WIC Certification Overview Module

WIC Appointments

SECTION 1

Objectives

After this section, you will be able to

- Understand the layout and purpose of the Minnesota Operations Manual.
- List the 4 main types of WIC appointments/visits that WIC staff perform in clinic
- Describe what happens during each appointment type
- State the certification period for each participant category
- Observe the 4 main types of appointments

Overview

There are four basic appointments/visits that staff perform in the WIC clinic. Understanding these four appointment/visit types will help you better understand the day to day WIC operation. It will also help you understand the frequency in which a WIC participant is expected to come to WIC and the purpose for each of these visits. The activities that occur within these appointments are outlined by USDA regulations.

Minnesota Operations Manual (MOM)

Federal regulations outline the “rules” for the WIC program. The policies and procedures MN WIC has developed to meet these regulations are found in the Minnesota Operations Manual, affectionately referred to as “MOM”. This is the “go to” place for all questions concerning policy. MOM is on the website under the local agency section/Finance and Program Management/ MN Operations Manual (MOM)

MOM is arranged into chapters, and under each chapter are various sections. When a policy is referred to, it’s usually listed as numbers i.e. MOM 1.1.2 refers to Chapter 1, Section 1, Part 2 of MOM. Charts, forms, or other references related to a section of MOM are found in the Exhibit section under each chapter to which it pertains.

MOM is referenced throughout these training modules. As you go through your training, you are encouraged to become familiar with the information contained in MOM. Refer to MOM if you need more detail than is contained in the overview modules, or to research out a question.
Certification Appointments

A certification appointment is the very first WIC appointment for a WIC applicant. This appointment is often referred to as a “Cert” and is the appointment during which eligibility for the WIC Program is determined.

**Applicant Prescreening:**

Prescreening occurs before the certification process actually begins. Prescreening is used to determine if a person interested in WIC is likely eligible to receive the services, based on federal program guidelines. Potential WIC participants will usually call the WIC office and a WIC staff person will prescreen them over the phone for potential eligibility.

**Prescreening Procedure:**

To perform the prescreening, a staff person will create a “chart” in HuBERT and will ask the following information:

Does the applicant:

- Live in the residential area served by your agency?
- Is s/he in a category served by WIC?
  - Pregnant woman
  - Postpartum woman within 6 months of delivery
  - Breastfeeding woman within 12 months after delivery
  - Infant under 12 months
  - Child age 1 through his/her 5th birthday
- Is s/he eligible or participating in an adjunct program?
- Does his/her income appear to fall within WIC Income Guidelines?

If the prescreen reveals that the person is likely eligible for WIC, then a certification appointment will be scheduled. *A prescreening does not guarantee eligibility.* Eligibility is determined at the in-person certification appointment.

**Hint:** An appointment cannot be scheduled in HuBERT until after a “chart” is created and the prescreening is performed. *(Refer to HuBERT Module Participant Search/List for more information)*

**Initial Contact and Processing Standards:**

There are federal regulations that specify how quickly a new WIC applicant must be seen in the WIC clinic.

- Pregnant women, infants less than six months of age and migrant families, must be offered an appointment within 10 calendar days.
- Other applicants must be scheduled within 20 calendar days.

*(MOM 3.2 Processing Standards-Timeframes for Scheduling Certification Appointments)*

The **date of initial contact** and the **date of the first appointment offered** must be recorded correctly in HuBERT in order to have documentation that this regulation is being followed. *(Refer to HuBERT module: Initial Contacts for Meeting Processing Standards)*
Certification Procedure

When the participant comes to the WIC clinic for their certification appointment, staff will open the chart that was created during the prescreening in HuBERT and click on the Certification Guided Script (CGS) to start the certification appointment. All applicants must be physically present at certification appointments. (See MOM 5.2.5 for exceptions) Detailed information about each part of the certification procedure will be covered later. (MOM 5.2 Certification Procedures)

1. **Documents** to verify the following are viewed
   a. Identity
   b. Residency
   c. Income (or verify adjunctive eligibility)

2. **Health information** is collected.
   a. Anthropometric data (height and weight)
   b. Hemoglobin (through a finger stick)
   c. Health History--Past and current medical conditions to assess for health risks.

3. **Nutrition Risk Assessment** is completed. Along with the health information, nutrition and eating behaviors are considered to assess for nutrition risks.

4. **Risk codes** are assigned based on the health information and the Nutrition Assessment. At least one nutrition risk code must be identified to be eligible for WIC.

5. **Nutrition Education** occurs. Based on the health and nutrition assessment and the participant’s concerns, interests and priorities, the CPA and participant collaboratively decide on a nutrition or health area to discuss. The CPA encourages the participant to determine a specific, attainable nutrition or health goal that’s right for her to make progress towards improving health habits. Information and education on the harmful effects of drugs and alcohol and referral resources must be provided at the first WIC visit for a WIC family. (MOM Section 6.4)

6. **Referrals** are made if appropriate. The CPA may offer referrals to other community and health programs. You will learn more about referrals available in your area from your agency. Referrals are documented in HuBERT to allow follow-up on whether the participant was able to connect with the organization etc. It also allows your agency to track referral information.

7. **The Food Package** is assigned based on the participant’s category and individual nutrition need. The food package is tailored to the participant’s need. For example, if a participant has a food allergy, a food may be removed from the package. If a participant states that they do not want a food, it can also be removed.

   - **Food Benefit Issuance.** One, two or three months of food benefits may be issued. The number of food benefits issued should coincide with the next
additional nutrition education visit based on the INCP and may be for only one or two months for high risk participants, infants and breastfeeding mothers. It will also be for only one month if certification documentation information is incomplete.

- **Voucher Education.** Explain the food vouchers and how to shop for WIC foods if family is new to WIC. See MOM Section 7.2. If a family has been off of WIC for a while, remember to update them on any food package changes that may have occurred. Routinely check in at certs/recerts to answer any questions a family may have about their vouchers or shopping for WIC foods.

8. **A WIC ID Folder** is given to the participant. This folder has the participant’s Household ID and individual ID numbers and lists Proxy’s that the participant has authorized. The participant/parent will sign the folder, and this acts as their WIC identification at the store and subsequent WIC visits.

9. The next **WIC appointment/visit** is scheduled (usually an Additional Nutrition Education Visit) If the next visit will be a walk-in visit, the week in which the participant should return is marked in their WIC folder. This visit should NOT be referred to as a “voucher pickup”

10. **Signatures** are obtained. The participant must read the Rights and responsibilities form (or have the R&R read to them) and sign the signature pad, acknowledging acceptance. They must also sign acknowledging receipt of their food benefits. The staff person who determined eligibility must also sign the signature pad stating that they determined that this person was eligible for WIC.

11. **Materials** are provided. New WIC participants will receive
   a. Welcome to WIC What you Need to Know
   b. WIC Shopping Guide
   c. List of WIC Approved vendors in the area

**Certification Periods**

When a person is determined eligible for WIC, he/she is certified for a specific period of time (generally 6 months – 1 year). This is referred to as the certification period. At the end of the certification period, a participant’s eligibility must be re-evaluated and is called a “recertification”.

- **Pregnant woman** – From certification appointment to the last day of the month in which the infant is 6 weeks old or the pregnancy ends; may be recertified as a breastfeeding or non-breastfeeding woman
- **Breastfeeding woman** – From certification appointment following delivery, until the last day of the month in which the infant turns one year old or the woman stops breastfeeding.
- **Non-breastfeeding, postpartum woman** – From certification appointment following delivery, until the last day of the 6th month after the baby is born.
- **Infants under 6 months** – From their first certification appointment until the last day
of the month in which the infant turns 1 year old.

- **Infants > 6 months**—Certified for 6 months; then may be recertified for one year
- **Children**—Certification is for one year. Eligibility ends on the last day of the month in which the child turns 5 years old.
Recertification Appointments

When the participant’s initial certification period ends, s/he must be recertified to continue receiving WIC services. This is called a recertification appointment, referred to as a “recert”.

- Recertifications follow almost the same procedure as certifications.
- Some participant information is already stored in the WIC data system; it must be reviewed and updated if necessary.
- Make sure to review the notes from the previous appointment when doing a recertification appointment in order to follow up on health and nutrition concerns and goals and to provide continuity of care.
- The participant must provide current documentation of identity, residency and income.
- The participant’s health and nutrition status will be assessed, and counseling and nutrition education appropriate to the needs and interest of the participant will be provided and the food package assigned.

Recertification Scheduling Considerations

- The goal is for the recertification appointment to occur as the current certification expires so that the participant does not miss any food benefits.

- Generally, the appointment is scheduled when the WIC participant is in the WIC clinic, and their certification is due to expire within 3 months. This procedure for scheduling may vary from agency to agency.

- Recertification appointments are ideally scheduled in the calendar month that the previous certification ends. The exception to this rule is infants that are turning 1. When an infant turns 1, their category in WIC changes from an infant to a child and their food package changes.
  - If their food benefits “first day to use” (FDTU) is after their date of birth (DOB) then schedule the recert in the month their certification ends.
  - If their FDTU is before the DOB then their recertification is scheduled for the following month.

Midcertification Appointment

Participants certified for a period greater than 6 months (infants, breastfeeding women and children) require a mid-certification nutrition assessment. This appointment focuses on nutrition assessment and education. The administrative components of certification are not required including: Proof of income, Proof of address, Proof of ID, Rights and Responsibilities. This allows more time to focus on nutrition education and the participant’s nutrition goals.
Midcertification Scheduling Considerations
In general, mid-certifications should occur at:
- Infants – at 9 months of age.
- Children – 6th month of certification (5-7 month time frame)
- Breastfeeding women – 6th month of certification OR at the same time as infant’s mid-certification appointment.

Midcertification Procedure
When the participant comes for their midcert appointment, staff will open up the Midcertification Assessment Guided Script (MAGS) and perform the following:
- **Demographics**—Only check to see if there are changes in address or phone
- **Height/Weight/Blood**: Ht/Wt measurements are taken and recorded. Bloodwork may be needed. Refer to MOM 5.3.2 for bloodwork schedule.
- **Health/Nutrition Assessment** – review and update as necessary to identify major changes in health status and/or dietary and physical activity. Include:
  - Review of last nutrition/health assessment at certification
  - New concerns raised by the participant
  - New medical diagnoses
  - Changes in eating pattern/food intake/food package
  - Changes in physical activity
- **Immunization screening** – for infants and children under 2 years of age. Follow up as necessary, based on screening and/or referrals given at certification
- **Nutrition Counseling and Education**—based on participant interest and should include any follow up on concerns and goals from last appointment. Nutrition Education should be where the majority of time is spent at midcertification appointments.
- **Referrals/Other Programs**—if needed.
- **Food Package**—make any changes necessary. Check in with participant to see if they had any questions/challenges with utilizing their vouchers.

Additional Nutrition Education Contact
Nutrition education must be offered to WIC participants at least quarterly. To meet this requirement, WIC participants receive nutrition education at
- initial certification
- midcertification
- recertification
- Two additional times within a one year certification period, usually midway between the recert and midcert appointments.

This appointment may be referred to by different names from agency to agency, such as a follow-up visit or a check-in visit.

Generally, Additional Nutrition Education occurs any time the participant returns to the clinic to get more food benefits. For participants who are not high risk, this is usually 3 months after their Cert/MidCert/Recert appointment. Clinics may or may not schedule an
appointment for **Additional Nutrition Education** but instead, complete these visits on a walk-in basis. Whether an appointment is scheduled or not, the participant will meet with a CPA staff person for additional nutrition education. Various options are available for the additional education requirement. See [MOM 6.7 Additional Education](#).

**Additional Nutrition Education Procedure**

At this visit, typically, the CPA will review the notes from the participant’s previous visit and then will:

1. Discuss w/ the participant any **important changes**. If pertinent, update health status/reweigh/measure/retest blood. (PG women are usually weighed)
2. Provide Participant Centered **nutrition education**, including discussing any progress on goals/notes from last visit and addressing participant concerns and interests. Offer anticipatory guidance if no other concerns or interests emerge (especially applicable during the infant/toddler period)
3. Consider the frequency of food benefit issuance based on health and nutrition factors.

**Note:** Additional Nutrition Education Visits are not just “voucher pickups”. If the term “voucher pickup” is used it could imply the only thing the participant will do is pick up food benefits. If this is the participant’s expectation, and then they are asked to stay a few minutes to visit with a CPA, this may lead to resistance. Frame nutrition education as a WIC benefit. WIC sets aside time for them to discuss their personal nutrition progress and concerns with a staff member at each visit to the WIC office.

**High Risk Participants**

Participants with more complex or serious health/nutrition concerns are considered “high risk”. They require more specialized care, often provided by CPAs with more advanced nutrition training. To ensure quality, comprehensive care for their condition, the CPA will develop an Individual Nutrition Care Plan (INCP), to more aggressively address and resolve the high risk condition. For more information on INCPs, and effective counseling topics and strategies for High Risk participants, see the [WIC High Risk Counseling Guide](#).

**Breastfeeding Support**

Breastfeeding is the healthiest feeding choice for both mothers and their infants. Breastfeeding education is provided to all prenatal woman. It may be necessary to single or double issue food benefits if mom has lots of breastfeeding questions or concerns or lacks confidence in her ability to breastfeed, or if she enrolled late in pregnancy in order to better support and prepare her for breastfeeding.

Some other types of breastfeeding support offered at WIC clinics include:

- Breastfeeding classes
- Breast pump information
- Lactation specialists to help with breastfeeding problems
- Breastfeeding peer counselors

Support continues after the baby is born for the mother/infant dyad. The early postpartum period is a critical time to address breastfeeding questions and concerns. The CPA, working
with the new mother, should determine how soon and how often the breastfeeding mother and baby need to be seen. Factors to consider:

- Infant’s age
- Mother’s experience
- Other support systems available to the mother
- How well breastfeeding is going.

It may be best to schedule breastfed infants to return in a month for additional support and to pick-up their next month’s food benefits. Once the CPA and mother agree that breastfeeding is going well and the mother’s questions and concerns are addressed the family may be switched to tri-monthly food benefit issuance.

**Transfers**

A current WIC participant can transfer his/her certification to another county or state if s/he moves. A participant transferring from another state should arrive with a VOC (Verification of Certification) form or card. WIC staff can also contact the state WIC program from which the participant is transferring to verify current eligibility.

A VOC is not required for a participant transferring within Minnesota, since WIC staff can look up the participant in the WIC data system. If a transferring participant’s certification period has not ended, s/he is eligible to continue receiving WIC services uninterrupted at your clinic -- staff do not need to reassess income eligibility but the participant will need to show current documentation of residency for your agency’s service area, as well as documentation of identity.
Practice Activity - A

1. Locate the Minnesota Operations Manual on the MN WIC Website. (Hint: it’s under the Local Agency tab) Familiarize yourself with Chapter 5, noting what information is contained within this chapter.

2. Review the form, Your Rights and Responsibilities in WIC. Ask your preceptor to demonstrate the procedure for signing the keypad. Also ask for a demonstration of what to do if the R & R form was not signed at the previous appointment, and how to scan a signed paper copy into the Information System.

3. Ask your WIC Coordinator what types of breastfeeding support are offered at your clinic.

4. To what community services or programs does your clinic commonly refer participants? Review any referral information that your clinic may use.

5. Observe a variety of appointments and procedures from start to finish. Note the various steps in the certification process during your observations. Your preceptor can help arrange your observations.

   • Applicant Prescreening (If possible, observe the staff screen applicants over the phone.)
   • Participant transfer in or out of the agency (if possible)
   • Certification – Pregnant Woman
   • Certification – Infant/BF Mom
   • Certification – Child
   • Recertification – Child
   • Midcertification—9 mo Infant or Child
   • Additional Education Contact (Nutrition Education)
Skills Check - #1

1. What are the 4 main types of appointments that WIC participants are scheduled for when enrolled in WIC?

2. What is the purpose of prescreening?

3. What is the purpose of the certification and recertification appointments?

4. How do cert/recert. appointments differ from midcertification appointments?

5. How often do participants receive nutrition education?
WIC CERTIFICATION OVERVIEW MODULE

Identity, Residency & Income Documentation
SECTION 2

Objectives
After completing this section, you will be able to:
• Describe the documentation the participant is required to bring to the certification appointment

Overview
For each WIC certification and recertification appointment, the applicant is asked to bring documentation of identity, residency and income. Staff need to review this information to assess the participant’s current eligibility to receive WIC services. Staff are also responsible for documenting the information on identity, residency and income in the participant’s electronic record.

NOTE: WIC does not require proof of US citizenship.

WIC does not require proof of pregnancy, unless staff have reason to believe the applicant is not being truthful about the pregnancy.

Identity
Each time a person is certified for WIC, s/he must show documentation of identity (ID). This requirement is established by the federal government to help prevent fraud.

WIC staff must ask to see documentation of identity at the first certification, recertification appointments, and when participants are picking up food benefits at the clinic. Staff may want to routinely ask each participant, “Did you bring something with your name and current address on it, such as a driver’s license or paystub?”

Some examples of acceptable forms for documentation of identity include: birth certificate, baptismal certificate, crib card, driver’s license, passport, photo ID issued by employers or schools, or a Health Benefits card. See MOM 5.2.3 Identity for a full listing of possible ID’s.

NOTE: “Known to staff” is acceptable documentation at subsequent certifications.

Residency
Each time a person is certified for WIC, s/he must show documentation of residency. This requirement is established by the federal government to help prevent people from receiving WIC benefits at more than one WIC clinic.

Documentation of residency is used to determine if the applicant actually lives in Minnesota. WIC staff must ask to see a document that shows the participant’s name and current address. If the applicant lives in Minnesota, but outside of your agency’s service area, WIC staff should
refer her/him to the local agency that serves the area in which the participant lives. A listing of local agencies is available on the WIC website at WIC Agency Directory.

Examples of acceptable forms of documentation of residency include: a bill, driver’s license, lease agreement or rent receipt, mail addressed to applicant, or pay stub. For a complete listing refer to MOM 5.2.2 Residency.

**NOTE:** Residency refers to the place that the person normally sleeps at night.

**Income**

Each time a person is certified for WIC, s/he must show documentation of income. This will determine if household income falls within the WIC Income Guidelines. Detailed information on how to determine income eligibility is found in the Income Eligibility section.

**Missing Documentation**

If a person does not bring documentation of identity, residency or income to their WIC appointment, s/he can be certified on that day, provided with one month of food benefits, and is asked to bring the documentation within 30 days. *If s/he does not bring the missing documentation within 30 days, s/he will no longer be eligible to receive WIC benefits until this documentation is provided.*

If a person cannot provide documentation of identity, residency or income due to special circumstances (such as theft, disaster, homelessness or migrant status) s/he can fill out and sign the Certification Notice form (generated in HuBERT) indicating that s/he is unable to provide this information and why. This information is scanned and saved in the participant record.
Skill Check - #2

1. Review [MOM 5.2 Certification](#)

2. What are three acceptable forms of documentation of residency?

3. List three acceptable forms of ID for children.

4. List three acceptable forms of ID for women.

5. Practice what you would tell a participant about what documentation s/he needs to bring to the certification appointment. It may be helpful to practice aloud with a co-worker.
Income Eligibility
SECTION 3

Objectives:
After completing this section you will be able to:
• Correctly screen for income eligibility.
• Correctly follow separation of duties procedures

Overview:
Each time a person is certified for WIC, income eligibility must be determined. There are two ways to determine income eligibility: **adjunctive eligibility** and by calculating **household income**.

Income Eligibility:

Adjunctive Eligibility
Adjunctive eligibility is a term used to describe “automatic” income eligibility for WIC, based on current income eligibility for another program.

**Household Adjunctive Eligibility:**
If anyone in the household has been determined eligible for one of the following programs, other members of the household are income-eligible for WIC. The applicant must provide documentation of current eligibility in the adjunctive program. Staff must assist as appropriate to determine current eligibility.

- Medical Assistance
- Minnesota Care
- Minnesota Family Investment Program (MFIP)
- Food Stamps/Supplemental Nutrition Assistance Program (SNAP)
- Free or Reduced Price Meal Eligibility for School Lunch
- Head Start
- Fuel Assistance

**Applicant Only Adjunctive Eligibility:**
For some programs, adjunctive eligibility applies only to the *applicant currently eligible to receive benefits*; not the whole family. Other family members are **not** adjunctively eligible. These programs are:

- Supplemental Security Income (SSI)
- Tax Equity and Fiscal Responsibility Act (TEFRA)

See [MOM 5.2.4 Income](#) for more details on Adjunctive Eligibility
Traditional Income Determination:

If the participant or household is not income-eligible based on adjunctive eligibility, staff must calculate total household income. Staff must document all sources of income for the household. The household size and total income are compared to the WIC Income Guidelines to determine if the household is eligible for WIC.

What is a Household?

For the purposes of WIC, a **household is defined as:**

A person or group of people, related or not, who usually (though not necessarily) live together and who share income and the consumption of goods and services.

Specific Situations for Determining Household size:

- **A pregnant woman** should be counted as two or more, taking into account the number of unborn fetus(es).

- **Active military duty:** If the household includes a parent or stepparent who is on active military duty, the absent member may be considered a member of the household. If the child is living with others such as grandparents because the parent(s) is on active military duty, the child(ren) may be considered a separate household if this is more favorable to their eligibility.

- **Split or joint custody:** When the custody of the child is split, the child shall be considered a member of the household in which he or she lives the majority of the time. If the parents share custody 50/50, the child can only qualify for WIC in one parent’s household. Parents can be encouraged to share the food or have the other parent as a proxy on the ID folder for the child. If custody papers are available, staff should consider custody arrangements when issuing food benefits.

- If an adult in the household is making **child support** payments for a child not living in this household and who is not receiving WIC food benefits in another household, this child may be counted as a member of the household. Child support payments do not reduce family income.

- **A foster child,** who is living with a family but remains the legal responsibility of a social service or other agency, should be considered a family of one. These children are usually eligible for Medicaid (MA).

Household Size Examples:

- **Sophie lives alone in an apartment.** She is pregnant with twins. She is on Medicaid. Sophie’s household size would be three (3).
Josefina lives with her boyfriend. They have a 2 month-old baby who lives with them. Josefina receives MFIP payments and her boyfriend works part-time and they share expenses. Josefina’s household size would be counted as three.

Candy has a 3 year-old son and lives with a roommate. She works and so does her roommate. She and her roommate split the rent and utilities evenly, each paying half. Candy and her son buy their food separately and eat separately from her roommate. Candy’s household size would be two (2).

**Income Calculation**

For WIC purposes, income is calculated by adding the income of all household members. Generally, the most common documentation of income used for calculating income includes:

- Gross income from current pay stubs (this is the amount BEFORE deductions)
- Unemployment award letter
- W-2 forms or income tax return (for self-employed individuals)
- Foster child payment statement
- Signed letter from employer stating gross earnings
- Benefits or earnings statements
- Letter of alimony or child support payments

Refer to [MOM 5.2.4 Income](#) for additional sources of income.

Enter all relevant sources of income for each household member into the data system. WIC staff must select the correct payment frequency and rate for each source of income. The data system will assist in calculating household income.

**Income Determination Examples:**

- Jordan is paid $300 once a week. $300 is entered with a “weekly” payment frequency. The data system calculates the annualized amount to be $15600.

- Jayme has three jobs. This is the information entered in the date system:
  - $100 – weekly
  - $200 – biweekly
  - $500 – monthly

  The date system calculates the annualized amount to be $16,400.
  - $100 per week = $5200 a year
  - $200 biweekly = $5200 a year
  - $500 monthly = $6000 a year

  Total .......... $16,400 annual income

**Specific Situations when Determining Income**

- **Foster children** are counted as a household size of one (1). Income is the payment the foster family receives for the child.

- **Pregnant teens and teen mothers** who live with their parents should be counted
as their own household when they have income and provide some payment for their care (paying rent, buying food, etc.) or provide in-kind services such as housekeeping or child care. Otherwise, the household income, including the parent’s income should be counted.

WIC Income Guidelines

Each year, the federal government updates the federal poverty guidelines which are used to determine eligibility in many programs. WIC Income Guidelines are based on the federal poverty guidelines, but are set at 185% of the federal poverty level. If a household’s income is less than or equal to WIC Income Guidelines, they would have an income that qualifies them for WIC. (They would still need to be determined eligible for WIC services based on category and nutrition need).

The most current income guidelines are on the WIC website at: WIC Income Guidelines as Exhibit 5-A in the Minnesota Operations Manual.

Presumptive Eligibility

Applicants may be presumptively eligible for WIC if their household income is greater than 185%, but within the income guidelines for the Minnesota Health Care Program (MHCP) (see Exhibit 5-A). The following three conditions must occur:

- Staff must see income documentation. Self-declaration is not adequate.
- Income must be within income guidelines for MHCP
- The applicant must agree to apply for Minnesota Health Care Programs as soon as possible.

After verifying income documentation, staff may

- Issue up to 3 months of food benefits pending the determination of eligibility for MHCP.
- An alert and a note must be written. (for example: Gave 3 mo of food benefits. Need MHCP documentation before add’l food benefits issued)
- At the next visit, staff must determine current status of the MHCP application and document status in the participant record.
- If verification can be determined that the MHCP application is still pending, an additional 3 months of food benefits may be issued.
- This extension may be provided on a case-by-case basis, but may never be extended beyond the second 3 month period.

Separation of Duties

To ensure Program Integrity, there must be Separation of Duties in the certification process so that one employee does not determine both income eligibility and medical/nutrition risk for the same participant.
• At a minimum, the staff person who determines a participant’s income eligibility cannot also determine that participant’s medical/nutrition risk; another person, CPA, must assess nutrition risk and offer nutrition counseling. Either person may issue food benefits.

• WIC staff can’t certify or issue food benefits to oneself, one’s children or grandchildren, relatives or close friends. (See MOM 1.19 Avoid Conflict of Interest to Assure Program Integrity)

• Local agency WIC staff must advise their WIC Coordinator (or supervisor) about any relatives or close friends participating in WIC at their agency. The WIC coordinator will make arrangements for other staff to do the certifications to avoid a conflict of interest.

• Each agency has a written Separation of Duties plan that further outlines the procedure that will be followed in order to meet SOD.
Practice Activity - B

1. Use the WIC Income Guidelines and answer the questions about each situation.

   • Maria lives with her husband who gets paid $500 once a month. They have two children under 5. Maria works 20 hours per week during the school year (40 weeks/year) and makes $10.00 per hour.
     a. What is their household size?
     b. What is their household income?
     c. Is anyone in the household income eligible for WIC?

   • Shondra is pregnant with twins. She lives with her boyfriend and a roommate. The roommate doesn’t have a job and Shondra and her boyfriend are paying for his food. Shondra makes $200 a week (The Information system calculates the annualized amount to be $10,400), and her boyfriend makes $1000 a month.
     a. What is their household size?
     b. What is their household income?
     c. Is Shondra income eligible for WIC?

   • Justin has sole custody of his 2-year-old son and is at WIC to request benefits for the child. His ex-wife pays child support of $700 a month. Justin also receives $400 a month in unemployment benefits. He and his son live alone.
     a. What is their household size?
     b. What is their household income?
     c. Is Justin’s son income eligible for WIC?

2. Answer the income eligibility questions about the following scenario.

   • Alexander Smith is 2 years old and is at WIC for his first certification appointment. He lives with his mom, Jane, in an apartment. Jane receives a $500 per month from MFIP/TANF. She brings with her to the appointment:
     o Her Minnesota Driver’s License
     o Alexander’s birth certificate
     o A letter stating her MFIP award
     o An electricity bill with her name and address on it.
     a. What is the household size?
     b. How would you determine income eligibility for this household?
     c. What information is needed to document their income?
     d. What is Alexander’s proof of ID and residency?
     e. Is Alexander adjunctively eligible?
     f. Would Jane need to bring back proof later?

3. Review your agency’s Separation of Duties written plan. What is your role in your agency and how does it fit with SOD?
Final Skills Test

1. **T or F** Prescreening helps determine if an applicant appears eligible for WIC benefits.

2. **T or F** An infant who is less than 6 months at the first WIC appointment is certified until their first birthday but an infant older than 6 months is certified for a period of 6 months.

3. **T or F** The process for recertification of a participant is almost identical to the initial certification.

4. **T or F** WIC participants need to provide documentation of identity, residency and income at all certification visits, not just the initial one.

5. **T or F** Examples of acceptable documentation of identity include: birth certificate, driver’s license, crib card, passport, and Health Benefits card.

6. **T or F** Examples of documentation of residency could include: a bill, driver’s license, a lease agreement, mail addressed to the applicant, or pay stubs.

7. **T or F** If an applicant does not bring all the required documentation, s/he has 45 days to bring the document(s) to the WIC office.

8. **T or F** The only two ways a person can be income eligible is by adjunctive eligibility and by meeting WIC Income Guidelines.

9. **T or F** Participation in Medical Assistance or Headstart makes an applicant adjunctively income eligible for WIC services.

10. **T or F** In order to be presumptively eligible for WIC an applicant must be willing to apply for MHCP.

11. **T or F** A woman with one child living with a roommate would be a household of 2 if she and the roommate split all rent and utilities.

12. **T or F** WIC income guidelines are set at 250% of the federal poverty level.

13. **T or F** A foster child is counted as a member of the foster parent’s household, when determining household size.

14. **T or F** If one staff person checks income and does the certification appointment and a different staff person issues vouchers this meets Separation of Duties requirements because two staff people were involved in the appointment.