

New Hampshire WIC Policy & Procedure Manual

Chapter 8. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES C. Health Care Agreements, Referrals, and Coordination

Referrals

Purpose Staff shall assess the health and social needs of participants at certification, re-certification and mid-certification appointments in order to offer appropriate referrals to State and community health and human service programs. Accurate documentation of referrals to and from WIC allow for evaluation and monitoring of federal requirements.

Policy Local agencies shall provide WIC Program applicants and participants or their designated proxies with information on other health-related and public assistance programs, and when appropriate, shall refer applicants and participants to such programs. Staff shall also determine the source of referral to the WIC program.

Authority 7 CFR 246.7(b)

Procedure Local agency staff shall assure WIC participants and families have information (address and phone number at a minimum) on health and human service assistance programs in their community that they may be eligible for or be interested in.

At a minimum, an assessment shall be done of referral needs at intake when income is being determined, and at nutrition education when nutrition risk is being determined.

The following are programs that are mandatory referrals if indicated: SNAP/Food Stamp Program, TANF (Temporary Assistance for Needy Families), Medicaid, maternal and child health programs, prenatal care services, immunization services, dental services, private physicians, hospitals, well child programs, children with special health care needs, breastfeeding peer counseling services, Head Start and Early Head Start, and homeless facilities.

Additional programs that may be offered include: SSI (Supplemental Security Income), EPSDT (Early Periodic Screening and Diagnostic Treatment), Learn the Signs Act Early (LTSAE), Water Wellness, family planning services, postnatal care, schools, EFNEP (Expanded Food and Nutrition Education Program), child protective services, domestic violence services, substance abuse programs, child abuse counseling, foster care agencies, and mental health services.

Referral networks shall be established with the above programs in order to assure that the WIC Program receives applicants from these services.

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In situations when a WIC participant has immediate needs for food beyond what WIC may provide, local agencies shall also make referrals to: Food pantries, soup kitchens, SNAP/Food Stamp program, TEFAP, and similar community food assistance programs.

The local agency shall develop a list of referral sources specific to their service area, and offer each family a copy of the list at certification appointments, indicating which specific programs may be appropriate for the family.

Staff shall document all referrals in StarLINC on the Referral screen under the Current Referrals to Client.

The Source of Client's Referral to WIC shall also be documented in StarLINC on the Referral screen at time of certification.

Documentation allows evaluation of outreach efforts and tracking of referrals made by each agency. The report is available in StarLINC; Referrals to and From Report, and is available by agency and by clinic.

Exception

None

Best Practice

The local agency director or coordinator shall run the Referral to and From Report monthly, and review the report for types of referrals made and referrals that are lacking or limited. The director shall also use the report to evaluate where referrals to WIC are coming from and use the information to strengthen partnerships and outreach efforts in specific towns.

The parent agency (either a community action agency or a community health center) shall have information available to WIC staff at clinics to allow participants to easily apply for their services, such as expedited or online applications for Head Start or dental services.