NEW HAMPSHIRE

WIC Program

StarLINC Manual Including eWIC

New Hampshire StarLINC MANUAL Including eWIC



6107 3001 2345 6789

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eWIC Terminology

APL: Approved Product List; list of UPCs of all approved products

Available Benefit: Food not yet purchased.

Benefit Period: The specific time period during which the WIC food can be purchased- defined by the first use date and the last use date.

Benefit/Shopping List: Total amount of food issued to a household for each benefit period.

Category: A term used by WIC staff to define a food item category such as milk, cereal, eggs, grains, etc.

Current Benefit Period: A benefit period that is available today.

Deactivate/Inactivate: to make an existing card inactive – cannot be used to redeem benefits.

eWIC card: A card issued to a household to be used to purchase their WIC foods.

Future Benefit: A benefit period with a first use date after today.

Household: Family unit sharing benefits on one card; foster children are their own household

Issue Benefits: Loading of the household benefits into the account.

PIN: 4-digit number which is assigned by the participant at WIC before benefits are issued.

Redeemed Quantity: Quantity of food that has been purchased by the household.

Reissue: Replacement of a household's previously issued benefits.

Sub-category: A term used by WIC staff to define in more detail foods in a category. For example, in the milk category are subcategories of lactose free milk half gallons, 1% milk gallons, 1% half gallons, 1% quarts, soy milk etc.

WIC Direct: On line system that stores the WIC benefits.

CARD MANAGEMENT

Issue an eWIC Card and PIN

In order to issue an eWIC card, a household account must be created in StarLINC. Benefits reside in the household account and NOT on the card. It is possible to load benefits into an account without issuing a card, but the client will have no way to purchase their items at the store. It is also possible to issue a card with no benefits.

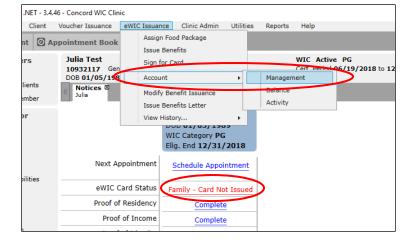
The Primary Caregiver/Alternate Caregiver must be present to receive the first initial issuance of the eWIC card. PIN setting with the participant should also be done while in clinic over the phone through the IVR. If there is no phone available in clinic, participants should be given instructions on how to do so after their appointment. PINs can also be set online through www.wicconnect.com after a participant sets up their portal account.

eWIC cards may be mailed in special cases. Local Agencies should develop a log to track any mailed cards. Benefits cannot be loaded onto the card until confirmation is obtained that the card has been received by the caregiver.

PRO TIP:

Foster children will receive their own card, and benefits will be separate from the rest of the family.

1. eWIC Issuance > Account > Management. You may also use the shortcut on the Notices tab by clicking on Family – Card Not Issued.



2. Select the Issue Card link.

| Client Services NET - 3.4.4 File Services Client | 6 - Concord WIC Clinic Voucher Issuance eWIC Issuance Clinic Admin | Ubities Reports Help | | - 0 x |
|---|--|--|---------------------|-------------|
| | pointment Book Julia Test Group | | | |
| Group Members ulia Test Hide Inactive Clients | Julia Test 19932117 Gender Female DOB 01/05/1989, 29 Years Card Management ® Notices ® Julia | WIC Active PG Cert. Period 06/19/2018 to 12/31/2018 Priority 1 | Due Date 11/06/2018 | |
| dd New Group Hember Quick Links for ulia Test Adices | EBA D 109375 | | | |
| konces lotes Jernographics Leferrals Lights & Responsibilities Lights & Responsibilities Lindhro Meas Nood Meas | Account Cards Card Holder / Caroliver Card Number | bround Skature - | | Issue Card |
| leabh Interview Usk Factors Murrition Education Iowsheet sissue Food Package sissue Benefits Sistory-Clear Goals Sistory-Sisuances Sistory-Sisuances Sistory-Natrition Education Anocher Fickup | | No Cardholders found for this Account | | |
| lign for Vouchers | | | | |
| | | | | Save Cancel |

- **3.** Swipe the card or manually enter the card number.
- 4. Click OK.
- **5.** Click 'Save'.
- 6. Click 'Capture Signature'. Have the client sign for the card using the signature pad.

| | | Caregiver Signature for Card(s) | | |
|---------------|----------------------------------|---|----------------|------------------------|
| By signing t | elow, I acknowledge th | at I have received the Card(s) listed. | | = |
| Cards | 6085779300001264 | (Issued 06/14/2017 12:57:14 PM by Nicole Va | udrin) | |
| Clients | 10183958 10183959 10183960 | Julia Example Paul Example Tina Example | | |
| Signature: | | | | - |
| ual Signature | | | Print Unsigned | Copy Capture Signature |

7. Click SAVE.

| Account Cards | | | | Issue Card |
|----------------|---------------------|------------|-----------|------------|
| | | | | |
| Example, Julia | 6085-7793-0000-1264 | 06/14/2017 | Activated | |
| | Save Complete! | | | |

8. Next, staff should assist families in setting up a PIN for their new card. This should be done with the participant over the phone during clinic. If phone access is an issue, staff can provide instructions on how to set a PIN for the participant to complete after leaving the clinic. PIN numbers can also be set up in a participant's <u>www.wicconnect.com</u> account, so if there is no phone access but a staff member feels this participant needs help, staff can help the participant set up their account and their PIN using the internet. Staff should be careful that they are not in the line of sight while a participant enters their PIN, and should never choose or enter it for them. This is confidential information.

Document Receipt of Card when Signature Pad is not working or Available

There are situations in which a signature pad may not be available for the client to sign for the card because it is not working properly. The following procedure should be used in these instances:

1. After Issuing the Card and selecting Save, the Card Signature will pop up.

| | | Caregiver Signat | ure for Card(s) | |
|------------|------------------------|----------------------------|-----------------------------|--|
| Bysigning | below, I acknowledge i | that I have received the C | ard(s) listed. | |
| Cards | 6107300080071213 | (Issued 06/19/2018 1 | 1:54:32 AM by Jessica Webb) | |
| Clients | 10932117 | Julia Test | | |
| olgnature. | | | | |

- 2. Select the Manual Signature checkbox and click SAVE.
- 3. The Caregiver Signature for Card Received Form will print.
- 4. Have the client sign the Caregiver Signature for Card Received Form.
- 5. File the form in the daily, weekly or monthly file.

Unlock a PIN

A client's PIN will be locked after they try to enter it incorrectly four times at the store. The client does not need to be physically present to unlock the PIN. Prior to unlocking the PIN, staff needs to verify the individual requesting to unlock the PIN is a caregiver on the account by verifying the name of the participant or caregiver, the date of birth of either the participant or caregiver, and the mailing zipcode. PINs will automatically unlock at midnight. PINs can also be unlocked using the customer service phone number listed on the back of their card. Doing it over the phone using the customer service number may be more timely for a participant since it is immedate, rather than trying to call the Local Agency. Local Agencies do have the ability to unlock a card in StarLINC, however they cannot set a new PIN number.

To unlock a PIN:

- 1. eWIC Issuance >Account >Management. You may also use the shortcut on the Notices tab by clicking on Family Card Active.
 - eWIC Issuance Clinic Admin Utilities Reports Help Assign Food Package Issue Benefits ive PG od 06/14/2017 to 03/31/2018 Sign for Card Management Account . Modify Benefit Issuance Activity Mailed Card Lette WIC Category C View History... lig. End 06/30/2018 Schedule Appointment ppointment Schedule Appointment Family - Card Active Card Status Family - Card Active f Residency
- **2.** Click on the line with the cardholder name and card number.
- **3.** At the bottom of the screen, click the Unlock link.

| Account Cards | | | | Iss | ue Card |
|--------------------------------|--|--------------------------------|-----------|------------|---------|
| Card Holder / Careginar | Card Number | Issued | Status | | |
| Example, Julia | 6085-7793-0000-1264 | 06/14/2017 | Activated | | |
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| r | | | | | |
| Card Number 6085-7793-0000 | -1264 | Status Activated New 6/14/2017 | | Change Pla | Unlock |
| Card Holder Example | ~ | 🔲 Inactivate Card | | | |
| | and a second | | | | |
| Created 06/14/2017 12:57 PM by | / NICOle Vaudrin at Hopi WIC Mai | n | | | |
| | | | [| Save | Cancel |



Inactivate an eWIC Card

The client/caregiver does not have to be present to inactivate the card but must come in for a new card to be assigned, unless circumstances require the card to be mailed. If a card is inactivated by request of the client, staff must verify that the individual requesting to inactivate the card is an authorized caregiver. Cards can also be inactivated by using the phone number listed on the back of their card. Doing it over the phone using the number on the back of the card may be more timely for a participant since it is immedate, rather than trying to call the Local Agency. Cards must be deactivated within one business day of being reported, and new cards must be received by the participant within 7 days of being reported.

You may need to deactivate an eWIC card if:

- It is reported lost or stolen
- It is returned to the clinic as lost
- A foster child is moved to new family
- Custody changes for child

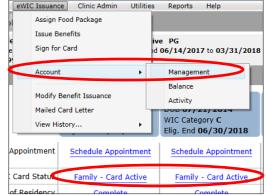
PRO TIP:

If you inactivate a lost card and reissue a new card, the client will need to update their card number on the WICShopper app.

- 1. eWIC Issuance menu > Account > Management. You may also use the shortcut on the Notices tab by clicking on Family Card Active.
- 2. Click on the line with the cardholder name and card number.
- **3.** Click the Inactivate Card check box.
- 4. Enter the reason the card is being inactivated.

- 5. Click SAVE. The card status will be updated to Deactivated.
- 6. If the client is in the clinic, issue a new card following the procedure in 'Issue an eWIC Card and PIN'. Both the new and old cards will be listed on the account management screen.

| Card Holder / Caregiver Card Number Issued Example, Julia 6085-7793-0000-1264 06/14/2017 Example, Julia 6085-7793-0000-1272 06/14/2017 | Account Cards | | | | Issue Card |
|--|-------------------------|---------------------|------------|-------------|------------|
| | Card Holder / Caregiver | Card Number | | Chartons | |
| Example, Julia 6085-7793-0000-1272 06/14/2017 Activated | Example, Julia | 6085-7793-0000-1264 | 06/14/2017 | Deactivated | |
| | Example, Julia | 6085-7793-0000-1272 | 06/14/2017 | Activated | |



| Account Cards | | | | Issue Can |
|--------------------------|---------------------|---|-----------|---------------------|
| Card Holder / Caregiver | Card Number | Issued | Status | |
| Example, Julia | 6085-7793-0000-1264 | 06/14/2017 | Activated | |
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| ard Number 6085-7793-00 | 100-1264 | atus Activated New 6/14/2017 | ch | ange Pin Unloc |
| Card Number 6085-7793-00 | 000-1264 | atus Activated New 6/14/2017 | | ange Pin Unloc |
| Card Holder Example | - | atus Activated New 6/14/2017 Inactivate Card Reaso | | ange Pin Unloc • |
| Card Holder Example | | | | ange Pin Unloc |

Card Returned to the Clinic

You may need to inactivate an eWIC card if it is returned to the clinic and you are unable to contact the client or the client does not retrieve the card.

The client does not have to be present to inactivate the card but must come in for a new card to be assigned unless circumstances require the card to be mailed.

| eWIC Issuance Clinic A | lmin Utilities | Reports Help | |
|--|----------------|---|---|
| Assign Food Package Issue Benefits Sign for Card | ive | PG 06/14/2017 to 03/31/201 | 8 |
| Account Modify Benefit Issuar Mailed Card Letter View History | | Management Balance Activity WIC Category C Elig. End 06/30/2018 | |
| Appointment Schedule | Appointment | Schedule Appointment | |
| | Card Active | Family - Card Active | |

1. eWIC Issuance > Account > Management. You may also use the shortcut on the Notices tab by clicking on Family – Card Active.

- 2. Click on the line with the cardholder name and card number.
- **3.** Click the Inactivate Card check box.
- 4. Enter the reason the card is being inactivated.

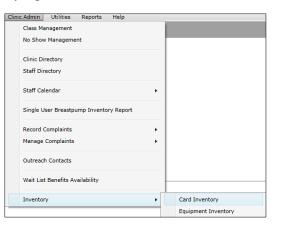
| Account Cards | | | | Issue Card |
|-----------------------------|--------------------------------------|-----------------------------------|-----------|-----------------|
| Card Holder / Caregiver | Card Number | Issued | Status | |
| Example, Julia | 6085-7793-0000-1264 | 06/14/2017 | Activated | |
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| | | | | |
| Card Number 6085-7793-00 | 000-1264 | Status Accordicated New 6/14/2017 | C | nange ein Ueloc |
| Card Holder Example | | Inactivate Card Reas | on Lost | • |
| | | | | |
| Created 06/14/2017 12:57 PM | 1 by Nicole Vaudrin at Hopi WIC Main | | | |
| | | | | ave Cancel |

5. Click SAVE.

| Account Cards Card Holder / Caregiver | Card Number | Issued | Status | Issue Card |
|--|---------------------|------------|-------------|------------|
| Example, Julia | 6085-7793-0000-1264 | 06/14/2017 | Deactivated | |

Cards will be kept at the New Hampshire State Office. Local agencies should request cards and pick them up from the state office as needed. Once they are received by your Local Agency, you may begin to issue the cards. However, you must mark them as received in order for them to be reported on your inventory report.

1. Clinic Admin > Inventory > Card Inventory



2. Ensure the "Not Yet Received" box is marked.

| Find Client Appointment Book Appointment Appointment | Find - Card Inventory | | » |
|---|----------------------------|-----------------------------|----------|
| Agency Belknap-Merrimack Counties Co | mm / Card # Range: From | to | Find |
| | Date Transferred. From 00/ | 00/0000 15 to 00/00/0000 15 | Clear |
| ▼ Not Yet Received | Date Received: From 00/0 | 00/0000 15 to 00/00/0000 15 | Retrieve |
| Agency Beginning | Card # | Box Date Sent Date Received | |

- **3.** Click FIND.
- 4. Double click on the card range that you would like to mark as received.
- **5.** Update the date received if needed.
- **6.** Click SAVE.
- 7. If you uncheck the "Not Yet Received" box and select find, then you should see all the card series your local agency has received in the past

Reconcile Card Inventory

At the end of each month, you will need to reconcile the card inventory. <u>Staff that inventory card stock on a monthly basis</u> cannot be the same staff that receipts the card stock. To reconcile the inventory, complete the steps below.

1. Reports > Card Inventory Summary Report.

| Reports | Help |
|---------|------------------------------------|
| 30 | Day Temp Client List |
| Ар | pointment Summary |
| Ар | pointment Reminders Sent |
| Ар | pointment Reminder Audit |
| Au | thorized Food List Report |
| BF | PC Contact |
| BF | PC Referrals |
| Br | eastpump Issuance by Client Report |
| Ca | rd Inventory Summary Report |
| Ca | rd Replacement Report |

- **2.** Select your agency.
- **3.** You may select received dates as long as you are sure that the dates entered include all active boxes of cards, otherwise you may leave this blank.
- **4.** Click Generate.

| Sind Client O Appointment Book Card Inventory | Summary | Report | | | | |
|---|----------|--------|----|-----|---|----------|
| ard Inventory Summary Report | | | | | | |
| Agency Belknap-Merrimack Counties Comm Action Program (| CAPBMCI) | ~ | | | | |
| Received Dates: From 06/01/2018 5 To 06/3 | 30/2018 | 15 | | | | Generate |
| | | | | 7 . | | |
| Igency' Belknap-Merrimack Counties Comm Action Program (CAPBMCI) teceived Dates: From 06/01/2018 To 06/30/2018 New Hampshire DHHS WIC Program Card Inventory Summary Report Received Date: 06/01/2018 through 06/30/2018 Site: Belknap-Merrimack Counties Comm Action Program (CAPBMCI) Received Cards C | | | | | | |
| ved Dates: From 06/01/2018 To 06/30/2018 Generate Image: Imag | | | | | | |
| Agency | | | | | | |
| Belknap-Merrimack Counties Comm Action Program (CAPBMCI) | 6/12/201 | 18 50 | 24 | 0 | 0 | 26 |

- **5.** Print the report.
- 6. If all cards are accounted for, a staff member should initial and date the report next to each series to indicate that the cards remaining number is indeed correct. The report should be maintained on file for state staff to review during a Management Evaluation.-
- 7. If the number of cards on the inventory report does not match the number in inventory, you may need to adjust the inventory. See the steps below on how to adjust the inventory. Once the inventory is adjusted, reprint the report. Two staff should then initial and date report.

Reconcile Card Inventory: Lost/Found or Damaged Cards

When completing your card inventory, you may find that cards have been lost, a card may be damaged or you may have located cards that you previously thought were lost. The Card Inventory screen may be used to adjust the inventory to account for these cards.

1. Clinic Admin > Inventory > Card Inventory

 No Show Management

 Clinic Directory

 Staff Directory

 Staff Calendar

 Single User Breastpump Inventory Report

 Record Complaints

 Manage Complaints

 Outreach Contacts

 Wait List Benefits Availability

 Inventory

 Card Inventory

 Equipment Inventory

Clinic Admin Utilities Reports Help Class Management

4. Double click on the card range that you need to adjust.

2. Ensure the "Not Yet Received" box is unchecked.

3. Click FIND.

| Client Services .NET - 3.4.53 - Concord WIC Clinic | | | | |
|--|-------------------------------|------------------------|---------------|--|
| File Services Client Voucher Issuance e | WIC Issuance Clinic Admin | Utilities Reports Help | | |
| Find Client Appointment Book | Find - Card Inventory | | | |
| Agency Belknap-Merrimack Counties Com | m , Card # Range: From | | to | |
| | Date Transferred: From | 00/00/0000 | 00/0000 | |
| Not Yet Received | Date Received: From | 00/00/0000 | 00/0000 | |
| Agency Beginning Ca | ard # # Card | s In Box Date Sent | Date Received | |
| Belknap-Merrimack Counties 61073000800 | 70967 50 | 6/5/2018 | 6/12/2018 | |
| | | | | |

- 5. If cards are lost or damaged, enter the number that are lost or damaged in the # of lost/damaged cards box. Damaged cards cards can be reported on the 'Card Inventory Detail' screen. The screen can be updated as many times as you need. Damaged cards should be kept by the Local Agency until the series is reconciled to zero "Cards Remaining". Once a series is reconciled, Local Agencies can return those damaged cards to the State Office.
- 6. If cards previously reported as lost/damaged are recovered, enter the number that were recovered in the # of recovered cards box. Click SAVE.

| Beginning Card # | 6107300080070967 | End Card # 6107300080071452 |
|------------------|------------------|-----------------------------|
| # Cards in Box | 50 | |
| Date Received | 06/12/2018 | # of Lost/Damaged Cards |
| Date Sent | 06/05/2018 | # of Recovered Cards |

7. There is also a card replacement report that can be used to track the replacement cards issued and the reason the cards were inactivated. You can search for participants having more than a requested number of cards issued. New Hampshire does not currently restrict the replacement of cards, but will track this for future discussions and updates to the policy.

| Sind Client | O Appointment Book | Card Replacement Report | 8 | | | |
|---|---------------------------------------|---------------------------------|----------------------------------|--|---------------|----------------------------|
| Card Replacem | ent Report | | | | | |
| Show/Hide Rep | oort Parameters | | | | | |
| AgencyClinic | Select Agency Belknap-Merrimack Co | ounties Comm Action Program | (CAPBMCI) ~ N | Issue Date: From 06/01/201 lumber of Cards Issued 2 | 8 15 to 06/30 |)/2018 15 |
| | | | | | Gene | rate Clear |
| ` # ∎∎-⊜ 9 | 🗼 🛼 100 % 🛛 🕞 🖸 1/2 | 2 | | | | |
| | | C Belknap-Merrimack | ard Replacement Counties Comm | S WIC Program nt Report Action Program (CAPBMCI) ates 06/01/2018 - 06/30/2018 | | |
| eWIC ID 10932 | Card Holder Name Jill albane | Card Number 6107300080068847 | Date Card Issue 06/15/2018 | ed Reason Card Inactivated | Inactive Date | Current Statu Activated |
| 10932 | Jill albane | 6107300080068920 | 06/04/2018 | Lost | 06/15/2018 | Deactivated |
| 10934 | Baer Zoo | 6107300080068938 | 06/04/2018 | | | Activated |
| 10934 | Baer Zoo | 6107300080068946 | 06/04/2018 | Lost | 06/04/2018 | Deactivated |
| 10935 | Sue Melton | 6107300080068011 | 06/04/2018 | | | Activated |
| 10935 | Sue Melton | 6107200000060052 | 06/04/2018 | Lost | 06/04/2018 | Deactivated |

BENEFIT ISSUANCE

Issue Benefits

eWIC benefits may be issued for a new household or when a household no longer has vouchers/benefits with a first use date in the future.

1. eWIC Issuance > Assign Food Package. Assign and save a food package

| Assign Food Package | | | | | | | | |
|-------------------------|-----------|--|--|--|-------------------------|----------------------------------|--|--|
| Issue Benefits | | | | | | | | |
| Sign for Card | iiv od | Julia Example 10183958 Gende | | WIC Active PG Cert. Period 06/14/20 | 017 to 03/31/2018 Due | e Date 02/01/ 2 | 2018 | |
| Account | · · | DOB 01/20/1994, Assign Food Pa Julia | | Priority 4 nagement I Notices I Julia | | | | |
| Modify Benefit Issuance | F | Food Package | Assignments fo | or Issuances with Curre | nt or Future Dates | | | |
| Mailed Card Letter | | Client's Age | First Use Date | Base Food Package | Assign Food Package | | | |
| View History | • L | | | | | | | |
| | F | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Food Package | Assignments Fo | o <mark>r Months That Can Be</mark> I | ssued | | | |
| | | Client's Age | First Use Date | Base Food Package | Assign Food Package | | | |
| | | 22.14 | | | | | | |
| | | 23 Years | 06/13/2017 | Pregnant Women / Mostly B | Pregnant Women / Mostly | BF - View | Tailor S | pecial Authorizati |
| | | 23 Years 23 Years | | Pregnant Women / Mostly B Pregnant Women / Mostly B | | | | oecial Authorizati oecial Authorizati |
| | | | 07/13/2017 | | Pregnant Women / Mostly | BF View | Tailor S | |
| | | 23 Years | 07/13/2017 08/13/2017 | Pregnant Women / Mostly B | Pregnant Women / Mostly | BF View | Tailor S Tailor S | oecial Authorizati oecial Authorizati |
| | | 23 Years 23 Years | 07/13/2017 08/13/2017 09/13/2017 | Pregnant Women / Mostly B Pregnant Women / Mostly B | Pregnant Women / Mostly | BF View View View | Tailor S Tailor S Tailor S | oecial Authorizati |
| | | 23 Years 23 Years 23 Years | 07/13/2017 08/13/2017 09/13/2017 10/13/2017 | Pregnant Women / Mostly B Pregnant Women / Mostly B Pregnant Women / Mostly B Pregnant Women / Mostly B | Pregnant Women / Mostly | BF View View View View View View | Tailor S Tailor S Tailor S Tailor S Tailor S | pecial Authorizati pecial Authorizati pecial Authorizati pecial Authorizati |
| | | 23 Years 23 Years 23 Years 23 Years 23 Years | 07/13/2017 08/13/2017 09/13/2017 10/13/2017 | Pregnant Women / Mostly B Pregnant Women / Mostly B Pregnant Women / Mostly B | Pregnant Women / Mostly | BF View View View View View View | Tailor S Tailor S Tailor S Tailor S Tailor S | oecial Authorizati oecial Authorizati oecial Authorizati |

2. eWIC Issuance > Issue Benefits.

eWIC Issuance Clinic Admin Utilities

| eWI | C Issuance | Clinic Admin | Utilities | | | | |
|-----|----------------|---------------|-----------|--|--|--|--|
| | Assign Foo | d Package | | | | | |
| | Issue Benefits | | | | | | |
| | Sign for Card | | | | | | |
| đ | Account | | • | | | | |
| - | Modify Ben | efit Issuance | | | | | |
| | Mailed Car | d Letter | | | | | |
| | View Histor | ry | - • | | | | |

3. Check the Issue check box for the appropriate month(s) and client. Mark the check box if the client is not present.

- View Result Issue Benefits July 2017 August 2017 Julia Example Pregnant Women / Pregnant Women / Pregnant Women / PG Mostly BF Mostly BF Mostly BF Not Issued Assign Food Package First Use 06/13/2017 First Use 07/13/2017 First Use 08/13/2017 Not Present View Issue Issue Issue View View Child 2-4 Years Paul Example С Child 2-4 Years Child 2-4 Years Not Issued Assign Food Package First Use 06/13/2017 First Use 07/13/2017 First Use 08/13/2017 Not Present View Issue View Issue View Issue Jordan Thompson С No Food Package No Food Package No Food Package Not Issued Assignment Assignment Assignment Assign Food Package Not Present Limited Breastfed Tina Example I Limited Breastfed Limited Breastfed 4-5 Months 6-8 Months 6-8 Months ۰. 111 Issue Benefits Cancel
- **4.** Click the Issue Benefits box at the bottom of the screen.

PRO TIP:

Under certain circumstances, eWIC benefits can be issued without the client present. No signature or PIN is required to issue benefits. **Be sure to mark the 'not present box' on the issue benefits tab.** You may need to check or print the benefit balance when a client has a question about their benefits. The benefit balance should be printed for a client after each time new benefits are loaded to the card.

1. eWIC Issuance > Account > Balance.

| eWI | C Issuance | Clinic Admin | Utilities | Reports | Help |
|-----|-------------------------|--------------|-----------|-----------|-----------------|
| | Assign Foo | od Package | | | |
| | Issue Ben | efits | iv | e PG | |
| | Sign for C | ard | | | 7 to 03/31/2018 |
| | Account | | • | | |
| | Account | | • | Managem | ent |
| | | C • • | | Balance | |
| | Modify Benefit Issuance | | | Activity | |
| | Mailed Ca | rd Letter | | WIC Cated | |
| _ | View Histo | ory | • | | 06/30/2018 |

PRO TIP:

The **benefit balance** typically refers to a list of benefits for the current month only. It updates when purchases are made. When printed from StarLINC, it also includes benefits issued for future months and is often called the **benefit list.**

2. Print the list by Group (benefits for the household) using the link at the bottom of the screen.

| Find Client A | pointment Book Julia Te | st Group ⁰⁰ | | | |
|---------------------------|---|---|--|---------------------|---------------------|
| roup Members alia Test | Julia Test 10932117 Gender Female DOB 01/05/1989, 29 Year | , | WIC Active PG Cert. Period 06/19/2018 to 12/31/2018 Priority 1 | Due Date 11/06/2018 | |
| Id New Group Hember | eWIC Balance @ Notice | | | | |
| uick Links for | Current Benefits for | Julia Test | | | |
| ulia Test | # Balance for 6/19/3 | 2018 to 7/18/2018 | | | |
| otices | 36.00 OZ | Breakfast Cereal All Authorized | | | |
| otes | 4.00 CAN | Canned Beans 15 to 16 oz | | | |
| emographics | 1.00 PKG | Cheese 16 oz pkg | | | |
| eferrais | 1.00 DOZ | Dozen Eggs All Authorized | | | |
| ghts & Responsibilities | 11.00 USD | Fruit and Vegetables CVB All Authorized | | | |
| nthro Meas | 4.00 GAL | Gallon 1% and Fat Free Milk | | | |
| lood Meas | 1.00 ViGL | Half Gal 1% and Fat Free Milk | | | |
| ealth Interview | 3.00 CAN | Juice Concentrate All Authorized | | | |
| sk Fectors | 1.00 CNT | Low Fat or Fat Free Yopurt | | | |
| utrition Education | 1.00 JAR | Peanut Butter | | | |
| owtheet | 1.00 PKG | Whole Grains Option All Authorized | | | |
| ssign Food Package | # Balance for 7/19/3 | | | | |
| sue Benefits | 36.00 OZ | Breakfast Cereal All Authorized | | | |
| story-Client Goals | 4.00 CAN | Canned Beans 15 to 16 oz | | | |
| story-lissuances | 1.00 PKG | Cheese 16 oz pkg | | | |
| story-Nutrition Education | 1.00 DOZ | Dozen Epgs All Authorized | | | |
| outher Pickup | 11.00 USD | Fruit and Vegetables CVB All Authorized | | | |
| gn for Vouchers | 4.00 GAL | Gallon 1% and Fat Free Milk | | | |
| gener resources | 1.00 ViGL | Half Gal 1% and Fat Free Milk | | | |
| | 3.00 CAN | Juice Concentrate All Authorized | | | |
| | 1.00 CNT | Low Fat or Fat Free Yogurt | | | |
| | 1.00 JAR | Peanut Butter | | | |
| | 1.00 PKG | Whole Grains Option All Authorized | | | |
| | # Balance for 8/19/2 | | | | |
| | 36.00 OZ | Breakfast Cereal All Authorized | | | |
| | 4.00 CAN | Canned Beans 15 to 16 oz | | | |
| | 1.00 PKG | Cheese 16 oz pkg | | | |
| | 1.00 DOZ | Dozen Eggs All Authorized | | | |
| | 11.00 USD | Fruit and Vegetables CV8 All Authorized | | | |
| | 4.00 GAL | Gallon 1% and Fat Free Milk | | | |
| | 1.00 %GL | Half Gal 1% and Fat Free Milk | | | |
| | 3.00 CAN | Juice Concentrate All Authorized | | | |
| | 1.00 CNT | Low Fat or Fat Free Yogurt | | | |
| | 1.00 JAR | Peanut Butter | | | |
| | 1.00 PKG | Whole Grains Option All Authorized | | | |
| | 1.00 PKG | whole orains option an Authorized | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | Print By Group Cose |

3. Close when finished.

View Activity/Transactions

On occasion, you may need to view a client's transaction activity to help resolve an issue with redemptions. For example, a client may think that an item was not redeemed that is no longer available in her benefit.

| eWIC Issuan | ce Clinic Admin | Utilitie | s Reports | Help |
|--------------------|-------------------------|----------|-----------|---|
| | Food Package | | lds Group | Peaches E Mo |
| Issue E Sign fo | 3enefits rr Card | | 0 | VIC Active PG ert. Period 06/05 riority 1 |
| Accour | ıt | • | Manager | ment |
| | | | Balance | |
| | Modify Benefit Issuance | | Activity | |
| | Card Letter | _ | | |
| View H | istory | • | | |

1. eWIC Issuance > Account > Activity.

2. Under the Activity list, you can see the items in red that have been subtracted from the account due to redemptions. You may occasionally see voided redemptions that are added back to an account.

| lerome Martinez 10183807 Gender OOB 04/28/2016, 1 | 1 Years 1 Months | Priority 1 | e C 12/02/2016 to 06/30 |)/2017 | | | |
|---|-------------------------------|-----------------------------|----------------------------|------------------------------|---------------|--------------------------------|-------------------------------|
| Demographics Demographics | eWIC Activity Card Manage | ement 🛛 Notices 🖾 Louise | | | | | |
| Caregiver Name: | Louise Martinez | eWIC ID: 10183 | 6 | | | | |
| ily Benefit Issue | Date: 6/5/2017 First Use Date | : 6/5/2017 End Use Date | : 7/5/2017 | | | | |
| Demographic | | | | | | | |
| Client ID | Category Name | Food Pack | age | | | | |
| 10183807 | C Jerome Martinez | Child 12-23 | Months | | | | |
| Issuance | | | | 1 | | | |
| Issuance | | | | | | | |
| Client ID | | Breakfast Cereal ounce | Cheese package | Dry Beans or Peas package | Eggs dozen | Fruit and Vegetables dollar | Juice - Contaii contair |
| 10183807 | | 36 | 1 | 1 | 1 | 8 | 2 |
| Totals | | 36 | 1 | 1 | 1 | 8 | 2 |
| Activity | | | | | | | |
| | | | | | | | Juice - |
| Activity Date | | Breakfast Cereal ounce | Cheese package | Dry Beans or Peas package | Eggs dozen | Fruit and Vegetables dollar | Contair |
| 06/05/2017 | Issue | 36 | 1 | 1 | 1 | 8 | 2 |
| 06/05/2017 | Redemption | -12 | | | | -6.5 | |
| 06/09/2017 | Redemption | | | | | | |
| 06/09/2017 | Redemption | | | | | -1.5 | |
| 06/09/2017 | Void Redemption | | | | | 1.5 | |
| 06/09/2017 | Redemption | -12 | | | | | |
| 06/09/2017 | Redemption | | | -1 | | | |
| Remaining | | 12 | 1 | 0 | 1 | 1.5 | 2 |
| | | | | | | | |
| | | | | | | | |

3. Click on a Redemption row to obtain more details about the transaction.

| | ead and Brown Rice Uncle Ben's Instant 1.00 PKG 1.00 3.00 0.00 3.00 054800120017 | | | | | | | | |
|------------------|--|--|-------------|-----------|----------|-------|---------|------|--------------|
| | | | 0.014 | | | | | | |
| andbean Marke | | | | | | | | | |
| | | | | 8 | | | | | |
| | | | - 07/10/201 | .0 | | | | | |
| | | | | | | | | | |
| | | and the second | | | | | | | |
| | Total Am | ount Paid: \$10.99 | | | | | | | |
| Category | Subcategory | Product | Units | Meas Unit | Quantity | Price | NTE Adj | Paid | Product Code |
| Bread and | Brown Rice | Uncle Ben's Instant | 1.00 | PKG | 1.00 | 3.00 | 0.00 | 3.00 | 054800120017 |
| Cheese or Tofu | 16 oz Cheese | Lucerne Part Skim | 1.00 | PKG | 1.00 | 4.99 | 0.00 | 4.99 | 021130046966 |
| | 1% and Fat Free Milk | Lucerne Dairy Farms | 1.00 | HGL | 1.00 | 3.00 | 0.00 | 3.00 | 021130070121 |
| filk Low Fat and | | | | | | | | | |

4. Contact NH State Office or refer the client to customer service for additional redemption information if the client has further questions.

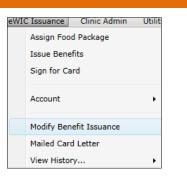
Remove/Void Unredeemed Benefits

(Also known as Modify Benefit Issuance)

Benefits can only be voided for future months or for the current month if no purchases were made by the household. Formula can be voided and reissued at any time.

Benefits may need to be removed from an account when:

- Client transfers out of state
- Voluntary verbal or written request to be withdrawal from program
- Error such as benefits issued to wrong client/household or wrong foods issued
- Household or Economic Change
- Program Fraud or Abuse
- **1.** eWIC Issuance menu > Modify Benefit Issuance.



2. Check the "void issuances for months with no redemptions" check box.

| 0183958 Gend OB 01/20/1994 | | | Cert. Period 06/14 , Priority 4 | /2017 to 03/31/2018 | Due Date 02/01/2018 |
|---|---|------------------|---|---|---------------------|
| Modify Benefit Julia | t Issuance 🛛 Not Julia | | | | |
| Modify Benef | it Issuance W | izard - Step 1 | L | | |
| Client: 101 | 83958 Julia Exar | nple | | | |
| | | | | | |
| | | | | | |
| (h | Blocks 4-5 | | | | |
| Vhat would you | like to do? | | | | |
| | | for returned and | l/or unredeemed caps of formul | a from the current month's benef | fits |
| | nula in exchange | | | a from the current month's benef | |
| Reissue forn | nula in exchange | | | a from the current month's bene e assigned, which might be prora | |
| Reissue forn | nula in exchange | | | | |
| Reissue forn | nula in exchange | | | | |
| Reissue form | nula in exchange ses for months wi | | | | |
| ☐ Reissue form ✓ Void issuance Ssuances availal | nula in exchange es for months wi ble for revision: | th no redemptio | ns. A new food package may be | e assigned, which might be prora | |
| Reissue form | nula in exchange tes for months wi ble for revision: First Use | th no redemptio | ns. A new food package may be Benefit Status | e assigned, which might be prora Food Package | ted when issued. |
| Reissue forn | nula in exchange es for months wi ble for revision: | th no redemptio | ns. A new food package may be | e assigned, which might be prora | ted when issued. |

- **3.** Click NEXT.
- 4. Select the reason you are voiding benefits.

PRO TIP:

It is possible to click both boxes (reissue formula and void issuance) and NEXT. If this occurs and you do not want to reissue formula, close and re-open the Modify Benefit Issuance tab.

- 5. Select the month(s) that you would like to void. Note that all future months are voided when a prior month is voided.
- 6. Check the box indicating that you'd like to assign a new food package if you will be reissuing different benefits.

| Select | the month(s) you | want to void: 📢 | | | |
|--------|------------------|-----------------|-----------|---------------------------|---------------------------|
| /oid | Month | First Use | End Use | Benefit Status | Food Package |
| 8 | June, 2017 | 6/19/2017 | 7/19/2017 | Currently Active Benefits | Pregnant Women / Mostly B |
| 8 | July, 2017 | 7/19/2017 | 8/19/2017 | Future Active Benefits | Pregnant Women / Mostly B |
| | August, 2017 | 8/19/2017 | 9/19/2017 | Future Active Benefits | Pregnant Women / Mostly B |

- **7.** Click SAVE.
- 8. If reissuing benefits –Follow procedure in 'Issue Benefits'. You will automatically be taken to the Assign Food Package screen.

Reissue Benefits/Formula

Formula benefits may be reissued when there is a change in the client's formula or the incorrect formula was issued. Only formula benefits may be reissued at this time. Formula that is unredeemed and unopened cans of formula that are returned to the WIC office may be reissued.

FOR NOW:

- 0
- **1.** eWIC Issuance > Assign Food Package.
- Assign Food Package Issue Benefits Sign for Card Account 2. Assign the formula that you would like to reissue. See the sections on 'Tailor a Food Package for Standard Foods' and 'Issue a Special Formula/Special Foods' for details. Modify Benefit Issuance Mailed Card Letter View History...

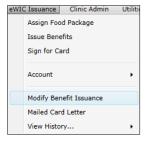
eWIC Issuance Clinic Admin Utiliti

| 8 | he top in the Food Package Assignments for Issuances |
|--|--|
| Tina Example | WIC Active I |
| 10183960 Gender Female | Cert. Period 06/14/2017 to 01/31/2018 |
| DOB 01/12/2017, 5 Months | Priority 1 HR |
| K Issue Benefits Assign Food Package Not Tina Julia | |

| Food Package Assignments for Issuances with Current or Future Dates | |
|--|-----------------------|
| Client's Age First Use Date Base Food Package Assign Food Package | |
| 5 Months 06/14/2017 Limited Breastfed 4-5 Month ITS - LBF 4-5M View Tailo | Special Authorization |
| 6 Months 07/14/2017 Limited Breastfed 6-8 Month 2TS - LBF 6-8M View Tailo | Special Authorization |
| 7 Months 08/14/2017 Limited Breastfed 6-8 Month 2TS - LBF 6-8M View Tailo | Special Authorization |

3. Click SAVE

4. eWIC Issuance > Modify Benefit Issuance.



PRO TIP:

You can click both reissue formula and void future months if more than one month of benefits was issued.

5. Check the "Reissue formula in exchange for ..." check box.

What would you like to do?

Reissue formula in exchange for returned and/or unredeemed cans of formula from the current month's benefits.
 Void issuances for months with no redemptions. A new food package may be assigned, which might be prorated when issued.

6. Click NEXT.

7. Fill out the screen appropriately, documenting how many were physically returned, and what you would like to void from the benefit balance.

| Client Services .NET - 3.4.4 | - Nashua WIC Clinic | | | | _ | ΠX |
|--|---|--------------|----------|---------------------|--------------|-------------|
| | Voucher Issuance eWIC Issuance Clinic Admin Utilities Reports Help | | | | | |
| | pointment Book Mom Test5 Group | | | | | >> |
| Group Members Infant Test5 Hide Inactive Clients | Infant Test5 WIC Active I 10941139 Gender Female Cert. Period 06/15/2018 to 02/28/2019 D00 02/25/2018, 3 Months Priority 1 Modify Benefit Issuance @ Assign Food Package @ eWIC Activity @ Notices @ Infant Infant | _ | _ | | _ | » |
| Add New Group Member Quick Links for Infant Test5 | Modify Benefit Issuance Wizard - Reissue Formula Benefits - Step 2 of 3 Client: 10941139 Infant Test5 | | | | | |
| Notices | Book Mom Test5 Group [®] st5 Ceft. Period 66/15/2018 to 02/28/2019 Scender Female Scender Female Scender Female Ceft. Period 66/15/2018 to 02/28/2019 Scender Female Client Family Redeemed Femaly Redeemed Fem | Food Package | | | | |
| Notes Demographics | Formula to Void | | | | | |
| Mid-Certification Referrals | First Use End Use Formula | | | | | Qty to Void |
| Rights & Responsibilities Anthro Meas Blood Meas | 6/15/2018 7/14/2018 Abbott Similac Advance Pwd 12.4 oz | 9.00 | 9.00 | 2.00 | 7.00 | 7 |
| Immunizations Health Interview Risk Factors | Enter the number of cans returned next to the formula below, and enter a note. | | | | | |
| Nutrition Education | | | | | | |
| Flowsheet | Formula Qty change to soy | | | | | |
| Assign Food Package Issue Benefits History-Client Goals History-Issuances | Abbott Similac Advance Pwd 12.4 oz | | | | | |
| History-Nutrition Education | Select the Formula to Reissue from the list, and select the number of containers to reissue. | | | | | |
| Sign for Vouchers | Replace Formula | | | | | |
| | Assigned Food Package 1T - 1a-FFF - Infant Full Form 0-3 M | | | Units to be voided | /removed 7 | |
| | Select Formula to Reissue 🗹 Abbott Similac Soy Isomil Powder 12.4 oz | | | Units returned by | the client 1 | |
| | | | Total eq | uivalent containers | to reissue 8 | of 9.00 |
| | | | | Containers t | to reissue 8 | |
| | ~ | | [< | < < Back Next >: | >> Save | Cancel |

8. Click SAVE.

Benefits may be automatically adjusted in StarLINC in order to align first use dates in a family when moving a new member is added or transferred to the group. For example, the benefit for an infant that is added to a family mid-cycle may be pro-rated from 8 cans to 4 cans since the benefit period is shortened. The infant would receive the full month benefit with the next issuance cycle.

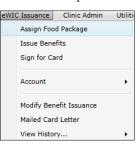
Benefits are prorated based on the number of days left in the benefit cycle for the family using the table below:

| Number of Days Remaining | Percent of Benefits Issued |
|-----------------------------|---------------------------------|
| 0-5 days | 25% |
| 6-17 days | 50% |
| 18-23 days | 75% |
| 24-31 days | 100% (full package provided) |
| | |

Tailor a Food Package for Standard Foods

Clients must be provided with options for their authorized foods when available. For example, clients should be allowed to choose dry beans, canned beans or peanut butter as appropriate. The steps below outline how to tailor standard items, the **'Issue a Special Formula/Special Foods'** section describes how to provide clients with special foods that require additional documentation.

1. eWIC Issuance > Assign Food Package.



2. Select the Tailor Link to the right of Assign Food Package box for the month for which you would like to tailor the food package.

| Food Package # | Assignments F | or Months That Can | Be Issued | |
|------------------|---------------|--------------------|---------------------|---|
| Client's Age | | Base Food Package | Assign Food Package | |
| 3 Years 5 Months | 06/26/2017 | Child 2-4 Years | | View Tailor Special Authorization |
| 3 Years 6 Months | 07/26/2017 | Child 2-4 Years | 0 | View Tailor Special Authorization |
| 3 Years 7 Months | 08/26/2017 | Child 2-4 Years | 0 | View Tailor Special Authorization |

- 3. On the tailor screen, change the amounts of each food item in the Current column to reflect the items and amounts you need to issue. The system will not let you issue more than the limit for a food item or group of foods.
- 4. For example, if I am working with a child, the default food package contains 1 jar of peanut butter. If the client would like some canned beans, I would delete the "1" in the peanut butter row and add 4 to the canned beans.

| C 2-4 Yrs - Child 2-4 Years | Current | Limit |
|-----------------------------|---------|------------------|
| ▲ Beans and Peanut Butter | 1 | 1 - 1 pounds |
| Canned beans | 4 | 0 - 4 cans |
| Dry beans or peas | | 0 - 1 packages |
| Peanut butter | | 0 - 1 containers |

- 5. When finished tailoring the food package, click NEXT. Enter your note on what/why the food package was tailored.
- **6.** Click SAVE.
- 7. You will now have the standard and tailored option of food packages to select. Please double check to be sure you are selecting the correct food package for each month you are issuing.

| Food Package A | \ssignments F | or Months That Can | Be Issued | |
|------------------|----------------|--------------------|-----------------------------------|-----------------------------------|
| Client's Age | First Use Date | Base Food Package | Assign Food Package | |
| 3 Years 5 Months | 06/26/2017 | Child 2-4 Years | 1T - C 2-4 Yrs | View Tailor Special Authorization |
| 3 Years 6 Months | 07/26/2017 | Child 2-4 Years | | View Tailor Special Authorization |
| 3 Years 7 Months | 08/26/2017 | Child 2-4 Years | Child 2-4 Years 1T - C 2-4 Yrs | View Tailor Special Authorization |
| | | | 11-02-4115 | |

Issue a Special Formula/Special Foods

Some clients require special formula and/or foods due to medical or environmental needs. Issuance of all special formulas requires a Special Authorization Form. Ensure you have the appropriate documentation in place for each item that is being issued that requires special authorization.

1. eWIC Issuance > Assign Food Package.

| WIC Issuance | Clinic Admin | Utiliti |
|--------------|----------------|---------|
| Assign Fo | od Package | |
| Issue Ben | efits | |
| Sign for C | ard | |
| Account | | • |
| Modify Be | nefit Issuance | |
| Mailed Ca | rd Letter | |
| View Histo | ory | • |

2. Select the Special Authorization link to the right of Assign Food Package box for the month for which you would like to authorize the food package.

| Food Package A | ssignments F | or Months That Car | n Be Issued | | |
|------------------|----------------|--------------------|---------------------|---|--|
| Client's Age | First Use Date | Base Food Package | Assign Food Package | | |
| 2 Years 5 Months | 06/22/2018 | Child 2-5 years | | View Tailor Special Authorization | |
| 2 Years 6 Months | 07/22/2018 | Child 2-5 years | 0 | View Tailor Special Authorization | |
| 2 Years 7 Months | 08/22/2018 | Child 2-5 years | 0 | View Tailor Special Authorization | |

- 3. On the Special Authorization screen, Click NEW.
- **4.** Enter the active date and inactive dates for the authorization.
- **5.** Enter the reason for issuance of the special formula or food. If this is a special formula, enter the reason exactly as it appears on the Request for Special Formula Form. For more information on entering a Request for Special Formula form (RSF), please refer to the New Hampshire Policy and Procedure manual.
- 6. Click OK.

| Client Services .NET - 3.4. | 53 - Nashua WIC Clinic | | | × | | |
|--|--|----------------------------------|---------------------------|-----|--|--|
| | Voucher Issuance eWIC Issuance Clinic Ad | M | | | | |
| Find Client 🙆 A | ppointment Book Mother TestWM Grou | p | | 7 | | |
| Group Members Child TestWM | Child TestWM WIC Active C 10941147 Gender Male D08 01/05/2016, 2 Years 5 Months Priority 5 | | | | | |
| Hide Inactive Clients Add New Group Member | K Tailor Food Package Assign Food Package Child | ackage & Notices & Child | | » | | |
| Quick Links for Child TestWM | Special Authorization Base Food Package | Tailored Food Package | Active Date Inactive Date | New | | |
| Notices | 4b-Child - Child 2-5 years | 1TS - 4b-Child - Child 2-5 years | 06/22/2018 06/22/2019 | | | |
| Demographics Mid-Certification Referrals Rights & Responsibilities | | | | | | |
| Anthro Meas Blood Meas Immunizations Health Interview Risk Factors | Current Base Food Package 4b-Child - C Tailored Food Package ID 1TS - 4b-Ch Active Date 06/22/201 | ild - Child 2-5 years | | | | |
| Nutrition Education Flowsheet | Reason Pedisure and whole milk | | | ^ | | |

- 7. On the tailor screen, change the amounts of each food item in the Current column to reflect the items and amounts you need to issue. The system will not let you issue more than the limit for a food item or group of foods. Be sure to uncheck the issue box in the Special Authorization for the original food and check it for the new food
- 8. When finished tailoring the food package, click Next.
- 9. Enter note if applicable and Click Save.

10.You will now have the standard and tailored option of food packages to select.

| Food Package A | Food Package Assignments For Months That Can Be Issued | | | | | | | | |
|------------------|--|-------------------|---------------------|---|------|--------|-----------------------|--|--|
| Client's Age | First Use Date | Base Food Package | Assign Food Package | | | | | | |
| 2 Years 5 Months | 06/22/2018 | Child 2-5 years | 1TS - 4b-Child | v | View | Tailor | Special Authorization | | |
| 2 Years 6 Months | 07/22/2018 | Child 2-5 years | | Ŷ | View | Tailor | Special Authorization | | |
| 2 Years 7 Months | 08/22/2018 | Child 2-5 years | 0 | ~ | View | Tailor | Special Authorization | | |

PRO TIP:

Note that a food package must be reassigned and/or reauthorized when the base food package changes such as when an infant or child's age changes or the breastfeeding status changes.

Issue Extra Formula to an Infant > 6 mos

Federal regulations allow for infants over six months old who are on a formula and do not receive baby foods or cereal from WIC to receive additional formula. These infants must have documentation from the health care provider on the Request for Standard Formula Form that they cannot eat the solid foods.

- 1. Authorize the Special Formula following the steps 1-6 in the 'Issue a Special Formula/Special Foods' section.
- 2. After you complete step 5, the tailor food package window will open. Delete all quantities of authorized foods and formula and uncheck the Issue box.
- **3.** Check the Issue box for the formula that you are going to issue.
- 4. Enter any amount in the current column for the formula you are going to issue.

| Similac Advance PWD | 9 | 0 - 7 containers | 🗸 Issue |
|-------------------------------|---|-------------------|---------|
| Similac Advance RTF QT | | 0 20 containers | Issue |
| Similac Alimentum PWD | | 0 - 8 containers | Issue |
| Similac Alimentum RTF | | 0 - 20 containers | Issue |
| Similac NeoSure PWD | | 0 - 8 containers | Issue |
| Similac NeoSure RTF | | 0 - 20 containers | Issue |
| Similac PM 64/40 PWD | | 0 - 6 containers | Issue |
| Similac Sensitive PWD | | 0 - 7 containers | Issue |
| Similac Sensitive Spit Up PWD | | 0 - 7 containers | Issue |
| Similac Sensitive Spit Up RTF | | 0 - 20 containers | Issue |
| Similac Special Care 24 | | 0 - 40 packs | Issue |
| Similac Total Comfort PWD | | 0 - 7 containers | Issue |
| Infant Cereal | | 0 - 24 ounces | |
| Infant Cereal | | 0 - 24 ounces | 🔲 Issue |
| Infant Fruit and Vegetables | | 128 - 128 ounces | |
| Infant Fruit and Vegetables | | 0 - 128 ounces | Issue |

5. Once you do this, a message should appear in the heading of the formula section that says No Food Exempt Formula Limits in effect and the limits will be increased.

| ▲ Formula 810 612 - | 970 ounces No-Food Exempt Formula Limits in effect |
|---------------------|---|
|---------------------|---|

6. Go back to the formula line for the formula that you are authorizing. In the current column enter amounts until you get to an amount that is as close to the top end of the limit as possible without exceeding it. The amount that the client is issued in this situation is the same amount that client would have been receiving in the 4-5 month food package.

| FF 6-8M - Fully Formula Fed 6-8 Months | urrent | Limit | Special Authorization |
|--|--------|-------------------|--|
| ∡ Formula | 900 | 612 - 970 ounces | No-Food Exempt Formula Limits in effect |
| EleCare for Infants Unflavored PWD | | 0 - 7 containers | Issue |
| Enfamil EnfaCare PWD | | 0 - 8 containers | Issue |
| Enfamil EnfaCare RTF | | 0 - 14 packs | Issue |
| Enfamil Premature 24 RTF | | 0 - 53 packs | Issue |
| Gerber Good Start Soy CONC | | 0 - 27 containers | Issue |
| Gerber Good Start Soy PWD | | 0 - 7 containers | Issue |
| Gerber Good Start Soy RTF | | 0 - 20 packs | Issue |
| Neocate Infant PWD | | 0 - 7 containers | Issue |
| Nestle Alfamino PWD | | 0 - 7 containers | Issue |
| Nutramigen CONC | | 0 - 24 containers | Issue |
| Nutramigen Enflora LLG PWD | | 0 - 8 containers | Issue |
| Nutramigen RTF | | 0 - 20 containers | Issue |
| Pregestimil PWD | | 0 - 6 containers | Issue |
| PurAmino PWD | | 0 - 7 containers | Issue |
| Simiac Sensitive RTF QT | | 0 - 20 containers | Issue |
| Similac Advance CONC | | 0 - 24 containers | Issue |
| Similac Advance PWD | 10 | 0 - 7 containers | 📝 Issue |

- 7. When finished tailoring the food package, click NEXT.
- **8.** Enter Note if applicable and Click SAVE.
- 9. You will now have the standard and tailored option of food packages to select.

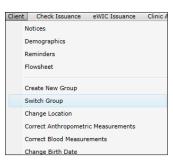
| Food Package Assignment Must Be Prorated to 50% for 8 days (06/26/2017 - 07/05/2017) | | | | | | | | | |
|--|---------------|-----------------------------|---|------|--------|-----------------------|--|--|--|
| Client's Age | | Base Food Package | Assign Food Package | | | | | | |
| 5 Months | 06/05/2017 | Fully Formula Fed 6-8 Month | | View | Tailor | Special Authorization | | | |
| Food Package | Assignments F | or Months That Can Be I | Fully Formula Fed 6-8 Months 1TS - FF 6-8M | | | | | | |
| Client's Age | | | Assign Food Package | | | | | | |
| 6 Months | 07/05/2017 | Fully Formula Fed 6-8 Month | | View | Tailor | Special Authorization | | | |

MOVING CLIENT & GROUPS

Switch Client to an Existing Group

Sometimes a client has to be transferred to an existing family within one of your clinics. This may happen when there is a change in custody or foster parent. If the group that you would like to transfer the client to already exists, use the process below. If the group does not exist, see 'Switch Client to New Group'.

- **1.** Open the client's record that you need to move.
- **2.** Client Menu > Switch Groups.



PRO TIP:

If the client is a foster child, inactivate their card and issue another when they switch families. Their benefits will remain in their account.

- **3.** Search for the group that you would like to move the client into.
- **4.** Highlight the group and click SAVE. The client should now be in the existing group.

| Client Services .N | NET - 3.4. | 53 - Nashua WIC Clini | c | | | | | | | - | | × |
|--------------------|------------|-----------------------|---------------|--------------|---------|-----------|-----------|---------|-------------------|---|------|------|
| File Services | Client | Voucher Issuance | eWIC Issuance | Clinic Admir | n Ut | ilities | Reports | Help | | | | |
| Find Client | t 🛛 A | ppointment Book | | | | | | | | | | >> |
| Caregiver Last Na | ame tes | ter | | | First I | Name P | G | | | | Cle | ear |
| Client Last Na | ame | | | | First I | Name | | | | | | |
| Clien | t ID | Lo | cal ID | | 🗸 Di | splay In | active Gr | oups | | | | |
| Categ | gory | v | DOB 00/00/00 | 00 15 | | | | | | | | |
| С | linic | | | ~ | | | | | | | | |
| eWIG | C ID | | | | | | | | | | Fi | nd |
| Card Num | nber | | Swipe Card | | | | | | | | Retr | ieve |
| Caregiver | | Client | DOB | Status | Cat | Eligibili | ty Ends | eWIC ID | Clinic | | | |
| Tester, PG #1 | 1 | Tester, PG #1 | 04/01/2001 | Active | PG | 12/31/2 | 2018 | 109457 | Nashua WIC Clinic | | | |
| | | TestWM, Child | 01/05/2015 | Active | с | 06/30/2 | 2019 | 109457 | | | | |

5. Benefits and cards do not move with the client to the new group. If the new family does not have an eWIC card or if the client is a foster child, an eWIC card will need to be issued along with benefits.

PRO TIP:

Note that benefits for the client will be removed from the original family's eWIC account.

Understanding Benefit Removal with Switch Groups

When a client is switched to a new group, benefits may be automatically adjusted in StarLINC to remove benefits from the client's original family account.

The following are the rules that are in place in StarLINC for removing benefits from accounts.

- If there are no redemptions for the current month's issuance for the group, StarLINC will void the original issuance.
- If there were one or more benefit redemptions (food purchases) and the client is the only one in the original group, the full remaining balance is automatically voided in StarLINC.
- If there were one or more benefit redemptions (food purchases) for the group, a percentage of the remaining benefits will be automatically voided from the account based on the percentage of the original issued benefits to the family.

Example: Family is issued 108oz of cereal for 3 clients. 36oz of cereal are redeemed leaving 72 oz in the balance. One client leaves the family. 33% of 72 oz (24 oz) will be removed from the balance.

Switch Client to a New Group

Sometimes a client has to be moved to a caregiver that does not exist in the system. This may happen when there is a change in custody or foster parent. If the group that you would like to transfer already exists, use the 'Switch Client to Existing Group' process. If the group does not exist, use the process below.

- 1. Open the client's record that you need to move.
- 2. Client Menu > Create New Group.

| Client | t Check Issuance | eWIC Issuance | Clinic A |
|--------|----------------------|-----------------|----------|
| | Notices | | |
| | Demographics | | |
| | Reminders | | |
| | Flowsheet | | |
| | | | |
| | Create New Group | | |
| | Switch Group | | |
| | Change Location | | |
| | Correct Anthropometr | ic Measurements | |

PRO TIP:

If the client is a foster child, inactivate their card and issue another when they switch families. Their benefits will remain in their account.

3. Enter the demographic information for the new caregiver.

| Client Services .NET - 3.4.53 - Nashua WIC | Clinic | - | | × |
|---|---|-------|---------|------|
| File Services Client Voucher Issuar | | | - | ~ ` |
| S Find Client O Appointment B | ook Apply for WIC - Create a New Group | | | |
| Client Information | Initial Contact Date 06/22 | /2018 | | |
| Client ID Local ID | Medicaid # | | | |
| Client Last Name Date of Birth 00/00/0000 | First Name MI | | | |
| Application Information Initial Client Category | Application Date 06/22 | /2018 | 3 10:21 | АМ |
| Group Information eWIC ID | ot Assigned Clinic Nashua WIC Clinic | | | |
| Caregiver Last Name | First Name MI DOB 00/00/0000 | | | |
| Alternate Last Name | First Name MI DOB 00/00/0000 | | | |
| Telephone () M | essage Telephone () Telephone Notes | | | |
| Cell Phone () Ca | arrier | | | |
| Email | Receive Appointment Reminders 🗌 Email 🗌 Text (Phone) | | | |
| Street Address | Mailing Address | | | |
| City, State, Zip | City, State, Zip | | | |
| County | County | | | |
| Special Needs | Migrant Homeless | | | |
| Primary Language | Interpreter Print Letters in Spanish | | | |
| Dual participation test needed to contir | ue contraction of the second se | | | |
| | S | ave | Car | icel |
| | | | | |

- 4. Click Save. The client should now be in the new group.
- **5.** Benefits and cards do not move with the client to the new group. An eWIC card will need to be issued along with benefits.

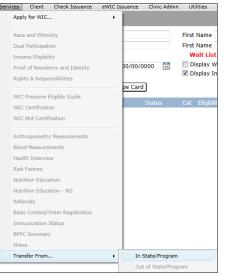
PRO TIP:

Note that benefits for the client will be removed from the original family's eWIC account.

Transfer a Group from Another New Hampshire Local Agency

A client is entered as an in-state transfer if the client is transferring in from another New Hampshire Local Agency's clinic.

You can transfer a group or only selected clients in a group from one Local Agency to another. If you move selected clients, they can be transferred to an Existing Group or a New Group. Follow these steps to transfer a group.



- 1. Services> Transfer From...> In State/Program
- 2. Search for a client or caregiver in the group you'd like to transfer.
- **3.** Highlight the group and click NEXT.

| K Sind Client | Appointmer | nt Book | Transfer Fr | om In State | Progr | am ⊠ | | | |
|--|---------------------|-------------|------------------------|-------------|-------|-------------------|-----------|---|------|
| Caregiver Last Name te | est | | | | First | Name | | | |
| Client Last Name | | | | | | Name | | | |
| Client ID | | Loca | I ID | | ✓ D | isplay Inactive G | roups | | |
| Category | v | I | OOB 00/00/ | 0000 | | | | | |
| Clinic | | | | Ŷ | | | | | |
| eWIC ID | | | | _ | | | | | |
| Card Number | | | Swipe Care | d | | | | | |
| Caregiver | Client | | DOB | Status | Cat | Eligibility Ends | eWIC ID | Clinic | |
| Test 10, Foster Mom | KHousehold Child | 60, Foster | 03/01/2016 | Active | С | 06/30/2019 | 109469 | Milford WIC Clinic @ Bridge Community Chi | urch |
| Test, Julia | Test, Julia | | 01/05/1989 | Active | PG | 12/31/2018 | 109375 | Concord WIC Clinic | |
| Test, Momma | Test, Momm | na | 06/01/1988 | Active | BF | 06/30/2019 | 109333 | Concord WIC Clinic | |
| | Test, Infant | | 06/08/2018 | Active | I | 06/30/2019 | 109333 | | |
| Test, Ter | Test, Ter | | 10/10/1999 | Active | PG | 08/31/2018 | 109366 | Concord WIC Clinic | |
| test_r, mom | test_r, mom | 1 | 01/01/1980 | Active | PP | 07/31/2018 | 109376 | Concord WIC Clinic | |
| WIC Information | G | roup Inf | formation | | | | | | |
| Client ID 10932075 | | - | ast Name To | est | | | | First Name Momma MI | |
| Momma Test | | Iternate La | ast Name | | | | | First Name MI | |
| Delivery Date 6/8/2018 WIC Eligibility | | elephone | | | - | ephone | _ | Felephone Notes | |
| 06/08/2018 to 06/30/2019 Last Issued 06/08/2018 | | treet Addr | dress 100 N Washington | | | | Mailing A | uaress | |
| First Use Date 06/08/2 | 2018 | | Carroll | | | | | | |
| Woman PG or MBF | | pecial Nee | | | | | Mig | rant Homeless | |
| | PI | rimary Lar | iguage | | | Interpreter | | | |

4. Select Transfer Whole Group and click NEXT.

| Transfer From In State Select the Combination of G | 2 |
|--|------------------------|
| Transfer Whole Group Transfer Selected Clients Transfer Selected Clients | into an Existing Group |
| Group Member | Transfer I |
| Momma Test | v |
| | |

- 5. Update the demographic information for the group, since they likely moved. Click NEXT.
- 6. You must hit save on the final Transfer From In State Program Screen to complete the transfer.
- 7. The family eWIC card will remain active, so there is no need to replace it. Any benefits remaining in the account will remain available.

Transfer a Selected Client from another Local Agency Clinic to an Existing Group

A client is entered as an in-state transfer if the client is transferring in from another New Hampshire Local Agency's clinic.

You can transfer a group or only selected clients in a group from one New Hampshire Local Agency to another. You may want to move only selected clients when there is a change in custody or foster parent. If you move selected clients, they can be transferred to an Existing Group or a New Group. Follow these steps to transfer a selected client to an Existing Group.

1. Services> Transfer From...> In State/Program

2. Search for the client you'd like to transfer. Highlight the group and click NEXT.

| Client Services .NET | - 3.4.53 - Nas | hua WIC Clinic | | | | | | | - | | × |
|---------------------------------------|----------------|----------------|---------------|-------------------------|--------|-------------------|------------|-------------------------------|------------|----|-------|
| File Services Clie | ent Vouch | er Issuance | eWIC Issuance | Clinic Adm | in L | tilities Reports | Help | | | | |
| Section Find Client | Appoint | ment Book | Momma Te | st Group [©] T | ransfe | er From In State | e Program | | | | |
| Caregiver Last Name | e test | |] | | First | Name | | | | C | lear |
| Client Last Name | е | |] | | | Name | | | | | |
| Client ID | | Loc | al ID | | ✓ [| isplay Inactive G | roups | | | | |
| Category | × | | DOB 00/00/ | 0000 🔢 | | | | | | | |
| Clinic | c | | | v | | | | | | | |
| eWIC ID | | | | _ | | | | | | | |
| Card Number | r | | Swipe Car | 4 | | | | | | F | Find |
| Caregiver | Client | | DOB | Status | Cat | Eligibility Ends | eWIC ID | Clinic | | | |
| Test, Ter | Test, T | er | 10/10/1999 | Active | PG | 08/31/2018 | 109366 | Concord WIC Clinic | | | |
| test_r, mom | test_r, | mom | 01/01/1980 | Active | PP | 07/31/2018 | 109376 | Concord WIC Clinic | | | |
| | test_r, | foster | 01/01/2017 | Active | С | 06/30/2019 | 109377 | | | | |
| test_r2, mom | test_r2 | , mom | 01/01/1970 | Active | PP | 08/31/2018 | 109378 | Concord WIC Clinic | | | _ |
| | test_r2 | , Foster3 | 08/01/2013 | Applicant | с | | 109385 | | | | |
| | test_r2 | , foster5_r2 | 09/01/2014 | Applicant | с | | 109387 | | | | |
| | | Group Ir | formation | | | | | | | | |
| WIC Information Client ID 10932119 | | | Last Name te | st r | | | | First Name mom | MI | | |
| foster testr | | Alternate L | | | | | | First Name | MI | | |
| DOB 1/1/2017 Ger | nder M | Telephone | | Mess | age Te | lephone | т | elephone Notes | | | |
| WIC Eligibility | | Street Add | Iress | | | | Mailing Ad | ddress 101 test | | | |
| 06/19/2018 to 06/3 | 30/2019 | | | | | | | | | | |
| | | | | | | | | Concord NH 03305 Merrimack | | | |
| | | Special Ne | eds | | | | Miar | | | | |
| | | Primary La | | | | Interpreter | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | <<< Back Nex | t >>> Save | Ca | ancel |

PRO TIP:

If the client is a foster child, inactivate their card and issue another when they switch families. Their benefits will remain in their account.

| Services | Client | Check Issuance | eWIC Issuance | Clinic Admin | Utilities |
|----------|-------------|--------------------|---------------|-----------------|--------------|
| Appl | y for WIC | | | | |
| Race | and Ethn | icity | | | First Name |
| Dual | Participal | ion | | | First Name |
| Inco | me Eligibi | lity | | | Wait List |
| Proc | f of Resid | ency and Identity | 00/00/ | 0000 | Display W |
| Righ | ts & Resp | onsibilities | | 100 | Display In |
| | | | pe Care | 4 | |
| | | Eligible Guide | | Status | Cat Eligibil |
| | Certificati | | | 1444420 | Charles and |
| WIC | Mid-Certi | fication | | | |
| Aoth | ropometri | c Neasurements | | | |
| Bloo | d Messure | ments : | | | |
| Heal | th Intervi | | | | |
| Risk | Fectors | | | | |
| Nutr | ition Educ | ation | | | |
| Note | ibon Educ | ation - RD | | | |
| Refe | rrals | | | | |
| Date | c Contact/ | Voter Registration | | | |
| Imm | unization | Status | | | |
| BEP | Summar | Y. | | | |
| Note | 81 | | 2/2 | | |
| Tran | sfer From | | • In | State/Program | |
| | | | 00 | t of State/Prog | ram : |

| 3. | Choose Transfer Selected Clients into an Existing Group and place checks by the client(s) you'd like to transfer. Click NEXT. | - | rs. ting Group |
|----|---|---|-------------------|
| 4. | Search for the group you d like to transfer the client to. | O Transfer Selected Clients into a New Group O' Transfer Selected Clients into a New Group Group Member Transfer In mom testr Imogen Clients foster testr Imogen Clients click NEXT. Imagen Clients | |
| 5. | Highlight the group and click NEXT. | | |
| 6. | Click SAVE on the final Transfer From In State Program page to complete the transf | er. | |

| 🖨 Client Services .NET - 3.4.53 - Nashua WIC Clinic | | | | |
|---|-------------------------|-------------------|-------------|--|
| File Services Client Voucher Issuance eWIC Iss | uance Clinic Admin | Utilities Reports | Help | |
| Find Client Appointment Book Momm | a Test Group Transf | fer From In State | Program | |
| Transfer From In State Program | | | | |
| You have selected 1 of 2 group members to be trans | erred to a new caregive | er 'Test, Momma' | | |
| Press the Save button to complete the transfer. | | | | |
| | Group Member | s Selected to Tr | ransfer | |
| | Group Member | | Transfer In | |
| | mom testr | | | |
| | foster testr | | ✓ | |
| | | | | |
| | | | | |

7. Benefits are not automatically switched to the new group account and will need to be reissued. If the new family does not have an eWIC card, an eWIC card will need to be issued along with benefits.

Transfer from an Out of State Program

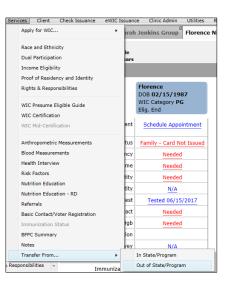
A client or group is entered as an in-state transfer if they are transferring in from another New Hampshire Local Agency's clinic. If you are transferring a client from another state, use the Transfer from Out of State Program procedure.

1. Services > Apply for WIC > Create a New Group.

| Services | Client Check Iss | uance eWIC I | ssuan | ce Clinic Admin | Utilities | Reports | Help |
|----------|------------------------------------|--------------|-------|--------------------------------|--------------|---------|------|
| Арр | ly for WIC | • | | Create a New Group | b | | |
| | e and Ethnicity I Participation | | | Add New Client to a Reapply | n Existing G | Group | |

2. Fill out the WIC application page. Click. SAVE.

| Client Services .NET - 3.4.53 - Concord WIC Clinic | - | | $\langle \rangle$ |
|---|-------------------------------|------------|-------------------|
| File Services Client Voucher Issuance eWIC Issuance Clinic Admin Utilities Reports Help | | | |
| G Find Client Appointment Book Apply for WIC - Create a New Group | | | » |
| | Initial Contact Date 06/22/20 | 18 | ן |
| Client ID Local ID Medicaid # | | | |
| Client Last Name First Name Date of Birth 60/00/0000 Image: Second Se | | | |
| Application Information | Application Date 06/22/20 | 18 11:18 A | ิลไ |
| Initial Client Category | | | - |
| | | | 2 |
| Group Information eWIC ID Not Assigned Clinic Concord WIC Clinic | | | |
| Caregiver Last Name First Name MI DOB 00/00/0000 1 | | | |
| Alternate Last Name First Name MI DOB 00/00/0000 | | | |
| Telephone (Message Telephone (Telephone Notes | | | |
| Cell Phone (Carrier | | | |
| Email Receive Appointment Reminders Email Text (Phone) | | | |
| Street Address Mailing Address | | | |
| | | | |
| City, State, Zip | | | |
| County | | | |
| Special Needs Migrant Homeless | | | |
| Primary Language 💫 Interpreter 💛 🗌 Print Letters in Spanish | | | |
| Dual participation test needed to continue | | | |
| | Save | Cance | כ |
| | | | |



3. Services Menu >Transfer From... > Out of State.

4. Complete all needed and any optional items on **Transfer Guide**. Anthropometrics and blood measurements should be listed on the client's VOC (verification of certification).

Do **NOT** switch over to the WIC Certification Guide. If you do, you will be prompted to enter income and won't be able to change eligibility start and end dates.

5. The last item on the Transfer Guide is 'Complete Transfer In From Out of State'.

| You h | sfer from Out of State for test transfer. ave started recording VOC information for test transfer mplete the certification, click on and complete each ta | |
|-------------------|---|----------------------|
| | Race and Ethnicity | Needed |
| √ <u>i</u> | Dual Participation Test | Completed 06/22/2018 |
| Ē | Proof of Residency | Needed |
| <u> </u> | Proof of ID | Needed |
| 1 | Health Interview | Needed |
| 4 | Assess Risk Factors | Needed |
| | Complete Transfer In From Out of State | Needed |
| | | |

6. Enter the certification begin and end dates from the client's VOC. The date of Last Income Determination will likely be the same as the eligibility begin date.

| ansfer From Out of State Program | |
|---|---|
| Transfer In from Out of State | |
| Client test transfer | |
| Birth Date 02/01/1983 | Estimated Due Date 09/01/2018 |
| You must enter an Eligibility Begin Date. The Eligibility End | Date will be derived. |
| Recorded Note Assigned Risk | |
| 06/22/2018 Maternal Smoking | |
| Date of Last Income Determination 03/22/2018 | eason gibility End 00/00/0000 Priority 1 Transferring Family is Migrant |
| Certified by Jessica Webb | Save Cancel |

7. Click SAVE.



8. Issue the client a New Hampshire eWIC card and benefits.

MANAGING APPOINTMENT SCHEDULE & CLASSES

Add an Appointment Book Column

1. Clinic Admin > Staff Calendar > Appointment Book Columns.

| Clinic Admin Utilities Reports Help | |
|---|----------------------------------|
| Class Management | ard Inventory Card Inventory Det |
| No Show Management | |
| Clinic Directory Staff Directory | |
| | 8577930000010 |
| Staff Calendar | Appointment Book Columns |
| | Holidays and Special Events |
| Single User Breastpump Inventory Report | Weekly Template |

2. To the right of the display, click ADD.

| Client Services .NET - 3.4.53 - Co | ncord WIC Clinic | - | | | \times |
|------------------------------------|---|--------------|---|------|----------|
| File Services Client Vouch | er Issuance eWIC Issuance Clinic Admin Utilities Reports He | lp | | | |
| Find Client O Appoint | tment Book Appointment Book Columns | | | | |
| | ns for Belknap-Merrimack Counties Comm Action Progr | am (CAPBMCI) | 2 | | |
| Description | Display Order Inactive Date | | | Ad | d |
| Nutr 1 | 5 | | ^ | Dele | ete |
| Nutr 2 | 10 | | | | |
| Nutr 3 | 15 | | | | |
| FUN | 22 | | | | |
| Dental | 24 | | | | |
| Class | 26 | | | | |
| Bstfdg | 35 | | | | |
| НА | 11/01/2006 | | | | |
| CCER | 11/01/2006 | | | | |

- **3.** At the bottom of the screen enter the description for the column as you would like it to appear in your appointment book such as "FUN" or "Classes".
- 4. Enter a number to specify the display order. This will be used to determine in what order the columns display in the appointment book. It is recommended that you leave 5 spaces between the numbers in the display in case you would like to enter additional columns between your current columns at a later date. For example, you may enter one column as display order 5 and the next with display order 10.

| Appointment Book Columns for | Belknap-Merrimack Cou |
|------------------------------|-----------------------|
| Description | Display Order |
| Nutr 1 | 5 |
| Nutr 2 | 10 |
| Nutr 3 | 15 |
| FUN | 22 |
| Dental | 24 |
| Class | 26 |
| Bstfdg | 35 |
| FUN | 40 |

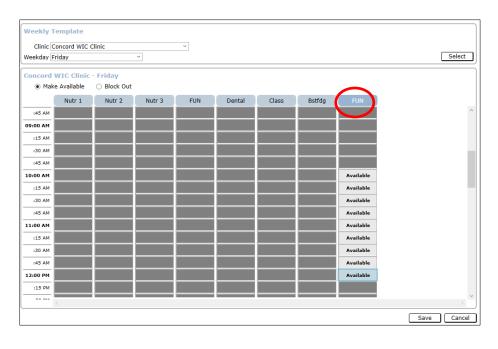
5. Click SAVE.

| Description FUN | |
|--------------------------|--|
| Inactive Date 00/00/0000 | |
| Display Order 40 | |

- 6. Clinic Admin Menu > Staff Calendar> Weekly Template to add the staff person's clinic schedule.
- 7. Select the clinic that you are creating the schedule for and the day of the week for which you are entering the schedule.

| Weekly | Template | |
|-------------------|-----------------------------|--------|
| Clinic Weekday | Concord WIC Clinic Friday | Select |

- **8.** Click Select.
- 9. Select the header you just added.



- **10.** Click the boxes for the corresponding times in the appointment book that will be available for appointments. You can drag your mouse down to fill multiple boxes quickly.
- **11.** Click SAVE.
- **12.** Repeat steps 7-10 for each clinic and day.

PRO TIP:

If you make a mistake you can either individually block out the times you made available that should not be available OR cancel and restart at Step 7.

| Clini | c Admin Utilities Reports Help | | |
|-------|---|---|--|
| | Class Management No Show Management | | ard Inventory Card Inventory Det |
| | Clinic Directory Staff Directory | | |
| | Staff Calendar | • | Appointment Book Columns |
| | Single User Breastpump Inventory Report | | Holidays and Special Events Weekly Template |
| | Record Complaints | • | Fill Month |
| | Manage Complaints | • | Available Time |

13. Clinic Admin Menu > Staff Calendar > Fill Month.

- 14. Select the clinic for which you need to fill the appointment book for.
- 15. Select the month for which you would like to fill appointment availability for.
- 16. Select what you need to fill the appointment book for. The line will be shaded when it is selected.
- 17. Click Fill Month From Weekly Templates.

| Select Appointment Book Columns to Fill | | | | | Fill Month | | | | |
|--|---------------|---|------------|--|--------------|----------|----------------|------|--------------|
| Clinic Concord WIC Clinic | v | | | | • | Jun | ne 201 | 18 | • |
| Caseload Group Descrip | tion Inactive | | Select All | | Su Mo | Tu | We T | Th F | r Sa |
| Belknap-Merrimack Counties Comm Actic Nutr 1 | | ^ | Clear All | | 27 28 3 4 | | 30 3 | 31 | 12 |
| Belknap-Merrimack Counties Comm Actic Nutr 2 | | | | | 10 11 | 12 | 13 1 | 14 1 | 5 16 |
| Belknap-Merrimack Counties Comm Actic Nutr 3 | | | | | | 19 26 | | | 2 23 9 30 |
| Belknap-Merrimack Counties Comm Actic FUN | | | | | 1 2 | 3 | 4 | 5 | 57 |
| Belknap-Merrimack Counties Comm Actic Dental | | | | | | | | | |
| Belknap-Merrimack Counties Comm Actic Class | | | | | | | | | |
| Belknap-Merrimack Counties Comm Actic Bstfdg | | | | | Fill M | | From nplate | | ekly |
| Belknap-Merrimack Counties Comm Actic FUN | | | | | | | the M | | |
| Belknap-Merrimack Counties Comm / HA | 11/01/2006 | | | | 0 | lear t | .ne M | ontr | I |
| Bellines Memine de Counties Comme LOCER | 11/01/2006 | | | | | | | | |

18. Repeat steps 14-17 for all clinics and months.

Change the Heading on an Appointment Book Column

These are the steps to follow if you need to change an appointment book column heading.

1. Clinic Admin > Staff Calendar > Appointment Book Columns.

| Clinic Admin Utilities Reports Help | |
|---|--|
| Class Management No Show Management | Card Inventory Card Inventory Det |
| Clinic Directory Staff Directory | 8577930000010 |
| Staff Calendar | Appointment Book Columns |
| Single User Breastpump Inventory Report | Holidays and Special Events Weekly Template |

2. Select the row for the Appointment Book Column Description that you would like to change. When selected, the row will be shaded.

| Description Display Order Inactive Date | Appointment Book Columns for Belknap-Merrimack Counties Comm Action Program (CAPBMCI) | | | | | | |
|---|---|---------------|---------------|--|--|--|--|
| Nutr 1 5 | Description | Display Order | Inactive Date | | | | |
| | Nutr 1 | 5 | | | | | |
| Nutr 2 10 | Nutr 2 | 10 | | | | | |

3. At the bottom of the screen, in the Description box, change the name of the column.

| Description | Nutr 5 |
|---------------|------------|
| Inactive Date | 00/00/0000 |
| Display Order | 10 |
| | |

4. Click SAVE.

| Appointment Book Colu | mns for Belknap-Merrimack Coun | ties Comm Action Program (CAPBMCI) |
|-----------------------|--------------------------------|------------------------------------|
| Description | Display Order | Inactive Date |
| Nutr 1 | 5 | |
| Nutr 5 | 10 | |

PRO TIP:

You may need to close and reopen the Appointment Book Columns tab in order to see the change.

Inactivate an Appointment Book Column

These are the steps to follow if you need to inactivate an appointment book column heading.

| PRO TIP: | ClerkLeb High Nutr 5 is scheduled Clert for an appointment | |
|---|--|-------------|
| o completing this step, you should ensure that this n category does not have any appointments Iled in the future. If the column has appointments, n move them to another column. See the section: ge the Schedule' . | Cleri on 08/27/2018. CSFF Move the appointment(s) to Cleri another appointment book Fit v Column before inactivating. Description vitter 5 Inactive Date 00/00/0000 | |
| | + 1囗 | |
| | Clinic Admin Utilities Reports Help | |
| | Class Management | ard Invento |
| dmin > Staff Calandar > Appointment Book | No Show Management | |

1. Clinic Admin > Staff Calendar > Appointment Book Columns.

| Clinic Admin | Utilities | Reports | Help | | | | |
|--|--------------|-------------|------------|---|--|--------------------------------|--|
| Class Management No Show Management Clinic Directory | | | | | lar | d Inventory Card Inventory Det | |
| Staff Dir | | | | | 85 | 779300000010 | |
| Staff Cal | endar | | | • | | Appointment Book Columns | |
| Single U | ser Breastpu | imp Invento | ory Report | | Holidays and Special Events Weekly Template | | |

2. Select the row for the Appointment Book Column Description that you would like to inactivate. When selected, the row will be shaded

| Appointment Book Column | ns for Belknap-Merrimack Cour | ities Comm Action Pr | ogram (CAPBMCI) |
|-------------------------|-------------------------------|----------------------|-----------------|
| Description | Display Order | Inactive Date | |
| Nutr 1 | 5 | | |
| Nutr 5 | 10 | | |

3. At the bottom of the screen, in Inactivate Date box, enter the date that the column should be inactivated.

4. Click SAVE.

Prior to column schedu you car **'Chang**

PRO TIP:

You may need to close and reopen the Appointment Book Columns tab in order to see the change.

Change the Schedule on Specific Dates

Clinic Admin Utilities Reports Help Class Management No Show Management Clinic Directory

Single User Breastpump Inventory Report

Staff Directory Staff Calendar

Record Complaints

Manage Complaints

You may need to make small changes to the schedule on specific days.

PRO TIP:

Appointment Book Columns Holidays and Special Events

Weekly Template Fill Month

Available Time

If you need to update the schedule for Holidays or Special Events go Clinic Admin > Staff Calendar > Holidays and Special Events to add or edit.

- 1. Clinic Admin > Staff Calendar > Available Time
- 2. Select the day you want to make changes to.
- **3.** In this screen, you can:
 - block out time slots.
 - clear a column for an entire day.
 - remove all availability for the clinic for the day.
 - switch an appointment from one column to another.

| r | | | | | | | | |
|------------|---------------|-------------|--------|-----------|--------|-------|-----------|--|
| Available | e Time | | | | | | | ✓ June 2018 ► |
| Clinic Con | cord WIC Clir | nic | | | | | | Su Mo Tu We Th Fr Sa |
| () Mal | e Available | O Block Out | | | | | | 27 28 29 30 31 1 2 |
| | | | | | | | | 3 4 5 6 7 8 9 |
| | Nutr 1 | Nutr 2 | Nutr 3 | FUN | Dental | Class | Bstfdg | 10 11 12 13 14 15 16 17 18 19 20 21 22 23 |
| :45 AM | | | | | | | | 24 25 26 27 28 29 30 |
| 06:00 AM | | | | | | | | 1 2 3 4 5 6 7 |
| :15 AM | | | | | | | | Today: 6/22/2018 |
| :30 AM | | | | | | | | 06/22/2018 |
| :45 AM | | | | Available | | | | Friday Refresh |
| | | | _ | Available | | | | |
| 07:00 AM | | | | | | | Available | Clear Staff Clear All |
| :15 AM | | | | | | | | |
| :30 AM | | | | | | | | to New Role |
| :45 AM | | | | | | | | |
| 08:00 AM | | | | | | | Available | From Nutr 1 v |
| :15 AM | | | | | | | Available | To Nutr 2 ~ |
| | | | | | | | Available | Move Appointments |
| :30 AM | | | | | | | | |
| :45 AM | | | | Available | | | | |
| 09:00 AM | Available | | | | | | | |
| :15 AM | | | | Available | | | | |

Change Your Clinic Schedule

You may need to modify your daily clinic schedule because you have expanded or decreased your service hours. This procedure works well if you need to change your clinic schedule permanently for all future week days. If you need to modify only certain dates, see 'Change the Schedule on Specific Dates'.

- 1. Clinic Admin > Staff Calendar > Weekly Template
- 2. Select the clinic that you are modifying the schedule for and the day of the week for which you are entering the schedule.
- **3.** Click Select.

| Clinic Admin Utilities Reports Help | |
|---|--|
| Class Management No Show Management | |
| Clinic Directory Staff Directory | |
| Staff Calendar | Appointment Book Columns |
| Single User Breastpump Inventory Report | Holidays and Special Events Weekly Template |
| Record Complaints Manage Complaints | Fill Month Available Time |

| Weekly Template | | |
|---------------------------|---|--------|
| Clinic Concord WIC Clinic | v | |
| Weekday Monday ~ | | Select |

4. To add more time (closing later, opening hours during lunch), Click Make Available. Then click the boxes for the corresponding times in the appointment book that the column will be available for appointments. You can drag your mouse down to fill multiple boxes quickly.

| | wIC Clinic - e Available | Monday O Block Out | | | |
|----------|-----------------------------|-----------------------|--------|-----|-------|
| | Nutr 1 | Nutr 2 | Nutr 3 | FUN | Denta |
| :45 AM | Available | Available | | | |
| 09:00 AM | Available | Available | | | |
| :15 AM | Available | Available | | | |
| :30 AM | Available | Available | | | |
| :45 AM | Available | Available | | | |
| 10:00 AM | Available | Available | | | |
| :15 AM | Available | Available | | | |
| :30 AM | Available | Available | | | |
| | Annethele | Augitable. | | | |

- 5. Repeat steps 5-6 for each column you need to change.
- **6.** Click SAVE.
- 7. To delete available time, check the Block Out box. You can click on a single box or drag your mouse down to fill multiple boxes quickly.

| Weekly 1 | emplate | | | | |
|-----------|------------------------------|-----------------------|--------|-----|----|
| | Concord WIC C | linic | | 2 | |
| Weekday N | 1onday | | ~ | | |
| | WIC Clinic - ce Available | - Monday Block Out | | | |
| | Nutr 1 | Nutr 2 | Nutr 3 | FUN | De |
| :45 AM | Available | Available | | | |
| 09:00 AM | Available | Available | | | |
| :15 AM | Available | Available | | | |
| :30 AM | Available | Available | | | |
| :45 AM | Available | Available | | | |
| | | | | | |

8. Click SAVE.

- 9. Repeat steps 2-9 for each clinic and day that you are changing.
- **10.** Clinic Admin > Staff Calendar > Fill Month.
- **11.** Select the clinic for which you need to fill the appointment book for the staff.

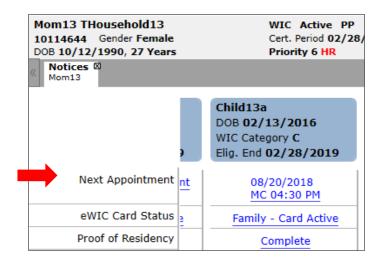
| Clinic Admin | Utilities Reports Help | | | |
|--------------|----------------------------------|---|--------------------------------|--------------------|
| | lanagement w Management | | ard Inventory | Card Inventory Det |
| | Directory | | | |
| Staff C | alendar | ٠ | Appointment E | Book Columns |
| Single | User Breastpump Inventory Report | | Holidays and S Weekly Templ | a second a second |
| Record | Complaints | | Fill Month | |
| | e Complaints | | Available Time | 1 |

- **12.** Select the month for which you would like to fill appointment availability for the staff.
- **13.**Select the column you need to fill the appointment book for or click Select All to update the schedule for all staff. The line will be shaded when it is selected.
- 14. Select Fill Month From Weekly Templates.
- **15.**Repeat steps 12-15 for all clinics and months that you are changing.

Reschedule an Appointment

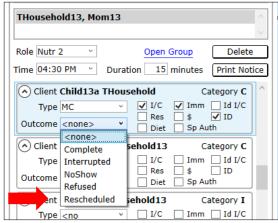
Follow the procedure below to reschedule a client's appointment.

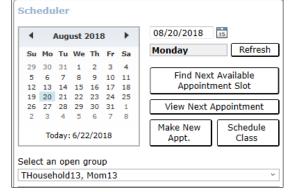
1. Open the client's file and click on Next appointment on the Notices tab **OR** find the client on the Appointment Book tab.



| S Find | Client 🗿 Ap | pointment Bo | ok | |
|-------------|----------------|--------------|---------|-----|
| Appointn | nent Book | | | |
| Clinic Conc | ord WIC Clinic | | | |
| | Nutr 1 | FUN | Classes | Res |
| :30 AM | | | | |
| :45 AM | | | | |
| 12:00 PM | | | | |
| :15 PM | | | | |
| :30 PM | | | | |

- 2. In the Appointment Book, click on the day the client's appointment was scheduled.
- **3.** Locate the client in the schedule and click on the client's name.
- 4. On the right side of the screen, in the outcome field, enter Rescheduled for each client in the family group that had an appointment.
- **5.** Click SAVE.
- 6. Choose the caregiver's name under Select an open group, then schedule the appointment.



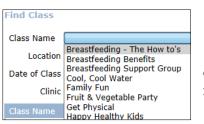


Setup a Class

You will need to set up classes prior to scheduling clients for classes. There are two steps to creating a class; first the class name must be created and then the class details such as the date and instructor are entered.

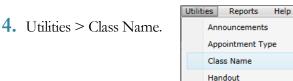
1. The first step is to determine if the class name is in the system. Clinic Admin > Class Management.

| Clini | c Admin | Utilities | Reports | Help |
|-------|----------|-----------|---------|------|
| | Class Ma | nagement | | |
| | No Show | Manageme | nt | |



2. Click the dropdown arrow in the box next to the Class Name field to determine if the class name is already in the system. If you already have the class name in the system, skip to step 8.

3. If the class name is not in the system, close the Find Class tab.



- 5. Click Add on the right side of the screen.
- 6. Enter the class name on the bottom of the screen.
- 7. Click SAVE.
- 8. Go back to Clinic Admin > Class Management.
- **9.** Click the Add button.
- 10. Click the dropdown arrow in the box next to the Class Name field and select the class name.
- **11.** Enter the date the class will take place.
- **12.** Enter the start and end times for the class.
- **13.** Select the instructor from the drop down if the staff person works at your local agency or enter the name of the staff person if it is an outside person.
- **14.** Enter the class location if desired.

| Class Name | Children Activ | ity Group Ages 2-5 |
|---------------|----------------|--------------------|
| Inactive Date | 00/00/0000 | 15 |

- **15.** Select the correct clinic from the dropdown.
- 16. Enter the maximum number of attendees that can be schedule for the class in the Max Attendance box.
- **17.** Click the checkboxes for the appropriate category of clients for the class.

18. Click SAVE.

| Client Services .NET - 3.4.53 - Concord WIC Clinic | - | | × |
|--|--------|-------|----------|
| File Services Client Voucher Issuance eWIC Issuance Clinic Admin Utilities Reports Help | | | _ |
| « Sind Client Appointment Book Mom13 THousehold13 Group Find Class Class Name Class Management | | | >> |
| Class Management: Class Detail Attendance | | | |
| Currently Viewing: Class Details | | | |
| Class Detail | | | |
| Class Name Children Activity Group Ages 2-5 | | | |
| Class Date 09/01/2018 5 | | | |
| Start Time 10:00 AM 🕤 End Time 11:00 AM 🕤 | | | |
| | | | = |
| Instructor | | | |
| Agency Instructor Webb, Jessica V Outside Instructor | | | |
| Location | | | |
| Class Location | | | |
| Clinic Concord WIC Clinic · | | | |
| | | | \equiv |
| Attendance | | | |
| Max Attendance 10 Target Audience PG | BF 🗌 P | P 🗌 C | |
| Save | Delete | Can | icel |

Schedule a Participant for a Class

Scheduling clients for classes works a little differently than scheduling a regular appointment with a staff person. Note that a class must be set up prior to scheduling clients for a class.

- **1.** Open the client's file.
- 2. Click on Schedule Appointment on the Notices tab

| 《 Notices Ø Jane | | |
|------------------|---|--|
| | Jane DOB 05/02/1988 WIC Category PG Elig. End 10/31/2017 | John DOB 11/05/2016 WIC Category I Elig. End 12/31/2017 |
| Next Ap | Schedule Appointment | Schedule Appointment |

- 3. On the right side of the screen, use the Select an open group to choose the client/group.
- 4. Click on the Schedule Class button in the upper right portion of the screen.

| ۹ | | Jun | ie, 2 | 017 | | • |
|----|----|-----|-------|------|----|----|
| Su | Мо | Tu | We | Th | Fr | Sa |
| 28 | 29 | 30 | 31 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | То | day | 6/2 | 3/20 | 17 | |

- **5.** The available classes will display on the right side of the screen under Select a Class.
- 6. Click the radio button next to Schedule for the class you would like to schedule the client for.
- 7. A new box will appear displaying the clients in the family. Check the boxes next to the clients that you would like to schedule for the class.
- 8. Click SAVE.

| June, 2017 | 06/26/20 | 17 |
|--|-----------------------------|------------------------------|
| Su Mo Tu We Th Fr Sa | Monday | Ref |
| | | |
| | | lext Available |
| | Appo | intment Slot |
| | View Ne | xt Appointme |
| | Make Nev | Canc |
| Today: 6/23/2017 | Appt. | Class |
| Select an open group | | |
| Doe, Jane | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Select a Class | | |
| D 1 05 (04 (0047 0 1) | | |
| | | |
| Date 06/24/2017, Sat. | J9:00 AM | |
| Introducing Foods | J9:00 AM | • Schedule |
| | J9:00 AM | • Schedale |
| | J9:00 AM | • Schedale |
| | J9:00 AM | • Scherland |
| | J9:00 AM | • Schedule |
| | J9:00 AM | • Schedule |
| | 59:00 AM | • Schedule |
| | 59:00 AM | • Schedale |
| | 59:00 AM | • Schedule |
| | 59:00 AM | • Schering |
| | 99:00 AM | • Schedan |
| | 99:00 AM | • Schedale |
| | 99:00 AM | • Schedale |
| Introducing Foods | | • Scheidin |
| Select Family Group Members | Attending | |
| Select Family Group Members Class Attendees | Attending Category | End Eligibilit |
| Select Family Group Members Class Attendees | Attending Category PG | End Eligibilit 10/31/2017 |
| Select Family Group Members Class Attendees | Attending Category | End Eligibilit |
| Select Family Group Members Class Attendees | Attending Category PG | End Eligibilit 10/31/2017 |
| Select Family Group Members Class Attendees | Attending Category PG | End Eligibilit 10/31/2017 |

Manage Classes

Once you have added a class and have scheduled clients for your class, you can view who is registered and document who did and did not attend using class management.

- **1.** Clinic Admin Menu > Class Management.
- 2. Enter any information you have about the class to help you find it or just click Find to show all classes.
- 3. Highlight the class that you would like to work with and either click retrieve or double click on the class.

| lass Name | Introducing Foods | • | | |
|---------------|-------------------|---|------------|---------|
| Location | | | | |
| Date of Class | 00/00/0000 | | | |
| Clinic | <u> </u> | • | | |
| Class Name | | | Date | Time |
| Introducing F | oods | | 06/24/2017 | 9:00 AM |

- 4. At the top of the screen, click the attendance button. You will see a list of clients registered for the class.
- **5.** When you complete certain actions for clients on the day of the class, the system will automatically mark clients as Attended. Examples of actions that mark a client as attended include but are not limited to documenting nutrition education, referrals, income, risks, measures, bloodwork and loading benefits on an eWIC card.
- 6. You can manually change whether or not the client attended the class by clicking the drop down arrow next to Attended or Not Attended and selecting the correct status. Remember that if you make a change to a client's record later the same day, the client will be changed to Attended.

| Attendance | | |
|-------------------|------------------|-----------------------------|
| Class Name In | troducing Foods | Class Date 06/24/2017 |
| Class Location | | Class Start Time 09:00 AM 👻 |
| Max Attendance 10 | | Registered Caregivers 4 |
| Caregiver | Client | Al ended? |
| Doe, Jane | Doe, Jane | Attended • |
| Doe, Jane | Doe, John | Not Attended 🔹 |
| Gibson, Tina | Gibson, Gerard | Attended Not Attended |
| Gibson, Tina | Gibson, Tina | Not Attended |
| Grounds, Arietta | Buelna, Kalena M | Not Attended 🗸 |
| Grounds, Arietta | Buelna, Valak | Not Attended |

7. Click SAVE to save any changes you made.

| Clinic Admin | | Utilities | Reports | Help |
|--------------|---------|-----------|---------|------|
| | Class M | anagement | | |
| | No Sho | nt | | |

BREASTPUMPS

Issue a Breastpump

The Issue Breastpump menu item is available for all women; however a pump can only be issued to a breastfeeding woman. You are allowed to issue more than one pump to a client. For example, you may enter a multi-user pump and then once it is returned you may enter a single user pump.

PRO TIP:

Prior to issuing a breastpump, staff should ensure that the appropriate type of pump is issued and that the client is provided appropriate education as required by policies and procedures.

| t N | Check Issuance otices | eWIC Issuance | Clin |
|-----|--------------------------|----------------|------|
| | emographics | | |
| | eminders | | |
| | owsheet | | |
| С | reate New Group | | |
| S | witch Group | | |
| С | hange Location | | |
| С | orrect Anthropometri | c Measurements | |
| С | orrect Blood Measure | ements | |
| C | hange Birth Date | | |
| C | hange Due Date | | |
| C | hange Pregnancy End | d Date | |
| R | ecord End of Pregnar | тсу | |
| R | ecord New Pregnancy | Y | |
| C | hange Delivered Cate | едогу | |
| s | urvey | | |
| Т | erminate WIC Client | | |
| S | uspend WIC Client | | |
| С | ancel WIC Suspensio | n | |
| R | einstate WIC Client | | |
| v | of same | | |
| Is | sue Breastpump |) | |

1. Open the breastfeeding woman's file

2. Client > Issue Breastpump link.

3. Click on the Add button to the right of the screen.

4. Select the type of pump that you are issuing. Be sure to issue the appropriate type of pump for the situation.

5. If you are issuing a Single User or Manual Breastpump, skip to #8. If you are issuing a Multi-User pump, select the pump number from the drop down list in the Select Breastpump field.

6. Select the Return by date.

7. Enter the frequency with which inspection should be required from the drop down in the Inspection Required Every box.

- 8. Leave the Date Returned blank at this point.
- 9. Enter the Reason Provided.

| 10. Enter a Note providing | Client Services .NET - 3.4.5 File Services Client | 53 - Nashua WIC Clinic Voucher Issuance eWIC Issuance Clinic Admin Ubili | ties Reports Help | - 0 | | | |
|-----------------------------------|---|--|---|--|--|--|--|
| more detail on why you | Pind Client @ Appointment Book Momma Test Group | | | | | | |
| are issuing the pump. | Group Members Momma Test | Momma Test 10932075 Gender Female D08 06/01/1988, 30 Years | WIC Active BF Cert. Period 06/08/2018 to 06/30/2019 Priority 1 HR | Delivery Date 06/08/2018 | | | |
| 11. Click SAVE. | Hide Inactive Clients Add New Group Member Quick Links for | Issue Breastpump & Notices 10 Momma Momma 1 Issue Breastpump Date Issued Breastpump Type Set | rial Number Dake Returned Signature Type | baa 9 | | | |
| CIER OF VE. | Nomma Test Notes Notes Demographics Change Calegory Referrals Notific & Responsibilities Anthro Neas Biod Heas Health Interview Natricon Education Provaheet Sause Benefis History-Client Galak History-Vaurkens Education Voucher Indigu Sign for Vouchers | Select the type of Breastpump to issue: Multi-User Electric Not Available Multi-User Electric Not Available Multi-User Electric Not Available Note Reason Provided Work Note Note | | Select Breastpump 1027451 Return by 06/08/2019 5 Inspection Required Every 3 months Date Returned 00/00/0000 5 Save Cancer | | | |

| Breastpump User Agreement | |
|---|---------------------|
| Please fill in the following fields to populate Agreement: | the Breastpump User |
| Additional client work or cell phone numbers | S |
| 1 1 | |
| Email Address | |
| | |
| Relative/Friend name and phone number | |
| 8 | |
| | OK Cancel |

12. In the pop-up, add the additional contact information.

13. Click OK.

14. Once the Agreement opens for the electronic signature, click Capture Signature.

15. Have the client sign the signature pad.

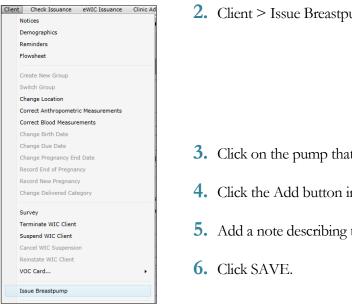
16.Click SAVE.

| BREASTFEEDING EQUIPMENT USER'S AGREEMENT | E |
|--|-----------|
| l understand that I am being provided with a Multi-User Electric, 1120678 because: Baby has inadequate suck, Baby born premature and has inadequate suck. Mom wants to exclusively nurse | |
| The proper use and cleaning of the above breastpump has been explained to me and I fully understand the instructions. The proper usage and storage of pumped breastmilk has also been explained to me and I have been given written guidelines to follow. WIC staff has shown me how to set up and clean the pump. | |
| I understand and agree that this service is provided by Hopi WIC Main to promote and support breastfeeding and that this WIC agency is not a dealer in this type of product. | |
| I understand this local WIC Clinic will be contacting me on a regular basis regarding use of this pump. I understand it is my responsibility to return clinic phone calls and update the clinic regarding the use of this pump. If regular phone contact is not maintained, the agency may request the pump be returned. Failure to return the pump within 60 days of a return request may request the nump be returned. | |
| If I have received a multi-user electric breastpump, I understand that I must return the pump in clean and good condition and undamaged to the WIC clinic by the agreed to Return By Date of, 07/21/2017 or within 7 working days after I am notified that I must return the pump. I shall return the multi-user electric pump when one of the following conditions is met. | |
| There is no continued need for the pump as determined by myself or a staff member. I stop breastfeeding my baby. I stop participating in the Hopi WIC Main WIC Program. The WIC agency requests that I return the pump. My certification as a WIC breastfeeding client is terminated. | - |
| Print Unsigned Copy Capture | Signature |
| Save | Cancel |

17. The system will print the signed Agreement. The printed Agreement should be provided to the client.

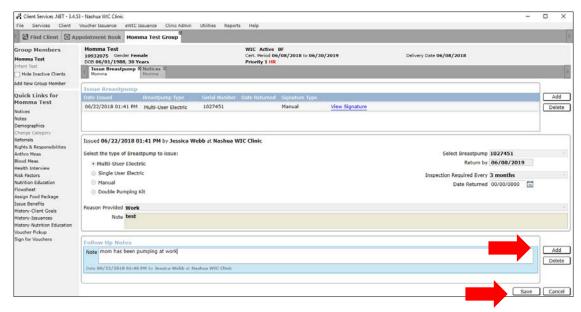
Once a pump is issued, staff should follow-up with the client on the pump to ensure that the client is not having any problems and to answer any questions that the client should be asked.

1. Open the breastfeeding woman's file.



2. Client > Issue Breastpump link.

- **3.** Click on the pump that you are following up on.
- **4.** Click the Add button in the lower right side of the screen.
- 5. Add a note describing the follow-up you provided to the client.

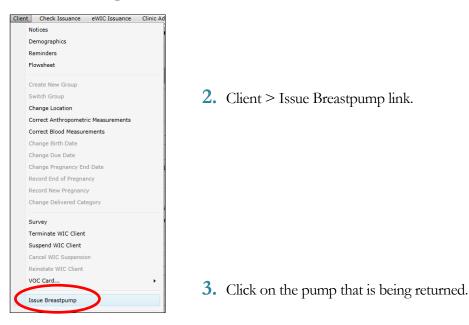


PRO TIP: You may add multiple follow-up events for the same pump.

Return of a Multi-User Breastpump

When a client returns a Multi-User Breastpump, it must be documented in the system so the system can make it available for issuance to another client.

1. Open the breastfeeding woman's file.



4. Enter the Date Returned on the right side of the screen.

| Issue Breastpump | | | | | | | | | |
|---------------------------|---------------------|-----------------|---------------|----------------|----------------|---|----------------------------------|---------|--------|
| Date Issued | Breastpump Type | Serial Number | Date Returned | Signature Type | | | | | Add |
| 06/22/2018 01:41 PM | Multi-User Electric | 1027451 | | Manual | View Signature | > | | | Delete |
| | | | | | | | | | |
| | | | | | | | | | |
| issued 06/22/2018 01 | :41 PM by Jessica W | ebb at Nashua V | VIC Clinic | | | | | | |
| Select the type of Breast | pump to issue: | | | | | | Select Breastpump 102745 | 51 | |
| • Multi-User Electri | c | | | | | | Return by 06/08 | /2019 | |
| Single User Electric | 2 | | | | | | Inspection Required Every 3 mont | hs | |
| Manual | | | | | | | Date Returned 00/00/0 | 0000 15 | |
| | it | | | | | | | | |

5. Select SAVE.

6. The pump should now be returned to your inventory. (Clinic Admin > Inventory > Equipment Inventory)

CHANGE CLIENT INFORMATION

Change Date of Birth

Occasionally you may make a mistake or notice a mistake in the client's date of birth. This can be corrected easily.

- **1.** Close all tabs for the client except the Notices tab.
- **2.** Client Menu < Change Birthdate.

| Clien | t Check Issuance | eWIC Issuance | Clinic Ac | | | | | |
|-------|------------------------|---------------|-----------|--|--|--|--|--|
| | Notices | | | | | | | |
| | Demographics | | | | | | | |
| | Reminders | | | | | | | |
| | Flowsheet | | | | | | | |
| | | | | | | | | |
| | Create New Group | | | | | | | |
| | Switch Group | | | | | | | |
| | Change Location | | | | | | | |
| | Correct Anthropometric | Measurements | | | | | | |
| | Correct Blood Measurer | nents | | | | | | |
| | Change Birth Date | | | | | | | |

- **3.** Enter the new birthdate.
- 4. Enter the reason the birthdate is being changed.



5. Select SAVE.

Change the Pregnancy End Date or Due Date

Occasionally you may make a mistake entering the client's due date or pregnancy end date or the due date may be changed due to an ultrasound or examination by the health care provider. This can be changed easily.

- **1.** Close all tabs for the client except the Notices tab.
- 2. Client Menu < Change Due Date or Change Pregnancy End Date as applicable.
- **3.** Enter the new due date or pregnancy end date.
- 4. Enter the reason the due date or pregnancy end date is being changed.
- **5.** Click Recalculate Eligibility Dates.
- **6.** Select SAVE.

| Client | Check Issuance eWIC Issuance | | | | | |
|--------|-------------------------------------|--|--|--|--|--|
| | Notices | | | | | |
| | Demographics | | | | | |
| | Reminders | | | | | |
| | Flowsheet | | | | | |
| | | | | | | |
| | Create New Group | | | | | |
| | Switch Group | | | | | |
| | Change Location | | | | | |
| | Correct Anthropometric Measurements | | | | | |
| | Correct Blood Measurements | | | | | |
| | Change Birth Date | | | | | |
| | Change Due Date | | | | | |
| | Change Pregnancy End Date | | | | | |

| Change Due Date | | | |
|--|---|-------------------|-------|
| Enter a New Due Date. Eligibility dates will be aut | | | |
| Please enter narrative to explain the reason for th | e change. | | |
| Current Due Date 09/13/2017 | New Due Date | 09/25/2017 | |
| Original Due Date 09/13/2017 | | | |
| WIC Eligibility Begin Date 05/25/2017 | Confirm | 05/25/2017 Recalc | |
| WIC Eligibility End Date 10/31/2017 | The new estimated due date will result in an adjusted eligibility end date. | 11/30/2017 | |
| Reason for Change Ultrasound showed she wasn't quite as far along | ОК | | |
| | t | Save Ca | ancel |

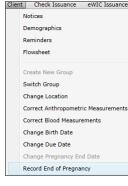
Change a Client from PG to BF or PP

Once a client delivers her baby, she must be changed from pregnant to breastfeeding or postpartum. To do this you need to record the end of her pregnancy.

- **1.** Close all tabs for the client except the Notices tab.
- **2.** Client Menu > Record End of Pregnancy.
- **3.** Select the appropriate category (BF or PP) and complete the information regarding the pregnancy.
- 4. If you have already entered the infant into the system (created a record for the client and you can see it under group members) do not add the information here or you will create a duplicate record. You click the Delete button to delete this section.
- 5. If you have not entered the infant into the system, you can enter the infant's information on the right side of the screen.
- 6. Click SAVE.

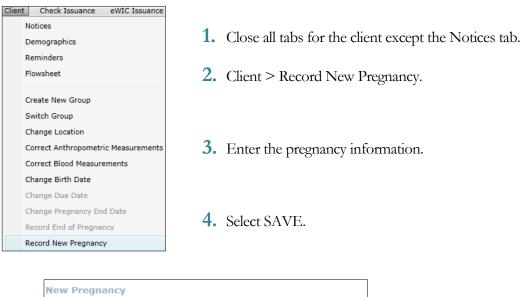
| Enter Information About the Enter Tegnancy Post-Delivery Category PP | If infant(s) resulting from the pregnancy will be enrolled in WIC, enter the infant's demographic information below. Click the Add button for multiple births. |
|---|--|
| | Add Delete |
| Current Pregnancy and Delivery | Enroll Infants |
| Estimated Due Date 07/01/2017 | Client ID DOB 06/23/2017 |
| Pregnancy End Date 06/23/2017 | Gender Female Male |
| # of Infants This Delivery 1 | |
| Delivery Method Vaginal C-Section | Last Name Jones |
| First Prenatal Visit Date 00/00/0000 | First Name Lisa MI |
| Month Prenatal Care Began Second month 🔹 | Gestational Age 38 |
| Average Number of Vitamins per Week in the Month Before 0 Pregnancy | |
| regilatey | Birth Length 19 in 4 8ths Weight 8 Ibs 2 oz |
| Pregnancy and Delivery History | |
| # of Previous Pregnancies 1 | |
| Last Pregnancy End Date 09/01/2010 | |
| | |
| Birth Outcomes This Delivery | |
| Infant 1 Born Alive 🔹 | |
| | Save Cancel |

7. You are now ready to certify the client using the WIC Certification Guide.



Change a Client from BF or PP to PG

Occasionally a client who is still breastfeeding or postpartum becomes pregnant. You can change the client to the category of PG by completing the following procedure:

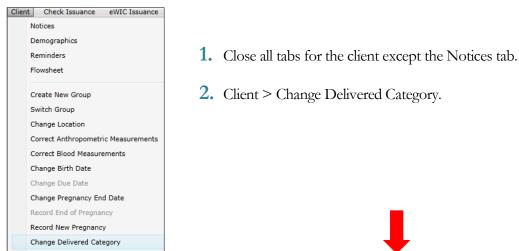


| Enter inform | ation about | the new pro | egnancy. | |
|---------------|---------------|---------------|---------------|------------------|
| | Estimat | ed Due Date | 00/00/0000 | 15 |
| | First Prena | al Visit Date | 00/00/0000 | 15 |
| M | onth Prenata | Care Began | | • |
| | Pregnant w | ith Multiples | 🛛 Yes 🔘 No | |
| Average Num | ber of Vitami | ns per Week i | n the Month E | Before Pregnancy |
| Pregnancy | and Delive | ry History | | |
| # of Previous | Pregnancies | | | |
| Last Pregnar | cv End Date | 00/00/000 | 0 | |

5. You are now ready to certify the client using the WIC Certification Guide.

Change a Client from BF to PP or PP to BF

Clients will need to have their category changed from breastfeeding to postpartum if they stop breastfeeding. Sometimes a client has a category of PP and then needs to be changed to breastfeeding. This often happens when the baby is in his/her second month and is partially breastfeeding.



- **3.** On the bottom of the screen, the new certification box will be automatically entered as either BF or PP, depending on their previous status.
- **4.** Click SAVE. The category will now be updated.
- **5.** If the client is switching from BF to PP and the delivery date is more than six months in the past, a link that says Go to Terminate WIC Client will



appear. Click the link and select the reason non-breastfeeding mother, six months or more after delivery.

6. Click SAVE.

| | nd Date 07/01/2016 |
|------------|---------------------------------|
| | Assigned Risk Factors |
| Recorded | Assigned Risk |
| 07/01/2016 | Overweight <6 mos postpartum |
| 07/01/2016 | Diabetes Mellitus |
| 07/01/2016 | Hypertension or Prehypertension |
| 07/01/2016 | High Maternal Weight Gain |
| 07/01/2016 | Recent Surgery - C-Section |

MISCELLANEOUS

Document a Foster Child

Since the income for foster children is calculated separately than the income for other family members, a child's status as a foster child must be documented in the system. Foster children also receive a separate eWIC card. Be sure to issue a separate card for the foster child even if the family already has a card. Reminder/Note: do not include the Foster child in the fostering family household number when determining their income eligibility.

- **1.** When in a client record, click on the Demographics Quick Link on the left side of the screen.
- 2. Click the Foster Child checkbox in the Client Information Section.
- **3.** Click SAVE.

| Client Services .NET - 3.4.5 | | | × |
|--|--|---|------|
| | Voucher Issuance eWIC Issuance Clinic Admin Utilities Reports Help | | |
| S Find Client @ Ap | pointment Book Foster Mom Test 10 Group | | " |
| Group Members Foster Child KHousehold60 | Foster Child KHousehold60 WIC Active C 10941145 Gender Male Cert. Period 06/19/2018 to 06/30/2019 D06 03/0/2019 D06 03/01/2016, 2 Years 3 Months Priority 3 HR Priority 3 HR | | |
| Hide Inactive Clients | Wemographics © Notices © Foster Child Foster Child Foster Child | | > |
| Add New Group Member | Client Information Initial Contact Date 06/19/201 | 8 | |
| Quick Links for Foster Child | Client ID 10941145 Local ID Medicaid # | | |
| KHousehold60 | Client Last Name KHousehold60 First Name Foster Child | | |
| Notices Notes | Date of Birth 03/01/2016 2 Years 3 Months 🔿 Female 💿 Male 🔽 Foster Child 📝 VIC ID 109469 | | J |
| Demographics | Race and Ethnicity Complete No Information About Mother | | |
| Mid-Certification Referrals | Group Information Clinic Milford WIC Clinic @ Bridge Community Church | | |
| Rights & Responsibilities | Caregiver Last Name Test 10 First Name Foster Mom MI DOB 05/10/1980 | | |
| Anthro Meas Blood Meas | Alternate Last Name First Name MI DOB 00/00/0000 15 | | |
| Immunizations Health Interview | Telephone (555) 555-5555 Message Telephone (Telephone Notes | | |
| Risk Factors | Cell Phone Carrier | | |
| Nutrition Education Flowsheet | Email Receive Appointment Reminders _ Email _ Text (Phone) | | |
| Assign Food Package Issue Benefits | Street Address 55 Main Street Mailing Address | | |
| History-Client Goals History-Issuances | City, State, Zip Milford V NH 03055 C City, State, Zip V | | |
| History-Nutrition Education | County Hillsborough County | | |
| Voucher Pickup | | | |
| Sign for Vouchers | Special Needs Migrant Homeless Primary Language ' Interpreter ' Print Letters in Spanish | | |
| | Print danguage | - | |
| | Save | | ncel |

4. Only the foster child will be checked on the income screen.

| Test | Family Member | Program | Status | Foster Child M |
|--------------|---------------------------|---------|--------|----------------|
| \checkmark | Foster Child KHousehold60 | WIC | Active | Yes |
| | | | | |
| | | | | |

Reset Your Password

You should reset your password the first time you use StarLINC and any time after that when you feel your password may have been compromised. If you have forgotten your password, contact the Help Desk. To reset your password, complete the following steps:

- **1.** Log in to Client Services using your current user name and password.
- 2. Click Change Password on the Dashboard.

| CQuest - WIC Application Suite Dasht | 30ard .NET - 3.1.21 | - 🗆 X |
|--------------------------------------|---------------------|---------------------------------------|
| Hampshire | | Today June 22, 2018. Announcements |
| GROW HEALTHY! | | DHHS - State Office |
| | | ▷ Like us on Facebook and Pinterest! |

- **3.** Enter your current password.
- 4. Enter the new password.
- 5. Re-enter the new password to confirm.
- 6. Click Change Password.

| Change Password | | | | |
|---|--|--|--|--|
| Enter your current password then select a new password. | | | | |
| User Name Nico001 | | | | |
| Password Password | | | | |
| New Password | | | | |
| Confirm Password | | | | |
| Passwords must be at least eight (8) characters long and contain each of the following: - a capital letter - a lower-case letter - a number - a special character (excluding ? ; =) | | | | |
| Change Password | | | | |

In order to preserve client data and ensure that we have appropriate documentation of the services provided, the following procedures must be followed in handling client records.

| Client Record Problems & Solutions | | | | |
|---|--|--|--|--|
| Problem | Correct Solution | Incorrect Solution | | |
| Child or children in family have a new caregiver (such as DCYF issue) | Use the Switch Family option or Create New Group to move the child or children out of the mother's family. The mother will remain in her own family. Move only those children that the mother no longer has custody of out of the group. | Do not place xx's or zz's in mother's name. Do not leave mother in the group. Do not move the mother to another group with the children. Do not change the mother's (current caregiver) name to the new caregiver's name. | | |
| Child is over 5 years old | • Be patient and wait for archiving to take care of removing the child. | • Do not move the clients to a "graduates" group. | | |
| Client is deceased | Terminate the client for the reason "deceased". Write "Deceased" before the client's first name if desired. If the deceased client is the mother and another caregiver takes over care of the clients, you should move the children to a new group. | Do not ZZ or XX the client name. Do not move the client to a "deceased" group. | | |
| Duplicate record is created (prevention) | Be sure to check if the client has a record even if he/she says they have never been on WIC. If you can't find the record using the name- try using the date of birth as sometimes names change or are misspelled. If the client you added comes up as a potential dual participant, select the Transfer Client In option if this is the correct client. Do not transfer the client in if it is not the correct client. If you have already added a record for the infant, delete the new infant record that is automatically added on the right side of the Record End of Pregnancy screen. | • Do not select "not a dual participant" on the dual participation screen if the client that comes up at another agency is the clien record you need. This will create a duplicate record. | | |
| Duplicate record is created (Oops- it happened) | If a dual record is created and you discover this before you certify the client and/or issue checks- use the record that has already been in use. Write "duplicate" before the client's first name in the duplicate record if desired. | Do not move the client to a new group or "duplicates" group. Do not ZZ or XX the client name. | | |
| Group/Foster home with a lot of children (>10) | • Create two (or more) files for the same person and place children into either of the two groups. | • Do not move the client to a new group or "duplicates" group. | | |