

**State of Connecticut WIC Program-DEPARTMENT OF PUBLIC HEALTH
CERTIFICATION/MEDICAL REFERRAL FORM - WOMEN**

Guidelines for Use

Participant Information and Health Data and Nutrition Risk sections:

Participant and/or Family ID #: To be completed by WIC Program staff.

All other **participant information** fields to be completed by WIC staff- most likely a Program Assistant or health care provider's (HCP) office staff- including Participant Name, Date of Birth, Address, Phone # and Health Plan.

Participant Health Data fields are to be completed by the Health Care Provider or the WIC Nutrition staff i.e. Competent Professional Authority (CPA). For Pregnant women: # weeks and EDD. For Breastfeeding or Postpartum women: check appropriate box and indicate actual delivery date. For all categories: weight, length/height, hematological data (with dates), pre-pregnancy weight and medications/medical conditions. Note: Weight/height measurements must be within 60 days of WIC certification appointment. Hemoglobin or hematocrit results must be within the following timeframes: once during pregnancy and once following the termination of pregnancy for pregnant or postpartum or breastfeeding women as indicated by Federal WIC Regulations.

Health care provider or WIC CPA must check all applicable nutrition risk factors including anthropometric, biochemical, clinical/health/medical/, dietary or other based on medical examination or complete nutrition assessment. Specify condition where indicated. Note: If the WIC CPA has questions or concerns regarding data entered by the health care provider she should follow up as appropriate with health care provider for clarification.

Health Care Provider Signature and Title is required. The health care provider must complete the date and location of practice/clinic/office. By signing this form the HCP verifies he/she has seen and evaluated the patient.

Shaded Gray area: To be completed by WIC CPA. Determine physical presence and record date. Currently, SWIS determines the participant's priority group. It is an option for the WIC CPA to circle the SWIS indicated priority group on the hard copy certification form. Local agencies can choose to use this field for internal quality assurance processes. Local agencies will be notified by the State if and when the priority group is required to be completed on the certification form. WIC CPA Signature and WIC Certification date is required to certify participant is WIC eligible.

WIC Participant Rights and Responsibilities section:

After income eligibility is determined and complete a nutrition assessment is completed, have the applicant/participant read, sign and date this section. It is helpful to highlight the main points at initial certification and recertification. Also, for participants with literacy issues, WIC staff should read the section prior to the participant's signature to ensure clarity.

Assessment of Income and Voter Registration Opportunity section:

This section must be completed by a WIC staff member other than the person that certified nutritional risk eligibility. Record the date of application for new applicants for quality assurance purposes. Refer to the State Plan for more details on what constitutes an "application date". For subsequent certification (re-certifications), check the box marked "Subsequent certification" provided.

Check if income eligibility was determined though HUSKY A, Pay Stub or Other means. Indicate the household size, gross household income based on frequency or weekly, monthly or annual. Indicate if the household meets WIC income guidelines. Sign and date the form to certify WIC income eligibility.

Inquire if the applicant (over 18 years of age) would like to register to vote. If opportunity to vote is declined, AT THE INITIAL WIC CERTIFICATION APPOINTMENT, complete a declination form and maintain in the participant's file as outlined by policy in the State Plan. At recertification or in the event of an address change, the opportunity to register should be offered. If declined, have the participant initial in the space provided. You do not need to complete a declination form.