
</tr>
<tr>
<td>unauthorized channels</td>
<td>2</td>
<td>authorities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-year disqualification and repayment</td>
</tr>
</tbody>
</table>
## Participant Disqualification for Program Fraud, Abuse, and Misuse (Continued)

<table>
<thead>
<tr>
<th>VIOLATIONS</th>
<th>NUMBER OF OFFENSES</th>
<th>SANCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. The direct or indirect theft of food benefits</td>
<td>1</td>
<td>1-year disqualification, repayment, and referral to the appropriate Law Enforcement Authorities and possible referral to SNAP authorities</td>
</tr>
<tr>
<td>17. Physically abusing WIC or Store Staff/Property</td>
<td>1</td>
<td>1-year disqualification and reported to law enforcement</td>
</tr>
<tr>
<td>18. Dual participation: using food benefits(s) from two programs/agencies in the same month, includes CSFP, ITCA Inc, and Navajo Nation</td>
<td>1</td>
<td>Immediate termination from all but one (1) program/agency received and full repayment of the dual benefits and possible referral to SNAP authorities</td>
</tr>
<tr>
<td>19. Dual Participation resulting from Intentional misrepresentation</td>
<td>1</td>
<td>1-year disqualification from all programs and repayment of all benefits and possible referral to SNAP authorities</td>
</tr>
<tr>
<td>20. Assessed claim for $100 or more. A claim is the amount of a repayment.</td>
<td>1</td>
<td>1-year disqualification and repayment</td>
</tr>
<tr>
<td>21. Assessed second or subsequent claim for any amount</td>
<td>1</td>
<td>1-year disqualification and repayment</td>
</tr>
<tr>
<td>22. Trafficking WIC food benefits, WIC benefits or WIC items and/or collusion with an authorized vendor</td>
<td>1</td>
<td>1-year disqualification and repayment referral to the appropriate Law Enforcement Authorities and possible referral to SNAP authorities</td>
</tr>
</tbody>
</table>
## Section A
### Participant Disqualification for Program Fraud (Continued)

<table>
<thead>
<tr>
<th>Participants Rights and Responsibilities When Disqualified</th>
<th>Participants have the right to appeal any denial, claim or disqualification at a fair hearing or an informal dispute resolution conference. Participants shall be provided, within a minimum of 15 calendar days, written notice prior to a disqualification. For more information on hearing and informal dispute resolution procedures, see Chapter 16.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exception for Disqualification</td>
<td>The State Agency may decide not to impose a mandatory disqualification if, within thirty (30) days of receipt of the notice of repayment, full restitution is made or a repayment schedule is agreed upon. A participant will have the opportunity to provide a personal statement explaining the circumstances surrounding the loss of the pump. All decisions are at the discretion of the State Agency.</td>
</tr>
<tr>
<td>Reapplication</td>
<td>Participation may be permitted to reapply for the program before the end of a disqualification period if full repayment is made or a repayment schedule is agreed upon.</td>
</tr>
<tr>
<td>Lost / Stolen Hospital Grade Breast Pumps</td>
<td>Local Agencies will immediately report cases of lost/stolen hospital grade breast pumps to the State Agency upon receiving notification from the participant. The local agency shall assist the state agency in retrieving the appropriate statements and documentation from the participant. Based on the documents provided by the participant, an investigation will be conducted to determine the status for program participation. In the event that a participant reports a hospital grade breast pump as lost, a signed statement must be provided to the WIC program explaining the circumstances surrounding the loss of equipment. In the event that a participant reports a hospital grade breast pump as stolen, the participant shall file a police report and provide a signed statement, along with the police report to the WIC program explaining the circumstances surrounding the loss of equipment.</td>
</tr>
</tbody>
</table>
## Section B
### Dual Participation Within the Arizona WIC Program

<table>
<thead>
<tr>
<th>Dual Participation Reports</th>
<th>The State Agency will produce Dual Participation Reports. The purpose of Dual Participation Reports is to detect potential dual participation within the Arizona WIC Program and CSFP.</th>
</tr>
</thead>
</table>
| State Agency Responsibilities | The State Agency will coordinate efforts with the Local Agency(ies) when potential dual participation has occurred.  
The State Agency will request supporting documentation from the Local Agency to include but not limited to signature receipts and signed Rights and Obligations forms.  
The State Agency will conduct an exhaustive investigation to determine if dual participation occurred and will inform Local Agencies of the necessary course of action and/or sanction. |
| Local Agency Responsibility | The Local Agency will request information from applicants about previous participation in other WIC programs and CSFP.  
The Local Agency will appropriately handle potential dual participants when prompted in the WIC computer system.  
The Local Agency will notify the State Agency, in writing, of any identified possible dual participation within 15 working days of discovery.  
When a Local Agency is contacted by the State Agency, the LA will provide the requested information.  
When dual participation has been determined, the Local Agency will coordinate with the State Agency to impose the appropriate sanction. |
Section C
Dual Participation With Other WIC State Agencies

Inter Tribal Council of Arizona, Inc. (ITCA) WIC and Navajo Nation WIC

ITCA and Navajo Nation WIC Programs will produce, upon request, electronic records of all active clients within the Agreement designated time period.

A Dual Participation Report that lists all possible dual participants (Arizona WIC/ITCA WIC/Navajo Nation WIC/Arizona CSFP) will be produced and followed up by the State Agency.

The State Agency/ITCA/Navajo Nation will contact the local agencies involved to determine if dual participation has occurred. If no dual participation is found, the report will be logged and stored electronically by the reviewer. The reports will be retained by the State Agency according to the schedule established in Chapter Fourteen (14): Records and Reports.

If dual participation is discovered, the State Agency will coordinate appropriate action with ITCA and/or Navajo Nation.

State Agencies

When Local Agencies are faced with factors/situations that include participants traveling routinely between local services located across the State Agency Borders; dual participation must be evaluated and consequences discussed when a participant received benefits from more than one (1) State WIC Agency. Examples of these factors/situations may include the following: lack of geographic barriers and common vendors. If Dual Participation is determined, the sanctions in Section A, #18 and #19, are to be followed.
## Section D
### Dual Participation With the Commodity Supplemental Food Program (CSFP)

<table>
<thead>
<tr>
<th>Data Submission</th>
<th>Local agencies will enter information in the Arizona In Motion (AIM) system on all persons enrolled in CSFP.</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Agency Responsibility</td>
<td>The State Agency will investigate all persons who appear on the WIC/CSFP dual participation alert to determine whether or not dual participation is occurring.</td>
</tr>
<tr>
<td>Note</td>
<td>The follow-up procedures will be the same as found in Section B, Dual Participation within the Arizona WIC Program.</td>
</tr>
</tbody>
</table>
## Section E
### Responsibilities

<table>
<thead>
<tr>
<th>STATE AGENCY RESPONSIBILITIES</th>
<th>LOCAL AGENCY RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>The State Agency will consult with the Attorney General’s Office in cases of alleged fraud and abuse, and if appropriate, the USDA Office of the Inspector General and/or Local Law Enforcement.</td>
<td>The Local Agency will document all allegations of program abuse or fraud.</td>
</tr>
<tr>
<td>The State Agency is responsible for the fraud hotline and any/all information obtained from it.</td>
<td>In all cases where program abuse or fraud is alleged against a participant, the Local Agency shall immediately contact the Program Integrity team and provide supporting documentation to the State Agency.</td>
</tr>
<tr>
<td>The State Agency will verify information regarding alleged participant abuse and/or fraud and the State agency will retain the documentation.</td>
<td>The Local agencies must consult with the State Agency prior to taking any action regarding participant abuse or fraud.</td>
</tr>
<tr>
<td>Following a thorough investigation, the State Agency will determine the appropriate participant sanction (if applicable).</td>
<td>If there is a sanction action, the Local Agency will advise the participant of the program requirement(s) they violated. (What they did wrong and the correct procedure.)</td>
</tr>
<tr>
<td>The State Agency will determine the amount of funds improperly received by the participant.</td>
<td>The Local Agency will assist the participant in preparation and submission of their written request for an appeal of a claim and/or a program disqualification. (See Appendices B and C for appeal procedure forms). And, assist the participant with completing a repayment schedule for claims.</td>
</tr>
<tr>
<td>When an investigation has verified fraud or abuse, the State Agency will send a certified letter to the participant regarding the sanction and, if appropriate, the amount of repayment requested. A copy of the certified letter will be sent to the Local Agency.</td>
<td>The Local Agency will provide the participant with Program benefits (i.e. food package) as stated below.</td>
</tr>
<tr>
<td>The State Agency will inform the participant of their right to appeal a claim or a program disqualification.</td>
<td>The Local Agency will provide program benefits to participants, who appeal disqualification within fifteen (15) calendar days of the written notification of disqualification, until the appeal is decided, the participant becomes categorically ineligible or the certification periods expires, whichever occurs first.</td>
</tr>
<tr>
<td>The State Agency will provide an informal dispute resolution meeting and/or a fair hearing.</td>
<td></td>
</tr>
</tbody>
</table>
Section F
Claims

**Policy**
If the State Agency determines that program benefits have been obtained or disposed of improperly as the result of a participant violation, the State Agency will establish a claim against the participant for the full value of the improperly received benefits, in addition to applying any appropriate sanctions per the sanction schedule.

**Procedure**
Following an investigation that has confirmed there was a participant violation, the State Agency will determine the amount of any improperly received benefits.

The State Agency will establish a claim against the participant for the full value of the improperly received benefits.

The State Agency will send the claim by certified mail to the participant and an electronic copy to the Local Agency.

If the participant chooses to appeal the claim, the Local Agency will assist in completing the appeal request.

If the participant chooses a repayment plan for claims, the State Agency will assist in developing a payment schedule.

If the participant has not paid the State Agency directly within 15 days of the notice, the participant’s account will be flagged internally and benefits will be restricted until the claim is paid.

If full payment or a payment schedule has not been established after two (2) letters demanding repayment, the State Agency will not pursue further collection actions under $500.00. (The cost of WIC staff time at approximately $30.00 per hour and the cost of legal services by the State Attorney General at approximately $87.00 per hour would not make it cost beneficial to pursue any claims under $500.00).

The State Agency will notify the Inter-Tribal Council of Arizona, Inc. and the Navajo Nation WIC Programs of any participant who has an unpaid claim with the Arizona WIC Program.
Chapter Eight
Participant Disqualification and Dual Participation

Index

appeal, 8-8, 8-12, 8-13
claim, 8-7, 8-8, 8-12, 8-13
Claims, 8-2, 8-13
Commodity Supplemental Food Program, 8-11
CSFP, 8-2, 8-4, 8-7, 8-9, 8-10, 8-11
fair hearing, 8-8, 8-12
fraud and abuse, 8-2, 8-12
informal dispute resolution, 8-8, 8-12

investigation, 8-4, 8-8, 8-9, 8-12, 8-13
OFFENSES, 8-5, 8-6, 8-7
repayment, 8-5, 8-6, 8-7, 8-8, 8-12, 8-13
sanction, 8-9, 8-12
sanctions, 8-4, 8-10, 8-13
SANCTIONS, 8-5, 8-6, 8-7
violation, 8-3, 8-13
Warning letter, 8-5
written warning, 8-4
Chapter Nine
Civil Rights and Non-Discrimination
Chapter Nine
Civil Rights and Non-Discrimination

Overview

Policy

The Arizona WIC Program and its contractors will not discriminate in hiring or providing services. Eligible applicants will be hired or served without regard to race, color, national origin, sex, age or disability.

Discrimination is defined as: “The act of distinguishing one person or group of persons from others, either intentionally, by neglect, or by the effect of actions or lack of actions based on their protected bases.”

During orientation, all new WIC staff members will be instructed on Civil Rights and ADA, and annually thereafter.

NOTE: The State’s policy for reasonable accommodation is in accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, dated April 1994.

In This Chapter

This chapter is divided into five (5) sections and one (1) appendix, which detail State and Local Agency responsibilities regarding civil rights and discrimination, training, and procedures of complaints.

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>State Agency Responsibilities</td>
<td>9-3</td>
</tr>
<tr>
<td>B</td>
<td>Local Agency Responsibilities</td>
<td>9-6</td>
</tr>
<tr>
<td>C</td>
<td>Handling of Complaints</td>
<td>9-8</td>
</tr>
<tr>
<td>D</td>
<td>Civil Rights/ADA Training</td>
<td>9-11</td>
</tr>
<tr>
<td>E</td>
<td>Civil Rights Statements</td>
<td>9-12</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Complaint of Discrimination Form</td>
<td>9-14</td>
</tr>
<tr>
<td>Index</td>
<td>Index</td>
<td>9-19</td>
</tr>
</tbody>
</table>
# Chapter Nine
## Civil Rights and Non-Discrimination

### Section A
#### State Agency Responsibilities

<table>
<thead>
<tr>
<th><strong>Contract Statement</strong></th>
<th>The State Agency will ensure that the Civil Rights and Americans with Disabilities Act (ADA) assurance statements are in Local Agency contracts.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training</strong></td>
<td>The State Agency is responsible for the compliance training of Local Agency WIC Directors regarding Civil Rights and ADA regulations. The State Agency will designate staff to enforce Civil Rights and ADA regulations.</td>
</tr>
<tr>
<td><strong>Title VI</strong></td>
<td>Applicants and WIC participants will be provided access to Title VI information and WIC regulations upon request.</td>
</tr>
<tr>
<td><strong>Non-Discrimination Services</strong></td>
<td>The Arizona WIC Program will provide applicants with key information in languages other than English, as needed. These materials include applications and information describing eligibility criteria, non-discrimination policies, and procedures for delivery of benefits.</td>
</tr>
<tr>
<td><strong>Notice Requirements</strong></td>
<td>The Arizona WIC Program will require Local Agencies to include the non-discrimination policy statements, Civil Rights and ADA complaint procedures on all outreach materials, such as program information letters, brochures, bulletins, and newspaper, TV, and radio ads. The Arizona WIC Program will require the “And Justice for All” poster to be prominently displayed within viewing range of participants (e.g., clinic waiting areas), and warehouse distribution centers, which will be monitored during Management Evaluations. Posters may be ordered from the State warehouse.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
Section A
State Agency Responsibilities (Continued)

Monitoring
The State Agency will monitor Local Agencies’ compliance with Civil Rights and ADA requirements through periodic reports which detail enrollment by ethnicity and race.

During Management Evaluations, files of those determined to be ineligible for WIC services and those placed on the waiting list for services will be reviewed.

The State Agency will maintain complete and thorough records of all activities to monitor Civil Rights and ADA compliance and any known complaints of discrimination made by WIC applicants or participants.

Non-compliance Notification
Areas determined to be in non-compliance during a Management Evaluation will be:

- Discussed with the appropriate Local Agency staff during the exit interview.
- Identified in a written report, sent by certified mail with return receipt requested. The report must be sent within 45 calendar days from the State Agency to the Local Agency.
- The report will:
  - Request corrective action to be taken within 30 calendar days of initial findings
  - Request a written response from the Local Agency within 30 calendar days. The response will assure implementation of specific methods, according to a time line, to bring the program into compliance
  - Offer technical assistance from the State Agency and/or State Affirmative Action Officer where appropriate

Continued on Next Page
## Section A
### State Agency Responsibilities (Continued)

<table>
<thead>
<tr>
<th>Non-compliance to Compliance</th>
<th>The State Agency will conduct follow-up reviews within 30 calendar days of the initial Management Evaluation to ensure that the program has been brought into compliance.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If voluntary compliance is not achieved by the Local Agency within 30 calendar days, notification and copies of all correspondence and documentation will be sent to the USDA Western Regional Office. This documentation will include the following:</td>
</tr>
<tr>
<td></td>
<td>• Relevant contracts, assurances and agreements between the State Agency and the Local Agency</td>
</tr>
<tr>
<td></td>
<td>• List of names, titles, office mailing addresses and office telephone numbers of the parties involved</td>
</tr>
<tr>
<td></td>
<td>• List of available witnesses, their official titles, addresses, and a brief statement of the matter(s) about which they can testify</td>
</tr>
<tr>
<td></td>
<td>• A statement of all actions to achieve voluntary compliance</td>
</tr>
</tbody>
</table>
## Section B
### Local Agency Responsibilities

### Training
Local Agencies will:
- Ensure that all new staff members receive training regarding Civil Rights and ADA during their orientation
- Ensure that, annually, all staff will attend training on Civil Rights and ADA issues

### Language, Cultural and Disability Needs
Bilingual staff and/or translation resources will be available in areas where a significant proportion of non-English speaking clients reside.

Information will be provided regarding rights, obligations, and requirements of the WIC Program in the applicant's/participant's language.

Rights and obligations listed on the Certification form will be read to, or read by, the applicant in the appropriate language.

Nutrition education will meet the different cultural and language needs of program participants.

Handicapped applicants and participants will have access to WIC clinics and services.

### Written Procedures
Local Agencies will annually review all written procedures on providing WIC services to eligible participants to ensure compliance with Federal Regulations and the general provisions of the contract.

### Outreach
Local Agencies will conduct outreach to migrants and homeless persons, as well as advocacy groups, associations and organizations that work with minority groups.

Continued on Next Page
Section B
Local Agency Responsibilities (Continued)

Data Collection
Local Agencies will collect accurate racial/ethnic data on participants by:

- Explaining that the collection of this information is strictly for statistical reporting requirements and has no effect on the determination of their eligibility to participate in the program.

- Asking participants to self-identify their ethnicity as Hispanic or non-Hispanic, and their racial group(s) as American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White. Applicants can choose as many races as are appropriate.

- Country of origin or nationality should not be asked of applicants.

- Self-declaration at the time of initial Certification is the preferred method of obtaining this data. If, after being asked to self-declare, the applicant does not provide the information, the WIC staff member is to select the race “White” and “Client Refused, Observed by Staff.” The choice “White” as the race has been made the default (automatic choice) for situations such as described above.

- This data only needs to be collected at initial Certification.

Compliance / Complaints Records
Local Agencies will maintain complete and thorough records of all activities to monitor Civil Rights and ADA compliance and any known complaints of discrimination made by WIC applicants or participants.
Chapter Nine
Civil Rights and Non-Discrimination

Section C
Handling of Complaints

Complaints
Complaints of discrimination based on race, color, national origin, sex, age, or disability will be handled by State or Local Agency WIC staff, as appropriate.

NOTE: State and Local Agencies also process program and Vendor complaints unrelated to Civil Rights issues.

Right to File
Any person or representative alleging discrimination based on a protected basis has the right to file a complaint within 180 days of the alleged discriminatory action. Only the Secretary of Agriculture may extend this timeframe under special circumstances. The complainant must be advised of confidentiality and Privacy Act applications. The complainant and the entity that the complaint is filed against will be encouraged to resolve the issue at the lowest possible level and as expeditiously as possible.

Filing Complaint
Persons seeking to file a complaint of discrimination may file with the:

Civil Rights Division (CRD), 3101 Park Center Drive, Suite 808, Alexandria, VA 22302 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)

NOTE: Assistance in filing a complaint of discrimination may be provided by:

- ADHS Director, 150 North 18th Avenue, Phoenix, AZ 85007

Offer Assistance
The State or Local Agency staff will volunteer assistance to the applicant or participant in making a written or verbal complaint. This assistance, if accepted, will be provided the same day as the complaint is made.

Continued on Next Page
Section C
Handling of Complaints (Continued)

WIC Staff will ensure all complaints received are documented on the Complaint of Discrimination form. Every effort will be made to have the following information:

- Name, address, and telephone number or other means of contacting the person alleging discrimination
- The location and name of the organization or office and individual that is accused of the discriminatory practices
- The nature of the incident or action or the aspect of the program administration that led the person to allege discrimination
- The basis for the alleged discrimination (race, color, national origin, sex, age, or disability). Refer any age complaints to Federal Mediation and Conciliation Services
- Date complaint filed and with whom

**NOTE:** A complainant does not have to identify him or herself; however, a name is required when completing the “Complaint of Discrimination” form. Please see the Consent/Release Form for more details.

Continued on Next Page
### Section C
Handling of Complaints (Continued)

#### Tracking of Complaints
Document all activities regarding the complaint, such as information or assistance given to the complainant and all information relating to the complaint:

- Maintain a case file of each complaint
- Keep complainant informed of all actions taken
- Provide complainant a copy of the complaint and encourage retention of their copy

#### Notification
The Arizona WIC Director will be notified within 48 hours upon receipt of a complaint. Within 15 calendar days, the Program Integrity Manager will submit a written record of the complaint(s) to the ADHS Director.

The Program Integrity Manager, or designated staff, will immediately notify the Director, Office of Civil Rights, Washington, D.C. 20250 of any alleged discrimination based on race, color, national origin, sex, age, or disability.

#### Consultation
The State Affirmative Action Office will provide consultation and technical assistance to Local Agencies in order to avoid and/or eliminate discriminatory practices.
Chapter Nine
Civil Rights and Non-Discrimination

Section D
Civil Rights / ADA Training

Subjects Covered
Subjects to be covered in Local Agency WIC Directors training:

- Collecting and using ethnic / racial data
- Effective public notification systems
- Complaint procedures
- Compliance review techniques
- Resolution of noncompliance
- Requirements for reasonable accommodation of persons with disabilities
- Requirements for language assistance
- Conflict resolution
- Customer service

NOTE: All training will be based on FNS Instruction 113-1

References
The State Agency will keep on file all of the following:

- FNS Instruction 113-1
- Title VI (1964), 7 CFR 15
- Title IX, USDA Administrative Regulations
- Title IX, Education Amendments, 7 CFR 15a (gender discrimination)
- Title 28, Department of Justice Regulations
- Section 504, Handicap Regulation 7 CFR 15b
- Memorandum on Legality of Racial / Ethnic data collection
- Grassroots Organization Directory
- Age discrimination Act of 1975, 7 CFR 15c
## Civil Rights Statements

Per the USDA, as of October 2013, the authorized statement reads as follows:

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

**USDA is an equal opportunity provider and employer.**

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

**“USDA is an equal opportunity provider and employer.”**

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

Nutrition education and breastfeeding promotion and support materials that strictly provide a nutrition message with no mention
Chapter Nine
Civil Rights and Non-Discrimination

of the WIC Program are not required to contain the non-discrimination statement.
Section E
Civil Rights Statements (Continued)

Civil Rights Statement

El Departamento de Agricultura de los Estados Unidos (por sus siglas en inglés “USDA”) prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los programas y/o actividades laborales).

Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el USDA Program Discrimination Complaint Form (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866)632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202)690-7442 o por correo electrónico a program.intake@usda.gov

Las personal sordas, con dificultades auditivas, o con discapacidad del habla pueden contactar al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español).

El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

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

USDA es un proveedor que ofrece igualdad de oportunidad a todos.
Appendix A: Complaint of Discrimination & Complaint Consent / Release Forms

See Following Pages
Complaint of Discrimination
The purpose of this form is to assist you in filing a complaint. All sections must be completed.

State your name and address:
Name: ___________________________________________________________________
Address: ___________________________________________________________________
________________________________________________________________________
Telephone No.: Home: (       ) _________________ Work: (       ) _____________________

Person(s) discriminated against, if different from above:
Name: ___________________________________________________________________
Address: ___________________________________________________________________
________________________________________________________________________
Telephone No.: Home: (       ) ________________ Work: (       ) _____________________

Agency and department or program that discriminated:
Name: ___________________________________________________________________
Any individual if known: ___________________________________________________________________
Address: ___________________________________________________________________
________________________________________________________________________
Telephone No.: (       ) ______________________

To your best recollection, on what date(s) did the alleged discrimination take place?
________________________________________________________________________
Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint. Name: ____________________________________________
Address: _______________________________________________________
 Telephone No.: (                )_______________________________
Do you have any other information that you think is relevant to our investigation of your allegations?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

____________________________________________   _____________________
Signature Date

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will, in most instances, need a signed Consent Form from that person.) See the Notice about Investigatory Uses of Personal Information for information about the Consent Form. Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

USDA Director, Office of Civil Rights
1400 Independence Avenue, S.W.,
Washington, D.C. 20250-9410

Call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)
COMPLAINANT CONSENT/RELEASE FORM

Your Name: ______________________________________________________________
Address: _________________________________________________________________
________________________________________________________________________

Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom of this form.

I have read the Notice of Investigatory Uses of Personal Information by the USDA, Food and Nutrition Service (FNS). As a complainant, I understand that in the course of a preliminary inquiry or investigation, it may become necessary for FNS to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of FNS to honor requests under the Freedom of Information Act. I understand that it might be necessary for FNS to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by Federal regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by non-discrimination statutes enforced by the Federal government.

CONSENT/RELEASE
________________ (Initial if you give consent) CONSENT GRANTED –

I have read and understand the above information and authorize FNS to reveal my identity to persons at the organization or institution under investigation and to other Federal agencies that provide Federal financial assistance to the organization or institution or also have civil rights compliance oversight responsibilities that cover that organization or institution. I hereby authorize FNS to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, applications, case files, personal records, and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily.

________________ (Initial if you give consent) CONSENT DENIED –

I have read and understand the information and do not want FNS to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed.

____________________________________________   _____________________
Signature                                      Date
# Chapter Nine

**Civil Rights and Non-Discrimination**

<table>
<thead>
<tr>
<th>Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADA, 9-2, 9-3, 9-4, 9-6, 9-7, 9-11</td>
</tr>
<tr>
<td>Americans with Disabilities Act, 9-2</td>
</tr>
<tr>
<td>And Justice for All, 9-3</td>
</tr>
<tr>
<td>civil rights, 9-2, 9-12, 9-18</td>
</tr>
<tr>
<td>Complaints, 9-2, 9-7, 9-8, 9-9, 9-10</td>
</tr>
</tbody>
</table>
Chapter Ten
Emergencies and Disasters
Chapter Ten
Emergencies and Disasters

Overview

Policy
The State Agency will provide guidance for the WIC State Agency and Local Agencies’ staff during periods of emergencies/disasters such as a flu pandemic or natural disaster.

In This Chapter
This chapter is divided into four (4) sections and four (4) appendices which detail actions to be taken by State Agency and Local Agencies’ staff in case of an emergency situation or disaster.

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Introduction</td>
<td>10-3</td>
</tr>
<tr>
<td>B</td>
<td>Policy</td>
<td>10-5</td>
</tr>
<tr>
<td>C</td>
<td>Procedures</td>
<td>10-8</td>
</tr>
<tr>
<td>D</td>
<td>Termination of Emergency</td>
<td>10-15</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Policy Memorandums</td>
<td>10-16</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Modifications to Certification and Food Instrument Issuance Procedures</td>
<td>10-23</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Instructions on Mailing Food Instruments</td>
<td>10-38</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Batched Food Instruments in AIM</td>
<td>10-41</td>
</tr>
<tr>
<td>Index</td>
<td>Index</td>
<td>10-61</td>
</tr>
</tbody>
</table>
Chapter Ten
Emergencies and Disasters

Section A
Introduction

Purpose
The purpose of this document is to provide guidance to WIC State and Local Agencies’ staff during periods of emergencies/disasters such as a flu pandemic or natural disaster in order to ensure the delivery of WIC program services to eligible women, infants and children within Arizona.

References:
Federal:
7CFR 246 – Special Supplemental Nutrition Program for Women, Infants and Children
USDA Western Region All States Policy Memorandum 03-31 – Allowable Costs of Bioterrorism Preparedness dated March 25, 2003 (Appendix A)
WIC Policy Memorandum #2007-5 – WIC Program Response to a Human Pandemic (Appendix A)
Department of Health & Human Services Letter dated June 2, 2006. Supporting and Funding Emergency Preparedness and Response Activities (Appendix A)

Assumptions
A natural or man-made disaster, such as a flu pandemic, fire, flood or earthquake is likely to occur within the State of Arizona sometime in the future.

The disaster will affect some portion of the general population, government agencies (local, State, national), retail and wholesale grocery industry and other elements of the food system within the State.

Health and Human Services guidance indicates “in general, approximately 5% of an individual’s time is a reasonable amount of staff supported with grants funds to spend on non-categorical activities, including preparedness training and participation in drills and exercises in the pre-event time period”.

The severity of the particular disaster or emergency will dictate the level of response that the Arizona WIC Program undertakes.

A potential of four levels of severity are envisioned.

Continued on Next Page
Chapter Ten
Emergencies and Disasters

Section A
Introduction (Continued)

Level 1
A small number of staff and WIC participants are affected. The retail grocery system remains operational. The program will continue normal operations at the State Agency and Local Agency levels with minor adjustments made for unavailable staff. Issuance procedures will be modified to limit exposure of unaffected staff and participants at clinic sites.

Level 2
A significant number of staff (25% or more) are affected. Lack of staff at the State Agency and Local Agencies requires significant modification to procedures to ensure continued issuance of food instruments to participants. The retail grocery system continues to operate.

Level 3
This level will be reached when 40% of staff are affected or there is a declaration of an emergency or disaster by the Governor of Arizona, U.S. Government, or in case of a pandemic, the World Health Organization. Only a very small number of staff at the State Agency and Local Agency levels is available. The retail grocery system remains somewhat intact. The State Agency and Local Agencies will operate under significantly modified procedures which allow for the issuance of food instruments. Not all WIC clinics will be operational, requiring the consolidation of clinic operations at a few central locations and/or batch printing of food instruments.

Level 4
At this level, a declaration of an emergency or disaster by the Governor of Arizona, U.S. Government, or in case of a pandemic, the World Health Organization has been issued. The disaster results in the shutdown of the retail grocery system. At this point, the WIC Program will cease operations and participants will be directed to disaster feeding sites under the auspices of the Federal Emergency Management Agency (FEMA) and/or State disaster agencies. If the disaster agencies are unable to provide infant formula to program participants, the WIC Program will institute an alternate delivery system to provide necessary formula.
In the case of an emergency or natural disaster, WIC State Agency and/or Local Agencies’ staff may be required to assist in the execution of various disaster response plans. In response to a natural disaster, the affected WIC Local Agency assesses the impact on program operations and participants to determine the need to implement changes. Local WIC Agencies need to become familiar with the specific disaster preparedness plans within their local health department or agency. The response to a biological disaster or terrorist action, however, will be coordinated at a higher level.

The following guidance applies to these situations:

- WIC funds/employees used to staff State Biological Disaster Response Teams - With approval of the State Agency director, WIC employees may volunteer to be part of their State’s Biological Disaster Response Team. If other reimbursement is unavailable, staff time for participating in team activities, such as planning and training, would be an allowable cost for the WIC Program because the employees would gain knowledge and experience that could assist the WIC Program in bioterrorism preparedness.

- National Smallpox Vaccination Program (NSVP) – Although WIC employees may be used to implement the NSVP, the WIC Program would need to be reimbursed for staff time spent on this initiative, because vaccinating health care workers and first responders is not an allowable cost under current laws and regulations governing the WIC Program. Before committing WIC staff to implement the NSVP, State and Local Agency directors should ensure that: 1) adequate staff remains available to provide WIC services to program participants; and 2) reimbursement will be provided for WIC staff time spent on the NSVP.

Continued on Next Page
Policy (Continued)

- WIC resources used in the event of an actual biological disaster - In planning its response to a potential biological disaster, each State must consider the use of all available resources within its jurisdiction. Consequently, the State may, without regard to the allowability of costs to the WIC Program, incorporate the use of its WIC Program resources (i.e., staff, facilities, equipment, and supplies) into its biological disaster plan. This does not authorize the diversion of WIC funds to non-WIC accounts. In the event of an actual biological disaster, WIC Program resources will be brought to bear in accordance with States' biological disaster plans.

Upon declaration of an emergency by the Governor, ADHS Director or their designee, the Arizona WIC Program will implement the following:

- Notify Western Regional Office (WRO), United States Department of Agriculture, Food and Nutrition Service of the needs of Arizona.

- The Arizona WIC Program State Agency maintains the AIM database system with parallel servers to allow continued operation in case of the loss of any of the servers.

- The Arizona WIC Program State Agency will provide WIC Local Agencies with guidance and assistance during periods of emergency to enable the Local Agency to continue to serve program participants.

- The Arizona WIC Program State Agency and Local Agencies will facilitate access to WIC services in the State of Arizona for eligible families displaced by emergency conditions.

- The Arizona WIC Program considers infants on formula the most vulnerable WIC participants in cases of emergency. Often, WIC formula is their only available food source.

- The Arizona WIC Program will facilitate communication with infant formula manufacturers regarding the delivery of infant formula in instances where a retail grocery system is not available.
Section B
Policy (Continued)

- The Arizona WIC Program is not a first responder in an emergency. It does not provide emergency food. It does not directly distribute food and will only provide for the distribution of infant formula, in cases where the retail grocery system is not available.

- The Arizona WIC Program will maintain and/or re-establish program services during a period of emergency. The program will, to the greatest extent possible, continue to provide WIC food instruments to eligible participants.
Chapter Ten
Emergencies and Disasters

Section C
Procedures

Level 1 Procedures

In an emergency determined to be Level 1, the WIC State Agency will continue normal operations. The retail grocery system remains operational.

State Agency – the State Agency will perform the following activities:

a) Data System – The State Agency will continue to ensure the efficient operation of the AIM data system. No changes to the system are required in a Level 1 emergency.

b) Financial Operations – All financial activities associated with the Arizona WIC Program will continue as normal. These include:
   1) Daily cash transfers to cover redeemed food instruments.
   2) Financial projections and reporting.
   3) Budget preparation and tracking of food funds and Nutrition Services and Administration funds (NSA).

c) Communication Plan
   1) The State Agency will communicate information, policies, and guidance affecting services to WIC participants, vendors, and staff to the WRO and WIC Local Agencies.
   2) The WIC Local Agencies will implement the communication strategies and direction provided by the State Agency.

d) Food Delivery – Vendor management and monitoring will continue as normal. This includes:
   1) Technical assistance to WIC vendors
   2) Monitoring of redemption patterns
   3) Vendor Site Reviews
   4) Vendor enrollment and disqualifications
   5) Compliance buys

e) Staff Assignments – State Agency staff will continue with their normal assignments.

Continued on Next Page
Section C
Procedures (Continued)

Level 1
Procedures (Continued)

Local Agencies
Clinic Operations – Local WIC Agencies
1) will continue normal clinic operations.
2) will take steps to identify staff members or participants who are possibly infected. Once identified, staff members will be prohibited from working according to federal, State or local guidance
3) Participants who present at a clinic site and are identified as ill will be separated from others and provided with their benefits and rescheduled according to their risk.

Level 2
Procedures

In an emergency determined to be Level 2, a significant number of staff at the State and local level are affected (25% or more). Lack of staff at the State and Local Agencies requires modification to procedures to ensure continued issuance of food instruments.

State Agency – the State Agency will perform the following activities:

a) Data System – The WIC Project Control Manager or designee will determine the availability of qualified staff and make reassignments as necessary to ensure the continued operation of the AIM data system.

b) Financial Operations – The Bureau Financial Manager or designee will determine the availability of qualified staff and make reassignments as necessary to ensure the following financial activities are given priority:
   1) Daily cash transfers to cover redeemed food instruments.
   2) Financial projections and reporting.
   3) Budget preparation and tracking of food funds and Nutrition Services and Administration funds (NSA).
      All other activities are secondary to those listed above.

c) Communication Plan
   1) The State Agency will communicate information, policies, and guidance affecting services to WIC participants, vendors, and staff to the WRO and WIC Local Agencies.
   2) The WIC Local Agencies will implement the communication strategies and direction provided by the State Agency.
Section C  
Procedures (Continued)

Level 2 Procedures (Continued)

d) Food Delivery – The WIC Vendor Manager or designee will determine the availability or qualified staff and make reassignments as necessary to ensure that the following activities are accomplished:

1) Technical assistance to WIC vendors
2) Monitoring of redemption patterns

e) Staff Assignments – The State WIC Director or designee, in coordination with WIC team leaders, will determine the availability of staff to do the following:

1) Provide technical assistance to WIC Local Agencies
2) Monitor and report on the impact of the emergency on Local Agencies’ WIC clinic operations.
3) Augment WIC ITS, Financial or Vendor teams as necessary.
4) Augment ADHS Agencies during the emergency.

All other activities are secondary to those listed above.

Local Agencies

a) Clinic Operations –

1) Will continue to operate as practicable dependent upon the availability of clinic staff.
2) If the lack of available staff dictates, the Local WIC Director, with the approval of the State Director, may consolidate clinic operations to a limited number of sites.

Continued on Next Page
Level 3 Procedures

In an emergency determined to be Level 3, only a very small number of staff at the State Agency and Local Agencies are expected to be available (60% or less). The State Agency and Local Agencies will operate under significantly modified procedures which allow for the issuance of WIC food instruments. It is assumed the retail grocery system remains somewhat intact.

State Agency – The State Agency will perform the following activities:

a) Data System – The WIC Project Control Manager will assess the availability of qualified staff and will assign available staff to oversee operation of the AIM system. All other activities are secondary to this.

b) Financial Operations – The Bureau Financial Manager or designee will assign any available qualified staff to ensure the following tasks are accomplished:
   1) Daily cash transfers to cover redeemed food instruments.
   2) Financial tracking and reporting
      All other activities are secondary to those listed above.

c) Food Delivery – The WIC Vendor Manager or designee will assign available qualified staff to perform the following functions:
   1) Technical assistance to WIC Vendors
   2) Monitoring and redemption patterns

d) Communication Plan
   1) The State Agency will communicate information, policies, and guidance affecting services to WIC participants, vendors, and staff to the WRO and WIC Local Agencies.
   2) The WIC Local Agencies will implement the communication strategies and direction provided by the State Agency.

e) Staff Assignments - The State WIC Director or designee, in coordination with WIC team leaders, will determine the availability of staff to do the following:
   1) Provide technical assistance to Local Agencies
   2) Monitor and report on the impact of the emergency on Local Agencies’ WIC clinic operations.
   3) As staffing allows, augment other WIC teams or ADHS Agencies.
Chapter Ten
Emergencies and Disasters

Section C
Procedures (Continued)

Operations

Local Agencies
In Level 3 emergencies, staff availability at the Local Agency level will be very limited. In all probability, there will not be sufficient staff to operate all WIC clinics within the Local Agency’s service area. In this case, after notification to and approval from the State Agency, the following actions may be taken:

a) **Consolidation of Service Delivery:**
   If the lack of available staff dictates, the Local WIC Director may consolidate clinic operations to a limited number of sites. (The Local Agency will ensure that affected program participants are informed of the change in location for receiving services).

b) **Mailing Food Instruments:**
   If staffing does not allow for the operation of a clinic, the Local Agency, with authorization from the State Agency, may institute a process for the mailing of food instruments to participants or home delivery. Appendices C and D provide the procedures for the printing and mailing of food instruments to participants.

c) **Masks:**
   If it is determined that masks are necessary for the safety and well-being of WIC Program participants and employees during the conduct of WIC Program operations, the purchase of such items would be allowed.

Certification

a) **Physical Presence:**
   Persons with a serious illness that may be exacerbated by coming in to the WIC clinic may be exempt from the physical presence requirement (this would also apply if applicant/family members are under a voluntary quarantine). Newborn infants and high risk applicants (e.g., 2-year-old burn patient) will be enrolled for one (1) month via telephone interview and declaration of identity, residency, income, medical and risk documentation will be accepted.

b) **Certification Periods:**
   The Certification period for children may be extended by not more than 30 days to accommodate difficulty in access or a need to isolate a child.
Chapter Ten
Emergencies and Disasters

Section C
Procedures (Continued)

Nutrition Education
Nutrition education can be by educational materials (e.g. pamphlets), telephone, or mail.

Food Delivery
a) Proxy Pickup:
Participants who are unable to redeem their food instruments due to illness or voluntary quarantine can designate another person to pick up WIC foods at an approved vendor (Proxy – Chapter 2).
b) Ready-to-Feed:
Ready-to-feed formula may need to be issued in circumstances where the water supply may be contaminated or is unavailable.

Level 4 Procedures
In a Level 4 emergency, a declaration of emergency or disaster has been made by the President and/or the Governor and the retail grocery system has shut down. At this point, the WIC Program will cease operations and participants will be directed to disaster feeding sites under the auspices of the Federal Emergency Management Agency (FEMA) and/or State and Local disaster agencies. In this case, the following statutes will govern:

- ARS 36-787(A) – authorizes the Arizona Department of Health Services (ADHS) to grant temporary waivers of health care licensure requirements necessary for implementation of any measures required to adequately address the state of emergency.
- ARS 36-787(A) – during a state of emergency ...the ADHS shall coordinate all matters pertaining to the public health emergency response of the State. The Department has primary jurisdiction, responsibility and authority.
- ARS 36-787(B) in addition to the authority provided in Section A, the Governor, in consultation with the Director of ADHS, may issue orders that:
  o i. Mandate medical examinations for exposed persons.
  o ii. Ration medicine and vaccines.
  o iii. Provide for transportation of medical support personnel and ill and exposed persons.
  o iv. Provide for procurement of medicines and supplies.

Continued on Next Page
## Chapter Ten
Emergencies and Disasters

### Section C
Procedures (Continued)

<table>
<thead>
<tr>
<th>Level 4 Procedures (Continued)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• ARS 36-624 – allows county health departments to assume control of hospitals and other places where infectious or contagious disease exists. Also allows county health departments to provide temporary hospitals or places of reception for persons with infectious or contagious diseases.</td>
</tr>
<tr>
<td></td>
<td>If disaster agencies are unable to provide infant formula to program participants, the WIC State Agency will institute an alternate delivery system to provide the necessary formula to infants in the WIC Program. The State Agency will institute and maintain contingency contracts with formula suppliers to be utilized in periods of emergency.</td>
</tr>
</tbody>
</table>
Section D
Termination of Emergency

Termination of Emergency

Emergency operations will cease upon the declaration of the Governor or designee. The State Agency will notify affected Local Agencies of the termination of the emergency. The State Agency and Local Agencies will, as soon as practicable, resume normal operations.
Chapter Ten
Emergencies and Disasters

Appendix A:
Policy Memorandums

See Following Pages
Chapter Ten
Emergencies and Disasters

June 25, 2007

SUBJECT: WIC Policy Memorandum #2007-5
WIC Program Response to a Human Pandemic

TO: Program Directors
Supplemental Food Programs
All Regions

The purpose of this memorandum is to provide guidance to WIC State agencies in planning, preparing for and responding to the possibility of a human pandemic.

Certification Policies

Current WIC Program regulations provide flexibility with regard to physical presence, adjusting certification periods and mailing of food instruments including:

- Persons with a serious illness that may be exacerbated by coming in to the WIC clinic may be exempt from the physical presence requirement (this would also apply if applicants/family members are under a voluntary quarantine);

- State agencies may extend the certification period for breastfeeding women, infants and children, by not more than 30 days, to accommodate difficulty in scheduling appointments; and,

- State agencies may mail food instruments to persons who are not scheduled for nutrition education or a second or subsequent certification.

Allowable Costs

In the case of a human pandemic, State agencies should follow general guidance in WIC Policy Memorandum #2003-4, Allowable Costs of Bioterrorism Preparedness, which includes the following:

- With the approval of the State agency director, WIC employees may volunteer to be part of their State’s Biological Disaster Response Team. If other reimbursement is unavailable, staff time for participating in team activities, such as planning and training, would be an allowable cost for the WIC Program because the employees
would gain knowledge and experience useful to assist the WIC Program in bioterrorism preparedness.

Program Directors
Page 2

- In planning its response to a potential biological disaster, each State must consider the use of all available resources within its jurisdiction. Consequently, the State may, without regard to the allowability of costs to the WIC Program, incorporate the use of its WIC Program resources (i.e., staff, facilities, equipment, and supplies) into its biological disaster plan. This does not authorize the diversion of WIC funds to non-WIC accounts. In the event of an actual biological disaster, WIC Program resources will be brought to bear in accordance with States' biological disaster plans.

PATRICIA N. DANIELS
Director
Supplemental Food Programs Division
Subject: Management of Federal Grant Funds awarded by the Centers for Disease Control and Prevention (CDC) While Responding to Public Health Threats Posed by H1N1 Influenza

To: State Health Officers
Territorial Health Officials
Local Governmental Grant Recipients

The CDC is aware that the response to the threats posed by the H1N1 Influenza may require that you mobilize public health capabilities including the reassignment of personnel from their normal duties including those funded by CDC grants.

The purpose of this correspondence is to clarify the flexibilities that CDC can extend pursuant to these grants. I recently sent an email to our CDC internal staff on flexibilities in our grants as a result of state budget shortfalls (State Funding Attachment). That communication is still viable, as is the 2006 CDC Procurement and Grants Office (PGO) communication addressing public health readiness for personnel funded by CDC grants and cooperative agreements (Staff Preparedness Training Attachment). Further guidance specifically geared to the H1N1 response is included herein.

A mobilization of personnel in support of the H1N1 response could have an affect on your employees currently engaged in and supported by grants or cooperative agreements awarded by the CDC. In some cases, depending upon the legal authority under which the funds were appropriated, your employees whose salaries are funded by the CDC through an assistance mechanism but who are reassigned to work on the H1N1 response can continue to be supported in part or wholly through the grant or cooperative agreement to which they are normally assigned. This will depend upon whether the legal authority permits this reassignment and if the scope of the existing grant and proposed H1N1 activities relate to the overall purposes of the grant. A list of the national grant programs where CDC has determined that the legal authority may allow for flexibility is included in this correspondence.

Because the legislation for each grant or cooperative agreement is unique, the continued CDC funding of your employees who are temporarily assigned to H1N1 response should be coordinated by state program staff to the maximum extent possible with the CDC’s Grants Management Officer (GMO)* and Project Officer (PO) assigned to the grant or cooperative agreement being considered. This will ensure that all parties are clear regarding the redirection of funding for these employees including the extent and duration of the planned reassignment.

* The term GMO throughout this document also denotes the Grants Management Specialist
Chapter Ten
Emergencies and Disasters

There may be other grant programs not specified in this correspondence that also allow for flexibility. You need to contact the CDC GMO/PO to discuss these programs. In addition, the following guidance is provided for H1N1 activities not within the scope of the funded project:

a. If the proposed H1N1 activities are not within the scope of the funded project then the state should call the CDC GMO/PO to determine whether the scope of the project could be expanded to permit the individual to carry out the H1N1 activities. The expanded scope must be within the limits allowed by the law authorizing the grant. Once the GMO/PO has verified whether or not the expanded scope is viable, a letter notification to the GMO/PO from the recipient addressing the expanded activities to be carried out is preferred, but in emergency circumstances an email or phone call notification is permissible.

b. If the H1N1 activities do not fall under the scope of the funded project, and expansion of the project would be outside the scope of the law authorizing the grant, then that individual's salary for carrying out H1N1 activities cannot be charged to that particular grant.

c. If you receive a grant that would authorize H1N1 response activities such as those for emergency preparedness or response, then a state or local employee could be reassigned from the non-H1N1 grant to the H1N1-related grant and the employee's salary to carry out the H1N1 activities could be charged against the H1N1-related grant. You should follow your internal cost accounting procedures to capture these changes, and a notification to the GMO/PO should follow as soon as practicable.

We are also well aware that the H1N1 response might interfere with the progress made on grants and cooperative agreements and might delay the completion of deliverables and submission of reports. As a result, the management of our grants and cooperative agreements will be done with full consideration of the high priority given to the H1N1 response and in recognition of the difficulty of maintaining progress while reassigning resources. These delays will be treated on a case by case basis between the recipient and the CDC GMO/PO as they begin to occur so that any needed changes to budgets, milestones and progress/financial reporting can be modified accordingly.

If you have any questions regarding this correspondence please contact your Grants Management Officer, Project Officer or Mr. William Ryan in the Procurement and Grants Office at (770) 488-2717

Alan A. Kotch
Director, Procurement and Grants Office
List of CDC Grants/Cooperative Agreement Programs that may support some H1N1 activity.

**National Center for Immunization and Respiratory Diseases (NCIRD)**

IP08-803, State Immunization Program

**The National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID)**

CI07-701, CI07-702, CI07-704, CI04-040, Epidemiology and Laboratory Capacity (ELC) Program

CI05-026, CI02-174, Emerging Infections Epidemiology and Prevention (EIP) Program

**National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)**

DP08-801, Improving Health and Educational Outcomes of Young People

DP09-901, Chronic Disease and Prevention

Block Grant, Preventive Health and Health Services Block Grants

DP06-002, Pregnancy Risk Assessment Monitoring System

**National Center for Environmental Health (NCEH)**

10. EH09-001, NCEH - Addressing Asthma

**National Institute for Occupational Safety and Health (NIOSH)**

PAR-09-184, State-Based Occupational Health and Safety Surveillance

**Coordinating Office for Terrorism, Preparedness, and Emergency Response**

TP-AA154, Public Health Emergency Preparedness (PHEP)

TP09-902, H1N109, Public Health and Social Services Emergency Funds - Public Health Emergency Response (PHER)
Chapter Ten
Emergencies and Disasters

Reply to
Attn of:

WSN-1: SA-11 GEN
WRO Policy Memo 807X/SFPD Policy Memo #2003-04

Subject:

All States Memorandum 03-31
Allowable Costs of Bioterrorism Preparedness

To:

Western Region State Agency WIC Directors

This policy memorandum provides clarification regarding the use of WIC Program funds and resources to support bioterrorism preparedness.

Background

In 2002, the Administration launched two important initiatives to prepare the nation for a possible biological disaster. The first initiative is the National Smallpox Vaccination Program (NSVP). The goal of this initiative is “to increase the nation’s smallpox preparedness capacity by: 1) offering vaccinations safely to volunteer public health teams (including vaccinators) to conduct investigations and outbreak control for the initial cases of a smallpox event; and 2) offering vaccinations safely to key volunteer healthcare workers who would treat and manage the initial smallpox cases and suspects.” Funding for the planning and implementation of this initiative has been provided through the Public Health Preparedness and Response for Bioterrorism (PHPRB) Cooperative Agreement (Source: Centers for Disease Control and Prevention (CDC) Supplementary Guidance for Planning and Implementing the NSVP).

The second initiative is the establishment of comprehensive Bioterrorism Response Plans in all fifty states and U.S. territories. These plans include the assessment of available resources within each state to respond to a biological disaster and the establishment of Biological Disaster Response Teams. To fund these initiatives, the CDC has provided nearly $1 billion in grants for bioterrorism preparedness to all States, U.S. territories and protectorates, and several major cities, including Washington, DC, Chicago, Los Angeles, and New York City. Additional funding for ongoing activities will be provided.

Impact on WIC Program

In response to a natural disaster, the affected WIC State agency assesses the disaster’s impact on program operations and participants to determine whether to implement a Disaster WIC Program in accordance with its disaster plan. The response to a biological disaster, however, will be coordinated at a higher level than the program level and be focused on identification and containment of the outbreak. Consequently, current State agency disaster plans for natural disasters are inadequate to address a biological disaster. Below are answers to questions that have arisen in this area.
Chapter Ten
Emergencies and Disasters

Question 1: May WIC funds/employees be used to implement the National Smallpox Vaccination Program?

Answer: Although WIC employees may be used to implement the NSVP, the WIC Program would need to be reimbursed for staff time spent on this initiative, because vaccinating health care workers and first responders is not an allowable cost under current laws and regulations governing the WIC Program. Before committing WIC staff to implement the NSVP, State and local agency directors should ensure that: 1) adequate staff remain available to provide WIC services to program participants; and 2) reimbursement will be provided for WIC staff time spent on the NSVP.

Question 2: May WIC funds/employees be used to staff State Biological Disaster Response Teams?

Answer: With the approval of the State agency director, WIC employees may volunteer to be part of their State’s Biological Disaster Response Team. If other reimbursement is unavailable, staff time for participating in team activities, such as planning and training, would be an allowable cost for the WIC Program because the employees would gain knowledge and experience useful to assist the WIC Program in bioterrorism preparedness.

Question 3: May WIC resources be used in the event of an actual biological disaster?

Answer: In planning its response to a potential biological disaster, each State must consider the use of all available resources within its jurisdiction. Consequently, the State may, without regard to the allowable costs to the WIC Program, incorporate the use of its WIC Program resources (i.e., staff, facilities, equipment, and supplies) into its biological disaster plan. This does not authorize the diversion of WIC funds to non-WIC accounts. In the event of an actual biological disaster, WIC Program resources will be brought to bear in accordance with States’ biological disaster plans.

Please contact Mel Fong at (415) 705-1313 if you have questions regarding this correspondence.

CORDELIA FOX
Regional Director
Supplemental Nutrition Programs
Western Region

cc: California Food Policy Advocates
Appendix B:
Modifications to Certification
and Food Instrument Issuance Procedures

See Following Pages
Chapter Ten
Emergencies and Disasters

Modifications to Certification and Food Instrument Issuance Procedures

Proof of Address

Staff will select “Forgot Documentation” (Code 12) for Proof of Address.
Proof of Identity

Staff will select “Forgot Documentation” (Code V) for Proof of Identity.
Staff will select “self declared” (Code T) for the source of income since the client is verbally disclosing the interval and amount. Staff will select “Forgot Documentation/Waiver” (Code 10) for the documentation.
Client Present?

Staff will select “NO” for the question “Client Present?”
Reason Client is Not Present

When “NO” is selected for physical presence, staff are required to select “serious illness” (Code A) as the reason the client is not physically present.
Chapter Ten
Emergencies and Disasters

Document Weight and Height

Staff will document 999 (lbs.) 5 (ozs.) for weight and 999 (ins.) 5 (1/8ths) for height.
For the certification of a participant requiring a hemoglobin test, the staff will enter 99.5.
Previous Pending Hemoglobin Test

Staff will enter 99.7 (not required) for a participant that has a previous pending hemoglobin test (99.5).
Reminder Note for Followup

When staff override a 99.5 with a 99.7, a reminder must be documented in the notes section and warning notes (red checkmark box) to follow up with an actual test the following month.
Staff will select “Unsure” for the question “Are DTaP doses correct for age?” Staff will select “Has but forgot shot record” (Code 1).
Forgot Documentation Reminder

Staff will select "OK" to the forgot documentation reminder; as a result, the client(s) will only be eligible to receive one month of food instruments.
Pending Height/Weight Reminder

Staff will select “OK” to the pending height/weight reminder; as a result, the client(s) will only be eligible to receive one month of food instruments until an actual height and weight are documented.
Staff will select one month for the pick-up interval. Staff will schedule the client(s) to return in one month to collect the appropriate documentation and anthropometrics.
Appendix C:
Instructions for the Mailing of WIC Food Instruments
During Disasters or Emergencies

See Following Pages
# Chapter Ten
## Emergencies and Disasters

## Mailing WIC Food Instruments

### Policy

The Local Agency will have State Agency-approved policies and procedures in place for mailing food instruments and replacement of food instruments if lost or stolen when sent by mail.

The Local Agency will maintain adequate documentation/inventory of all food instruments issued and sent by certified mail by keeping a copy of the food instrument receipt.

To ensure nutrition education and certification contacts, not more than three (3) sets of food instruments will be mailed to a participant.

### Procedures

<table>
<thead>
<tr>
<th>a)</th>
<th>When an emergency or disaster situation has reached Level 3 and requires the closure of WIC clinics:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>The Local Agency director will notify the State Agency of the necessity to close WIC clinic(s).</td>
</tr>
<tr>
<td>2)</td>
<td>The State Agency will coordinate with the AIM data system contractor to enable the system to allow a one month extension or Certification for participants.</td>
</tr>
<tr>
<td>3)</td>
<td>The Local Agency director will assign the Superintendent roles to specified Local Agency staff to enable them to batch process food instruments.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b)</th>
<th>Batch Processing Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Batch processing by staff assigned the Superintendent role will be done in accordance with the procedures outlined in Appendix B. Food instruments will be produced only for active clients of the clinic who have not been issued food instruments for that month.</td>
</tr>
<tr>
<td>2)</td>
<td>Local Agency staff will document the reason for mailing the food instruments in the participant’s AIM record. The following information will be documented in the “Care Plan Follow-Up/Nutrition Education” field of the participants AIM record: food instrument serial number, certified mail number, the reason for mailing, and the date of mailing.</td>
</tr>
<tr>
<td>3)</td>
<td>The Local Agency staff will document on the food instrument receipt that the food instrument was mailed and the initials of the person that mailed the food instruments.</td>
</tr>
</tbody>
</table>
Mailing WIC Food Instruments

| Procedures (Continued)          | c) Mailing Procedures – The following procedures will be used when mailing food instruments:
|                               | 1) Food instruments will be sent via certified mail.
|                               | 2) Delivery will be restricted to person(s) authorized to receive the food instruments.
|                               | 3) Items will be sent “return receipt requested”.
|                               | 4) Food instruments will be sent in an envelope which prevents the identification of the food instruments and is sturdy enough to hold multiple food instruments.
|                               | 5) The envelope will be stamped clearly, “DO NOT FORWARD-RETURN TO SENDER”.
|                               | 6) The return address will not identify the Local Agency or clinic as the sender.
|                               | d) Security Procedures:
|                               | 1) A two party system will be utilized. One staff member will prepare the envelopes and another will review them prior to mailing.
|                               | 2) A limited number of staff should have access to the process.
|                               | 3) The mailing of food instruments will be documented on the food instrument receipt. This should include the date mailed and the initials of the person who mailed them.
|                               | e) Records – The following information will be recorded and maintained:
|                               | 1) Serial numbers of the food instruments mailed.
|                               | 2) Date mailed.
|                               | 3) Certified mail number.
|                               | 4) Participant and clinic name.
|                               | 5) Name of staff member who entered the certification information.
|                               | 6) Date “certified return receipt” (green card) was received and name of staff member who logged it in and the date.
|                               | 7) Date and name of staff member who followed up on receipts not received.
|                               | 8) Disposition of food instruments – certified receipt was received, food instruments were returned as undeliverable or food instruments were reported as lost to the State Agency.
Chapter Ten
Emergencies and Disasters

Appendix D:
Batched Food Instruments in AIM

See Following Pages
Staff with the Superintendent role have access to the Batched Food Instruments screen in AIM. Batched Food Instruments will be grayed out if the user does not have the role. The user with the Superintendent role will log in to the local agency that they want to print checks for and clinic level 00 (i.e. 03/00).
Batched Food Instruments (Continued)

How does it work?

AIM will print food instruments for all active clients in a given clinic by the issue month. Selecting the clinic and issue month and then query. The system will display all the participants with pick up days to pick up FI's. The user can print FI's for all the clients that have a check in the issue box.

The system automatically checks the Issue (Y/N) box if the participant is eligible to be issued food instruments. If a user checks it, a message is displayed detailing the reasons why issuance will not occur. Examples of the pop up messages are shown in this document. In order for issuance to occur, the user must go into the client's files and update the record with the incomplete data.
Staff will need to check the status of breastfeeding women to be sure they are still breastfeeding before they answer “Yes / No” to this pop-up.
Staff must answer the BF Surveillance questions for exclusively nursing infants. At a minimum, questions 1 and 5 must be answered.
BF Surveillance questions must also be answered for partially nursing infants. If question 1 is answered “No”, then questions 3 and 4 must be answered.
Infants who have not had ht/wt entered between 20 and 32 weeks since Certification must have height and weight recorded. Users can use 999 for height and weight.
Batched Food Instruments (Continued)

Message Example: Pending Height and Weight

Weight/height can be entered as 999 and the participant will be able to receive one month of food instruments.
Batched Food Instruments (Continued)

Message Example: Invalid Schedule Day Code

If a client’s pick up day is not the same as today’s date, this pop-up will come up.
Clients with an Invalid Schedule Day code will be issued FIs, however; they will have less than 30 days in which to use the FIs.
Batched Food Instruments (Continued)

Message Example: Missing Data for Pregnant Women

Pregnant women must have medical data entered at every visit. Weight can be entered as 999 and client can be issued FIs.
Batched Food Instruments (Continued)

Message Example: Pending Blood Work Data Missing

Participants with pending blood work (99.5) cannot receive FIs until data is entered.
Chapter Ten
Emergencies and Disasters

Batched Food Instruments (Continued)

Message Example: Blood Work Data Missing

When logging into LA 10 Clinic 15, 99.5 was entered again for this client’s blood work. After saving the screen and going to “On Demand”, this error popped up.
Message Example: Missing Data for Post-Partum Women on CSFP

This message will come up for post-partum women on CSFP.
Chapter Ten
Emergencies and Disasters

Batched Food Instruments (Continued)

Message Example: Missing Income Data

Participants with Income Code 10 (Forgot Documentation/Waiver) cannot receive FIs until new income data is entered.
Clients on special formula cannot be issued FIs if the approval has expired. A new food package can be selected and approved if necessary so that FIs can be issued.
Messages Example: Clients Not Linked

Clients who are not linked can receive FIs once the Reason Not Linked has been documented or the clients are linked.
Batched Food Instruments (Continued)

Message Example: Clients Not Linked

There are two pop-ups for clients who are not linked.
Batched Food Instruments (Continued)

How do I record when the FI’s are picked up?

Batch FI pickup can be recorded by going to the Batch FI Pickup screen in the food instruments module. Users who have the food instruments role will be able to access this screen.
Chapter Ten
Emergencies and Disasters

Batched Food Instruments (Continued)

Batch Issued Food Instruments

This screen is used when a participant comes in to pickup food instruments generated through batch issuance. The user can double click the client ID field to search for the client or they may enter the ID number. The full name of the participant is displayed for verification when the participant ID number is entered.

The system displays the range of batch issued food instruments for the participant that have been printed but haven’t been issued. Once issued, staff will check the “FI Issued to Client” box and save. The current date will be recorded as the issuance date.
# Chapter Ten
## Emergencies and Disasters

## Index

| Batched, 10-2, 10-43, 10-44, 10-45, 10-46, 10-47, 10-48, 10-49, 10-50, 10-51, 10-52, 10-53, 10-54, 10-55, 10-56, 10-57, 10-58, 10-59, 10-60, 10-61, 10-62 | FEMA, 10-4, 10-15 |
| Certification, 10-2, 10-14, 10-26, 10-27, 10-33, 10-41, 10-49 | Level 1, 10-4, 10-9, 10-10 |
| consolidation, 10-4 | Level 2, 10-4, 10-10, 10-11 |
| disaster, 10-2, 10-3, 10-4, 10-5, 10-6, 10-15, 10-16, 10-41 | Level 3, 10-4, 10-12, 10-14, 10-41 |
| emergency, 10-2, 10-3, 10-4, 10-5, 10-6, 10-8, 10-9, 10-10, 10-11, 10-12, 10-15, 10-16, 10-17, 10-41 | Level 4, 10-4, 10-15, 10-16 |
| Mailing Food Instruments, 10-2, 10-14 | Mailing Food Instruments, 10-2, 10-14 |
| masks, 10-14 | masks, 10-14 |
| Memorandum, 10-3 | Memorandum, 10-3 |
| physical presence, 10-14, 10-31 | physical presence, 10-14, 10-31 |
| Proxy, 10-15 | Proxy, 10-15 |
| Ready-to-feed, 10-15 | Ready-to-feed, 10-15 |
Chapter Eleven
Local Agency Proposals
### Overview

This chapter is divided into three (3) sections detailing interagency proposals including the scope of work and its components, and two (2) appendices.

### Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Request for Agreement / Request for Proposal (RFA /RFP)</td>
<td>11-3</td>
</tr>
<tr>
<td>B</td>
<td>Scope of Work</td>
<td>11-4</td>
</tr>
<tr>
<td>C</td>
<td>Components of the Scope of Work</td>
<td>11-5</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Local Agency Proposal</td>
<td>11-8</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Local Agency Amendment Application</td>
<td>11-29</td>
</tr>
<tr>
<td>Index</td>
<td>Index</td>
<td>11-36</td>
</tr>
</tbody>
</table>
Section A
Request for Agreement / Request for Proposal (RFA/RFP)

The Arizona Department of Health Services (ADHS) will forward a Request for Agreement/Proposal (RFA/RFP) and instructions to each WIC Local Agency according to the ADHS contracting timetable for the fiscal year.

Each Local Agency must include in their proposal:

- Completed WIC Project Statement
- Proposed Budget
- Approved Indirect Cost Agreement for corresponding year of service if included in proposed budget
- Certification regarding debarment, suspension, ineligibility and voluntary exclusion – lower tier covered transactions to ensure compliance with 7 CFR 3017
- Assurance of Compliance with Title VI of the Civil Rights Act of 1964, as amended
- Assurance of compliance with section 504 of the Rehabilitation Act of 1973, as amended

Each Local Agency must complete and return their application to ADHS, 150 N. 18th Avenue, Phoenix, Arizona 85007, by the date specified on the proposal.

Any negotiations between the Arizona WIC Program and the Local Agency should be completed by July. ADHS Procurement, with input from the WIC program staff, will then prepare the final agreement and forward it to the Local Agency. The agreement should be reviewed and approved by the Local Agency’s governing body and attorney.

The Local Agency must return the signed agreement to ADHS Procurement. The Intergovernmental Agreement (IGA) must be filed with the Secretary of State on or before October 1st for an effective date of October 1st.
Section B
Scope of Work

Description
The scope of work in the RFA/RFP package outlines the services that the ADHS wishes to purchase from a non-governmental entity (e.g., non-profit community health center).

The work statement completed by the offeror provides the basis for negotiation of services to be provided by the offeror upon award of a contract.

The work statement, finalized during contract negotiations between the ADHS and offeror, is then the service-specific component of the successful offeror’s contract.
### Section C
Components of the Scope of Work

<table>
<thead>
<tr>
<th>Purpose</th>
<th>The components of the scope of work explain the reason ADHS is providing the services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals</td>
<td>The desired outcome of the services provided and potential benefits to the population to be served as written by ADHS.</td>
</tr>
<tr>
<td>Population Served</td>
<td>ADHS completes this section, indicating the population the successful offeror will serve under the contact.</td>
</tr>
<tr>
<td>Facility Locations</td>
<td>The offeror lists by name, address, and hours of operation, all the facilities at which services will be delivered. This data will also be provided for subcontractors.</td>
</tr>
</tbody>
</table>

**Notices, Correspondence, Reports and Payments**

- Program Reporting Requirements to ADHS – this section lists the reports to be submitted along with the frequency of submission.
- Notices, Correspondence, Reports, and Payments from ADHS – this section is completed by the offeror. The offeror provides the name, title, address, and telephone number of the person designated to receive correspondence from ADHS.
- Notices, Correspondence and Reports, and Payments to ADHS – this section is completed by ADHS. It describes the staff person designated to receive correspondence from the contractor.
- Licensure/Certification requirements. This section will be completed by ADHS, and applies to the:
  - Personnel: ADHS indicates the type of licensure/certification personnel must have.
  - Facility: ADHS indicates the type of licensure, certification, and/or permits the facility must have.

**Special Program Requirements**

ADHS lists those activities which are outside of the scope of the other sections, but which are integral to successful completion of contract activities.

Continued on next page
Section C
Components of the Scope of Work (Continued)

Caseload Assignment
The standard quantity by which the services provided will be measured is assigned monthly caseload. For IGAs / contracts the caseload assignment will be finalized during negotiations, and provided monthly on the WIC State Participation Report.

Increases or decreases in assigned caseload will be based on the agency’s performance for the first six months of the previous fiscal year, community need, ability to serve and available funding.

Scope of Service(s)
The general requirement and standards of WIC services to be provided under the contract are outlined in this section.

Tasks
Each task name is defined and has a list of activities to be performed. This section will include:

- **WIC Services** which includes screening, certification, use of the AIM database system, client education on program rules regulations, approved foods and authorized vendors, documentation requirements and required referrals.

- **Nutrition Education** which includes nutrition education requirements for program participants.

- **Staffing** which includes the requirements for the Local Agency program director, Nutrition Coordinator, Breastfeeding Coordinator, Training Coordinator, Registered Dietitian/nutritionist, community nutrition workers and clinic clerks.

Continued on next page
Chapter Eleven
Local Agency Proposals

Section C
Components of the Scope of Work (Continued)

Tasks
(Continued)

- **Staff Training** which includes training requirements to enable paraprofessional staff to maintain their designation as competent professional authority

- **Data Collection** which includes completion of all required data elements in the AIM database system.

- **Administrative Services** which includes:
  - compliance with the ADHS Accounting and Auditing Procedures for ADHS Funded Programs
  - conduct of annual physical inventory of program equipment, maintenance of WIC purchased equipment, requirement for written approval for the purchase of equipment valued at more than $1,000.00 or for any ADP related item, requirement for written approval for transfer or disposal of any equipment purchased with WIC funds, requirement for maintenance of certain WIC related records
  - correction of any inaccurate or erroneous data entries in the AIM system
  - correction of any regulatory deficiency or discrepancy noted in Management Evaluations, Audits or Program financial reviews
  - submission of a monthly Contractor’s Expenditure Report
  - submission of a Bi-annual WIC Expenditure Report
  - preparation and submission of an Annual Outreach Plan
  - submission of all required plans/reports as set forth in the WIC Policy and Procedure Manual

Requirements

Defines the categories of persons to be served and sets for the participation maintenance standards.
Chapter Eleven
Local Agency Proposals

Appendix A:
Local Agency Proposal

See Following Pages
Scope of Work

A. BACKGROUND

The Arizona Department of Health Services (ADHS) Bureau of Nutrition and Physical Activity (BNPA) administers funds provided by the United States Department of Agriculture (USDA) for the operation of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Breastfeeding Peer Counseling Program (BFPC), and the Women and Children's Farmers Market Nutrition Programs (FMNP) for the State of Arizona. The USDA nutrition programs are discretionary, and each provides a specific service to women, infants, and children who are low income and at nutrition risk. The overall goal of all the USDA Nutrition Programs is to improve the health status of eligible participants through adoption of healthy behavioral lifestyle changes and to help prevent the occurrence of health problems.

WIC Nutrition Services

1. The WIC Program accomplishes this goal by providing participant-centered services (PCS) including nutrition and breastfeeding information and support, specific supplemental healthy foods through the issuance of food instruments/benefits that can be used at ADHS-approved grocery stores and farmers' markets, and referrals to other health and human services as an adjunct to good health care during critical times of growth and development. Service population eligibility for the WIC Program is based upon federal regulations such as participant category (pregnant and breastfeeding woman, infant or child under five years of age), a household income at or below 185% of federal poverty guidelines, residence within the service area, and nutrition risks.

To be considered as a WIC Local Agency, the organization must be a local public or private non-profit organization, County health department, or tribal entity under contract with ADHS to provide WIC services according to the WIC Program federal regulations and state policies and procedures. The State awards a WIC Contract based on the ability of the organization to provide WIC services, potential eligible population, need, response to the Scope of Work, information technology capacity, and available funds. The State determines and awards the WIC contract amount based on a funding formula using several factors such as a base level for a program to function, the amount of caseload negotiated with each Local Agency, and quality of performance.

1. Specific objectives for nutrition services (based on Healthy People 2020 goals) are:

1.1. To increase the incidence of breastfeeding to 82% of women initiating breastfeeding;
1.1.2. To increase the duration of breastfeeding to 61% of women breastfeeding for the first six (6) months of their baby's life;
1.1.3. To increase the duration of breastfeeding to 34% of women breastfeeding for the first year of their baby’s life;
1.1.4. To increase the rate infants are exclusively breastfed to 44% at three (3) months and 24% at six months;
1.1.5. To reduce the proportion of adults who are considered obese to 31%;
1.1.6. To reduce the proportion of children ages 2-5 who are considered obese to 10%;
Chapter Eleven  
Local Agency Proposals

1.1.7. To increase the consumption and variety of fruits and vegetables by those two (2) and older;

1.1.8. To increase the consumption of whole grains by those two (2) and older; and

1.1.9. To increase the proportion of children ages 0-2 who view no television or videos on an average day to 45%.

Breastfeeding Peer Counseling (BFPC)

2. In 2003, the USDA Food and Nutrition Service (FNS) entered into a cooperative agreement with Best Start Social Marketing (Best Start) to gather information to obtain a clear understanding of the components that are necessary to sustain effective peer counseling programs and how to structure these programs so they are cost effective and manageable. They developed the program "Using Loving Support to Implement Best Practices in Peer Counseling", which is a training and technical assistance project that will be used as a model to aid WIC in designing, building, maintaining, and sustaining peer counseling programs that will improve breastfeeding initiation and duration rates. Arizona will be using this program to guide and develop the state peer counseling program.

The discretionary peer counseling services are considered an adjunct support to WIC breastfeeding services to help achieve the WIC Nutrition Services objectives regarding breastfeeding.

Peer counseling has been a significant factor in improving initiation and duration rates of breastfeeding among women in a variety of settings, including disadvantaged and WIC populations representing diverse cultural backgrounds and geographical locations. Peer counselors are especially effective in communities where role models for breastfeeding behaviors, knowledgeable health care providers, and cultural practices that include breastfeeding as the norm, are scarce. Combining peer counseling with the ongoing WIC breastfeeding promotion and support efforts has the potential to significantly impact breastfeeding rates among WIC participants, and most significantly, increase the harder to achieve breastfeeding duration rates. WIC Local Agencies are strongly encouraged to provide peer counseling services in addition to the ongoing breastfeeding support to their WIC participants. Contractors must provide a breastfeeding friendly environment and have policies to accommodate participants and staff who are breastfeeding.

Farmer's Market Nutrition Program (FMNP)

3. The Women and Children Farmers' Market Nutrition Program (FMNP) is intended to increase consumption of locally grown fresh fruits and vegetables by providing FMNP checks to a limited number of WIC women and children to purchase these items directly from growers at ADHS-approved farmers' markets. FMNP is also intended to support local agriculture by expanding the awareness, use of, and sales at farmers' markets.
B. OBJECTIVE

At a minimum, to provide WIC services while allowing each Local Agency to provide, at their discretion, Breastfeeding Peer Counseling Services and / or Farmers’ Market Nutrition Program Services.

C. SCOPE OF WORK

1. WIC Services

The WIC Program Contractor shall perform all the work required to administer and provide WIC services to eligible participants according to the Arizona WIC Program Policies and Procedures Manual (WIC PPM). These include, but are not limited to the following activities:

   1.1. Perform WIC certification procedures such as categorical and income screening and health and nutrition assessments;

   1.2. Provide participant centered nutrition and breastfeeding support services to WIC participants;

   1.3. Provide the mandatory and appropriate additional referrals reflecting the needs of the individual WIC participants;

   1.4. Issue WIC food instruments/benefits;

   1.5. Ensure the collection and recording of accurate information;

   1.6. Provide professional training, mentoring and monitoring of WIC staff competencies necessary for delivery of required services;

   1.7. Provide administrative functions for operation of the WIC Program; and

   1.8. Prepare and submit all required plans/reports in accordance with this contract and the WIC PPM.

2. Breastfeeding Peer Counseling (BFPC)

WIC BFPC Contractors shall perform all the work required to administer and provide additional breastfeeding support services to WIC mothers following the Loving Support best practice guidelines for peer counseling services and according to the Contractor’s proposal in order to increase the breastfeeding rate and duration of breastfeeding.

3. Farmer’s Market Nutrition Program (FMNP)
WIC FMNP Contractors shall perform all the work required to administer and provide WIC FMNP services to eligible participants including but not limited to:

3.1. Identifying participants and offering program services;

3.2. Distributing information to participants;

3.3. Providing competent staff to perform certification;

3.4. Issuing of FMNP checks;

3.5. Safeguarding FMNP checks;

3.6. Documenting accurately all required information;

3.7. Providing administrative functions necessary for operation of the FMNP;

3.8. Preparing and submitting all required reports in accordance with this Contract; and


D. TASKS AND REQUIREMENTS

1. WIC Services Outreach and Referrals

1.1. Conduct outreach activities targeting high risk and underserved populations by developing written and verbal presentations or utilizing available materials to inform potentially WIC eligible individuals of the availability of the WIC Program and to explain the benefits of participation according to the outreach plan proposal submitted and accepted with this Contract.

1.2. Establish community partnerships with, at a minimum, the mandatory referral agencies, local hospitals, OB/GYN and pediatricians offices, and provide regular contacts according to the outreach and plan proposal submitted and accepted with this Contract.

1.3. Establish community partnerships with community organizations such as food banks, community organizations, human and social services, school districts, etc according to the outreach and referral plan proposal submitted and accepted with this Contract.

1.4. Establish a referral system with breastfeeding/lactation specialists, including but not limited to, International Board Certified Lactation Consultants (IBCLC), Certified Lactation
Chapter Eleven
Local Agency Proposals

Counselors (CLC), Certified Breastfeeding Counselors (CBC), and Certified Lactation Educators (CLE) according to the outreach and referral plan proposal submitted and accepted with this Contract.

Additional BFPC Outreach Tasks:

1.5. Develop and document an internal referral link between WIC Program and WIC Peer Counseling Program when applicable. Interaction between WIC Program and WIC Peer Counseling Program shall occur at least monthly and may be in the form of site visits from Peer Counselors, participation of Peer Counselors in WIC clinic meetings, and/or additional training for WIC clinic staff and Peer Counselors.

2. Participant Records:

2.1. Follow and maintain documentation of participant centered certification and administrative procedures as described in the WIC PPM, including but not limited to:

2.1.1. Eligibility and ineligibility determinations;
2.1.2. Nutrition assessments;
2.1.3. Nutrition and breastfeeding education and support;
2.1.4. Nutrition and breastfeeding counseling;
2.1.5. Encourage participants in setting behavioral goals;
2.1.6. Appropriate referrals;
2.1.7. Program abuse; and
2.1.8. Food instrument issuances.

2.2. Maintain inventory and accountability records, as set forth in the WIC PPM, of paper food instrument stock and food instruments issued by the Contractor.

2.3. Assure participant confidentiality by obtaining written permission from affected program participant(s) prior to the release of participant information to any agency. The Contractor shall have a written agreement, completed in accordance with 7 CFR (Code of Federal Regulations) 24626 (h)(3), and the Arizona WIC Policy and Procedure Manual, with any agency or program that will share participant information. The above federal regulation details the implementation of a written agreement and state plan to regulate use and disclosure of confidential applicant and participant information.

2.4. Staff shall only access the WIC Computer Data System and client files for business related reason(s).

2.5. Ensure paper files containing confidential participant information are stored in a secure location in the clinic, archived when appropriate, and destroyed according to the retention schedule. All files should be destroyed in an appropriate manner.
Chapter Eleven
Local Agency Proposals

2.6. The Local Agency shall notify the State Agency immediately by telephone call and email upon the discovery of a breach of a participant’s confidentiality.

2.7. The Local Agency shall immediately investigate such security incident, breach, or unauthorized use or disclosure of participant information, including:

2.7.1 What data elements were involved and the extent of the data involved in the breach;

2.7.2 A description of the unauthorized person(s) known or reasonably believed to have improperly used or disclosed the protected information;

2.7.3 A description of where the protected information is believed to have been improperly transmitted, sent, or utilized;

2.7.4 A description of the probable causes of the improper use or disclosure; and

2.7.5 Whether Arizona Revised Statues (A.R.S) § 44-7501 or any other federal or state laws requiring individual notifications of breaches are triggered.

2.8 The Local Agency shall provide a written report of the investigation to the Chief of the Bureau of Nutrition and Physical Activity (BNPA)/WIC Director and Program Integrity Manager within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall include the information specified above, as well as a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure.

2.9 The Local Agency shall notify individuals of the breach or unauthorized use or disclosure when notification is required under state or federal law and shall pay any costs of such notifications, as well as any costs associated with the breach. The BNPA Chief/WIC Director, Program Integrity Manager, and Assistant Attorney General shall approve the time, manner and content of any such notifications. The Local Agency will arrange and pay for any mitigation (e.g. LifeLock) for participants at risk for identity theft because of breach of security of information.

Additional FMNP Participant Records Tasks:


3. Service Delivery and Program Rules

The Contractor shall:

3.1. Determine eligibility of persons requesting WIC services by screening individuals in accordance with procedures set forth in the WIC PPM; Eligible program participants shall include the following categories whose household income does not exceed 185% of the current designated federal poverty guidelines, who have a nutritional risk as defined in the WIC PPM, and reside in Arizona as defined by the WIC PPM;
3.1.1. Pregnant women, breastfeeding women up to 12 months post-partum, and non-breastfeeding women up to six (6) months post-partum,

3.1.2. Infants from birth to age one (1), and

3.1.3. Children from age one (1) year through the end of the month in which they turn five (5) years.

3.2. Provide complete nutrition assessment utilizing OARS, ABCDE, and Getting to the Heart of the Matter Tools in accordance with Value Enhanced Nutrition Assessment (VENA) initiative. Documentation of nutrition assessment using Tools, Goals, Information, Follow-up (TGIF) notes in AIM is required.

3.3. Provide participant-centered nutrition education to participants and appropriately utilize emotion-based materials provided by the State;

3.4. Assist participants in setting goals for behavioral change and follow-up on goals set;

3.5. Promote breastfeeding to WIC participants and provide breastfeeding education and support, and refer to and promote the Breastfeeding Peer Counseling Program, when appropriate;

3.6. Prescribe a food package appropriate to the participant's nutritional risk(s) and category, and issue food instruments/benefits as set forth in the WIC PPM;

3.7. Provide program participants with information about available health and social services to which the participant could be referred. The participant shall be provided with written information regarding community services and referrals in accordance with the WIC PPM and Local Agency referral procedures;

3.8. Coordinate WIC Services with other health and social services available within the service area, including but not limited to immunizations, voter registration, and breastfeeding support;

3.9. Provide information, check for understanding, and document training to participants on program rules, regulations, WIC approved foods, food instrument/benefit use and redemption including the WIC Cash Value Vouchers (CVV), and if applicable, FMNP checks. The training shall be documented in the participant's record as set forth in the WIC PPM and/or AzFMNP Manual;

3.10. Distribute information to all participants regarding the authorized WIC vendors and the location and hours of ADHS approved Arizona Farmers' Markets; and

3.11. Explain to all WIC participants that, in addition to FMNP checks, WIC CVVs may be used to purchase locally grown fresh fruits and vegetables at FMNP approved farmers' markets in Arizona and provide instructions as to how to redeem both types of food instruments.
Chapter Eleven
Local Agency Proposals

Additional BFPC Service Delivery tasks:

3.12. Accept referrals generated from calls to the ADHS Pregnancy and Breastfeeding Hotline into the Peer Counseling Program;

3.13. Provide peer counseling services, when appropriate. Services shall be made available outside of usual clinic hours and outside of the WIC clinic, but may also be available during usual clinic hours and in the WIC clinic; and

3.14. Provide supervision, mentoring, monitoring, and evaluation of peer counselors, when appropriate.

Additional FMNP Delivery tasks:

3.15. Identify eligible participants, offer FMNP checks, and provide services to participants in accordance with the Arizona Farmers’ Market Nutrition Program Policies and Procedures Manual;

3.16. Issue a unique series of ADHS-provided FMNP check numbers after participant has been certified as an eligible WIC participant and has expressed a desire to participate in the program, through the Arizona electronic participant record system;

3.17. Submit a written request to the ADHS FMNP Manager for authorization to utilize a Local Agency WIC staff to train and certify local growers at no extra cost to ADHS. Grower training shall be conducted only by ADHS authorized individuals. Each request to conduct training will be granted on a case-by-case basis, and shall not be performed without receipt of prior written approval from the ADHS FMNP Manager;

3.18. Distribute to participants a brief description of non-allowable and allowable items (Participant Guide and other information provided by ADHS) and the time period for redeeming FMNP checks and WIC CVV’s;

3.19. Notify ADHS within five (5) working days of receipt of any notification of change to the date, time or location of an individual Farmers’ Market;

3.20. If funding for additional FMNP checks becomes available and the contract budget (as shown on the Contract Price Sheet) has been fully expended, the Contractor may choose whether or not to distribute the additional checks with no increase in the Contract budget.

4. Participant-Centered Nutrition Education

The Contractor shall:

4.1. Prepare and submit a two (2) year Nutrition Services Plan for participants to include, but not be limited to:

4.1.1. Adoption and Implementation of ADHS goals for nutrition services. In addition, Local Agencies will identify their own goals for nutrition services in this plan.
4.1.2. Adoption and implementation of the State objectives for staff training and client interventions related to the goals for nutrition services. In addition, Local Agencies are required to provide at least one additional objective for each goal.

4.2. Provide and document participant-centered nutrition education to all WIC adult participants, and to parents or caretakers of participants according to the guidelines of the State Nutrition Services Plans. A minimum of two (2) nutrition education contacts in each six (6) month certification period shall be made and documented in the participant's record. Breastfeeding women, infants and migrants from any eligibility category are certified for one (1) year and will receive one (1) nutrition education contact for each three (3) month period. Pregnant women certified through six (6) weeks postpartum will receive one (1) nutrition education contact for each three (3) month period.

4.3. Provide and document professional supervision, mentoring and monitoring of paraprofessional staff at the clinic level on a regular basis, as often as necessary, to ensure competence.

4.4. Provide, as often as necessary, high- and medium-risk nutrition education/counseling by an RD to all participants deemed high-risk upon assessment. As defined in the WIC PPM Local Agencies may designate a Bachelor's degree nutritionist or Dietetic Technician Registered to provide medium-risk counseling to participants under the supervision of the RD.

4.5. Expend for nutrition education activities an aggregate amount that is not less than the sum of one-sixth (1/6) of the amount the Contractor receives for provision of WIC services each contract year. If the one-sixth (1/6) amount is not expended for nutrition education activities, the Contractor shall return to ADHS an amount equal to the difference between the one-sixth (1/6) requirement and the actual amount expended. Costs that can be applied to meet the one-sixth (1/6) requirement for nutrition education include:

4.5.1. Salary and other costs for time spent on nutrition education, whether with an individual or group;

4.5.2. The cost of procuring and producing nutrition education materials;

4.5.3. The cost of training nutrition educators, including costs related to conducting training sessions and purchasing and producing training materials;

4.5.4. The cost of conducting participant evaluations of nutrition education;

4.5.5. The salary and other costs incurred in developing the nutrition education plan;

4.5.6. Other ADHS-approved costs.

4.6. Coordinate nutrition education activities and messages. Wherever possible, the Contractor shall utilize USDA and/or Arizona Nutrition Network (AZNN) materials and messages to ensure common nutrition messages.
4.7. The Local Agency will provide documentation that a minimum of 4% of their annual WIC expenditures have been used to support breastfeeding promotion and education. If the 4% is not expended for breastfeeding promotion and education activities, the Contractor shall return to ADHS an amount equal to the difference between the 4% and the actual amount expended.

5. Staffing

The Contractor shall:

5.1. Designate a WIC Program Director/Manager who is an RD, with previous WIC and/or community health experience to manage and administer the WIC Program and provide high-risk nutrition counseling and/or formula authorization to WIC participants. If an RD is on staff to provide the WIC RD services and with prior approval from ADHS, the Contractor shall designate a Director with a minimum of an undergraduate degree from an accredited institution in nutrition (community nutrition, public health nutrition, nutrition education, human nutrition or nutrition science) or a related field such as home economics or biochemistry with an emphasis in nutritional science or public health administration.

5.2. All Local Agencies will identify an RD to serve as the Local Agency Nutrition Coordinator as defined in the WIC PPM. The Nutrition Coordinator will oversee all WIC nutrition services for the Local Agency. If a Local Agency has barriers to this staffing standard, they must be submitted in writing to ADHS with their plan for coordination of nutrition services within the Local Agency to be approved by ADHS.

5.3. Provide an appropriate number of RDs to perform high-risk and medium-risk counseling, formula authorization, and as necessary, certification of participants. The Contractor shall provide the RD services in a number proportional to the agency's high-risk caseload in accordance with the WIC PPM. The Contractor may hire nutrition degree graduates or Registered Dietetic Technicians, to do medium-risk counseling, formula authorization, and as necessary participant certification under the direction of an RD. If a Local Agency has a barrier to having an RD on staff, the agency must submit in writing to ADHS with their plan for providing high risk nutrition counseling to participants.

5.4. Provide staff to conduct outreach activities targeting high risk and underserved populations by developing written and verbal presentations or utilizing available materials to inform the potentially eligible individuals of the availability of WIC Program and explain the benefits of participation.

5.5. Provide an appropriate number of adequately trained certification specialists to provide categorical and financial eligibility screening, pre-certification and record required documentation, in accordance with the WIC PPM, as well as administrative support services when necessary. Such individuals shall have the minimum of a high school degree or equivalent and must complete the state training requirements and be certified by the Contractor as competent according to the competencies for the position. Previous nutrition or health related job experience is desirable. These individuals shall meet individual ADHS competencies as set forth in the WIC PPM prior to providing each
service such as certifying applicants for participation and/or providing health assessments in the Arizona WIC Program Staff should be observed and certified by the supervising authority to be competent in an activity before being allowed to perform on their own without supervision.

5.6. Provide an appropriate number of adequately trained nutrition education specialists to provide certification and nutrition education services to participants in accordance with the WIC PPM. Such individuals will have the minimum of a high school diploma with nutrition experience, education, and training that have been certified by local or state agencies to be competent for the position. An Associate or Bachelor's degree is highly preferred. These individuals shall meet the ADHS competencies for Nutrition Education Specialists as set forth in the WIC PPM prior to certifying applicants for participation and/or providing nutrition education in the Arizona WIC Program. Staff should be observed and certified by the supervising authority to be competent in an activity before being allowed to perform on their own without supervision.

5.7. All local agencies will identify an International Board Certified Lactation Consultant (IBCLC) to serve as the local agency Breastfeeding Coordinator as defined in the WIC PPM. The Breastfeeding Coordinator will oversee all WIC breastfeeding services for the local agency to ensure all participants have access to breastfeeding promotion and support services. If a local agency has barriers to this staffing standard, they must be submitted in writing to ADHS with their plan for coordination of breastfeeding services within the local agency to be approved by ADHS.

5.8. All Local Agencies will identify a Training Coordinator as defined in the WIC PPM. The Training Coordinator will oversee and facilitate both new employee and ongoing WIC training for the Local Agency including certifying that staff have met competencies prior to providing services without supervision. If a Local Agency has barriers to this staffing standard, they must submit in writing to ADHS their plan for coordination of training services within the Local Agency to be approved by ADHS.

5.9. Provide WIC Clerks to perform administrative support within WIC clinics at the option of the Contractor. Such individuals shall have the minimum of a high school degree or equivalent. They must meet WIC Program competencies. Previous clerical or work experience is desirable.

5.10. Maintain a record of training provided, monitoring, and observation results of staff competencies in each staff file and/or the state Learning Management System (LMS)

Additional BFPC Service Staffing

5.11. Employ a BFPC Program Manager to plan, direct and coordinate general operation of Peer Counseling Program Ideal candidate will be an International Board Certified Lactation Consultant (IBCLC), have WIC experience, and be familiar with community resources.

5.12. Develop a support referral system for peer counselors with community Lactation Consultants, including IBCLCs, if the BFPC Program Manager is not an IBCLC or is unable to fulfill consultation duties for any reason.
5.13. Employ Breastfeeding Peer Counselors to provide services. Qualifications for peer counselors shall be previous personal experience with breastfeeding, enthusiasm for helping others to succeed at breastfeeding, and similarities with the WIC population the program serves (including similar age, ethnic background, and language spoken). Exemptions to the peer counselor qualifications must be approved by ADHS before hire. When possible, peer counselors should be current or previous WIC participants.

6. Staff Training

The Contractor shall:

6.1. Implement the Blended Learning ADHS training plan for new staff.

6.2. Register and ensure all WIC staff complete all ADHS required WIC on-line courses according to the time requirements set forth by the State through ADHS LMS at www.azdhslearn.gov, in accordance with the ADHS WIC PPM.

6.3. In addition to state requirements for competency trainings, Local Agencies must implement and adopt the state training standards as reflected in the Nutrition Education Plan and the ADHS WIC PPM. In addition, Local Agencies must participate in any mandatory training provided by ADHS due to changes in policy, procedures, and / or federal regulations.

6.4. Provide training for all new staff members regarding Civil Rights and Americans with Disabilities Act (ADA) during their orientation and, annually, provide all staff with training on Civil Rights and ADA issues by completing the ADHS LMS course on Civil Rights or other courses that will be required by ADHS.

6.5. Provide one (1) representative for a maximum of six (6) mandatory, face-to-face, two (2) day meetings or trainings session in Phoenix, as scheduled by ADHS on a yearly basis. These meetings will be opportunities for the Local Agency to discuss issues with regards to WIC policies and procedures, federal rules and regulations, and nutrition standards.

6.6. Provide one (1) representative for a maximum of 12 iLinc teleconference meetings to receive information updates on WIC operations, policies and procedures, and other relevant materials being held in lieu of face to face meetings.

Additional BFPC Staff Training:

6.7. Send the WIC Director and the Breastfeeding Peer Counselor Program Manager to a two (2) day training at the ADHS office in Phoenix during each Peer Counseling Program contract term.

6.8. Provide training of Breastfeeding Peer Counselors using the Loving Support through Peer Counseling curriculum within one (1) month of employment.

6.9. Provide continual education and adequate resources to peer counselors. Continual education shall include basic and continuing breastfeeding training, and may include opportunities to shadow lactation consultants, opportunities to meet with other peer...
Chapter Eleven
Local Agency Proposals

counselors, and related training such as counseling skills, adult learning styles, and others.

6.10. Provide WIC clinic staff the PowerPoint presentation "Peer Counseling: Making a Difference for WIC Families" through the Loving Support curriculum at least once per partnering clinic during each Peer Counseling Program contract term.

7. Data Collection

The Contractor shall:

7.1. Utilize the hardware, software, and training provided by the Arizona WIC Program to operate the Contractor's portion of the WIC Computer Data System.

7.2. Complete all data elements required on the WIC Computer Data System as outlined in the WIC PPM.

7.3. WIC Computer Data System users are required to maintain integrity by keeping their username and password secure. Users shall not share their login information with others.

8. Administrative Services

The Contractor shall:

8.1. In addition to complying with the Accounting and Auditing Procedures Manual for Contractors of ADHS Funded programs:

8.1.1. Maintain a formal inventory listing or subsidiary record of all equipment owned by the Contractor in an organized manner as an official part of the official accounting system. The capital equipment listing will include the following: tag or ID number, description, purchase cost or fair market value on date of donation, purchase or donation date, location, and disposal date.

8.1.2. Provide maintenance and upkeep for all equipment purchased with WIC funds. Maintenance may be provided through the Contractor’s own organization or the Contractor may participate in State maintenance contracts where available.

8.1.3. Obtain written permission from ADHS prior to expending WIC funds to purchase equipment with a value of $5,000 or more.

8.1.4. Obtain written permission from ADHS prior to expending WIC funds for the purchase of any non-disposable automated data processing related item: hardware (e.g. computers, printers) or software, regardless of cost as well as their transfer or disposal.

8.1.5. Obtain specific approval from ADHS prior to the transfer or disposal of any equipment purchased with WIC funds exceeding $2,500 if purchased prior to October 1, 2010, and $5,000 or more beginning on October 1, 2010.
Chapter Eleven
Local Agency Proposals

8.2. Submit to ADHS for approval any policy or procedure that deviates from those set forth in the Arizona WIC PPM.

8.3. Update the Local Agency information on a timely basis on the www.azwic.gov website including but not limited to names of WIC Directors, RDs, nutritionists, clinic staff, clinic names, addresses, phone numbers, days and hours of operations, closure days, and other pertinent information for the public to know.

8.4. Provide at least a six (6) month written notice when planning on suspending WIC services at any location.

8.5. Read, timely, all ADHS posted documents and provide requested response on the ADHS SharePoint site.

8.6. The Local Agency Director shall ensure the State Agency has their most recent contact information in an effort to maintain current and accurate information in the Arizona Health Alert Network (AzHAN) account.

8.7. Maintain documentation records of WIC services according to the WIC PPM, including but not limited to:

8.7.1. Signed consent forms for anemia screening and anthropometrics;

8.7.2. Signed Rights and Obligations Form for enrolled participant files (active and inactive);

8.7.3. Eligible participant files (active and inactive);

8.7.4. Ineligible applicant forms/files;

8.7.5. Monthly Participation Reports by Category and Ethnicity;

8.7.6. Outreach files;

8.7.7. Medical documentation;

8.7.8. Staff files: Trainings attended, skill observations, and annual evaluations;

8.7.9. Documentation of dual participation actions;

8.7.10. Waiting lists (when applicable);
8.7.11. Reconciliation of voided food instruments;

8.7.12. Civil rights file to include documentation and resolution of all civil rights complaints;

8.7.13. Documentation of annual civil rights training of all employees; and

8.7.14. Documentation of WIC Confidentiality and Conflict of Interest forms.

8.8. Correct and resolve inappropriate or missing participant information, improbable assessment values, duplicate participation, and other quality assurance WIC Computer Data System issues identified in the report provided to the Contractor by ADHS within the timeframes specified in the WIC PPM.

8.9. Correct any regulatory deficiency or discrepancy noted during any of the three program Management Evaluations, Audits, Local Agency Compliance Investigations or Program Financial Reviews within sixty (60) calendar days of the date of the audit report unless an extension date is granted by the auditing/reviewing agency and documented.

8.10. Prepare and submit individual electronic and signed paper copies of the Contractor's Expenditure Reports (CER) for each contracted program according to the instructions and requirements of the WIC PPM.

8.11. Prepare and submit Final Yearly Closeout CER invoice for each contracted program reflecting the cumulative expenditures for a contract year.

8.12. Prepare and submit a WIC Local Agency Mid-Year and Annual Cost Summary that matches the amount in the month of March and Final Yearly Closeout CER invoice respectively in accordance with the requirements in the WIC PPM.

8.13. Prepare and submit an annual update on the Two (2) Year Contractor's Outreach Plan and a progress report on activities accomplished during the year.

8.14. Prepare and submit an annual update on the Two (2) Year Nutrition Education Plan and a progress report on activities accomplished during the year.

8.15. Prepare and submit an annual Amendment Application in accordance with the individual program requirements that will include budget breakdown of line items and budget justifications of any budget changes.

8.16. Prepare and submit a Local Agency Annual Summary of the Local Agency self-assessment(s). Local Agency self-assessments must be done annually in the year that the Local Agency has a Management Evaluation, and semi-annually in the year that they do not have a Management Evaluation.

8.17. Prepare and submit all required plans and reports in accordance with the requirements in the WIC PPM.
Chapter Eleven
Local Agency Proposals

Additional Peer Counseling Administrative Services

8.18. Prepare and submit a Quarterly Report for the Peer Counseling services in the format provided by ADHS.

8.19. Present program logistics, highlights, and data at a Nutrition Programs meeting at a time and location to be determined by ADHS.

Additional FMNP Administrative Services

8.20. Assume liability for the distribution and reconciliation of all FMNP checks, and assume financial liability for any checks that cannot be accounted for and reconciled.
Chapter Eleven
Local Agency Proposals

E. REFERENCE DOCUMENTS

3. Federal Regulations: Refer to http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=a6980ff847aff32ab535bd37f71ce93d&tpl=/ecfrbrowse/Title07/7cfr246_main_02.tpl
4. 7 CFR 246.14: program costs Item J of this Solicitation, Performance Awards
5. 7 CFR 246.26 (h)(2): notice to applicants and participants about the use and disclosure of confidential applicant and participant information
6. 7 CFR 246.26 (h)(3): implementation of a written agreement and state plan to regulate use and disclosure of confidential applicant and participant information

F. STATE PROVIDED ITEMS

2. Hardware and software necessary for operation of the WIC Computer Database System.
3. Learning Management courses for software training and nutrition education courses for staff to complete and/or pass.
4. Paper WIC and/or FMNP Food Instrument stock or Blank Electronic Benefit Transfer Card when implemented.
5. CER invoice electronic template. The ADHS WIC Program Manager or designee will accept and approve the CER prior to payment.
8. Technical assistance and support.
9. Breastfeeding material lending and library for Peer Counselor use.
10. Assistance with International Board Certified Lactation Consultant (IBCLC) career track or advanced lactation consultant education, when appropriate.
11. Loving Support through Peer Counseling curriculum, which includes the PowerPoint presentation “Peer Counseling: Making a Difference for WIC Families,” when appropriate.
12. FMNP Participant Guides.
Chapter Eleven
Local Agency Proposals

13. Online, downloadable information regarding the location and hours of approved Arizona Farmers' Markets.

14. Monitoring of WIC Authorized Vendors and Farmers' Markets for compliance with regulations, and coordination with tribal and county officials when doing compliance buys for markets on a reservation.

15. Periodic redemption reports for issued checks.

16. Formats for required reports.

17. Program Integrity staff monitoring reports (monthly).

G. DELIVERABLES

If applicable, any work plan or other documentation submitted to and accepted by ADHS regarding participation in WIC, BFPC or FMNP shall be incorporated into this Agreement. Furthermore, any policy or procedure that deviates from those set forth in the Arizona WIC Program and / or Arizona Farmers’ Market Nutrition Program Policies and Procedures Manuals requires approval from ADHS prior to implementation.

The Contractor shall submit to ADHS:

1. Updated copies of Local Agency Policies and Procedures that will include coordination and referral procedures with internal and external programs and agencies, i.e. WIC and Peer Counseling;

2. Prepare and submit individual electronic and signed paper copy of the CER invoice, not later than thirty (30) days following the end of each report month of the program year;

3. Final CER invoice for each program not later than forty-five (45) days following the end of each Contract year;

4. WIC Local Agency Annual Cost Summary matching the final WIC Contractor's CER, not later than forty-five (45) days following the end of each Contract year;

5. Each Contracted Program's amendment application by the specified deadline for the following contract year which contains the following information:

   5.1. Request for Caseload to be served;

   5.2. Request for budget and budget justification;

   5.3. Updated Participant Nutrition Education Plan for the following contract year and a progress report of the previous year's activities;

   5.4. Updated Outreach Plan of each contract year and a progress report of previous year's activities; and

   5.5. Any additional services.

6. All required responses to federal and state audits and reviews submitted in a timely manner.
Chapter Eleven
Local Agency Proposals

Additional Peer Counseling Deliverables

7. Quarterly reports for the Peer Counseling Program to be submitted 15 days after each quarter of the Contract year

H. PERFORMANCE STANDARDS AND AWARDS

1. Upon Contract finalization, ADHS shall notify the Contractor by certified mail of the assigned caseload, and throughout the term of the Contract, of any changes to the assigned caseload. The Contractor shall maintain an average monthly participation level in accordance with the following table:

<table>
<thead>
<tr>
<th>Caseload Assignment</th>
<th>% Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;10,000 participants/month</td>
<td>97%</td>
</tr>
<tr>
<td>10,000 to &lt;49,999 participants/month</td>
<td>98%</td>
</tr>
<tr>
<td>&gt;50,000 participants/month</td>
<td>99%</td>
</tr>
</tbody>
</table>

2. If, after each quarter of the Federal Fiscal Year (October through September), the Contractor has not attained the required participation level, ADHS will have the option of reducing the assigned caseload and resources to the Contractor's current service level. ADHS may also then move the unused caseload and corresponding resources to other WIC Local Agencies in order to fully utilize the resources.

3. Local Agencies shall be eligible for one (1) or more of the following awards:

3.1. Any Local Agency in which 90% or more of the certifications (6) months (October 1 through March 31) have an appropriate TGIF note as verified by the “No notes” and “TGIF detail” reports may receive an award of $10,000 added to their following fiscal year WIC funding formula award if the Contract is extended and additional expenditure can be identified;

3.2. Any Local Agency which meets 98% of its documentation requirement in nutrition education for the previous contract year may receive an award of $5,000 added to that agency's following fiscal year WIC funding formula award if the Contract is extended and additional expenditures can be identified;

3.3. Any Local Agency in which 25% or more of the infant caseload for a six (6) month time period (October 1 through March 31) were at least six (6) months old and were IEN at six (6) months of age ay receive an award of $10,000 added to the following fiscal year WIC funding formula award if the Contract is extended and additional expenditures can be identified;

3.4. Pursuant to 7 CFR 246.14, which allows the WIC program to fund nutrition services and administrative expenses, the Performance Awards may be part of the annual funding formula and awarded to the Contractor in the next contract year; and

3.5. USDA has the option to award breastfeeding performance awards to State Agencies who exceed the national average if funds are awarded to Arizona, each Local Agency program will receive a proration of the amount based upon the number of exclusively
nursing women in their Local Agency. It will be a set amount, and may only be used for purposes outlined in the current federal guidelines.

I. NOTICES, CORRESPONDENCE AND REPORTS

1. Notices, correspondence, reports and invoices from the Contractor to ADHS shall be sent to:

   Arizona Department of Health Services
   150 N. 18th Avenue
   Phoenix, Arizona 85007
   Attention: WIC Program Manager

2. Notices, correspondence and reports from ADHS to the Contractor shall be sent to:

   (Contractor to complete)
   Contractor: ________________________________
   Attention: ________________________________
   Address: _________________________________
   Address: _________________________________
   City, State, ZIP: ___________________________
   Phone: _________________________________
   Fax: _________________________________
   Email: ________________________________
Appendix B:
Local Agency Amendment Application

See Following Pages
Arizona WIC Program

FFY 2014 Application Checklist

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Letter of Intent stating services to be provided</td>
<td>May 31, 2013</td>
</tr>
<tr>
<td>2</td>
<td>2014 WIC Application</td>
<td>May 31, 2013</td>
</tr>
<tr>
<td>3</td>
<td>2 Year Outreach Plan progress report</td>
<td>June 17, 2013</td>
</tr>
<tr>
<td>4</td>
<td>2 Year Nutrition Services Plan progress report</td>
<td>June 17, 2013</td>
</tr>
<tr>
<td>5</td>
<td>Local Agency Self-Assessment Summary (03/ 2012 – 03 2013)</td>
<td>June 17, 2013</td>
</tr>
<tr>
<td>6</td>
<td>Budget Worksheet(s) for each Program applied</td>
<td>May 31, 2013</td>
</tr>
<tr>
<td></td>
<td>a. WIC services – <em>Budget should match the funding formula calculation generated from your local agency caseload; List personnel with position types and FTE’s for each</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. <em>If applicable, Farmers’ Market Nutrition Program</em></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>FFY 14 Price Sheet(s) for each program applied</td>
<td>May 31, 2013</td>
</tr>
<tr>
<td>8</td>
<td>Indirect cost agreement for FFY14, if applicable</td>
<td>May 31, 2013</td>
</tr>
<tr>
<td>9</td>
<td>Civil Rights Certification From</td>
<td>June 17, 2013</td>
</tr>
<tr>
<td></td>
<td>a. signed by the CEO/Health Director enclosed with application</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>WIC Funding Template with proposed caseload</td>
<td>April 17, 2013</td>
</tr>
<tr>
<td>11</td>
<td>CLIA waiver</td>
<td>June 17, 2013</td>
</tr>
<tr>
<td>12</td>
<td>Conflict of Interest and Confidentiality Statements for each staff (do not need to be sent, but need to be kept on file at agency)</td>
<td></td>
</tr>
</tbody>
</table>
Chapter Eleven
Local Agency Proposals

WIC AMENDMENT APPLICATION FY2014

PROGRAM MANAGEMENT

Program Name: _____________________________________________

Current Address: Street_______________________________________

City______________________________ State_______ Zip_______

Telephone:_____________  FAX: ______________________

Health Officer/Director/CEO: _____________________________ Phone: ________

Supervisor of LA WIC Director: _________________________ Phone: __________

WIC Director: ________________________________ Phone: ______________

Nutrition Coordinator: ___________________________ Phone: ______________

Breastfeeding Coordinator: _________________________ Phone: ____________

Training Coordinator: ____________________________ Phone: ______________

Registered Dietitian(s) for Agency/Clinic Site(s): ______________________

__________________________

__________________________

FMNP Lead (if applicable): _________________________ Phone: ______________

AIM Lead: ________________________________ Phone: ______________

Financial Lead: ____________________________ Phone: ______________

LMS Lead: ________________________________ Phone: ______________

Agency IT Supervisor: _________________________ Phone: ______________

Clinic Search Administrator(s): ________________________ Phone: ______________
Chapter Eleven  
Local Agency Proposals

PROGRAM OPERATIONS

1. Service Delivery Area(s) Update:  
   Describe any new geographical areas and population to be served.*

2. WIC Caseload Request by Category:

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Current Average Participation as of March 2013</th>
<th>Fiscal Year 2014 Caseload Assignment -Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOMEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Partum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFANTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Use most current State Affirmative Action Plan as a basis.

3. Requesting Farmers Market Nutrition Program?  □ Yes  □ No

4. Funding Request for FY 2014

   a. WIC - Determine your potential funding for FY 2014 by multiplying your desired monthly caseload by the amount given per band on the attached Excel Spreadsheet: Funding Template.

   The total calculated will be used to develop your proposed budget for FY 2014.

   Example: Caseload – 7,500 participants per month

<table>
<thead>
<tr>
<th>BAND</th>
<th>FORMULA</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A – 1 to 1,500</td>
<td>1,500 x $14.18</td>
<td>$255,240.00</td>
</tr>
<tr>
<td>B – 1,501 and more</td>
<td>6,000 x $11.31</td>
<td>$814,320.00</td>
</tr>
<tr>
<td>Performance Award</td>
<td>If Applicable</td>
<td>$0</td>
</tr>
<tr>
<td>RD Supplement</td>
<td></td>
<td>$150,000</td>
</tr>
</tbody>
</table>
### Chapter Eleven

**Local Agency Proposals**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>$1,219,560.00</td>
</tr>
</tbody>
</table>

b. **FMNP** – $1.25 per person flat rate. No need to calculate

5. Submit a progress report on the FY13-14 two-year Nutrition Services Plan

6. Submit a progress report on the FY13-14 two-year Outreach and Referral Plan

7. Budget worksheet for each program – Please list and specify the FTE’s for each type of position for the WIC Program.
## Chapter Eleven
Local Agency Proposals

9. WIC Program Price Sheet

### COST REIMBURSEMENT CONTRACT

<table>
<thead>
<tr>
<th>LINE ITEM BUDGET</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Services</td>
<td></td>
</tr>
<tr>
<td>Employee Related Expenses</td>
<td></td>
</tr>
<tr>
<td>Professional &amp; Outside Services</td>
<td></td>
</tr>
<tr>
<td>Travel Expenses</td>
<td></td>
</tr>
<tr>
<td>Occupancy Expenses</td>
<td></td>
</tr>
<tr>
<td>Other Operating Expenses</td>
<td></td>
</tr>
<tr>
<td>Capital</td>
<td></td>
</tr>
<tr>
<td>Registered Dietitian Supplement</td>
<td></td>
</tr>
<tr>
<td>Indirect (if authorized)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>
10. **FMNP Program Price Sheet**

**Farmer's Market Nutrition Program Services**

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Unit Rate</th>
<th>Unit of Measure</th>
<th>Estimated Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC FMNP Check Issuance</td>
<td>$1.25</td>
<td>WIC Participant</td>
<td>AS NEEDED</td>
</tr>
</tbody>
</table>
# Chapter Eleven
## Local Agency Proposals

### Index

<table>
<thead>
<tr>
<th>Topic</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting and Auditing Procedures</td>
<td>11-7, 11-19</td>
</tr>
<tr>
<td>Annual WIC Expenditure Report</td>
<td>11-7</td>
</tr>
<tr>
<td>Assurance of Compliance</td>
<td>11-3</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>11-9, 11-10, 11-11, 11-12, 11-14, 11-15, 11-18, 11-19, 11-23, 11-28, 11-29, 11-30, 11-31</td>
</tr>
<tr>
<td>Contractor's Expenditure Report</td>
<td>11-7</td>
</tr>
<tr>
<td>Data Collection</td>
<td>11-7, 11-19</td>
</tr>
<tr>
<td>inventory</td>
<td>11-7, 11-13, 11-19</td>
</tr>
<tr>
<td>Licensure/Certification</td>
<td>11-5</td>
</tr>
<tr>
<td>Local Agency Amendment Application</td>
<td>11-2, 11-27</td>
</tr>
<tr>
<td>Local Agency Annual Summary</td>
<td>11-7, 11-21</td>
</tr>
<tr>
<td>Local Agency Proposal</td>
<td>11-2, 11-8</td>
</tr>
<tr>
<td>nutrition education</td>
<td>11-6, 11-14, 11-15, 11-16, 11-17, 11-23, 11-25</td>
</tr>
<tr>
<td>participant-centered services</td>
<td>11-9</td>
</tr>
<tr>
<td>Peer Counseling</td>
<td>11-9, 11-10, 11-11, 11-12, 11-14, 11-18, 11-19, 11-21, 11-23, 11-24, 11-28, 11-29, 11-31</td>
</tr>
<tr>
<td>Program Reporting Requirements</td>
<td>11-5</td>
</tr>
<tr>
<td>proposed budget</td>
<td>11-30</td>
</tr>
<tr>
<td>Proposed Budget</td>
<td>11-3</td>
</tr>
<tr>
<td>Request for Agreement</td>
<td>11-2, 11-3</td>
</tr>
<tr>
<td>Request for Proposal</td>
<td>11-2, 11-3</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>11-2, 11-4, 11-5, 11-6, 11-7, 11-9</td>
</tr>
<tr>
<td>Self-Evaluation</td>
<td>11-7</td>
</tr>
<tr>
<td>WIC purchased equipment</td>
<td>11-7</td>
</tr>
</tbody>
</table>
Chapter Twelve
Financial Management
Overview

Introduction

This chapter provides guidance on WIC financial management and related financial standards for the Arizona WIC Program and for WIC Local Agencies. While this guide can be an effective tool to establish financial compliance with WIC regulations, it is imperative that all organizations review and ensure their compliance with all applicable federal, state and ADHS regulations.

The chapter is divided into two sections; State responsibilities and Local Agency responsibilities. Within each area, a variety of topics are addressed which are specific to that area.

These standards and regulations also apply to the Arizona WIC Peer Counseling Program; however, for further information regarding the Peer Counseling grant, please refer to Chapter 19 of this manual.

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>State Responsibilities</td>
<td>12-3</td>
</tr>
<tr>
<td>B</td>
<td>Local Agency Responsibilities</td>
<td>12-8</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Contractor’s Expenditure Report (CER)</td>
<td>12-17</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Labor Reporting</td>
<td>12-20</td>
</tr>
<tr>
<td>References</td>
<td>References and Links</td>
<td>12-23</td>
</tr>
<tr>
<td>Index</td>
<td>Index</td>
<td>12-24</td>
</tr>
</tbody>
</table>
Chapter Twelve
Financial Management

Section A
State Responsibilities

Overview of the Financial Management System

The ADHS Bureau of Nutrition and Physical Activity (BNPA) is the state agency responsible for all WIC funds allocated to Arizona and the related reports and projections required by the United States Department of Agriculture (USDA) for the operation of the WIC program. The state must ensure that all funds are properly accounted for and expended in compliance with applicable Office of Management and Budget (OMB) Circulars A-87 and A-122, USDA Policy Memos, the State of Arizona Accounting Manual, and the Accounting and Auditing Procedures Manual for ADHS Funded Programs.

The State of Arizona maintains a financial management system which accurately accounts for all WIC funds received and passed through to the Local Agencies. The State budgets and distributes funds using a funding formula based on allocated caseload, with program funds budgeted in a manner that will maximize services. Throughout the year, budget levels and expenditures are monitored, analyzed and reported by the State.

The financial management system is designed to enable the State, in a timely manner, to accurately reimburse allowable program expenditures made by WIC contractors. The system will follow the procedures and include records and source documents as described in the Accounting and Auditing Procedures Manual for ADHS Funded Programs.

Account Ledgers

The ADHS Accounting Office will maintain a complete, accurate and current accounting of all program funds received and expended. A unique self-balancing group of accounts within the Arizona Financial Information System (AFIS) will be maintained for the WIC Program fund. These records will be used to prepare all required WIC financial reports.

Contracts and Agreements

A Contract refers to a legally binding agreement between two or more parties. An Inter-Governmental Agreement is a contract that involves or is made between two or more governments to cooperate in some specific way.

Continued on Next Page
Chapter Twelve
Financial Management

Section A
State Responsibilities (Continued)

<table>
<thead>
<tr>
<th>Contract Amendments</th>
<th>A contract amendment is a formal change to an existing contract. Contract amendments may be requested by the State or a Local Agency; however, approval of the amendment and necessary changes to contract documentation are the responsibility of the State. Typical contract amendments include: contract extensions, price sheet adjustments, changes in contract terms and conditions, and changes in assigned caseload.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor's Expenditure Report (CER)</td>
<td>Contractor’s Expenditure Reports (CERs) are submitted by the 15th of the month following the report month in order to reimburse the Local Agency on a timely basis for the contract services provided. It is the responsibility of the Bureau of Nutrition and Physical Activity (BNPA) Nutrition Services Team and the BNPA Finance Team to ensure that for properly submitted CERs, the work performed was satisfactory, in accordance with each Agency’s respective contract, and ADHS policies. Upon approval by the BNPA Nutrition Services Team, the CER will be reviewed within two business days by the BNPA Finance Team. If rejected, an email will be sent to the Local Agency director detailing the rejection and will include a request for a revised CER. When approved, it will be submitted to the ADHS Contracts Payable Department for payment.</td>
</tr>
<tr>
<td>798 Report – Monthly</td>
<td>The State agency submits a monthly 798 report required by the USDA. The 798 report contains vital program information, including total participation by category, administrative expenditure levels, food expenditure levels, projections, and formula rebate information. It is imperative that the information be accurate and complete, as the State agency must enter and certify the monthly 798 reports into the Food Program Reporting System (FPRS) no later than the posted FPRS due date, which is the end of the month following the report month, or as otherwise provided by the USDA.</td>
</tr>
</tbody>
</table>

Continued on Next Page
Section A
State Responsibilities (Continued)

798 Report – Monthly (Continued)

The USDA and State use the reported information for program monitoring, funds management, budget projections, monitoring caseload, policy development and responding to requests from Congress and interested parties.

A basic timeline for the monthly 798 process is as follows:

1. Prepare the rebate billing for review, approval and submission to the infant formula company by the 10th of the month.

2. Complete the initial 798 worksheet file and create the 798 projection worksheet by the 16th of the month.

3. Begin the forecasting data preparation worksheet using various forecasting tools by the 17th of month.

4. Complete the forecasting data component for the 798 projection worksheet by the 24th of the month.

5. Perform a final review of the forecast figures and obtain approval of the 798 report entry into FPRS by the 26th of the month.

6. Submit the completed 798 report with the actual and estimated information into FPRS by the end of the month.

Monthly Formula Rebate

The State agency prepares the monthly infant formula rebate while preparing the monthly 798 report. The rebate information will be compiled, based upon redemption, from the AIM database. State program staff will run monthly reports and determine the number of cans issued, taking into account factors such as divisibility. It is this number, at the current contract rate, that is billed to the formula company. The formula rebate is used only as an offset to food costs, which enables the program to serve additional WIC clients.

Continued on Next Page
## Section A  
### State Responsibilities (Continued)

### 798A Report - Annually

The FNS-798A was developed due to the need for an annual summary report that provides the data necessary to more fully describe the use of Nutrition Services and Administration (NSA) funding. State and Local Agencies must have a method in place to track, document and classify NSA costs into the functional areas of Client Services, Nutrition Education, Breastfeeding Promotion and Program Management for the Annual Cost Summary reported with the 798A. (See the Local Agency section and the Appendix of this chapter for more information about the Annual Cost Summary.)

The initial 798A report is to be submitted no later than 120 days after the end of the Federal Fiscal Year (FFY) or as otherwise provided by the USDA.

### Procurement

The Arizona WIC Program will comply with all applicable state, federal and WIC regulations in regards to procurement activities. The first option for the State Agency is to use a State-contracted vendor. If a State contract does not exist, any purchase and/or contract greater than $5,000 will be competitively bid.

### Equipment Inventory

In general, documentation of equipment expenditures $5,000.00 or higher or computer-related equipment (hardware or software), regardless of cost, is to be sent to ADHS Inventory Control. Inventory Control will assign an equipment number and add the item to the ADHS Inventory Listing. An equipment number tag will be forwarded to the location of the equipment and should then be permanently affixed to the item. For further information, see *Capital Purchases* (12-13) and *Computer Hardware / Software* (12-13) in the Local Agency Responsibilities section of this chapter.

A computerized inventory listing is printed annually for each equipment location, showing all equipment numbers, equipment description, cost, date acquired, and the funding source used to purchase the equipment. In this way, items purchased with program funds can be distinguished from other property when physically inventoried by the ADHS inventory team or Local Agency employees.

Equipment lost or damaged due to negligence and/or a lack of internal control shall be the responsibility of the entity which last possessed the equipment.
Chapter Twelve
Financial Management

Section A
State Responsibilities (Continued)

Capital Expenditures

Capital expenditures are funds spent to acquire or upgrade physical assets such as buildings and machinery. The State Agency will review all Local Agency requests for capital expenditures. The State will reply with a written notice of approval or disapproval of the request. If USDA approval is needed, the State Agency will submit the request to the Western Regional Office. Once it has been approved, the capital expenditure can then be processed. The Local Agency must follow proper asset tracking procedures which are further described in the Local Agency responsibilities.

Analysis

The Arizona WIC Program will prepare various program and financial analyses throughout the year. These analyses, when applicable, will be shared with local and federal partners and may be incorporated into the daily management of the program. Some examples of these reports are: Participation; State and Local Administrative Expenditures; Obligations; and various reports with monthly and year-to-date totals, including budget percentages.

Financial Record Retention

All financial records pertaining to a specific fiscal year of the WIC grant should be retained for a minimum of 5 years and 5 months after the Federal Fiscal Year end on September 30th.

The retention period is extended when required by written notice from the USDA Food and Nutrition Service (FNS) or, if any litigation, claim or audit is started before the expiration of the retention period. State and Local Agency records shall be retained until all litigation, claims or audit findings involving the records have been resolved and final action taken.

Example: Allowed destruction dates of WIC records:

- Records for FFY 2012 (10/1/11-9/30/12) can be destroyed after 2/28/18
- Records for FFY 2013 (10/1/12-9/30/13) can be destroyed after 2/28/19

For additional record retention information, see Chapter 14.
### Section B
### Local Agency Responsibilities

#### Overview
This section discusses the responsibilities of Local WIC Agencies for fiscal management, CER submission, Labor Activity Reports (LARs), the Annual Cost Summary, and the computer purchase procedure. This section can be used as a tool in preparing monthly CER reports; preparation for WIC audits; purchasing equipment; and, as a standard for documentation requirements.

#### Fiscal Management
Each Local Agency will design and maintain a fiscal management system which accurately accounts for all program funds received and expended. The system will enable the Local Agency to submit an accurate CER report no later than 15 calendar days following the end of the report month.

The system will follow the procedures and include records and source documents as described in the Accounting and Auditing Procedures Manual for ADHS Funded Programs. [http://www.azdhs.gov/bhs/account_audit.htm](http://www.azdhs.gov/bhs/account_audit.htm)

Separate ledger accounts should be established, by line item, from the budget page of the current contract within the financial system of each respective Local Agency.

#### Cost Reimbursement
All WIC contracts are paid on a cost reimbursement basis. Contractors are reimbursed only for actual program expenditures that are submitted on the Contractor's Expenditure Report (CER). In accordance with USDA Western Regional Office (WRO) policy, fee for service contracts are not allowed.

Although it is not the policy of the Arizona WIC program to advance funds to Local Agencies, a request for advance funds may be submitted in writing to the State for consideration. The request will be evaluated by State Agency management. When approved, funds advanced cannot exceed the total of the established contract.

#### CER submission
Each WIC Local Agency is required to submit a monthly CER, as an invoice, to the ADHS WIC Program. ADHS will not accept any other form for Local Agency reimbursement.

*Continued on Next Page*
Section B
Local Agency Responsibilities (Continued)

The CERs are to be submitted electronically by the 15th of the month following the report month to the assigned BNPA Nutrition Services consultant for review. An approved, signed original copy must be submitted by mail and sent to the assigned BNPA Nutrition Services Consultant for reimbursement.

If there are no expenditures or reimbursement requests for a given month, the Local Agency will submit the CER for that month with zeroes entered in the expense column for each funded line. Invoices should be submitted in chronological order; no invoice will be paid before a prior month’s invoice is received and approved.

Agencies should receive payment within 4-6 weeks of submitting a correct CER. The final CER for the FFY (September 30th) is due by November 15th each year. Expenditures cannot be carried over from one fiscal year to the next.

The definitions and descriptions of costs reported as CER line items are as follows:

- **Personnel Services & Employee Related Expenses (ERE):** Amount spent on salaries, wages and benefits paid, including statutory benefits, or other benefits including medical, dental, vision coverage, long-term disability, accidental death insurance, and tax sheltered annuity programs.

- **Professional and Outside Services:** Expenses incurred associated with use of subcontractors to conduct specialized nutrition activities. This may include consultants, dietitians, and contracted educators.

- **Travel Expenses:** Amount spent on travel and per diem expenses for conducting WIC activities, such as certification, nutrition education, food instrument issuance, training, and other administrative purposes. Mileage rates and per diem are determined in accordance with the Local Agency’s policy. If the Local Agency has no policy in place, the state reimbursement rates are to be used as default rates.

- **Occupancy Expense:** The total cost of space utilized for conducting WIC Program activities. The occupancy cost is determined by actual rental and/or use costs incurred.
Section B
Local Agency Responsibilities (Continued)

CER submission (Continued)

Other Operating Expense: Expenses incurred for nutrition education resources, office supplies, communication expense (telephone, cell phone, fax, and internet services), copying, reproduction, printing, postage, janitorial services, and office equipment with a unit cost less than $5,000. Computers and software costing less than $5,000 are included as Other Operating Expense, only after receiving written ADHS approval to purchase.

Capital Outlay Expense: Capital expenditures are funds spent to acquire or upgrade physical assets such as buildings and machinery. Capital Outlay Expense is comprised of property used for the WIC Program, with a unit cost of $5,000 or higher and a useful life longer than one year.

Indirect: WIC agencies use this line item to claim indirect costs. For a Local Agency to claim indirect costs, it must first submit an approved Indirect Cost Allocation plan to the State. Indirect costs are defined as administrative or other expenses that are not directly allocable to a particular activity or program; rather, they are related to overall general operations and are shared among programs and/or functions. Examples include executive oversight, accounting, grants management, legal expenses, utilities, technology support, and facility maintenance.

Indirect costs, by their nature, cannot be claimed for expenses directly charged as other CER line items.

Total: This is the sum of the line items. (See additional cost information in Chapter 13, Appendix A – Allowable and Unallowable Costs.)

Continued on Next Page
### Local Agency Responsibilities (Continued)

<table>
<thead>
<tr>
<th>Labor Activity Reporting</th>
<th>Split Funded Positions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAR</td>
</tr>
</tbody>
</table>

OMB Circulars A-87 and A-122 require employees funded by two or more programs (for example, WIC and Peer Counseling) to continuously generate documentation supporting the distribution of their time and effort.

Labor Activity Reporting is a payroll documentation method for employees funded by two or more programs to accurately reflect the time spent working on each program during the pay period. The Labor Activity Report (LAR) must meet the following criteria:

1. The LAR must reflect an after-the-fact distribution of the activity of the employee.
2. The LAR must account for the total activity for which the employee is paid.
3. The LAR must be signed by the employee and the employee’s supervisor.
4. The LAR must be prepared at least monthly, and coincide with one or more pay periods.

(See Appendix B for LAR example)

Continued on Next Page
Section B
Local Agency Responsibilities (Continued)

Labor Activity Reporting (Continued)

<table>
<thead>
<tr>
<th><strong>Fully Funded Positions:</strong> Semi-Annual Certifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>For those employees 100% funded by the WIC grant, in place of the LAR, the employee may complete a Certification of Duty Performance form every 6 months. This certification states that the employee worked only for WIC for the previous six-month period.</td>
</tr>
<tr>
<td>If an employee’s time is allocated 100% to client services, nutrition education, breastfeeding promotion, or administration, the semi-annual Certification must describe the category worked by the employee.</td>
</tr>
<tr>
<td>(See Appendix B for Certification of Duty example)</td>
</tr>
</tbody>
</table>

Nutrition Education Requirement

| Expenditures for nutrition education activities must aggregate at least one-sixth (1/6) of total contract expenditures each contract year. If the 1/6th requirement is not met, the contractor shall return the difference between the minimum 1/6th required and the actual amount expended to ADHS. |
| Costs that can be applied to meet the 1/6th requirement for nutrition education include: |
| • Salary and other costs for time spent on nutrition education, whether with an individual or group. |
| • The cost of procuring and producing nutrition education materials. |
| • The cost of training nutrition educators, including costs related to conducting training sessions, and purchasing and producing training materials. |
| • The cost of conducting participant evaluations of nutrition education. |
| • The salary and other costs incurred in developing the nutrition education plan. |
| • Other ADHS nutrition education-approved costs. |

**NOTE:** A targeted share of funds, currently 4% of total contract expenditures, is required to be spent on breastfeeding promotion and support. Additional nutrition education and related breastfeeding promotion cost information can be found in Chapter 13.

Continued on Next Page
Section B
Local Agency Responsibilities (Continued)

Time Study

Time studies must be completed in accordance with one of the approved methodologies listed below. Time studies are done in accordance with USDA requirements to accurately allocate WIC costs based on representative time periods throughout the year, to one of the four cost categories: Client Services; Nutrition Education; Breastfeeding Promotion; and General Administration.

The time studies used to distribute the costs to these four categories must be conducted using one of the following methods:

- One (1) week per month.
- One (1) month per quarter.
- The Arizona WIC Program requested and received USDA approval for: Two (2) weeks (one pay period) every other month.

Annual one (1)-month studies are NOT considered representative of the entire year.

Annual Cost Summary Report

Letters are sent to all Local Agencies in September each year, requesting a categorization of annual WIC costs as:

1. Client services
2. Nutrition Education
3. Breastfeeding Promotion
4. Administrative

The Annual Cost Summary template is supplied to the Local Agencies to aid them in completion of this report. The total dollars shown on the Annual Cost Summary must equal the total dollars expended for the fiscal year as shown on the final CER.

Continued on Next Page
### Section B

**Local Agency Responsibilities (Continued)**

<table>
<thead>
<tr>
<th>Capital Purchases / Non-Computer-Related Equipment and Other Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>A written request for ADHS approval is necessary for the purchase of non-computer-related equipment or other capital assets with a cost of $5,000 or more.</td>
</tr>
<tr>
<td>When submitting their request, Local Agencies must provide a written justification for the purchase of each asset needing approval.</td>
</tr>
<tr>
<td>In addition to the justification, the request should provide the following information:</td>
</tr>
<tr>
<td>• Specific brand</td>
</tr>
<tr>
<td>• Description of item</td>
</tr>
<tr>
<td>• Quantity</td>
</tr>
<tr>
<td>• Cost per unit</td>
</tr>
<tr>
<td>• Location of the asset</td>
</tr>
<tr>
<td>• Total cost</td>
</tr>
<tr>
<td>The request for approval of the purchase of assets $5,000 or more should be sent to the Bureau Chief, Bureau of Nutrition and Physical Activity, with copies to the Finance Manager, the WIC Nutrition Program Consultant, the WIC Nutrition Services Manager and/or the Breastfeeding Manager, as appropriate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Computer Hardware / Software</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Agencies should request the purchase of any computer-related equipment, hardware or software, regardless of cost, using the drop-down menus and email form at <a href="http://azdhs.gov/azwic/">http://azdhs.gov/azwic/</a>. Computer equipment and software must meet ADHS specifications for connectivity to the WIC network system.</td>
</tr>
<tr>
<td>Once the online form is received by the ADHS WIC Helpdesk, it will be classified as a pending purchase and assigned a “ticket” number. This information will be forwarded to the Local Agency as confirmation and to the ADHS WIC Nutrition Consultant for approval.</td>
</tr>
<tr>
<td>The purchase request, after review and approval by the ADHS WIC Nutrition Consultant, is then sent to the WIC IT Manager for further review and approval.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
Section B
Local Agency Responsibilities (Continued)

Computer Hardware / Software (Continued)

After the WIC IT Manager has approved the request, final approval is made by the WIC Director or the Director’s designated representative. The approved request is then sent to WIC IT Management who will obtain quotes, initiate the purchase, and track the order. The assigned “ticket” will remain open until the ordered items have been received and installed.

Equipment Inventory

Each Local Agency will annually inventory all property purchased with program funds and submit a certified copy of the inventory to the ADHS Inventory Control Officer by January 31st.

Inventory records will identify all inventory purchased with WIC funds and the respective location of each item. If equipment is removed from a location, an ADHS Capital Equipment Control Report must be completed to document its new location.

Discrepancies between the physical inventory and the related equipment inventory records will be investigated and pursued by ADHS Inventory Control.

Equipment lost or damaged due to negligence and/or a lack of internal control shall be the responsibility of the entity which last possessed the equipment.

Tagging of Purchased Equipment

Any non-computer-related asset with a cost $5,000 or higher and all computer and computer-related purchases are to be inventoried and tagged by ADHS.

When equipment purchased with WIC funds is received by the Local Agency, contact information and a copy of the invoice, including manufacturer, model, price, payment method, and location, should be sent to the Inventory Specialist at ADHS Inventory Control.

Inventory Control will schedule a trip to the location to tag the equipment or may determine that it is more cost-effective to mail the tag with guidelines on placement. This copper colored tag, with an embossed five-digit number, should be placed on the inventory asset when received. The equipment can be used by the program prior to being tagged.

Continued on Next Page
Section B
Local Agency Responsibilities (Continued)

Ordering Materials from the BNPA Warehouse

Materials from the Bureau of Nutrition and Physical Activity Warehouse can be ordered online at www.azwic.gov using your user ID and password from the Citrix system.

For efficiency of delivery, place your order once per month and order only to meet your current caseload needs, as orders that exceed your need may be delayed. If you have any questions regarding your orders, contact:

Warehouse Manager – (602) 568-2353 or
Warehouse Assistant – (602) 803-5086

Financial Record Retention

All financial records pertaining to a specific fiscal year of the WIC grant should be retained for a minimum of 5 years and 5 months after the Federal Fiscal Year end on September 30th.

The retention period is extended when required by written notice from the USDA Food and Nutrition Service (FNS) or, if any litigation, claim or audit is started before the expiration of the retention period. State and Local Agency records shall be retained until all litigation, claims or audit findings involving the records have been resolved and final action taken.

Example: Allowed destruction dates of WIC records:

- Records for FFY 2012 (10/1/11-9/30/12) can be destroyed after 2/28/18
- Records for FFY 2013 (10/1/12-9/30/13) can be destroyed after 2/28/19

For additional record retention information, see Chapter 14.

Continued on Next Page
Chapter Twelve
Financial Management

Appendix A:
Contractor’s Expenditure Report (CER)

See Attached

1. Instructions for electronically completing the CER
2. Contractor’s Expenditure Report (CER) blank form
INSTRUCTIONS FOR ELECTRONICALLY COMPLETING
THE CER FOR THE WIC PROGRAM

1. Click on the appropriate tab of the workbook for the month to be reported.

2. Enter the date the invoice is being submitted in the space provided. Reporting period, Contract Number, and PO Number have been pre-filled.

3. On the top right-hand side of the form, mark an X inside the boxes in between 4A and the words “Cost Reimbursement” and in between 4B and the words “Periodic Report” for monthly reports.

   Mark X inside the box next to the “Final Report” under 4B only for the last report of the year.

- **Section A. Account Classification:** This section on the left side of the CER lists the Budget Categories by line item. Use only the top half of the CER (Cost Reimbursement). Do not use the bottom half of the CER (Fixed Price).

- **Column a, Approved Budget:** This column shows the budgeted line item amounts approved for the fiscal year. These amounts match the numbers in the approved contract and may not be changed by the Local Agency. A Local Agency may formally request a budget amendment during a fiscal year. If approved, revised CERs will be provided to the Local Agency.

- **Column b, Prior Report Period Year to Date Expenditures:** Year to date expenditure totals are brought forward from the previous month.

- **Column c, Current Reporting Period Expenditures:** This column lists the expenses for the reported month. The Local Agency will enter information in column c using records of actual expenses for the month.

- **Column d, Total Year to Date Expenditures:** This column calculates cumulative expenses to date. This figure is obtained by adding the current month expenses (column c) to the prior report period year to date expenditures (column b). The CER contains protected formulas to automatically calculate this field using the expense information entered by the WIC Local Agency.
CONTRACTOR'S EXPENDITURE REPORT

1. Contract Number
2. Contractor Name
3. Title of Program
4. Reporting Period Covered: From_______To___________

5. COST REIMBURSEMENT
   (Actual Expenditures)

<table>
<thead>
<tr>
<th>Account Classification</th>
<th>Approved Budget (a)</th>
<th>Prior Report Period Year to Date Expenditures (b)</th>
<th>Current Reporting Period Expenditures (c)</th>
<th>Total Year to Date Expenditures (d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Services and ERE</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Professional and Outside Services</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Occupancy Expense</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Operating Expense</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Capital Outlay Expense</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Registered Dietitian Expense</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

6. FIXED PRICE

<table>
<thead>
<tr>
<th>A. Type of Unit:</th>
<th>Rate per Unit (1)</th>
<th>Number of Units Provided this Reporting Period (2)</th>
<th>Total Funds Earned this Reporting Period (3)</th>
<th>Prior Report Period Year to Date Funds Earned (4)</th>
<th>Total Year to Date Funds Earned (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

7. CONTRACTOR CERTIFICATION

I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.

Authorized Contractor's Signature/Title/Date

ADHS/PROGRAM COORDINATOR SIGNATURE/DATE

Preparer's Name and Phone #
Appendix B:
Labor Reporting

See Attached

1. Certificate of Duty Performance (for employees 100% funded by WIC)
2. Labor Activity Report (for employees funded by two or more programs)
ARIZONA DEPARTMENT OF HEALTH SERVICES
Bureau of Nutrition and Physical Activity

SUBJECT: _____________________________________________

INCUMBENT: __________________________________________

POSITION TITLE: _______________________________________

POSITION NO: _________________________________________

FEDERAL GRANT: _______________________________________

PERIOD: _______________________________________________

As the incumbent of the position listed above, I certify that all work performed during this period was for the Federal grant shown above in accordance with the 2 CFR Part 225, Appendix B, Paragraph 8h, 3-4.

Signature Date

Certification of WIC Cost Allocation
(100% WIC Funded Only)

☐ Administration

☐ Client Services

☐ Breastfeeding

☐ Nutrition Education

As the incumbent of the position listed above, I certify that all work performed during this period was 100% in the checked item above.

Signature Date
## Labor Activity Report

**Department of Health Services**

**Name:**

**Position No.:**

**Timekeeper's Name:**

**EIN:**

**Telephone Number:**

<table>
<thead>
<tr>
<th>Default Funding</th>
<th>% Change</th>
<th>Description</th>
<th>Index</th>
<th>PCA</th>
<th>AY</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>S</th>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>T</th>
<th>F</th>
<th>S</th>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>T</th>
<th>F</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Hours Worked**

**LEAVE Time**

- **COMP**
  - 330
- **HOLIDAY**
  - 320
- **ANNUAL**
  - 300
- **SICK**
  - 310/311
- **LWOP/Furlough**
  - 640
- **Jury Duty**
  - 350

**Total Leave Hours**

**Pay Period Totals**

---

I certify that the hours above represent, to the best of my knowledge, an accurate record of the time that I have devoted to the identified programs/activities as per ADHS policies and procedures.

---

**Employee Signature**

**Date**

**NOTE:** Due to Timekeeper when signing time sheet.

Due into Payroll Office on Monday, before close of business.

LAR will not be processed without Signatures.

---

**Business Manager / Supervisor Signature / Phone Number**

ADHS/BNP Payroll (Rev. 10/07)
References and Links

References:
TITLE 7—AGRICULTURE, CHAPTER II--FOOD AND NUTRITION SERVICE, DEPARTMENT OF AGRICULTURE; PART 246_SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN
7CFR246.14 Program costs
WIC Cost Allocation Guide September, 1999
OMB Circulars A87, A102, A110, A122, & A133
OMB Circular A-87-Attachment A
7 CFR sections 3015 through 3019; Uniform Administrative Requirements for Grants and Cooperative Agreements with State and Local Governments

Links:
http://www.fns.usda.gov
http://www.whitehouse.gov/omb
http://www.whitehouse.gov/omb/circulars_a087_2004
http://www.whitehouse.gov/omb/circulars_a122_2004
## Chapter Twelve
Financial Management

### Index

<table>
<thead>
<tr>
<th>Topic</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>798 Report</td>
<td>12-4, 12-5</td>
</tr>
<tr>
<td>798A Report</td>
<td>12-6</td>
</tr>
<tr>
<td>Annual Cost Summary</td>
<td>12-6, 12-8, 12-13</td>
</tr>
<tr>
<td><strong>Capital Purchases</strong>, 12-6, 12-14</td>
<td></td>
</tr>
<tr>
<td>CER submission</td>
<td>12-8, 12-9, 12-10</td>
</tr>
<tr>
<td>Certificate of Duty</td>
<td>12-20</td>
</tr>
<tr>
<td><strong>Computer Hardware / Software</strong>, 12-6, 12-14, 12-15</td>
<td></td>
</tr>
<tr>
<td>Contractor Expenditure Report</td>
<td>12-4</td>
</tr>
<tr>
<td>Contractor’s Expenditure Report (CER)</td>
<td>12-17</td>
</tr>
<tr>
<td>Equipment Inventory</td>
<td>12-6, 12-15</td>
</tr>
<tr>
<td>Labor Activity Reporting</td>
<td>12-11, 12-12</td>
</tr>
<tr>
<td>Nutrition Education</td>
<td>12-6, 12-12, 12-13, 21</td>
</tr>
<tr>
<td>Ordering Materials</td>
<td>12-16</td>
</tr>
<tr>
<td>Record Retention</td>
<td>12-7, 12-16</td>
</tr>
<tr>
<td>Time Study</td>
<td>12-13</td>
</tr>
<tr>
<td>Warehouse</td>
<td>12-16</td>
</tr>
</tbody>
</table>
Chapter Thirteen
Program Costs
Overview

Introduction
Federal cost principles provide a consistent foundation for determining allowable costs under contracts, grants and other agreements with the entities that operate federal programs such as the WIC Program.

This chapter is divided into three major sections which discuss: allowable costs; Nutrition Services and Administration (NSA); and, NSA costs within the WIC clinic. Additional information on a variety of topics is included in each section and in the Appendices at the end of the chapter.

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Allowable Costs</td>
<td>13-2</td>
</tr>
<tr>
<td>B</td>
<td>Nutrition Services and Administrative Costs – General</td>
<td>13-6</td>
</tr>
<tr>
<td>C</td>
<td>Nutrition Services and Administrative Costs – Within the WIC Clinic</td>
<td>13-9</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Allowable and Unallowable Costs</td>
<td>13-12</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Costs by Functional Area / Annual Cost Summary Report</td>
<td>13-19</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Time Study Instructions and Time Study Forms</td>
<td>13-24</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Certificate of Duty Form</td>
<td>13-29</td>
</tr>
<tr>
<td>Index</td>
<td>Index</td>
<td>13-31</td>
</tr>
</tbody>
</table>
Section A
Allowable Costs

Program Costs

Program costs must be allowable in order to be eligible for reimbursement. Allowable program costs are those which meet the criteria for authorized expenditures in the federal cost principles, primarily Office of Management and Budget (OMB) Circulars A-87 and A-122; and, the Code of Federal Regulations (CFR) sections 3015 through 3019.

To be allowable, each cost item must be:

1. Incurred to carry out essential WIC Program activities or allocable to WIC Program operations or functions.
2. **Reasonable** and **necessary** for the proper and efficient performance and administration of the award.
3. Treated consistently as a **direct** cost or **indirect** cost.
4. Determined in accordance with generally accepted accounting principles (GAAP).
5. Net of all applicable credits.
6. Not included as cost, or used to meet the cost-sharing or matching requirements of another federal award, unless specifically permitted by federal law or regulation.
7. Authorized or not prohibited under state or local laws and regulations.
8. Consistent with the regulations, policies and procedures, which apply to both federal awards and other activities of the recipient.
9. Adequately documented.

Financial records must identify the source and use of funds expended for program activities. Expenditures not recorded in these records and their related separate, self-balancing set of accounts are not allowable charges to the WIC Program.
### Section A
#### Allowable Costs (Continued)

**Reasonable and Necessary**

Allowable costs must be **reasonable and necessary** for the operation of the Program.

A cost is **reasonable** if, under the circumstances, a prudent person would incur the cost when considering:

- the benefit to the Program;
- whether it is ordinary and necessary;
- sound business practices;
- market prices for comparable goods or services.

**Necessary** costs are costs incurred to carry out essential program functions and cannot be avoided without adversely impacting program operations.

---

**Direct and Indirect Cost Allocation**

Allowable WIC Program administrative costs are divided into two categories, direct and indirect.

**Direct costs** are incurred specifically for a program objective, and can be readily identified with a particular objective. Examples of direct costs in WIC are the wages and salaries of staff working in the WIC Program and supplies specifically used to meet Program requirements.

Direct costs are further divided into the following categories:

- Client services
- Nutrition Education
- Breastfeeding Promotion
- Program Management

**Indirect costs** are incurred for the benefit of multiple programs, functions or other cost objectives and, therefore, cannot be identified readily and specifically with a particular program or other cost objective. They typically support administrative overhead functions such as accounting, payroll, purchasing, facilities management, utilities, etc. For further classification, indirect costs, by their nature, are considered to be Program Management costs.

---

*Continued on Next Page*
Section A
Allowable Costs (Continued)

Direct and Indirect Cost Allocation (Continued)

Allocation is a computational method used to assign indirect costs to particular programs so that each assignable program bears a portion of the indirect cost that is commensurate with the benefit received from such costs.

The State or Local Agency will negotiate with its oversight agency a methodology for allocating indirect cost to programs. The methodology is memorialized in an approved indirect cost rate agreement negotiated for governmental agencies under OMB A-87 and for non-governmental, non-profit Local Agencies under OMB A-122.

Grant Components

The WIC Program’s authorizing statute, The Child Nutrition Act of 1966, as amended, provides that a State Agency’s federal WIC grant shall consist of two components: the cost of supplemental food benefits; and the cost of nutrition services and administration.

Local Agencies must assure that all costs charged to the WIC grant are allowable under not only federal cost principles but also state regulations, standards, and policies. Allowable costs must be reasonable and necessary for the operation of the program.

Food Costs

The acquisition costs of supplemental foods provided to WIC participants are allowable food costs. The State Agency must ensure that food costs do not exceed the customary sales price charged by the vendor. The nature of the acquisition cost is determined by the food delivery system used by the State. The cost to purchase or rent breast pumps is an allowable charge to the food component of the federal WIC grant.

Food Costs are determined in accordance with CFR § 246.14(b). The Food Delivery System is the method used by State and Local Agencies to provide supplemental foods to participants.

The retail purchase method is the food delivery system used by Local Agencies in Arizona to provide food benefits to participants. Food Instruments (FI) issued are valid only for the supplemental foods prescribed for that individual by the Local Agency. Participants use the FIs to purchase the supplemental food from authorized food vendors, such as retail grocery stores, who then redeem the FIs for cash from the State Agency or its fiscal agent.
Section B
Nutrition Services and Administrative Costs – General

General
State and Local Agencies must be engaged in the following functions to meet WIC Program objectives:

- Nutrition education
- Breastfeeding promotion and support
- Participant certification
- Caseload management
- Food delivery
- Vendor management
- Screenings and referrals
- General program management

The costs associated with these functions are acceptable charges to the NSA component of the federal WIC grant, provided these costs meet the other conditions required to be allowable.

Nutrition Education and Breastfeeding Promotion and Support
The federal WIC regulations define nutrition education as individual and group sessions and the provision of materials that are designed to achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual.

Expenditures for nutrition education activities must aggregate at least one-sixth (1/6) of total contract expenditures each contract year. In addition, a targeted share of funds, currently 4% of total contract expenditures, is required to be spent on breastfeeding promotion and support.

Continued on Next Page
Section B
Nutrition Services and Administrative Costs – General (Continued)

Nutrition Education and Breastfeeding Promotion and Support (Continued)

Costs to be applied to the 1/6th minimum amount required to be spent on nutrition education and the 4% target share of funds required to be spent on breastfeeding promotion and support include, but need not be limited to:

- Salary and other costs for time spent on nutrition education and breastfeeding promotion and support consultations, whether with an individual or group;
- The cost of procuring and producing nutrition education and breastfeeding promotion and support materials, including handouts, flip charts, filmstrips, projectors, food models or other teaching aids, and the cost of mailing nutrition education or breastfeeding promotion and support materials to participants;
- The cost of training nutrition or breastfeeding promotion and support educators, including costs related to conducting training sessions and purchasing and producing training materials;
- Interpreter and translator services required to perform nutrition education activities;
- The cost of conducting evaluations of nutrition education or breastfeeding promotion and support activities, including evaluations conducted by contractors;
- Salary and other costs incurred in developing the nutrition education and breastfeeding promotion and support portion of the State Plan and Local Agency nutrition education and breastfeeding promotion and support plans; and
- The cost of monitoring nutrition education and breastfeeding promotion and support activities.

Breastfeeding promotion is an important and integral part of the WIC Program. Breast pumps are considered breastfeeding promotion costs only if they were purchased with an Agency’s WIC grant. In addition, any costs charged to a Peer Counseling Grant may not be considered a Breastfeeding Promotion cost.
Section B
Nutrition Services and Administrative Costs – General (Continued)

**NOTE:** Breastfeeding Promotion Costs in excess of the targeted amount, currently 4% of NSA expenditures, may be added to other Nutrition Education costs to meet the 1/6th of NSA expenditures target for other Nutrition Education.

**Example:** As of September 30th, a Local Agency's Breastfeeding Promotion Costs are 6% of the agency's total NSA costs. At the same time, Nutrition Education expenditures, separate from Breastfeeding Promotion Costs, total 15% of NSA costs. The 2% of Breastfeeding Promotion Costs in excess of the 4% Breastfeeding Promotion Costs target can be moved to other Nutrition Education costs so that the adjusted percentage for those costs is now 17% of NSA, and their combined total remains 21%.
Section C
Nutrition Services and Administrative Costs – Within the WIC Clinic

NSA – Clinic Activities

The following activities performed in WIC clinics are considered necessary to meet Program objectives. Provided all other tests to be allowable have been met, the direct and indirect costs associated with the following activities are allowable charges to the WIC grant.

Certification

Certification is the implementation of criteria and procedures to assess and document each applicant’s eligibility for the Program. The cost of Program Certification, nutrition assessment and equipment used to determine nutritional risk includes the following:

- Laboratory fees incurred for up to two tests for anemia per individual per Certification period. The first test is to determine anemia status. The second test may be performed only in follow-up to a finding of anemia when deemed necessary for health monitoring as determined by the WIC State Agency;
- Expendable medical supplies;
- Medical equipment used for taking anthropometric (height and weight) measurements, such as scales, measuring boards, and skin fold calipers; and for blood analysis to detect anemia; and
- Salary and other costs for time spent on nutrition assessment and Certification.

Allowable purchases are limited to equipment used to gather basic intake data for height, weight and anemia risk. If Certification costs are paid or shared with other federal, state, or local funding sources, the Local Agency may not charge WIC for costs covered by these sources. Expenses incurred in documenting categorical eligibility, such as pregnancy testing, are not allowed.

Continued on Next Page
Section C
Nutrition Services and Administrative Costs – Within the WIC Clinic (Continued)

Case Management
Case management includes:
- Nutrition care plan development
- Maintenance of participant charts and records
- Appointment scheduling; reminders; Certification reviews and Recertification
- Participation in public health needs assessment and surveillance activities related broadly to maternal and child health, provided that WIC has access to the information gathered

Nutrition Education
Costs associated with nutrition education are comprised of:
- Preparing, scheduling and providing group or individual Nutrition Education
- Preparing Nutrition Education materials
- High-risk nutrition counseling

Breastfeeding Promotion and Support
Costs associated with breastfeeding promotion and support are comprised of:
- Preparing, scheduling and providing group or individual breastfeeding promotion and support
- Preparing breastfeeding promotion and support materials

Food Delivery
Clinic activities associated with food delivery are:
- Developing and assigning WIC food packages
- Issuing and accounting for Food Instruments

Health Care Referrals
The costs of some screenings (excluding laboratory tests), referrals for other medical/social services such as immunizations, prenatal and perinatal care, well child care, and/or family planning and follow-up on participants referred for such services may be charged to the WIC grant. The costs of the services performed by the other providers to which the participant has been referred are not allowable charges to the WIC grant.

Continued on Next Page
Section C
Nutrition Services and Administrative Costs – Within the WIC Clinic
(Continued)

NSA – Program Management Activities

The following program management activities are considered necessary to meet WIC Program objectives. Provided all criteria to be allowable have been met, the indirect costs associated with the following activities are allowable charges to the WIC NSA grant component:

- Maintaining accounting records
- Audits
- Budgeting
- Food Instrument reconciliation, monitoring and payment
- Vendor monitoring
- Outreach
Appendix A: Allowable and Unallowable Costs

See Attached
Allowable Costs

The following examples of allowable/unallowable costs are not all inclusive. They are intended to give guidance on appropriate expenditures and requests for reimbursement with WIC funds. If any question exists as to whether a cost is allowable or if reimbursement will be made, the Local Agency should contact the State Agency to request clarification prior to incurring the expense.

**Accounting** – Pro rata costs of establishing and maintaining financial and other information systems required for the management of the program, including costs incurred by central service agencies for these purposes.

**Administrative and Program Management Costs** – Direct and indirect costs of nutrition education, breastfeeding promotion, client services, and administration.

**Advertising** – Media costs must be incurred solely for WIC Program outreach, recruitment of WIC Program personnel, solicitation of bids for the procurement of required goods and services, and other purposes specifically related to the WIC Program.

**Audit Fees** – Prorated costs of audits necessary for the administration/management of functions related to the WIC Program.

**Breast Pumps** – Costs for purchasing or renting breast pumps are allowed, if approved by the State WIC Breastfeeding Coordinator.

**Certification Costs** – Expenditures related to Certification procedures, including expendable medical supplies and nonexpendable equipment used to determine nutritional risk. Allowable purchases are limited to equipment used to gather basic intake data for height, weight, and anemia risk. If Certification costs are paid or shared with other federal, state, or local funding sources, the Local Agency may not charge WIC for costs covered by these sources. Expenses incurred in documenting categorical eligibility, such as pregnancy testing, are not allowed.

**Communications** – Costs for telephone calls or service, phone lines, computer connections, faxes, postage, and similar expenses related to performing WIC services.

**Compensation for Personnel Services** – All personnel costs, paid currently or accrued, for services rendered to the WIC Program during the grant period, including but not necessarily limited to, wages, salaries, supplementary compensation and benefits.

Total compensation for individual employees must be reasonable for the services rendered, follow Local Agency personnel policies and be supported by the appropriate payroll documentation, such as time cards, certifications and/or Labor Activity Reports. Time studies must be performed to assure proper distribution of personnel costs.

**Employee Fringe Benefits** – Are allowable when distributed equitably among programs administered by the agency.
Chapter Thirteen  
Program Costs

**Equipment, Materials and Supplies** – All equipment, print and nutrition education materials, other materials and supplies necessary to support the WIC Program. Purchases should be charged at actual prices after deducting all cash and trade discounts, rebates, and allowances received by the Local Agency.

Except for computer equipment and software, Local Agencies may purchase any single equipment or supply item without seeking approval from the State office as long as the item costs less than $5,000. Local Agencies must seek written approval from the State before purchasing any computer equipment or software. For other equipment, material and supplies, single items that exceed the $5,000 threshold require written approval from the State.

Local Agencies are responsible for the maintenance of all assets purchased with WIC funds and that these assets are adequately insured. The cost of equipment, or any item used or shared by more than one program, must be allocated appropriately among the programs which use or share the equipment or other items.

**Equipment Rental** – The cost of renting equipment from an outside contractor is allowable. No rent may be charged on agency equipment previously purchased with state or federal funds.

**Food** – Food for demonstrations and for sampling purposes by WIC participants as part of the Agency’s nutrition education program. Agencies must maintain records that support food purchases and the related nutrition education for the participants (also see unallowable costs).

**Immunization** – The costs of WIC participant immunization screening and referral are allowable WIC costs. WIC funds may not be used for purchasing vaccines or administering vaccines.

**Insurance** – Cost of insurance determined necessary to protect against loss or damage to the WIC Program.

**Legal Expenses** – Cost of specific legal expenses required in the administration of the WIC Program.

**Maintenance and Repair** – Necessary maintenance, repair, or upkeep of property, which neither adds to the permanent value of the property nor appreciably prolongs its intended life, but keeps it in efficient operating condition. Occupancy costs for utilities, janitorial service, security, etc., are allowable to the extent that they are not otherwise included in other expense categories.

**Meetings and Conferences** – Meetings when the primary purpose is the dissemination of technical information relating to the WIC Program and consistent with regular practices followed for other activities of the Local Agency.

**Memberships, Subscriptions and Professional Activity Costs** – Costs related to organizational memberships and subscriptions and professional activities necessary for the distribution of technical information related to the WIC Program.
Chapter Thirteen
Program Costs

– Costs of professional certification/recertification as part of an employee’s professional development plan that aligns with Local Agency policies and procedures. (R.D., IBCLC, etc.)

**Physical Activity Promotion** – Allowable costs in promoting physical fitness include: activities and messages relating physical activity and nutrition education, informational materials, and demonstrating physical activity.

**Printing and Reproduction** – Printing and reproduction services necessary for grant administration, including forms, reference materials, reports, manuals, and informational literature.

**Program Incentive Items** – Refers to a class of goods, of a nominal value, that are given to applicants, participants, potential participants, or persons closely associated with the WIC Program (excluding staff) for purposes of outreach, nutrition education or breastfeeding promotion. Other terms that may be used to describe these items include memorabilia, souvenirs or promotional items.

Program incentive items should:

a. contain a WIC-specific message that targets the potentially eligible population of WIC participants only;

b. normally be seen in public;

c. be for publications or other printed material that include program information and contain a non-discrimination statement;

d. have value as outreach devices that equal or outweigh other uses;

e. include WIC contact information, such as the State or Local Agency name, address and/or telephone number;

f. constitute (or show promise of) an innovative or proven way of encouraging WIC participation.

**Note of Caution:** Local Agencies should be sensitive to the possible perception by the public that incentive items may be viewed as a frivolous use of program funds.

**Rental Space in Buildings and Related Facilities** – Cost of space in privately or publicly owned buildings used for the benefit of the WIC Program. When space is shared with others, WIC may be charged only the portion of costs related to the area occupied by the WIC Program.

**Training and Education** – Costs of in-service training provided for employee development which benefits the WIC Program.

**Travel** – Travel costs for transportation, lodging, subsistence, and related items incurred by employees who are in travel status for WIC. Such costs may be charged based on the Local Agency's travel policy. If vehicles owned by employees of the Local Agency are used to perform WIC duties, such as clinic site visits, a mileage allowance equal to the Local Agency's prevailing rate may be charged.
Documentation of travel expenses for the WIC Program must include the date and destination of each trip, employee’s name, and reason for each trip; these records must be signed, reviewed by authorized personnel, and be in accordance with the Local Agency travel policies.

**Vehicles** – Local Agencies may request reimbursement for expenses related to the use of WIC-owned or Agency-owned vehicles. Also, the costs of service organizations which provide automobiles for Local Agency personnel at a mileage or fixed rate and/or provide vehicle maintenance, inspection and repair services for Agency-owned cars are allowable.

When using vehicles purchased with WIC funds or otherwise provided by the State Agency, Local Agencies must adhere to the vehicle regulations, policies and procedures of the state of Arizona.

**Allowable Costs Needing Prior Approval from USDA**

- **Capital Expenditures** – Any cost greater than $5,000 for facilities, equipment, other capital assets, and/or capitalized repairs which, by their nature, materially increase the value or useful life of an asset.

- **Expensing** – Charging to the WIC Program the entire cost of a capital asset in the year the asset is acquired.

- **Rental Costs of Unoccupied Space** – Costs of space procured for WIC Program usage may not be charged to the program during periods of non-occupancy without authorization from USDA.

- **Travel - Outside of the Continental United States** – Expenditures for travel outside of the continental United States require the approval of the USDA Western Regional Office.
Unallowable Costs

The following examples of unallowable costs are not all inclusive. If any questions exist as to whether a cost is allowable or if reimbursement will be made, the Local Agency should contact the State Agency to request clarification prior to incurring the expense.

The following expenditures may not be charged to WIC:

**Bad Debts** – Any losses from uncollectible accounts, other claims, and/or related costs.

**Central Accounting and General Operations** – Costs of maintaining central accounting records required for overall local government or non-profit organization purposes, except through an approved indirect rate.

**Contingency Fund Contributions** – Any contributions to contingency reserves or funds for unforeseen events, such as equipment replacement.

**Contributions and Donations** – Any contributions or donations for any purpose whatsoever.

**Depreciation and Use Allowances** – These non-cash costs are generally not allowed as either direct or indirect costs if the facility was built with federal or state funds. For facilities not owned by a government body or built with government funds, depreciation may be charged as part of an approved indirect rate only.

**Entertainment** – Any social activities and related incidentals, such as meals, beverages, lodging and gratuities.

**Fees for Health Services** – Any costs of a Local Agency for providing health services in addition to those required to determine an individual’s eligibility for WIC.

**Food for meetings** – In accordance with Arizona WIC Program policy, the cost of providing food and refreshments for meetings is unallowable.

**Fines and Penalties** – Costs for violations of or failure to comply with any laws and regulations.

**Incentives or Payments to Participants** – Items such as bus fare, diapers or other incentives with no apparent outreach function.

**Interest and Other Financial Costs** – Interest on any kind of borrowing, costs of financing operations, and related fees.

**Legal Expenses** – Services furnished by the chief legal officer of a local government or their staff for the purpose of discharging the general responsibilities as legal officer or legal expenses for the prosecution of claims against the federal or state government.

**Legislative Expenses** – Any expense of government bodies, such as the legislature, county supervisors, city councils, school boards, etc., whether for legislative or executive purposes.

**Lobbying Expenses** – No funds paid to or on behalf of any person influencing or attempting to influence an officer or employee of any agency, a Member (or employee
of a Member) of Congress or state legislature, in connection with the awarding or making of a federal contract or federal loan, the entering into of a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement, or state funding.

**Mileage Rate, Excess** – Any charges above the prevailing rate of the Local Agency mileage allowance.

**Petty Cash** – Any petty cash funds.

**Performing non-WIC services** – Such as lead screenings or dispensing vaccines.

**Physical Fitness** – Costs that include fitness center dues or memberships; exercise equipment, such as treadmills, stationary bicycles, hand weights, mats, steppers, resistance bands, etc.; facility rental or modifications for physical activity purposes; and exercise classes, one-time or ongoing, and instructors for such classes.

**Purchase of real estate**

**Self-Insured Losses** – Local Agencies must replace any such items with funds from other sources. However, losses which are less than the Agency’s insurance policy deductible are allowable costs.
Appendix B:
Costs by Functional Area / Annual Cost Summary Report

See Attached

1. Annual Costs by Functional Areas
2. Annual Cost Summary Report
Chapter Thirteen
Program Costs

The Annual Cost Summary Report

Annually, Local and State Agencies must report, by functional area, their use of administrative funding. The Annual Cost Summary Report is designed for the Local Agency to report their expenditures by category after the close of each fiscal year. The report should be mailed to the State Agency by November 30th, following the report year, to:

Nutrition Programs Manager
150 North 18th Avenue, Suite 310
Phoenix, Arizona 85007

NOTE: Local Agencies should keep copies of the Annual Cost Summary Report with supporting documentation by fiscal year and copies should be retained for 5 years and 5 months.

The functional areas reported in the Annual Cost Summary Report are as follows:

- Client Services
- Nutrition Education
- Breastfeeding Promotion
- Program Management

Below are brief descriptions with examples of costs attributable to each functional area.

Client Services: Client services represents all salary and supply costs related to issuing Food Instruments, participant services, and eligibility determination. Included in this are clinic preparation and participant phone calls. Other examples include:

- Identity, residency, income eligibility determination
- Anthropometric and hematological assessment
- Conducting diet assessments and reviewing health history
- Referrals to other health services
- Issuing Food Instruments
- Coordination with other programs
- Evaluating program effectiveness
- Travel costs to and from satellite or off-site clinics
Nutrition Education: Each year, at least 16.67% (1/6th) of the WIC administrative grant component must be used for nutrition education. These costs include all salaries and supplies needed to educate participants in understanding the importance of nutrition to health and to achieve positive change in dietary habits. Other examples include:

- Providing individual or group education sessions, including planning and preparation time
- Providing educational materials, including their development and printing
- Evaluating and monitoring nutrition education activities
- Interpreter and translator services required to perform nutrition education activities

Breastfeeding Promotion: Breastfeeding promotion is an important and integral part of the WIC Program. At least 4% of the WIC administrative grant must be spent in this category. Examples of breastfeeding promotion costs include:

- Salaries and related costs of staff to counsel participants
- Costs for producing internal education and training materials
- Costs for training staff in breastfeeding activities
- Costs for monitoring and evaluating breastfeeding activities
- Costs of breastfeeding aids

NOTE: Breast pumps are considered breastfeeding promotion costs only if they were purchased with an Agency’s WIC grant. In addition, any cost charged to the Peer Counseling Grant may not be considered a Breastfeeding Promotion cost.

Program Management – Administration

- General oversight and supervision
- Food Instrument accountability
- Preparation of administrative records and time cards
- Vacation, management meetings, time spent on personnel issues, sick leave, break time, and any other compensated time off
- Expenses related to audits, accounting, and program reports, including fiscal reporting
Chapter Thirteen
Program Costs

Indirect Costs
Indirect costs are costs that cannot be identified with a specific program or activity and are shared with a number of agency programs. Indirect costs allocated to the WIC grant are determined by taking an approved indirect rate and multiplying it against incurred allocable direct costs. Indirect cost rates must be evaluated annually for accuracy. These costs are regarded as Program Management costs for the Annual Cost Summary Report.

Time Studies
Costs reported by functional area result from time studies which measure time spent performing duties in the functional areas and by direct purchase of items or materials related to them.

In lieu of daily time studies, an agency may do a representative time study with the following time frames:

- One (1) week a month
- One (1) month a quarter
- Two (2) weeks every other month

Annual one-month studies are no longer acceptable.
# ANNUAL COST SUMMARY REPORT

**LOCAL AGENCY:** ____________________________    **DATE:** __________________

<table>
<thead>
<tr>
<th>WIC FTE</th>
<th>FISCAL YEAR:</th>
<th>Client Services</th>
<th>Nutrition Education</th>
<th>B/F Education and Promotion</th>
<th>Admin (Other)</th>
<th>FINAL</th>
<th>BUDGET</th>
<th>AMOUNT UNSPENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel and ERE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional and Outside Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupancy Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Operating Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AUTHORIZED SIGNATURE:** ____________________________
Chapter Thirteen
Program Costs

Appendix C:
Time Study Instructions and Forms

See Attached

1. Time Study Instructions
2. Daily Time Study Form
3. Time Study Summary Form
How to Complete the Time Study

Performing the time study requires each employee to complete a Daily Time Study Sheet for each day of the representative time period selected. WIC employees complete a Daily Time Study Sheet according to the following directions:

**Headings:** Fill in the appropriate date, Local Agency, employee name, title, and funding source.

**Date:** For each weekday (do not include weekends unless clinic is open), complete the columns for each functional area, Client Services, Nutrition Education, Breastfeeding Education and Promotion, and Administrative (Program Management/Other) with the time spent for each activity, in minutes.

If there was a holiday, sick day, or vacation day, write this by the appropriate date.

**Functional Area columns**

**Client Services:**
Log the time spent each day, in minutes, on Certification activities, Food Instrument issuance and contact with participants such as answering questions about community resources or scheduling.

**Example:** The staff member spends 10 minutes talking to a client about family planning services. Log 10 minutes of Client Services.

**Nutrition Education:**
Log the time spent each day, in minutes, providing nutrition education. You may use the AIM Care Plan Screen as documentation of the time spent on individual or group education. Record only nutrition education time under this heading. Do not include breastfeeding education and promotion minutes in this column.

**Example 1:** A one-hour training session for CNWs on bottle habits would be logged as 60 minutes of nutrition education training.

**Example 2:** A WIC staff person conducts a 30-minute group education class; log 30 minutes of nutrition education.

**Breastfeeding Promotion:**
Log the time spent, in minutes, on participant education related to breastfeeding, community activities, such as a meeting with hospital staff on breastfeeding, a phone call to answer breastfeeding questions for a participant, staff training for breastfeeding promotion, and breastfeeding materials development.
**Administrative (Program Management/Other):**

Log the time spent each day, in minutes, on activities which do not fall into the categories listed above. Some examples are: staff training on personnel rules, time spent supervising a staff member or receiving an evaluation.

**Total Minutes:**

At the end of the day, add (down) the minutes recorded daily under each column. These minutes will be recorded as the Total number of minutes spent on WIC activities in each functional area. At the end of the day, add (across) all of the minutes recorded for each activity and record the number under the heading Total Minutes/Day.

**Total Hours/Day:**

Calculate the total hours for the day by dividing the number of minutes by 60. Record the hours under the heading Total Hours/Day for each column.

**Signature:** When completed, each employee should sign their Daily Time Study Sheet and turn it into their supervisor.

**NOTE:**

- All time reported by the individual must match payroll records.
- Staff funded by two or more programs must complete the Daily Time Study Sheet during the study period for any WIC functions performed.
- State or Local staff working in only one of the four WIC functional areas (e.g. Breastfeeding) must certify to this effect semi-annually.
# Arizona WIC Program Daily Time Study Sheet

**Local Agency:**

**Employee Name:**

**Month/Year:**

**Date:**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>CLIENT SERVICES</th>
<th>NUTRITION EDUCATION</th>
<th>B/F EDUCATION AND PROMO</th>
<th>ADMIN (OTHER)</th>
<th>SUB-TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6AM-7AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7AM-8AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8AM-9AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9AM-10AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10AM-11AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11AM-12AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12AM-1PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1PM-2PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2PM-3PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3PM-4PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4PM-5PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5PM-6PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6PM-7PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7PM-8PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8PM-9PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL MINUTES</td>
<td>Minutes</td>
<td>Minutes</td>
<td>Minutes</td>
<td>Minutes</td>
<td>Minutes</td>
</tr>
<tr>
<td></td>
<td>TOTAL HOURS PER DAY</td>
<td>Hours</td>
<td>Hours</td>
<td>Hours</td>
<td>Hours</td>
<td>Hours</td>
</tr>
</tbody>
</table>

**Employee Signature:** ________________________________
<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Position</th>
<th>Hours Worked in WIC per month</th>
<th>Hourly Wage</th>
<th>Hours Spent on</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Client Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTALS:**

Appendix D
Certificate of Duty Form

See Attached
ARIZONA DEPARTMENT OF HEALTH SERVICES
Bureau of Nutrition and Physical Activity

SUBJECT: ________________________________________________________________

INCUMBENT: __________________________________________________________

POSITION TITLE: ______________________________________________________

POSITION NO: _________________________________________________________

FEDERAL GRANT: ______________________________________________________

PERIOD: ______________________________________________________________

As the incumbent of the position listed above, I certify that all work performed during this period was for the federal grant shown above in accordance with the 2 CFR Part 225, Appendix B, Paragraph 8h, 3-4.

____________________________________  ________________________________
Signature                              Date

Certification of WIC Cost Allocation
(100% WIC Funded Only)

☐ Administration
☐ Client Services
☐ Breastfeeding
☐ Nutrition Education

As the incumbent of the position listed above, I certify that all work performed during this period was 100% in the checked item above.

____________________________________  ________________________________
Signature                              Date
Chapter Thirteen
Program Costs

Index


Overview

Policy

All records pertaining to a specific fiscal year will normally be retained for 5 years and 5 months after the federal fiscal year (FFY) ends September 30th.

Records will be retained longer if required by written notice from the USDA Food and Nutrition Service (FNS) or if an audit has not been conducted for that fiscal year’s records.

Example: Allowed Destruction Dates of WIC Records:

- Records for FFY 01-02 can be destroyed after 2/28/07
- Records for FFY 02-03 can be destroyed after 2/28/08

In This Chapter

This chapter is divided into four (4) sections which describe State and Local Agency reports and records, confidentiality, release of WIC records, and two (2) appendices of forms.

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>State Agency Records and Reports</td>
<td>14-2</td>
</tr>
<tr>
<td>B</td>
<td>Local Agency Records and Reports</td>
<td>14-5</td>
</tr>
<tr>
<td>C</td>
<td>Confidentiality</td>
<td>14-6</td>
</tr>
<tr>
<td>D</td>
<td>Release of WIC Client Records, Subpoenas, and Search Warrants</td>
<td>14-8</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Sample – Statement of Confidentiality</td>
<td>14-10</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Sample – Authorization to Release Information</td>
<td>14-12</td>
</tr>
<tr>
<td>Appendix C</td>
<td>WIC Information Sharing Agreement</td>
<td>14-14</td>
</tr>
</tbody>
</table>
Section A
State Agency Records and Reports

Policy

The State Agency will maintain full and complete records concerning Program Operations of the following:

<table>
<thead>
<tr>
<th>Record</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification</td>
<td>The AIM System</td>
</tr>
<tr>
<td>Nutrition Education</td>
<td>The AIM System</td>
</tr>
<tr>
<td>Civil Rights Hearings</td>
<td>Program Integrity Unit</td>
</tr>
<tr>
<td>Fair Hearings</td>
<td>Program Integrity Unit</td>
</tr>
<tr>
<td>Informal Dispute Resolution Meetings</td>
<td>Program Integrity Unit</td>
</tr>
<tr>
<td>Food Delivery System</td>
<td>The AIM System</td>
</tr>
<tr>
<td>Food Instrument Issuance and Redemption</td>
<td>The AIM System</td>
</tr>
<tr>
<td>Financial Operations (including all source documents requesting and receiving funds)</td>
<td>ADHS Accounting Office</td>
</tr>
<tr>
<td>Records showing how all funds are distributed</td>
<td>ADHS Accounting Office</td>
</tr>
<tr>
<td>Records of equipment purchases and inventory</td>
<td>ADHS Accounting Office</td>
</tr>
<tr>
<td>A-133 Audit Reports</td>
<td>Office of Auditing and Special Investigations</td>
</tr>
</tbody>
</table>

Note: Access to all records will be provided during normal business hours.

Continued on Next Page
Section A
State Agency Records and Reports (Continued)

ADHS Accounting Office Responsibilities

The ADHS Accounting Office will submit:

- Figures relating to the total cumulative WIC Administrative Outlays and Unliquidated Obligations, and the total cumulative advances paid to Local Agencies, to the State Agency office.

- The monthly and annual closeout Financial Status Report (FNS-798)

- The annual closeout Financial Expenditure Report (FNS-798), to the FNS/WRO by the end of January for the federal fiscal year, which ended the previous September 30th

Note: All financial reports will be reviewed and certified for completeness and accuracy by the Accounting Office. The Accounting Office will draw funds on the Letter of Credit utilizing the ASAP system.

Arizona WIC Program Responsibilities

The WIC Monthly Financial and Program Status Report (FNS-798) will be submitted to FNS/WRO by the 30th of the month to which it pertains.

All program reports will be reviewed and certified for completeness and accuracy by the Nutrition Programs Manager and the WIC Financial Manager.

The Arizona WIC Program Integrity Unit will maintain records of all cases involving WIC participant and employee fraud and abuse. The Program Integrity Unit will keep a separate case file for each individual participant or employee found to have committed fraud and abuse. A statistical record will also be kept of all such cases.
Chapter Fourteen
Records and Reports

Section B
Local Agency Records and Reports

Policy
Local Agencies will maintain full and complete records concerning program operations:

<table>
<thead>
<tr>
<th>Record</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification</td>
<td>The AIM System</td>
</tr>
<tr>
<td>Nutrition Education</td>
<td>The AIM System</td>
</tr>
<tr>
<td>Civil Rights Complaints</td>
<td>Local Agency Records</td>
</tr>
<tr>
<td>Records of equipment purchases and inventory</td>
<td>Local Agency Records</td>
</tr>
<tr>
<td>Source documents showing receipt of all program funds received and how they were distributed</td>
<td>Local Agency Records</td>
</tr>
</tbody>
</table>

Contractor's Expenditure & Requirements Report
Each Local Agency will submit a Contractor's Expenditure and Report to the ADHS Accounting Office no later than thirty (30) calendar days from the end of the month to which it pertains. Instructions for completing the report are located on the back of the form.

Annual Cost Summary Sheet
The Annual Cost Summary Report (see Chapter Thirteen, Appendix D) is due by September 30 based on information gathered for the previous fiscal year.
Section C
Confidentiality

Confidentiality

Confidentiality is the protection of information regarding an applicant or participant.

WIC confidentiality regulations are to:

- Protect individuals from unwanted invasion of their privacy
- Allow clients access to their own records
- Protect the interests of society by permitting disclosure without client consent in limited situations, such as suspected child abuse, medical emergencies, communicable disease control, investigation of program violations and program evaluations

Statement of Confidentiality Form

All personnel working with WIC must sign a Statement of Confidentiality form agreeing to provide WIC services in a manner that maintains client confidentiality. (See sample form in Appendix A)

Sharing of Information

The sharing of WIC information with other health and welfare programs is intended to facilitate a WIC client’s entry into other healthcare and social services programs that would assist and benefit the individual.

Written Agreements


Local Agencies that choose to establish information sharing agreements with programs not included on the State Agency ISA should contact the Program Integrity Manager for guidance on establishing the document.

Continued on Next Page
Section C
Confidentiality (Continued)

Release Forms

An applicant or participant requesting information be sent to a third party or an organization, e.g., a doctor or a health maintenance organization, must sign a release form. (See sample form in Appendix B)

Signing the release is a voluntary act and not a condition of eligibility or participation. The Local Agency must ensure that applicants/participants are aware they can decline to sign a release form without jeopardizing their program status. The release form must contain a statement that informs the applicant/participant of this right.

The release form should not be signed until the certification process is completed and the applicant has been informed of the eligibility determination.

See Section D: Release of WIC Client Records, Subpoenas, and Search Warrants for release of any information.
Chapter Fourteen
Records and Reports

**Section D**
Release of WIC Client Records, Subpoenas, and Search Warrants

<table>
<thead>
<tr>
<th>Policy</th>
<th><strong>WIC information about applicants and participants is deemed confidential. The disclosure of confidential information is restricted.</strong></th>
</tr>
</thead>
</table>
| Release of Records | **The State Agency will provide guidance on releasing records for the following situations:**  
  - For the purpose of investigating allegations of child abuse or neglect (A.R.S. 13-3620) but only after consultation with the State Agency (which will consult its legal counsel) and Local Agency legal counsel  
  - In response to a subpoena but only after consultation with and approval by the State Agency (which will consult its legal counsel) and Local Agency legal counsel  
  - In response to a search warrant. The search warrant must be complied with but the State Agency (which will consult its legal counsel) and Local Agency legal counsel must be notified immediately  
  - In response to a release signed by the appropriate individual to sign a client’s record release. In the situation of a child custody case the State Agency and the Local Agency legal counsel must be consulted |

**A.R.S. 13-3620**  
Duty to report abuse, physical injury, neglect and denied or deprivation of medical or surgical care or nourishment of minors; medical records; exceptions; violations; classification; definitions.  
The request for release of information must be in writing, specifying Arizona statute, A.R.S. 13-3620, made by a peace officer or Child Protective Services (CPS) worker, with valid identification, investigating the minor’s neglect or abuse.
# Chapter Fourteen
Records and Reports

## Section D (Continued)
Release of WIC Client Records, Subpoenas, and Search Warrants

### WRO Policy Memo 800-E

The Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a) reflects Congress’ intent that suspected or known child abuse or neglect be reported. Therefore, it would be inappropriate for WIC regulations pertaining to confidentiality to take precedence over any State law requiring the reporting of suspected child abuse. If State law requires the reporting of known or suspected child abuse or neglect, WIC staff must release such information.

### Request Does Not Meet Conditions

If it is determined by the State Agency and its legal counsel that information cannot be released in response to a request or subpoena the State agency will notify the requesting party.

### Policy and Procedures

Local Agencies will have policy and procedures regarding the reporting of child abuse and neglect and regarding the releasing of client records. These policies and procedures must include the following State policy and be approved by ADHS WIC before implementation.

### Child Abuse Or Neglect

- Known or suspected child abuse or neglect must be reported to Child Protective Services (CPS), releasing pertinent information regarding the abuse or neglect

- Information reported to CPS, when and to whom the information was given, will be documented in the client’s file

- Confidentiality of all records concerning reports of child abuse or neglect will be maintained, including the confidentiality of the person making the report if anonymity is requested

- The State agency (which will consult its legal counsel) and Local Agency legal counsel will be consulted prior to providing any information when CPS staff makes a contact requesting information that might substantiate allegations of child abuse. These requests need to be assessed on a case-by-case basis to determine whether client’s records can legally be released to CPS

*Continued on Next Page*
Section D (Continued)
Release of WIC Client Records, Subpoenas, and Search Warrants

Client’s Request Of Records
- All requests must be in writing with client’s signature and the date of the request
- A copy of the information requested will be provided, however, the client will be informed if the requested information is unavailable, or denied access, i.e. restricted health care information, report of child abuse, or the person does not have a legal right to access the information
- Withdrawal of an authorization for release of information must be in writing with signature and date. The withdrawal must be documented in the client’s file

Subpoena
- The subpoena must be accepted but the State Agency (which will consult its legal counsel) and Local Agency legal counsel will decide how the subpoena will be addressed and by whom

Search Warrant
- The search warrant will be reviewed carefully and only the specified information requested in the warrant, and no other information, will be provided
- The individual(s) producing the warrant will be informed of the confidentiality policies concerning WIC information
- A copy of the search warrant will be retained in the client’s file and in agency files as evidence of the reason specific information was released regarding a client
- The State Agency (which will consult its legal counsel) and Local Agency legal counsel will be notified immediately of the search warrant and the information released

Note: State and Local Agencies must be aware of the fact that the inappropriate release of WIC information could result in litigation and be subject to adverse action by FNS for failure to follow Federal program regulations, instructions, and policy.
Appendix A: Sample – Statement of Confidentiality

See Following Page
SAMPLE

STATEMENT OF CONFIDENTIALITY

I, ___________________________________________, understand and agree to follow the WIC policies and procedures of confidentiality during and following my employment with WIC.

I agree to the following:

1. To conduct myself in a manner which maintains client confidentiality during discussions that concern client’s WIC services, specifically:
   a) All information given by clients regarding their personal or medical status will be handled in a private approach.
   b) All personal and confidential interviews will be conducted in a method that assures confidentiality.
   c) Confidential information about clients will not be discussed outside of the WIC work settings
   d) Client confidential information will not be discussed with other WIC personnel except for the purposes outline in the WIC policies and procedures.

2. I further understand that violations of this confidentiality policy may result in disciplinary actions up to and including immediate dismissal.

I acknowledge that I have read and understand the WIC policies and procedures concerning confidentiality.

___________________________________________               ____________
Employee signature                                                                                              Date

___________________________________________               ____________
Supervisor signature                                                                                              Date
Chapter Fourteen
Records and Reports

Appendix B: Sample – Authorization to Release Information

See Following Page
AUTHORIZATION TO RELEASE INFORMATION

I, ________________________________, give my permission to release my and/or my child’s health information obtained during my participation in the WIC program. I understand that without my signature and specific consent, this information cannot be released except in a medical emergency or as authorized by regulations and law. I, also understand that signing the release is a voluntary act and not a condition of eligibility or participation.

Some information is further protected. Information on psychiatric disorders/mental health diagnosis and treatment, HIV/AIDS, sexually transmitted diseases, and drug and alcohol diagnosis and treatment will not be released unless I sign in the specifically protected information box below.

PLEASE RELEASE INFORMATION TO:

________________________________________________________________________
Provider Name/Organization

________________________________________________________________________
Address

________________________________________________________________________
City, State, ZIP Code

Authorized Representative Signature ___________________________ Date ___________

Specifically Protected Information

I give permission to release specifically protected information as indicated by my initials:

[ ] Sexually Transmitted Disease Information
[ ] HIV/AIDS Information
[ ] Drug and Alcohol Diagnosis and Treatment Information
[ ] Psychiatric Disorders/Mental Health Diagnosis and Treatment Information

Signature ________________________________ Date: ___________

This authorization may be canceled in writing at any time; otherwise it is valid for 90 days. A copy of this document may be considered the same as the original.
Chapter Fourteen
Records and Reports

Appendix C: WIC Information Sharing Agreement

See Following Page
This Information Sharing Agreement (ISA) is between the Arizona WIC Program and the following programs named:

1. Arizona Early Intervention Program
2. Car Seat Safety Program
3. Children with Special Health Care Need
4. Health Start Program
5. High Risk Prenatal Program/Newborn Intensive Care Program
6. Arizona Immunizations Program
7. Maternal and Child Health Program (County Prenatal Block Grant)
8. Tobacco Use Prevention (Quit Line)

The purpose of the agreement is to share certain confidential information regarding Arizona Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) applicants and participants within the programs named to ensure that the confidentiality of such participant and applicant information is maintained.

This agreement is made in accordance with WIC Program Federal Regulations at 7 C.F.R. § 246.26 (d) and (h) which states that confidential applicant and participant information may be disclosed by a WIC State agency and its local agencies to public organizations for use in the administration of their programs that serve persons eligible for the WIC Program in accordance with paragraph (h) of § 246.26. Paragraph (h) states: “The chief State Health Officer (or, in the case of an Indian State agency, the governing authority) must designate in writing the permitted non-WIC uses of the information and the names of the organizations to which such information may be disclosed.”

The receiving organization may use the confidential applicant and participant information only for:

- Establishing the eligibility of WIC applicants or participants for the programs that the organization administers;
- Conducting outreach to WIC applicants and participants for such programs;
- Enhancing the health, education, or well being of WIC applicants or participants who are currently enrolled in such programs, including the reporting of known or suspected child abuse or neglect that is not otherwise required by State law;
- Streamlining administrative procedures in order to minimize burdens on staff, applicants, or participants in either the receiving program or the WIC Program; and
Assessing and evaluating the responsiveness of a State’s health system to participants’ health care needs and health care outcomes.

In entering into this ISA, the receiving organization is assuring the Arizona WIC Program that it will not use the information for any other purpose or disclose any confidential WIC applicant or participation information to a third party.

The purpose of this ISA is to protect confidentiality as well as to promote the health and well being of mothers, children, and their families by identifying clients who may benefit from public health and nutrition programs and services.

The following programs are included in this ISA and the information to be shared is listed below:

<table>
<thead>
<tr>
<th>Program</th>
<th>Information to be Shared</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Arizona Early Intervention Program</td>
<td>Name, Contact information, Date of measure and measurements: Height, Weight, Hemoglobin, growth grids, feeding patterns and reason for referral.</td>
</tr>
<tr>
<td>2. Car Seat Safety Program</td>
<td>Name, Contact information, reason for referral.</td>
</tr>
<tr>
<td>3. Children with Special Health Care Needs</td>
<td>Name, Contact information, Date of measure and measurements: Height, Weight, Hemoglobin, growth grids, feeding patterns and reason for referral.</td>
</tr>
<tr>
<td>4. Health Start Program</td>
<td>Name, Contact information, Date of measure and measurements: Height, Weight, Hemoglobin, Due Date of woman (if applicable), reason for referral.</td>
</tr>
<tr>
<td>5. High Risk Prenatal Program/Newborn Intensive Care Program</td>
<td>Name, Contact information, Date of measure and measurements: Height, Weight, Hemoglobin, Due Date of woman (if applicable), reason for referral.</td>
</tr>
<tr>
<td>6. Immunization Program</td>
<td>Name, Address, Contact Information, Date of Birth, Immunization Status, and contact information.</td>
</tr>
<tr>
<td>7. Maternal and Child Health Program</td>
<td>Name, Contact information, reason for referral.</td>
</tr>
<tr>
<td>8. Tobacco Use Prevention (Quit Line)</td>
<td>Name, Contact information, reason for referral.</td>
</tr>
</tbody>
</table>
All parties involved in this ISA agree to the following:

1. All requests for WIC applicant and participant information shall be in writing and directed to the Local Agency WIC Program Director, and/or State Agency WIC Program Director.

2. The Local Agency WIC Director or State Agency WIC Program Director may only disclose confidential WIC applicant and participation information that is relevant to the receiving organization for the purpose(s) as stated in Federal Regulations at 7 C.F.R. § 246.26 (d) and (h). Confidential WIC applicant and participant information, which is listed above to ensure access to services.

3. All parties involved in this ISA may release non-identifying aggregate data relevant to the agencies’ missions in order to facilitate program development. The aggregate data may be released in statistical summary to assist in assessing population health status and need, and to promote and strengthen linkages with other public services and programs. Any data released for this purpose must be discussed with the State agency WIC Director and prior written consent for each release of data must be obtained.

4. All parties in this ISA will collaborate to develop and implement outreach activities to best meet client needs.

5. All parties involved in this ISA will have in place policies and procedures regarding maintaining confidentiality, non-disclosure to third parties, access to records, referrals within 60 calendar days after the final signature on this ISA. These policies should include who will have access to the data, how the data will be secured and stored, and what the consequences will be to the program and/or staff for disallowed release and/or use of data. Violation of the maintenance of confidentiality or failure to have the policies and procedures written as stated will result in the termination of this Agreement.

6. All parties entering this agreement shall make services available to eligible clients and will not discriminate on the basis of race, color, national origin, sex, age, or disability. In addition, all parties will observe all pertinent federal and state statutes and rules, as well as professional standards.

7. This Information Sharing Agreement will be reviewed annually.

8. This Agreement remains in effect until terminated in accordance with this provision, or until such time as state or federal law invalidates the agreement. Any party may terminate this Agreement at any time by providing 30 calendar days written notice to the other party or parties. Termination of this Agreement will occur immediately if the WIC program determines that another program has
utilized the shared information for purposes other than those specifically designated within and authorized by this Agreement. Termination of this Agreement will occur immediately if a program fails to maintain the confidentiality of the information in violation of 7 C.F.R. § 246.26 (d) and this Agreement. At the termination of this ISA, all shared information will be immediately surrendered to the WIC Program.

The benefit of this Information Sharing Agreement is to ultimately improve the health and well being of participants and their families participating in the Arizona WIC Program. In entering this agreement, both parties will respect the client’s right to privacy and will deliver services that are sensitive to cultural and family values.

__________________________  ________________
Susan Gerard       Date  
Director  
Arizona Department of Health Services
Chapter Fifteen
Audits and Management Evaluations
Overview

Policy

The State of Arizona Office of the Auditor General conducts an annual independent, audit of the Arizona Department of Health Services (ADHS) and approximately half of the county health departments in compliance with OMB Circular A-133. The remaining subrecipients are audited by independent Certified Public Accountants. Subrecipients that expend $750,000 or more a year in federal awards must have a Single Audit conducted. Subrecipients receiving federal funds through ADHS must provide the department with a copy of its Single Audit packet. The Bureau of Audit and Special Investigations (ASI) tracks Single Audits, incorporates relevant findings into reports, determines ADHS compliance with OMB Circular A-133, and communicates results with appropriate stakeholders.

ASI will perform contract compliance audits of expenditures and related activities pursuant to OMB Circular A-87 (Cost Principles for State, Local, and Indian Tribal Governments), OMB Circular A-122 (Cost Principles for Non-Profit Organizations), OMB Circular A-133 Compliance Supplement Accounting and Auditing Procedures Manual for Contractors of ADHS Funded Programs, and WIC Federal Regulations (Audit Program 15-11).

The WIC Program shall monitor its Local Agencies annually. The monitoring and review is described in detail in this chapter and in WIC Federal Regulations:

- WIC Financial Audits, 7 CFR § 246.19. The focus of the Audit is cost allowance, financial control improvement, and improved Local Agency service.

- WIC Management Evaluations, ADHS BNPA staff reviewing management processes, client certification, food package determination, nutrition education, in coordination with the State Plan, 7 CFR § 246.19 (b). The focus of the ME is for the State Agency to ensure program regulations are being met, as well as provide mentoring to Local Agency staff on Participant Centered Education PCE skills, and other areas as needed.

In This Chapter

This chapter is divided into five (5) sections, which detail financial audit policies and procedures, including Management Evaluations, and three (3) appendices.
## Overview (Continued)

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Procedures</td>
<td>15-4</td>
</tr>
<tr>
<td>B</td>
<td>Audit Records &amp; Policies</td>
<td>15-8</td>
</tr>
<tr>
<td>C</td>
<td>Management Evaluations</td>
<td>15-10</td>
</tr>
<tr>
<td>D</td>
<td>Management Evaluation – Procedures</td>
<td>15-11</td>
</tr>
<tr>
<td>E</td>
<td>Local Agency Self-Assessment</td>
<td>15-13</td>
</tr>
<tr>
<td>F</td>
<td>Local Agency Compliance Investigations</td>
<td>15-15</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Forms: Financial Audit</td>
<td>15-14</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Forms: WIC Management Evaluation/Local Agency Self-Assessment</td>
<td>15-18</td>
</tr>
<tr>
<td>Index</td>
<td>Index</td>
<td>15-49</td>
</tr>
</tbody>
</table>
Chapter Fifteen
Audits and Management Evaluations

Section A
Procedures

Notification of Audit
Monitoring and review of Local Agencies is scheduled annually according to an established rotation. A Management Evaluation will be completed one year and a financial audit the following year. There are exceptions to the schedule that include management-requested reviews, previous audit follow-up, USDA special studies, or agency-requested support.

ASI will notify the Local Agency of the audit date four (4) to six (6) weeks in advance of the audit. Copies of the notice with a detailed audit questionnaire will be sent to the Local Agency WIC Director. Telephone confirmation of the audit date, entrance conference time, audit requirements, necessary resources, and the auditor’s name will be made approximately one to two weeks prior to the audit.

In the alternate years, the BNPA WIC Program Integrity team will notify the Local Agency of a Management Evaluation using appropriate policies and procedures.

Pre-Audit Conference With State Personnel
The ADHS Nutrition Program Consultant will be contacted prior to the audit to discuss problem areas that may be identified in the contract files, correspondence, WIC reports, information available from management, various WIC monitoring systems, and pertinent Single Audit results.

 Copies of the Contractor’s Expenditure Reports (CERs) covering the period of the audit will be summarized, purchase orders covering the audit period copied and reviewed, and WIC payments summarized.
Audit of Financial Records

The objective of the audit is to determine propriety and eligibility of expenditures pursuant to OMB Circulars A-133, A-87, and A-122, Accounting and Auditing Manual for Contractors of ADHS Funded Programs, and the WIC contract in effect.

In the event the Local Agency has subcontracts, the subcontractors’ records may, if circumstances dictate, also be examined.

The auditor’s review may include, but is not limited to, the following:

- Approved cost allocation plan
- Adequacy of the accounting system
- WIC funds separately accounted for
- Reconciliation of Local Agency’s CERs with the Local Agency’s books
- Detailed testing of transactions including: salaries and wages, fringe benefits, supplies, indirect cost pools and reasonability of expenditures for WIC. Appropriate sampling methodology will be used with expanded sample size when deemed necessary.
- Results of the previous Corrective Action Plan (CAP) will be evaluated to determine the level of compliance and resolution achieved by the Local Agency.

An audit of the Local Agency’s performance records will be conducted to examine and verify the units of service provided and reported as specifically authorized in the contract. **The audit is not an evaluation of the quality of those services.**
Audit of Financial Records (Continued)

Statistical sampling techniques may be utilized to determine the specific units of service to be reviewed. Subcontractors’ performance records may also be examined.

Auditors may review the following:

- Client charts and/or files
- Activity logs
- Documentation in support of Program progress reports
- Sign-in sheets

NOTE: Medical case records of the individuals will not be reviewed unless they are the only source of certification data. All client records examined by ASI will be treated with complete confidentiality.
Audit Follow-Up  The Bureau Chief of Nutrition and Physical Activity or his/her designee is responsible for reviewing the audit recommendations to determine what specific action(s) should be taken and will set deadlines for implementation of corrective measures.

The Bureau Chief is responsible for forwarding a copy of the audit report and recommendations to the USDA/FNS/WRO. ASI is responsible for forwarding a copy of the audit report and recommendations to the Local Agency. The audit report cover letter will provide instructions or guidance, including implementation time frames for the Corrective Action Plan.

The Local Agency will reply to ASI in writing as to what corrective action will be taken to satisfy each audit recommendation. ASI will evaluate the CAP and will attach it to the final audit report. The final audit report should include the findings, recommendations, the Local Agency’s response, and the Bureau Chief’s response.

Once the final audit response has been issued to the Bureau Chief, ASI will inform the Local Agency WIC program of the closure of the audit file.

The follow-up will be accomplished within 60 calendar days of the date of the audit report unless an extension date is granted.

Monitoring  ASI will monitor the implemented audit recommendations during their follow-up visits to the Local Agency.

Non-compliance  If the Local Agency is unable to, or does not agree to, comply with the audit recommendations, the Bureau Chief of Nutrition and Physical Activity will meet with the Local Agency. This meeting should be held within 20 calendar days of receipt of the Local Agency’s reply. The purpose of the meeting is to resolve any issues relating to the audit recommendations.
Chapter Fifteen
Audits and Management Evaluations

Section B
Audit Records and Other Policies

Audit Records
State and Local Agencies will maintain records, easily retrieved for review during an audit, according to policies set forth in Chapter 14.

The Secretary of Agriculture, the Comptroller General of the United States, or any of their duly authorized representatives will have access to any books, documents, papers, and records of the State and Local Agencies and their contractors for the purpose of making surveys, audits, examinations, excerpts, and transcripts during normal business hours. Any reports or other documents resulting from the examination of such records that are publicly released may not include confidential applicant or participant information.

Cost Allocation Guidelines
The Local Agency will ensure that costs are reasonable based upon the following criteria:

- Reasonable and necessary to carry out the program
- Treated consistently
- Consistent and allowable under federal, state, and local laws, regulations, and policies
- Be determined in accordance with generally accepted accounting principles and adequately documented
- Net of applicable credits
- Charged in the correct accounting period
- Not be charged to more than one federal grant or used to meet a matching or cost sharing requirement for more than one federal grant, either in the current or prior accounting period
- A cost is allocable to a federal grant only to the extent that it benefits the grant’s objective
- Costs must be allocated equitably in terms of benefits derived

Costs necessary to the WIC program include providing WIC Program participants with supplemental food, nutrition education, breastfeeding promotion, support activities, and referral to related health services.

Continued on Next Page
Continuous Time Reporting

Continuous time reporting is the required documentation method where employees work on multiple programs or cost objectives. Documentation supporting the distribution of their time and effort must be continuously generated. (OMB Circular A-87, Attachment B, paragraph 8.h.4, and A-122 Attachment B, Paragraph 8.m. 1). The only exceptions are:

- Where employees are expected to work solely on a single Federal award or cost objective, a semi-annual certification indicating that the employees worked solely on the WIC program for the period covered by the certification. (OMB circular A-87, Attachment B, paragraph 8.h.3)

- In Local Agencies that are hospitals (Arizona WIC Program currently has none), staff is required to complete monthly estimates of their work time. The estimate must be completed within one (1) month of the actual activity completion date. The staff includes physicians, nurses, nutritionists, and other persons performing WIC responsibilities.

Time Studies

The WIC Annual Cost Summary Report distributes WIC Nutrition Services and Administrative costs to four (4) categories: Nutrition Education, Breastfeeding Promotion/Support, Client Services, and General Administration. WRO memorandum 807-Y, May 23, 2003 requires that time studies used to distribute cost to the four (4) categories need to be conducted one (1) week per month or one (1) month per quarter. Annual one (1) -month studies are not considered representative for the entire year. The Arizona WIC Program received approval for another option, which is two (2) weeks (one pay period) every other month.

For staff that works for one (1) or more programs in addition to WIC time studies, daily time records are required to separate WIC and non-WIC costs unless the appropriate Federal agency has approved an alternative methodology.
Chapter Fifteen
Audits and Management Evaluations

Section C
Management Evaluations

Policy
The State Agency shall conduct Management Evaluations of each Local Agency at least once every two (2) years. Such evaluations shall include on-site reviews of a minimum of 20 percent of clinics in each Local Agency, or one (1) clinic, whichever is greater. The State Agency may conduct such additional on-site reviews as the State Agency determines to be necessary in the interest of the efficiency and effectiveness of the Program.

The State Agency shall develop a reporting process, which includes:

- Prompt notification to the Local Agency of deficiencies
- Timely development of Corrective Action Plans
- The monitoring of Local Agency implementation of such plans.

The State Agency shall require Local Agencies to establish Management Evaluation systems, quality assurance plans and/or continuous quality improvement plans to review their operations.

Environment
Local Agency staff shall ensure the following information is in a place where it can be seen by all participants in each clinic:

- Civil rights ("And Justice for All") poster
- WIC Complaint Hotline poster
- National Voter Registration Act poster
- 9-1-1 and other emergency numbers (see Appendix C)
- Emergency Exit signs
- Emergency clinic or agency WIC number(s) in case clinic is closed
- No-Smoking sign
- Breastfeeding promotional materials, videos or poster
### Section D

#### Management Evaluations – Procedures

**Procedure**
The State Agency will conduct Management Evaluations (ME) throughout the fiscal year.

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Agencies</td>
<td>Local Agencies will be notified 60 days prior to ME visit.</td>
</tr>
<tr>
<td></td>
<td>The Local Agency Pre-Management Evaluation Survey will be returned to State Agency 30 days prior to ME.</td>
</tr>
<tr>
<td></td>
<td>The State Agency will have a draft report of the Management Evaluation written 20 days after the ME.</td>
</tr>
<tr>
<td></td>
<td>The final report will be sent to the Local Agency 30 days after the ME.</td>
</tr>
<tr>
<td></td>
<td>The Local Agency will submit their Corrective Action Plan 60 days after they receive the final written Findings Report.</td>
</tr>
<tr>
<td></td>
<td>A follow-up by the Community Nutrition Services Team member assigned to the Local Agency will be done 45 days after the Local Agency submits the Corrective Action Plan.</td>
</tr>
<tr>
<td></td>
<td>After adequacy of the Corrective Action Plan has been determined, the State Agency will send written notification of the closure to the Local Agency Health Officer and the Local Agency WIC Director.</td>
</tr>
</tbody>
</table>

**Prior Notification**
The State Agency will advise the Local Agency Health Officer and the WIC Director in writing of the dates for the monitoring visit within 60 days of the visit. The State will provide the Pre-Management Evaluation Survey (Appendix B) to the Local Agency Health Officer and the Local Agency WIC Director.

The Pre-Management Evaluation survey will be returned via email to the State Agency 30 days prior to the Management Evaluation. Prior to the visit, the State Agency will complete chart reviews (Appendix B) and run reports for each Local Agency clinic.

**Electronic Filing System**
All corresponding ME documentation will be sent electronically by both the State Agency and the Local Agencies. The State Agency will keep all documentation gathered from the ME in an electronic filing system.

*Continued on Next Page*
### Section D

#### Management Evaluations – Procedures (Continued)

<table>
<thead>
<tr>
<th><strong>Entrance Interview</strong></th>
<th>The State Agency will conduct an entrance interview with the Local Agency Health Officer and the Local Agency WIC Director to discuss preliminary findings. The entrance interview will also allow time for questions and answers on the ME process.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monitoring</strong></td>
<td>The State Agency will use the forms located in Appendix B during the ME. Participant Certifications, lab procedures and nutrition education will be monitored. Local Agency and Clinic Site Reviews will also be conducted.</td>
</tr>
<tr>
<td><strong>Mentoring</strong></td>
<td>State Agency staff will mentor Local Agency staff on PCE skills and practices, and other areas as needed, during the site visit. The Local Agency’s State consultant will also be involved in the mentoring piece, providing frequent follow-ups.</td>
</tr>
<tr>
<td><strong>Exit Interview</strong></td>
<td>The State Agency will conduct an exit interview with the Local Agency Health Officer and the Local Agency WIC Director at the end of the Management Evaluation. The WIC Director and Health Officer may also decide to have the exit interview via telephone one week after the Management Evaluation. The State Agency will explain the preliminary results, address questions, respond to feedback, give an approximate date for the written Findings Report to be sent, and explain the Local Agency's requirements for follow-up.</td>
</tr>
</tbody>
</table>
| **Written Findings Report** | The State Agency will compile a written Findings Report within 30 days of the date of the exit interview. The report will be provided to the Local Agency Health Officer and the WIC Director. The report will contain the date when the Corrective Action Plan is due to the State Agency.  

**NOTE:** The time frame may be extended if arrangements are made prior to the evaluation and approved by the Local Agency WIC Director. |
| **Corrective Action Plan Follow-up** | The State Agency will receive, log, evaluate, and respond to the Corrective Action Plan submitted by the Local Agency. After adequacy of the Corrective Action Plan has been determined, the State Agency will send written notification of the closure to the Local Agency Health Officer and the Local Agency WIC Director. |
## Section E
### Local Agency Self-Assessment

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Each Local Agency will complete a self-assessment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Frame</td>
<td>Using the ME tools in Appendix B, Local Agencies are required to:</td>
</tr>
<tr>
<td></td>
<td>• Complete one (1) self-assessment on the years they have an ME.</td>
</tr>
<tr>
<td></td>
<td>• Complete two (2) self-assessments on the years they do not have an ME.</td>
</tr>
<tr>
<td>Monitoring</td>
<td>The Local Agency will use the same forms (staff observations, chart reviews, clinic operations) the State Agency uses for MEs. Local Agencies are only required to complete the areas highlighted in yellow, but are highly encouraged to complete and review all areas.</td>
</tr>
<tr>
<td>Staff Observations</td>
<td>The observations are to include:</td>
</tr>
<tr>
<td></td>
<td>• Observations of one (1) Certification for each category (infant, child, pregnant, breastfeeding, postpartum), including anthropometric and hematology components;</td>
</tr>
<tr>
<td></td>
<td>• Observations of one (1) secondary nutrition education contact for each category (five (5) total);</td>
</tr>
<tr>
<td></td>
<td>• The observations may be completed by either supervisors or staff members.</td>
</tr>
<tr>
<td>Chart Reviews</td>
<td>Chart reviews of certifications for:</td>
</tr>
<tr>
<td></td>
<td>• 3 infant clients</td>
</tr>
<tr>
<td></td>
<td>• 3 child clients</td>
</tr>
<tr>
<td></td>
<td>• 1 pregnant client</td>
</tr>
<tr>
<td></td>
<td>• 1 breastfeeding client</td>
</tr>
<tr>
<td></td>
<td>• 1 postpartum client</td>
</tr>
<tr>
<td></td>
<td>• The chart reviews may be completed by either a supervisor or staff members.</td>
</tr>
<tr>
<td></td>
<td>• Best practice is for staff to review so they are more aware of what is being monitored</td>
</tr>
</tbody>
</table>
## Chapter Fifteen
### Audits and Management Evaluations

#### Section E
#### Local Agency Self-Assessment (Continued)

<table>
<thead>
<tr>
<th>Clinic Operations</th>
<th>The Local Agency will complete the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Clinic Environment Observation Tools (only once per year regardless of ME year)</td>
</tr>
<tr>
<td></td>
<td>• Clinic Site Review</td>
</tr>
</tbody>
</table>

| Summary            | The Local Agency will submit a summary of the observations with their annual contract. |

| Record Retention   | The Local Agency will keep observation forms on file for review during site visits and/or MEs. |
Section F
Local Agency Compliance Investigations

Policy
The Department or its authorized contractor shall conduct (covert investigations) to determine the Local Agency’s compliance with WIC Program requirements.

Local Agency compliance investigations may be conducted on a random basis or on those agencies suspected of violating WIC Program requirements and/or federal, state and local laws.

Execution of the contract by the Local Agency authorizes the Department to perform covert investigations.

Procedure
The compliance investigation involves an undercover (covert) on-site visit in which an individual poses as a WIC participant/authorized representative/proxy/applicant to determine compliance by the agency with WIC Program requirements.

Written Findings Report
The State Agency will compile a written Findings Report within 45 days of the date of compliance investigation. The report will be provided to the Local Agency Health Officer and the WIC Director.

Corrective Action Plan
The Local Agency will submit their Corrective Action Plan 60 days after they receive the final written Findings Report.
Chapter Fifteen
Audits and Management Evaluations

Appendix A:
Financial Audit Forms

See following pages
Audit Name: Local Agency

Project No.: WIC-XX-XX

Objectives: This financial audit will determine if the Local Agency
- Financial information was in accordance with stated criteria
- Adhered to specified financial compliance requirements
- System of internal control over financial reporting was designed to achieve objectives

Criteria: To determine the propriety and eligibility of expenditures per
- OMB Circulars No. A-87, A-122, and A-133
- Accounting and Auditing Manual for Contractors of ADHS Funded Programs
- WIC contract in effect
- Arizona WIC Local Agencies Policy Manual
- USDA Consolidated WIC Regulations

Scope: FFYXX and FFYXX

<table>
<thead>
<tr>
<th>AUDIT STEPS TO BE COMPLETED</th>
<th>DATE</th>
<th>COMPLETED BY</th>
<th>W/P REF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Planning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Review the Program File and prior working papers, including policies/procedures, organizational charts, agreements, etc...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Conduct pre-audit interview with Program and document discussions held.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Conduct audit planning meeting with the Chief Audit Officer or Audit Supervisor and document discussion held. The following should be discussed:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Timing of audit entrance conference / planned participants in the meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Timing of fieldwork</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Risk areas / internal controls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Audit objectives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assignment of audit objectives (if more than one auditor is working on audit)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Consideration of the impact of authoritative accounting literature or legislation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Testing to be performed (if this can be determined at this time)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Budgeted hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit Steps To Be Completed</td>
<td>Date</td>
<td>Completed By</td>
<td>W/P Ref</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------</td>
<td>------</td>
<td>--------------</td>
<td>---------</td>
</tr>
<tr>
<td>4. 4 to 6 weeks in advance, prepare audit notification letter under signature of the Audit Supervisor. Include the Information Request List and Internal Control Questionnaire.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Make telephone verification of the audit date approximately 1 week in advance of the audit.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Send an information request list to the Local Agency. Items to consider:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Completed Internal Control Questionnaire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Chart of Accounts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Detailed G/L reports for the period under review</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Invoices/supporting documentation for expenditures appearing on the CERs in sample months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Labor distribution reports for all WIC employees for the sample months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Travel claims in support of Travel Expenses claimed in sample months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Indirect cost allocation plans for the period under review</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Annual Cost Summary with time studies for the sample months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Voided Food Instrument logs for a 15-day period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Clients Rights and Obligations Forms for a 15-day period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Review purchase orders, change orders, contract and contract amendments for period under review</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Review other financial correspondence including technical explanations, requests for reports, or management guidelines.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Review the Single Audit for findings and other issues.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Prepare a spreadsheet of the CERs and approved budget by budget categories.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Prepare a payment listing for WIC from Discoverer (AEDW download) for the Local Agency using P.O. numbers for the period under review and verify total expenditures to ADHS per AFIS.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Review budget documentation for the Local Agency for the period under review.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Review the most recent Management Evaluation Report for the Local Agency.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B. Fieldwork

1. Conduct the audit entrance conference with applicable Local Agency management. Discussions held should be documented and include the following:
   - Timing of the audit
   - Audit objectives
   - Key contacts for the audit
   - Internal Control Questionnaire (ICQ)
   - Pertinent Single Audit findings

2. Review ICQ responses and follow up with Local Agency staff as necessary.

3. Verify that the Local Agency accounts for WIC revenue and expenses in a separate cost center.

4. Reconcile the expenditures on the CERs to the Local Agency’s financial records.

5. Verify that charges for salaries and wages were reasonable.

6. Verify that Personnel Activity Reports (PARs; same as LARs) or equivalent documentation meet the following standards:
   - They must reflect an after-the-fact distribution of the actual activity of each employee,
   - They must account for the total activity for which each employee is compensated,
   - They must be prepared at least monthly and must coincide with 1 or more pay periods, and
   - They must be signed by the employee.

7. For employees who work solely on the WIC, verify that their payroll certifications meet the following standards:
   - Prepared at least semi-annually,
   - Signed by the employee and supervisor.

8. Verify that ERE is reasonable and allocated to WIC in a manner consistent with the basis of allocation used for salaries and wages.

9. Verify that Professional and Outside Services, Other Operating Expenses, Non-Capital equipment supplies, and materials expenditures are supported by an invoice including the date, vendor name, service or material provided, rate paid, receiving record and receiving signature, and proper account coding when charged to WIC.

10. Verify that travel claims include purpose, dates and time of departure and arrival, site address, lodging expense, mileage, meals, transportation, and incidental expenditures and signed by the employee and supervisor.

11. Verify that the cost of space in privately or publicly owned buildings is used for the benefit of the WIC Program. When space is shared with others, verify that WIC is charged only the portion of costs related to the area occupied by the WIC Program.
12. Verify the indirect cost ratio calculation including activities included in the indirect pool, the reasonableness of the rate, and the composition of the direct projects.

13. Determine that expenditures for nutrition education activities aggregate at least one-sixth (1/6) of total contract expenditures each contract year and that 4% of total contract expenditures is spent on breastfeeding promotion and support.

14. Review Food Instrument (FI) security procedures for manual drafts, automated drafts, and voided FI to determine compliance with WIC policies.

15. Review Client files to determine the adequacy of applicant eligibility screening.

16. Conduct an exit meeting with the Local Agency to discuss issues noted during the audit and obtain agreement on the issues.

17. Submit working papers for review to determine that they adequately support observations, conclusions, and recommendations.

18. Clear all appropriate review notes.

C. Reporting

1. Issues found should be communicated to the Local Agency to confirm the results.

2. After verification of the issues, a Finding Form should be completed for each issue.


4. Complete the Audit Program and include in the work papers.

5. Conduct exit meeting with Program to discuss issues noted during audit.

6. Based on the discussion, make any necessary changes to the report and submit for appropriate review.

7. Issue Final Report after review is completed.

End Of Audit Steps
Appendix B:
WIC Management Evaluation/Local Agency Self-Assessment Forms

The areas in yellow are a requirement of the Local Agency-Self Assessment

See following pages
Pre Management Evaluation (ME) Survey

Please provide the following information regarding the clinics in your Local Agency. It is understood each response includes each clinic site in your Local Agency, unless you have noted an exception.

**CLINIC OPERATIONS**

<table>
<thead>
<tr>
<th>CLINIC PROCEDURE DOCUMENT</th>
<th>LOCATION IN CLINIC/AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC Federal Regulations</td>
<td></td>
</tr>
<tr>
<td>Arizona State and Local WIC Program P&amp;P</td>
<td></td>
</tr>
<tr>
<td>Arizona WIC Program Laboratory Manual</td>
<td></td>
</tr>
<tr>
<td>Staff Personnel Records and Training Logs</td>
<td></td>
</tr>
</tbody>
</table>

**SERVICE LEVELS**

<table>
<thead>
<tr>
<th></th>
<th>ELIGIBLE</th>
<th>SERVED</th>
<th>BARRIER FOR NOT SERVING</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOMEN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFANTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please outline the specific actions you are taking to reduce your no-show rates.

**VENDOR RELATIONS**

Please outline steps taken when a client reports a problem with a Vendor.
ATTACH LOCAL AGENCY DOCUMENTATION

When providing attached documents, please title them by the names below, including the numbers (i.e. 1. Organizational Chart for Agency)

1) Organizational Chart for Agency
   a) Including AIM user names for each staff member

2) Procedures for Caseload Management

3) Outreach Plan and Outreach Log
   a) Local Agency developed outreach materials (if applicable)

4) Procedures for translation. Including the resources you have identified to assist you with specific requests such as foreign language translation, American Sign Language, TTY utilization, Braille transcription services, etc.

5) Any Civil Rights Complaints Processed In the Past 12 Months
   (Include a copy of any civil rights complaints received in the last 24 months)

6) Procedures For High Risk Referrals To Nutritionist

7) Staff Training Logs
   a) Nutrition Education
   b) Breastfeeding Education
   c) WIC Related Education

8) Procedures for Separation of Duties

9) Procedures for Reporting Child Abuse

10) Procedures for Mailing Food Instruments

11) Local Agency Policy on Milk (if applicable)

12) Confidentiality Agreements(WIC & CSFP)

13) Procedures for Conflict Of Interest Regarding Employees, Vendors and/or Employee family members
    (Include signed copies of the forms) (WIC & CSFP)

14) Procedures for Breastfeeding Pump Loan/Release

15) Name of CSFP Coordinator (if applicable)

16) CSFP Training Plan and Training Logs (if applicable)
COMMENTS

Please share with us any comments, concerns or ideas you have regarding the current status of your Local Agency clinic operations and client health outcomes. For example:

- Facilities for providing client services.
- Particular health outcomes in your client population.
- State and Federal program developments.
- Program Integrity measures for the prevention and detection of potential fraud and/or abuse.
PLEASE ANSWER THE FOLLOWING QUESTIONS

• What steps has the Local Agency been taking to correct prior findings? If the Local Agency listed any goals in the previous Correct Action Plan, have they been met?

• What is the Local Agency’s procedure for reviewing the high risk report?

• Does the Local Agency practice mentoring? If so, please explain the process.

• Does the Local Agency annually calibrate anthropometric equipment?

• How many staff members does your agency have for each of the following positions? (Please list the names of the staff members)
  
  o Breastfeeding Coordinator –
  o Breastfeeding Authority(ies) –
  o Registered Dietitian(s) –
  o Medium Risk Nutritionist(s) –
Please fill out the current status for each of the Breast Pumps that your agency is responsible for. This information is to provide a Point in Time analysis. It is understood this information changes frequently and should not become a barrier to service.

<table>
<thead>
<tr>
<th>Serial Number</th>
<th>A: Available</th>
<th>P: Participant Issued/Contract End Date</th>
<th>L: Date Letter Sent</th>
<th>S: Date Referred to State for Investigation</th>
<th>M: Date Reported Lost or Stolen</th>
<th>T: Transfer Location</th>
<th>R: Date Returned to State/Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Number of Pumps in each Status:

<table>
<thead>
<tr>
<th>Total Number of Pumps in Local Agency</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
# Arizona WIC Program
## Clinic Site Review

<table>
<thead>
<tr>
<th>Environment</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civil Rights Poster (&quot;And Justice for All&quot;) posted</td>
<td></td>
</tr>
<tr>
<td>Building Accessibility (ADA compliance)</td>
<td></td>
</tr>
<tr>
<td>Clinic environment considers culture needs of participants with posters/handouts</td>
<td></td>
</tr>
<tr>
<td>Appropriate (multi-lingual) materials</td>
<td></td>
</tr>
<tr>
<td>Environment is comfortable for participants (i.e. seating, room space, friendly atmosphere, etc.)</td>
<td></td>
</tr>
<tr>
<td>National Voter Registration Act forms/posters</td>
<td></td>
</tr>
<tr>
<td>Emergency Phone #s and Emergency Exits</td>
<td></td>
</tr>
<tr>
<td>✓ 9-1-1 and other Emergency Numbers posted in a visible area</td>
<td></td>
</tr>
<tr>
<td>✓ Emergency Exits are accessible</td>
<td></td>
</tr>
<tr>
<td>✓ Emergency Exit signs posted in a visible area</td>
<td></td>
</tr>
<tr>
<td>✓ Emergency WIC number posted at entrance for participants (in case clinic is closed, etc.)</td>
<td></td>
</tr>
<tr>
<td>No smoking sign posted</td>
<td></td>
</tr>
<tr>
<td>Appropriate TV or video programs in lobby</td>
<td></td>
</tr>
<tr>
<td>Activities for kids (coloring books, toys, books)</td>
<td></td>
</tr>
<tr>
<td>Clinic appointments outside normal business hours</td>
<td></td>
</tr>
<tr>
<td>Staff Logs-in and/or passwords are not displayed</td>
<td></td>
</tr>
<tr>
<td>Computers (including laptops) and printers are in a secure location within the clinic</td>
<td></td>
</tr>
<tr>
<td>The WIC office door(s) has an internal lock on door/file cabinets</td>
<td></td>
</tr>
</tbody>
</table>

✓ = Complete, done correctly  
N/A = Not applicable  
Ø = Incorrectly done or not done  
1 of 5 Revised 8/12
### Staff Logs-in and/or passwords are not displayed

### Staff Training Logs
- Nutrition education
- Breastfeeding
- WIC related education

### Prescriptions for special formulas/diets

### Referral List (obtain copy)
- Updated at minimum annually
- SNAP
- TANF
- AHCCCS
- Immunizations
- Child Support Enforcement
- Folic Acid supplements and education
- Universal lead screens for WIC
- Breastfeeding Hotline

### Food Instrument (FI) Security

<table>
<thead>
<tr>
<th>Food Instrument (FI) Security</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff runs test print daily</td>
<td></td>
</tr>
</tbody>
</table>

**FI voids:**
- Where are they kept?
- Are they stamped "void" immediately?
- Are they shredded?

**Void Report:** Reconciled and verified by supervisor weekly

### Separation of Duties

- Who inventories voids?

### FI Stock Inventory System

- Logged upon receipt
- Maintained
- Balanced
- Verified by a supervisor with separation of duties

### FI paper removed from printers at end of day and locked or kept in locking printers

### Inventory report reconciled and verified by a supervisor (initials)

---

\[ \text{✓} = \text{Complete, done correctly} \quad \text{N/A} = \text{Not applicable} \quad \text{Ø} = \text{Incorrectly done or not done} \]

2 of 5 Revised 8/12
<table>
<thead>
<tr>
<th>Item</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>File secured during breaks and lunch periods or kept in locking printers</td>
<td></td>
</tr>
<tr>
<td>There is secure storage of file stock (paper), MICR cartridges, program stamps, and ID folders</td>
<td></td>
</tr>
<tr>
<td>Key Storage: Who has keys, and how is control of keys maintained – issuance/copying/location/access?</td>
<td></td>
</tr>
<tr>
<td>Lab Manual</td>
<td></td>
</tr>
<tr>
<td>Anthropometric Manual</td>
<td></td>
</tr>
<tr>
<td>Recumbent length board with attached foot piece used for measuring infants</td>
<td></td>
</tr>
<tr>
<td>Calibrated standing height board used for women and children (Applicable if Digital)</td>
<td></td>
</tr>
<tr>
<td>Scales calibrated annually</td>
<td></td>
</tr>
<tr>
<td>Scales on hardstable surface</td>
<td></td>
</tr>
<tr>
<td>MSDS data posted in clinic</td>
<td></td>
</tr>
<tr>
<td>- ✓ Employees know where it is</td>
<td></td>
</tr>
<tr>
<td>- ✓ Employees know what it is</td>
<td></td>
</tr>
<tr>
<td>Lab surfaces cleaned daily with correct sanitizing solution</td>
<td></td>
</tr>
<tr>
<td>- ✓ Sanitizing solution disposed of properly after 7 days</td>
<td></td>
</tr>
<tr>
<td>Appropriate objects used with HemoCue analyzer (i.e. no sharp objects)</td>
<td></td>
</tr>
<tr>
<td>Cuvette container(s) labeled with opened/expiration date (&lt;90 days)</td>
<td></td>
</tr>
</tbody>
</table>

**Breastfeeding Friendly**

| Breastfeeding Coordinator Name and Credentials                        |          |
| Breast Pump Coordinator Name and Credentials                          |          |
| Peer Program Manager Name and Credentials                             |          |

\[\checkmark = \text{Complete, done correctly} \quad \text{N/A = Not applicable} \quad \checkmark = \text{Incorrectly done or not done}\]

3 of 5 Revised 8/12
<table>
<thead>
<tr>
<th>IBCLCs, CBCs, CLEs, CLCs on staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding friendly environment, such as breastfeeding promotional materials visible, videos, lactation room</td>
</tr>
<tr>
<td>No formula, samples, posters, handouts or promotional items on display or in sight of clients</td>
</tr>
<tr>
<td><strong>Required Resources:</strong></td>
</tr>
<tr>
<td>✓ Medications and Mother’s Milk</td>
</tr>
<tr>
<td>✓ Breastfeeding Answers Made Simple</td>
</tr>
<tr>
<td>Peer Counselor Contact Log</td>
</tr>
<tr>
<td>Hospital Grade Pump Log (correctly completed)</td>
</tr>
<tr>
<td>Breast pump inventory and distribution list</td>
</tr>
<tr>
<td>Hospital Grade Pump Release Form (obtain copy)</td>
</tr>
<tr>
<td>Hospital Grade Pumps have ADHS ID Tag (on pump, not case)</td>
</tr>
<tr>
<td>Personal Use Pump Log (correctly completed)</td>
</tr>
<tr>
<td>Personal Use Pump Release Form (obtain copy)</td>
</tr>
<tr>
<td>Pumps are only issued by LA Breastfeeding Authority(ies)</td>
</tr>
<tr>
<td>Names of LA Breastfeeding Authority(ies)</td>
</tr>
<tr>
<td>Breast pump issuance producers followed</td>
</tr>
<tr>
<td>Breast pump cleaning procedures followed</td>
</tr>
<tr>
<td>Breast pump Quality Assurance testing performed</td>
</tr>
<tr>
<td>Procedures for reporting lost or stolen breast pumps</td>
</tr>
<tr>
<td>Annual evaluations of breastfeeding education, promotion, and support activities performed and documented</td>
</tr>
</tbody>
</table>

✓ = Complete, done correctly  
N/A = Not applicable  
Ø = Incorrectly done or not done  
4 of 5 Revised 8/12
# Arizona WIC Program
Clinic Site Review

<table>
<thead>
<tr>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

- ✓ = Complete, done correctly
- N/A = Not applicable
- Ø = Incorrectly done or not done

5 of 5
## Arizona WIC Program

### Chart Review

**Revised 8/2013**

**REVIEWER:** ____________  
**DATE:** ____________

**AGENCY:** ____________  
**SITE:** ____________

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Name and ID # (list)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data of Birth (list)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Family Information

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family ID# (list)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of Address (no code 10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Client Registration

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother's ID on infant/child record</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjunctive Eligibility documented correctly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of Income documented correctly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Cert Action

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cert Start – End (extended?)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous Cert (extended?)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CNW (Not EODADM)

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date (within 60 days of cert)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height - correct coding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight - correct coding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HGB - correct coding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HGB – correct intervals for age and category</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Health

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk Code(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manually Assigned Code(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

√ = Complete, done correctly  
N/A = Not applicable  
X = Incorrectly done or not done
## Arizona WIC Program

### Chart Review

<table>
<thead>
<tr>
<th>Care Plan</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>T (Tool)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G (Goal)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I (Information)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F (Follow up)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the TGIF note complete?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rights and Obligations (79)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC Rules and Regulations (57)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandatory Referrals (51 or MR)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Screening (101)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Risk referred to nutritionist: (appointment made)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Risk participant seen by nutritionist: if client missed appointment, were they rescheduled appropriately?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Appointment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>User Name of Nutritionist</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Follow up/Nutrition Education

| Acceptable Nutrition Ed |   |   |   |
| # of Nutrition Education Contacts |   |   |   |
| dates per Certification |   |   |   |
| 2 Ed contacts per six month period documented |   |   |   |
| (list number of topics) |   |   |   |

### Food Package

| Infant (141/142) appropriate package, (notes for powder) |   |   |   |

---

\(\sqrt{\text{Complete, done correctly}}\)  \(\text{N/A} = \text{Not applicable}\)  \(\times = \text{Incorrectly done or not done}\)
<table>
<thead>
<tr>
<th>Participant Name and ID #</th>
<th>Explanation of Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(\sqrt{\text{ }}\) = Complete, done correctly  \\
N/A = Not applicable  \\
\(\times\) = Incorrectly done or not done
Arizona WIC Program-Certification Observation

REVIEWER: ___________________________ DATE: ___________________________
AGENCY: ___________________________ CLINIC: ___________________________

<table>
<thead>
<tr>
<th>1</th>
<th>Notes</th>
<th>2</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certifier Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant ID No.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Intake/Family Information**

<table>
<thead>
<tr>
<th>Invest in the Interaction</th>
<th>0123</th>
<th>0123</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greeted Client/Introduced Self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explained purpose of the interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asked permission to review and verify documents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of address was provided and recorded correctly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voter Status updated/ Offer of registration completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Level Collected/Updated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff verified confidentiality of participant address and phone number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proxy policies followed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client being certified physically present</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Rights & Obligations Form; the certifier explained (at minimum) Client’s Pledge to WIC:**

- Honesty
- Accurate Information
- Good Use of the Program
- Protect Your Benefits

<table>
<thead>
<tr>
<th>Signed by representative(s), certifier, and income verifier</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients are informed the R&amp;O are located in the folder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VOIDED second representative line (if applicable)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Client Registration**

- Accurate birth date & Gender
- Family size determination

√ = Complete, done correctly
N/A = Not applicable
Ø = Incorrectly done or not done

*See Scale Rubric for Arizona WIC appointments

Revised 08/2013
<table>
<thead>
<tr>
<th>Proof of Identification provided and recorded accurately</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Status Documented (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Race and ethnicity data collected accurately (at initial cert only)</td>
<td></td>
</tr>
<tr>
<td>Participation in adjunctively eligible programs (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Proof of income provided and recorded accurately</td>
<td></td>
</tr>
<tr>
<td>Statement of Documentation completed (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

**Nutrition Assessment (VENA)**

- **Assessment**
  - Utilizes critical thinking skills to gather, analyze, evaluate, and prioritize the assessment to appropriately assign WIC Codes
  - ABCDE Guide
  - GTHM Tools
  - What GTHM tool was used for the assessment?

- **Nutrition Counseling & Education**
  - **Nutrition Counseling & Education**
    - Offers appropriate, relevant, and accurate counseling and advice
  - **Support Health Outcomes**
    - Encourages success by closing the conversation
  - The nutrition education was appropriate to the client's cultural preferences and consideration to household situation, educational background
  - Follow up appointment addressed appropriately
  - Appropriate referrals were made (including nutritionist)

**Documentation**

- **Documentation**
  - Uses TGF note structure appropriately

**Food Package and Issuance**

- Food Package tailored appropriately
- Appropriate issuance interval (High Risk, Forgot Documentation)
- Food Instrument/Cash Value Voucher education provided
- Provided authorized food list
- Provided a current list of authorized vendor

\(\sqrt{\text{Complete, done correctly}}\)  \(\text{N/A} = \text{Not applicable}\)  \(\emptyset = \text{Incorrectly done or not done}\)

*See Scale Rubric for Arizona WIC appointments*

Revised 08/2013
| Staff checked for clients understanding of WIC foods and using the WIC Food Instruments |
| An explanation of the food package and foods received (new clients) |
| Client signed signature page (receipt) acknowledging receiving food instruments |
| Separation of duties is consistent with policy |
| **Customer Service** |
| Staff logged out of AIM or locked computer when leaving the workstation |
| Confidentiality/privacy maintained |
| Accommodations were made to provide services/forms in participant’s preferred language/ Focused on client when a translator was used |
| Staff focused on the client and not the computer |
| Staff informed client of the right to complain/ complaint hotline number on ID Folder |
| **Farmers Market Food Instruments** |
| Participant Guides are provided to clients when FMNP checks are issued |
| Proper use and redemption of FMNP checks, and CVWs, including lost/stolen and valid dates are reviewed |
| Maps, names and locations of approved markets in the area |
| Eligible and non-eligible foods explained |
| Prohibition against cash change |
| Right to complain/ FMNP complaint hotline number |
| Information is available for non-English speaking participants |
| Nutrition education is relevant to participant’s ethnic and cultural background |

√ = Complete, done correctly  
N/A = Not applicable  
Ø = Incorrectly done or not done  
*See Scale Rubric for Arizona WIC appointments

Revised 09/2013
<table>
<thead>
<tr>
<th>Participant Name and ID #</th>
<th>Discussion points with the certifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How do you feel the appointment went?</td>
</tr>
<tr>
<td></td>
<td>What areas do you feel you do well on?</td>
</tr>
<tr>
<td></td>
<td>What might you do different next time?</td>
</tr>
</tbody>
</table>

How do you feel the appointment went?
What areas do you feel you do well on?
What might you do different next time?

√ = Complete, done correctly  
N/A = Not applicable  
Ø = Incorrectly done or not done

*See Scale Rubric for Arizona WIC appointments

Revised 08/2013
<table>
<thead>
<tr>
<th>DRAFT</th>
<th>1</th>
<th>Comments</th>
<th>2</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNW / Nutritionist (list)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant Name/ID (list)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Ed (Nut Ed or Health Check)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Invest in the Interaction</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greeted Client/Introduced Self</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explained purpose of the interview</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asked permission to review and verify documents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Assessment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilizes critical thinking skills to gather, analyze, evaluate, and prioritize the appointment (ABCDE Guide, GTHM Tools)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition Counseling &amp; Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offers appropriate, relevant, and accurate counseling and advice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Support Health Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourages success by closing the conversation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The nutrition education was appropriate to the client’s cultural preferences and consideration to household situation, educational background</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff logged out of AIM or locked computer when leaving the workstation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidentiality/privacy maintained</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodations were made to provide services/forms in participant’s preferred language/ focused on client when a translator was used (interpreter used appropriately)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff focused on the client and not the computer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Y** = Complete, done correctly  
**N** = Incorrectly done or not done  
**N/A** = Not applicable  
*See Scale Rubric for Arizona WIC appointments*
<table>
<thead>
<tr>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you feel the appointment went?</td>
</tr>
<tr>
<td>What areas do you feel you do well on?</td>
</tr>
<tr>
<td>What might you do different next time?</td>
</tr>
<tr>
<td>What was the client educated on?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you feel the appointment went?</td>
</tr>
<tr>
<td>What areas do you feel you do well on?</td>
</tr>
<tr>
<td>What might you do different next time?</td>
</tr>
<tr>
<td>What was the client educated on?</td>
</tr>
</tbody>
</table>

\[ Y = \text{Complete, done correctly} \quad N = \text{Incorrectly done or not done} \quad \text{N/A = Not applicable} \]

*See Scale Rubric for Arizona WIC appointments*
# Arizona WIC – Anthropometric/Laboratory Observation

<table>
<thead>
<tr>
<th>ANTHROPOMETRICS</th>
<th>1</th>
<th>Comment</th>
<th>2</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certifier Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant ID No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appointment Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical data ≤0 days old</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scales are zeroed and balanced before weighing individual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry diaper</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light clothing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without shoes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weighed twice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weighed to nearest ounce</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length board used for infants &amp; children under 24 months or unable to stand unassisted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length measured twice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both legs are grasped and straightened for measurements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length measured to nearest 1/8 inch</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standing height used for children over 24 months &amp; women</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured using a standing height board or non-stretched tape with a flat headboard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heels slightly apart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heels, buttocks and shoulder blades touching wall</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes straight ahead with arms at sides</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without top hair adornment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height measured twice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height is measured to nearest 1/8 inch</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DRAFT**

☑️ = Complete, done correctly  ☐ = Incorrectly done or not done   N/A = Not applicable
<table>
<thead>
<tr>
<th>HemoCue Lab Procedure</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Site preparation techniques</td>
<td></td>
</tr>
<tr>
<td>Cleansed &amp; gloved hands for each test</td>
<td></td>
</tr>
<tr>
<td>Gloves remained on until cuvette was disposed</td>
<td></td>
</tr>
<tr>
<td>Correct site chosen (middle or ring finger, cannot have ring, heel when appropriate)</td>
<td></td>
</tr>
<tr>
<td>Cleansed &amp; dried site, site held to distend skin</td>
<td></td>
</tr>
<tr>
<td>Correct puncture site and depth, first 2 - 3 drops wiped wiped, pressure / bandage applied (no bandage under 2 years)</td>
<td></td>
</tr>
<tr>
<td>Correct collection techniques</td>
<td></td>
</tr>
<tr>
<td>No squeezing / milking to collect blood, other method used</td>
<td></td>
</tr>
<tr>
<td>Correct cuvette techniques</td>
<td></td>
</tr>
<tr>
<td>Cuvette container with lid on and stored at room temperature</td>
<td></td>
</tr>
<tr>
<td>The sharp edge of the cuvette is pointed downward</td>
<td></td>
</tr>
<tr>
<td>Filled in one step to front edge, excess blood wiped off</td>
<td></td>
</tr>
<tr>
<td>Checked for air bubbles, discarded if present</td>
<td></td>
</tr>
<tr>
<td>Disposed or used supplies properly in biohazard / Sharps containers/trash can</td>
<td></td>
</tr>
<tr>
<td>Disposed of gloves after each test &amp; cleansed hands</td>
<td></td>
</tr>
<tr>
<td>Blood values recorded accurately</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Masimo Pronto Procedure</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff cleansed hands</td>
<td></td>
</tr>
<tr>
<td>Used on a client 2 years old or older</td>
<td></td>
</tr>
<tr>
<td>Cleansed &amp; dried site</td>
<td></td>
</tr>
<tr>
<td>Correct digit gauge used (adult, pediatric)</td>
<td></td>
</tr>
<tr>
<td>Correct finger used (middle or ring, thumbs for small children, no nail polish or rings)</td>
<td></td>
</tr>
<tr>
<td>Sensor is aligned on finger correctly</td>
<td></td>
</tr>
<tr>
<td>Sensor is shielded from excessive light</td>
<td></td>
</tr>
<tr>
<td>Cable runs flat over the top of the hand directly in the middle of the finger with no kinks or twists</td>
<td></td>
</tr>
<tr>
<td>If unable to obtain reading, HemoCue machine is used</td>
<td></td>
</tr>
</tbody>
</table>

V = Complete, done correctly  Ø = incorrectly done or not done  N/A = Not applicable
### Arizona WIC Program
#### New Agency Review

<table>
<thead>
<tr>
<th>REVIEWER: ________________</th>
<th>AGENCY: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADMINISTRATION</strong></td>
<td></td>
</tr>
<tr>
<td>Federal Regulations</td>
<td></td>
</tr>
<tr>
<td>WIC Program Manual</td>
<td></td>
</tr>
<tr>
<td>Lab Manual</td>
<td></td>
</tr>
<tr>
<td>Anthropometric Manual</td>
<td></td>
</tr>
<tr>
<td><strong>LOCAL AGENCY POLICIES/PROCEDURES</strong></td>
<td>Comments</td>
</tr>
<tr>
<td>Mailing of Food Instruments</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding</td>
<td></td>
</tr>
<tr>
<td>✓ Breast pump loan/release</td>
<td></td>
</tr>
<tr>
<td>Caseload Management including Outreach Plan</td>
<td></td>
</tr>
<tr>
<td>✓ Designated staff member responsible for outreach</td>
<td></td>
</tr>
<tr>
<td>✓ Outreach efforts to target the homeless/migrants</td>
<td></td>
</tr>
<tr>
<td>✓ Outreach efforts to target eligible women in their first trimester</td>
<td></td>
</tr>
<tr>
<td>✓ Efforts coordinated with other centers to eliminate barriers</td>
<td></td>
</tr>
<tr>
<td>✓ Integration with community health services</td>
<td></td>
</tr>
<tr>
<td>Nutrition Risk Protocol</td>
<td></td>
</tr>
<tr>
<td>✓ High Risk</td>
<td></td>
</tr>
<tr>
<td>✓ Nutrition Education Care Plans</td>
<td></td>
</tr>
<tr>
<td>Separation of Duties</td>
<td></td>
</tr>
<tr>
<td>✓ More than 1 person clinics</td>
<td></td>
</tr>
<tr>
<td>✓ 1 person clinics</td>
<td></td>
</tr>
<tr>
<td>Conflict of Interest</td>
<td></td>
</tr>
<tr>
<td>✓ Current signed by all staff</td>
<td></td>
</tr>
<tr>
<td>Confidentiality statements</td>
<td></td>
</tr>
<tr>
<td>✓ Current signed by all staff</td>
<td></td>
</tr>
<tr>
<td>Contacts for Missed Appointments</td>
<td></td>
</tr>
<tr>
<td>Media Contact</td>
<td></td>
</tr>
</tbody>
</table>

**Legend:**
- ✓: Complete, done correctly
- N/A: Not applicable
- X: Incorrectly done or not done
# Arizona WIC Program
## New Agency Review

<table>
<thead>
<tr>
<th>Category</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>American’s with Disabilities Act Policies</td>
<td>- Accommodations &lt;br&gt; - Translation Services &lt;br&gt;</td>
</tr>
<tr>
<td></td>
<td>- Foreign language &lt;br&gt;  - American Sign Language &lt;br&gt;  - Braille</td>
</tr>
<tr>
<td></td>
<td>- TTY &lt;br&gt;</td>
</tr>
<tr>
<td>Information Sharing</td>
<td>- Does LA share WIC data with any other agency/organization other than the State Agency? &lt;br&gt; - If yes, are State approved sharing agreements current?</td>
</tr>
<tr>
<td>Reporting Child Abuse</td>
<td></td>
</tr>
<tr>
<td>Milk Policy (Whole or 2%)</td>
<td></td>
</tr>
<tr>
<td>Lost or Stolen Food Instruments</td>
<td>- Reporting &lt;br&gt;  - Follow-up</td>
</tr>
<tr>
<td>Food Instrument Voids</td>
<td>- Storage &lt;br&gt;  - Stamped “void” immediately &lt;br&gt;  - Void Report reconciled and verified by supervisor weekly &lt;br&gt;  - Shredded &lt;br&gt;  - Separation of duties</td>
</tr>
<tr>
<td>FL Stock Inventory System</td>
<td>- Logged upon receipt &lt;br&gt;  - Maintained, balanced, and verified by a supervisor (initials) &lt;br&gt;  - Separation of duties</td>
</tr>
<tr>
<td>Control of Keys</td>
<td>- Who has keys, and how is control of keys maintained – issuance/copying/location/access?</td>
</tr>
<tr>
<td>Adequate Staffing Pattern</td>
<td>- Nutritionist visits all locations &lt;br&gt;  - Clinic staff meets needs of the community</td>
</tr>
</tbody>
</table>

- **✓** = Complete, done correctly  
- **N/A** = Not applicable  
- **X** = Incorrectly done or not done
# Arizona WIC Program
## New Agency Review

<table>
<thead>
<tr>
<th>LOGS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach Log</td>
<td></td>
</tr>
<tr>
<td>Staff Training Logs</td>
<td></td>
</tr>
<tr>
<td>Prescriptions for special formulas/diets</td>
<td></td>
</tr>
<tr>
<td>Breast pump inventory and distribution list</td>
<td></td>
</tr>
<tr>
<td>Perpetual food instrument inventory</td>
<td></td>
</tr>
<tr>
<td>Discrimination/Civil Rights Complaints</td>
<td></td>
</tr>
</tbody>
</table>

### Waiting List (if applicable)
- ✔ Minimum required info: date of application, name, address, phone, category, EDC, DOB
- ✔ # people currently on waiting list
- ✔ oldest entry on waiting list

<table>
<thead>
<tr>
<th>CIVIL RIGHTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Civil Rights Poster (<em>And Justice for All</em>) posted</td>
<td></td>
</tr>
<tr>
<td>LA developed Outreach Materials (non-discrimination statement with same size font if stating benefits of WIC)</td>
<td></td>
</tr>
<tr>
<td>Appropriate (multi-lingual) materials</td>
<td></td>
</tr>
<tr>
<td>Multi-Lingual staff members to meet community needs</td>
<td></td>
</tr>
<tr>
<td>Building Accessibility (ADA compliance)</td>
<td></td>
</tr>
<tr>
<td>LA Discrimination Log or File of Complaints received</td>
<td></td>
</tr>
<tr>
<td>Clinic environment considers culture needs of participants with posters/handouts</td>
<td></td>
</tr>
</tbody>
</table>

\* \= Complete, done correctly  
\* N/A = Not applicable  
\* X = Incorrectly done or not done
## Materials Provided by the State

<table>
<thead>
<tr>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Regulations</td>
</tr>
<tr>
<td>WIC Policy and Procedure Manual</td>
</tr>
<tr>
<td>WIC Policy Memos</td>
</tr>
<tr>
<td>Lab Manual</td>
</tr>
<tr>
<td>Anthropometric Manual</td>
</tr>
<tr>
<td>State Nutrition Education Care Plans</td>
</tr>
<tr>
<td>Sample Milk Policy</td>
</tr>
<tr>
<td>Conflict of Interest Policy</td>
</tr>
<tr>
<td>Confidentiality Policy</td>
</tr>
<tr>
<td>Product Order Form</td>
</tr>
</tbody>
</table>

**Other materials/technical assistance that may be needed will be provided**

[√] = Complete, done correctly  
[N/A] = Not applicable  
[X] = Incorrectly done or not done
# Scale Rubric for Arizona WIC appointments

**FFY 2014**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>(0) Lacks Competence</th>
<th>(1) Needs training, guidance, close monitoring</th>
<th>(2) Needs to be mentored in specific identified skills</th>
<th>(3) Demonstrates Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invest in the Interaction</td>
<td>Welcome the participant and build rapport by opening the conversation in a warm, inviting, genuine tone.</td>
<td>Has minimum interaction with client</td>
<td>Greet client by name, staff introduces self, sets the agenda, reviews previous notes at an appropriate time</td>
<td>Reviews previous notes before calling client, greets client by name, staff introduces self, sets the agenda in the spirit of PCS, affirms client</td>
</tr>
<tr>
<td>Assessment</td>
<td>Utilizes critical thinking skills to gather, analyze, evaluate, and prioritize the assessment to appropriately assign WIC Codes.</td>
<td>No assessment completed, doesn’t use ABCDE, asks minimal questions, asks closed ended questions, asks repetitive questions, doesn’t use GTM tools appropriately or doesn’t use them at all, fails to identify WIC Codes appropriately</td>
<td>Assessment illogical and does not follow any order or flow, uses ABCDE but misses major portions, introduces GTM Tool at inappropriate times or doesn’t relate Tool to nutrition/breastfeeding, asks the client closed ended questions, asks unproductive and/or irrelevant questions, asks repetitive questions, incomplete or inaccurate assignment of codes</td>
<td>Assessment is choppy, uses ABCDE, misses key areas in a section, introduces GTM Tool, but does not connect it to the assessment, asks the client closed ended questions, asks unnecessarily long questions, asks probing questions, interrupts complete assessment process to identify WIC codes</td>
</tr>
<tr>
<td>Nutrition Counseling &amp; Education</td>
<td>Offers appropriate, relevant, and accurate counseling and advice.</td>
<td>Doesn’t offer to discuss topics based on assessment</td>
<td>Offers different topics to discuss based on assessment and client’s interest at appropriate times, offers anticipatory guidance, offers education in a distinct manner</td>
<td>Offers education at appropriate moments, offers different topics to discuss based on assessment and client’s interest at appropriate times, offers anticipatory guidance, tailors discussion around client’s needs and interests in the spirit of PCS, uses OARS, asks permission, uses consensus, explores and offers ideas, explores client’s feelings</td>
</tr>
<tr>
<td>ACTION</td>
<td>(0) Lacks Competence</td>
<td>(1) Needs training, guidance, close monitoring</td>
<td>(2) Needs to be mentored in specific identified skills</td>
<td>(3) Demonstrates Competence</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Support Health Outcomes:</td>
<td>• Doesn’t discuss next steps</td>
<td>• Asks client about next steps</td>
<td>• Asks client about next steps</td>
<td>• Asks and discusses with client next steps</td>
</tr>
<tr>
<td>Encourage success by closing the</td>
<td>• Doesn’t summarize appointment</td>
<td>• Briefly summarizes discussion</td>
<td></td>
<td>• Summarizes discussion in more detail</td>
</tr>
<tr>
<td>conversation</td>
<td></td>
<td></td>
<td></td>
<td>• Affirms client</td>
</tr>
<tr>
<td>Documentation</td>
<td>• Doesn’t leave a note or note contains only 1–2 words in each section</td>
<td></td>
<td></td>
<td>• Sets up topic(s) for next appointment for follow up</td>
</tr>
<tr>
<td>Uses TGIF note structure appropriately</td>
<td>• Very few words are used in each section of the notes, making them very difficult to understand at follow appointment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>F: Tool</td>
<td>G: Tool used, if applicable</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Personal goals or areas identified by participant that they plan to work on</td>
<td>I: Goals</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>I: Information</td>
<td>L: Information</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• May contain a few key points, but not all</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>F: Follow-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Is minimal or missing or is not relevant to goal or discussion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F: Tool
- GHMI Tool used, if applicable. If no tool used, a justification of why this decision was made needs to be in the F section of the documentation.

G: Goals
- Personal goals or areas identified by participant they plan to work on

I: Information
- Knowledge, feelings, and beliefs of breastfeeding for pregnant and breastfeeding women categories (if applicable)
- Caregiver knowledge, feelings, beliefs of infant feeding for infant category (if applicable)

L: Information
- Relevant information you would want the next person seeing this client to know
- Any information pertinent to the interaction during the visit
- Notes reflecting any new risk factors identified at mutation education visit

F: Follow-up
- Reasons for food package assignment:
  - For any participant with tailored food package
  - For any participant getting Food Package III
  - For any infant receiving formula, show how the amount of formula on food package was determined
- Further detail on mutation education provided as needed to clarify
- Any information the staff person has identified as areas to follow-up with at subsequent visits
Chapter Fifteen
Audits and Management Evaluations

Appendix C:
9-1-1 and Other Emergency Numbers

See following page
Emergencies ................................................................. 911
WIC Assistance .......................................................... 1-800-2525-WIC
St. Mary’s Food Bank .................................................. 602-352-3640
Westside Food Bank .................................................. 602-242-3663
United Food Bank ..................................................... 480-926-4897

This institution is an equal opportunity provider.
USDA es un proveedor que ofrece igualdad de oportunidad para todos.
Chapter Fifteen
Audits and Management Evaluations

Index

And Justice for All, 15-10
anthropometric, 25
Audits, 15-2
chart reviews, 15-11, 15-13
Compliance investigations, 15-15

Laboratory, 22
Management Evaluations, 15-2, 15-3, 15-4, 15-10, 15-11, 15-12
Pre-Management Evaluation Survey, 15-11
WIC Complaint Hotline, 15-10
Overview

Policy
The State Agency will provide hearings for applicants or participants, Local Agencies, and vendors to appeal an adverse action.

In This Chapter
This chapter is divided into five (5) sections and two (2) appendices which detail informal dispute resolution meetings and fair hearings for applicants or participants; fair hearings for Local Agencies and informal settlement conferences and fair hearings for Vendors.

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Hearing Procedures</td>
<td>16-2</td>
</tr>
<tr>
<td>B</td>
<td>Informal Dispute Resolution for Applicants/Participants</td>
<td>16-3</td>
</tr>
<tr>
<td>C</td>
<td>Fair Hearings for Applicants/Participants</td>
<td>16-5</td>
</tr>
<tr>
<td>D</td>
<td>Fair Hearings for Local Agencies</td>
<td>16-9</td>
</tr>
<tr>
<td>E</td>
<td>Vendor Appeal Rights and Hearings</td>
<td>16-12</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Participant Appeal Procedure Forms</td>
<td>16-29</td>
</tr>
</tbody>
</table>
Chapter Sixteen
Hearing Procedures for Participants, Local Agencies and Vendors

Section A
Hearing Procedures

Overview

All hearings will be held in accordance with Fair hearing procedures for participants (7 CFR § 246.9) and Administrative Review of State Agency actions (7 CFR § 246.18).

Pursuant to Federal Regulations, the total appeal process for applicants or participants will not exceed forty five (45) calendar days from the date of receipt by the State Agency of the request for a fair hearing.

Pursuant to Federal Regulations, the total appeal process for Local Agencies will not exceed sixty (60) calendar days from the date of receipt by the State Agency of the request for a fair hearing.

Pursuant to Federal Regulations, a final administrative decision will be rendered within ninety (90) calendar days from the date the Department receives a Vendor’s request for a fair hearing.

NOTE: Any conflicts between Federal Regulations and State Law regarding hearing procedures should be resolved according to State Law.
Section B
Informal Dispute Resolution for Applicants/Participants

Policy
The State Agency will make available an informal dispute resolution meeting to review and re-evaluate adverse actions at the appropriate Local Agency, when requested, in writing, by an applicant or participant.

Note: If so desired, the applicant/participant may decline participation in an informal dispute resolution meeting and exercise their right to a fair hearing.

Time frames
The applicant/participant has twenty (20) calendar days from receipt of ineligibility or the disqualification form to postmark a written request for an informal dispute resolution meeting addressed to:

- WIC Director
  150 N. 18th Avenue, # 310
  Phoenix, AZ 85007

Or hand delivered to:

- Local Agency Director, who will immediately forward to the WIC Director.

Notification
Within fifteen (15) calendar days of receipt of a request for an informal dispute resolution meeting, the Arizona WIC Director, or designated authority, will arrange with the Local Agency Director for the dispute resolution meeting.

The applicant/participant will be provided advance written notice, no less than ten (10) calendar days before the informal dispute resolution meeting. The notice will explain the informal dispute resolution meeting location, time and procedures.

Note: All parties will each have one (1) opportunity to reschedule the informal dispute resolution meeting date.
Section B
Informal Dispute Resolution for Applicants/Participants (Continued)

Attendees
The informal dispute resolution meeting will include:

• The Local Agency director or designee
• A State Agency representative
• The applicant/participant and/or authorized representative

Procedures
The State Agency’s designated representative will conduct the informal dispute resolution meeting.

• Provide the applicant/participant or authorized representative the opportunity to present their case
• Provide the State Agency the opportunity to present their case
• Allow either party additional time to present its case if good cause is shown
• Provide the State Agency the opportunity to clarify program regulations, if necessary

Conclusions/Findings
At the conclusion of the informal dispute resolution meeting, the State Agency’s representative will explain to the applicant/participant or authorized representative:

• The findings of the informal dispute resolution meeting.
• The applicant/participant’s right to a fair hearing, if they are not satisfied with the results of the informal dispute resolution meeting.

Note: If the applicant/participant does request a fair hearing, they must follow procedures, including required time frames for a fair hearing.

The State Agency will take written notes of the informal dispute resolution meeting and maintain file copies of this information.
Chapter Sixteen
Hearing Procedures for Participants, Local Agencies and Vendors

Section C
Fair Hearings for Applicants/Participants
Chapter Sixteen
Hearing Procedures for Participants, Local Agencies and Vendors

Policy

The State Agency will provide a fair hearing for applicants or participants to appeal an adverse action.

Participants who appeal the termination of benefits within 15 calendar days of the written notification of termination of benefits shall continue to receive Program benefits until the hearing official reaches a decision or the certification period expires, whichever occurs first. This does not apply to applicants denied benefits at initial certification, participants whose certification period has expired or participants who become categorically ineligible for benefits. Applicants who are denied benefits at initial certification, or applicants who become categorically ineligible during a certification period (or whose certification period expires) may appeal the denial or termination, but shall not receive benefits while awaiting the hearing.

WIC program funds shall not be used to provide retroactive benefits to participants.

The State or Local Agency will not limit or interfere with an individual’s request for a fair hearing and will help them to file a request for a fair hearing.

Note: If a fair hearing has been held and a participant’s ineligibility to participate was confirmed by the Director’s office, an applicant or participant may be denied a subsequent hearing on the same adverse action when there has been no change in the information (e.g., income, health data, dietary assessment or other information) used to determine their eligibility for WIC participation.

Request

The applicant/participant has sixty (60) calendar days from the date agency mails or gives notice of the adverse action, to postmark or hand deliver a written request for a fair hearing to:

Clerk of the Department
Arizona Department of Health Services
150 North 18th Avenue, Suite 500
Phoenix, Arizona 85007

A request for a fair hearing will be denied if the written request is postmarked more than sixty (60) calendar days from receipt of ineligibility or the disqualification form.

Local Agency staff shall help the participant/applicant to file including when a participant or caregiver needs or requests assistance with writing, the fair hearing request.
Chapter Sixteen
Hearing Procedures for Participants, Local Agencies and Vendors

Continued on Next Page
Section C
Fair Hearings for Applicants/Participants (Continued)

Request (Continued)

The request must contain a statement of facts, the reasons the applicant/participant believes that they are entitled to a fair hearing, and the relief sought.

The ADHS Director’s Office will notify the WIC Director of the request for a fair hearing. The WIC Director will notify the Local Agency director regarding the request.

A request for a fair hearing may be dismissed if the applicant/participant or their representative withdraws the request in writing or fails without good cause to appear for the hearing.

Appeal Rights Notification Process

At the time of denial of participation in or of disqualification from the program, the applicant/participant will be informed in writing of the right to a fair hearing.

All notifications will inform the applicant/participant of the right:

• To self-represent or to be represented by a relative, friend, legal counsel or other spokesperson and their right to bring witnesses

• To introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case

• To examine all pertinent documents prior to or during the fair hearing

Note: As a matter of course, the Administrative Law Judge records all fair hearings.

Time Frame

The fair hearing will be held within 21 calendar days from the date the Agency receives the request for the fair hearing.

Continued on Next Page
## Section C

### Fair Hearings for Applicants/Participants (Continued)

<table>
<thead>
<tr>
<th>ADHS Administrative Counsel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair hearing arrangements will be handled by the ADHS Administrative Counsel.</td>
</tr>
<tr>
<td>At least ten (10) calendar days advance written notice of the date, time, and place of the hearing will be sent by certified mail to the applicant/participant. This advance written notice will include an explanation of the fair hearing procedure. Failure to appear at a scheduled fair hearing without good cause may result in a decision in favor of the State Agency. If the applicant/participant requests an informal dispute resolution meeting, the Department will hold the meeting within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing date.</td>
</tr>
<tr>
<td>Note: All parties will each have one (1) opportunity to reschedule the fair hearing date.</td>
</tr>
<tr>
<td>The Administrative Law Judge may order, where relevant and necessary, an independent medical assessment or professional evaluation from a source mutually satisfactory to the applicant and the State Agency.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time Frames for Fair-Hearing Decisions/Follow-Ups</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Administrative Law Judge shall issue a written decision within twenty (20) calendar days after the hearing is concluded.</td>
</tr>
<tr>
<td>Within thirty (30) calendar days after the date the Administrative Law Judge’s decision is sent to the head of the agency, the head of the agency may accept, reject or modify the decision.</td>
</tr>
<tr>
<td>The applicant/participant has thirty (30) calendar days from the date of receipt of the fair hearing decision to request rehearing or review of the adverse decision.</td>
</tr>
<tr>
<td>The request for rehearing or review will conform to the requirements of A.R.S. § 41-1092.09.</td>
</tr>
<tr>
<td>The applicant/participant may appeal the ADHS Director’s final decision to the Superior Court pursuant to Title 12, Chapter 7, Article 6 of the Arizona Revised Statutes. However, appeal to Superior Court must be made on or before the thirty fifth (35th) calendar day after notification was received of the Director’s final decision.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
Chapter Sixteen
Hearing Procedures for Participants, Local Agencies and Vendors

Section C
Fair Hearings for Applicants/Participants (Continued)

Decision In Favor of the Participant
If the decision is in favor of the participant or the participant’s authorized representative, the following will occur:

- The Local Agency will continue the benefits of participation until the end of the certification and modify the participant’s record according to the findings of the fair hearing or
- The Local Agency will enroll the applicant immediately and provide benefits as appropriate

Decision in Favor of the State Agency
If the decision is in favor of the State Agency, the following will occur:

- The Local Agency will discontinue benefits as soon as administratively feasible
- The State Agency will collect claims for benefits improperly issued

Availability of Fair Hearing Records
The State and Local Agency will make all fair hearing records and decisions available for public inspection and copying; however, the names and addresses of applicants/participants and other members of the public will be kept confidential in accordance with 7 CFR §246.9(k)(4).
Section D
Fair Hearings for Local Agencies

Policy
The State Agency will provide a fair hearing for Local Agencies that appeal the following adverse actions:

- Denial of an application
- Disqualification
- Any other adverse action that affects a Local Agency’s participation

The State Agency may not provide a fair hearing for Local Agencies that appeal the following actions:

- Expiration of the Local Agency’s agreement
- Denial of an application if the selection is subject to procurement procedures

The State Agency will not limit or interfere with a Local Agency’s right to request a fair hearing.

Note: A Local Agency that is permitted to continue in the program must continue to comply with the terms of its contract with ADHS.

Time Frame
The State Agency will provide the Local Agency with sixty (60) calendar days advance written notification of pending adverse action.

To contest an adverse action, a Local Agency must file a written request for a fair hearing within thirty (30) calendar days of receipt of the written notification of adverse action to:

Clerk of the Department
Arizona Department of Health Services
150 North 18th Avenue, Suite 500
Phoenix, Arizona 85007

A request for a fair hearing will be denied if the written request is postmarked more than 30 calendar days from the receipt of the written notification of adverse action.
Section D
Fair Hearings for Local Agencies (Continued)

Procedures

The request for a fair hearing must contain a concise statement of the facts and the reason(s) the Local Agency believes it is entitled to a fair hearing and any relief sought. If the Local Agency elects to be represented by an attorney, the written request must also contain the name, address and telephone number of the attorney.

The Local Agency is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses, as well as submit evidence to support their case. All pertinent documents may be examined prior to the fair hearing.

The fair hearing will be conducted in accordance with Arizona Administrative Code R2-19-101 through R2-19-122.

A request for a fair hearing may be withdrawn in writing by the Local Agency.

Failure to appear at a scheduled fair hearing without good cause may result in a decision in favor of the State Agency.

Note: The State Agency and Local Agency will each have at least one (1) opportunity to reschedule the fair hearing date.
Section D
Fair Hearings for Local Agencies (Continued)

ADHS Administrative Counsel
Fair hearing arrangements will be handled by the ADHS Administrative Counsel. The Local Agency requesting a fair hearing will be provided at least 10 calendar days advance written notice of the date, time, and place of the fair hearing. This advance written notice will include an explanation of the fair hearing procedure.

If the local agency requests an informal settlement conference the Department will hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing date.

An Administrative Law Judge will decide the validity of the State Agency’s action based solely on the evidence presented at the fair hearing and the statutory and regulatory provisions governing the program or contract between the parties. The basis for the decision will be stated in writing, and will contain formal findings of fact and conclusions of law. The decision will be presented to the ADHS Director in the form of a recommendation for a final decision.

Note: As a matter of course, the Administrative Law Judge records all fair hearings.

Decision Notification/ Follow-Up
The State Agency will provide the Local Agency with written notification of the Director’s final decision concerning the appeal, within 60 calendar days of the date of receipt of the request for a fair hearing.

The Local Agency may request a rehearing or review after an adverse decision pursuant to A.R.S. § 41-1092.09. The Director’s final decision may be appealed to the Superior Court pursuant to Title 12, Chapter 7, and Article 6 of the Arizona Revised Statutes.
Chapter Sixteen
Hearing Procedures for Participants, Local Agencies and Vendors

Section E
Vendor Appeal Rights and Hearings

Policy

Vendors shall have the right to appeal (request for a fair hearing) certain adverse actions of the Department as set forth in the Federal Regulations, Arizona WIC Program Policies and procedures and the Vendor Manual.

Continued on Next Page
Chapter Sixteen
Hearing Procedures for Participants, Local Agencies and Vendors

Section E
Vendor Appeal Rights and Hearings (Continued)
Chapter Sixteen
Hearing Procedures for Participants, Local Agencies and Vendors

Actions Subject to Review

Adverse actions subject to administrative review include:

- Denial of authorization based on the vendor selection criteria for competitive price or for minimum variety and quantity of authorized supplemental foods (§246.12(g)(3)(i) and (g)(3)(ii)) or on a determination that the vendor is attempting to circumvent a sanction (§246.12(g)(4))
- Termination of an agreement for cause
- Disqualification
- Imposition of a fine or a civil money penalty in lieu of disqualification
- Denial of authorization based on the vendor selection criteria for business integrity or for a current Food Stamp Program disqualification or civil money penalty for hardship (§246.12(g)(3)(iii) and (g)(3)(iv))
- Denial of authorization based on a State agency established vendor selection criterion if the basis of the denial is a WIC vendor sanction or a Food stamp Program withdrawal of authorization or disqualification
- Denial of authorization based on the State agency’s vendor limiting criteria (§246.12(g)(2))
- Denial of authorization because a vendor submitted its application outside the timeframes during which applications are being accepted and processed as established by the State agency under §246.12(g)(7)
- Termination of an agreement because of a change in ownership or location or cessation of operations (§246.12(h)(3)(xvii))
- Disqualification based on a trafficking conviction §246.12(l)(1)(i))
- Disqualification based on the imposition of a Food Stamp Program Civil money penalty for hardship (§246.12(l)(2)(ii))
- Disqualification or a civil money penalty imposed in lieu of disqualification based on a mandatory sanction imposed by another WIC State agency (§246.12(l)(2)(iii))
- Determination of a Vendor’s peer group status or status as an Above-50-Percent Vendor

Continued on Next Page
### Section E
Vendor Appeal Rights and Hearings (Continued)

<table>
<thead>
<tr>
<th>Actions Not Subject to Review</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse actions not subject to administrative review (a fair hearing) include:</td>
<td></td>
</tr>
<tr>
<td>• The validity or appropriateness of the Department’s Vendor limiting or selection criteria</td>
<td></td>
</tr>
<tr>
<td>• The validity or appropriateness of the Department’s participant access criteria and the Department’s participant access determinations</td>
<td></td>
</tr>
<tr>
<td>• The validity or appropriateness of the Department’s Vendor peer group criteria and the criteria used to identify Vendors that are Above-50-Percent Vendors or comparable to Above-50-Percent Vendors</td>
<td></td>
</tr>
<tr>
<td>• The Department’s determination whether a Vendor had an effective policy and program in effect to prevent trafficking and that the ownership of the Vendor was not aware of, did not approve of, and was not involved in the conduct of the violation</td>
<td></td>
</tr>
<tr>
<td>• Denial of authorization if the Department’s Vendor authorization is subject to the procurement procedures applicable to the Department</td>
<td></td>
</tr>
<tr>
<td>• The expiration of the Vendor’s Contract</td>
<td></td>
</tr>
<tr>
<td>• Disputes regarding food instrument payments and Vendor claims (other than the opportunity to justify or correct a Vendor overcharge or other error) as permitted by 7 CFR §246.12 (k) (3)</td>
<td></td>
</tr>
<tr>
<td>• Disqualification of a Vendor as a result of disqualification from the Food Stamp Program</td>
<td></td>
</tr>
</tbody>
</table>

*Continued on Next Page*
Vendor Appeal Rights and Hearings (Continued)

Vendor Remaining on Program

Except for violations that seriously affect public health, safety or welfare, as described below, a Vendor whose Contract is terminated before the expiration of the Contract or who is disqualified from the WIC Program may remain on the Program until the effective date of the final order or the date that the Vendor Contract expires, whichever occurs first. A request for a fair hearing (including the informal settlement conference) does not extend the Vendor’s Contract beyond its expiration date nor does it require the Department to contract with the Vendor for the new contract cycle.

Trafficking Convictions

Contract denials and Vendor disqualifications due to a trafficking conviction or a conviction of selling firearms, ammunition explosives, or controlled substances (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)) in exchange for food instruments will be effective on the date the Vendor receives notice of the adverse action.

Violations that Affect Public Health, Safety or Welfare

If the Director finds that the Vendor has engaged in violations of the Contract, Federal Regulations or this Policy and Procedure Manual, and the activity affects the public health, safety or welfare, the Director may issue an order terminating the Vendor’s Contract effective fifteen (15) calendar days from the date the Vendor receives the order. The Department shall provide the Vendor with the opportunity for a hearing. The hearing shall be promptly instituted and determined. The order shall contain the hearing date and time.

Conduct of Hearing

The hearing shall be conducted according to the standards established below. If there is a conflict between, Vendor Appeal Rights and Hearings, and A.R.S. §41-1092 through A.R.S. §41-1092.12, the Arizona Revised Statutes take precedence.

Continued on Next Page
### Important Information

The Arizona WIC Program sends out important information that can assist Vendors in maintaining compliance with the Arizona WIC Program Vendor Contract. Therefore, it is essential that Vendors accept/pick up all certified mail sent to them from the Department. Examples of items that may be sent via certified mail are replacement food instruments; contract related items (including some WIC Alerts); sanctions; lost/stolen food instruments; and training notices.

*Continued on Next Page*
Section E
Vendor Appeal Rights and Hearings (Continued)

Procedure for Administrative Appeals

The Department shall provide a certified written notice to the Vendor applicant of the denial of the Contract application and to the current Vendor of termination, administrative fine, civil money penalty, or disqualification, which includes the effective date of the action and the steps to request an administrative review. The written notice shall reflect all violations. The Department shall mail notification by certified mail to the Vendor Applicant or current Vendor at least thirty (30) calendar days before the effective date of the termination, administrative fine or disqualification.

The Vendor Applicant or current Vendor can request a fair hearing, which must be in writing and postmarked within thirty (30) calendar days of receiving the notice of denial of its WIC Vendor application, assessment of an administrative fine or when termination or disqualification of the Vendor Contract occurs. In addition to the fair hearing, pursuant to A.R.S. § 41-1092.06, the Vendor has the right to request an informal settlement conference.

The request for a fair hearing or informal settlement conference shall include a statement of the facts asserted and the relief sought. If the Vendor Applicant or current Vendor intends to be represented by an attorney, the name, address and phone number of the attorney should be included in the request.
### Section E
Vendor Appeal Rights and Hearings (Continued)

<table>
<thead>
<tr>
<th>Procedure for Administrative Appeals (Continued)</th>
<th>The request for a fair hearing shall be submitted to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerk of the Department</td>
<td>Arizona Department of Health Services</td>
</tr>
<tr>
<td>150 North 18th Avenue, Suite 500</td>
<td>Phoenix, Arizona 85007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Informal Settlement Conference Request</th>
<th>The request for an informal settlement conference shall be submitted to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC Program Integrity Manager</td>
<td>Bureau of USDA Nutrition Programs</td>
</tr>
<tr>
<td>Arizona Department of Health Services</td>
<td>150 North 18th Avenue, Suite 310</td>
</tr>
<tr>
<td>Phoenix, AZ 85007</td>
<td></td>
</tr>
</tbody>
</table>

If a Vendor Applicant or current Vendor fails to request a fair hearing within the time and in the manner established in this Section, the Vendor Applicant or current Vendor shall waive its right to any administrative review to which it may otherwise be entitled. This waiver is construed as acceptance of the Department action. The Department will not accept fax copies in lieu of an original document.

Continued on Next Page
Vendor Appeal Rights and Hearings (Continued)

Fair Hearings

Acceptance of Request for Fair Hearing

The Clerk of the Department shall obtain a fair hearing date, time and place if it receives a timely written request for a fair hearing and the Vendor Applicant or current Vendor is entitled to a fair hearing according to the prerequisites established in this Section.

The Clerk of the Department shall send notice to the Vendor Applicant or current Vendor of the date, time and place of the fair hearing.

If the Vendor requests an informal settlement conference the Department will hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing date.

The Director of the Department does not conduct the hearing. The Office of Administrative Hearings appoints an Administrative Law Judge to conduct the hearing and to make findings of facts, conclusions of law and a recommended decision, which is sent to the Director (A.R.S. § 41-1092.08.) The Director can accept, reject, or modify the Administrative Law Judge’s decision within thirty (30) days after the date the Office of Administrative Hearings sent a copy of the recommended decision to the Director.

If the Director declines to review the decision within the prescribed thirty (30) day period, then the recommended decision becomes the final decision (A.R.S. § 41-1092.08.) The final administrative decision is subject to rehearing or judicial review as provided by A.R.S. § 41-1092.09 and § 12-901, et. seq.

Continued on Next Page
Chapter Sixteen
Hearing Procedures for Participants, Local Agencies and Vendors

Section E
Vendor Appeal Rights and Hearings (Continued)

<table>
<thead>
<tr>
<th>Denial of Request for Fair Hearing</th>
<th>If the Director denies the request for a fair hearing, the Department shall provide the Vendor Applicant or current Vendor with a written copy of the decision stating the reasons for denial.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service of Written Notice</td>
<td>The Vendor Applicant or current Vendor and the Department shall assure that service of any written notice made is filed with:</td>
</tr>
</tbody>
</table>
|                                    | Clerk of the Department  
|                                    | Arizona Department of Health Services  
|                                    | 150 North 18th Avenue, Suite 500  
|                                    | Phoenix, Arizona 85007  
|                                    | Service shall be made by personal delivery or certified mail; return receipt requested to the last known address of the person or authorized representative of the Vendor Applicant or current Vendor as indicated on the Contract on file with the Department. |
|                                    | Service on the Department shall be made in person, or by registered, certified or first class mail to:  
|                                    | WIC Program Integrity Manager  
|                                    | Bureau of USDA Nutrition Programs  
|                                    | Arizona Department of Health Services  
|                                    | 150 North 18th Avenue, Suite 310  
|                                    | Phoenix, Arizona 85007  
|                                    | Proof of service shall be filed with the Clerk of the Department at the address indicated above. |
| Appearances                        | At a fair hearing, the Vendor Applicant or current Vendor may represent himself or herself. A Vendor Applicant or current Vendor who is a partnership may be represented by a partner. A Vendor Applicant or current Vendor shall pay for its own legal representation, if applicable. |

Continued on Next Page
Pre-hearing Conferences

The Administrative Law Judge may schedule a pre-hearing conference upon his or her own motion or at the request of the Vendor Applicant or current Vendor or Department. The pre-hearing conference can be used to discuss settlement, stipulations, clarification of issues, rulings on the identity and limitations of the number of witnesses, objections to the admission of documents or the expertise of witnesses, the use of telephone testimony as a substitute for proceedings in person, the order of presentation of witnesses, rulings regarding the issuance of subpoenas, discovery orders and protective orders, and any other matter that will promote an orderly, fair and prompt hearing.

The Administrative Law Judge shall issue an order following the pre-hearing conference to memorialize the matters determined at the conference. The Administrative Law Judge may authorize all or part of a pre-hearing conference to be conducted by telephone as long as each participant in the conference has an opportunity to participate in the entire proceeding.

Pleadings, Legal Memoranda and Motions

The Administrative Law Judge may give the Vendor Applicant or current Vendor and the Department the opportunity to file legal memoranda, motions, objections, offers of settlement, pleadings, and proposed findings of fact and conclusions of law.

Continued on Next Page
Chapter Sixteen
Hearing Procedures for Participants, Local Agencies and Vendors

Section E
Vendor Appeal Rights and Hearings (Continued)

Computation of Time

- In computing any time period established by this Section of the Policy and Procedure Manual, the time shall be computed in calendar days and no additional time shall be given for mailing.

- In computing any time period, the Office of Administrative Hearings shall exclude the day from which the designated time period begins to run. The Office of Administrative Hearings shall include the last day of the period unless it falls on a Saturday, Sunday, or legal holiday. When the time period is ten (10) days or less, the Office of Administrative Hearings shall exclude Saturdays, Sundays, and legal holidays.

Vendor Applicant or Current Vendor’s Right to Review Case File

The Vendor Applicant or current Vendor shall have the right to review the case file on which the Department bases its action prior to and during the fair hearing. It is at the discretion of the Administrative Law Judge whether to grant or deny a party’s request for written interrogatories, requests for admission, depositions, and other forms of discovery. If all parties to a case stipulate to such discovery, it shall be conducted under the guidance of the Administrative Law Judge.

Continuances

Any request for a continuance must be in writing and addressed to the Administrative Law Judge with a copy sent to each party. A party shall file a written response stating any objection to the motion within five (5) days of service, or as directed by the Administrative Law Judge. It is at the discretion of the Administrative Law Judge to grant or deny the continuance.

Default

If a party fails to appear at a hearing, the Administrative Law Judge may proceed with the presentation of the evidence of the appearing party, or vacate the hearing and return the matter to the agency for any further action.

Continued on Next Page
Section E
Vendor Appeal Rights and Hearings (Continued)

Subpoenas

The Administrative Law Judge may issue subpoenas at the request of any party. A request for a subpoena shall be in writing, filed with the Office of Administrative Hearings. The request shall include:

- The caption and docket number of the matter
- A list or description of any documents sought
- The full name and home or business address of the custodian of the documents sought or all persons to be subpoenaed
- The date, time and place to appear or to produce documents pursuant to the subpoena
- The name, address, and telephone number of the party, or the party’s attorney, requesting the subpoena
- If required by the Administrative Law Judge, a brief statement of the relevance of testimony or documents

The person to whom a subpoena is issued shall comply with its provisions unless, prior to the hearing date, the Administrative Law Judge grants a written request to quash or modify the subpoena. Any request to quash or modify a subpoena shall state the reasons why the Administrative Law Judge should grant the request. The Administrative Law Judge shall grant or deny the request in an Order.

The party requesting the subpoena shall be responsible to serve it on the person to whom it is directed.
Section E
Vendor Appeal Rights and Hearings (Continued)

Stipulations; Disposition of Cases

The parties to a proceeding may stipulate in writing about any fact involved in the controversy. The parties shall file the stipulation with the Administrative Law Judge. Such a stipulation shall be used as evidence at the fair hearing and shall be binding on all parties. Parties are requested to agree on facts when practicable.

Ex-Parte Communications

Neither party, legal counsel or any person who may be affected by the outcome of a case may communicate, either directly or indirectly, with the Director, Department personnel who assist the Director in rendering a decision, or the Administrative Law Judge concerning any substantive issue related to the proceeding prior to the issuance of a final decision and order, except in the presence of all parties or their counsel, or if by written motion with copies to the Clerk of the Department, and all parties and their counsel.

Anyone receiving a prohibited communication shall file a copy of the communication or a summary of the oral communication with the Office of Administrative Hearings with a copy to each party and their legal counsel. The Administrative Law Judge shall give all other parties reasonable opportunity to respond to the communication.

Continued on Next Page
Chapter Sixteen
Hearing Procedures for Participants, Local Agencies and Vendors

**Section E**
Vendor Appeal Rights and Hearings (Continued)

---

**Official Record of the Proceeding**

The Office of Administrative Hearings shall maintain an official record of the proceeding that shall include:

- Notices, pleadings, motions and memoranda filed by the parties and Orders of the Administrative Law Judge
- Evidence presented
- Matters officially noticed
- Any decision, opinion, recommended decision, order or report of the Administrative Law Judge and the Director

The Office of Administrative Hearings shall tape record the fair hearing. The recording of the hearing shall not be transcribed unless a party files an Administrative Review Action pursuant to Title 12 Chapter 7, Article 6 of Arizona Revised Statutes.

---

**Evidence**

All witnesses at a fair hearing shall testify under oath or affirmation. All parties shall have the opportunity to present testimony and documentary evidence and to conduct cross examination of witnesses. All relevant evidence is admissible, but the Administrative Law Judge may exclude evidence if its probative value is outweighed by the danger of unfair prejudice, by confusion of the issues or by consideration of undue delay, waste of time, or needless presentation of cumulative evidence. The Administrative Law Judge can apply the rules of evidence to the proceeding and may admit hearsay.

The submitting party shall provide a copy of each exhibit to each party. All evidence offered shall be subject to appropriate and timely objection.

When ordered by the Administrative Law Judge, the parties shall exchange copies of exhibits prior to or at the fair hearing.

---

*Continued on Next Page*
Section E
Vendor Appeal Rights and Hearings (Continued)

Recommended Decision

The Administrative Law Judge shall render a recommended decision pursuant to A.R.S. 41-1092.08

The administrative law judge bases his/her decision solely on applicable statutes, regulations, policies and procedures, including the policies and procedures established by the Department. The administrative law judge applies these standards to the factual evidence presented at the hearing. The administrative law judge does not determine the validity of Federal or State requirements.

A recommended decision shall include separately stated findings of fact, conclusions of law, and the reasoning for the recommended decision.

The experience, technical competence, or specialized knowledge of the Administrative Law Judge may be utilized in evaluating evidence.

The Administrative Law Judge may allow the parties a designated amount of time after the hearing to submit proposed findings of fact and conclusions of law. The Administrative Law Judge shall issue a recommended decision to the Director within twenty (20) calendar days after conclusion of the hearing or after submission of proposed findings and conclusions.

The Director may transmit a copy of the recommended decision to each party who shall then have the time established by the Director to file a memorandum of objections or exceptions to it. The memorandum shall detail reasons why the recommended decision is in error, with appropriate citations to the record, statutes, rules and other authority. The Director may consider such memorandum in making a decision but shall not consider untimely or unsupported memoranda. A recommended decision shall not be subject to a request for review, rehearing or judicial review.

Director's Decision

Within thirty (30) calendar days after receipt of any recommended decision from the Administrative Law Judge, the Director will issue a decision.

Continued on Next Page
### Section E
Vendor Appeal Rights and Hearings (Continued)

<table>
<thead>
<tr>
<th>Rehearing or Review of Decision</th>
</tr>
</thead>
</table>

Any party to a hearing before the Department who is aggrieved by a final decision rendered in a case may file a motion with the Director, within thirty (30) calendar days from the date of service of the final administrative decision, a written motion for rehearing or review of the decision. The request shall specify the particular grounds for rehearing or review. The requesting party shall serve copies of the request upon all other parties.

The opposing party may file a response to the request for rehearing or review within fifteen (15) calendar days after the date the motion is filed with the Director. The Director may require the filing of supplemental memoranda on the issues raised in the motion and may provide for oral argument.

*Continued on Next Page*
### Rehearing or Review of Decision (Continued)

A rehearing or review of the decision may be granted for any of the following causes, which materially affect the requesting party’s rights:

- Irregularity in the proceeding of the hearing or an abuse of discretion that deprived the party of a fair hearing
- Misconduct of the Administrative Law Judge or the prevailing party
- Accident or surprise which could not have been prevented by ordinary prudence
- Newly discovered material evidence, that could not with reasonable diligence have been discovered and produced at the original hearing
- Excessive or insufficient penalties
- Error in the admission or rejection of evidence or other errors of law occurring at the hearing
- The decision is not supported by the evidence or is contrary to law

The Director may affirm or modify the decision or grant a rehearing to the requesting party on all or part of the issues for any of the reasons set forth above. An order granting a rehearing shall specify the grounds on which the rehearing is granted, and the rehearing shall cover only those matters specified. All parties to the hearing may participate as parties at a rehearing.

### Effectiveness of Orders

Unless otherwise stated in the Director’s decision, a decision becomes a final administrative decision when the decision is rendered. The final administrative decision may be appealed pursuant to Title 12, Chapter 7, Article 6.

### Appeal to Superior Court

The Director’s final administrative decision after a fair hearing is subject to judicial review under Title 12, Chapter 7, Article 6. Appeal to Superior Court must be made on or before the thirty fifth (35th) calendar day after notification was received of the Director’s final decision.
Chapter Sixteen
Hearing Procedures for Participants, Local Agencies and Vendors

Appendix A: Participant Appeal Procedure Forms

See Following Pages
Arizona WIC Program
Participant Appeal Procedures
Denials/Disqualifications

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within twenty (20) calendar days for an informal dispute resolution meeting or sixty (60) calendar days for a fair hearing of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought.

An **INFORMAL DISPUTE RESOLUTION MEETING** is an informal meeting between you, the Local Agency Director and a State Agency representative, who will conduct the meeting. A decision is made at the end of the meeting. You have the right to request an informal dispute resolution meeting. If you request an informal dispute resolution meeting, the agency shall notify you at least ten (10) calendar days before the meeting. The notice will explain the informal dispute resolution location, time and procedures. This request must be post-marked or hand-delivered to the Local Agency Director no later than twenty (20) calendar days from the date of receipt of this notice. Local Agency staff may assist you in filing your request in writing.

To request an Informal Dispute Resolution Meeting, submit the request in writing to:

WIC Director
150 North 18th Avenue, Suite 310
Phoenix, AZ 85007

Or hand deliver to Local Agency WIC Director who will immediately forward to the WIC Director.

If you do not wish to request an informal dispute resolution meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of the informal dispute resolution meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this notice to post-mark or hand-deliver a written request for a fair hearing. The request must contain a statement of facts, the reasons you believe you are entitled to a fair hearing, and the relief sought. Local Agency staff may assist you in filing your request in writing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a Fair Hearing, submit your request in writing to:

Clerk of the Department
Arizona Department of Health Services
150 North 18th Avenue, Suite 500
Phoenix, AZ 85007

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.
If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within twenty (20) calendar days for an informal dispute resolution meeting or sixty (60) calendar days for a fair hearing of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought.

An **INFORMAL DISPUTE RESOLUTION MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will conduct the meeting. A decision is made at the end of the meeting. You have the right to request an informal dispute resolution meeting. If you request an informal dispute resolution meeting, the agency shall notify you at least ten (10) calendar days before the meeting. The notice will explain the informal dispute resolution meeting location, time and procedures. This request must be post-marked or hand-delivered to the Local Agency Director no later than twenty (20) calendar days from the date of receipt of this notice. Local Agency staff may assist you in filing your request in writing.

**To request an Informal Dispute Resolution Meeting,** submit the request in writing to:

WIC Director  
150 North 18th Avenue, Suite 310  
Phoenix, AZ 85007

or hand deliver to Local Agency WIC Director who will immediately forward to the WIC Director.

If you do not wish to request an informal dispute resolution meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of informal dispute resolution meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this notice to post-mark or hand-deliver a written request for a fair hearing. The request must contain a statement of facts, the reasons you believe you are entitled to a fair hearing, and the relief sought. Local Agency staff may assist you in filing your request in writing

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

**To request a Fair Hearing,** submit your request in writing to:

Clerk of the Department  
Arizona Department of Health Services  
150 North 18th Avenue, Suite 500  
Phoenix, AZ 85007

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.
Chapter Seventeen
Management Information System

Overview

Policy
The State Agency will provide automation resources and capabilities to all Local Agencies. This will increase effectiveness of operations and the timeliness of communications statewide.

In this Chapter
This chapter is divided into three (3) sections, which detail State and Local responsibilities, and define Management Information System (MIS)-related terms.

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>State Agency Responsibilities</td>
<td>17-2</td>
</tr>
<tr>
<td>B</td>
<td>Local Agency and Third Party Contractor Responsibilities</td>
<td>17-5</td>
</tr>
<tr>
<td>C</td>
<td>Definitions</td>
<td>17-9</td>
</tr>
</tbody>
</table>
Chapter Seventeen
Management Information System

Section A
State Agency Responsibilities

<table>
<thead>
<tr>
<th>Provide Information</th>
<th>The State Agency will provide a copy of the State Agency Automation and Telecommunications Policy to all Local Agencies.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Facilities</td>
<td>The State Agency will use Arizona Department of Health Services (ADHS) telecommunication facilities when feasible.</td>
</tr>
</tbody>
</table>

Identification and Procurement of Resources

If requested, the State Agency will:

- Provide each Local Agency with an up-to-date list of automation resources and standard components that comprise the State Agency standard automation resource configuration. Each item on the list will be identified by brand, model, size, capacity, and operating system.

  **Note:** Additions to or deletions from the list may be made only with the approval of the ADHS Information Technology Service (ITS) office.

- Work with Local Agencies to identify automation resource needs and procure those resources. Resources purchased by the State Agency will be shipped to/and or installed in the Local Agencies.

- Notify Local Agencies of the availability of ADHS standard software and computer user training through ADHS in accordance with the ADHS ITS policy.

- Upgrade Local Agency automation resources to the latest version or model identified in the State Agency standard automation resource configuration as required based on Local Agency need.

- Comply with the Department policy regarding inventory receipt and warranty, tagging, and control of automation resources purchased with WIC funds.

- Account for all automation resources procured or developed with WIC funds.

Continued on Next Page
Section A
State Agency Responsibilities (Continued)

Provide Technical Support and Training
The State Agency will:
- Maintain toll-free telephone support Monday through Friday 7:00AM MST to 7:00PM MST and Saturday 8:00AM MST to 1:00PM MST
- Provide, as needed, training and materials for users of automated systems that directly support WIC clinic programmatic processes. All other user technical support inquiries will be forwarded to the ADHS help desk
- Provide WIC dedicated user technical support to resolve automation related problems

Review Proposals
The State Agency will review and provide written authorization or disapproval of Local Agency requests and proposals for:
- Changes to their standard WIC automation resource configuration
- Purchase of WIC computer equipment or software
- Sharing the use of WIC automation resources with non-WIC operations
- Use of WIC funds for development of software by a non-State Agency source

The Nutrition Programs Manager will notify the Local Agency of the decision within 30 calendar days of receipt of the request/proposal.

Note: The review process will be conducted by ADHS employees with expertise specific to the subject matter of the request, and will assess its technical feasibility and associated performance and security issues.

Continued on Next Page
Section A
State Agency Responsibilities (Continued)

Memorandums of Understanding (MOUs)

The State Agency will prepare, approve and monitor all Memorandums of Understanding (MOU) between the State Agency and the Local Agency and/or third party contractors or consultants regarding the use, sharing, and inter-connectivity of WIC-funded automation resources.

Note: All MOUs will reinforce the need for compliance with this policy document, and will define or clarify issues as required to achieve mutual understanding and agreement.

Maintenance Contracts

The State Agency will make available to each Local Agency the opportunity to contract with the vendor currently contracting with the State Agency for maintenance. This would be a contract between the Local Agency and the vendor using existing State Agency rates.

Note: When requested by the Local Agency, the State Agency will work with the Local Agency to review the Local Agency’s equipment situation and determine the most cost-effective and responsive equipment maintenance and repair services option.
## Section B
Local Agency and Third Party Contractor Responsibilities

### Staff/Competency

Local Agencies and third party contractors will:

- Identify specific WIC functions and staff members who will significantly benefit from the implementation of automation resources.

- Ensure that all Local Agency, clinic and county staff, and third party contractors, who use WIC owned automation resources, fully understand all sections of the Automation Resources Policy and Procedures in the Arizona WIC Program Policy and Procedure Manual.

- Designate one or more staff as their Super User. This person(s) will assist clinic staff by answering discretionary questions related to WIC policy and the Arizona In Motion (AIM) system. It is suggested that Local Agencies require clinic staff to contact their Super User prior to calling the AIM helpdesk.
  - The Local Agency Super User must be proficient in the basic AIM certification, appointment scheduling and food instrument functions used by clinic staff.
  - The Super User will add staff to their Local Agency database system and assign system function roles.
  - The Super User will remove system roles and access to the system when an employee terminates employment.
  - The Super User also needs to be proficient in WIC policy and/or be able to access information to answer policy questions.
  - The Super User should review helpdesk calls and determine if follow-up is needed.

- Ensure that all users of WIC owned automation resources are adequately trained on each resource prior to use.

### Procurement

Local Agencies and third party contractors will request and receive authorization from the WIC Financial Manager prior to the procurement of automation resources or consulting services with the use of WIC funds.

*Continued on Next Page*
### Section B
Local Agency and Third Party Contractor Responsibilities (Continued)

<table>
<thead>
<tr>
<th>Receipt Of Equipment</th>
<th>Local Agencies and third party contractors will:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Within five (5) calendar days, acknowledge to the State Agency the receipt of State Agency procured equipment and software</td>
</tr>
<tr>
<td></td>
<td>• Within five (5) calendar days, acknowledge to the State Agency receipt of automation resources purchased by the Local Agency with WIC funds. Information forwarded to the State Agency will include brand name, model, version, serial number and state tag number of each resource received</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment Changes</th>
<th>Local Agencies and third party contractors will request and receive written authorization from the State Agency prior to any change to a WIC owned automation resource. This includes, but is not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Hardware</td>
</tr>
<tr>
<td></td>
<td>• Hardware settings</td>
</tr>
<tr>
<td></td>
<td>• Software</td>
</tr>
<tr>
<td></td>
<td>• Software settings</td>
</tr>
<tr>
<td></td>
<td>• Network and telecommunication equipment</td>
</tr>
<tr>
<td></td>
<td>• Inter-connectivity with outside automation resources</td>
</tr>
<tr>
<td></td>
<td>Changes made as a result of a system problem must be documented and communicated to the State Agency within seven (7) calendar days of when the change is made.</td>
</tr>
</tbody>
</table>

| Sharing Resources | Local Agencies and third party contractors will submit cost allocation proposals with justification of need, and receive written authorization from the State Agency prior to using WIC owned automation resources for non-WIC functions, or for non-WIC automation resources, e.g., county owned Local Area Networks (LAN), servers, personal computers for non-WIC functions. |

*Continued on Next Page*
Section B
Local Agency and Third Party Contractor Responsibilities (Continued)

Fees
Local Agencies and third party contractors will pay monthly service charges for the telecommunications lines that connect the Local Agency clinics with the Local Agency AIM server.

Inventory Control
Local Agencies and third party contractors will:
- Properly place State Agency tags on Local Agency procured equipment
- Control all WIC owned automation resources including the use of resources only for WIC functions
- Secure protection from loss
- Know location of all resources at all times

Automation resources damaged due to negligence will be replaced by the Local Agency or the Local Agency will reimburse the State Agency the non-depreciated cost of each resource using non-program funds.

Lost or Stolen Automation Resources
Local Agencies and third party contractors must:
- Notify the State WIC Program Integrity Special Investigations Supervisor of the loss or theft of State owned automation resources within 24 hours of the occurrence. A copy of the completed Capital Equipment Control Report (Form F-4) must be forwarded to Program Integrity as soon as possible.

In the situation of stolen State owned automation resources the theft must be reported to the police or sheriff’s department. A copy of the police report must be forwarded to WIC Program Integrity as soon as possible.

MOUs
Comply at all times with the MOU from the State Agency.

Continued on Next Page
Local Agency and Third Party Contractor Responsibilities (Continued)

**Maintenance and Repair of Equipment**

Local Agencies and third party contractors will:

- Ensure that WIC owned automation resources are kept in good working order at all times.
- Contact the Help Desk at the first indication of software or network related problems.
- Contact the Help Desk immediately when a hardware problem is detected while the manufacturer’s warranty is in effect. For hardware out of warranty, contact the Help Desk or the appropriate vendor immediately when a hardware problem is detected.
- Ensure that only approved standard replacement components are installed in WIC owned automation resources when maintenance or repair is performed by individuals other than State Agency employees.
- Provide the necessary interconnectivity between the State Agency and Local Agency networks for AIM system functionality adhering to ADHS IT security standards.
- Select the most suitable of three (3) equipment maintenance and repair service options available to the Local Agency upon expiration of equipment warranties. Options are:
  - Use of qualified Local Agency ITS staff
  - Annually contracted local vendors. Contracts will be based on fees for time and materials
  - ADHS statewide computer maintenance contracts with pricing based on equipment type on an annual basis

**Note:** When the ADHS option is selected, a purchase order will be completed and submitted to the State Agency.
### Section C
#### Definitions

| Help Desk | The Help Desk is the single point of entry for users to call when hardware, software, LAN or other problems occur. Help Desk personnel gather information about the problem or request and direct calls to appropriate personnel.  
**Note:** The Help Desk number is 1-888-432-9225, press 6. |
| ADHS Computer Maintenance Contracts | ADHS offers through its Information Technology Services (ITS) division, a service level agreement with a third party for maintenance of many different types of computing equipment. The maintenance agreement incorporates recovery, security and audit plans. |
| Adequate Training | The amount of training an individual needs to use, troubleshoot or maintain the automation resource. Adequate training may follow a designated apprenticeship with supervision. |
| Authorization | Approval in writing from the State Agency that gives a Local Agency permission to proceed with the requested procurement, change or shared use of equipment for WIC owned automation resources. |
| Automation Resource | Any automation related product or service such as a personal computer, printer, local area network (LAN), telecommunications router, or telecommunications line. |
| Capital Equipment Control Report (Form F-4) | This multi-part form is the single audit tract of WIC owned computer equipment within facilities, agencies, clinics and ADHS. The form should be accurately completed and forwarded to ADHS to report lost or stolen equipment, transfer of equipment from one facility to another, or any other disposition of equipment.  
**Note:** Transfer of any computer equipment from a facility without an attached Form F-4 is prohibited. The sender as well as the receiver must sign the form. |

*Continued on Next Page*
### Chapter Seventeen
Management Information System

#### Section C
Definitions (Continued)

<table>
<thead>
<tr>
<th><strong>Component</strong></th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Any part, sub-element or peripheral of an automation resource that may be modified, removed and/or replaced.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Configuration</strong></th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>The assigned set of standard resources procured and delivered to a Local Agency.</td>
<td></td>
</tr>
</tbody>
</table>

**Example 1** **Thin Client Configuration:** Thin Client with Windows XP embedded, 512 Mb Flash/RAM, Citrix ICA client, UniPrint client, Microsoft Internet Explorer 6, Windows Media Player 9, Flash Player, and a flat panel SVGA monitor.

**Example 2** **Laptop Configuration:** A Pentium 4 2.2-GHz, 512Mb memory, ADHS ITS pre-defined standardized Windows XP operating system, Citrix ICA client, UniPrint client, Microsoft Internet Explorer 6, Flash Player, Windows Media Player 9, 60 GB hard drive.

**Example 3** **Desktop Configuration:** A Pentium 4, 3-GHz personal computer with 512 Mb memory, ADHS ITS pre-defined standardized Windows XP operating system, Microsoft Internet Explorer 6, Windows Media Player9, Citrix ICA client, UniPrint client, Flash Player, 60 GB hard drive, and a SVGA flat panel monitor.

*Note: The State Agency will refresh Local Agency equipment when funding is available*

<table>
<thead>
<tr>
<th><strong>Cost Allocation Proposal</strong></th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>A formal written proposal from a Local Agency that clearly delineates the apportioned costs of implementing and operating any shared automation resource in the Local Agency for WIC use and for non-WIC use.</td>
<td></td>
</tr>
</tbody>
</table>

*Continued on Next Page*
**Section C**
Definitions (Continued)

**Equipment**
Regarding automation resource: Includes personal computers, printers, servers, server shelves, personal computer tables, power supplies, routers, cables or telecommunication lines.

**Fraud**
Misuse of an automation resource through deliberate deception so as to secure unlawful gain.

**Example**
Printing WIC drafts for personal use from the Arizona In Motion software.

**Hardware**
Automation resources that are not software. (See Equipment.)

**Interconnectivity**
Connection of the state WIC telecommunications system with an outside network or computer resource.

**Example 1**
HemoCue connectivity to the State Agency through a Local Agency network

**Example 2**
Learning Management System connectivity

**Example 3**
Citrix connectivity to the State Agency through a Local Agency network

**Example 4**
A county e-mail system that is accessible through a WIC owned LAN

Continued on Next Page
### Section C
#### Definitions (Continued)

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inventory List</strong></td>
<td>A list that details all items procured and received by a Local Agency. Each item on the list is identified by brand name, size or capacity, version, model, serial number, and State Agency tag number.</td>
</tr>
<tr>
<td><strong>Local Area Network (LAN)</strong></td>
<td>A network located in a common environment that utilizes shared resources (mass storage, printers, backup devices, security) to reduce cost. Key components are a file server, cabling, and a network interface card located at the workstation.</td>
</tr>
<tr>
<td><strong>Maintenance</strong></td>
<td>Repair required on any portion of an automation resource. Maintenance must be performed in accordance with the maintenance option in place at the time of the required maintenance.</td>
</tr>
<tr>
<td><strong>Memorandum of Understanding (MOU)</strong></td>
<td>An agreement or contract between the State Agency and a Local Agency and/or third-party contractor, as applicable. The MOU contains specific statements regarding use, sharing and maintenance of automation resources not sufficiently addressed in the Arizona WIC Program Policy and Procedure Manual.</td>
</tr>
<tr>
<td><strong>Moved equipment</strong></td>
<td>Equipment that is moved from one building to another, from one Local Agency to another, or from a Local Agency to the State Agency.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
Section C
Definitions (Continued)

Network
Two or more computers and peripheral devices interconnected as a system to facilitate communication between computers and devices, sharing of software and database information, sharing of peripheral devices, security and backup information.

A network can take on one of many forms, which is usually determined by resource numbers and usage. A network may connect computers and peripherals in a single office or a building or may connect two or more networks into a Local Area Network (LAN), a wide area network (WAN), or the Internet.

Out-source
Going out of the government agency to obtain resources to perform specialized or short-term tasks. Out-sourcing is usually done when the agency does not want the responsibility of hiring, housing and maintaining employees to do the needed work.

Peripheral device
A device that is associated with a personal computer or server, such as a printer, external drive, or tape backup, monitor, modem, speaker and uninterruptible power source.

Sharing
WIC and non-WIC operations using the same automation resource. For example, networks shared by WIC data systems and county e-mail, personal computers that are used to do WIC business and business that relates only to the Local Agency, WIC network lines through which non-WIC county data passes on its way to a remote destination.

Software
Processes written in a symbolic language that is recognizable to a computer. A word processing software program may consist of millions of unique processes that work together to add words to a document, block text in a document and print the document.

Continued on Next Page
### Section C
### Definitions (Continued)

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support</strong></td>
<td>Provision of State Agency, Local Agency, or third-party assistance in the form of the Help Desk, software training, software, hardware, and network related upgrades and maintenance.</td>
</tr>
<tr>
<td><strong>Standard Configuration</strong></td>
<td>The automation resource design prescribed by the State Agency for use in the Local Agencies and clinics. For example, a personal computer designated for a particular clinic function will have pre-defined settings, memory and hard drive requirements, specific software, specific Windows settings, designated peripherals or specific network connections that may not be altered so as to ensure secure and effective operation.</td>
</tr>
<tr>
<td><strong>State Tag</strong></td>
<td>The ADHS provided tag that must remain affixed to all capital equipment during its period of service.</td>
</tr>
<tr>
<td><strong>Tele-Communications</strong></td>
<td>A general term that is used to describe the electronic transmission of information from one location to another over a communications link.</td>
</tr>
<tr>
<td><strong>Third Party Contractor</strong></td>
<td>A contractor whose services have been procured to perform a series of predefined tasks. For example, an equipment maintenance technician, a network technician, or a software contractor.</td>
</tr>
<tr>
<td><strong>Transferred Equipment</strong></td>
<td>Equipment that is moved from one facility to another, or equipment returned to the State Agency by the Local Agency.</td>
</tr>
<tr>
<td><strong>Upgrade</strong></td>
<td>The act of loading the latest version of software that is already installed on a personal computer or server, or bringing the hardware configuration of a personal computer up to the capacity required to meet the specifications of the software used by that personal computer.</td>
</tr>
<tr>
<td><strong>WIC Automation Liaison</strong></td>
<td>State Agency WIC staff that assist Local Agency and clinic personnel who have encountered problems or questions about software specifically built to enhance WIC operations. For example, the AIM software. Automation liaisons also perform the initial training of staff on the use of hardware.</td>
</tr>
</tbody>
</table>
Chapter Eighteen
Vendor Management
# Chapter Eighteen
## Vendor Management

### Overview

In This Chapter

This chapter is divided into twelve (12) sections, which detail all aspects of Vendor relations, and six (6) appendices.

### Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Vendor Selection and Authorization</td>
<td>18-3</td>
</tr>
<tr>
<td>B</td>
<td>Training of Vendors</td>
<td>18-25</td>
</tr>
<tr>
<td>C</td>
<td>High Risk Identification System</td>
<td>18-30</td>
</tr>
<tr>
<td>D</td>
<td>Routine Monitoring</td>
<td>18-43</td>
</tr>
<tr>
<td>E</td>
<td>Compliance Investigations</td>
<td>18-52</td>
</tr>
<tr>
<td>F</td>
<td>Inventory Audits</td>
<td>18-53</td>
</tr>
<tr>
<td>G</td>
<td>Complaint Reporting</td>
<td>18-54</td>
</tr>
<tr>
<td>H</td>
<td>Violations and Sanctions</td>
<td>18-55</td>
</tr>
<tr>
<td>I</td>
<td>Coordination with the Supplemental Nutrition Assistance Program (SNAP)</td>
<td>18-72</td>
</tr>
<tr>
<td>J</td>
<td>Staffing and Staff Training</td>
<td>18-73</td>
</tr>
<tr>
<td>K</td>
<td>Participant Access</td>
<td>18-74</td>
</tr>
<tr>
<td>L</td>
<td>Infant Formula Supplier List</td>
<td>18-76</td>
</tr>
<tr>
<td>Appendix A</td>
<td>WIC Price/Stock Survey Instruction Sheet</td>
<td>18-78</td>
</tr>
<tr>
<td>Appendix B</td>
<td>WIC Vendor Site Review Form</td>
<td>18-80</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Change of Ownership Form</td>
<td>18-91</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Store Closure Notification Form</td>
<td>18-93</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Vendor Contract Example</td>
<td>18-95</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Vendor Training Acknowledgment Form</td>
<td>18-108</td>
</tr>
<tr>
<td>Index</td>
<td>Index</td>
<td>18-110</td>
</tr>
</tbody>
</table>
Section A
Vendor Selection and Authorization

Introduction
This section describes the Arizona Department of Health Services' (hereinafter “Department”) Vendor Management Policies and Procedures for the WIC supplemental nutrition (food) delivery program, which includes, but is not limited to, the Arizona WIC Program Vendor Contract, Vendor enrollment, training, monitoring, sanctions, and the payment system used to redeem Food Instruments, including Cash Value Food Instruments, which will allow participants/authorized representatives to purchase fruits and vegetables. For all intents and purposes, the Arizona WIC Program Policy and Procedure Manual refers to all coupons, vouchers, checks, and electronic benefit transfers as Food Instruments, except where noted otherwise.

Policy
The Department must authorize each food Vendor Applicant before the Applicant may participate in the Arizona WIC Program. The authorization process begins when a retail food store, pharmacy or military commissary files a complete application, including all required attachments, with the Department. Authorization occurs when the Department enters into a written, fully executed Vendor Contract with the Applicant (See Appendix E). The Department shall provide the authorized Vendor with a copy of the executed Vendor Contract by certified mail.

An Applicant must have a fully executed written Vendor Contract with the Department before it may participate in the Arizona WIC Program as an authorized Arizona WIC Program Vendor. Only the Director of the Department or their designee may enter into a written Vendor Contract authorizing an Applicant to become an Arizona WIC Program approved Vendor.

The Department shall contract with a sufficient number of Vendors to serve all Arizona WIC participants. The Department may limit the number of Vendors to enable the Department to effectively manage the program.

Pharmacies may be contracted to provide “infant formula only.” In this situation, any reference to “WIC foods” shall mean WIC approved infant formula. Except for Supplemental Nutrition Assistance Program (SNAP) authorization, all other provisions shall remain the same.

Continued on Next Page
Section A
Vendor Selection and Authorization (Continued)

Policy (Continued)

If any provision of the Vendor Contract conflicts with the requirements of the Federal WIC Program Regulations, the provisions in the Federal Regulations shall prevail. If any provision of the Vendor Contract conflicts with the requirements of the Vendor Manual, the Vendor Manual shall prevail. If any provision of the Arizona WIC Program Policy and Procedure Manual conflicts with Federal Regulations, the Federal Regulations shall prevail. If any provision of the Vendor Manual conflicts with the Arizona WIC Program Policy and Procedure Manual, the Arizona WIC Program Policy and Procedure Manual shall prevail. If any provision of the Vendor Manual conflicts with Federal Regulations, the Federal Regulations shall prevail. The Arizona WIC Program sends out important information that can assist Vendors in maintaining compliance with the Arizona WIC Program Vendor Contract. Therefore, it is essential that the Vendor accept/pick up all certified mail sent to them from the Department. Examples of items that may be sent to Vendors via certified mail are replacement Food Instruments, contract related items (including some WIC Alerts), sanctions, lost/stolen Food Instruments and training notices.

Procedure - Continuous Enrollment

Retail grocers, pharmacies and military commissaries with a fixed location may apply to become an Arizona WIC Program Vendor. The Department will accept and process applications at any time during the year. There are no deadline restrictions attached to applications submitted and processed under continuous enrollment. However, submission deadlines will apply to the vendor contract enrollment period. All untimely applications will be processed after October 1st (unless the Department determines, in its sole discretion, that such applications must be processed earlier to ensure adequate participant access), under the Arizona WIC Program’s continuous enrollment criteria.
Section A
Vendor Selection and Authorization (Continued)

Vendor Contract Enrollment Period

Retail grocers, pharmacies and military commissaries with a fixed location may apply to become an Arizona WIC Program Vendor. In May, the Department shall mail an enrollment packet to each currently authorized Vendor whose contract expires September 30th, and any interested retail grocer, pharmacy, or military commissary who requests an application by April 30th. The packet will provide instructions to complete the online application and WIC Price Stock Survey (see Appendix A) as well as information regarding other documents that must be provided during the process. However, upon request the Department shall provide access to a WIC computer or a paper application to assist any Applicant who does not have computer/internet access. The open enrollment period deadline will be identified in the enrollment application packet. An Applicant must be open, viable and ready to do business upon submission of the enrollment application and WIC Price Stock Survey (see Appendix A).

The term of the Vendor Contract is three (3) federal fiscal years or a portion thereof to be determined at the discretion of the Department, beginning October 1st and ending on September 30th. The Department must receive a completed application and WIC Price Stock Survey (see Appendix A), including all required attachments, not later than 5:00 p.m. on the closing date established in the enrollment application packet. The Department shall not accept facsimile copies in lieu of the original documents.

Continued on Next Page
Section A
Vendor Selection and Authorization (Continued)

Required attachments include:

• An original signed Vendor Contract (See Appendix E)

• A copy of the Applicant’s current sanitation or health operating permit for each location identified in the application

• Any additional information requested by the Department

The Applicant must complete information for all outlets which are to be considered, including, but not limited to:

• The name of each outlet

• Outlet numbers (if applicable)

• The address and telephone number

• A contact person responsible for the operation of the WIC Food Instrument redemption program

• The SNAP identification number of each outlet

Applications submitted after 5:00 p.m. on the enrollment closing date shall be deemed untimely. The Department shall inform the Applicant that its application was untimely and shall not be considered during the open enrollment period. However, an untimely application will be processed after October 1st, under the Arizona WIC Program’s continuous enrollment criteria.

Continued on Next Page
New Vendor Applicants: The evaluation process for Applicants who have not participated in the Arizona WIC Program within the last five (5) federal fiscal years is as follows:

- The Department shall verify that the Applicant is an authorized SNAP retailer operating in good standing
- The Department or its designee shall conduct an on-site visit to verify the information contained in the Application, Contract (See Appendix E) and WIC Price/Stock Survey (See Appendix A). An appointment shall be made for training purposes
- Upon conclusion of the site visit, the Department or its designee shall notify the Applicant of the results of the verification visit by providing the Applicant with a copy of the Vendor Site Review form (See Appendix B). The Department or its designee shall make one unannounced follow-up visit if deficiencies are noted
- Currently, Vendors who have had a satisfactory Vendor Site Review during the fiscal year may be exempt from this criteria (open enrollment only)
- The Department shall deny an application if the Department or its designee is unable to verify the information in the application or supporting documentation, or if the Applicant has less than the required amounts or kinds of WIC approved foods at the follow-up visit
- The Department shall not authorize a new for-profit applicant (not currently participating in the Arizona WIC Program) that is expected to derive more than 50% of its annual food sales from WIC Food Instruments, unless the applicant is necessary to ensure participant access to program benefits. The Department completes a six-month assessment of all new Vendors to assure that the status initially assigned is appropriate. Upon completion of the assessment, if the Vendor's food sales from WIC Food Instruments exceed 50% of their total food sales, the Vendor Contract will be terminated unless the outlet is necessary to ensure participant access

Continued on Next Page
New Vendor Applicants (continued):

- In the event an Applicant purchases or acquires an outlet that was in the process of being disqualified or which was disqualified from participation the Arizona WIC Program at the time of acquisition, the application for that outlet location shall not be considered until the Department makes a determination that the sale was a legitimate arms-length transaction.

- The Department shall make this determination no later than six (6) months from the date of submission of the application.

- If the Department determines that the transfer was not a legitimate arms-length transaction, the application shall not be considered until the disqualification period has been served.

- If the Department has disqualified the previous owner of an outlet for noncompliance or notified the previous owner that the outlet has been disqualified due to noncompliance, a new owner’s application for that outlet shall not be considered until at least six (6) months from the expiration date of the previous owner’s last Vendor Contract unless the Department makes an earlier determination that the sale was a legitimate arms-length transaction.

- The Department will not review a re-application following a denial based upon the aforementioned reasons for 180 calendar days from the date in the denial letter.

- If an Applicant appeals the denial of the application, the Department will not review a re-application for 180 calendar days from the date that the final administrative decision is rendered.
Current and previous Vendors: The evaluation process for all current Vendors or Applicants, who were previous Vendors, who have participated in the Arizona WIC Program at any business location during the previous five (5) federal fiscal years is as follows:

- The Department shall follow the Vendor Evaluation Process and Criteria established for new Vendors
- The Department shall evaluate the Vendor's file in the following areas:
  - Compliance with the Vendor Contract, Federal Regulations and this Section at all business locations
  - Responsiveness to Vendor Site Review corrective action recommendations and participant/authorized representative complaints
  - Past performance in the previous five (5) federal fiscal years, including sanctions assessed
  - In the case of stores owned by corporations, past performance at other locations operated by the same corporation
  - Compliance with the SNAP requirements
  - Timely and complete submission of WIC Price/Stock Survey
  - Whether any business location of the Applicant is currently an Above-50-Percent Vendor or has previously been determined to be an Above-50-Percent Vendor within the previous five (5) Federal Fiscal years. (The Department will utilize this criterion in conjunction with information collected in the Vendor application, the outcome of the initial site review, and any other information that will support the determination.)
  - Failure to meet all of the Vendor Evaluation Criteria, or if the Vendor's history file evaluation is unacceptable, provides cause to deny an application or to terminate a current Vendor's Contract

Continued on Next Page
Section A
Vendor Selection and Authorization (Continued)

Evaluation Process (Continued)

All new Vendor Applicants, current, and previous Vendors must attend the Department’s mandatory training session scheduled by the Department for each open enrollment period. Each store shall send a management representative or their designee who shall be responsible for Arizona WIC Program compliance at the location. In addition to the management representative or their designee, other representatives may be designated to attend the mandatory training and function as training liaisons for that location’s site.

- The additional store (outlet) representatives who function as training liaisons shall not be a substitute for the management representative or the designee

- Attendance at in-store training or at a mandatory or voluntary training session in a previous and/or a current contract cycle does not satisfy the requirement for attendance at the mandatory training session for the current open enrollment period

For denials due to the Applicant not meeting the training criteria, the Applicant will be given only one (1) final opportunity to attend a Department mandatory training session scheduled.

Individual outlets (stores) may be added to a Vendor Contract without affecting the status of the other outlet(s). The submission of an online Application and WIC Price/Stock Survey shall serve as written notice and shall be received by the Department not less than thirty (30) calendar days before the outlet opening date. The Department shall evaluate the individual outlet based on the evaluation process and criteria described in this section.

Before an Applicant is denied for any selection criteria outlined under the “Vendor Evaluation Criteria”, other than minimum stock requirements, the Applicant’s original application and related attachments shall be evaluated under the Participant Access criteria outlined in this Manual. The Department shall deny an authorization if the Applicant does not meet the criteria for minimum stock requirements, after being provided with one opportunity to correct the deficiency.
Section A
Vendor Selection and Authorization (Continued)

Change Of Ownership

When a Change of ownership occurs, (including bankruptcy of a currently approved Arizona WIC Program Vendor), the new owner shall complete an on-line application and WIC Price Stock Survey to become an Arizona WIC Program Vendor, including all required attachments. Required attachments include: an original signed Contract; a copy of the Applicant’s current sanitation operating or health permit for each location identified in the application; and any additional information requested by the Department as applicable. This should occur not less than thirty (30) calendar days prior to the transfer of ownership to ensure minimal disruption of services to Arizona WIC Program participants. The Department shall evaluate the application based on the process and criteria described in this section.

When the Department is notified of the change of ownership in writing by the Vendor (See Appendix C), the Department shall initiate the follow-up actions necessary to reduce any disruption of service to Arizona WIC Program participants. If a Vendor ceases operation by closing a location, any subsequent reopening shall be processed through the full application process, not under the change of ownership clause.

The Department will not authorize a Vendor applicant if it determines that the store has been sold or closed and reopened as a new store in an attempt to circumvent a WIC sanction. The Department may consider such factors as whether the store was sold to a relative by blood or marriage of the previous owner(s) or sold to any individual or organization for less than its fair market value. To make such determinations it may be necessary for the Department to request additional information from the applicant. The Department reserves the right, in its sole discretion, to request additional information from the applicant, which may include, but is not limited to, such items as a social security number or other identifying information from the applicant and/or owner(s) to enable the Department to conduct a thorough background check, and to access other similar search avenues, and verify information regarding the change in ownership of the store (i.e. bill of sale, lease, assignment, etc.).

The Department shall evaluate all of the applications for all of the above-mentioned based on the evaluation process and criteria described in this section.
Section A
Vendor Selection and Authorization (Continued)

Vendor Evaluation Criteria
In addition to the submission of a complete and timely application, which includes the attachments, an Applicant must meet all of the evaluation criteria. Failure to meet any of the criteria is cause to deny an application. However, the Department reserves the right to waive specific selection criteria in an effort to ensure participant access to supplemental foods. Pharmacies, which provide only special order authorized infant formula, are also exempt from specific selection criteria. All Applicants shall be evaluated in accordance with the following criteria:

Stock Requirements
Maintain the minimum stock and variety of all WIC foods from the time an application for enrollment is completed and if approved, throughout the contract period, as described in Section 2 of the Vendor Manual.

- Grocers/Commissaries: Grocers/Commissary Applicants shall have the required WIC approved foods in the amounts and variety required on its shelves or stored at its location address (not available to order) from the date an application is submitted. WIC approved brands are listed in the Vendor Manual, Section 2.

- Pharmacies: Pharmacy Applicants shall agree to order WIC eligible infant formula in the amounts and brands specified on the Food Instrument redeemed by the WIC participant/authorized representative, or ordered by the Local Agency or Department. However, pharmacies are not required to maintain the minimum stock requirements if they were contracted to provide only “special WIC infant formula.”
Vendor Selection and Authorization (Continued)

Stock Requirements (Continued)

The Arizona WIC Program will maintain a list of infant formula wholesalers and distributors licensed in accordance with State law and federal regulations and infant formula manufacturers registered with the Food and Drug Administration. Authorized Vendors are required to only purchase infant formula from sources on the above-mentioned list. Failure to do so will result in the denial of the application or the Vendor being disqualified from participation in the WIC Program.

This list will be updated and provided to all authorized Vendors annually and to each new applicant in the enrollment packet.

In order to be included on the Arizona WIC Program’s list of infant formula sources, the following requirements must be met:

- Infant formula manufacturers must be registered with the Food and Drug Administration
- Wholesalers or distributors must be licensed in accordance with State law and federal regulations and must purchase infant formula directly from the manufacturer

Undue Hardship

A current Vendor may be authorized to stock a reduced minimum stock of infant and/or woman/child food packages if one of the following criteria exists:

- A local agency documents fewer than:
  - Four (4) milk based and two (2) soy based infant formula participants
  - Eight (8) woman/child participants

Continued on Next Page
Section A
Vendor Selection and Authorization (Continued)

Stock Requirements (Continued)

- A Vendor may request the stocking of these products be reduced based on the low volume of WIC sales of these products. The Department will make a determination based on the following criteria:
  - The Vendor’s redemption of infant and/or woman/child food packages during the past six (6) calendar months must substantiate the Vendor’s request to reduce the minimum stock requirements
  - The number of authorized Vendors in the area
  - The request must be submitted in writing to the Department
  - Any local agency whose participants may be affected by this reduction must approve of the decision to reduce the minimum stock requirements of these products
  - The approval is contingent upon the Vendor’s agreement to provide all WIC authorized foods. If a WIC participant makes a request for any item that relates to the reduction, the Vendor must order the item and make it available to them within five (5) calendar days
  - Written documentation from the Department approving the reduced amounts must be on file at the Department with a written notification to the affected Vendor and local agency before the requirement shall become effective. The effective date shall be the date the written notification is received by the Vendor

Competitive Price Evaluation

The Department collects food prices and redemption data to perform various analyses and ensure that all Vendors are and remain competitively priced throughout the Vendor Contract period. However, the Department reserves the right to consider participant access and allow an increase in price variance within a peer group to ensure access to supplemental foods.

Continued on Next Page
Section A
Vendor Selection and Authorization (Continued)

Accessibility to WIC Participants
The Applicant’s location(s) and hours of operation shall conform to the following requirements:

- The Applicant shall be open for business a minimum of ten (10) hours a day, six (6) day a week.
- The Applicant location shall be accessible to WIC participants because of its proximity to a WIC clinic or to the participants’ residence.

Note: This criterion may be waived to ensure adequate participant access to supplemental foods.

Type of Store
The Applicant shall be a retailer of groceries who has 45% or more of its gross sales from groceries. Gross sales are all sales including groceries, non-food items, alcohol, tobacco, lottery, fuel (for stores that have gas stations) and general merchandise (for stores classified as Super Centers). The Department will exclude fuel and general merchandise sales from the applicant’s gross sales figure.

Note: This criterion may be waived to ensure adequate participant access to supplemental foods.

Above-50-Percent Vendor
The Department shall not authorize a new for-profit applicant (not currently participating in the Arizona WIC Program) that is expected to derive more than 50% of its annual food sales revenue from WIC Food Instruments, unless that applicant is necessary to ensure participant access to program benefits. The Department completes a six-month assessment of all new Vendors to assure that the status initially assigned is appropriate. As part of this assessment, the Department will consider the State of Arizona Transaction Privilege, Use and Severance Tax Returns (TPT-1’s), at a minimum on a quarterly basis, while contracted as an authorized WIC Vendor. It is the Vendor’s obligation to ensure that the TPT-1’s are submitted to the Department of Revenue. If no returns have been submitted to the Department of Revenue, the Department will make its determination based solely on the information available. Upon completion of the assessment, if the Vendor’s food sales from WIC Food Instruments exceed 50% of their total food sales, the Vendor Contract will be terminated unless the outlet is necessary to ensure participant access.

Continued on Next Page
### Section A
#### Vendor Selection and Authorization (Continued)

**Sanitation**

The Applicant shall be in compliance with all state, municipal and local sanitation standards and must have a current Permit to Operate posted in the store.

**Service Mark Compliance**

The WIC acronym and the WIC logo are registered service marks of the United States Department of Agriculture (USDA) for USDA’s WIC, Registration Nos. 1,630,468 and 1,641,644, and all rights therein and goodwill pertaining thereto belong exclusively to the USDA. The Applicant is not permitted to use the WIC acronym or the WIC logo, including close facsimiles thereof, in whole or in part, in the official name or the business name of the Applicant. The Applicant is not permitted to use the WIC acronym or WIC logo in advertising or other promotional materials, and the Applicant is prohibited from attaching the WIC acronym or WIC logo to any food item.

Authorized Vendors may use the WIC acronym and WIC logo to identify themselves as an authorized WIC food Vendor and to identify authorized WIC foods by attaching channel strips and shelf-talkers stating “WIC-approved” or “WIC-eligible” to grocery store shelves.

- The Department will provide authorized Vendors with the only allowable WIC Decals, channel strips, and shelf-talkers for these purposes.
- Vendors shall not develop their own signage, channel strips, or shelf-talkers; or use ones distributed by manufacturers and distributors.

Continued on Next Page
| Section A  
Vendor Selection and Authorization (Continued) |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>History of Compliance</strong></td>
</tr>
<tr>
<td><strong>Training</strong></td>
</tr>
<tr>
<td><strong>Conflict of Interest</strong></td>
</tr>
</tbody>
</table>
| **Volume of WIC Business** | The Applicant which participated as a WIC Vendor during the previous Contract period and had an average of ninety (90) or fewer Food Instruments redeemed for the quarter of February, March, and April may be considered to have too low a volume, and may be evaluated as demonstrating a lack of demand for the Vendor applicant in the area.  
**Note:** This criterion may be waived to ensure adequate participant access to supplemental foods. |
| **SNAP Status** | The Applicant shall have authorization from and operate in compliance with the SNAP regulations, except for pharmacy contracts only for the sale of special formula. Applicants who are currently disqualified and/or have been involuntarily withdrawn from the SNAP shall not be considered as WIC Vendors. Applicants who have been assessed a SNAP civil money penalty for hardship, and the disqualification period that would otherwise have been imposed has not expired, will not be considered as a WIC Vendor, unless there is inadequate participant access. |

*Continued on Next Page*
Section A
Vendor Selection and Authorization (Continued)

<table>
<thead>
<tr>
<th>Business Integrity</th>
</tr>
</thead>
</table>
| The applicant, applicant’s owners, officers, managers and/or other representatives shall maintain a standard of business honesty and maintain a reputation of good business practices. The applicant, applicant’s owners, officers, managers and/or other representatives shall not have a criminal conviction or civil judgment against them in the last six years.  

The Department shall have the right to deny authorization or participation in the WIC Program based on consideration of information regarding the business integrity and reputation as follows: |
| - Criminal conviction of, or civil judgment against, the owners officers or managers for:  
  o Commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public or private agreement or transaction  
  o Commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice  
  o Violations of Federal, State and/or local consumer protection laws or other laws relating to alcohol, tobacco, firearms, controlled substances, and/or gaming licenses  
| - Administrative findings by Federal, State or local officials that do not give rise to a conviction or civil judgment but for which an Applicant is removed from such program, or the Applicant is not removed from the program but the Department determines a pattern exists of three (3) or more instances evidencing a lack of business integrity on the part of the owners, officer’s and managers |

Continued on Next Page
Section A
Vendor Selection and Authorization (Continued)

Business Integrity (Continued)

- Evidence of an attempt by the Applicant to circumvent a period of disqualification, a Civil Money Penalty or fine imposed for violations of the Federal WIC regulations and Department WIC policies and procedures.

- As needed, the Department may consider the following types of criteria to determine whether or not a need exists for it to conduct further investigation(s):
  - An applicant who is using the same store name as a previously authorized WIC Vendor who had prior WIC Program violations, whether sanctions had been imposed or not;
  - An applicant store is located at the same address as a previously authorized WIC Vendor who had prior WIC Program violations, whether sanctions had been imposed or not;
  - An applicant using the same store name and/or address of a previously authorized WIC Vendor who was terminated from the WIC Program for Program violations.
  - An applicant who employs a previous owner or owners of a store which was terminated from the WIC Program, when that employee is now acting as an Officer or Manager or in any other type of management capacity

- If the Department determines, in its discretion, that further investigation may be necessary, it shall be entitled to obtain the social security number from the applicant to assist it in obtaining the information required to make a determination.

- Previous WIC Program violations which are established administratively and/or judicially as having been committed by owners, officers or managers for which a sanction had not been previously imposed and satisfied.

- Evidence of prior WIC Program violations personally committed by the owner(s) or officer(s) of the Vendor at one (1) or more outlets of a multi-outlet Contract, or evidence of prior WIC Program violations committed by management at other outlets of multi-outlet Contracts which would indicate a lack of business integrity on the part of ownership and for which sanctions have not been previously imposed or satisfied.
Section A
Vendor Selection and Authorization (Continued)

<table>
<thead>
<tr>
<th>Incentive Item Prohibition</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Vendor Applicants that receive or are likely to receive more than 50% of their annual food sales from the sale of supplemental foods obtained with WIC Food Instruments, incentive items* shall not be provided to WIC Program participants.</td>
</tr>
</tbody>
</table>

*Note: Above-50-Percent Vendors cannot provide any incentive items to WIC customers; however, Regular Vendors can provide incentive items to WIC customers, as long as the same incentive items are being provided to all customers.

*Incentive items or other free merchandise are: Free or reduced price food or other items, cash, lottery tickets, buy one-get one free, buy one-get one at a reduced price, free amounts added to an item by a manufacturer, manufacturer coupons, store loyalty cards, sales and specials for supplemental food, free or reduced price services except for the minimal customary courtesies of the retail food trade, such as bagging supplemental food for the participant and assisting the participant with loading the supplemental food into his/her vehicle.

Timeframes for Action for Open Enrollment

- The Department will review all Vendor Applications by the end of July.
- By the end of August, the Department will send a certified notice to all new Vendor Applicants whose applications were denied. Appeal rights shall be outlined in the notice.
- By the first day of September, the Department will send a certified notice to all current Vendors who did not file an application notifying them that their current Contract shall expire on September 30th.
- By the third week of September, the Department will send the fully executed Vendor Contract and Vendor information packet to each Applicant who was authorized to become a WIC Vendor.

Continued on Next Page
Section A
Vendor Selection and Authorization (Continued)

Contract Approval

After evaluation of the Vendor application and upon a determination that the Applicant met all of the evaluation criteria, the Department will authorize the Vendor Applicant to become an approved Arizona WIC Program Vendor. Upon authorization, the Department will execute the Vendor Contract, assign the applicant a Vendor ID number and two (2) ID stamps so that it may begin to accept WIC Food Instruments at the beginning of the contract period.

Prior to the execution of a Vendor Contract which covers more than one outlet, the Vendor shall file a list of outlets participating as WIC Vendors including:

- The name of each outlet
- Outlet numbers (if applicable)
- Its address and telephone number
- A contact person at each location responsible for the operation of the WIC Food Instrument redemption program
- The SNAP identification number of each outlet

All new WIC Vendors will have Vendor Site Review after a minimum of thirty (30) calendar days on the program. Failure to meet minimum stock requirements during this visit will result in sanctions according to Section H of this document.

Continued on Next Page
Termination of the Contract

Either the Vendor or the Department may terminate the contract according to the terms identified in the contract. The contract will be terminated immediately if the Vendor ceases operations, ownership changes (whole or controlling interest), or the Vendor files bankruptcy, which causes ownership or control to change.

The Vendor must inform the Department, in writing, not less than thirty (30) calendar days before the date of termination, change of location, ownership or control of the business, or the date that the Vendor will cease business. The Department will send the Vendor a letter confirming the date of termination and the date by which Food Instruments must be deposited for payment.

When an outlet under one contract ceases operations, the Vendor must complete in writing a Store Closure Notification form (See Appendix D) and submit it to the Department not less than thirty (30) calendar days prior to closure of the outlet.

All new WIC Vendors will have a Vendor Site Review after a minimum of thirty (30) days on the program. Failure to meet the minimum stock requirements during this visit will result in sanctions according to Section H of this document.

The Vendor will not be eligible to re-apply for 180 calendar days from the date of any termination.

If the Vendor appeals any termination, the Department will not review a re-application for 180 calendar days from the date that the final administrative decision is rendered.

The Vendor must return its Vendor ID stamps to the Department within ten (10) calendar days of termination of the contract, a change of ownership or control of the business, or termination of the business.

Note: WIC Vendor authorization is not transferable and the contract shall be terminated. Therefore, if there is a change of ownership, the new owner must complete an application and meet all enrollment criteria.

Continued on Next Page
Chapter Eighteen
Vendor Management

Section A
Vendor Selection and Authorization (Continued)

Expiration of the Contract
The Department will notify the Vendor at least fifteen (15) calendar days prior to the expiration of its contract. Expiration of the Vendor's Contract is not subject to appeal.

Contract Termination and Disqualification
The Department may terminate a contract or disqualify a Vendor, which includes termination of the contract, by providing the Vendor with thirty (30) calendar days advance written notice.

Any Vendor that is disqualified from another Food and Nutrition Service (FNS) Program may be disqualified from the Arizona WIC Program for the same length of time. During the disqualification, the Department will not consider the Vendor for authorization as an approved WIC Vendor.

Customer Relations
- During the term of the contract, the Vendor shall post in a conspicuous place the "We Accept Arizona WIC Food Instruments" decal provided by the Department
- The Vendor shall give WIC participants/authorized representatives the same courtesies shown to all other customers
- The Vendor shall allow participants/authorized representatives access to all checkout lanes (excludes "Cash Only" and self serve lanes)
- The Vendor shall ensure that all information pertaining to WIC participants/authorized representatives shall be confidential, except for Department and local agency monitoring, investigation or oversight
- The Vendor shall accept Food Instruments from WIC participants/authorized representatives without regard to their race, color, disability, age, national origin or sex
- The Vendor shall comply with:
  - The non-discrimination provisions of Federal law
  - Regulations in 7 CFR Parts 15, 15a, 15b
  - Applicable provisions of the Americans with Disabilities Act of 1990
  - All state, municipal, and local sanitation standards

Continued on Next Page
Section A
Vendor Selection and Authorization (Continued)

Pricing

- The Vendor shall charge prices for WIC foods that are comparable to the prices charged by other similar type stores
- The Vendor may contract pricing for WIC approved foods
- The Vendor shall mark clearly the price of WIC approved foods either on the product container or the shelf

ID Stamp

The Vendor ID stamps are the property of the Department

The Department will provide the Vendor with two (2) Vendor ID stamps at the time of initial authorization

The Vendor is strictly responsible to maintain the ID stamps and store them in a secure location

The Department will replace, at no charge, an ID stamp which is worn. For a fee, the Vendor may order additional duplicate ID stamps from the Department
Section B
Training of Vendors

Policy

Mandatory regional and initial training shall be established by the Department. The Mandatory regional training is an interactive training, which will occur at the onset of each new contract period.

The Department or its designee will provide mandatory regional or initial training to the owner or manager of each Vendor Applicant.

- **All new Vendor Applicants**, including those who have previously participated in the Arizona WIC Program **must** attend the regional or initial training before the Vendor Applicant will be accepted as an authorized Vendor. Any Applicant who fails to participate in the regional or initial training, as scheduled, will have its WIC Vendor application denied.

- **All current Vendors** **must** attend the regional training as part of their current contract. A Vendor’s failure to participate in the regional training, as scheduled, may result in the termination of the Vendor’s Contract.

- A management representative or designee from each store location is required to attend the training as scheduled. Each Applicant/current Vendor representative will be expected to sign an attendance sheet at the beginning of the training session (only during the regional training) and will be provided a signed Training Acknowledgment form at the completion of training as proof of attendance.

- Vendors who have a large employee turnover and/or have a large volume of Arizona WIC Program business are encouraged to have as many employees as possible attend regional and initial training.

*Continued on Next Page*
Section B
Training of Vendors (Continued)

Policy (Continued)

- Training is designed so that the Vendor and its employees have minimal program violations and to improve service through communication.

- Training can also reduce Food Instrument redemption errors made by cashiers and bookkeepers and improve the integrity of the WIC Program so that participants receive only those foods intended to meet their nutritional needs.

- The Department may provide in store or other training if the Department determines that the Vendor has violated its WIC contract, Federal Regulations, or any Section of the Arizona WIC Program Policy and Procedure Manual - Vendor Management.

- The Department will conduct training when requested by a Vendor, or as deemed necessary.

Procedure

Mandatory Regional or Initial Training

The Department will provide mandatory regional or initial training to the owner or manager of each Vendor Applicant. In the case of a chain store or Applicants with more than one outlet, the manager or their designee of each outlet wishing to be authorized as a WIC Vendor must attend the mandatory regional or initial training before the outlet will be authorized to become a WIC Vendor. The recipient of the training will be responsible to ensure that its store or outlet operates in compliance with its WIC Vendor Contract, Federal Regulations and this Section.

Continued on Next Page
Section B
Training of Vendors (Continued)

Procedure (Continued)
The recipient of the training will also be responsible for training and oversight of its cashiers and other personnel who are responsible for handling WIC transactions. The mandatory training session will include:

- Explanation of the WIC Program
- Use of the Vendor Manual
- The Vendor’s Role
- Approved and Non-Approved Foods
- Minimum Stock & Variety Requirements/Infant Formula Purchases
- Wholesaler/Supplier Problems
- WIC Food Instruments
- WIC Identification Folder & Proxy Form
- WIC Redemption Procedures
- “X” Signatures
- Corrections to the Food Instrument
- Alterations of WIC Food Instruments
- Use of Manufacturer Coupons, Store Specials or Discount Cards
- WIC Price/Stock Survey
- WIC Payment Criteria
- Vendor Claims/Reimbursement Procedure
- Program Updates
- Complaint Process
- Vendor Monitoring
- Violations and Sanctions
- Vendor Rights and Responsibilities
- Service Mark Compliance
- Incentive Item Prohibition
Section B
Training of Vendors (Continued)

<table>
<thead>
<tr>
<th>Procedure (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>When appropriate, the Department will provide the Vendor representative with a Vendor Manual and training materials that address WIC procedures and serves as a guide for Vendors to follow when presented with a problem concerning the Arizona WIC Program.</td>
</tr>
<tr>
<td>A local agency, (e.g. county health department) Vendor liaison will attend the mandatory regional training, if possible.</td>
</tr>
<tr>
<td>Annual Training</td>
</tr>
<tr>
<td>The Department shall be responsible for providing Vendor training annually. At least one Vendor representative for each outlet must participate in the annual training. The Department will have sole discretion to designate the date, time, and location of all interactive training. The Department shall provide at least one alternative date on which to attend such training. The annual training will:</td>
</tr>
<tr>
<td>• Include instruction on the purpose of the WIC Program</td>
</tr>
<tr>
<td>• Review approved and non-approved foods, including minimum stock requirements</td>
</tr>
<tr>
<td>• Review requirement that Vendors obtain infant formula only from sources included on the Arizona WIC Program Infant Formula Suppliers List</td>
</tr>
<tr>
<td>• Review the procedures for redeeming and depositing Food Instruments</td>
</tr>
<tr>
<td>• Review policies and procedures regarding the use of incentive items</td>
</tr>
<tr>
<td>• Review the Vendor sanction system</td>
</tr>
<tr>
<td>• Review the complaint process</td>
</tr>
<tr>
<td>• Review the claims procedures</td>
</tr>
<tr>
<td>• Discuss any changes to program requirements since the last training</td>
</tr>
<tr>
<td>• Provide the Vendor with a name of a contact person for questions regarding the Arizona WIC Program</td>
</tr>
</tbody>
</table>

Continued on Next Page
Section B
Training of Vendors (Continued)

**Documentation of Vendor Training**

- Training Acknowledgment form. The owner, manager or their designee will be required to sign a Training Acknowledgment form for the following types of training:
  - Scheduled regional training
  - Scheduled initial on-site training
  - Requested on-site training
  - Other scheduled training
- Vendor Site Review form. The owner, manager or their designee will be required to sign the Vendor Site Review form to acknowledge receipt of training on deficiencies found
- The Department shall maintain a copy of the Training Acknowledgment and Vendor Site Review forms in their respective individual Vendor files
- The Vendor will receive a copy of the Training Acknowledgment and Vendor Site Review forms at the time of the training and a copy will be mailed to a chain store’s corporate office or to the headquarters’ office of the store outlet, when more than one outlet is covered by the contract
Section C
High Risk Identification System

Peer Groups

Policy
The Department has developed a system to assign Vendor peer groups for high-risk analysis.

Procedure
The Department captures information from the Arizona WIC Program Vendor Application to determine peer group. Vendors are classified into the following peer groups:

1. Pharmacy (class 1)
2. National/Regional or Local Chain (class 2)
3. Super Centers (class 3)
4. Large Urban Independent - more than $750,000 total gross annual sales (class 4)
5. Small Urban Independent - less than $750,000 total gross annual sales (class 5)
6. Large Rural Independent - more than $750,000 total gross annual sales (class 6)
7. Small Rural Independent - less than $750,000 total gross annual sales (class 7)
8. Above-50-Percent – more than 50% annual food sales from WIC redemptions (class 8)
9. Military Commissary (class 9)

For peer group purposes, a chain is classified as a group of six (6) or more outlets listed under one (1) contract.
Section C
High Risk Identification System (Continued)

Peer Groups (Continued)

Procedure (Continued)

Information relative to the number of cash registers, square footage, hours of operation, number of employees, warehousing and delivery schedules, etc. is collected and may be used for further comparison. For example, comparisons are made among volume of Food Instrument redemptions and sales and geographic area.

Data reports are produced which provide both peer group and redemption comparison data.

High-risk Vendor reports can be generated from the Arizona In Motion (AIM) automation system. These reports will be run to identify high risk Vendors, who will be monitored through compliance buys and/or inventory audits.

Food Redemption Screening

Policy

The Department will enforce the standards established in this section for Food Instrument payment.

Procedure

Acceptance of WIC Food Instruments

Refer to the Vendor Manual for the proper Food Instrument redemption procedures.

Continued on Next Page
Deposit and Payment of WIC Food Instruments

The Department prints conditional drafts, which are called Food Instruments. The Food Instrument is taken to the Vendor for redemption.

The Department will not pay WIC Food Instruments which are incorrectly completed. Therefore, prior to deposit, it is recommended that the Vendor review the Food Instrument(s) to ensure that payment will be made.

The Vendor must clearly stamp each Food Instrument with its authorized WIC Vendor ID stamp in the box on the Food Instrument that states, “Pay to the order of:”

Note: If the Vendor is an authorized Inter Tribal Council of Arizona, Inc. or Navajo Nation WIC Vendor, the Vendor may not use the other WIC Program’s ID stamp to validate an Arizona WIC Program Food Instrument.

The Vendor must endorse and deposit the Food Instrument in its financial institution. Food Instruments must be deposited no later than sixty (60) calendar days from the “first date to use” printed on the Food Instrument. Food Instruments submitted for payment after this date will not be honored.

The Vendor’s financial institution routes the Food Instrument(s) through the Federal Reserve System to the Arizona WIC Program’s banking contractor.

Food Instruments received for payment by the banking contractor are reviewed according to standardized criteria. Food Instruments that meet all criteria are accepted for payment, and the funds are credited to the Vendor’s account through standard banking procedures.
Food Redemption Screening Procedure (Continued)

Food Instruments that do not meet all of the designated criteria are rejected for payment by the Arizona WIC Program’s banking contractor and are returned to the Vendor through standard banking procedures.

There are two types of Vendors authorized by the Department. The two types are Regular Vendors and Above-50-Percent Vendors. They are defined in Chapter one (1) of this Policy and Procedure Manual.

The payment criteria established for unreasonable dollar amount and over the maximum dollar amount printed on the Food Instrument are different for Regular Vendors and Above-50-Percent Vendors. Payment will be made as defined below:

- Regular Vendors will be paid the maximum amount allowed based on the Vendor’s peer group
- Above-50-Percent Vendors will be paid for the maximum amount allowed based on the Vendor’s peer group, which is no more than the average redemption amount for all Regular Vendors by Food Instrument type

Food Instruments rejected for payment by the banking contractor for unreasonable dollar amount and for over the maximum dollar amount printed on the Food Instrument are paid through the Automated Clearing House (ACH) process. A Vendor must provide authorization to the Department and its bank to receive ACH payments or debits.

**Note:** **Cash Value Food Instruments** will be paid up to the maximum value as stated on the face of the Food Instrument for both Regular and Above-50-Percent Vendors.

All other payment criteria for rejected Food Instruments are the same for Regular and Above-50-Percent Vendors. Payment criteria for all rejected Food Instruments are outlined on the following pages.

*Continued on Next Page*
The Arizona WIC Program’s banking contractor will reject Food Instruments for only one reason at a time. When rejected Food Instruments are sent to the Department for a second level review, the Department will review them for all payment criteria. The table below shows how the different reject reasons affect reimbursement.

<table>
<thead>
<tr>
<th>REJECT REASON</th>
<th>REIMBURSEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Unreasonable Dollar Amount</td>
<td>Yes, payment will be made. The Vendor will be paid through ACH, the maximum value established for the Food Instrument type based on the vendor’s peer group, but not more than the maximum stated on the Food Instrument.</td>
</tr>
<tr>
<td>*Over the Maximum</td>
<td>Yes, payment will be made. The Vendor will be paid through ACH, the maximum value established for the Food Instrument type based on the vendor’s peer group, but not more than the maximum (includes Cash Value Food Instruments) stated on the Food Instrument.</td>
</tr>
<tr>
<td>Missing Vendor ID Stamp</td>
<td>Yes, payment will be made. Clearly stamp the Food Instrument(s) with the authorized Vendor ID stamp and redeposit the Food Instrument(s), one time only within sixty (60) calendar days of the first date to use. See Second Level Review for Extenuating Circumstances in this Chapter for Food Instrument(s) that cannot be re-deposited within the time frame indicated above.</td>
</tr>
<tr>
<td>Unreadable Vendor ID Stamp</td>
<td>Yes, payment will be made. Clearly stamp the back side of the Food Instrument(s) with the authorized Vendor ID stamp and submit for second level review according to this section.</td>
</tr>
</tbody>
</table>

*NOTE: UNREASONABLE DOLLAR AMOUNT and OVER THE MAXIMUM are paid according to the Vendor type (Regular or Above-50-Percent). CASH VALUE FOOD INSTRUMENTS are paid up to the maximum amount listed on the Food Instrument.
### Reject Reasons Table (Cont)

<table>
<thead>
<tr>
<th>REJECT REASON</th>
<th>REIMBURSEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing Signature</td>
<td>No, payment will not be made. Food Instruments rejected for payment due to a missing signature will never be paid. Vendors must obtain the signature before depositing the Food Instrument for payment.</td>
</tr>
<tr>
<td>Altered Food Instruments</td>
<td>No, payment will not be made. Payment will never be made if white-out was used.</td>
</tr>
<tr>
<td>Stale Date (Deposited Beyond Sixty (60) Calendar Days of First Date to Use)</td>
<td>No, payment will not be made. Vendors must submit the Food Instrument within sixty (60) calendar days of the “first date to use” printed on the Food Instrument.</td>
</tr>
<tr>
<td>Cashed Early</td>
<td>No, payment will not be made. Food Instruments rejected for payment due to early cashing (accepted prior to the “first date to use” printed on the Food Instrument) will never be paid. Vendors must verify the dates are valid before redeeming the Food Instrument.</td>
</tr>
<tr>
<td>Cashed Late</td>
<td>No, payment will not be made. Food Instruments rejected for payment due to cashing after the “last date to use” will never be paid. Vendors must verify that the dates are valid before redeeming the Food Instrument.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
## Section C
High Risk Identification System (Continued)

### Review for Reimbursement of Food Instruments Initially Rejected for Payment

<table>
<thead>
<tr>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon written request, the Department will provide authorized Vendors with the opportunity for a second level review of Food Instruments initially rejected for payment.</td>
</tr>
</tbody>
</table>

- The second level review will use the criteria established in this Section to determine if the rejected Food Instrument qualifies for no, partial or full payment
- Bank charges for returned Food Instruments will not be reimbursed

Vendors will be notified in writing of the decision made after the second level review

*Continued on Next Page*
Section C
High Risk Identification System (Continued)

Review for Reimbursement of Food Instruments Initially Rejected for Payment
(Continued)

Procedure
The second level review is conducted only by the Department.

Second Level Review – Vendor Responsibilities
The Vendor is responsible to:

- Submit the rejected Food Instrument(s) to the Department within ninety (90) calendar days of the first date to use. All Food Instruments submitted ninety (90) calendar days after the first date to use may not be accepted for consideration.

- Submit a written explanation of all extenuating circumstances related to the rejection of the Food Instrument(s). (See “Extenuating Circumstances” in this Section)

- Notify the Department in writing if it is to send the reimbursement(s) to an address other than that listed on the Vendor Contract

- The replacement Food Instrument must be endorsed showing that the payee and the Vendor’s endorsement match

- The replacement Food Instrument must be deposited in the Vendor’s named bank for payment not later than thirty (30) calendar days after the issue date for the replacement Food Instrument

Continued on Next Page
Section C
High Risk Identification System (Continued)

Review for Reimbursement of Food Instruments Initially Rejected for Payment (Continued)

Second Level Review - Department Responsibilities

All Food Instruments received by the Department for second level review are entered on the “Rejected Food Instrument (FI) Replacement Log” noting:

- Vendor name and outlet number, if applicable
- Vendor identification number
- Replacement Food Instrument serial number
- Review Food Instrument serial number
- First date to use listed on the Food Instrument
- Food Instrument type
- Food Instrument redemption amount
- Replacement Food Instrument amount
- Date the Food Instrument was reviewed
- Reviewer’s initials
- Any relative comments

The Department will review the Food Instrument and determine if it can be paid. The Department will:

- Determine if the Food Instrument was submitted within ninety (90) calendar days after the first date to use.
  - If the Food Instrument was submitted more than ninety (90) calendar days after the first date to use, the Department may reject the Food Instrument and note on the “Rejected Food Instrument (FI) Replacement Log” that the Food Instrument was rejected for payment for this reason (skip the rest of the steps and go to “Food Instruments denied payment” in this section).
  - If the Food Instrument was submitted within ninety (90) calendar days of the first date to use, the Department will continue the evaluation.
- Determine if any rejection criteria apply (see criteria under Rejected WIC Food Instruments in this section).
Section C
High Risk Identification System (Continued)

Review for Reimbursement of Food Instruments Initially Rejected for Payment
(Continued)

Second Level Review - Department Responsibilities
(Continued)

Department staff will note on the “Rejected Food Instrument (FI) Replacement Log” whether the Food Instrument was accepted or rejected for payment according to the rejection criteria indicated in this section.

If the Department determines that the Food Instrument should not be paid, the Department shall note on the “Rejected Food Instrument (FI) Replacement Log” that the Food Instrument was rejected for payment. (When the Food Instrument is rejected, go to “Food Instruments denied payment” of this Section).

The Department shall issue a "replacement" Food Instrument for Food Instruments accepted for payment as follows:

- If more than one Food Instrument is to be replaced, the replaced dollar amount for each Food Instrument shall be added to calculate the total reimbursement due to the Vendor. The sum of the total reimbursement shall not exceed two hundred (200) dollars.

- Complete the "replacement" Food Instrument.

- Submit the “replacement” Food Instrument to an authorized Department staff person for review and signature.

Continued on Next Page
Section C
High Risk Identification System (Continued)
Review for Reimbursement of Food Instruments Initially Rejected for Payment
(Continued)

Second Level Review - Department Responsibilities (Continued)

The Department will return Food Instruments denied payment at the second level of review to the Vendor along with a letter explaining the reasons for denial.

Note: The Department will mark with a red “S” in the lower right hand corner all Food Instruments, which are denied payment at the second level review and returned to the Vendor to indicate that they have been reviewed by the Department.

Document the transaction:

- The Department will keep a photocopy of the letter sent to the Vendor describing the disposition of Food Instrument(s) submitted for review in the Vendor’s file.
- The Department will keep a photocopy of the Food Instrument(s) rejected for payment at the second level review in the Vendor’s file.
- Rejected Food Instrument(s), which have been reimbursed, will be stapled to the white tissue copy of the “replacement” Food Instrument with any supporting documentation and filed according to each federal fiscal year.

Extenuating Circumstances
The Department review will consider extenuating circumstances which merit payment of the Food Instrument. Extenuating circumstances include:

- Missing Vendor ID Stamp
  The Department will replace a Food Instrument, which has a missing Vendor stamp if:
  - The endorsement and redemption were made by the Arizona WIC Program Vendor.
  - The Vendor provides a written explanation which documents it was administratively impossible for the Vendor to redeposit the rejected Food Instrument within sixty (60) calendar days after the first date to use.
  - The Vendor clearly stamps its Vendor number on front of the Food Instrument and there is no other reason for rejection.

Continued on Next Page
Section C
High Risk Identification System (Continued)
Review for Reimbursement of Food Instruments Initially Rejected for Payment
(Continued)

Second Level Review - Department Responsibilities (Continued)

---

Extenuating Circumstances (Continued)

- Stamped with another WIC Program Vendor ID Stamp

  The Department will replace a Food Instrument stamped with another WIC Program Vendor ID stamp if:

  - The endorsement and redemption were made by an Arizona WIC Program Vendor
  - The Vendor clearly stamps the Arizona WIC Program Vendor ID number on the back of the Food Instrument and there is no other reason for rejection

---

Continued on Next Page
Section C
High Risk Identification System (Continued)

WIC Price/Stock Surveys

Policy

The Department requires Vendors to verify and complete a WIC Price/Stock Survey (see Appendix A) semi-annually to evaluate and ensure that competitive price criteria continues to be met throughout the term of the Vendor Contract.

The data is also used to monitor retail price increases, compare wholesale to retail, monitor market trends, and for food forecasting. The price date is not used to set or establish the maximum redemption amount for Food Instruments.

Procedure

- All Vendors must accurately complete and submit the on-line WIC Price/Stock Survey semi-annually, between the first (1st) and the fifteenth (15th) calendar day of June and December

  Exception: Pharmacies shall be exempt from this requirement if they were contracted to provide only “special WIC infant formula”.

  Note: Chain stores must submit one consolidated WIC Price/Stock Survey for all outlets. However, if prices vary for each outlet and/or region, a separate report must be submitted for each outlet and/or region.

- All Vendors are required to submit additional WIC Price/Stock Surveys when requested by the Department.

- All Vendors may submit additional WIC Price/Stock Surveys when there is a wholesale price increase.

- The Department’s on-line system will not save or submit incomplete surveys. All required information must be entered.

- The WIC Price/Stock Survey completed and submitted for authorization is required for the enrollment process and may not replace the WIC Price/Stock Survey due in June and December.

- The WIC Price/Stock Survey that is due semi-annually should not be submitted prior to the first (1st) calendar day of the month and no later than the fifteenth (15th) calendar day of the month in which they are due (June and December).
Section D
Routine Monitoring

Policy

- Execution of the Vendor Contract authorizes the Department to perform any and/or all monitoring, as the Department deems appropriate

- Vendor monitoring responsibilities may be delegated to a contractor

- The Department or its contractor shall visit each Vendor prior to, or at the time of, initial authorization

- Vendors may be selected for monitoring based on their volume of WIC Program sales, past program abuse, history of unusually high prices of authorized foods, complaints, availability or variety of authorized foods, submission of suspicious Food Instruments or other concerns of the Department

- The Department is responsible for comprehensive monitoring of all authorized Vendors to ensure that they understand the WIC Program’s rules, regulations and procedures. The measures that the Department and its contractor may use to monitor Vendors include, but are not limited to, the following:
  - Vendor Site Review
  - Reject Food Instrument report reviews
  - Compliance investigations
  - Inventory audits
  - WIC participant/authorized representative and clinic complaints.
  - Criminal/Civil Background Checks
  - The Department and contractor may conduct follow-up on Vendors who are reported on the Arizona WIC Program Complaint hotline

Continued on Next Page
Section D
Routine Monitoring (Continued)

Vendor Site Reviews

A Vendor Site Review is an unannounced on-site visit. These visits are unannounced because the purpose of the visit is to determine if the Vendor is maintaining adequate stock for when participants/authorized representatives redeem Food Instruments. If an appointment is made, the Vendor may be artificially well-stocked when it would otherwise not have adequate WIC stock for participants/authorized representatives. Appointments may be made for training purposes only. As outlined in the Vendor Contract, the Vendor cannot refuse to allow a Vendor Site Review to be conducted. A Vendor Site Review may be conducted at any time the Vendor is open for business.

There shall be four types of Vendor Site Reviews:

- INITIAL: First time visit for a new applicant or change of owner (an appointment will be made for training purposes)
- INITIAL FOLLOW-UP: Follow-up visit for a new applicant or change of owner that did not meet the required minimum WIC stock during the initial visit
- REPRESENTATIVE: Chosen at random; and will be completed for all new Vendors after a minimum of thirty (30) days on the program
- HIGH RISK: All new Vendors after a minimum of thirty (30) days on the Program; and Vendors identified by low inventory, participant/authorized representative complaints, sanitation issues, etc.

Vendor Site Reviews may be conducted by the Department or its authorized contractor as follows:

- At a minimum, annually during each federal fiscal year (October through September) for at least 5% of the authorized Vendor population
- The above-mentioned Vendor Site Reviews will not include initial reviews
- Only the Department will be responsible for Vendor Site Review monitoring at military commissaries and pharmacies

Continued on Next Page
Vendor Site Reviews will be conducted with corrective action follow-up completed.

Training and education to participating Vendors will be provided at the time of the visit.

Vendor Site Reviews may be used to substantiate abuse and fraud under the Violations and Sanctions section (see Section H).

The Vendor Site Review form (see Appendix B) will document the following information:

- Date of and reason(s) for the review
- Statement of problems/deficiencies identified on a previous Vendor Site Review or complaints experienced by WIC participants/authorized representatives or WIC staff
- Current Vendor prices for WIC foods offered whether or not the prices are documented on the shelf
- Examination of Arizona WIC Food Instruments in the possession of the Vendor at the time of the site review for proper completion of Food Instrument redemption requirements
- Corrective action taken by the Vendor since the last visit when problems or deficiencies were noted (during the current or prior Federal Fiscal Year)
- Corrective action recommended and target correction date of current visit
- Training and/or counseling given on proper WIC policies and procedures
- Vendor comments, if applicable, which must include how the Vendor plans to correct deficiencies found
- If no deficiencies are found, the following statement will be documented on the form: “Did not have any discrepancies uncovered during this review”, with the date of the review entered by the reviewer

Continued on Next Page
Section D
Routine Monitoring (Continued)

Vendor Site Reviews (Continued)

For Vendor Site Reviews, the procedures upon arrival shall be:

- Upon arrival at the Vendor’s location, the WIC representative will document the time, look for the WIC decal, and determine whether there is appropriate wheelchair access to the store.

- The WIC representative will introduce him/herself to the manager or person in charge and discuss the purpose of the visit and explain what he/she will be doing.

- If a WIC decal was not displayed, the WIC representative will provide the store representative with two (2) WIC decals (one English and one Spanish) and ask that the decals be posted before the end of the on-site visit.

Continued on Next Page
Section D  
Routine Monitoring (Continued)

Vendor Site Reviews (Continued)

The following items will be checked during the store visit:

- WIC foods – All quantities, sizes, brands, varieties, and the highest shelf price will be listed on the Vendor Site Review form (See Appendix B) for all WIC foods offered - both on the shelf and in-store storage

- Prices – Prices should be clearly marked on the merchandise or shelf

- Store sanitation – Current posted county Health Operating Permit, freezer and refrigeration temperatures, and clean appearance of the store

- Treatment of WIC participants/authorized representative/personnel – Observe attitude of Vendor’s employees toward WIC participants/authorized representatives, if possible, and WIC personnel

- ADA compliance – Observe compliance with the American’s With Disabilities Act. For example, whether an individual who is wheelchair bound would have access to WIC foods (access would include the ability to request a store clerk to obtain a WIC food that is unreachable)

- Food Instruments – Review Food Instruments in the possession of the Vendor to determine if proper redemption procedures are being followed. If the store is large, request Food Instruments from at least one cash register

- WIC ID Stamp – Observe the condition of the Vendor’s WIC ID stamp(s)

- Infant Formula – Review the Vendor’s purchase records for infant formula and verify that the supplier on the list for approved infant formula suppliers

- Shelf Markers – Observe the use of shelf markers throughout the store. If the store has selected to use these items, ensure that only the State issued “WIC Approved” shelf markers are used and that the appropriate WIC approved foods are labeled.

Continued on Next Page
Section D
Routine Monitoring (Continued)

Vendor Site Reviews (Continued)

Upon completion of the review, the following items will be discussed with the store representative:

- The Food Instruments reviewed, indicating proper or improper redemption procedures
- Vendor ID stamp(s) which is/are not legible
- Results of the Vendor Site Review, indicating any deficiencies found and/or corrective action taken from a previous site visit, if applicable
- Any questions, problems, or suggestions regarding the Arizona WIC Program
- When deficiencies are found, the store representative will be advised that a follow-up visit will be conducted
- The store representative will be asked to sign the form, to document any comments, and may be asked to explain how the corrective action will be implemented

Continued on Next Page
Vendor Site Reviews (Continued)

Section D
Routine Monitoring (Continued)

The representative performing the Vendor Site Review will have on hand the following:

- Vendor Manual on compact disc
- WIC Decals (English and Spanish)
- Minimum stock requirement
- Arizona WIC Programs Food List
- WIC telephone numbers

The Department representative will accurately:

- Complete all information requested on the Vendor Site Review form
- Document corrective action taken on deficiencies of a previous visit and if no other deficiencies are found, document that the Vendor appears to understand current WIC policies
- Document deficiencies found during this visit and the training provided
- Have the store representative document how the store plans to correct the deficiencies found

The pink copy of the Vendor Site Review form will be left with the Vendor at the time of the visit. When more than one outlet is covered by the Vendor Contract, a copy will be mailed to a chain store's corporate office or to the store outlet's office headquarters (if deficiencies are identified). The original Vendor Site Review form will be on file at the Department to prove that the Vendor received training and/or counseling.

Continued on Next Page
### Vendor Site Reviews (Continued)

The Vendor Site Review form may be used to document all training and/or counseling of Vendors. Documentation will be on file to prove that the Vendor has received training and/or counseling. Training and education will include the following:

- Review of proper program procedures and/or requirements as indicated in the Vendor Contract and/or Vendor Manual
- Review approved and non-approved foods
- Review Vendor practices
- Discuss problem areas, expected compliance, and how the Vendor plans to correct deficiencies, if applicable
- Discuss sanctions that may be applied
- Inform Vendor of who to contact for questions regarding the Arizona WIC Program

The Department will maintain all original Vendor Site Review forms in the individual Vendor’s file. Vendor Site Review forms are analyzed for the following:

- Condition of Vendor ID stamp
- Vendor Food Instrument redemption procedure training necessary for discrepancies noted when reviewing Food Instruments
- Whether corrective action of previous visit(s) was implemented
- Current corrective action necessary
- Vendor comments
- Need for materials and/or additional training for staff
- Non-compliance with minimum stock requirements
- Price increases or decreases
- Sanitary conditions of the store
- Whether the Vendor is subject to sanction (See Violations and Sanctions).

Continued on Next Page
Section D
Routine Monitoring (Continued)

Review Of Rejected Food Instruments

The Department will review the Vendor rejected Food Instrument report as necessary to ensure that the Vendor is following the correct Food Instrument redemption procedures. The report documents the Food Instruments rejected for payment by the Vendor and the reason(s) for the rejection(s).

The report will be analyzed to determine if the program error(s) are subject to sanctions (see Section H).

Vendors and their employees may not seek, verbally or in writing, full or partial payment or restitution from WIC participants/authorized representatives for Food Instruments rejected for payment by the banking contractor or the Department or for Food Instruments that are damaged or were never deposited.
Section E
Compliance Investigations

Policy

The Department or its authorized contractor shall conduct compliance buys (covert investigations) to determine the Vendor’s compliance with WIC Program requirements. Compliance investigations may include compliance buys and/or inventory audits.

Annually, compliance buys will be conducted of a minimum of 5% of all Vendors authorized by the Department as of October 1 of each fiscal year.

The Department will conduct compliance buys on all high risk Vendors up to the 5% minimum. If more than five percent 5% of the Department’s Vendors are identified as high risk, the Department will prioritize those Vendors so as to perform compliance investigations of those determined to have the greatest potential for program non-compliance and/or loss of funds.

Compliance investigations may also be conducted on a random basis or on those Vendors suspected of violating WIC Program requirements and/or federal, state or local laws.

Execution of the Vendor Contract by the Vendor authorizes the Department to perform compliance investigations.

The Vendor is responsible to maintain all documents and records that pertain to their participation in the Arizona WIC Program for a period of five (5) federal fiscal years from either the expiration or termination of their contract, or the final payment under their contract.

Procedure

The compliance buy is an investigation involving an undercover (covert) on-site visit in which an individual poses as a WIC participant/authorized representative/proxy and uses WIC Food Instruments to determine a Vendor’s compliance with WIC Program requirements.
Section F
Inventory Audits

Policy
The Department may conduct inventory audits on Vendors to determine their compliance with WIC Program requirements.

Execution of the contract by the Vendor authorizes the Department to perform inventory audits.

The Vendor is responsible for maintaining all documents and records that pertain to their participation in the Arizona WIC Program for a period of five (5) federal fiscal years from the expiration or termination of their Vendor Contract; or the final payment under their contract.

Procedure
The inventory audit will include a comparison of a Vendor’s documented inventory of a supplemental food item against the Vendor’s claimed reimbursement for the sale of that supplemental food item for a specific period of time.
Section G
Complaint Reporting

Policy
The Department will accept complaints from participants, authorized representatives, proxies and Vendors who report fraud and/or abuse of the WIC Program.

The identity of the complainant, if requested, will be confidential.

Note: Department and local agency WIC staff should remind participants, authorized representatives, proxies and Vendors that the Arizona WIC Program Integrity Team wants to know about their problems and that they are an important source of information.

Procedure
Participants may file a complaint against a Vendor for WIC Program violations by calling the Toll Free Complaint Hotline or by contacting the WIC Program by U.S. Mail, electronic mail (AZwicComplaints@azdhs.gov), phone and/or in person.

Complaints by participants against Vendors may include, but are not limited to:

- Vendor’s employee was verbally abusive.
- Vendor was out of WIC authorized food(s).
- Vendor sold expired infant formula.
- Vendor overcharged for WIC food(s).

Vendors may file a complaint against a WIC participant/authorized representative/proxy by calling the Toll Free Complaint Hotline or by contacting the WIC Program by U.S. Mail, electronic mail (AZwicComplaints@azdhs.gov), phone and/or in person.

Complaints by Vendors against participants/authorized representatives/proxies may include but are not limited to:

- Participant/authorized representative/proxy was verbally abusive to Vendor employee.
- Participant/authorized representative/proxy attempted to purchase unauthorized WIC food(s).
- Participant/authorized representative/proxy attempted to return food purchased with WIC Food Instrument(s) for a cash refund.

The Department will take the appropriate follow up action on all complaints received.
Section H
Violations and Sanctions

Policy

Federal statutes and regulations and Arizona Department of Health Services policies and procedures require sanctioning contracted WIC Vendors determined to be violating:

- WIC Program federal regulations
- State statutes
- The WIC Vendor Contract
- The Vendor Manual
- WIC Program policies and procedures.

The Department may sanction Vendors violating program requirements by imposing:

- Administrative fines
- Monetary claims
- Civil money penalties
- Terminations or disqualifications from the WIC Program or
- Any combination of sanctions

Vendor violations may be intentional or unintentional. The Department may refer Vendors who commit fraud and/or abuse of the WIC Program to federal, state or local authorities for prosecution under applicable statutes.

The Department may sanction Vendors for a combination of violations or any violations of the:

- Terms of the Vendor contract
- Federal or state statutes or regulations
- WIC Program policies and procedures and/or
- Other applicable statutes, rules or regulations

Continued on Next Page
Section H
Violations and Sanctions (Continued)

Policy (Continued)

The imposition of sanctions shall not be construed as excluding or replacing any other criminal or civil sanction, penalty, or remedy applicable under any federal, state or local laws.

Vendor violations and/or sanctions in preceding contract periods may impact Vendor qualifications for authorization in subsequent contract periods.

Violations of the WIC Program that occurred during the previous contract period may be carried over and used as a basis for:

- Administrative fines
- Civil money penalties
- Monetary claims
- Termination
- Disqualification
- Criminal prosecution
- Denial of an application for a WIC Vendor contract or
- Other sanctions, or any combination of sanctions, under any subsequent contracts in accordance with WIC Program Policies and Procedures

All references in this document to participants include WIC participants, parents or caretakers of infant and child participants, or proxies. All references to days or years in this document refer to calendar days or calendar years.

The Department has two levels of violations: those that result in Department sanctions and those that result in federally mandated sanctions.

Continued on Next Page
Section H
Violations and Sanctions (Continued)

SubSection A: Department Sanctions - Administrative and Procedural Violations

Under this subsection, Vendors are subject to administrative fines and/or termination and disqualification, and any combination of sanctions. Vendors who fail to pay a fine as required will be terminated and disqualified for one year.

A violation under SubSection A will remain on the Vendor’s record for sanction purposes for 24 calendar months from the date of that violation and may be used when determining how many incidents of that violation have occurred. If the Department is able to determine that the Vendor is no longer committing the previously sanctioned violation, then any subsequent incidence of that violation will be considered an initial incident of that violation.

Except for violation #11, if the Department determines that disqualification of a Vendor for an administrative or procedural violation would result in inadequate participant access, a civil money penalty may be imposed in lieu of disqualification. (See SubSection E for civil money penalty calculation).

The first incidence of any violations 1 - 18 listed below will result in a warning letter, unless the Department, in its sole discretion, determines that a warning letter would compromise an investigation. Subsequent incidents of an administrative or procedural violation will result in administrative fines or termination of the Vendor Contract and disqualification from the WIC Program. The Department, in its sole discretion, may continue an investigation of a violation beyond the number of incidents necessary to impose a sanction.

Continued on Next Page
### Section H
Violations and Sanctions (Continued)

#### Department Sanctions – Administrative and Procedural Violations

<table>
<thead>
<tr>
<th>Violation</th>
<th>Second Incidence</th>
<th>Third Incidence</th>
<th>Fourth Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accepting a Food Instrument that is outside valid dates, post-dated or missing a signature.</td>
<td>$100.00</td>
<td>$200.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>2. Failing to verify signature on ID folder or proxy form against signature on Food Instrument.</td>
<td>$100.00</td>
<td>$200.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>3. Failing to offer program participants the same courtesies offered to other customers.</td>
<td>$100.00</td>
<td>$200.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>4. Requiring identification other than the WIC ID folder or proxy form to use WIC Food Instrument(s).</td>
<td>$100.00</td>
<td>$200.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>5. Failing to allow WIC participants to use coupons or other promotional specials.</td>
<td>$100.00</td>
<td>$200.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>6. Failing to record the total actual price on the WIC Food Instrument before obtaining the WIC participant’s signature on the Food Instrument.</td>
<td>$100.00</td>
<td>$200.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>7. Failing to display the current price of an authorized WIC food item on the item, shelf or nearby sign.</td>
<td>$100.00</td>
<td>$200.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>8. Failing to display the official Department signage for the Vendor’s declared store or house brand of cow’s milk, eggs, and cheese.</td>
<td>$100.00</td>
<td>$200.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>9. Requiring other cash purchases as a condition to use WIC Food Instruments.</td>
<td>$100.00</td>
<td>$200.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
### Section H
Violations and Sanctions (Continued)

#### Department Sanctions – Administrative and Procedural Violations (Continued)

<table>
<thead>
<tr>
<th>Violation</th>
<th>Second Incidence</th>
<th>Third Incidence</th>
<th>Fourth Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Approaching, soliciting, or leaving advertisements or other promotional items for WIC applicants or participants at the WIC State Agency or Local Agency WIC Clinics.</td>
<td>$100.00</td>
<td>$200.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>11. Failing to maintain required minimum stock.</td>
<td>$200.00</td>
<td>$400.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>12. Collecting sales tax on a WIC food purchase.</td>
<td>$200.00</td>
<td>$400.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>13. Allowing the return of food items purchased with WIC Food Instruments in exchange for food items not authorized by the WIC Program or for WIC food items not listed on the WIC participants’ Food Instruments.</td>
<td>$200.00</td>
<td>$400.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>14. Contacting WIC participants to attempt to collect funds that will not be or were not paid to the Vendor by the WIC Program.</td>
<td>$200.00</td>
<td>$400.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>15. Charging WIC participants for authorized WIC foods obtained with WIC Food Instruments.</td>
<td>$200.00</td>
<td>$400.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
</tbody>
</table>
### Chapter Eighteen
Vendor Management

<table>
<thead>
<tr>
<th>Violation</th>
<th>Second Incidence</th>
<th>Third Incidence</th>
<th>Fourth Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Failing to submit a Vendor Price/Stock Survey as required.</td>
<td>$200.00</td>
<td>$400.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>17. Allowing the purchase of less than the total amount of infant formula as specified on the Food Instrument.</td>
<td>$200.00</td>
<td>$400.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>18. Using the WIC logo or the acronym “WIC” without written approval from the Department and the USDA.</td>
<td>$500.00</td>
<td>$1000.00</td>
<td>Termination of contract and one year disqualification</td>
</tr>
</tbody>
</table>

Continued on Next Page
Violations #1 through #12 listed below are fraud and abuse violations. The Department sanctions for fraud and abuse are termination of the Vendor Contract and disqualification from the WIC Program.

The Department will send the Vendor a single warning letter after the first incident of a fraud or abuse violation, unless the Department, in its sole discretion, determines that a warning letter would compromise an investigation.

The Department will NOT send any additional warning letters for subsequent incidents of a fraud or abuse violation or before imposing the Department sanction. The Department, in its sole discretion, may continue an investigation of a violation beyond the number of incidents necessary to impose a sanction.

A fraud or abuse violation that results in a Department sanction will remain on the Vendor’s record as a violation incident for 24 calendar months from the date of that violation and may be used when determining how many incidents of that violation have occurred. If the Department is able to determine that the Vendor is no longer committing the previously sanctioned violation, then any subsequent incident of that violation will be considered an initial incident of that violation.

If the Department determines that disqualification of the Vendor for fraud or abuse would result in inadequate participant access, a civil money penalty may be imposed in lieu of disqualification. (See Subsection E in this section for calculation.)
**Section H**  
Violations and Sanctions (Continued)

**Department Sanctions – Fraud and Abuse Violations**

<table>
<thead>
<tr>
<th>Violation</th>
<th>Number of Incidences of the Violation that Will Result in the Indicated Sanction</th>
<th>Sanction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Failing to attend training as required by the Department.</td>
<td>Two</td>
<td>Termination of contract and six months disqualification</td>
</tr>
<tr>
<td>2. Failing to provide access to Vendor premises and/or in any manner to hinder or impede authorized WIC personnel in the act of conducting an on-site education, monitoring, inventory audit, or investigation visit.</td>
<td>Two</td>
<td>Termination of contract and six months disqualification</td>
</tr>
<tr>
<td>3. Providing false, inconsistent, or misleading information on the WIC Price/Stock Survey.*</td>
<td>Two</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>4. Threatening or verbally abusing WIC participants and/or threatening or verbally abusing WIC Program personnel conducting official WIC Program business.</td>
<td>Two</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>5. Physically abusing WIC participants and/or physically abusing WIC Program personnel conducting official WIC Program business.</td>
<td>Two</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>6. Failing to maintain, due to suspension, revocation, or denial, a Health Code Permit or other licenses, permits, or certifications to operate a food store in the State of Arizona or the State in which the Vendor is geographically located (i.e., Utah, Nevada, or California).</td>
<td>Two</td>
<td>Termination of contract and one year disqualification</td>
</tr>
</tbody>
</table>

Continued on Next Page
Section H  
Violations and Sanctions (Continued)  

Department Sanctions – Fraud and Abuse Violations (Continued)  

<table>
<thead>
<tr>
<th>Violation</th>
<th>Number of Incidences of the Violation that Will Result in the Indicated Sanction</th>
<th>Sanction</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Being assessed of a civil money penalty for hardship in the SNAP.</td>
<td>Two</td>
<td>Termination of contract and disqualification for the period of time for which the Vendor would otherwise have been disqualified by the Food Stamp/SNAP</td>
</tr>
<tr>
<td>8. Failing to maintain inventory records or other records required by the Department for a period of five years.</td>
<td>Two</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>9. Failing to make available to the Department, the United States Department of Agriculture, any law enforcement agency, the Department of the Attorney General, or the Comptroller General of the United States, upon request, and at a reasonable time and place for inspection and audit, all Food Instruments in the Vendor’s possession and all program related records. (This includes failing to provide the Department legible copies, within 30 calendar days of the written request, all required program related records including purchase and inventory records for WIC authorized foods).</td>
<td>Two</td>
<td>Termination of contract and one year disqualification</td>
</tr>
</tbody>
</table>

Continued on Next Page
Section H
Violations and Sanctions (Continued)

Department Sanctions – Fraud and Abuse Violations (Continued)

<table>
<thead>
<tr>
<th>Violation</th>
<th>Number of Incidences of the Violation that Will Result in the Indicated Sanction</th>
<th>Sanction</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Allowing the return of food purchased with WIC Food Instruments in exchange for cash, credit or non-food items.</td>
<td>Two</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>11. Discriminating on the basis of race, color, disability (handicap), age, national origin, or gender (sex).</td>
<td>Two</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>12. Purchasing infant formula from a source that is not listed on the Arizona WIC Program’s list of infant formula manufacturers, wholesalers or distributors.</td>
<td>Two</td>
<td>Termination of contract and one year disqualification</td>
</tr>
</tbody>
</table>

*Note: For WIC Price/Stock Surveys (Market Basket) prices, it is the sole responsibility of the vendor to provide timely verified updates to the Department.*

Continued on Next Page
Section H
Violations and Sanctions (Continued)

SubSection C: Mandatory Sanctions Under Federal Regulations

USDA Federal Regulations, specifically those at 7 C.F.R. § 246.12, impose mandatory sanctions for Violations #1 through #12 listed below. The mandatory sanctions for the violations listed below are termination of the Vendor Contract and disqualification from the WIC Program. For Violations #4 through #11 listed below, the federal regulations also require the Department to establish a pattern of violations before imposing the mandatory sanction.

For Violations #4 through #10 listed below, the Department will send the Vendor a single warning letter after the first incident of a violation, unless the Department, in its sole discretion, determines that a warning letter would compromise an investigation. The Department will NOT send any warning letters for subsequent incidents of a violation. No warning letters will be sent for violations #1, #2, #3, #11, or #12. The Department, in its sole discretion, may continue to investigate a violation beyond the number of incidents necessary to impose a sanction.

If the Department is able to determine that the Vendor is no longer committing the previously sanctioned violation, then any subsequent incident of that violation will be considered an initial incident of that violation.

Except for Violation #1, if the Department determines that disqualification of the Vendor would result in inadequate participant access, a civil money penalty may be imposed in lieu of disqualification. (See Subsection E for calculation.)

<table>
<thead>
<tr>
<th>Violation</th>
<th>Number of Incidences of the Violation that Will Result in the Indicated Sanction</th>
<th>Sanction and Length of Disqualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vendors convicted of trafficking in Food Instruments or selling firearms, ammunition, explosives, or controlled substances (as defined in Section 102 of the Controlled Substances Act (21 U.S.C. § 802)) in exchange for Food Instruments.</td>
<td>One</td>
<td>Termination of contract and permanent disqualification</td>
</tr>
</tbody>
</table>

Continued on Next Page
### Section H

**Violations and Sanctions (Continued)**

**SubSection C: Mandatory Sanctions Under Federal Regulations**

<table>
<thead>
<tr>
<th>Violation</th>
<th>Number of Incidences of the Violation that Will Result in the Indicated Sanction</th>
<th>Sanction and Length of Disqualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. a. Buying or selling Food Instruments for cash (trafficking) or</td>
<td>One</td>
<td>Termination of contract and six year disqualification</td>
</tr>
<tr>
<td>b. Selling firearms, ammunition, explosives, or controlled substances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(as defined in 21 U.S.C. § 802) in exchange for Food Instruments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Selling alcohol, alcoholic beverages or tobacco products in exchange</td>
<td>One</td>
<td>Termination of contract and three year disqualification</td>
</tr>
<tr>
<td>for Food Instruments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Charging the WIC Program more for supplemental food than non-WIC</td>
<td>Three</td>
<td>Termination of contract and three year disqualification</td>
</tr>
<tr>
<td>customers or charging the WIC Program more than the current shelf price.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Charging the WIC Program for supplemental food not received by the</td>
<td>Three</td>
<td>Termination of contract and three year disqualification</td>
</tr>
<tr>
<td>participant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Receiving, transacting and/or redeeming Food Instruments outside</td>
<td>Three</td>
<td>Termination of contract and three year disqualification</td>
</tr>
<tr>
<td>authorized channels, including the use of an unauthorized Vendor and/or an</td>
<td></td>
<td></td>
</tr>
<tr>
<td>unauthorized person.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Providing credit (including rain checks) or non-food items, other than</td>
<td>Three</td>
<td>Termination of contract and three year disqualification</td>
</tr>
<tr>
<td>alcohol, alcoholic beverages, tobacco products, cash, firearms,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ammunition, explosives, or controlled substances (as defined in 21 U.S.C.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>802), in exchange for Food Instruments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Providing unauthorized food items in exchange for Food Instruments,</td>
<td>Three</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>including charging for supplemental food provided in excess of those listed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>on the Food Instrument.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Continued on Next Page*
### Section H
Violations and Sanctions (Continued)

**SubSection C: Mandatory Sanctions Under Federal Regulations (Continued)**

<table>
<thead>
<tr>
<th>Violation</th>
<th>Number of Incidences of the Violation Which will Result in the Indicated Sanction</th>
<th>Sanction and Length of Disqualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Providing incentive items* or other free merchandise to WIC Program participants. (Only applicable to Above-50-Percent Vendors)**</td>
<td>Three</td>
<td>Termination of contract and one year disqualification</td>
</tr>
<tr>
<td>10. Providing incentive items* or other free merchandise solely to WIC Program participants. (Only applicable to Regular Vendors)**</td>
<td>Three</td>
<td>Termination of contract and one year disqualification</td>
</tr>
</tbody>
</table>

11. Claiming reimbursement for the sale of an amount of a specific supplemental food item that exceeds the store’s documented inventory of that supplemental food item for a specific period of time. Each month that a Vendor claimed reimbursement for the sale of a specific supplemental food item that exceeded the Vendor's documented inventory of that supplemental food item, shall constitute an incidence of a violation. Three incidences of this violation will result in termination of the contract and a three year disqualification.

12. Becoming disqualified from the SNAP will result in disqualification from the WIC Program. The term of the disqualification shall be identical to, and may begin at a later date than, the SNAP disqualification. The disqualification is not subject to administrative or judicial review under the WIC Program.

*Note:* Incentive items or other free merchandise are defined as: Free or reduced price food or other items, cash, lottery tickets, buy one, get one free, buy one get one at a reduced price, free amounts added to an item by a manufacturer, manufacturer coupons, store loyalty cards, sales and specials for supplemental food, free or reduced price services except for the minimal customary courtesies of the retail food trade, such as bagging supplemental food for the participant and assisting the participant with loading the supplemental food into his/her vehicle.

**Note:** Above-50-Percent Vendors cannot provide any incentive items to WIC customers; however, Regular Vendors can provide incentive items to WIC customers, as long as the same incentive items are being provided to all customers.

*Continued on Next Page*
Chapter Eighteen
Vendor Management

Section H
Violations and Sanctions (Continued)

SubSection D: Multiple Violations During a Single Investigation

When, during the course of a single investigation, the Department determines a Vendor has committed multiple violations (which may include violations subject to Department sanctions or federally mandated sanctions) the Department shall disqualify the Vendor for the period corresponding to the most serious sanction. Additionally, if a Vendor is immediately subject to disqualification after an investigation has been completed, but an additional incident of a different violation would result in a longer period of disqualification, then the Department may continue the investigation to determine whether the more serious sanction should be imposed.

SubSection E: Civil Money Penalty

If the Department determines that disqualification of a Vendor would result in inadequate participant access, a civil money penalty will be imposed. The civil money penalty amount shall be determined by using the formula in USDA Federal Regulations at 7 C.F.R. § 246.12 (l) (1) (x). The formula is as follows:

Step I: Multiply 10% (.10) times the average monthly redemptions for the previous six calendar month period ending with the month preceding the month during which the notification of violation is dated.

Step II: Multiply the product of Step I by the number of months of the disqualification period.

The result of Step II will be the civil money penalty imposed. A civil money penalty shall not exceed $11,000 for each violation.

When, during the course of a single investigation, the Department determines a Vendor has committed multiple violations, the Department must impose a civil money penalty for each violation.

The total amount of civil money penalties for violations investigated as part of a single investigation shall not exceed $44,000.

A civil money penalty shall not be imposed in lieu of disqualification for third or subsequent sanctions for violations listed in SubSection C, items 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11.

Continued on Next Page
Section H
Violations and Sanctions (Continued)

SubSection E: Civil Money Penalty (Continued)

Vendors that have been convicted of trafficking (SubSection C - Item 1) in Food Instruments or selling firearms, ammunition, explosives or controlled substances in exchange for Food Instruments will be permanently disqualified from the WIC Program. A civil money penalty in lieu of disqualification will not be considered even if disqualification of the Vendor would result in inadequate participant access or if the Vendor had at the time of the violation an effective policy and program in effect to prevent trafficking and the ownership of the Vendor was not aware of, did not approve of, and was not involved in the conduct of the violation.

If a Vendor does not pay, only partially pays, or fails to timely pay a civil money penalty assessed in lieu of disqualification, the Department must disqualify the Vendor for the length of the disqualification corresponding to the violation for which the civil money penalty was assessed (for a period corresponding to the most severe violation in cases where a mandatory sanction included the imposition of multiple civil money penalties as a result of a single investigation).

SubSection F: Second Mandatory Sanction

If a Vendor has been previously sanctioned for a violation under Mandatory Sanctions under Federal Regulations (except for Violations #1, #11, and #12) and commits a second violation of that type, the sanction amount for the second violation will be doubled.

SubSection G: Third or Subsequent Mandatory Sanction

If a Vendor has been previously sanctioned two or more times for a violation under Mandatory Sanctions under Federal Regulations (except for Violations #1, #11, and #12) and commits additional violations of that type, the sanction amount for third and all subsequent violations will be doubled.

SubSection H: No Voluntary Withdrawal Or Non-renewal Of Contract

The Department shall not accept voluntary withdrawal of the Vendor from the WIC Program as an alternative to disqualification for the violations requiring a mandatory sanction under federal regulations listed in SubSection C. In addition, the Department shall not use non-renewal of the Vendor Contract as an alternative to disqualification for the mandatory sanctions in SubSection C.
Section H
Violations and Sanctions (Continued)

SubSection I:
Criminal Or Civil Prosecution
A Vendor who commits fraud or abuse in the WIC Program is liable to prosecution under applicable federal, state, or local laws. Under federal law, those who have willfully misapplied, stolen, or fraudulently obtained program funds valued at $100 or more will be subject to a fine of not more than $25,000 or imprisonment for not more than five years or both. If the value of the willfully misapplied, stolen, or fraudulently obtained program funds is less than $100, the penalties are a fine of not more than $1,000 or imprisonment of not more than one year or both.

SubSection J:
Change Of Business Entity
A change in ownership does not eliminate any violation or sanctions that occurred before the change in ownership. If a Vendor changes ownership at the same location (i.e., through a change in business entity or the addition or deletion of partners, associates, or principals), any violations that occurred under the previous contract will carry over to the new contract and may be used for determining sanctions, including termination and/or disqualification. Such changes in ownership may include, but are not limited to, a change from a sole proprietorship or partnership to a corporation where the previous individual owner(s) or one or more partner(s) remain as an officer or shareholder of the new corporation.

Continued on Next Page
Section H
Violations and Sanctions (Continued)

SubSection K: Termination/Denial/Disqualification

Vendors may appeal denial of authorization, an administrative fine, termination, disqualification, or a civil money penalty according to the most recent administrative hearing procedures issued by the Department. However, as stated above, a termination and disqualification which is based on a SNAP disqualification is not subject to administrative or judicial review.

For those cases where a Vendor has timely appealed a termination or termination and disqualification action, and the Vendor was allowed to continue on the program, all provisions of the WIC Vendor contract will continue to apply, including sanctions for noncompliance, during the time period the contract is in effect.

Vendors who are terminated and disqualified may apply for a WIC Vendor contract after the disqualification period ends. The Vendor must meet all current requirements for a WIC Vendor Contract including the selection plan and limitation policy requirements. The Department will not consider contracting with a Vendor during any disqualification period from the WIC Program.

Subsection L: SNAP Disqualification

Disqualification from the WIC Program for any of the mandatory sanctions listed in SubSection C of this Sanction Policy may result in disqualification as a retailer in the SNAP. As stated above, such disqualification is not subject to administrative or judicial review under the SNAP.
Section I
Coordination with the Supplemental Nutrition Assistance Program (SNAP)

Policy
The Department has a cooperative agreement with the SNAP. Both programs regularly exchange information regarding authorized Vendors on each of their programs.

This exchange of information includes adverse actions taken by each program against their respective authorized Vendors.

The Department also refers Vendors suspected of violating Federal or State laws to the United States Department of Agriculture, Office of Inspector General for investigation and possible criminal prosecution.

Procedure
The Department will provide the Phoenix Food and Nutrition Services (FNS) Field Office with a list of authorized Vendors upon request.

The Department will receive SNAP redemption information via STARS or from the Phoenix Field Office, as needed, as a component of the Vendor enrollment criteria or monitoring activity.

The Department may provide the local Office of Inspector General with a list of authorized Vendors, selected redemption information and high risk reports.

The FNS will provide the Department with notice of SNAP disqualifications.

The Department will provide FNS notice of WIC disqualification within fifteen (15) calendar days after the date that the Vendor’s administrative appeal has expired or after all administrative appeals have been exhausted. Notice will include, but not be limited to, a copy of the Vendor’s notice of administrative action, which documents that the Vendor could be disqualified from the SNAP based on the WIC violations committed by the Vendor.

The Department will provide FNS with notice of any Vendor who has been assessed a Civil Money Penalty in lieu of disqualification, which will indicate the length of the disqualification period corresponding to the Vendor’s violation.
Section J
Staffing and Staff Training

Policy

The Department will provide standardized training for individuals who are responsible for Vendor monitoring and training activities.

Procedure

- A Contractor may perform Vendor monitoring activities as defined in Section D of this Chapter
- A Contractor may perform Vendor investigation activities as defined in Section E of this Chapter
Section K
Participant Access

Policy
Federal regulations require that the Department ensure that all WIC participants have adequate access to purchase their WIC food items. By ensuring adequate access to authorized Vendors, the Department assists WIC participants in meeting their nutritional goals and needs.

Authorization
Before an Applicant is denied for any of the selection criteria outlined in this Manual, other than minimum stock requirements, the Applicant’s original application and related attachments shall be evaluated under the Participant Access criteria stated on the following page to determine whether denying authorization would result in inadequate participant access. The Department shall deny authorization if the Applicant does not meet the criteria for minimum stock requirements, after being provided with one opportunity to correct the deficiency.

For denials due to the Application not meeting the training criteria, the Applicant will be given only one (1) final opportunity to attend a Department mandatory training session scheduled.

The Department shall not authorize a new for-profit applicant (not currently participating in the Arizona WIC Program) that is expected to derive more than 50% of its annual food sales from WIC Food Instruments, unless the applicant is necessary to ensure participant access to program benefits. The Department completes a six-month assessment of all new Vendors to assure that the status initially assigned is appropriate. Upon completion of the assessment, if the Vendor’s food sales from WIC Food Instruments exceed 50% of their total food sales, the Vendor Contract will be terminated unless the outlet is necessary to ensure participant access.

Termination and Disqualification
Prior to terminating or disqualifying a Vendor from participation in the WIC Program, the Department shall consider the adequacy of access by participants to authorized WIC Vendors.

Continued on Next Page
## Section K
**Participant Access (Continued)**

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Department shall determine participant access is adequate when:</td>
</tr>
<tr>
<td>• There is at least one authorized Vendor within a one-mile radius of the Vendor being disqualified and</td>
</tr>
<tr>
<td>• The Department considered but did not find any geographic barriers for participants to access another authorized Vendor. Geographic barriers include, but are not limited to:</td>
</tr>
<tr>
<td>o Mountains</td>
</tr>
<tr>
<td>o Rivers</td>
</tr>
<tr>
<td>o Lakes</td>
</tr>
<tr>
<td>o Washes</td>
</tr>
<tr>
<td>o Highways with limited access for crossing by vehicle or by foot</td>
</tr>
</tbody>
</table>

Prior to taking disqualification action, the Department shall document its participant access determination in the Vendor’s file.

If the department, in its sole discretion, determines that disqualification of a Vendor would result in inadequate participant access, the Department shall impose a civil money penalty in lieu of disqualification, except when prohibited by 7 CFR §246.12.
Chapter Eighteen
Vendor Management

Section L
Infant Formula Supplier List

Policy
The Department must develop and distribute a list of infant formula wholesalers and distributors (hereinafter “Suppliers”) licensed in accordance with State law and federal regulations, and infant formula manufacturers registered with the Food and Drug Administration.

The list will be provided to all authorized WIC Vendors at minimum, once a year, by September 1st of each year.

The list may be amended and will be provided to all authorized WIC Vendors as appropriate.

Authorized WIC Vendors are required to only purchase infant formula from sources on the list or they will be sanctioned accordingly.

Criteria for Inclusion on The Infant Formula Supplier List
Suppliers selected by the Department are evaluated on the following submissions:

1. Written request, on letterhead with original signature, for addition to the list.
   - Letter must include a statement that all infant formula for distribution to retailers is purchased directly from manufacturers registered with the Food and Drug Administration and from no other source.
   - Two of the manufacturers must be the infant formula rebate manufacturer for the Arizona WIC Program.

2. Copy of any license(s) to do business in the State of Arizona.

3. Copy of Articles of Incorporation, partnership agreements, or sole proprietorship documents, as applicable (all owners or operators must be listed, including titles and addresses).

4. Original signed letter from all infant formula manufacturers that indicate supplier’s infant formula purchases are directly from that/those manufacturer(s).

5. Upon addition to the list, the Supplier will provide copies of infant formula invoices to document Arizona business transactions, when requested by the Department.

Continued on Next Page
Chapter Eighteen
Vendor Management

Section L
Infant Formula Supplier List (Continued)

Procedure
The Department will designate a representative to evaluate all Supplier submissions requesting to be added to the list. The Department will only accept written requests and the Department will only respond to the Supplier’s request in writing. Upon receipt of the Supplier’s request, the Department will:

- Document Supplier’s contact information and generate a standard letter that will be sent via certified mail to provide notice in writing of the appropriate documents that must be submitted for evaluation.

- Upon receipt of the Supplier’s letter request, the Department will review the packet to ensure that all appropriate documents have been submitted. Any documents not included with the submission, must be identified and requested via certified mail.

- All documents will be verified through the appropriate sources (i.e., manufacturer, Corporation Commission, State Licensing Department, etc.).

- Upon completion of the verification process, all documents will be forwarded to the Department Program Integrity Supervisor for final review and decision.

- Approved suppliers will be added to the list with an effective date of the first day of the month following the month that the approval was determined.

- The list will be maintained and updated online.

Suppliers will be notified of their evaluation status (approved or denied) in writing via certified mail.

Notification of Changes
Vendors may change suppliers at any time during the year by notifying the Department in writing not less than thirty (30) calendar days prior to the date that the change will occur.

Failure to Comply
Failure by the wholesaler or distributor to comply with all of the terms and conditions to be included on the list of approved infant formula suppliers shall result in immediate removal from the list.
Chapter Eighteen
Vendor Management

Appendix A:
WIC Price Stock Survey Instruction Worksheet

See Following Page
WIC PRICE/STOCK SURVEY INSTRUCTION WORKSHEET

All Vendor Applicants and Authorized WIC Program Vendors are required to complete an online price/stock survey, also known as a market basket assessment. The online survey consists of a market basket of specific foods (listed below) that reduces the number of prices needing to be collected and ensures that the analysis being completed is consistent and uniform.

Vendor Applicants complete and submit the online survey as part of the authorization process. Under the Vendor Contract, authorized Vendors are required to complete and submit the online survey every six months (in June and December).

Listed below is information to assist you in preparing for the completion of the online price/stock survey. The information provided must reflect the actual shelf price at the time of the online price/stock survey for each WIC food item currently on the shelf or in inventory housed at your store location. If a space is left blank, the system will not allow you to continue, save, or submit your information. Do not estimate or project prices. [Exception: Pharmacies shall be exempt from this requirement if they are contracted to provide only “special infant formula.”]

Carefully read through the Arizona WIC Program Minimum Stock Requirements in Section 2, Foods of the Arizona WIC Program Vendor Manual, and enter the highest actual shelf price for each WIC food item in the survey (except where brand specific). Fill in the price for the exact size listed or selected.

<table>
<thead>
<tr>
<th>Item</th>
<th>Brand/Variety</th>
<th>Size</th>
<th>Enter size for prices submitted</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby Food</td>
<td>Gerber (any vegetable)</td>
<td>4 ounce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cereal</td>
<td>Cheerios (plain)</td>
<td>14 to 18 ounce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cereal</td>
<td>Kix (plain)</td>
<td>14 to 18 ounce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheese</td>
<td>Cheddar (store or house brand only)</td>
<td>1 pound package</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheese</td>
<td>Monterey Jack (store or house brand only)</td>
<td>1 pound package</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eggs</td>
<td>Large, White, Chicken (store or house brand only)</td>
<td>1 Dozen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Formula</td>
<td>Similac Advance with Iron (powder)</td>
<td>12.4 ounce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Formula</td>
<td>Enfamil ProSobee (powder)</td>
<td>12.9 ounce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juice</td>
<td>Tree Top Apple</td>
<td>64 ounce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juice</td>
<td>Frozen Orange</td>
<td>11.5 or 12 ounce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td>1% (store or house brand only)</td>
<td>1 Gallon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td>Whole (store or house brand only)</td>
<td>1 Gallon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peanut Butter</td>
<td>Plain, creamy, chunky or super chunk</td>
<td>16 to 18 ounce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuna</td>
<td>Water-packed, chunk light</td>
<td>5 ounce</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B: WIC Vendor Site Review Form

See Following Pages
# WIC Program Vendor Site Review

## Vendor Information

**Vendor ID Number:**

Name: 

Address: 

City: State: Zip Code: 

Telephone Number: ( ) Fax: ( )

## Reviewer Information

**Local Agency/State Contractor:**

**Name of Reviewer:**

**Telephone Number:** ( ) **Fax:** ( )

**Date of Review:** Time: am/pm

## Reason for Review

Application Visit:  
(The Vendor ID number and stamp have not been issued)

- [ ] Initial  
- [ ] Initial Follow-up  
- [ ] Representative/Routine  
- [ ] High Risk/Follow-up

## Part I: General Observations

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Does the store front signage match the Owner name or DBA name on the Vendor's application?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no, name on sign?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Are Vendor personnel cooperative?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Are WIC participants allowed access to all check out lanes, (Excludes 'Cash Only' and 'Self Serve' lanes)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Are all prices clearly posted on the shelf or product?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Did the store appear to be clean?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Is the current county health operating permit posted?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Is there access for people with disabilities to use the store (Compliance with the Americans with Disabilities Act)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Do the Vendor’s purchase records for infant formula indicate purchases from only the State’s approved list?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Does the Vendor accept forms of payment for food purchases other than WIC food instruments?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Does the Vendor allow WIC customers to pay the difference using their own funds (mixed tender) if the amount exceeds the maximum amount written on the Cash Value Food Instrument/Cash Value Voucher (CVFI/CVV)?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Review of Materials

**Does the Vendor utilize the following:**

- Vendor Manual

- WIC food list at cash registers

- “We Accept WIC” sign posted near entrance
PART II: FOOD INSTRUMENT REVIEW (including CVFI/CVV); number of Food Instruments reviewed: ______________________

<table>
<thead>
<tr>
<th>SERIAL #</th>
<th>PARTICIPANT ID #</th>
<th>AMOUNT</th>
<th>DEFICIENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART III: CORRECTIVE ACTION RECOMMENDED FROM PREVIOUS VISITS

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Were the Corrective Actions implemented?  □ Yes  □ No  □ N/A

PART IV: SITE VISIT VERIFICATION

I certify that I have performed a complete site inspection and that the above named Vendor is:

□ In compliance and did not have any deficiencies uncovered during this review ( Insert Today’s Date ).

□ Not in compliance; corrected at the time of visit. Vendor is still subject to appropriate violation under sanction schedule or denial of Application to become an authorized Arizona WIC Program Vendor.

□ Not in compliance.

<table>
<thead>
<tr>
<th>DEFICIENCIES</th>
<th>CORRECTIVE ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VENDOR’S STATEMENT REGARDING WIC PROGRAM DEFICIENCIES

All on-site storage areas have been inspected for the above-mentioned WIC approved food items that do not meet the program’s minimum stock requirements. No additional stock was located by the conclusion of this visit.

□ I agree that all areas have been inspected for additional stock. Store Representative Signature Date

All deficiencies found during this visit have been discussed with me and required corrective action has been explained.

□ I agree with the deficiencies found, required action, and understand the topics discussed.

I anticipate making corrections no later than Insert Date the deficiencies will be corrected Initials:___________________

VENDOR COMMENTS

□ I disagree with the deficiencies found and/or the required action for the following reasons:

______________________________________________________________

______________________________________________________________

______________________________________________________________

WIC PROGRAM REPRESENTATIVE COMMENTS
PART V: REDEMPTION REMINDERS

✓ Identify the WIC customer
✓ Check the dates
  ➔ Do not accept before the date shown in the box marked “First Date To Use” or after the “Last Date To Use”
✓ Check to make sure that the Food Instrument has not been reported to you (in writing) by the State agency as either lost or stolen
✓ Check that the selected items, quantities and units being purchased are as specified on the Food Instrument
  ➔ All infant formula must be purchased
  ➔ No substitutions
  ➔ No rain checks
  ➔ Check the price of each item to avoid overcharges
✓ Enter the date the Food Instrument is used (cashier’s responsibility) in the “Date of Use” box
  ➔ Date can be corrected one (1) time only and in the presence of the WIC participant/authorized representative by drawing a single line through the incorrect date, writing in the correct date and initialing the correction.
✓ Keep each WIC transaction separate
  ➔ Allow WIC customer to redeem more than one Food Instrument per visit
  ➔ Do not combine the total purchase amounts from two or three Food Instruments into one
  ➔ Food Instrument cannot exceed $200.00 (does not apply to Cash Value Food Instrument/Cash Value Voucher)
✓ Allow the use of coupons, the purchase of items on sale and to take advantage of promotional specials, for example:
  ➔ Cents off coupons
  ➔ Free additional ounces
  ➔ Buy one get one free
  ➔ In-store promotions
  ➔ Manufacturer promotions
  
  Note: The above-mentioned excludes Above-50-Percent Vendors
✓ Enter purchase price (cashier’s responsibility) in the “Actual $ Amount” box
  ➔ Cannot exceed the maximum dollar amount
✓ Correct any mistakes in writing the dollar amount on the Food Instrument by doing the following
  ➔ Cashier will draw a single line through the incorrect dollar amount
  ➔ The corrected dollar amount is written in the “$ Correction Only” box
  ➔ Cashier will initial the correction in the “Cashier Initial” box
✓ Witness customer signature
  ➔ Compare the signature on the Food Instrument and ID folder before finalizing the transaction
✓ Give WIC customer a clear readable cash register receipt for each of their WIC purchases
  ➔ The receipt must reflect the store name, date, quantities purchased and total dollar amount
  ➔ Receipt must identify sale as a “WIC” transaction
✓ When redeeming Cash Value Food Instruments/Cash Value Vouchers (CVFI/CVV) remember:
  ➔ CVFI/CVV is for purchasing fruits and vegetables only
  ➔ Do not write more than the maximum amount on the CVFI/CVV
  ➔ Allow WIC Customer to use multiple CVFI/CVV towards a single purchase, but tender each CVFI/CVV separately
  ➔ Allow the customer to pay the amount over the maximum printed on the CVFI/CVV using another method of payment (mixed tender, such as SNAP, Cash, Debit/Credit, etc.)

Part VI: SIGNATURES

<table>
<thead>
<tr>
<th>Store Representative Signature</th>
<th>WIC Program Representative Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Print Name</td>
</tr>
<tr>
<td>Title</td>
<td>Title</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>
Part VII: FOODS

Instructions: List the highest regular, NOT sale, price for each WIC food item in stock. (A) = Arizona WIC or (I) = ITCA WIC

**MILK** – Store / House Brand: ____________________________

Is mandatory signage posted? □ Yes □ No □ N/A

Quantity: Are there at least (A) 28-gallons of refrigerated milk OR (I) 12-gallons, 2 half-gallons and 4 quarts of refrigerated milk?

□ Yes □ No, If NO, # in stock:

(A) _______ Gallons

(I) _______ Gallons _______ Half-Gallons _______ Quarts

Variety: Does the Vendor carry (A) Whole and 1% OR (I) Whole and 1% or Skim

□ Yes □ No, If NO, Variety missing: ________________

<table>
<thead>
<tr>
<th>Type</th>
<th>Gallon</th>
<th>½ Gallon</th>
<th>Quart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Reduced Fat (2%)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Low Fat (1%)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Fat Free (Skim/Nonfat)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Lactose Reduced</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Evaporated Whole</td>
<td>12 oz. can</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Evaporated Skim</td>
<td>12 oz. can</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Long Shelf life (UHT)</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Non Fat Dry</td>
<td>oz.</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Refrigerator Temperature: _______ °F (Acceptable: ≤ 45°)

**EGGS** – Store / House Brand: ____________________________

Is mandatory signage posted? □ Yes □ No □ N/A

Type – Medium and/or large, fresh, raw, white, chicken only (1 dozen cartons)

Quantity: Are there at least (A) 16 dozen OR (I) 4 dozen?

□ Yes □ No, If NO, # of dozen in stock = ________________

Variety: Does the Vendor carry (A) Large eggs?

□ Yes □ No □ NA

<table>
<thead>
<tr>
<th>Size – 1 dozen</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large</td>
<td>$</td>
</tr>
<tr>
<td>Medium</td>
<td>$</td>
</tr>
</tbody>
</table>

Refrigerator Temperature: _______ °F (Acceptable: ≤ 45°)

**CHEESE** – Store / House Brand: ____________________________

Is mandatory signage posted? □ Yes □ No □ N/A

Type – Plain, domestic, pasteurized 16 oz. prepackaged in blocks

Quantity: Are there at least (A) 8 pounds OR (I) 4 pounds?

□ Yes □ No, If NO, # of pounds in stock? ________________

Variety: Are there at least (A) 3 varieties (must include Cheddar, Monterey Jack and one other variety) OR (I) 2 varieties?

□ Yes □ No, If NO, # of varieties in stock? ________________

Variety missing: ________________ □ NA

<table>
<thead>
<tr>
<th>Type – 1 pound (16 ounce)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheddar (includes longhorn)</td>
<td>$</td>
</tr>
<tr>
<td>Colby (includes longhorn)</td>
<td>$</td>
</tr>
<tr>
<td>Monterey Jack</td>
<td>$</td>
</tr>
<tr>
<td>Mozzarella (whole or part skim), includes string</td>
<td>$</td>
</tr>
<tr>
<td>Blended Cheese (blend of any type listed above)</td>
<td>$</td>
</tr>
</tbody>
</table>

Refrigerator Temperature: _______ °F (Acceptable: ≤ 45°)

**MILK ALTERNATIVES**

<table>
<thead>
<tr>
<th>Item</th>
<th>Type/Size</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tofu</td>
<td>any eligible brand (up to 16 oz.)</td>
<td>$</td>
</tr>
<tr>
<td>Meyenberg Goat’s Milk</td>
<td>refrigerated, whole or low fat, quart only (32 oz)</td>
<td>$</td>
</tr>
<tr>
<td>8th Continent Soy Milk</td>
<td>refrigerated, original or vanilla, ½ gallon only</td>
<td>$</td>
</tr>
<tr>
<td>Pacific Ultra Soy</td>
<td>shelf stable, plain or vanilla, quart only (32 oz)</td>
<td>$</td>
</tr>
</tbody>
</table>

Refrigerator Temperature: _______ °F (Acceptable: ≤ 45°)
JUICE - Vitamin C Fortified - 100% juice, no added sugar

Quantity: Are there at least (A) 16 containers (in any combination of shelf stable/refrigerated and/or frozen) OR (I) 4 shelf stable/refrigerated and 6 frozen containers?

☐ Yes  ☐ No, If NO, # of containers in stock? __________

Variety: Are there at least (A) 3 varieties (must include 64 oz. shelf stable Tree Top Apple, any brand frozen orange juice and one other type) OR (I) 3 varieties of shelf stable or refrigerated (must include orange juice) and 2 varieties of frozen concentrate?

☐ Yes  ☐ No, If NO, # of varieties in stock? __________

Variety missing: ________________________________

<table>
<thead>
<tr>
<th>Item</th>
<th>64 oz. Refrigerated</th>
<th>64 oz. Shelf Stable</th>
<th>11.5/12 oz. Frozen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Brand Orange</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Any Brand Grapefruit</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Campbell’s Tomato</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Dole Pineapple</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Dole Pineapple Orange</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Langer’s Apple</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Langer’s Grape</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Langer’s White Grape</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Langer’s Pineapple</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Old Orchard Apple</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Old Orchard Grape</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Old Orchard Pineapple</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Seneca Apple</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Shurfine Apple</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Shurfine Grape</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Tree Top Apple</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Welch’s Grape</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Welch’s White Grape</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Western Family Apple</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Western Family Grape</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Freezer Temperature: __________ °F (Acceptable: ≤ 0°)

CANNED FISH (Arizona) □ NA

Tuna – Any eligible brand, plain, chunk light, water-packed.
Are there at least 6 (5 oz.) cans?

☐ Yes  ☐ No, If NO, # of cans in stock? __________

Pink Salmon – Any eligible brand, plain, water-packed, pink salmon.
Are there at least 6 (5 oz.) cans?

☐ Yes  ☐ No, If NO, # of cans in stock? __________

Sardines – Any eligible brand, flavored, seasoned or plain.
Are there at least 8 (3.75 oz.) cans?

☐ Yes  ☐ No, If NO, # of cans of each type in stock?

Tuna: _______________ 5 ounce cans

Pink Salmon:____________ 5 ounce cans

Sardines: ______________ 3.75 ounce cans

CANNED FISH (ITCA) □ NA

Tuna – Any eligible brand, plain, chunk light, water-packed.
Are there at least 6 (5 oz.) cans?

☐ Yes  ☐ No, If NO, # of cans in stock? __________

Pink Salmon – Any eligible brand, plain, water-packed, pink salmon.
Are there at least 6 (5 oz.) cans?

☐ Yes  ☐ No, If NO, # of cans in stock? __________

Sardines – Any eligible brand, flavored, seasoned or plain.
Are there at least 8 (3.75 oz.) cans?

☐ Yes  ☐ No, If NO, # of cans in stock? __________

<table>
<thead>
<tr>
<th>Type</th>
<th>Size</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuna</td>
<td>5 oz.</td>
<td>$</td>
</tr>
<tr>
<td>Pink Salmon</td>
<td>5 oz.</td>
<td>$</td>
</tr>
<tr>
<td>Sardines</td>
<td>3.75 oz.</td>
<td>$</td>
</tr>
</tbody>
</table>

PEANUT BUTTER – Any eligible brand, plain (creamy, chunky, super chunk or natural)
Are there at least (A) 8 jars OR (I) 2 jars of peanut butter?

☐ Yes  ☐ No, If NO, # of jars in stock? __________

<table>
<thead>
<tr>
<th>Size (16 oz. to 18 oz.)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>
**LEGUMES**

**Dry Beans / Peas / Lentils – Any eligible brand and type**

Quantity: Are there at least (A) 8 pounds OR (I) 4 pounds?

☐ Yes ☐ No, If NO, # of pounds in stock? __________

Variety: Are there at least (A) 1 type of beans and 1 type of peas or lentils?

☐ Yes ☐ No, If NO, variety missing ______________________

<table>
<thead>
<tr>
<th>Item</th>
<th>1 lb. package</th>
<th>Bulk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beans</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Peas / Lentils</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Canned Beans** - Only These Brands and Types (up to 16 oz. cans)

Quantity: Are there at least (A) 16 cans (up to 16 oz. size)

☐ Yes ☐ No, If NO, # of cans in stock? __________

Variety: Are there at least (I) 2 Varieties (1 must be Pinto beans)?

☐ Yes ☐ No ☐ NA

If NO, variety missing: ______________________

<table>
<thead>
<tr>
<th>Brand</th>
<th>Type</th>
<th>Size</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Mexicano</td>
<td>Garbanzo</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Pinto</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Fry's / Kroger</td>
<td>Black</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Black-eyed Peas</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Cannellini Kidney</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Dark Red Kidney</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Garbanzo</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Great Northern</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Light Red Kidney</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Pinto</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Red</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Great Value</td>
<td>Black</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Pinto</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Red</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Safeway</td>
<td>Black</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Garbanzo</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Light Red Kidney</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Lima</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Pinto</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Red</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Shurfine</td>
<td>Black</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>(Premium)</td>
<td>Garbanzo</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Great Northern</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Light Red Kidney</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Pinto</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Red</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Western Family</td>
<td>Black</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>(Premium)</td>
<td>Garbanzo</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Great Northern</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Light Red Kidney</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Pinto</td>
<td>oz.</td>
<td>$</td>
</tr>
</tbody>
</table>

---

**Canned Beans (continued)** - Only These Brands and Types (up to 16 oz. cans)

<table>
<thead>
<tr>
<th>Brand</th>
<th>Type</th>
<th>Size</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albertson's</td>
<td>Cannellini</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Garbanzo</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Great Northern</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Red</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Whole Pinto</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Bush's</td>
<td>Black</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Cannellini White Kidney</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Dark Red Kidney</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Garbanzo</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Great Northern</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Pinto</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Valu Time</td>
<td>Pinto</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Food Club</td>
<td>Dark Red Kidney</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Garbanzo</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Great Northern</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Pinto</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Springfield</td>
<td>Black</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>(Fancy)</td>
<td>Black-eyed Peas</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Pinto</td>
<td>oz.</td>
<td>$</td>
</tr>
</tbody>
</table>
WHOLE GRAINS

100% WHOLE WHEAT BREAD – Loaves only, 16 ounce packages (includes any store brand labeled 100% whole wheat)

Quantity: Are there at least (A) 6 packages (16 oz. each)?

☐ Yes  ☐ No, If NO, # of packages in stock? __________

Variety: Are there at least (A) 2 brands?

☐ Yes  ☐ No  ☐ NA
If NO, # of brands in stock? __________

Only these brands

<table>
<thead>
<tr>
<th>Brand</th>
<th>Price</th>
<th>Brand</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bimbo 100% Whole Wheat</td>
<td>$</td>
<td>Wonder 100% Whole Wheat</td>
<td>$</td>
</tr>
<tr>
<td>Roman Meal Sun Grain 100% Whole Wheat</td>
<td>$</td>
<td>Store / House Brand:</td>
<td>$</td>
</tr>
<tr>
<td>Sara Lee Classic 100% Whole Wheat</td>
<td>$</td>
<td>Store / House Brand:</td>
<td>$</td>
</tr>
</tbody>
</table>

Note: Store brand, if any, must be labeled 100% whole wheat

TORTILLAS AND BROWN RICE – 16 ounce packages only

Are there at least (A) 6 packages in any combination of the below listed brands?

☐ Yes  ☐ No  ☐ NA
If NO, # of packages in stock? _________________

Soft Corn Tortillas – Only these brands of yellow or white

<table>
<thead>
<tr>
<th>Brand</th>
<th>Price</th>
<th>Brand</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casa Rica</td>
<td>$</td>
<td>Mama Lola’s</td>
<td>$</td>
</tr>
<tr>
<td>Don Pancho</td>
<td>$</td>
<td>Mission Yellow</td>
<td>$</td>
</tr>
<tr>
<td>Guerrero</td>
<td>$</td>
<td>Santa Fe Tortilla Company</td>
<td>$</td>
</tr>
<tr>
<td>La Banderita</td>
<td>$</td>
<td>Store / House Brand:</td>
<td>$</td>
</tr>
<tr>
<td>La Burrita</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Soft Whole Wheat Flour Tortillas – Only these brands

<table>
<thead>
<tr>
<th>Brand</th>
<th>Price</th>
<th>Brand</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guerrero Tortillas de Harina Integral</td>
<td>$</td>
<td>Mission Whole Wheat</td>
<td>$</td>
</tr>
<tr>
<td>La Banderita Fajita Whole Wheat</td>
<td>$</td>
<td>Store / House Brand:</td>
<td>$</td>
</tr>
</tbody>
</table>

Brown Rice – Only these brands of long or short grain

<table>
<thead>
<tr>
<th>Brand</th>
<th>Price</th>
<th>Brand</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Ribbon</td>
<td>$</td>
<td>Springfield</td>
<td>$</td>
</tr>
<tr>
<td>Mahatma</td>
<td>$</td>
<td>Store / House Brand:</td>
<td>$</td>
</tr>
<tr>
<td>Shurfine</td>
<td>$</td>
<td>Store / House Brand:</td>
<td>$</td>
</tr>
</tbody>
</table>
CEREAL – Boxes or Bags

Quantity: Are there at least (A) 24 packages (includes both cold and/or hot) OR (I) 14 packages (12 cold and 2 hot)?

☐ Yes ☐ No, If No, # of packages in stock? _______________ Cold _______________ Hot

Variety: Are there at least (A) 4 varieties of cereal (both cold and/or hot)? OR (I) 3 varieties of cold cereal and 1 hot cereal?

☐ Yes ☐ No, If No, # of varieties in stock? _______________

☐ Yes ☐ No, If No, # of varieties missing ____________________

<table>
<thead>
<tr>
<th>COLD CEREALS (14 oz. or larger)</th>
<th>SIZE</th>
<th>PRICE</th>
<th>SIZE</th>
<th>PRICE</th>
<th>SIZE</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Store Brand Crispy Rice</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Any Store Brand Toasted Oats*</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>General Mills Cheerios – Plain*</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>General Mills Cheerios – MultiGrain*</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>General Mills Corn Chex</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>General Mills Wheat Chex*</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>General Mills Kix – Plain</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>General Mills Total Whole Grain*</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Kellogg’s All Bran</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Kellogg’s Corn Flakes</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Kellogg’s Frosted Mini Wheats Original*</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Kellogg’s Rice Krispies</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Kellogg’s Special K Original</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Malt O’Meal Frosted Mini Spooners*</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Malt O’Meal Crispy Rice</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Post Great Grains Banana Nut Crunch*</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Post Honey Bunches of Oats Almonds</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Post Honey Bunches of Oats Honey Roasted</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Post Honey Bunches of Oats Honey Roasted with Vanilla Bunches*</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Post Grape Nuts*</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Post Grape Nuts Flakes</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Quaker Life Original*</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Quaker Oatmeal Squares – Brown Sugar*</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Quaker Oatmeal Squares – Cinnamon*</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOT CEREALS (11.8 oz. or larger)</th>
<th>SIZE</th>
<th>PRICE</th>
<th>SIZE</th>
<th>PRICE</th>
<th>SIZE</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cream of Wheat Instant Original Flavor (single serving packets)</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Malt O’Meal Original Hot Cereal</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
<tr>
<td>Quaker Instant Oatmeal Regular Flavor (single serving packets)*</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
<td>oz.</td>
<td>$</td>
</tr>
</tbody>
</table>

*Indicates cereal is Whole Grain
**FROZEN FRUITS and VEGETABLES** – Any size and type of container

Does Vendor carry frozen fruits which meet the Food List criteria?
- Yes  No

Does Vendor carry frozen vegetables which meet the Food List criteria?
- Yes  No

**CANNED FRUITS and VEGETABLES** – Any size and type of container, including cans, cups or jars

Does Vendor carry canned fruits which meet the Food List criteria?
- Yes  No

Does Vendor carry canned vegetables which meet the Food List criteria?
- Yes  No

**FRESH FRUITS and VEGETABLES** – Any variety of fresh

Quantity:
Are there at least (A) 32 pounds of fresh fruits and vegetables? OR (I) 15 pounds of fresh fruits and 15 pounds of fresh vegetables?
- Yes  No, If No, # of pounds of fruits ________ in stock and # of pounds of vegetables ________ in stock?

Variety:
Are there at least (A) 2 varieties of fruits AND 2 varieties of vegetables? OR (I) 3 varieties of fruits AND 5 varieties of vegetables?
- Yes  No, If No, # of varieties of fruits ________ in stock and # of varieties of vegetables ________ in stock?

**INFANT FRUITS/VEGETABLES** – Any eligible brand, Stage 2 Only

Quantity:
Are there at least (A) 64 (4 oz.) containers? OR (I) 64 (3.5 oz.) and 8 (4 oz.) containers?
- Yes  No

If NO, # of containers in stock? ___________ 3.5 oz. ___________ 4 oz.

Variety:
Are there at least (A) 2 varieties of fruits? OR (I) 4 varieties of fruits?
- Yes  No, If NO, # of varieties in stock?

**INFANT CEREAL** – Gerber and/or Beechnut, single grain, without fruit

Quantity:
Are there at least (A) 18 (8 oz.) boxes or 9 (16 oz.) boxes or a combination which equals 144 ounces? OR (I) 12 (8 oz.) boxes or 6 (16 oz.) boxes?
- Yes  No

If NO, # of boxes in stock? ______________ 8 oz. ______________ 16 oz.

Variety:
Are there at least (I) 2 varieties? (must include rice)
- Yes  No  N/A

If NO, # of varieties in stock?

**INFANT JARRED MEAT** – Any eligible brand, any stage, single ingredient with or without added broth or gravy

Quantity:
Are there at least (A) (I) 31 (2.5 oz.) containers?
- Yes  No, If NO, # of containers in stock?

Variety:
Are there at least (I) 2 varieties?
- Yes  No  N/A

If NO, # of varieties in stock?
**INFANT FORMULA** – Iron Fortified, NO LOW IRON

**MILK BASED FORMULA**
(Similac Advance with Iron, with or without Early Shield)

Are there at least (A) 36 cans powder? OR (I) 27 cans powder?

☐ Yes ☐ No, # of cans in stock? ________________

Are there at least (A) 18 cans powder? OR (I) 9 cans powder?

☐ Yes ☐ No, # of cans in stock? ________________

<table>
<thead>
<tr>
<th>CONTRACT FORMULA</th>
<th>Powder Size (up to 16 oz.)</th>
<th>Powder Price</th>
<th>Concentrate (13 oz.)</th>
<th>RTF (Quart / 32 oz.)</th>
<th>RTF - 8 oz. (4 or 6 pack)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similac Advance with Iron (with or without Early Shield)</td>
<td>oz.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Similac Soy Isomil (with or without Early Shield)</td>
<td>oz.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Similac Sensitive and/or Sensitive for Fussiness and Gas</td>
<td>oz.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Similac Alimentum and/or Similac Expert Care Alimentum</td>
<td>oz.</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Similac NeoSure and/or Similac Expert Care Neosure</td>
<td>oz.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Similac Pediasure</td>
<td>oz.</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Similac Go &amp; Grow</td>
<td>oz.</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Similac Go &amp; Grow Soy</td>
<td>oz.</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Similac Isomil DF and/or Similac Expert Care for Diarrhea</td>
<td>oz.</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Similac Sensitive RS and/or Sensitive for Spit-up</td>
<td>oz.</td>
<td>$</td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**SOY BASED FORMULA**
(Similac Soy Isomil with or without Early Shield)

| NON-CONTRACT FORMULA (items below may be with or without Lipil) |
|------------------------|-------------------|-----------------|-----------------------|
| Enfamil | oz. | $ | $ | $ | $ |
| Enfamil AR for Spit-up | oz. | $ | | $ | |
| Enfamil EnfaCare | oz. | $ | | | |
| Enfamil Gentlease for Fussiness and Gas | oz. | $ | | | |
| Enfamil Nutramigen | oz. | $ | $ | $ | |
| Enfamil Pregestimil | oz. | $ | | | |
| Enfamil Prosabee for Sensitive Tummy | oz. | $ | $ | $ | $ |
| Gerber Good Start Supreme DHA & ARA | oz. | $ | $ | | $ |
| Gerber Good Start Supreme Soy DHA & ARA | oz. | $ | $ | | $ |
Chapter Eighteen
Vendor Management

Appendix C: Change of Ownership Form

See Following Pages
CHANGE OF OWNERSHIP

Submit this form not later than 30 calendar days prior to change.

Vendor Name/Number: ___________________________ Vendor ID Number: __________

Address:________________________________________

City: ______________________ State: __________ Zip Code + 4: ______________

Phone Number: (____) __________  Fax Number: (____) _______________________

Effective Date: ______________________________

Signature:______________________________________ Date: __________

NEW OWNER

Name:__________________________________________

Address:_______________________________________

City: ______________________ State: __________ Zip Code + 4: ______________

Phone Number: (____) __________  Fax Number: (____) _______________________

Note: The new owner must contact the Arizona WIC Program to re-apply. The current contract becomes void at change of ownership. Ownership is not transferable.
Appendix D: Store Closure Notification

See Following Pages
STORE CLOSURE NOTIFICATION*

Submit this form no later than 30 calendar days prior to closing.

Vendor Name/Number: _____________________________  Vendor ID Number: ______

Address: _______________________________________

City: ______________________  State: _________  Zip Code + 4: ________________

Phone Number: (____) ___________  Fax Number: (____) ______________

Effective Date: _____________________________

Date of Last Bank Deposit: ________________

Note: The Vendor ID Stamps are the property of the WIC Program and must be returned within ten (10) calendar days after store closing.

* This form is submitted only when the store closes operations, not a change of ownership.
Appendix E: Vendor Contract Example

See Following Pages
ARIZONA DEPARTMENT OF HEALTH SERVICES
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)

VENDOR CONTRACT

VENDOR NAME (Legal Name of Store): __________________________________________

NAME OF OWNER: __________________________________________________________

ADDRESS OF STORE: ______________________________________________________

Street

City           County          State          Zip Code + 4

FEDERAL IDENTIFICATION NUMBER: ____________________________________________

This Contract, including any amendments made by the Arizona Department of Health Services (hereafter referred to as the Department), by and between the Department and the above named Vendor is effective on either October 1, 2013, or the date of the Department’s signature, whichever is later, and ends September 30, 2016, or until terminated by either party according to the terms in the Contract.
The purpose of this Contract is to establish an authorized retail outlet where WIC participants, parents or caretakers of infant and child participants, or proxies (hereafter collectively referred to as participants) can get authorized WIC foods, and to provide the terms and conditions of this Contract.

This Contract is contingent upon the availability of funds from the Federal government to operate the WIC program and the continued operation of the WIC program by the Department. This Contract shall not constitute a license or a property interest.

This Contract is in effect for three (3) federal fiscal years or portion thereof beginning on October 1, 2013 and ending on September 30, 2016. Neither the Vendor nor the Department is obligated to renew this Contract or enter into a new Contract at the expiration or the termination of this Contract.

GENERAL TERMS

1. The federal statutes and regulations that govern the WIC Program, the Arizona WIC Program Vendor Manual and any amendments or additions thereto, and the WIC Policy and Procedure Manual are incorporated in this Contract by reference.

2. If any provision of this Contract conflicts with federal statutes or regulations that govern the WIC program, the federal statutes or regulations shall govern. If any provision of this Contract conflicts with the Vendor Manual, the Vendor Manual shall prevail.

3. Any provision of this Contract, or any document attached or incorporated by reference, that is waived or held to be invalid shall be severable from the remainder of this Contract and shall not affect any other provisions of this Contract. Any provision to this Contract that is found to be prohibited by law shall be severable and shall be in effect only to the extent such provision complies with the law.

4. Arizona law shall govern all aspects of this Contract not covered by federal statutes or regulations.

5. This Contract, Appendices and all incorporated documents represent the entire agreement between the Vendor and the Department. No condition or requirement contained in, or made a part of, this Contract shall be modified without an approved written amendment to this Contract. Amendments shall be effective only if in writing and signed by all parties to the Contract. The terms and provisions of this Contract shall remain in full force and effect except as amended and to the extent so amended. In the event that the Vendor does not sign an amendment to this Contract within thirty days of receipt of the amendment, the Vendor shall be terminated from participation in the Arizona WIC Program.

6. The Vendor shall be considered an independent Contractor, not an agent of the Department, the State of Arizona, or the United States government.

VENDOR RESPONSIBILITIES

THE VENDOR SHALL COMPLY WITH:

a. This Contract and the Arizona WIC Program Vendor Manual, and any subsequent amendments or additions thereto.

b. Federal and state statutes (including 42 U.S.C. § 1786) and regulations (including United States Department of Agriculture (hereafter USDA) regulations 7 C.F.R. § 246.1 et seq.) that govern the WIC program, including any changes made during the agreement period.

c. The Arizona WIC Program Policy and Procedure Manual and any amendments or changes thereto.

d. The Vendor selection criteria throughout the Contract period, including any changes to the criteria. Using the current Vendor selection criteria, the Department may reassess the Vendor at any time during the Contract period. The Department will terminate and/or disqualify the Vendor if the Vendor fails to meet the current selection criteria. The Vendor may also be subject to other sanctions, including administrative fines, termination, disqualification, and civil money penalties, or any combination of sanctions, according to the Violations and Sanctions section of the Vendor Manual.
THE VENDOR AGREES TO:

1. Have at least one representative participate in training annually. Vendor training may be provided by the Department in a variety of formats, including newsletters, videos, and interactive training. The Department will have sole discretion to designate the date, time, and location of all interactive training, except that the Department will provide the Vendor with at least one alternative date on which to attend such training.

2. Train and update cashiers and other employees who handle WIC purchases on WIC program requirements and provide special or additional training to employees as required by the Department to ensure that all cashiers and other employees who handle WIC purchases understand WIC program requirements.

3. Be held responsible and accountable for the actions or inactions of its owners, officers, managers, agents, and employees who commit Vendor Violations.

4. Maintain the required types and amounts of WIC authorized foods at all times. The required types and amounts of WIC authorized foods are found in the most current Arizona WIC Programs Food List and Section 2 of the Vendor Manual (Minimum Stock Requirements).

5. Maintain the minimum required stock from the date it submits its application to be a Vendor and, if authorized, throughout the entire contract period.

6. Submit semi-annual (June 15th and December 15th) WIC Price/Stock Surveys as required by the Department.

7. Maintain its store in a clean and sanitary manner, which includes maintaining and displaying a current Health Code Operating Permit. The Vendor must also notify the Department immediately and in writing should the current Health Code Operating Permit and any required license or certificate be denied, suspended or revoked. If the Department becomes aware that the Vendor has failed to maintain sanitation or food safety standards, it may notify the proper regulatory office.

8. Display the “We Accept Arizona WIC Food Instruments” decal so that WIC participants will see that the Vendor accepts WIC food instruments.

9. Accept WIC food instruments only from WIC authorized participants.

10. Offer program participants the same courtesies offered to other customers.

11. Not deliver supplemental foods to WIC customers’ homes.

12. Accept WIC food instruments only within the specified time period. (See Section 5 of the Vendor Manual (Cashing Food Instruments)).

13. Ensure that the cashier enters the correct date in the “date of use” box when the WIC food instrument is used.

14. Charge the WIC Program the current shelf price for each WIC supplemental food item. The current shelf price is the price marked on the item, shelf, container or nearby sign and includes the sale price of an item.

15. Charge the WIC Program for only those supplemental food items actually received by the WIC participant.

16. Ensure that the cashier enters the correct total price on the WIC food instrument before the participant signs it.

17. Ensure that the cashier witnesses the participant’s signature on the food instrument and ensure that the signature on the food instrument matches one of the signatures on the ID folder or Proxy Certification form. (See Section 5 of the Vendor Manual (Cashing Food Instruments)).

18. Provide authorized supplemental food items in the amounts listed on the food instrument in exchange for WIC food instruments.

19. Not require identification from WIC participants other than the WIC ID folder or the WIC Proxy Certification form.
20. Not provide unauthorized food items, non-food items, cash or credit (including rainchecks) in exchange for WIC food instruments.

21. Not provide refunds or permit exchanges for authorized supplemental WIC food items obtained with WIC food instruments, except for exchanges of an identical authorized supplemental food item when the original authorized supplemental food item is defective, spoiled, or has exceeded its “sell by”, “best if used by” or other date limiting the sale or use of the food item. (An identical authorized supplemental food item means the exact brand, type and size of the original authorized supplemental food item obtained and returned by the participant).

22. Not provide refunds or permit exchanges for authorized supplemental WIC food items obtained with WIC food instruments, except for exchanges of an identical authorized supplemental food item when the original authorized supplemental food item is defective, spoiled, or has exceeded its “sell by”, “best if used by” or other date limiting the sale or use of the food item. (An identical authorized supplemental food item means the exact brand, type and size of the original authorized supplemental food item obtained and returned by the participant).

23. Not provide WIC food items, including infant formula, that are expired, spoiled or beyond their “sell by”, “best if used by” or other date limiting the sale or use of the food item in exchange for WIC food instruments.

24. Not approach, solicit or leave advertisements or other promotional items for WIC applicants or participants at the WIC State Agency or Local Agency WIC Clinics.

25. Only use the WIC acronym and WIC logo in material provided by or as specified by the Department. No reproductions are permitted. The WIC acronym and WIC logo are registered service marks of the USDA, and all rights therein and goodwill pertaining thereto belong exclusively to USDA. The WIC acronym and WIC logo shall only be used by Vendor under the following limited circumstances:

   a. Vendor must display the official WIC window decal (in English, Spanish or both) distributed by the Department in a place conspicuously visible to the general public. The purpose of the window decal is to identify Vendor as an authorized WIC food Vendor.

   b. To identify authorized WIC foods by attaching channel strips or shelf-talkers on store shelves that state “WIC-approved” or “WIC-eligible.” Vendor can only use channel strips or shelf-talkers approved by the Department.

27. Not allow the sale of firearms, ammunition, explosives or controlled substances as defined in 21 U.S.C. § 802 in exchange for WIC food instruments.

28. Not allow the return of food purchased with WIC food instruments in exchange for cash, credit, non-food items or unauthorized food items.

29. Not allow the sale of firearms, ammunition, explosives or controlled substances as defined in 21 U.S.C. § 802 in exchange for WIC food instruments.

30. Maintain competitive prices for WIC authorized food items.

31. Maintain competitive prices for WIC authorized food items.

32. Ensure that the store must have a store-front sign. The store-front sign must be a permanent fixed sign. The name on the sign must match the Owner Name or DBA (Doing Business As) Name on the store’s Vendor Application.

33. Notify the Department in writing at least 30 days before the Vendor stops doing business, the ownership changes, or the store location changes.

34. Return all Vendor identification stamps to the Department within ten calendar days from the date the Vendor stops doing business, changes ownership, or no longer participates in the Arizona WIC Program.

35. Ensure that no conflict of interest, as defined by state statutes, regulations or policies, exists between the Vendor and the Department or its local agencies.

36. Permit announced and unannounced visits by Department, state, local and federal representatives to review compliance with WIC program requirements.
36. Maintain records as required under this Contract for a minimum of five years.

RESPONSIBILITIES OF THE DEPARTMENT

THE DEPARTMENT WILL:

1. Provide the Vendor with a copy of the Arizona WIC Program Vendor Manual.

2. Train WIC participants regarding program procedures for the use of WIC food instruments. Training may be provided by local agencies.

3. Provide the Vendor with all required training, including one interactive training, during the Contract period.

4. Notify Vendors of changes to federal or state statutes, regulations, policies or procedures governing the WIC Program before the changes are implemented. This includes notifying the Vendor of any changes in the WIC approved foods and changes which affect WIC food instrument redemption or program requirements.

5. Monitor the Vendor for compliance with federal and state statutes, regulations, rules, policies and procedures. Monitoring may include, but is not limited to, routine monitoring visits, undercover compliance buys, investigations, and inventory audits.

6. Enforce compliance with this Contract, federal and state statutes, rules, regulations, policies and procedures.

7. Make payments to the Vendor in accordance with the WIC food instrument redemption procedures set forth in this Contract and in the Vendor Manual, including subsequent revisions.

PAYMENT TO VENDORS AND CLAIMS

The Department may make price adjustments to the purchase price on food instruments submitted by the Vendor for redemption to ensure compliance with the price limitations applicable to the Vendor (see Section 6 of the Vendor Manual (Payments)).

1. The Vendor shall:

   a. Mark all WIC food instruments “For Deposit Only”;
   b. Stamp all WIC food instruments with its WIC Vendor ID prior to deposit;
   c. Endorse all food instruments to show:

      1. The Vendor’s Name;
      2. Name of the Vendor’s bank;
      3. The Vendor’s bank account number;
      4. That the payee and Vendor’s endorsement matches (on replacement food instruments); and
   d. Deposit in the Vendor’s named bank for payment not later than:

      1. 60 calendar days from the first date to use for regular food instruments; or
      2. 30 calendar days from the issue date for replacement food instruments (food instruments issued after a second level review has determined payment should be made for a rejected food instrument).

2. Food instruments rejected due to a missing Vendor ID stamp shall be stamped and redeposited by the Vendor for payment, one time only, not later than 60 calendar days from the first date to use (see Section 6 of the Vendor Manual (Payments)).

3. The Vendor shall not submit WIC food instruments for payment that:

   a. Are known to have been reported as either lost or stolen;
   b. Were redeemed by another authorized Vendor or a store that is not currently authorized as a WIC Vendor;
   c. Include charges for foods not included on the Arizona WIC Programs Food List or for non-food items;
   d. Include charges for WIC foods in excess of the quantities or dollar amount specified on the food instrument;
   e. Are false claims for reimbursement of WIC food instruments; or
   f. Include charges for WIC foods for more than the current shelf price.
4. The Vendor agrees that the Department may authorize the Department’s Banking Contractor to reject food instruments for payment to the Vendor for, but not limited to, the following reasons (see Section 6 of the Vendor Manual (Payments)):

   a. The food instrument does not have a legible authorized Arizona WIC Vendor ID stamp number;
   b. The food instrument was deposited in the bank more than 60 calendar days from the first date to use for the food instrument or more than 30 calendar days from the issue date for the replacement food instrument (food instruments issued after a second level review has determined payment should be made for a rejected food instrument);
   c. The food instrument was accepted or deposited in the bank before the first date to use;
   d. The food instrument was accepted after the last date to use;
   e. The food instrument does not have the signature of the participant;
   f. The food instrument has been altered;
   g. The redeemed dollar value exceeds the maximum dollar value;
   h. The redeemed dollar value is in excess of the amount set by the Department as the maximum price permitted for food items listed;
   i. The date of use on the food instrument is before the first date to use printed on the food instrument or the date of use is after the last date to use printed on the food instrument; and
   j. The date of use on the food instrument is missing.

5. The Department may delay payment or establish a claim in the amount of the full purchase price of each food instrument that contained Vendor overcharges or other errors. The Department will provide the Vendor with an opportunity to justify or correct a Vendor overcharge or other error. The Vendor must pay any claim assessed by the Department. In collecting a claim, the Department may offset the claim against current and subsequent amounts to be paid to the Vendor.

6. In addition to denying payment or assessing a claim, the Vendor may be sanctioned for Vendor violations found in the Contract and in the Violations and Sanctions section of the Vendor Manual (Section 9). Sanctions may include administrative fines, termination, disqualification, and civil money penalties in lieu of disqualification, or any combination of sanctions.

7. For any food instrument rejected for payment, other than a food instrument rejected for a missing Vendor ID stamp, the Vendor may request reimbursement from the Department not later than 90 calendar days from the first date to use on the rejected food instrument. Reimbursement of a rejected food instrument shall be in accordance with the Vendor Manual (see Section 6 of the Vendor Manual (Payments)).

8. The Department shall not be obligated to reimburse the Vendor for a food instrument reported to the Vendor as lost or stolen.

9. The Vendor may not charge participants for authorized supplemental foods obtained with food instruments. In addition, the Vendor may not seek restitution from these individuals for food instruments not paid or partially paid by the Department.

10. The Department shall not be obligated to reimburse the Vendor for any bank fees.

**MULTIPLE LOCATIONS**

Vendors shall provide with their application a current list of all individual store locations that are to be authorized under this Contract. Multiple store locations may be added or deleted in accordance with WIC program policies and procedures without affecting the status of any other location.

The Vendor shall notify the Department in writing not less than 30 calendar days before adding or deleting a location. (See Section 10 of the Vendor Manual (Rights and Responsibilities)).

**BANKING**

The Vendor shall provide the Department with the name, address, branch, and account number for the bank that the Vendor has authorized to accept its food instruments for deposit. The Vendor shall notify the Department in writing of any change in its bank account at least 30 calendar days before the change takes place.
MONITORING AND AUDIT

The Department shall monitor the Vendor. The Vendor shall comply with the inspection and audit requirements described in A.R.S. § 35-214.

Monitoring may include, but is not limited to the following:

a. Unannounced monitoring visits by Department personnel or persons authorized by the Department; representatives from the United States Department of Agriculture or other federal agencies; federal, state or local law enforcement agencies; or authorized personnel from local WIC agencies.
b. Compliance buys, which are undercover investigations to determine compliance with WIC requirements.
c. Inventory audits.

During monitoring visits, the Vendor shall provide access, during normal business hours, to all WIC food instruments, shelf prices, shelf price records, purchase records of WIC authorized foods, and food storage areas.

VIOLATIONS – CARRYOVER

Violations of the WIC Program that would result in federally mandated sanctions, which occurred during the previous Contract period, may be carried over and used as a basis for termination and/or disqualification or other sanctions (including monetary claims) under any subsequent Contracts in accordance with the most recent Violations and Sanctions section of the Vendor Manual.

VENDOR RECORD REQUIREMENTS

1. In accordance with A.R.S. § 35-214, the Vendor shall retain records including all books, accounts, reports, files, purchase invoices, inventory records, records used for federal tax reporting purposes, federal and state tax returns and other records relating to the performance of this Contract for a period of five years from the date of, whichever is later;

a. Expiration of this Contract;
b. Termination of this Contract;
c. Final payment under this Contract.

2. The Vendor shall retain records related to disputes, litigation, settlements of claims, or exceptions of the Director arising out of the performance of this Contract until such time as these matters have been finally resolved or for five years, whichever is later.

3. Upon request, the Vendor shall make available to representatives of the Department; the USDA; any law enforcement agency; Department of the Attorney General; or the Comptroller General of the United States, at any reasonable time and place for inspection and audit, all food instruments in the Vendor’s possession and all program related records.

4. The Vendor shall, at its own expense, provide a legible copy of all such records to the Arizona WIC Program within 30 calendar days of the written request of the Department or the USDA.

5. The Vendor shall, at the request of the Department, sign an appropriate release form provided by the Arizona Department of Revenue. The release form will authorize the Arizona Department of Revenue to provide copies to the Department of any tax returns (including sales tax forms) filed by the Vendor during the five year period prior to the request.

6. The Vendor shall retain and produce for inspection and audit the original of all such records when needed to verify the authenticity of a copy.
PURCHASE AND INVENTORY RECORD REQUIREMENT

Vendor purchase records shall reflect the name and address of the supplier, distributor, wholesaler or manufacturer, the date of the purchase, list of the items purchased, size, stock number, quantity and the unit price. Vendor purchase records shall be maintained for five years. (Handwritten invoices are not acceptable).

Vendors shall only purchase infant formula from sources on the Arizona WIC Program’s list of infant formula manufacturers, wholesalers or distributors.

Sales receipts for WIC authorized foods (other than infant formula) purchased at retail establishments (for resale by the Vendor) must include the name and address of the retail establishment, the date of the purchase, a description of the exact item(s) purchased (e.g. 12 oz box of Total Cereal), the unit price of the items, and the total amount purchased.

a. Receipts that do not completely describe the actual item purchased shall have codes that can be verified by contacting the retailer at which the item(s) were purchased.
b. All receipts from purchases at retail establishments must be machine dated by the establishment. Hand or manually dated retail store receipts are not acceptable.
c. Affidavits, Statements of Fact, other written statements, or oral statements shall not be accepted as evidence of inventory. Only purchase records or retail receipts as described above in this section shall be accepted and constitute evidence of inventory.

RELEASE OF VENDOR RECORDS

1. The Department has the right to coordinate Vendor monitoring with the Inter Tribal Council of Arizona, Inc. (ITCA) and the Navajo Nation WIC Programs. This shall include, but is not limited to, joint investigations, compliance investigations, inventory audits and access to Vendor records.

2. The Department may share records and information concerning the Vendor’s participation in the WIC Program with other entities responsible for oversight, administration or enforcement of the WIC Program or the Supplemental Nutrition Assistance Program (SNAP). These persons may include personnel from its local agencies and other WIC State and local agencies and persons investigating or prosecuting WIC or SNAP violations under federal, state or local law or with persons directly connected with the administration or enforcement of any federal or state law.

NOTIFICATION OF NAME, MAILING ADDRESS OR TELEPHONE NUMBER CHANGE

The Vendor shall notify the Department in writing at least 30 calendar days before any change in the store name, the store’s mailing address, or the store’s telephone number. A change in Vendor location is not a change in mailing address.

CHANGE OF OWNERSHIP

This Contract is not transferable between owners and establishments. The Contract will be terminated when the Vendor changes ownership. The Vendor shall notify the Department at least 30 calendar days before a change in ownership, including bankruptcy of an authorized Vendor (see Section 13 of the Vendor Manual (Appendix 3 – Selection and Authorization)).

CHANGE IN LOCATION

Vendors who change the location of their business will not be authorized at their new location unless they have applied to the Department for authorization; have met all selection and authorization criteria; and have received a Vendor Contract for the new location.

Vendors shall notify the Department in writing at least 30 calendar days before changing locations. This Contract is not transferable between locations. The Contract will be terminated when the Vendor changes location.

CLOSING OF THE BUSINESS

The Vendor Contract will be terminated when the Vendor ceases operation as a food store for any reason. The Vendor shall notify the Department in writing at least 30 calendar days before closing their business.
The Department will immediately terminate the Contract if it determines that the Vendor has provided false or misleading information in connection with its application for authorization.

The Department may terminate this Contract and/or disqualify the Vendor for, but not limited to, the reasons stated below:

a. Failure of the Vendor to comply with the conditions and responsibilities set forth in this Contract; the most recent federal regulations at 7 C.F.R. § 246. 1 et seq.; the WIC Vendor Manual, including Section 9 (Violations and Sanctions); the Department’s WIC Policies and Procedures; or subsequent amendments or revisions to these documents.

b. Low volume of WIC sales (see Section 13 of the Vendor Manual (Appendix 3 Selection and Authorization)).

c. Termination of the WIC Program or the non-availability of funds.

d. Non-competitive prices.

e. Failure to pay claims.

f. Failure to maintain business integrity.

g. Fraud.

h. Food sales revenue from WIC food instruments is identified as more than 50-percent of the total food sales upon completion of the new Vendor six-month assessment.

i. Termination and/or disqualification from SNAP or another WIC Program.

The Department may terminate a Vendor without cause with at least 30 calendar days advance written notice.

The Contract expires and ceases to be effective when the end date specified in the Contract has been reached. Expiration of the Contract is not subject to appeal or to a fair hearing.

After the expiration or termination of the Contract, the Vendor must reapply for authorization. If a Vendor is disqualified, the Department will terminate the Vendor’s Contract and the Vendor will have to reapply for authorization in order to be authorized after the disqualification period is over. In all cases, the Vendor’s new application will be subject to the Department’s Vendor selection criteria and any criteria the Department uses to limit the number of Vendors it will authorize.

Disqualification from the WIC Program may result in disqualification as a retailer in the SNAP. Such disqualification may not be subject to administrative or judicial review under the SNAP.

The Department will not accept or process an application from a Vendor during any period of disqualification.

The Vendor has the right to appeal (request a fair hearing) certain adverse actions of the Department which result in denial of an application for a Vendor Contract, administrative fines, civil money penalties, termination of a Vendor Contract or disqualification from the WIC program. The Vendor appeal rights and fair hearing procedures are found in Section 10 (Appeal Rights and Hearing Procedures) of the Vendor Manual. A copy of the Vendor’s appeal rights and fair hearing procedures will be sent with any adverse action notice.

A Vendor who commits fraud or abuse in the WIC Program is liable to prosecution under applicable federal, state or local laws. Under federal law, those who have willfully misapplied, stolen or fraudulently obtained program funds will be subject to a fine of not more than $25,000 or imprisonment for not more than five years or both, if the value of the funds is $100 or more. If the value is less than $100, the penalties are a fine of not more than $1,000 or imprisonment for not more than one year or both.

The Vendor shall comply with the business integrity requirements as stated in federal statutes and regulations that govern the WIC Program and in the Vendor Manual (see Section 13 (Authorization and Selection)).
CONFLICT OF INTEREST

1. The Vendor ensures that no conflict of interest shall exist with either the Department or local agencies. A conflict of interest relates to the standard of ethical conduct that no officer or employee shall have any interest, financial or otherwise, direct or indirect, or engage in any business transaction, or professional activity or incur any obligation of any nature which is in conflict with the discharge of a person’s duties.

2. The Department will immediately terminate this Contract as authorized by A.R.S. § 38-511 upon notification of the parties should such conflict of interest arise after the acceptance of this Contract by the parties. A.R.S. § 38-511 provides:

   a. Such cancellation shall occur without any further obligation;
   b. Conflict of interest shall include, but is not limited to, situations where any person significantly involved in initiating, negotiating, securing, drafting or creating the Contract on the behalf of the State, its political subdivisions, or any of the departments or agencies of either is, at any time while the Contract or any extension of the Contract is in effect, an employee or agent of any other party to this Contract in any capacity or a consultant to any other party of the Contract with respect to the subject matter of this Contract;
   c. Cancellation under this section by the State or its political subdivisions shall be effective when written notice from the Governor or the chief executive officer or governing body of the political subdivision is received by all other parties to this Contract unless the notice specifies a later time.

ATTORNEY FEES AND COSTS

If a Vendor initiates an action, appeal, or lawsuit against the Department relating to the terms of this Contract in any administrative or judicial tribunal of competent jurisdiction, and the Department prevails, the Vendor shall pay the Department’s reasonable attorneys’ fees and costs. The administrative or judicial tribunal of competent jurisdiction where the action, appeal, or suit was adjudicated can determine the Department’s attorneys’ fees (i.e., $110.00 up to $200.00 an hour) and costs. The Department is considered to prevail when:

   a. The Vendor’s position was not substantially justified; and
   b. The Department prevailed as to the most significant issue or set of issues.

The Department shall submit its petition for reasonable attorneys’ fees (i.e., $110.00 up to $200.00 an hour) and costs to the administrative or judicial tribunal of competent jurisdiction within 20 days after the clerk’s mailing of a decision on the merits of the cause, unless extended by the administrative or judicial tribunal. The Department’s petition shall provide the following information to the administrative or judicial tribunal:

   a. Evidence of the Department’s eligibility for attorneys’ fees and costs;
   b. The amount sought; and
   c. An itemized statement from the attorney(s) and expert(s) stating:
      1) The actual time spent representing the Department; and
      2) The rate at which the fees were computed.

FORFEITURE

Notwithstanding any provision of state law and in addition to any other penalty authorized by law, a court may order a person that is convicted of a violation of a provision of law, with regard to the trafficking of food instruments, funds, assets, or property that have a value of $100.00 or more and that are subject of a grant or other form of assistance under this section, to forfeit to the United States all property as follows:

   a. All property, real and personal, used in a transaction or attempted transaction, to commit or to facilitate the commission of, a violation described above;
   b. All property, real and personal, constituting, derived from or traceable to any proceeds a person obtained directly or indirectly as a result of a violation described above.

All property subject to forfeiture under this clause, any seizure or disposition of the property, and any proceedings relating to the forfeiture, seizure, or disposition shall be subject to section 413 of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. § 853) other than subsection (d) of that section.
**INDEMNITY**

1. The Vendor shall, at all times, indemnify, defend and hold harmless the State and/or any of its agents, officials and employees from any and all claims, demands, suits, actions, proceedings, losses, costs and/or damages of every kind and description, including attorneys’ fees and/or litigation expenses brought or made against or incurred by the State on account of loss of or damage to any property or for injuries to or death of any person, caused by, arising out of, or contributed to, in whole or in part, by reasons of any alleged act, omission, professional error, fault, mistake, or negligence of the Vendor, its employees, agents or representatives, or subcontractors, their employees agents or representatives in connection with or incident to the performance of this Contract or arising out of workers compensation claims, or unemployment compensation claims of employees of the Vendor and/or its subcontractor or claims under similar such laws or obligations. The Vendor’s obligations and responsibilities under this section shall not extend to any liability caused by the sole negligence of the State or its employees.

2. The Vendor shall indemnify, defend and hold harmless the Department from any claim, liability or expense caused by the Vendor’s default under this Contract.

**PROHIBITION AGAINST DISCRIMINATION**

1. The Vendor shall comply with the nondiscrimination provisions of USDA regulations 7 C.F.R. §§ 15, 15a, and 15b.

2. Both the Vendor and the Department agree to comply with all aspects of anti-discrimination legislation, including all federal legislation and A.R.S. § 41-1463.
   a. The Vendor shall not discriminate because of race, color, disability, age, national origin, or gender in any interactions with WIC recipients, representatives of the Department, or suppliers;
   b. The Department shall not discriminate because of race, color, disability, age, national origin, or gender in any interactions with Vendors or Vendor applicants;
   c. The Vendor shall comply with all applicable provisions of the Americans with Disabilities Act of 1990, and its amendments.

**ANTITRUST VIOLATIONS**

The Vendor, the Department, and the State recognize that in actual practice overcharges resulting from antitrust violations are in fact borne by the purchaser. Therefore, the Vendor hereby assigns to the Department and the State any and all claims for such overcharges.

**NOTICE**

Whenever notice is required by the terms of this Contract, unless otherwise specified, the notice shall be in writing; shall be delivered in person or by certified mail with a return receipt requested or by a Department contracted courier service; and shall be directed to the person(s) and address(es) specified for such purpose on the execution page of this Contract or to such other person(s) and/or address(es) as either party may designate to the other party by written notice.
<table>
<thead>
<tr>
<th>VENDOR CONTRACT</th>
<th>APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARIZONA DEPARTMENT OF HEALTH SERVICES</td>
<td>I, the undersigned, have read and understand all requirements of the Arizona WIC Program in addition to the terms and conditions of this contract and the attachments. I understand that I will be bound by these requirements.</td>
</tr>
</tbody>
</table>

The undersigned representative has legal authority to obligate this Vendor.

<table>
<thead>
<tr>
<th>BY</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHS Office of Procurement</td>
<td>Print or Type Name and Title of Authorized Person</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Store Name</td>
<td></td>
</tr>
<tr>
<td>Arizona Department of Health Services</td>
<td>Street</td>
<td></td>
</tr>
<tr>
<td>1740 West Adams, Room 303</td>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Phoenix, Arizona 85007</td>
<td>State</td>
<td></td>
</tr>
<tr>
<td>1 (866) 737-3935</td>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td>County/Reservation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>
Appendix F: Vendor Training Acknowledgement Form

See Following Page
Arizona WIC Program
Vendor Training Acknowledgement

A. I certify that I attended and understood all of the following WIC Vendor procedures. I further understand that I will be responsible for providing training to cashiers and other employees who handle WIC transactions in my store.

- Explanation of the WIC Program
- Use of the Vendor Manual
- The Vendor’s Role
- Approved & Non-Approved Foods
- Minimum Stock & Variety Requirements/Infant Formula Purchases
- Wholesaler/Supplier Problems
- WIC Food Instruments
- WIC Identification Folder & Proxy Form
- WIC Redemption Procedures
- “X” Signatures
- Corrections to the Food Instrument
- Alterations of WIC Food Instruments
- Use of Manufacturer, Store Specials or Discount Cards
- WIC Price/Stock Survey
- WIC Payment Criteria
- Vendor Claims/Reimbursement Procedure
- Program Updates
- Complaint Process
- Vendor Monitoring
- Violations & Sanctions
- Vendor Rights and Responsibilities
- Service Mark Compliance
- Incentive Item Prohibition

B. Vendor Comments: ____________________________________________________________

____________________________________________________
Store Name / Store Number

____________________________________________________
Print Name and Title

____________________________________________________
Signature

____________________________________________________
Date

____________________________________________________
WIC Program Representative

____________________________________________________
WIC Program Representative Title

____________________________________________________
Signature

____________________________________________________
Date
Chapter Eighteen
Vendor Management

Index

Above-50-Percent Vendor, 18-9, 18-15
administrative or judicial review, 18-66, 18-69, 18-70, 18-115
arms-length transaction, 18-8
Business Integrity, 18-18, 18-19
change of ownership, 18-11, 18-22, 76
Change Of Ownership, 18-11
civil money penalty, 18-17, 18-57, 18-60, 18-61, 18-64, 18-67, 18-68, 18-69, 18-74
Competitive Price Evaluation, 18-14
complaints, 18-9, 18-43, 18-44, 18-45, 18-54
Compliance investigations, 18-43, 18-52
Compliance Investigations, 18-2, 18-52
continuous enrollment, 18-4
criminal prosecution, 18-71
Criminal prosecution, 18-56
Department sanctions, 18-56, 18-67
Evaluation Criteria, 18-9, 18-10, 18-12
Expiration of the Contract, 18-23, 18-115
expired infant formula, 18-54
fair hearing, 18-115
Fraud and Abuse, 18-60, 18-61, 18-62, 18-63
ID Stamp, 18-24, 18-34, 18-40, 18-41, 18-47
ID stamps, 18-21, 18-22, 18-24
Incentive Item, 18-20, 18-27
incentive items, 18-20, 18-28, 18-66
Infant Formula Supplier List, 18-2, 18-75, 18-76
Inventory Audits, 18-2, 18-53
Mandatory Sanctions, 18-64, 18-65, 18-66
minimum stock, 18-10, 18-12, 18-13, 18-14, 18-21, 18-22, 18-28, 18-50, 18-59, 18-73, 18-78, 18-105, 18-114, 18-115
online, 18-5, 18-10, 18-76, 18-78
outside authorized channels, 18-65
participant access, 18-4, 18-7, 18-12, 18-14, 18-15, 18-17, 18-57, 18-60, 18-64, 18-67, 18-68, 18-73, 18-74
Participant Access, 18-2, 18-10, 18-73, 18-74
peer group, 18-14, 18-30, 18-31, 18-33, 18-34, 18-35
Procedural Violations, 18-57, 18-58, 18-59
Program violations, 18-19, 18-114
regular vendor, 18-66
Regular Vendors, 18-20, 18-33, 18-66
reimbursement, 18-34, 18-66, 18-111
REIMBURSEMENT, 18-34, 18-35
reject reasons, 18-34
Reject Reasons, 18-34, 18-35
Rejected WIC Food Instruments, 18-33, 18-34, 18-38
second level review, 18-34, 18-36, 18-37, 18-38, 18-40, 18-111, 18-112
Service Mark Compliance, 18-16, 18-27, 18-108
sole discretion, 18-4, 18-11, 18-28, 18-57, 18-60, 18-64, 18-74, 18-109
stock requirements, 18-10, 18-73
Stock Requirements, 18-12, 18-13, 18-14, 18-27, 18-78, 18-109
Store Closure Notification, 18-2, 18-22, 18-88
Supplemental Nutrition Assistance Program (SNAP) authorization, 18-3
Termination of the Contract, 18-22
Training Acknowledgment form, 18-25, 18-29
Training Acknowledgment Form, 18-2
Type of Store, 18-15
Undue Hardship, 18-13
Vendor Contract, 18-2, 18-3, 18-4, 18-5, 18-7, 18-8, 18-9, 18-10, 18-14, 18-15, 18-17, 18-20, 18-21, 18-26, 18-37, 18-42, 18-44, 18-50, 18-55, 18-58, 18-69, 18-73, 18-78, 18-106, 18-114, 18-115
Chapter Eighteen
Vendor Management

Vendor Selection and Authorization, 18-2, 18-3, 18-4, 18-5, 18-6, 18-7, 18-8, 18-9, 18-10, 18-11, 18-12, 18-13, 18-14, 18-15, 18-16, 18-17, 18-18, 18-19, 18-20, 18-21, 18-22, 18-23, 18-24
Vendor Site Review, 18-2, 18-7, 18-9, 18-21, 18-22, 18-29, 18-43, 18-44, 18-45, 18-47, 18-48, 18-49, 18-50, 18-79
Vendor training, 18-28, 18-109

Vendor Volume, 18-14, 18-17, 18-25, 18-31, 18-43, 18-115
Voluntary Withdrawal, 18-68
WIC decal, 18-46
WIC Decals, 18-16, 18-49
WIC logo, 18-16, 18-59, 18-110
WIC Price/Stock Survey, 18-2, 18-7, 18-9, 18-10, 18-27, 18-42, 18-108
Chapter Nineteen
Breastfeeding Education and Support
Chapter Nineteen
Breastfeeding Education and Support

Overview

Introduction
The Arizona WIC Program is committed to the promotion and support of breastfeeding for all infants unless contraindicated for health reasons.

In This Chapter
This chapter is divided into five sections and seven appendices which detail the breastfeeding promotion, breastfeeding education for staff and participants, breast pump distribution and recovery, and the Peer Counselor Program.

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Breastfeeding Promotion</td>
<td>19-4</td>
</tr>
<tr>
<td>B</td>
<td>Breastfeeding Education/Support – Staff</td>
<td>19-14</td>
</tr>
<tr>
<td>C</td>
<td>Breastfeeding Education/Support – Participant</td>
<td>19-17</td>
</tr>
<tr>
<td>D</td>
<td>Breast Pump Distribution and Recovery Guidelines</td>
<td>19-20</td>
</tr>
<tr>
<td>E</td>
<td>Arizona WIC Peer Counselor Program</td>
<td>19-38</td>
</tr>
</tbody>
</table>

Continued on Next Page
## Chapter Nineteen
Breastfeeding Education and Support

### Overview (Continued)

<table>
<thead>
<tr>
<th>Contents (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section</strong></td>
</tr>
<tr>
<td>Appendix A</td>
</tr>
<tr>
<td>Appendix B</td>
</tr>
<tr>
<td>Appendix C</td>
</tr>
<tr>
<td>Appendix D</td>
</tr>
<tr>
<td>Appendix E</td>
</tr>
<tr>
<td>Appendix F</td>
</tr>
<tr>
<td>Appendix G</td>
</tr>
<tr>
<td>Index</td>
</tr>
</tbody>
</table>
Chapter Nineteen
Breastfeeding Education and Support

Section A
Breastfeeding Promotion

Staffing

To ensure that all pregnant, postpartum, and breastfeeding participants are encouraged to breastfeed unless it is contraindicated for health reasons, the State and Local Agency will employ:

- Breastfeeding Promotion Coordinator;
- Breast Pump Coordinator;
- If applicable, Peer Counselor Program Manager;
- Sufficient staff to administer an efficient and effective breastfeeding promotion program;
- At minimum one IBCLC per agency, ideally one per clinic.

Local Agency Breastfeeding Designations

WIC staff is a multifaceted group of breastfeeding supporters, all of whom are key elements to encourage and educate WIC participants. The Level designations are established so that pregnant and breastfeeding women are provided services most efficiently.

To best support the pregnant and breastfeeding women enrolled in the Arizona WIC Program, specific designations for Level of Breastfeeding Services shall be followed. These Levels will range from 1-3; Upon successful completion of specified education and training, staff will then be eligible to counsel women deemed a higher Level designation.

Level 1 Breastfeeding Services: Prerequisite: Breastfeeding LMS

Within the New Employee Training timeline and/or when the staff begins to certify pregnant and breastfeeding participants, staff shall complete a two-day WIC-specific basic breastfeeding course. Staff who successfully complete the two-day WIC Breastfeeding Basic training and post-test shall have the appropriate training requirements to counsel and provide Level 1 breastfeeding services as listed below.
Section A
Breastfeeding Promotion (Continued)

Level 1 Breastfeeding Services Defined:
- Pregnancy education (any trimester)
- General breastfeeding education and follow-up
- Issuing a pump to a mom returning to work or school
- Conduct assessments and determine appropriate food packages for breastfeeding mothers without breastfeeding concerns/complications/trauma

*Note: If during the assessment a concern is presented, Level 1 staff will defer to a Level 2 or 3 Breastfeeding Services provider for education and support.

Level 2 Breastfeeding Services: Prerequisite: Breastfeeding LMS and WIC Breastfeeding Basic

This includes staff who successfully complete a minimum of 30 hours of breastfeeding education. Best practice is staff who have attended the 5-day WIC Breastfeeding Boot Camp. After completion of an intensive breastfeeding training course, staff shall be designated a Certified Breastfeeding Authority (CBA). This designation will allow staff to counsel and provide Level 2 Breastfeeding Services to include those listed below.

- Level 2 Breastfeeding Services Defined:
  - New breastfeeding complications
  - Known breastfeeding complications
  - Emergency pump services (i.e., NICU)
  - Conduct assessments and determine appropriate food packages for breastfeeding mothers with concerns

* Note: If during the assessment a complication is presented and an intervention is deemed necessary, staff will defer to a Level 3 Breastfeeding Services provider for education and support.
Section A
Breastfeeding Promotion (Continued)

Level 3 Breastfeeding Services: Suggested Prerequisite:
Breastfeeding LMS, WIC Breastfeeding Basic, WIC
Breastfeeding Boot Camp

Staff who have the designation of a High-Risk Dietitian, High-
Risk Nutritionist, or the IBCLC are eligible to counsel and
provide Level 3 Breastfeeding Services to include those listed
below.

- Level 3 Breastfeeding Services Defined:
  - 602/603 WIC Risk Code
  - Complications and Trauma

Funding

The Federal Regulations require that agencies spend $34.61 per
pregnant and breastfeeding woman (multiplied by the average
number of pregnant and breastfeeding women) on breastfeeding
promotion. Of that, the Local Agencies will target spending
$24.61 and the State Agency will spend the remaining $10.

NOTE: The State will monitor the targeted budget through the
annual time study.

Resources

The State Agency will identify and/or develop resources and
educational materials for use in the Local Agencies.

Continued on Next Page
Section A
Breastfeeding Promotion (Continued)

WIC Breastfeeding Committee

The State and Local Breastfeeding Coordinators will meet quarterly. These meeting will be conducted via in-person, webinar or conference call format.

Discussions/activities may include incentives for breastfeeding promotion, training, policy and procedures, needs assessment, social marketing media messages, World Breastfeeding Week activities, Peer Counselor Programs, Hospital Certifications, and bulletins.

Clinic Environment

Local Agencies shall develop a clean and comfortable clinic environment which endorses breastfeeding as the preferred method of infant feeding, i.e., displaying breastfeeding posters and materials, not displaying formula or formula messages, not displaying bottles or artificial nipples, and providing an area for mothers to breastfeed or pump.

Breastfeeding Messages

Education, materials, classes and displays, which include evidence-based breastfeeding messages, shall be consistent with “Breastfeeding Answers Made Simple” by Nancy Mohrbacher, “Medications and Mothers’ Milk” by Thomas Hale, and “Keep It Simple” by Amy Spangler.

Allowable Breastfeeding Aids

Breastfeeding aids which are allowable and may be provided through the WIC Program include breast pumps, breast shells, nursing pads, breast milk storage bags, and nursing bras.

The purchase of aids should be weighed against the benefits of providing such aids, which provide less direct support for the initiation and continuation of breastfeeding, against the importance of management functions and participant benefits that otherwise could be provided.

Continued on Next Page
Section A
Breastfeeding Promotion (Continued)

Allowable-Conditional Aids
Nursing supplementers and nipple shields shall only be purchased and provided by Local Agencies with an approved policy and procedure for distribution.

The policy and procedure shall be limited to distribution by an International Board Certified Lactation Consultant (IBCLC) who has received appropriate training on the aid and include the plan for follow-up.

The Local Agency policy and procedure shall be submitted to the State WIC Breastfeeding Coordinator prior to purchase or distribution.

Unallowable Breastfeeding Aids
Breastfeeding aids which do not support the initiation and continuation of breastfeeding and are not within the scope of the WIC Program cannot be purchased with WIC funds.

Examples of such aids are topical creams, ointments, vitamins, other medicinal items, foot stools, infant pillows, and nursing blouses.

Allowable Activities
Activities may include, but are not limited to, “Baby Showers,” hospital visits, crib cards, World Breastfeeding Week (August 1-7) activities and media announcements.

Note: Food/beverages served at the activity are not an allowable WIC expense.

Continued on Next Page
### Section A

#### Breastfeeding Promotion (Continued)

<table>
<thead>
<tr>
<th>Management Evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Agencies shall perform and document annual evaluations of breastfeeding education, promotion, and support activities using the Clinic Site Breastfeeding Review located in Appendix A or in the Local Agencies - Forms section of the Arizona WIC Program website. The State Agency will evaluate Local Agency breastfeeding promotion, education, support activities, scope of practice assurance, pump program or conduct a breastfeeding financial review annually.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Breastfeeding Referral: Peer Counselor Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>If available, the Local Agency shall offer to enroll all pregnant and breastfeeding participants in the WIC Peer Counselor Program using a Referral to Breastfeeding Peer Counselor Form (Appendix F) or similar document, to be filed for a Management Evaluation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Breastfeeding Referral: Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Local Agency shall give a community-specific referral list that includes breastfeeding resources to all pregnant and breastfeeding participants.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Breastfeeding Hotline</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Arizona 24-Hour Pregnancy and Breastfeeding Hotline shall be included on all referral and outreach breastfeeding materials. The hotline number is 1-800-833-4642.</td>
</tr>
</tbody>
</table>

Continued on Next Page
Chapter Nineteen
Breastfeeding Education and Support

Section A
Breastfeeding Promotion (Continued)

Breastfeeding Assessment:
Category Change

A breastfeeding assessment shall be conducted each time a breastfeeding infant has a change in category or in feeding needs.

The assessment shall be documented in the Assessment and in the Notes screen using the TGIF format and include the reason for the change, education given, amount of breastfeeding and the number of cans of formula issued if applicable.

Breastfeeding Category Change and/or Partially Nursing Infant Food Package Benefits

The partially nursing infant is eligible to receive breastfeeding support, breastfeeding incentives, and referrals for additional assistance, as well as formula based on need and age. The Local Agency is responsible for accurate food package assignment based on the WIC breastfeeding assessment, as well as complete documentation of amount and type of feeding an infant is receiving.

An infant that is under one (1) month old will be eligible to receive up to 104 ounces of formula, if determined appropriate by a Local Agency Breastfeeding Authority, International Board Certified Lactation Consultant or Registered Dietitian. This provides an opportunity for the mother to receive one-on-one breastfeeding support and follow-up care.

An infant between the age of one (1) month and three (3) months will receive breastfeeding support, breastfeeding incentives and referrals for additional assistance and is eligible for up to 435 ounces of formula.

An infant between the age of four (4) and five (5) months will receive breastfeeding support, breastfeeding incentives, referrals for additional assistance and is eligible for up to 522 ounces of formula.

An infant between the age of six (6) and eleven (11) months will receive breastfeeding support, breastfeeding incentives, referrals for additional assistance, 24 ounces of iron fortified infant cereal, 128 ounces of baby food fruits and vegetables or partial fresh banana substitution and up to 384 ounces of formula.

Continued on Next Page
Section A
Breastfeeding Promotion (Continued)

Tailored Food Packages for Partially Nursing Infants

A breastfeeding woman is encouraged to breastfeed exclusively for the first 6 months and continue to breastfeed with the introduction of solid foods for at least an additional six (6) months of her infant’s life, or until mutually desired according to the American Academy of Pediatrics. The exclusively nursing and enhanced breastfeeding package, certain incentives, provision of anticipatory guidance and support, and not giving formula has each been proven helpful for successful breastfeeding.

An infant who is receiving both breast milk and infant formula is considered a breastfed infant by national WIC definition. However, knowing that formula decreases milk supply, WIC staff shall accurately tailor the formula food package to supply only the amount that the mother reports giving the infant. For example, an infant who is being supplemented with 2 ounces of formula a day should only be issued one can of powdered formula per month. See Appendix A for additional guidance. Whenever a WIC food package is tailored, the current intake is to be documented in the Notes Screen using the appropriate TGIF or SOAP format.

Continued on Next Page
Section A
Breastfeeding Promotion (Continued)

<table>
<thead>
<tr>
<th>Mid-Month Category Change</th>
<th>If the mother of a breastfeeding infant returns to the clinic with a change in the feeding situation that results in a category change, the Local Agency staff shall retrieve the mother’s unused food instruments:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• If she has redeemed one or more of that month’s food instruments, then conduct a breastfeeding assessment to determine appropriate category, change category for both mom and baby, and issue one (1) can of formula. Document food package in the Notes Screen using the TGIF format. If applicable, schedule the participant to come in the next month for food instruments and, if appropriate, breastfeeding support.</td>
</tr>
<tr>
<td></td>
<td>• If she has not redeemed any of that month’s food instruments, void the current food instruments, conduct a breastfeeding assessment to determine appropriate category, change category for both mom and baby, and issue food instruments. Document food package issuance in the Notes Screen using the TGIF format.</td>
</tr>
<tr>
<td></td>
<td>Extra support or referral to a breastfeeding educator or peer counselor shall be offered to any breastfeeding mother who requests formula.</td>
</tr>
<tr>
<td></td>
<td>Note: Food benefits may not be withheld from the infant because of the mother’s actions.</td>
</tr>
</tbody>
</table>

Continued on Next Page
## Section A
Breastfeeding Promotion (Continued)

<table>
<thead>
<tr>
<th>Administrative Un-Void: Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before a food instrument can be un-voided due to changes in breastfeeding, the participant must meet with a breastfeeding expert. The Certified Breastfeeding Authority shall conduct a breastfeeding assessment and document the findings.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrative Un-Void: Same Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a food instrument is voided at the Local Agency, it can be un-voided the same day by the Local Agency staff that has been assigned the un-void role in HANDS.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrative Un-Void: Subsequent Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the End of Day (EOD) process has run, then the food instrument will need to be un-voided by the State Agency. To ensure that the un-void request is completed promptly, Local Agency staff shall email the WIC Service Desk with the following information:</td>
</tr>
<tr>
<td>- Name of the staff requesting the un-void;</td>
</tr>
<tr>
<td>- Agency/Clinic;</td>
</tr>
<tr>
<td>- Food instrument serial number(s); and</td>
</tr>
<tr>
<td>- Reason for the un-void request.</td>
</tr>
<tr>
<td>The WIC Service Desk will send an email confirmation back to the Local Agency once the request is completed.</td>
</tr>
</tbody>
</table>
## Section B
### Breastfeeding Education/Support – Staff

### Purpose
Local Agency staff shall be well-trained on normal and abnormal breastfeeding situations to provide high-quality services to the clients of the Arizona WIC Program.

### New Staff – Orientation
All new employees shall meet with the Local Agency Breastfeeding Coordinator to get an overview of the Local Agency’s breastfeeding program.

Topics to be included, but not limited to:

- Overview of the “Breastfeeding - Keep It Simple” Book;
- Breastfeeding Supplies;
- Breast Pump Distribution and Recovery Guidelines;
- Breastfeeding Resources and Referrals;
- Role of Peer Counselor Program (if applicable).

### New Staff – Level 1 Training
All new employees are required to complete the Introduction to Breastfeeding Learning Management System (TRAIN) course. This online module gives a basic overview of WIC’s support of breastfeeding. It also addresses the most common concerns of new breastfeeding mothers. Additionally, new employees shall have a 2-day WIC Basic Breastfeeding training provided to them by a Local or State Agency IBCLC. This shall be completed within eight (8) weeks of hire and/or when the employee begins to certify pregnant or breastfeeding participants. Upon successful completion of the training and post-test, staff shall be eligible to provide Level 1 Breastfeeding Services, which include assessments and issuance of breast pumps to breastfeeding women without risk or concerns.

*Continued on Next Page*
### Section B
Breastfeeding Education/Support – Staff (Continued)

#### New Staff: Level 2 Training
Within six (6) months of the completion of the staff member’s probationary period, they shall complete a week-long breastfeeding course that provides at least 30 hours of continuing education credit. These courses are typically 5 to 6 days in length.

The State Agency will offer these types of courses to Local Agency staff annually.

Local Agencies can choose to send staff to another appropriate course with State Breastfeeding Coordinator approval. This process is designed to ensure that the alternate course is of similar rigor and depth to the State-sponsored course.

#### Breastfeeding Authority Skills Application
One week post-training, all trained staff shall meet with the Local Agency Coordinator to reinforce and apply skills learned during the training via the Breastfeeding Boot Camp Competency Guide. (Appendix A)

#### Staff – Annual Continuing Education
Staff shall also receive eight (8) hours of continuing education on breastfeeding per fiscal year. This is part of the 24-hour overall annual training requirement. This requirement can be fulfilled through a number of training opportunities, including TRAIN courses, LATCH-AZ meetings, Local Agency staff trainings, and online training courses.

#### Staff – Level 2 Breastfeeding Services
All staff shall complete a week-long breastfeeding course that provides at least 30 hours of continuing education credit every five (5) years.

The State Agency will offer these types of courses to Local Agency staff annually.

Local Agencies can choose to send staff to another appropriate course with State Breastfeeding Coordinator approval. This process is designed to ensure that the alternate course is of similar rigor and depth to the State-sponsored course.
**Staff – Level 3 Breastfeeding Services**

Staff members who are credentialed or designated as a High-Risk Dietitian, High-Risk Nutritionist, or the IBCLC are the Level 3 Breastfeeding Services providers.

**Documentation Of Staff Breastfeeding Education**

All breastfeeding training documentation, including the Breastfeeding TRAIN course, should be maintained in the Local Agency training file. See Chapter 7, Section E for documentation of training and requirements for the Local Agency training file. It is highly recommended that Local Agencies utilize TRAIN for delivering, tracking, and managing training/education. TRAIN is able to provide and track both online (e-learning) and instructor-led training to State and Local Agency WIC staff. The system can be accessed 24 hours a day, 7 days a week.

---

*Continued on Next Page*
# Section C
## Breastfeeding Education/Support – Participant

### Purpose
Studies show that education is the single most important indicator to breastfeeding initiation and duration up to six (6) months. Education sessions may be either in individual or group settings.

### Documentation: Participant Breastfeeding Education
Local Agencies shall document the breastfeeding education provided on the Follow-up/Nutrition Education button in the Care Plan screen of the HANDS system for every pregnant or breastfeeding participant and their breastfed infant(s).

### Breastfeeding Education
Suggested topics of discussion to offer:

**First Trimester:**
- Breast milk as the ideal nutrition for infants
- Benefits of breastfeeding (health and other)

**Second Trimester:**
- Anatomy and physiology
- Breastfeeding positioning and latch-on technique
- Equipment (including clothing, pumps and storage)

**Third Trimester:**
- Common fears, barriers, problems, and myths
- Anticipatory guidance for Maternity Care Practices
- What to expect in the first two weeks
- Baby behavior messages

**Postpartum:**
- Support personalized to individual needs.

### Breastfeeding Classes
Breastfeeding classes shall follow the Together We Can (Reference Chapter 7 page 6) model and be based on competencies developed from Breastfeeding Education section above. Breastfeeding class may count as the second nutrition education contact if it occurs on a subsequent and separate visit than the Certification.

*Continued on Next Page*
### Section C
**Breastfeeding Education/Support – Participant (continued)**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding – Keep It Simple Book</td>
<td>Every pregnant woman shall be offered at least one (1) copy of the book “Breastfeeding – Keep It Simple”.</td>
</tr>
<tr>
<td>Breastfeeding Bookmarks</td>
<td>The State Agency will periodically develop and distribute bookmarks on various topics to accompany the “Keep It Simple” book. These bookmarks are developed as a result of a need identified by the Breastfeeding Hotline based on high frequency of topic duplication or Local Agency request. State and Local Agencies shall train staff on the bookmarks and identify situations when appropriate to distribute. Bookmarks are available to order from the ADHS Warehouse using the online WIC Order Form.</td>
</tr>
<tr>
<td>Medication / Herbal Supplements</td>
<td>The Arizona WIC Program does not suggest, prescribe, or endorse any medication or herbal supplement to participants. If asked about a specific medication or herbal supplement, staff should refer to the current “Medications and Mothers Milk” book for information. It is strongly recommended that staff copy the information directly from the reference material and give to the participant for review.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
Section C
Breastfeeding Education/Support – Participant (continued)

Emergency Breastfeeding Services: General
In rare circumstances, a client from another Local Agency may need WIC breastfeeding services on an emergency basis at a clinic or an outreach location. The Local Agency loaning the pump will transfer the client into their own agency, conduct the appropriate breastfeeding assessment and intervention, and assign the pump in HANDS with complete documentation in the TGIF format.

Emergency Breastfeeding Services:
- Breastfeeding assistance to include, but not limited to, latch and position;

and/or

- Breast Pump Issuance

Emergency Breastfeeding Services: Assistance
In order to maintain the continuum of care, when staff provide emergency breastfeeding assistance to another program’s client, the staff should:

- Transfer the client into the Local Agency
- Provide assistance to client;
- Document the visit in the Notes Screen with a TGIF format;
### Policy

Local WIC programs may provide breast pumps to WIC participants as a breastfeeding aid when appropriate and as pumps are available.

### Purpose

To support and protect breastfeeding by providing breast pumps to women who need and will use them.

### Administrative Costs

Costs for the management of the breast pump program should be charged to the WIC NSA grant under the cost category of “Breastfeeding Promotion.” Applicable costs may include:

- Staff time for management of the program;
- Space to store pumps; and
- Maintenance and sanitation costs.

### Breast Pump Coordinator

Local Agencies shall designate one contact person as the breast pump coordinator whose responsibilities shall include:

- Acting as the primary contact for breast pump orders; and
- Overseeing the breast pump inventory.

### Ordering Process

Local Agencies can order breast pumps and accessories from the ADHS Warehouse using the online WIC Order Form. Orders will be restricted to one time per month per clinic and no more than quantities of five without prior authorization from the State staff.

### Type of Available Breast Pumps

Hospital-grade double electric breast pumps (HBP) are available to order from the ADHS Warehouse:

**Note:** Manual pumps may be purchased by the Local Agencies using NSA funds.

*Continued on Next Page*
# Section D

## Breast Pump Distribution and Recovery Guidelines (Continued)

### Accessories

<table>
<thead>
<tr>
<th>Accessories</th>
<th>These accessories are available to order from the ADHS Warehouse:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Flanges;</td>
</tr>
<tr>
<td></td>
<td>• Kits (HBP);</td>
</tr>
<tr>
<td></td>
<td>• Breast milk storage bags;</td>
</tr>
<tr>
<td></td>
<td>• Replacement cases/clips (HBP only);</td>
</tr>
</tbody>
</table>

**Note:** Local Agencies can use NSA funds to purchase additional accessories.

### Microsteam Bags

Microsteam bags are available to order from the ADHS warehouse. They should be reserved for participants who need to use a breast pump at the clinic and requires/requests a sterile breast pump kit.

The Local Agency shall follow the manufacturer directions and establish a system of usage as each bag may be used up to 20 times.

### Inventory Documentation

The State Pump Logistics Coordinator will document all initial pump inventories for the Local Agency in HANDS. It is the responsibility of the Local Agency Pump Coordinator to manage the inventory at the clinic level in HANDS.

### State ID Tag

When hospital-grade breast pumps arrive from the ADHS Warehouse, they shall have a State ID tag adhered to the pump itself. If not, please contact the ADHS Warehouse Manager immediately.

**Note:** The pump is not eligible for loan without a State ID tag.

---

*Continued on Next Page*
### Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

<table>
<thead>
<tr>
<th>Issuer</th>
<th>Upon successful completion of WIC Basic Training, WIC staff can assess need and issue breast pumps.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Active Certification</strong></td>
<td>A participant is to be in an active Certification in the WIC Program before a breast pump assessment is completed.</td>
</tr>
<tr>
<td><strong>Breastfeeding Assessment – Pumps</strong></td>
<td>Breast pumps can be provided to participants by staff who have completed WIC Basic Training only after a thorough assessment of the breastfeeding relationship to ensure that a breast pump is the appropriate intervention. The assessment shall be documented in the Notes Screen using the TGIF format and include the reason for the request, education given and the type of pump given.</td>
</tr>
<tr>
<td><strong>Common Circumstances</strong></td>
<td>Breast pumps are commonly provided in the following circumstances:</td>
</tr>
<tr>
<td></td>
<td>• Premature infant who is unable to suck adequately;</td>
</tr>
<tr>
<td></td>
<td>• Infant with severe feeding problems;</td>
</tr>
<tr>
<td></td>
<td>• Mother who is having difficulty maintaining a milk supply due to maternal or infant illness;</td>
</tr>
<tr>
<td></td>
<td>• Mother of multiple births;</td>
</tr>
<tr>
<td></td>
<td>• Mother who is separated from her infant(s) due to hospitalization; and/or</td>
</tr>
<tr>
<td></td>
<td>• Mother who is separated from her infant(s)</td>
</tr>
<tr>
<td><strong>Pump Denial</strong></td>
<td>If upon completion of the breastfeeding assessment, the pump is determined not to be the appropriate intervention, the details of the assessment shall be documented in the Notes Screen.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
Hospital-grade Electric Breast Pump

Hospital-grade breast pumps are the preferred choice for the most mothers. A hospital-grade double electric breast pump may be loaned to a WIC mother when:

- She has maternal medical needs (i.e., severe engorgement, breast surgery, low milk supply);
- She has an infant with a medical need (i.e., prematurity);
- She returns to work or school before one month postpartum; and/or
- The findings from the breastfeeding assessment conclude that the breast pump will help in building or maintaining the milk supply.

Pregnancy

Breast pumps may not be issued to physically pregnant women.

*Best practice is to certify the mom into an appropriate category after she delivers the baby and issue her the pump after a complete assessment. If a woman is in a valid Certification period as a pregnant participant and has delivered a medically fragile infant, she or the 2nd Authorized Representative or the Proxy may be issued a pump. A complete TGIF note shall document the full breastfeeding assessment. An appropriate TGIF note shall document the assessment as well as when the mother will be recertified in the future. (Refer to Chapter 2 Documentation of Exceptions)

Prizes, Gifts, Incentives

Breast pumps cannot be used as prizes, gifts, or incentives.

Continued on Next Page
Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

**Process of Issuance: Hospital-grade Breast Pump**

These steps should be followed when issuing a hospital-grade breast pump:

1. Retrieve breast pump and kit from inventory;
2. Verify that the pump is in working order;
3. Demonstrate how to assemble the breast pump.
4. Discuss how to maintain an adequate milk supply;
5. Review milk storage guidelines;
6. Discuss directions for cleaning the breast pump;
7. Print the Pump Release Form from the client file. Review "Hospital-grade Breast Pump Release Form" (Appendix B);
8. Obtain signature and initials from participant and scan the document to be saved in the participant’s HANDS file.
9. Document in the Notes Screen of HANDS in TGIF format, verify the ‘pump issued’ icon is now displayed in the active record with the current pump due date.

Note: The pump icon is only activated when a pump is Issued, or when the status is changed from Issued to Letter Sent.

**Length of Issuance: Hospital-grade Breast Pump**

Length of issuance shall not exceed three months.

The participant may keep the breast pump after the Date of Return if desired; a new Hospital-Grade Breast Pump Release Form shall be completed with a signature. The new document will be scanned into the participant’s HANDS file. In the Breast Pump Issuance and Return Screen, update the Reissued Due Date.

Note: The participant does not need to bring the breast pump into the clinic in order to complete the form.

*Continued on Next Page*
Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

**Process of Return: Hospital-Grade Pump**

These steps shall be followed when a participant returns a loaned hospital-grade pump.

1. In the participant file, update the status in the Breast Pump Issuance and Return Screen as Returned.

2. Verify that the pump icon in the active record is deactivated.

3. Fill out the Breast Pump Receipt for Return of Hospital-Grade Double Electric Breast Pump. Remove the white copy (top) scan and save in the clients file in HANDS; the participant receives the pink copy (2nd copy), leave the remaining yellow copy (3rd copy) in the receipt booklet (Appendix B).

4. Follow the appropriate cleaning procedure for all pumps.

5. Update the status to Available when the pump is ready to be returned to current clinic inventory.

**Nominal Deposits**

Local Agencies **cannot** require a monetary deposit for a breast pump.

**Waiting Lists**

Prior to instituting a breast pump waitlist, the Local Agency shall submit a waitlist policy, to be kept on file at the State Agency, to include priority needs assessment, follow-up procedures and estimated timeline for an established waitlist. The State Agency shall be notified within five days of instituting a waitlist within a Local Agency.

**Second Nutrition Education Contact**

Breast pump education and instruction that occurs subsequent to and separate from the Certification visit may be counted as the second education contact.

**Education Style**

Breast pump education and instruction may be conducted individually or in a group.

Continued on Next Page
Hospital-grade Breast Pump Cleaning Procedures

Always wear protective gear, as recommended by the cleaning agent label. At minimum, wear gloves to protect hands from the chemical disinfectant.

Use a commercial disinfectant. Be sure to read and follow all instructions on the cleaning agent. Failure to follow label instructions will mean that the pump is not properly cleaned.

Directions: Cleaning

1. Remove the pump from the case.
2. Wet paper towels until saturated with the cleaning solution. Do not pour or spray liquid directly onto the pump.
3. Apply the sanitizer to the inside and outside of the pump case and body of the pump. Make sure the pump stays wet for the recommended length of time, so that germs are killed. * The method for most biocidal effectiveness is a spray saturation of 3 minutes prior to wiping down.
4. Allow the pump and case to air dry.
5. Place the pump back in the case.

Continued on Next Page
Commercial Disinfectant

A multi-purpose disinfectant intended for use in cleaning, decontaminating and disinfecting hard non-porous, inanimate surfaces and non-critical instruments in hospitals, laboratories, and other critical care areas where environmental control of cross contamination between treated surfaces is important. The disinfectant shall have a biocidal effectiveness against the following microorganisms:

- *Mycobacterium bovis* BCG
- *Staphylococcus aureus*
- *Pseudomonas aeruginosa*
- *Salmonella choleraesuis*
- *Clostridium difficile* (vegetative cells only)
- *Trichophyton mentagrophytes*
- *Methicillin Resistant Staphylococcus aureus* (MRSA)
- *Vancomycin Resistant Enterococcus faecalis* (VRE)
- *Staphylococcus aureus with reduced susceptibility to vancomycin* (VRSA)
- *Hepatitis B Virus* (HBV)
- *Hepatitis C Virus* (HCV)
- *Herpes Simplex Virus* Type 1
- *Herpes Simplex Virus* Type 2
- *Human Immunodeficiency Virus* (HIV-1)
- *Human Coronavirus* (not associated with Severe Acute Respiratory Syndrome or SARS)
- *Influenza A2 Virus*

The Material Safety Data Sheet (MSDS) for the commercial disinfectants must be posted in the clinic and all employees must be aware of its location.

Continued on Next Page
In addition to being cleaned, a breast pump needs to be evaluated for efficiency before it can be given out to another participant.

Directions: Efficiency Testing

1. Assemble the pumping kit for single pumping. Cover the hole for the unused side.
2. Attach it to the breast pump.
3. Attach the vacuum gauge to the breast shield.
4. Turn the suction to **LOW/MIN** and read the value.
   - Lactina: approx 75-100 mmHg
   - Personal pumps: 50 mmHg (letdown mode/expression mode)
5. Turn the suction to **HIGH/MAX** and read the value.
   - Lactina: approx 240 mmHg
   - Personal pumps: 200 mmHg (letdown mode) and 235 mmHg (expression mode)

*Continued on Next Page*
Breast pumps that are malfunctioning must be tested by Local Agency staff. Client reports must be verified prior to sending a pump back for repair.

Local Agency staff should:

1. In the active record, select the client. Use the Navigation Pick List and select Pump Issuance and Return. Change the status to Returned. Exit the client file.

2. From the WIC Services screen, use the Navigation Pick List and select Pump Issuance and Return. Enter and search the pump serial number. Update the pump status in HANDS as Broken and save.

3. Document the problem with the pump in the Comments section of the Pump screen. Examples include arm not moving, cord frayed, not maintaining suction.

4. Remove the pump from the case.

5. Retain the case at the clinic, as it will not be returned by the manufacturer.

6. Place pump in a shipping box.

7. Contact the ADHS Warehouse for a return authorization number and prepaid shipping label.

8. Provide the Warehouse staff with the Hospital-Grade Breast Pump Request for Repair form and include:
   - Contact person's name
   - Agency name
   - Address
   - Phone number
   - Email

9. Ship or hand-deliver the pump to the ADHS warehouse.

Continued on Next Page
Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

Insect Infestation

If the Local Agency suspects that a breast pump may be infested with insects, the Local Agency staff needs to:

1. In the active record, select the client. Use the Navigation Pick List and select Pump Issuance and Return. Change the status to Returned. Exit the client file.

2. From the WIC Services screen, use the Navigation Pick List and select Pump Issuance and Return. Enter and search the pump serial number.

3. Update the pump status in HANDS as Infested. Make note of the suspected pump in the Comments section on the Pump screen and save.

4. Place the suspect pump into a bag and seal it;

5. Place the sealed pump into a second bag;

6. Seal the second bag;

7. Place into a shipping box and seal;

8. Write “Infested” on the outside of the shipping box;

9. Contact the ADHS Warehouse for a return authorization number and prepaid shipping label.

10. Ship or hand-deliver to the ADHS warehouse with the Hospital-Grade Breast Pump Request for Repair form and include:

11. Contact person's name

12. Agency name

13. Address

14. Phone number

15. Email

Continued on Next Page
Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

Emergency Breastfeeding Services: Breast Pump

In order to maintain the continuum of care, when staff provides a breast pump to another program’s client, the staff shall transfer the client into the Local Agency and follow the same procedure for issuance as outlined under Process of Issuance: Hospital-Grade Breast Pump.

Continued on Next Page
## Section D

**Breast Pump Distribution and Recovery Guidelines (Continued)**

### Transfer of Participants with Breast Pumps Between Local Agencies

The State WIC agency purchases breast pumps for Local Agencies to distribute to participants. These pumps remain assets of the State of Arizona.

If a WIC participant who has a hospital-grade breast pump loaned to her by her Local WIC Agency transfers to a different Local Agency, her new Local Agency shall:

- Accept the breast pump from the participant
- Retain the pump for their Local Agency’s use
- Document the pump’s return in the Breast Pump Issuance and Return Screen.

### Transfer of Breast Pumps Between Local Agencies

If a WIC participant who has a hospital-grade breast pump loaned to her by her Local Agency returns the pump at another Local Agency:

- Accept the breast pump from the participant
- Contact the WIC Service Desk with the Pump Serial Number, Family ID number and Participant Name, if available, to transfer pump into the current Local Agency inventory; OR
- Contact the original Local Agency for a pump recovery.

*Continued on Next Page*
Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

Retrieval of Unreturned Hospital-grade Breast Pumps

If a participant fails to return a pump by the due date specified on the “Hospital-grade Breast Pump Release Form”, the Local Agency will attempt to contact the participant (or alternate contact, if necessary) by phone within seven (7) days of the breast pump return due date.

If attempts do not result in the return of the breast pump or a new signed release form, the Local Agency will change the participant to monthly food instrument issuance. Mail a letter instructing the participant to return the breast pump. In the Breast Pump and Return Issuance screen, select ‘Letter Sent’ as the pump status. See Appendix B for sample letters in English and Spanish.

The pump icon display in the active record will remain after the status for the pump is changed to ‘Letter Sent.’

If the participant fails to return the breast pump within 30 days after the letter is mailed and is in an active Certification, the local agency will continue to pursue the return of the breast pump at each visit. Upon return, the participant may resume normal pick-up schedule.

If the participant is no longer in an active Certification, the Local Agency should send a copy of the letter and a copy of the Hospital-grade Breast Pump Release Form to the ADHS Pump Logistics Coordinator. In the Breast Pump and Return Issuance Screen select the checkbox “Referred to State,” fill in the corresponding date of the referred pump, document in the Comments box the name of the referring staff and save.

Note: All attempts to retrieve the breast pump should be documented in the Comments box of the Breast Pump Issuance and Return screen.

Note: Food Benefits may not be withheld in order to retrieve a pump.

Continued on Next Page
Chapter Nineteen  
Breastfeeding Education and Support

Section D  
Breast Pump Distribution and Recovery Guidelines (Continued)

- **Lost or Stolen Hospital-grade Breast Pumps**

  Upon receiving notification from the participant and/or failed attempts to establish contact with a participant, Local Agencies shall immediately report cases of lost/stolen hospital-grade breast pumps to the State Agency; in the participant’s file, select the checkbox ‘Referred to State’ on the Breast Pump Issuance and Return screen. The Local Agency shall assist the State Agency in retrieving the appropriate statements, documentation, or any other relevant correspondence from the participant. Based upon the cooperation and/or information received by the participant, an investigation will be initiated to determine the status for continued program participation.

  In the event that a participant reports a hospital-grade breast pump as lost, a statement from the participant (email, handwritten, etc) must be provided to the WIC Program explaining the circumstances surrounding the loss of equipment.

  In the event that a participant reports a hospital-grade breast pump as stolen, the participant is encouraged to immediately file a police report. The police report, along with a detailed written statement, should be provided to the WIC program in a timely manner, explaining the circumstances surrounding the loss of equipment.

  Local Agencies shall provide the above-mentioned documents to the State office’s Pump Logistics Coordinator and immediately scan the documents into the participant’s active record. Detailed notes documenting this incident should be placed in the Comments box on the Breast Pump Issuance and Return screen as well as in the Notes screen as a General Note. Specific identifiers by the clinic staff (such as one’s initials or full name) should be noted at the end of the pump communication box notes for efficient follow-up by the State office.

  **Note:** The status on the hospital-grade Breast Pump Issuance and Return screen should be changed to Stolen/Lost.

Continued on Next Page
Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

Lost / Stolen Breast Pumps (continued)

Based on the results of the investigation and if it is determined that the participant was negligent, the State Agency reserves the right to issue a claim for restitution against a participant for the full or prorated cost of the issued hospital-grade pump.

The Local Agency shall keep participants that are under an investigation on monthly issuance until a personal statement or police report is received or informed otherwise from the State Agency.

Sale of Breast Pumps

Participants found to be selling WIC-issued breast pumps for any reason or purpose will be investigated to the fullest extent by the State Agency.

Upon confirming the sale of benefits (i.e., breast pump, breast milk bags) for the purpose of personal gain/profit, a participant will be required to pay restitution. The participant will be, at a minimum, held responsible for restitution in the amount that the breast pump was sold for (i.e., a participant posted an advertisement and successfully sells a breast pump for $200.00).

Attempted Sale of Breast Pumps

Participants found to have attempted the sale of a WIC-issued breast pump will be instructed to immediately return the pump to their Local Agency clinic. Upon return of the pump back to the clinic, the Local Agency will contact the State Agency for further direction on handling the disposal of the pump and/or any pump accessories.

Continued on Next Page
Section D
Breast Pump Distribution and Recovery Guidelines (Continued)

Communication
With Participants Under Investigation

The State Agency shall handle communication with a participant regarding any initiated investigation to include, but not be limited to, informal dispute resolutions and terms of restitution.

When appropriate, and at its sole discretion, the State Agency will provide electronic copies of such documents to the Local Agency director for information purposes only.

In the event that a participant contacts the Local Agency to inquire about an ongoing investigation, the participant shall be triaged to the State Agency. The State Agency will maintain the comprehensive details and will have the ability to provide accurate, up-to-date information regarding a case.

Continued on Next Page
## Section D

### Breast Pump Distribution and Recovery Guidelines (Continued)

**Disposal of Personal-use Breast Pumps**
Personal-use breast pumps are single-user breast pumps. These pumps may not be loaned or sold to others due to sanitation issues. These cannot be cleaned in a way that prevents cross-contamination from person to person. When the participant has finished using the personal-use breast pump, it can be saved for a subsequent pregnancy or the pump should be discarded rather than sold or given away.

The participant can dispose of the pump herself or bring it to the Local Agency for disposal. If the pump is to be disposed of by the Local Agency, the Local Agency should label it “broken” or disassemble prior to discarding to discourage pilfering from the trash can.

**Community Partners**
Local Agency programs may distribute hospital-grade electric breast pumps to participants through a third party (i.e., hospital, community clinic, community health nurse). The Local Agency must ensure that the third party:

- Verifies that the participant is enrolled in the WIC program;
- Provides appropriate instruction and education;
- Completes appropriate loan agreements and forwards these forms to the Local Agency for documentation in AIM.

**Note:** The Local Agency should follow-up with the participant within one (1) week of breast pump distribution.

**Referrals**
If a Local Agency chooses not to issue breast pumps, it is strongly encouraged that the Local Agency provides participants with referral information on breast pump availability in the community to include other Local WIC Agencies that choose to issue breast pumps.
Chapter Nineteen
Breastfeeding Education and Support

Section E
Arizona WIC Peer Counselor Program

Overview
“Using Loving Support to Implement Best Practices in Peer Counseling” is a training and technical assistance project designed to assist the national effort by the USDA, Food and Nutrition Service (FNS) to build and enhance peer counseling programs. Combining peer counseling with the ongoing breastfeeding promotion efforts in WIC has the potential to significantly impact breastfeeding rates among WIC participants, and, most significantly, increase the harder-to-achieve breastfeeding duration rates. The long range vision of the USDA/FNS is to institutionalize peer counseling as a core service in WIC.

Goals
The overall goals of all WIC breastfeeding projects in alignment with Healthy People 2020, including the Peer Counseling project, are to:

Increase the incidence of breastfeeding to 75% of women initiating breastfeeding upon the birth of their babies;

Increase the duration of breastfeeding to 50% of women for the first 6 months of their baby’s life and 25% of women for the first year of their baby’s life;

Increase WIC participants' knowledge of the advantages of breastfeeding; and

Develop community partnerships to maximize resources and increase effectiveness of community support efforts.

Continued on Next Page
Section E
Arizona WIC Peer Counselor Program (Continued)

Allowable Costs

Allowable cost determinations for a particular Local Agency will be made within the context of reviewing the Local Agency’s implementation plan to ensure that all components of the “Loving Support Model for a Successful Peer Counselor Program” are included and that an appropriate balance between direct service delivery by peer counselors and the purchase and use of equipment and materials is in evidence.

Examples of allowable costs include:

- Compensation for peer counselors and designated peer counselor managers/coordinators;
- Training;
- Breastfeeding resources directly related to peer counseling;
- Telephone expenses for participant contacts;
- Travel for home and hospital visits;
- Recruitment of peer counseling staff;
- Demonstration materials (i.e., breast pumps for demonstration purposes, videos);
- Written materials to educate WIC participants about the Peer Counselor Program;
- T-shirts, buttons or similar items that identify the peer counselors;
- Furniture; and/or
- Indirect Costs.

Note: General breastfeeding resources for participants and exam fees for staff shall be purchased with WIC NSA funds.

Continued on Next Page
Chapter Nineteen
Breastfeeding Education and Support

**Section E**
Arizona WIC Peer Counselor Program (Continued)

| State Peer Counselor Program Coordinator | ADHS BNPA will house the Peer Counseling Coordinator who will oversee the implementation of the State Peer Counselor plan and projects. The Coordinator will be someone with formal breastfeeding training, program management experience, personal breastfeeding experience, and experience working with the WIC population. This position will work closely with the State Breastfeeding Coordinator and State WIC program staff. A sample job description is available in Appendix D. |
| Local Agency Peer Counselor Program Manager | The manager will be someone with formal breastfeeding training (International Board Certified Lactation Consultant preferred), personal breastfeeding experience, experience working with the WIC population, and be familiar with community resources. Responsibilities include, but are not limited to:  
1. Assisting in establishing program goals and objectives;  
2. Assisting in establishing Peer Counseling program protocols and policies;  
3. Determining Peer Counselor staffing needs;  
4. Recruiting and interviewing potential peer counselors in alignment with program policies and standards;  
5. Conducting/arranging training of peer counselors;  
6. Mentoring new peer counselors during the first six (6) months, providing routine follow-up and guidance in the beginning of their employment;  
7. Providing ongoing supervision;  
8. Holding monthly meetings with peer counselors;  
9. Collecting documentation records and data as appropriate;  
10. Monitoring the program, including conducting spot checks;  
11. Routinely reporting on the program to supervisor and/or State Breastfeeding Coordinator; and  
12. Working with other Peer Counselor supervisors (if available) to assess for ongoing improvements to the program that may be needed.  
A sample job description is available in Appendix D. |

*Continued on Next Page*
### Section E
Arizona WIC Peer Counselor Program (Continued)

| International Board Certified Lactation Consultant (IBCLC) | In order to assist the peer counselors with cases that extend beyond their scope of practice as defined in the Loving Support curriculum, the Local Agency must employ or contract with an International Board Certified Lactation Consultant (IBCLC). A sample job description available in Appendix D.  
Note: IBCLCs who strengthen general breastfeeding expertise with WIC staff or participants should receive WIC funding as part of their compensation. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Counselor Qualifications</td>
<td>Qualifications shall be previous experience with breastfeeding to include at least 3 months of personal breastfeeding, enthusiasm for helping others succeed at breastfeeding, and similarities with the WIC population (including similar age, ethnic background, and language spoken). When possible, peer counselors should be current or previous WIC participants. A sample job description is available in Appendix D.</td>
</tr>
<tr>
<td>Compensation / Reimbursement</td>
<td>Peer counselors will be paid employees, rather than volunteers. Providers must also cover travel expenses for home and hospital visits, required trainings, and reimbursements for telephone and other expenses.</td>
</tr>
</tbody>
</table>

*Continued on Next Page*
### Section E
Arizona WIC Peer Counselor Program (Continued)

<table>
<thead>
<tr>
<th>Accounting for Staff Time Funded By Two (2) or More Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMB Circulars A-87 and 122 require that employees funded by two (2) or more different programs (e.g. WIC and Peer Counselor) are subject to the continuous time reporting documentation requirement.</td>
</tr>
</tbody>
</table>

This requirement states that employees engaged in multiple programs must continuously generate documentation supporting the distribution of their time and effort. Most agencies usually comply through a “Labor Activity Report” (LAR) completed by staff as part of their time sheets. Employees indicate on their time sheets how many hours each day they spent on WIC activities versus Peer counseling activities. Please see Chapter 15 on Audits and Management Evaluations for more details.

In addition, employees partially funded by the WIC Program are subject to the representative time study for their WIC activities in the four (4) functional areas required by WIC. Please see Chapter 13 on Program Costs for more details.

Employees funded only by the Breastfeeding Peer Counselor Program must sign a semi-annual certification that states they worked 100% of their time for the Breastfeeding Peer Counselor Program.

*Continued on Next Page*
Chapter Nineteen  
Breastfeeding Education and Support

Section E  
Arizona WIC Peer Counselor Program (Continued)

Scope of Practice  
Peer counselors shall have a combination of personal and practical experience, along with formal training, and evidence-based knowledge that allows them to do the following:

1. Encourage pregnant WIC women to breastfeed;
2. Provide information to prepare pregnant women to breastfeed;
3. Explain ways to prevent common breastfeeding problems and respond to other common concerns;
4. Provide help with getting breastfeeding off to a good start;
5. Provide support and encouragement throughout breastfeeding;
6. Provide suggestions to help mothers solve common breastfeeding problems;
7. Refer mothers to other healthcare providers and other community services when needed; and
8. Promote a breastfeeding-friendly culture in their community by establishing community partnerships to open up and improve communication.

For more information, refer to Appendix E – Peer Counselor Program – Scope of Practice.

Peer Counselor Job Parameters

Job parameters include, but are not limited to:

- Telephone contacts from peer counselor’s home and clinic;
- Clinic, home, and hospital visits; *Cannot be counted as a second WIC contact.
- Prenatal/breastfeeding classes; and
- Support groups.
Section E
Arizona WIC Peer Counselor Program (Continued)

Limitations
So as not to supplant WIC services, peer counselors shall not:

- Conduct or assist in the Certification of WIC participants;
- Print food instruments;
- Conduct anthropometric or hematologic assessments;
- Provide the second nutrition education contact;
- Schedule appointments for WIC services
- Provide services on the same day as WIC services
- Conduct a formal WIC Breastfeeding Assessment;
- Develop or implement breastfeeding training for WIC staff;
  or
- Have sole or primary responsibility for breast pump distribution and retrieval.

Training
Trainings for peer counselors shall include The Loving Support Through Peer Counseling.

- WIC clinic staff in peer counseling programs will view the PowerPoint presentation “Peer Counseling: Making a Difference for WIC Families” through the Loving Support curriculum at least one time per clinic during each year of the contract.

Additional trainings for peer counselors and WIC staff will include cross-training of peer counselors to familiarize them with WIC services, breastfeeding training for WIC staff, etc.

Annual Fiscal Year trainings shall include

- Civil Rights and/or CLAS; (each of the trainings are every other year).

Program Participation
A WIC participant must agree to participate in the Peer Counselor Program. This is evidenced by the completion of the “Referral to Peer Counselor” form by WIC staff. The form shall be scanned into the client record in HANDS. (Appendix F)
## Section E  
Arizona WIC Peer Counselor Program (Continued)

| Documentation | In order to facilitate consistency for client services in both the WIC Program and WIC Peer Counseling Program, the Peer Counselor shall document in HANDS. Documentation will consist of the screens listed below.  
| | • Contact type in the Peer Counselor Screen  
| | • Specifics of the discussion, in a TGIF format, on the Notes Screen  
| Confidentiality | Peer counselors shall sign a confidentiality agreement before providing services.  
| Financial Reporting | Monthly Contractor’s Expenditure Reports (CER) are due on the 15th of each month, reflecting expenses that were incurred in the previous month.  
| Quarterly Report | Quarterly Reports are due on the 15th of month following the close of the quarter. Include the HANDS Peer Counselor reports with the quarterly submission. (Appendix G).  
| Management Evaluations | The Arizona WIC Peer Counselor Program will be evaluated in conjunction with the WIC Management Evaluation.  
| Records Retention | Records shall be maintained and available for program audit. Records shall be kept for five (5) years, five (5) months, including the contract year. |
Chapter Nineteen
Breastfeeding Education and Support

Appendix A
Breastfeeding Education and Support – Forms

See Following Pages
## Arizona WIC Site Evaluation Plan

**Date:** ____________________________  
**Local Agency:** ________________________  
**Assessor:** ___________________________

### Staffing

<table>
<thead>
<tr>
<th>Position</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding Coordinator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Pump Coordinator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer Counselor Manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IBCLC (s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Clinic Environment

<table>
<thead>
<tr>
<th>Environment Feature</th>
<th>Exceeds Minimum Standard</th>
<th>Minimum Standard Met</th>
<th>Did not meet or needs improvement</th>
<th>Not Applicable</th>
<th>General Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding friendly messaging clearly displayed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Formula or Formula messages displayed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodations for breastfeeding clients to nurse or pump</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence based BF messages consistent onsite resources displayed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allowable Aids only present except as demonstration.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinic Environment; continued</strong></td>
<td>Exceeds Minimum Standard</td>
<td>Minimum Standard Met</td>
<td>Did not meet or needs improvement</td>
<td>Not Applicable</td>
<td>General Comments</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------</td>
<td>----------------------</td>
<td>-----------------------------------</td>
<td>----------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Documentation of annual evaluation of BF education, promotion, ad support activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BF Hotline included on all referral and outreach material.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Resources:</strong> Available to all staff in central unlocked location.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BF Answers Made Simple</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meds and Mothers Milk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Staff Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Staff Orientation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boot Camp: New</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boot Camp: Existing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 hrs Continuing Ed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Breastfeeding Class</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approved Objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Participant Resources</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keep It Simple (English/Spanish)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Book Marks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others : State Approved</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Breast Pumps</strong></td>
<td>Exceeds Minimum Standard</td>
<td>Minimum Standard Met</td>
<td>Did not meet or needs improvement</td>
<td>Not Applicable</td>
<td>General Comments</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>----------------------</td>
<td>-----------------------------------</td>
<td>----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Clean and dirty pumps clearly separated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State ID Tag</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated Cleaning Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper Cleaning Solution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approved Wait List</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gauge Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Partners: Issuance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Supplies:**

- Breast pump kits
- Storage Bags
- Extra Pump Flanges (SM/LG)
- Microsteam Bags
- Breast Pads
- Other (s)

**Peer Counseling: If Applicable**

- Allowable Costs
- Peer Counselor Manager: Minimum Qualifications
- IBCLC (Staff or Contract)
- Peer Counselor Minimum Qualifications
- Loving Support Training
- WIC/PC Meetings
<table>
<thead>
<tr>
<th>Referral Form</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication of referrals between WIC and PC.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Assurance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Assessment for Breastfeeding Infants Requesting Formula:
(*OPTIONAL to be completed by Local Agency Breastfeeding Authority)

- It takes 1 month to fully establish mother’s milk supply. Milk production is dependent upon how often, long and effectively the baby nurses. If the baby is supplemented with formula, he will go longer between feedings and take less milk while at the breast. Frequent nursing helps to establish a good milk supply early on, as well as providing a variety of health benefits.

- When bottles are given early in the first month of life, a newborn may begin to refuse the breast – nipple preference. For the first few weeks, it is best to let the baby nurse only with mom, until nursing is comfortable and productive for both mom and baby.

Breastfeeding Assessment Form::
1) What was baby’s DOB?___________ Birth Weight?___________ Current Weight?___________
   (Infant should be back to birth weight by 1-2 weeks after DOB and continue to gain a ½ pound a week.)

2) How can mom tell baby is hungry (feeding cues)? ________________________________

3) How many times does the baby nurse in a 24 hour period? __________________________

4) How many bowel movements has the baby had in the past 24 hours? __________________

5) How is baby’s latch and positioning? ___________________________________________

6) Does Mom have any nipple soreness or irritation? ________________________________

7) Can you hear baby swallowing? _______ Is infant staying awake while nursing? ________
   Is infant content after a feeding?_______________________________________________

8) What is Mom’s goal with breastfeeding? __________________________________________

9) How much formula is Mom requesting? __________________________________________

Determining Supplemental Formula Amounts for the Partially Breastfed Infant:

<table>
<thead>
<tr>
<th>If the infant is getting this much supplemental formula each day (24 HR):</th>
<th>Amount per month to issue:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 3 oz. per day</td>
<td>1 can per month</td>
</tr>
<tr>
<td>4 – 6 oz. per day</td>
<td>2 cans per month</td>
</tr>
<tr>
<td>7 – 9 oz. per day</td>
<td>3 cans per month</td>
</tr>
<tr>
<td>10 – 12 oz. per day</td>
<td>4 cans per month</td>
</tr>
<tr>
<td>13 – 15 oz. per day</td>
<td>5 cans per month</td>
</tr>
<tr>
<td>16 – 18 oz. per day</td>
<td>6 cans per month</td>
</tr>
<tr>
<td>19 – 21 oz. Per day</td>
<td>7 cans per month</td>
</tr>
<tr>
<td>22 – 24 oz. per day</td>
<td>8 cans per month*</td>
</tr>
<tr>
<td>25 – 27 oz. per day</td>
<td>9 cans per month*</td>
</tr>
</tbody>
</table>

**Conversion for READY TO FEED:** 1 CAN POWDER = 3 bottles of 32 oz RTF

**Conversion for CONCENTRATE:** 1 CAN POWDER= 4 cans of 13 oz concentrate

*This quantity may exceed the maximum allowed
Staff have just been immersed in everything breast but are they ready to apply these principles to their daily activities in the clinic? This follow-up guide is intended to check in with staff on their strengths after their recent training and assess where they might still have uncertainties or questions. This is not intended to be all inclusive but offers a basic overview of what materials were covered in the previous week.

- Above all else, what is the #1 rule of infant nutrition?
- Ask staff to describe why each of these is an important factor for a lactating woman.
  - Progesterone
  - Prolactin
  - Oxytocin
  - Lactocytes
- What are the key days for mom to breastfeed or pump in order to best establish her milk supply?
  - Why are those days important?
- Discuss what infant hunger and satiety cues are.
  - What is the best indicator of an infant’s hunger/satiety to share with parents and how does that play into baby behaviors?
- Importance of a breastfeeding assessment.
  - What are the key factors to consider in a breastfeeding assessment?
  - What does normal look like for mom and why is that important?

What is the recommended time to work on latching a baby?
Activity: Listed below are three everyday concerns and statements that parents share about why they feel baby is hungry. Ask staff to probe for more information utilizing open-ended questions.

1. My six-week old still isn’t sleeping through the night; he always wakes up hungry.

2. My baby breastfeeds in the morning but is never satisfied by the evening so that’s when I offer formula.

3. I know my baby is hungry because he will fall asleep at the breast so I try and put him down but he wakes up and then wants to eat again.

Discuss some tips to help mom with:
   - Engorgement
   - Calming a baby
   - Increasing milk supply

Tailoring

- Why does WIC tailor food packages?

- How would you determine the most appropriate amount of formula to offer mom?

- How would staff talk with mom about her tailored food package?

Pumping

- What are some reasons to issue a pump?

- What are the important factors to discuss for NICU moms?

- What are the important points to discuss about milk storage?

-Bonus: What is the range of milk volume a mom should be pumping by day 10?

When to yield

- Why is it important to yield to an IBCLC/RD?

- What are some reasons to yield and refer to the IBCLC/RD?
Chapter Nineteen
Breastfeeding Education and Support

Appendix B
Breast Pump Distribution and Return – Forms

See Following Pages
Arizona WIC Program
Hospital-Grade Double Electric Breast Pump Release Form

Family ID#: _________________________

Participant’s Name (Mom): ______________________________________________________
Address: _______________________________________________________________
City/State/Zip: ________________
Primary Phone Number: _____________ Secondary Phone Number: _______________
Alternate Contact Person: _______________________________________________________
Relationship: ______________________________________________________________
Phone Number: _____________________________________________________________

I am currently enrolled in the Arizona WIC Program and will continue enrollment by keeping my WIC
appointments.

I understand that it is my responsibility to inform the WIC clinic of any change of address or phone
number.

I have received instruction on assembly, use, disassembly, and cleaning of the breast pump and the
storage and handling of expressed breast milk.

I understand that the Arizona Department of Health Services, the Arizona WIC Program, and its
employees are not responsible for any personal damage caused by the use of this breast pump. I am the
only one responsible.

I understand that it is my responsibility to protect the breast pump from theft and loss. I will handle the
breast pump with care. I will keep the breast pump in a secure area at all times.

I understand that, if the breast pump breaks or malfunctions, I must return the pump to the WIC clinic for
replacement or repair.

I understand that I am the only one authorized to use this pump. I will not loan or sell this pump to
anyone.

I understand that this breast pump is the property of the Arizona WIC Program and, as State property,
must return it to the WIC clinic by the due date or pay the WIC Program back for the cost of the pump
(up to a maximum of $400.00).

WIC Participant Signature: _____________________________________ Date: ____________

Issuer (WIC Staff): _____________________________________ Title: ___________________

Date to be returned: _________________________________ Date issued: ______________
Issuing Local Agency/Clinic: _____________ Breast Pump Serial Number: ________________

This section for Breast Pump Transfers only:

Agency Initiating Transfer: _________________________________________Date: _____________

Agency Acknowledgement of Transfer: ______________________________Date: _____________
Programa WIC de Arizona
Forma de Entrega de la Bomba Extractora de Leche Materna, Doble y Eléctrica, de Uso Hospitalario

Identificación familiar #: _________________________

Nombre de la Participante (Mamá): ______________________________________________________
Domicilio: _______________________________________________________________
Ciudad/Estado/C.P.: __________________________________________________________
Núm. de Teléfono Principal: _____________ Núm. de Teléfono Secundario: _______________
Otra Persona que sirva de Contacto: ______________________________________________________
Relación: ___________________________________________________________
Num.de Teléfono: _________________________________________________________

Actualmente estoy registrada en el Programa WIC de Arizona y continuaré registrada si cumplo con mis citas de WIC.

Entiendo que es mi responsabilidad informar a la clínica de WIC de cualquier cambio de domicilio o número de teléfono.

Recibí instrucciones sobre cómo ensamblar, usar, desarmar y cómo limpiar la bomba extractora de leche, así como la forma de almacenar y manejar la leche materna que saque con la bomba.

Entiendo que el Departamento de Servicios de Salud de Arizona, el Programa WIC de Arizona y sus empleados no son responsables por el daño personal causado por el uso de esta bomba extractora. Yo soy la única responsable.

Entiendo que es mi responsabilidad proteger la bomba extractora de robo y pérdida. Manejaré la bomba extractora con cuidado. Mantendré siempre la bomba extractora en un área segura.

Entiendo que, si la bomba extractora se rompe o descompone, tengo que devolverla a la clínica WIC para que la remplacen o reparen.

Entiendo que yo soy la única autorizada para usar esta bomba. No debo prestar o vender esta bomba a nadie.

Entiendo que esta bomba extractora es propiedad del Programa WIC de Arizona y, como propiedad del Estado, la tengo que devolver a la clínica de WIC para la fecha indicada pagar al Programa WIC por el costo de la bomba (hasta un máximo de $400.00).

WIC Firma del Participante: ___________________________ Fecha: ____________
Prestada por (Personal de WIC): ___________________________ Título: _______________
Fecha para devolverla: ___________________________ Fecha expedida: _______________
Agencia/Clínica Local que la prestó: _____________ Núm. de serie de bomba extractora: ___________

Esta sección es sólo para transferencia de bombas extractora:

Reconocimiento de Transferencia de la gencia: ___________________________
Fecha enviada a la Agencia que la prestó: ___________________________
Arizona WIC Program
Receipt for Return of Hospital-Grade Double Electric Breast Pump

Participant’s Name: ____________________________________________
Family ID Number: ____________________________________________
Breast Pump Serial Number: ____________________________________
Received By: ___________________________________________________

Date of Return: ___________________________ Local Agency: __________ Clinic: _______________________________________
White Copy-WIC Clinic Copy Pink Copy-Participant Copy Yellow Copy –WIC Clinic Copy
WIC-261 (REV. 05/14)

Programa WIC de Arizona
Recibo por Devolución de la Bomba Doble Eléctrica de Extracción de Leche Nivel Hospital

Nombre de la Participante: _______________________________________
Número de Ident. Familiar: _______________________________________
Número de Serie de la Bomba: ________________________________
Recibida por: ________________________________________________

Fecha de Devolución: ________________ Agencia Local: __________ Clínica: _______________________________________
White Copy-WIC Clinic Copy Pink Copy-Participant Copy Yellow Copy –WIC Clinic Copy
WIC-261 (REV. 05/14)
Chapter Nineteen
Breastfeeding Education and Support

Appendix C
Breast Pump Distribution –
Request for Return of Hospital-Grade Electric Breast Pump
English and Spanish

See Following Pages
Date

Name
Address
City, State, Zip Code

Dear Ms. ________________,

This is a formal written request for the return of the hospital-grade electric breast pump that we loaned you on ________ (date). We do hope that you and your baby have benefitted from our loan program. It is important that we receive this electric breast pump as soon as possible as we have a limited number of electric breast pumps for a large number of WIC moms. Please note that another mother may be waiting for this breast pump.

As you are aware, in the loan agreement you signed on ________ (see enclosed copy of Loan Agreement), you agreed to return the breast pump by ____________ (due date) or reimburse the WIC Program for the value of the breast pump if it was not returned.

It is asked at this time that you please return the breast pump no later than _______ (date) or we will be forced to forward this matter to the State WIC office for collection and further investigation into this matter.

If, for some reason, you no longer have your issued breast pump or some other circumstance exists, please contact us immediately for further direction.

Thank you for your prompt attention and cooperation in this matter. If you have any questions, please contact me at ________________ (phone number).

Sincerely,

Name of Contact at WIC Agency
Estimada Sra. ________________,

Esta es una petición formal para que devuelva la bomba eléctrica para extraer leche materna tipo hospital que le prestamos el ________ (date). Esperamos que usted y su bebé se hayan beneficiado de nuestro programa de préstamo. Es importante que recibamos esta bomba eléctrica para extraer leche lo más pronto posible, ya que contamos con un número limitado de estos aparatos y son muchas las mamás de WIC que las necesitan. Por favor tenga en cuenta que otra mamá como usted puede estar esperando esta bomba.

Como usted ya sabe, en el acuerdo que usted firmó el __________, (por favor vea la copia del acuerdo incluida) usted prometió devolver la bomba para el ____________ (due date) o reembolsar al Programa WIC por el valor de la bomba si no la regresaba.

Le pedimos que por favor devuelva la bomba para extraer leche a más tardar el ________ (date) o nos veremos forzados a poner este asunto en manos de la Oficina Estatal de WIC para que ellos la recolecten o inicien una investigación respecto a este asunto.

Si por alguna razón usted ya no tiene esta bomba de extracción de leche o existe otro tipo de circunstancia, por favor comuníquese con nosotros de inmediato para indicarle qué hacer.

Le agradecemos la oportuna atención a este asunto y su cooperación. Si tiene alguna pregunta, por favor llámeme al ________________ (phone number).

Atentamente,

Name of Contact at WIC Agency
Chapter Nineteen
Breastfeeding Education and Support

Appendix D
Peer Counselor Program – Sample Job Descriptions

See Following Pages
Sample Job Description:
Local WIC Agency Peer Counselor Coordinator/Supervisor

General Description:
The Local WIC Agency breastfeeding peer counselor coordinator manages the breastfeeding peer counseling program at the local WIC agency level, and may provide direct supervision of peer counselors.

Qualifications:
- Has demonstrated experience in program management.
- Has demonstrated expertise in breastfeeding management and promotion.
- Has credentials of an International Board Certified Lactation Consult (IBCLC) or has other lactation management training (e.g., CLS, CLC, CLE) or State-approved training in lactation management.
- Has a minimum of one year experience counseling breastfeeding women.

Training:
- Receives State-approved training in breastfeeding management.
- Participates in continuing education about breastfeeding annually.

Supervision:
The Local WIC Agency Breastfeeding Peer Counselor Coordinator/Supervisor is supervised by the ________________________________.

Duties:
The Local WIC Agency Breastfeeding Peer Counselor Coordinator/Supervisor manages the WIC peer counseling program at the local WIC agency level, including:

1. Assists in establishing program goals and objectives for the local agency.
2. Identifies gaps in breastfeeding resources and services both within the WIC local agency and within the community that can be addressed through the WIC peer counseling program.
3. Identifies sites for peer counseling services to be provided.
Sample Job Description:
Local WIC Agency Peer Counselor Coordinator/Supervisor, continued

4. Promotes the peer counseling program with local clinic staff and community organizations and providers.
5. Collaborates with community organizations such as hospitals and private physician clinics, to integrate peer counseling services.
6. Determines peer counselor staffing needs.
7. Conducts activities to recruit potential peer counselors.
8. Interviews potential peer counselors in alignment with program policies and standards.
9. Provides, or arranges for, training for new peer counselors.
10. Arranges for continuing education of peer counselors.
11. Mentors new peer counselors during the first six months, providing routine follow-up and guidance in the early days of the job.
12. Provides ongoing supervision.
13. Conducts spot checks of peer counselor contacts.
15. Provides training of local WIC clinic staff.
16. Provides training for peer counselor supervisors.
17. Monitors program budget.
18. Collects documentation records and data as appropriate.
19. Arranges for appropriate evaluation and monitoring of program activities.
20. Works with local agencies to determine program improvements and long-term program needs.
21. Routinely reports on the program to supervisor and/or State Breastfeeding Coordinator.
22. Follows other guidelines established by the State and local agency.
Sample Job Description: State WIC Peer Counselor Coordinator/Manager

General Description:
The State level WIC breastfeeding peer counselor coordinator manages the breastfeeding peer counseling program on a State agency level.

Qualifications:
- Has demonstrated experience in program management
- Has demonstrated expertise in breastfeeding management and promotion
- Has credentials of an International Board Certified Lactation Consult (IBCLC) or has other lactation management training (e.g., CLS, CLC, CLE) or State-approved training in lactation management
- Has a minimum of one year experience counseling breastfeeding women

Training:
- Receives State-approved training in breastfeeding management.
- Participates in continuing education about breastfeeding annually.

Supervision:
The State WIC Peer Counselor Coordinator/Manager is supervised by the ________________ ________________.

Duties:
The State WIC Peer Counselor Coordinator/Manager manages the WIC peer counseling program on a State agency level, including:
1. Assists in establishing State program goals and objectives.
2. Assists in establishing standardized State peer counseling program protocols and policies, documentation forms, etc.
3. Provides guidance on program data collection systems.
4. Assists in identifying locations for peer counseling program implementation or expansion.
5. Promotes the peer counseling program with local agencies.
Sample Job Description: State WIC PC Coordinator/Manager, continued

6. Provides training for local peer counseling coordinators and supervisors.
7. Assists local agencies in determining peer counselor staffing needs.
8. Assists in allocating funding for local agency peer counseling program activities.
9. Provides guidance and technical assistance to local agencies establishing peer counseling programs to assure program goals are met.
10. Monitors program activities at the local level.
11. Provides training for local WIC clinic staff on the program goals and objectives.
12. Arranges for training of peer counselors.
13. Arranges for appropriate evaluation of program activities.
14. Works with local agencies to determine program improvements and long-term program needs.
15. Follows State agency guidelines.
16. May also provide direct program management at the local level, including:
   • Interview potential peer counselors in alignment with program policies and standards
   • Mentor new peer counselors during the first six months, providing routine follow-up and guidance in the early days of the job.
   • Provide ongoing supervision.
   • Conduct spot checks of peer counselor contacts.
   • Hold monthly meetings with peer counselors.
   • Provide training of peer counselors and local staff.
   • Monitor the program.
   • Promote the peer counseling program with local providers and WIC participants.
Sample Job Description: WIC Breastfeeding Peer Counselor

General Description:

- A WIC Breastfeeding Peer Counselor is a paraprofessional support person who gives basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers.

Qualifications:

- Has breastfed at least one baby (does not have to be currently breastfeeding).
- Is enthusiastic about breastfeeding and wants to help other mothers enjoy a positive experience.
- Can work about 10 hours a week.
- Has a telephone and is willing to make phone calls from home.
- Has reliable transportation.

Training:

- Attends a series of breastfeeding classes. Nursing babies are welcomed.
- Observes other peer counselors or breastfeeding experts helping mothers breastfeed.
- Reads assigned books or materials about breastfeeding.

Supervision: The peer counselor is supervised by the ________________________________

Specific Duties of the WIC Peer Counselor:

1. Attends breastfeeding training classes to become a peer counselor.
2. Receives a caseload of WIC mothers and makes routine periodic contacts with all mothers assigned.
3. Gives basic breastfeeding information and support to new mothers, including telling them about the benefits of breastfeeding, overcoming common barriers, and getting a good start with breastfeeding. She also helps mothers prevent and handle common breastfeeding concerns.
4. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC Program.
5. May counsel women in the WIC clinic.
6. Is available outside the WIC clinic and the usual 8 to 5 working schedule to new mothers who are having breastfeeding problems.
7. Respects each mother by keeping her information strictly confidential.
8. Keeps accurate records of all contacts made with WIC mothers.
Sample Job Description: WIC Breastfeeding Peer Counselor, continued

9. Refers mothers, according to clinic-established protocols, to:
   - WIC nutritionist or breastfeeding coordinator.
   - Lactation consultant.
   - Mother’s physician or nurse.
   - Public health programs in the community.
   - Social service agencies.

10. Attends and assists with prenatal classes and breastfeeding support groups.

11. Attends monthly staff meetings and breastfeeding conferences/workshops as appropriate.

12. Reads assigned books and materials on breastfeeding that are provided by the supervisor.

13. May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

I understand the above job responsibilities, and agree to perform these duties as assigned.

__________________________________________  __________________________
WIC Breastfeeding Peer Counselor                        Date
Sample Job Description: WIC Lactation Consultant

General Description:
A WIC Lactation Consultant holds the International Board Certified Lactation Consultant (IBCLC) credential issued by the International Board of Lactation Consultant Examiners, which enables the IBCLC to handle more complex breastfeeding problems, provide in-service education on lactation for hospital and professional staff, and provide program oversight.

Qualifications:
- Holds current certification with the IBCLC credential issued by the International Board of Lactation Consultant Examiners.
- Is enthusiastic about breastfeeding and wants to help other mothers enjoy a positive experience.
- Has demonstrated leadership and training skills.
- Can work full-time or part-time depending on the needs of the WIC agency.
- Has a telephone and is available to accept referrals outside the usual WIC clinic hours.
- Has access to a computer and is proficient in basic computer software and/or feels comfortable learning new software used by the agency.
- Has reliable transportation and a valid driver’s license.
- Has good customer service skills, relating to persons of diverse ethnic and cultural backgrounds, and communicating in a professional, courteous, and tactful manner.
- Is able to remain calm and exercise judgment in unusual or stressful situations.
- Optional: bilingual in English and Spanish.

Supervision:
The WIC lactation consultant is supervised by the ____________________________.

Duties:
The WIC Lactation Consultant:
1. Provides follow-up breastfeeding support to WIC participants:
   - Receives referrals from peer counselors, senior peer counselors, WIC staff, and local providers of mothers experiencing complex maternal and infant breastfeeding problems beyond their scope of practice.
   - Assesses breastfeeding situations and provides counseling to high-risk mothers and infants.
   - Counsels high-risk mothers needing breast pumps or other equipment for complex breastfeeding situations.
   - Provides timely follow-up services by telephone, home visits, WIC clinic visits, and/or hospital visits.
Sample Job Description: WIC Lactation Consultant, continued

- Is available outside the usual 8 to 5 working hours to new mothers experiencing breastfeeding problems.
- Follows the IBCLC Scope of Practice as issued by the International Board of Lactation Consultant Examiners.
- Communicates with health professionals regarding high risk cases, and refers mothers with medical concerns beyond the IBCLC Scope of Practice.
- Respects each client by keeping her information strictly confidential.
- Keeps accurate records of all contacts made with WIC clients.

2. Provides training and education in lactation management.
   - Provides initial and ongoing breastfeeding training for peer counselors.
   - Provides breastfeeding training for WIC staff, and in-service education for hospital staff and local health care professionals.
   - May teach breastfeeding classes and support groups for pregnant and breastfeeding mothers, or mentor peer counselors leading group meetings.

3. Mentors and supervises peer counselors.
   - Mentors new peer counselors through shadowing opportunities and ongoing guidance.
   - May monitor peer counselor contacts with new mothers.
   - May serve as the peer counselor supervisor.

4. Serves as a liaison between WIC and the community.
   - Serves as a liaison between the WIC agency and the hospital to facilitate peer counseling services at the hospital or to provide rounds with new mothers.
   - Provides training and oversight to peer counselors providing basic breastfeeding services in the local hospital, if applicable.
   - Conducts outreach with community organizations to promote WIC breastfeeding and peer counseling services.
   - Coordinates breastfeeding promotion activities in WIC and in the community.

5. Provides other duties as appropriate.
   - Attends monthly staff meetings and WIC clinic staff meetings.
   - Records and collects data required by the State or local agency.

6. Maintains IBCLC credential and breastfeeding knowledge and skills through continuing education and IBCLC recertification.
Appendix E
Peer Counselor Program – Scope of Practice

See Following Pages
Scope of Practice for the WIC Peer Counselor

A peer counselor provides basic breastfeeding information, encouragement and support to WIC participants and performs within the peer counselor scope of practice.

Perform in a professional manner in all aspects of the peer counselor role.

- Respect the participant’s privacy, dignity and confidentiality.
- Respect and respond sensitively to cultural attitudes and practices of participants and the community.
- Work within the policies and procedures of the WIC program.
- Maintain records according to legal requirements and ethical practices.
- Recognize when assistance is needed and consult with the supervisor, Breastfeeding Coordinator and/or Peer Counselor Coordinator and other lactation specialists.
- Identify situations outside the Scope of Practice and refer as appropriate in a timely manner.
- Yield to the WIC designated breastfeeding expert (such as the local agency breastfeeding coordinator, local agency WIC coordinator, or International Board Certified Lactation Consultant [IBCLC]) for situations out of breastfeeding peer counselor Scope of Practice.
- Acquire ongoing breastfeeding education to maintain and build knowledge and skills.

Encourage and support participants to breastfeed.

- Use participant-focused communication techniques to best meet participant needs.
- Help participants identify the support available to them and educate family members.
- Help women identify their breastfeeding concerns, barriers, and solutions.
- Teach the reasons to breastfeed and the risks of not breastfeeding.
- Teach the importance of exclusive breastfeeding in the early weeks.
- Teach participants about the WIC food packages for breastfeeding mothers.
- Assist in infant feeding classes and peer support groups.
- Be available to WIC participants outside of usual clinic hours and outside of the clinic environment.
- Refer mothers to resources for support.
- Promote breastfeeding in the community, workplace, and health care system.
- Support breastfeeding participants from pregnancy through growth spurts, introducing solid foods, and weaning.
Scope of Practice for the WIC Peer Counselor, continued

Teach basic breastfeeding to participants and help them when difficulties occur.

- Teach basic, evidence-based techniques that help ensure a successful start in breastfeeding, including milk production, skin-to-skin care, positioning and latch, and milk expression and storage.
- Identify signs of the normal course of breastfeeding, including breastfeeding frequency and duration, infant feeding cues, and normal infant weight gain and stooling patterns.
- Provide anticipatory guidance to help prevent the occurrence of problems.
- Provide guidance to mothers regarding non-evidence-based breastfeeding information they receive.
- Help mothers plan for a return to work/school that supports the continuation of breastfeeding.
- Provide basic and timely problem-solving and support.
- Yield mothers experiencing difficulties to the Local Agency Breastfeeding Authority or IBCLC.

Adapted from Scope of Practice for Peer Counselors materials from Michigan, California and Virginia WIC.
When To Yield

When peer counselors identify any of the following problems or situations, they must immediately consult their WIC designated breastfeeding expert (such as the local agency breastfeeding coordinator, local agency WIC coordinator, or International Board Certified Lactation Consultant [IBCLC]) to discuss the best plan for supporting the mother and infant, including the referrals that are appropriate. The peer counselor will continue to provide support while the designated expert or health care provider (HCP) is addressing the issue, unless the supervisor or peer determines that it is best to discontinue peer support.
When To Yield, continued

Pregnancy Issues
- Spotting or bleeding
- Excessive vomiting or nausea
- Swelling
- Contractions, suggesting premature labor
- Baby stops moving
- Other troublesome medical situations

Baby Concerns
- Baby is born preterm or low birth weight
- Baby is sick
- Baby has fewer than 6 wet diapers and 3 stools per 24 hours in the first month after the baby is 4 days old
- Baby fails to gain weight or gains weight slowly:
- Baby loses more than 7% of birth weight
- Birth weight is not regained by 2 weeks postpartum
- Weight gain is less than 4.5 ounces per week
- Baby has difficulty latching or remaining latched after several attempts
- Baby appears unhappy at the breast or refuses to breastfeed
- Baby is still hungry after feedings despite 24 hours of increased frequency and duration of breastfeeding
- Breastfeedings typically last more than 45 minutes
- Baby is jaundiced
- Baby has a congenital defect such as cleft lip/palate or Down Syndrome
- Baby has restricted tongue movement from a tight frenulum

Mother Concerns
- Mother has engorgement or plugged ducts that are not resolved after 24 hours
- Mother has a fever (suggesting possible mastitis)
- Mother has nipple discomfort that does not improve after 24 hours
- Mother is supplementing with formula before the baby is 1 month old and wants to increase her milk production or reduce/eliminate formula supplements
- Mother has been formula feeding the baby since birth and now wants to breastfeed
- Mother is exclusively pumping her milk and now wants to put her baby to breast
- Mother wants to breastfeed an adopted baby
- Mother is breastfeeding more than one baby
- Mother wants to breastfeed but has been advised NOT to by her HCP
- Mother finds a lump in her breast
When To Yield, continued

Illness in Mother or Baby
- Mother or baby have symptoms of thrush/yeast infection
- Mother or baby are vomiting or have diarrhea
- Mother or baby are hospitalized
- Mother has symptoms of mastitis
- Mother has a physical handicap
- Mother or baby has a chronic or acute illness
- Hepatitis B or C, tuberculosis, CMV, or chicken pox
- Renal, liver, intestinal, heart problems, or cystic fibrosis
- Metabolic disorder such as diabetes mellitus
- Mother has been diagnosed with AIDS/HIV

Other Medical Situations
- Mother has been prescribed medications that have not been approved for breastfeeding by current established authorities such as the AAP or Lactmed
- Mother has prior breast surgery (breast implants, breast reduction, biopsy, breast cancer), chest surgery, or trauma
- Mother has had gastric bypass surgery
- Mother has a history of PCOS, hypothyroidism, or other hormonal conditions that could affect breastfeeding

Nutrition
- Mother has nutrition questions
- Mother is nutritionally at risk for underweight, has bulimia or anorexia
- Mother has no food

Social
- Mother appears depressed
- Physical abuse of the mother or another family member is suspected
- Mother is abusing or suspected of abusing alcohol or street drugs (such as heroin, marijuana, meth, cocaine, etc.)

Other
- Mother or baby have any other medical problems that are outside the peer counselor scope of practice
- Mother feels there is a problem that needs a referral
- Peer counselor feels there is a situation that needs to be addressed by a lactation expert
- Mother is not following suggestions given by the peer counselor

Adapted from the Minnesota WIC Program, “Yield List”
Chapter Nineteen
Breastfeeding Education and Support

Appendix F
Peer Counselor Program – Forms

See Following Pages
Sample Referral to Breastfeeding Peer Counselor

Name: ________________________________________________________________

Address: ______________________________________________________________________________________

Phone: (__________) ___________________________ Age: __________________________

Due Date or Baby’s DOB: ____________________________________________________________

______ Pregnant, interested in receiving more breastfeeding information.

______ Currently breastfeeding, interested in more breastfeeding information.

______ Currently breastfeeding, interested in follow-up with breastfeeding.
    Explain: ________________________________________________________________________________

______ Currently breastfeeding, interested in follow-up with breast pump.

______ Other: ______________________________________________________________________________

Signature: ___________________________ Date: __________________________

Referred by: ___________________________ Date: __________________________
Sample Interview Guide
WIC BREASTFEEDING PEER COUNSELOR

Allow applicants a few minutes to read over the WIC Breastfeeding Peer Counselor Job Description, and give a brief overview of the job responsibilities she can expect.

1. Tell me more about the comments on your application regarding ________
   (Refer to application comments you want to know more about.)

2. Describe any experiences you have had talking to other mothers about breastfeeding.

3. What would you say to a pregnant woman who was undecided about wanting to breastfeed her new baby?

Personal Breastfeeding Experience(s)

4. Tell me about your own breastfeeding experience(s).
   What did you enjoy most?

5. What part of breastfeeding was most challenging for you?
   How did you deal with those challenges?

Employment as a Peer Counselor

6. What are you looking forward to most about being a peer counselor?
7. As a breastfeeding peer counselor, you will be talking with WIC mothers about breastfeeding. How will you feel about:

    *Probe*: Talking with someone you do not know?

    Talking with women who might have different cultural, ethnic, or educational backgrounds than yours?

    Keeping information confidential?

8. How does/did your family feel about your breastfeeding?

    *Probe*: What things did your partner say about it?

    What did other family members say?

9. What days/times can you come to classes to learn how to be a peer counselor?

10. Please clarify any challenges reported on your application that might make it hard for you to attend training classes or do the job.

11. Are there other challenges that might make it difficult for you to be a peer counselor?

    *Probe*: Have you thought about how you might be able to work at home?

12. What questions do you have about the job?
Sample Peer Counselor Client Contact Log

Mother’s name: ________________ Mother’s Client ID#: ________________

Address: __________________________ City: __________________________

State: ______ Zip: ______ Breastfed ever? ______ Due date: __/____/____

Baby’s date of birth: ________/____/____ Baby’s name: __________________________

Baby’s birth wt. ______ Discharge wt. ______ Two week wt. ______

**Prenatal Contacts**

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Contact</th>
<th>Content (check areas discussed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Type of contact: 1=phone 2=home visit 3=group class 4=mail 5=clinic visit 6=hospital visit 7=other</td>
<td></td>
</tr>
</tbody>
</table>

Breastfeeding barriers

Breastfeeding benefits

Basic breastfeeding technique

Breastfeeding management

Return to work or school

Class or group invitation
# Sample Peer Counselor Client Contact Log (continued)

## Postpartum Contacts

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Contact</th>
<th>Content (check areas discussed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Baby’s bowel movements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Baby fussy/colicicky</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Baby sick</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breastfeeding barriers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Basic breastfeeding technique</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(position/latch)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breast infection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Class or group invitation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Engorgement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family Planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Growth Spurt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Milk Supply Issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical situation/medication use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nursing schedule</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Premature infant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pumping/hand expression</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Referral to Lactation Consultant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relactation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Return to work or school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sore nipples</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teething</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Twins</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weaning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WIC referral</td>
</tr>
</tbody>
</table>

Type of contact: 1=phone  2=home visit  3=group class  4=mail  5=clinic visit  6=hospital visit  7=other
### Sample Peer Counselor Client Contact Log (continued)

<table>
<thead>
<tr>
<th>Date</th>
<th>Narrative Documentation of Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BF = breastfeeding  
BoF = bottle feeding  
B = baby  
M = mother  
PC = peer counselor  
LC = lactation consultant  
C/S = caesarean section  
FN = flat nipple  
IN = inverted nipple  
L/O = latch on  
PO = position  
REF = referral, referred, referring  
SN = sore nipple  
MER = milk ejection reflex  
NSVD = normal single vaginal delivery  
N = prenatal  
PPO = postpartum  
EBM = expressed breast milk

Peer Counselor Name ______________________________________________________________________
Date Client Exited the Program ____________________________________________________________
Chapter Nineteen
Breastfeeding Education and Support

Appendix G
Peer Counselor Program – Quarterly Report Format

See Following Pages
Agency:
Reporting Dates:

Personnel:
List all personnel that have received Peer Counseling grant funds, their duties, service areas, and any changes during this reporting period.

Training:
Include trainings presented/attended by Breastfeeding Peer Counseling (BFPC) staff during this reporting period.

WIC Coordination:
List any activities that included staff from both programs and any meetings that have occurred to discuss coordination during this reporting period.

Tasks:
List all tasks being performed by the BFPC staff during this reporting period.

Participant Contacts:
Quantify the number of contacts that have occurred in each of the service areas or in correlation with the tasks during this reporting period.

Referrals:
List the referrals received and made during this reporting period.

Outreach:
List all activities during this reporting period.

Budget:
Give an overview of purchases during this reporting period. Be sure to include concerns related to your budget (i.e., underspending).

Goals for next quarter:
List areas of the program that are slated for growth or expansion in the next month. Be sure to incorporate the progress of these items in the next report.

Other:
Anything that is pertinent but does not fit into the above categories.
## Chapter Nineteen
Breastfeeding Education and Support

### Index

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>sale of a WIC-issued breast pump, 19-35</td>
</tr>
</tbody>
</table>