

FY2015 AFFIRMATIVE ACTION PLAN

The Affirmative Action Plan is a description of nutrition services that are provided to special populations, as described below. Caseload assignment to local agency service areas is based on select variables: children less than 5 years of age living at or below 185% of poverty, infants with low birth weight and receiving Medicaid, births with late or no prenatal care, and maternal age less than 19 years. Per reports from the American Community Survey and US Census, children living in rural NH counties are more likely to receive WIC benefits, with an average ranging from 17.4% of eligible children in Rockingham County (urban) to 29.1% in Coos County (rural). With a consolidation of WIC local agency contracts to four local agencies, this enrollment by eligibility may change to reach more eligible children in urban counties such as Hillsborough and Rockingham Counties.

Foster Children

The State Agency periodically contacts State and district offices in the Division for Children, Youth and Families and other organizations serving foster parents in order to publicize the availability of WIC benefits to foster children. This includes children in protective custody and infants and children who were exposed to drugs perinatally. Foster children are considered a separate economic unit for purposes of income determination, and residence verification of the foster parent is used solely for the purpose of assignment to a Local Agency. Foster children from other States who are residing in New Hampshire foster homes are considered New Hampshire residence-eligible.

Native Americans

There are no organized tribes of Native Americans in NH so formal outreach is not necessary. Applicants declaring Native American status are accorded priority in service in accordance with the certification section of this Plan.

Non-English Speaking Persons

When significant non-English speaking populations are identified, the Program works with community organizations representing those populations to disseminate public notifications and to provide outreach and nutrition education materials in the appropriate language. Contact is regularly maintained with the NH Minority Health Coalition, Lutheran Social Services, the International Institute of New Hampshire, the Latin American Center, and the Somali Development Center. Spanish WIC outreach materials are available, as well as Spanish nutrition and breastfeeding materials at all local agencies.

Working Persons and Residents of Rural Areas

The demographic and economic structure of the State consists of a number of locality centers, or larger towns, which provide public services to a group of geographically contiguous smaller towns. WIC clinic schedules take advantage of this structure by holding mobile clinics in each town providing such essential services on a regular bi-monthly, tri-monthly, weekly or more frequent basis, depending on population and caseload size. NH regularly holds more clinics in 50 different sites for its 16,425 WIC caseload.

Other accommodations for the working and rural poor, which comprise a large part of the New Hampshire caseload, include:

- Tri-monthly WIC voucher issuance statewide;
- Specific certification appointments and assigned blocks of time for WIC voucher and nutrition appointments;
- Flexible proxy options, including proxy representation at the certification of children and designation of a permanent proxy on WIC food instruments;
- Participant selection of follow-up nutrition education (FUN) appointments; and
- Early morning, late afternoon, early evening, and lunchtime appointments.

Homeless Persons

Agencies such as soup kitchens, food pantries, homeless shelters and the NH Coalition to End Homelessness, are at least annually, sent information about the WIC Program, encouraging such providers to refer eligible families with pregnant women and young children. Local Agencies are encouraged to develop communication networks with homeless shelters and soup kitchens/food pantries in their service areas. There are three health agencies contracted with MCH-DHHS to provide primary health care services for homeless populations, who are also part of the outreach network.

The State Agency has waived residence verification and allows self-declaration of income for applicants who are homeless or temporary residents of an emergency shelter. At the discretion of the Local Agency, a Verification of Certification (VOC) card may be issued upon enrollment, provided that the VOC card must be produced for future food benefit monthly cycles to prevent dual enrollment. Federal policy prohibits the use of socio-economic criteria in assigning priority in service to this target population.

Food package tailoring and nutrition education provisions for this population are contained in the Policy and Procedure Manual. Replacement food benefits may be issued for persons who become homeless due to a fire, domestic abuse or other participant-reported emergency precluding access to the original vouchers.