

## Ohio Department of Health Welcome to WIC Letter

Dear \_\_\_\_\_,

The Women, Infants and Children Program (WIC) is a health program funded by the United States Department of Agriculture. WIC provides nutrition education, supplemental foods, and screening and referral to other health and social service agencies. You have been determined to be eligible to receive WIC services based on your status as either a pregnant, breastfeeding, or postpartum woman or an infant or a child under five years of age; your residence; your income; and your nutritional risk. Your nutritional risk is:

**Nutrition Goal**

I have discussed my nutrition goal with the WIC health professional. I am agreeing to:

**It is important that you keep all WIC nutrition education and other health care appointments. Your next WIC clinic visit is scheduled for:**

Nutrition Education and Coupon Pickup Date	Next Certification Visit Date
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**Service Ending Notice**

Food will end on \_\_\_\_\_ because  the child turns age 5,  
 6 month postpartum period has ended, or  
 the breastfeeding period has ended.

**Consent for Sharing Information**

You are not required to consent to sharing any of the following information, but may wish to for other programs that work with WIC. If you decide not to consent, your refusal will not in any way affect the services you receive from WIC. Any information that is shared will be kept confidential.

A check mark below indicates you **give permission** to share information with that program. Information that may be shared includes: name, address, telephone number, income, date of birth, types of shots received or due, the dates of those shots, height, weight and blood screening values.

- \_\_\_\_\_ Immunization Program       \_\_\_\_\_ Lead Program
- These include the Ohio Department of Health Immunization and Lead programs.
- Head Start/Early Head Start       Other \_\_\_\_\_
- Healthy Start/Help Me Grow/Early Start       Other \_\_\_\_\_

**Authorized Representative**

If you are not able to be present at the WIC eligibility appointment, you may have an authorized representative act on your behalf by completing the following statement.

I give permission for \_\_\_\_\_ to bring my children to the WIC clinic. I realize that my children will have measurements taken and may have a finger stick to check iron level. I have provided my Authorized Representative with the proper documents and told her what to expect at a WIC appointment. If necessary, I can be reached at \_\_\_\_\_.

*"I have been advised of my rights and responsibilities stated on the back of this letter. I certify that the information I provided is correct to the best of my knowledge. My WIC Program application information may be verified. I understand making a false or misleading statement, or misrepresenting, concealing or withholding facts may result in my paying back the cost of food issued to me and may result in prosecution under state and federal law."*

Signature of Participant or Guardian	WIC Effective Date	Signature of WIC Personnel
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## Ohio Department of Health WIC Interagency Referral and Follow-Up Form

Date	Referred to	FAX
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### Referring Agency Information

Name		Clinic
Agency		Phone
Address		FAX
City	State	ZIP

### Participant Information

Participant name		Birthdate
Parent/Guardian		EDC date
Address		Phone
City	State	ZIP

Hgb*	Hct*	Reason for referral and other pertinent medical information
Height*	Weight*	
BMI		

\*Indicate date taken if different than the above date.

### Consent for Sharing Information

You are not required to consent to sharing any of the above information, but may wish to for the well being of yourself or children. If you decide not to consent, your refusal will not in any way affect the services you receive from WIC. Any information that is shared will be kept confidential.

A signature below indicates you **give permission** to share the information included on this form with the "referred to" agency listed above.

Participant, parent, or guardian signature
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### Response from Physician, Health Clinic or Human Services Agency

Please complete, send one copy to the referring agency address, and retain one copy for your files.

Action taken
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Signed	Date
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In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800)795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Chapter 400

Effective 03-01-07

**OHIO WIC NUTRITION EDUCATION REQUIREMENTS**

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 407.7 Handling Sensitive Counseling Situations

Asking participants about certain topics often causes some degree of discomfort for both the participant and health professional.

Some examples of areas that can make both health professionals and participants uncomfortable include drug and alcohol use, pica, financial status, and literacy. Whether or not they use alcohol or drugs or ingest nonfood items, some participants may resent questions about these personal habits.

In addition, some parents may be sensitive to questions about how they feed or care for their child. Considerable tact in framing questions is required to avoid asking questions that might be perceived as threatening or judgmental.

The following recommendations provide only broad guidelines for interviewing on some of these sensitive topics. Professional discretion in each situation and sensitivity to individual participants are essential. When dealing with addiction, referral to appropriate support services is necessary.

 (1) Interviewing about Alcohol Use

Questions about alcohol use may be included with questions regarding general dietary habits. In order to relieve anxiety about sensitive drug and alcohol questions on the part of both interviewer and respondent, it is suggested that these questions be part of the normal intake interview (e.g., health history or diet interview). The order of questions should go from over-the-counter medications to legal drugs (tobacco and alcohol) to illicit drugs. How much beer, wine, and liquor is consumed can be asked at the same time as questions about the amount of milk, juice and soda in the diet.

Researchers advise asking questions about amounts used first. The participant should be asked how much is consumed, not if it is consumed. If the health professional acts as though a positive answer would not be unexpected, then the participant is more likely to feel comfortable in responding with truthful information about undesirable practices.

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In the WIC clinic setting, it is recommended that the health professional first ask, "How many days a week do you drink?" If the participant responds with a number, enter "yes" to the questions on the Demographics screen asking if the participant drinks and ask further, "How many drinks per day?" If the participant answers she does not drink at all, no further questions are necessary.

Questions asked during screening must be nonjudgmental. A technique for eliminating judgmental overtones and promoting honest answers is to ask about alcohol and other drug use in the past month rather than present use. Many women are ashamed to admit their current use because of its possible ill effects on the developing fetus, and are reluctant to report current involvement in illegal behavior. Asking about use in the past may promote more honest responses.

It is important to remember that among participants having an alcohol problem, denial will be the most frequent response. It can be helpful, when there is denial on the part of the participant, to discuss why the health professional is asking these questions and explain the reasons for concern about the participant's health and the health of her baby. However, tone of voice and facial expressions should in no way imply that there is doubt about the truthfulness of the participant's answer.

(2) Interviewing about Drug Use

Asking participants questions about drug use can be even more difficult than interviewing about alcohol use. Because there are legal implications, it is important to emphasize to the participant that all of the information obtained in the dietary interview will be part of the participant's confidential WIC record.

It is appropriate when discussing drug use to explain that one of the reasons for asking these questions is that drugs can also affect an individual's appetite and the body's ability to use certain nutrients.

It may be helpful to ask participants first about drug use among their friends or peers. This may provide some clues as to the type of drugs that the participant might be using. Using the technique described for asking about alcohol use might also be useful in finding out about drug use.

Chapter 200

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**OHIO WIC CERTIFICATION AND PROGRAM REQUIREMENTS**

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- H** • <90% of IBW or BMI <19.8 and smokes at least 20 cigarettes per day

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**47 Alcohol use**

- Any alcohol use during current pregnancy.

- H** • Consumption of an average of three ounces of hard liquor or six mixed drinks per day or three 12 ounce beers or three 4 ounce servings of wine per day

**48 Drug use**

- H** Any illegal drug use, i.e., marijuana, cocaine, crack, PCP, LSD, heroin, methamphetamine, etc., or the misuse of prescription drugs, i.e., oxycontin, methadone, valium, etc.

**49 Past early or small baby**

- Any history of the birth of an infant at  $\leq 37$  weeks gestation
- Any history of birth of an infant weighing  $\leq 5$  lb 8 oz ( $\leq 2500$  grams)

- May be self reported by applicant/participant/caregiver

- May be reported or documented by a physician

- May be reported or documented by health care provider working under physician's orders

**69 Breastfeeding while pregnant**

Breastfeeding woman now pregnant

**80 Transfer**

Pregnant woman with current valid Verification of Certification (VOC) document from another state.

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- a.) Discussion of anthropometric and hematological data and, if needed, methods to improve status;
- b.) Review of past nutrition-related issues and praise for meeting the previous nutrition goal;
- c.) Discussion of dietary intake including methods to improve nutritional status or praise for healthful dietary habits, and
- d.) Discussion of WIC food benefits that are particular to the participant's medical/nutritional status with suggestions for how these foods can be incorporated into a healthy eating plan.

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## 2. The counseling session must include:

- a.) Establishing, in concert with the participant/caregiver, a goal that is reflective of the participant's needs and interests;
- b.) Explanation, in terms that the participant can understand, of at least one of the risk factors that make the participant eligible for WIC services;
- c.) Referral, when appropriate, to other health, social, and education agencies for non-WIC services, or to other health care providers for more in-depth nutrition evaluation and counseling;
- d.) Documentation of this counseling session, and
- e.) Determination of how the midcertification nutrition education contact will be achieved (type, topic, etc.).
- f.) Tobacco, alcohol and other drug counseling requirements, as follows:

Local WIC projects must, at a minimum, ensure that all pregnant, postpartum and breastfeeding participants and all caregivers of infant and child participants receive information about tobacco, alcohol, and other drugs at initial certification. Information addressing these harmful substances must be available for participants and caregivers to take home and review. This information can be in the form of brochures or handouts and made available in the general display in the WIC clinic or agency. If a participant has been terminated and then reapplies for WIC

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benefits, this is considered an initial certification and the participant or caregiver must be provided substance abuse material.

Substance abuse awareness information must be provided in one or more of the following ways:

1. Place a general display of alcohol, tobacco, and drug information in the clinic or agency. To ensure that new participants are aware of the display, the participants or caregivers must be referred to the general display by a local staff member.
2. Offer substance abuse brochures or pamphlets to participants and caregivers during initial certifications.
3. Discuss substance abuse issues and offer a pamphlet/brochure during initial certifications.
4. Discuss substance abuse issues, offer pamphlet/referral telephone numbers and provide coloring books or stickers to children.

Counseling tips are found in Appendix 400, *Sample Substance Abuse Counseling Tips*.

**401.2 Nutrition Education at Midcertification**

Projects must provide each participant with an opportunity to receive additional nutrition education sometime during the certification period. This can be at high-risk sessions for individuals; at general sessions conducted for groups or individuals; through use of State-developed nutrition education modules; through use of computer or internet nutrition education modules; or by coordinating nutrition education with other programs. Projects must offer a variety of nutrition education options. Participants, however, cannot be denied supplemental foods for failure to attend or participate in midcertification nutrition education activities.

All midcertification nutrition education provided in the WIC clinic must include an offer of interaction between a WIC health professional and the participant or caregiver. If a module or bulletin board is used, upon its completion, the participant or caregiver must be asked if she would like to speak with a health professional.

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## (d) Referral

- Refer to physician and/or
- Alcohol and drug abuse program available in your area using the Interagency Referral Form #HEA 4427.

(6) Medical or Metabolic conditions

Pregnant women with gestational diabetes, inborn error of metabolism or medical conditions that affect nutrient intake or utilization

## (a) Risk Code 44, 91 or 93

## (b) Follow-up

- At three months or sooner depending on health status and dietary intake

## (c) Major points to be covered:

- Assess weight gain.
- Assess diet and counsel on correcting any inadequacies or excesses relating to dietary intake.
- Ensure that specialized products are used for appropriate medical conditions and are prepared correctly.
- Reinforce any identified nutritional objectives from WIC or non-WIC health professionals.

## (d) Referral

- Refer to nutrition services and/or
- Other care providers as needed per diagnosed medical condition.

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## (d) Referral

- At initial visit, refer to smoking cessation program, if available.
- At follow-up, refer to health care provider using the Interagency Referral Form #HEA 4427 if weight gain is less than at least 1 pound per week.

~~4~~ (5)Alcohol/illegal drug use

High risk Protocol

Consumes an average of three ounces of hard liquor or six mixed drinks per day or three 12-ounce beers or three 4-ounce servings of wine per day.

Use of illegal drugs, e.g., marijuana, cocaine, crack, PCP, LSD, heroin

## (a) Risk Code 47 or 48

## (b) Follow-up

- Within six weeks of certification.
- If weight gain is within normal limits, follow up every three months with weight check until participant is recertified postpartum.
- If weight gain does not reach a prepregnant normal weight plus one to one and one half pounds per week, follow up monthly until weight gain is within normal limits or participant delivers.

## (c) Major points to be covered (Refer to the Appendix to this chapter for professional references about substance abuse.)

- Ask about current alcohol/illegal drug use.
- Encourage participation in referral programs if participant has not yet done so and alcohol/illegal drug use remains at a high-risk level.
- Assess and counsel on weight gain and dietary intake.
- At subsequent follow-ups, review progress toward resolving dietary deficiencies.