

## Section 5.2: Certification Procedures

10/2021

### 5.2.5 Physical Presence

**References:** 7CFR 246.7 (o)

**Policy:** Applicants must be physically present for the initial and subsequent certifications, except in certain limited circumstances. Local agencies should accommodate applicants/participants who are unable to come to clinic for services for health reasons (see exceptions below).

**Purpose:** To maximize benefits to participant families through full and active participation in WIC.

#### Procedures

- Physical presence must be documented. Staff must check the box “**Physically Present**” in the participant record.
- The physical presence requirement may be met when a certification is completed at *a site other than the regular WIC clinic* (e.g., the participant’s home, health care clinic, etc.).

#### Allowable exceptions to physical presence:

**Illness:** If an applicant is too ill to come to clinic, his/her existence may be verified by another health professional/agency.

**Individual with disabilities:** If an applicant or parent/guardian has a disability and is unable to be physically present at clinic because of his/her disability, the individual may be certified without being physically present. His/her existence may be verified by another health professional/agency. Examples include:

- A medical condition that necessitates the use of medical equipment that is not easily transportable
- A medical condition that requires confinement to bed
- A serious illness that may be made worse by coming to the clinic

No persons with disabilities are automatically exempt from the requirement to be physically present, nor does an exemption for the initial certification automatically exempt them from being physically present for the subsequent certifications.

- If the participant applies for re-certification, the circumstances of exception *must be reassessed*.

## 5.2.5 PHYSICAL PRESENCE

- In the case of long-term or permanent disability or medical condition, an extended exemption to the physical presence requirement may be allowed.

**Receiving ongoing health care:** An infant or child who has documented ongoing health care from a provider other than WIC would not have to be physically present for a re-certification if being physically present would pose an unreasonable barrier to participation. Ongoing health care means that the child is receiving well-child care following the American Academy of Pediatrics (AAP) [Schedule of Well-Child Care Visits](#)

for screenings and assessments. Verbal confirmation is acceptable.

**Working parents or caretakers:** WIC staff should work with parents and caretakers to arrange an appointment that will work for the family, whenever possible. However, a child under the care of a working parent whose work condition poses a barrier to bringing the child to clinic, would not have to be physically present for a re-certification if he/she were present at the initial certification and had been present at a WIC contact, at a minimum, once during the prior year. Note: High risk follow-up may necessitate being seen more often than once annually. See [Section 6.6, High Risk Individual Nutrition Care Plans](#).

### If the applicant is not physically present:

- Proof of identity, income, and residency is still required.
- A reason for the exception to being physically present must be documented in the participant record.
- Referral data may be used for height/length, weight, and/or hemoglobin. This information could be obtained during a home visit or from another health professional/agency, if measurements meet the timing requirements specified in [Sections 5.3.2.2](#) (for hematologic date) and [5.3.1.1](#) (for height/length and weight).

### Guidance:

- Participants will receive the greatest benefit from WIC through full and active participation.
- Agencies should schedule clinic hours to accommodate families whenever possible.
- In the event of a participant's illness, it may be preferable to reschedule the participant's appointment.
- When a participant is certified at a site other than the WIC clinic, document the location of the certification in Notes.
- Contact your State Consultant with any questions or concerns regarding residency.

### Reference – Complete Listing of Hyperlinks

[Schedule of Well-Child Care Visits](https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx) (<https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>)

## 5.2.5 PHYSICAL PRESENCE

### Section 6.6: High Risk Individual Nutrition Care Plans

([https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sctn6\\_6.pdf](https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sctn6_6.pdf))

### Sections 5.3.2.2: Hemotologic Assessment

([https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5\\_3\\_2.pdf](https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_3_2.pdf))

### Section 5.3.1.1: Antropmetric Data

([https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5\\_3\\_1.pdf](https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_3_1.pdf))

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