

eWIC Resource Packet



ABCDE of eWIC conversion

- A.** Assign benefits (check the FPA and save the correct food package)
- B.** Benefits issued (on FSS)
- C.** Cardholder assigned and eWIC card issued (on FCS)
- D.** Documents signed (review Rights and Responsibilities and sign a new Participant Signature form)
- E.** Educate the shopper (print a Benefits List and provide shopper education)

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My rights and responsibilities

WIC provides nutrition education, breastfeeding support, referrals and supplemental foods to help you stay healthy. WIC staff will ask about your health and eating habits so we can make WIC work for you.

When I am enrolled in WIC, I have the RIGHT to:

- Work with respectful WIC staff who listen to my needs.
- Nutrition education on topics that interest me.
- Referrals to other health services.
- Privacy. My information will be protected.
- An electronic benefit card (eWIC card) to buy nutritious foods that will supplement my diet. WIC foods have many important nutrients that help me stay healthy.
- Dispute an eWIC transaction within the benefit period of the transaction.
- Good service and fair and equal treatment at the WIC clinic and store.
- Request a fair hearing if I disagree with my WIC clinic's decision by contacting:

Oregon WIC Program

PO Box 14450

Portland, OR 97293-0450

Telephone: 971-673-0040

TTY: 800-735-2900

FAX: 971-673-0071

Oregon
Health
Authority



Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, handicap or sex. To file a discrimination complaint contact the **Oregon WIC Program** as shown above or follow the instructions below.

This institution is an equal opportunity provider. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) **Mail:** U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) **fax:** (202) 690-7442; or
(3) **email:** program.intake@usda.gov

Turn over



My responsibilities

As a WIC participant, I will:

- Bring proof of identity, residence (address), and all income for my entire household each time I am screened to be on WIC. (I **do not** have to be a US citizen to get WIC services.)
- Bring my proof of identity to all my WIC appointments.
- Tell WIC staff of any changes to the information I have provided.
- Keep my appointments or call the WIC clinic if I can't make it. If I do not keep my appointments and receive my food benefits, WIC services may be delayed or stopped.
- Reapply for WIC benefits at the end of each certification period.
- Let my WIC clinic know if I move to a different area so my records can be transferred.
- Purchase the correct foods and formula in the right amounts only at stores authorized by the Oregon WIC Program.
- Keep my eWIC card secure and my PIN confidential.
- Call the WIC clinic if I have questions, if I don't see the WIC foods or formula I need in the store or if I am getting more than I need.

WIC program rules

Follow these rules or you could be taken off the WIC program:

- ▶ Tell the truth about all the information you give to WIC.
- ▶ At the store, do not ask for foods or formula that are not available on your eWIC benefit balance. Substitutions or rain checks are not allowed.
- ▶ Never sell or attempt to sell, trade or give away your WIC foods, WIC-issued breast pumps, formula or eWIC card, online or by any other means.
- ▶ Do not return WIC foods or formula for cash, credit or other items.
- ▶ You cannot enroll in more than one WIC program at the same time.
- ▶ Never verbally abuse, harass, threaten or physically harm WIC, store or farmers' market staff.

If you need this information in an alternate format, please call 971-673-0040.

www.healthoregon.org/wic



Participant signature form



Participant name(s)

.....

WIC ID number(s)

.....

My rights and responsibilities

I understand my rights and responsibilities under the WIC program. All the information I gave WIC is true, and WIC staff can check any of this information. I will follow the WIC program rules listed on the back of the **Rights and Responsibilities** form. If I don't follow the rules, I may face legal charges or be disqualified and have to pay money back to WIC for foods or formula I should not have received. I will be issued an eWIC card and am responsible for ensuring the security of my card and PIN.

My information will be protected

- The information I have given will be protected.
- Information about my participation in WIC may be shared with other state of Oregon public health programs and Oregon Head Start programs. This information will only be used to help me get other health services and learn how well these services meet my needs.
- My child's shot record may be shared with the statewide immunization registry.

Consent for services

I authorize the Oregon WIC Program to provide health screening for me and/or my child or children listed above throughout the length of WIC program service or eligibility. This consent shall remain in effect until revoked and applies to one or more of the following:

- | | |
|---------------------------|----------------------------------|
| • Health and diet history | • Blood test for anemia |
| • Height and weight | • Nutrition counseling/education |

Release of information

If I move to a different WIC service area, the eligibility information I have given will be shared with the WIC clinic in my new area so I can keep getting WIC benefits. WIC may release information about myself or my child to me (the participant/caretaker).

**By signing this form, I agree to the information above.
 All participants must sign this side of the form to receive WIC benefits.**



.....
 Participant/caretaker/cardholder signature

.....
 Date

Voter registration

If you are not registered to vote where you live now, would you like to register here today?

- Yes.** (Where you submit your registration is confidential.)
- No.** (The fact that you have checked “no” is confidential.)

If you do not check a box, we will assume you choose not to register.



Participant/caretaker signature

Date

Other voter registration information:

- Your county elections office will mail you a card to let you know your registration was received.
- You may ask for help to fill out this form or you may fill it out by yourself.
- The service or benefits you might receive from this agency will not be affected by your decision to register or not to register or to select a party preference.
- If you believe someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register, or your right to choose your political preference, you may file a complaint with the Secretary of State, Salem, Oregon 97310. Telephone 503-986-1518.

This institution is an equal opportunity provider. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) **fax:** (202) 690-7442; or

(3) **email:** program.intake@usda.gov

If you need this information in large print or other alternate formats, please call 971-673-0040 or TTY 1-800-735-2900.

Job Aid**Compare First and Second Cardholders**

	First Cardholder	Second Cardholder
Required?	Required for every account	Optional
When	Must be added to TWIST and issued a card at first appointment	May be added to TWIST and issued a card at anytime
Who	Must be the adult participant or the parent/caretaker of infant/child participants	Can be whomever the first cardholder selects
	Must be a part of the participants' household	Does not need to be a part of the participant's household
	Cannot also be second cardholder	Cannot also be first cardholder
	Cannot be a WIC staff person (unless they are a participant or family member of the participant)	Cannot be a WIC staff person (unless they are a participant or family member of the participant)
Address	Defaults to the family address in TWIST Client Master Demographics	Any address can be used
Roles	Can bring in infant/child for recerts and follow up appts	Can bring in infant/child for recerts and follow up appts
	Can make and change appts	Can make and change appts
	Can attend NE	Can attend NE
	Can make changes to food package	Can make changes to food package
	Can purchase WIC foods with eWIC card	Can purchase WIC foods with eWIC card
	Can report their own card lost, stolen, or damaged	Can report their own card lost, stolen, or damaged
	Can access account benefit balance and transaction information from the customer service line or cardholder website	Can access account benefit balance and transaction information from the customer service line or cardholder website
	Can select and change the second cardholder	Cannot make any changes to cardholders
	Can transfer participants to another agency or out of state	Cannot transfer participants
	Can discontinue WIC services for family	Cannot discontinue WIC services for family

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Job Aid**Food Packages and Template Codes*****Types of Food Packages***

Every participant is assigned a food package made up of a combination of milk, foods, and formula that is appropriate for their age, category, and designation.

Standard Food Packages

Standard food packages are the food packages automatically assigned by TWIST for each participant. They contain the maximum amount of foods allowed by federal regulations.

Non-Standard Food Packages

Non-standard food packages are food packages that are slightly changed by the CPA. For example, the CPA might select a template with no eggs or reduce the quantity of milk in a package.

Modified Food Packages

If the CPA cannot find a non-standard template to meet the participant's needs, a "modified" food package can be created by using the "Modify" pop-up on the *Food Package Assignment* screen.

Partial Food Packages

Partial food packages are issued starting on the 20th of the month. They have reduced quantities of food to reflect the partial month of issuance.

Job Aid

Food Packages and Template Codes

Modules on the “Food Package Assignment” Screen

The foods in each food package are grouped together in smaller units called modules. Each module contains a different group of foods.

FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
07/01/2014	C2-5	ML-C	3.25	gal	C					<input type="checkbox"/>	
06/01/2014	C2-5	ML-C	3.25	gal	C					<input type="checkbox"/>	
05/01/2014	C2-5	ML-C	3.25	gal	C					<input type="checkbox"/>	
04/08/2014	C2-5	ML-C	3.25	gal	C					<input type="checkbox"/>	

Module A → milk or infant formula module

Module B → food module

Module C → medical formula for women and children module

Foods in each module are selected by using the drop down arrow to select a template. **Templates** are combinations of commonly assigned foods that can be selected from the drop down in each module. Only templates appropriate for the participant are available to choose. During certification, TWIST defaults to the standard templates or to templates previously used by the participant.

A **food package** refers to all of the participant’s foods and formula together. Most participants will receive foods from two different modules. Women and children with special dietary needs may receive foods from all three.

Job Aid**Food Packages and Template Codes****Module A - Milk Templates – Women and Children****Standard Milk Templates**

ML-C = Woman or Child 24-60 mo – (liquid cow’s milk – non-fat, 1%; cheese)

MW-C = Child 13-23 mo – (liquid cow’s milk – whole; cheese)

Non-Standard Milk Templates

The non-standard milk templates offer different choices for types of milk. You can also choose templates with less cheese and more milk.

Module A - Milk Template Codes		
First Letter	Second Letter	Third Letter
M - Liquid Cow’s Milk	L - Non-fat, 1%	C - Cheese is included
G - Liquid Goat’s Milk	W - Whole milk only	0 - No Cheese included
S - Soy Milk Beverage	2 - 2% only	
L - Lactose-free Milk		
A - Acidophilus Milk		

Examples:

S-0 = Soy milk beverage; no cheese

GL-C = Goat’s milk, non-fat or 1%; cheese included

(Note: Evaporated or dry powdered versions of milk do not have templates. They are assigned from the “Modify” screen).

Job Aid**Food Packages and Template Codes****Module B - Food Templates – Women and Children****Standard Food Templates**

Standard Food Templates include eggs, cereal, peanut butter, beans, whole wheat bread/tortillas/rice, juice, fish, fruit and vegetables. The templates have the foods and quantities appropriate for each category.

C = Children

WE = Fully breastfeeding women

WPB = Pregnant women or mostly breastfeeding women

WN = Non-breastfeeding women or women doing some breastfeeding and infant receives formula exceeding the IB maximum

WPB-M = Woman (pregnant or mostly breastfeeding, with multiples)

WE-M = Woman fully breastfeeding multiples

Non-Standard Food Templates

The non-standard food templates offer different choices for changing or removing some foods. The second part of the template tells what food has been changed.

Module B - Food Template Codes	
First Part (Standard)	Second Part (what is different)
C	w/o PB – Without peanut butter
WE	w/o E – Without eggs
WPB	w/o F – without fish (tuna, salmon, sardines)
WN	J48 – Contains frozen juice which reconstitutes to 48 oz juice, rather than bottled juice
WPB-M	J64 – Contains 64 oz bottled or 16 oz frozen juice
WE-M	

Examples:

C w/o E = The standard child foods without eggs.

WPB-M-w/o F = The standard foods for a pregnant woman with multiples,

Job Aid**Food Packages and Template Codes**

without fish.

Module A – Formula Templates - Infant**Standard Infant Formula Template**

The Standard Formula Template for infants is for the bid formula.

SIA-P = Similac Advance Powder

Non-Standard Infant Formula Templates

All formulas have a three letter abbreviation.

- One word formulas will use the first three letters.
 - **Example: Nutramigen=NUT**
- Two word formulas use the first two letters of the first word and the first letter of the second word.
 - **Example: Similac Advance=SIA**
- Three word formulas use the first letter of each word.
 - **Example: Bright Beginnings Soy=BBS**

Module A – Infant Formula Template Codes	
First Part – Abbreviation of Name of Formula	Second Part – Type of Formula
Examples: SIA NUT GSO	C – Concentrate
	P – Powder
	R- Ready to Feed

Examples:

***SIA-C** = Similac Advance, concentrate or*

***NEI-P** = Neocate Infant, powder*

NOTE: Some formulas will include additional letters or numbers to differentiate similar items. *Example: PEP 1.0 or PEP 1.5 indicates two kinds of Pediasure Peptide.*

Job Aid**Food Packages and Template Codes****Module B - Food Templates - Infants****Standard Food Templates for Infants**

I-FVC – Foods for non-breastfeeding and some or mostly breastfeeding infants include baby food fruits, baby food vegetables, baby cereal

I-FVCM – Foods for exclusively breastfeeding infants include baby food fruits, baby food vegetables, baby cereal, baby food meat

Non-Standard Food Template for Infants

Module B – Infant Food Template Codes	
First Part	Second Part
I - Infant	FVC-\$4 – replaces 64 ounces of the baby food fruits and vegetables with cash value of \$4 for fresh fruits and vegetables
	FVCM-\$8 - replaces 128 ounces of the baby food fruits and vegetables with cash value of \$8 for fresh fruits and vegetables

Example:

I-FVCM-\$8 = Cash benefit for fresh fruits and vegetables, baby food fruit, baby food vegetables, baby food meat and baby cereal.

Job Aid**Food Packages and Template Codes****Module C – Formula Templates – Special Women and Special Children****Standard Formula Template – Women and Children**

There is not a Standard Formula Template for women and children. Formula selected in Module C must be prescribed by a Health Care Provider and requires Medical Documentation.

Non-Standard Formula Templates – Women and Children

NOTE: Formulas not available as a template can be added using the “Modify” screen.

All formulas have a three letter abbreviation.

- One word formulas will use the first three letters.
 - **Example: Nutramigen=NUT**
- Two word formulas use the first two letters of the first word and the first letter of the second word.
 - **Example: Similac Advance=SIA**
- Three word formulas use the first letter of each word.
 - **Example: Bright Beginnings Soy=BBS**

Module A – Infant Formula Template Codes	
First Part – Abbreviation of Name of Formula	Second Part – Type of Formula
Examples: SIA NUT GSO	C – Concentrate
	P – Powder
	R - Ready to Feed

Examples:

SIA-C = Similac Advance, concentrate or

NEI-P = Neocate Infant, powder

NOTE: Some formulas will include additional letters or numbers to differentiate similar items. *Example: PEP 1.0 or PEP 1.5 indicates two kinds of Pediasure Peptide.*

Job Aid**Food Packages and Template Codes*****Any Module – “Z” or “No Food” Templates***

Template codes which begin with **Z** indicate the participant is not receiving milk, formula or foods in that module.

“No Food” Templates**Z –**

The “Z” package defaults in Module A for fully breastfed infants who do not receive any formula.

ZN –

The “ZN” package defaults for WBN women after 6 months postpartum. You may also select the “ZN” package for any participant who is not receiving foods in a module.

For example:

- Participant is unable to eat or tolerate a particular group of foods, such as dairy products;
- Participant declines foods offered.

Job Aid

Standard Food Packages

Category/ Designation	Template Codes	Description	Full	Partial
Woman Pregnant, Woman Mostly Breastfeeding	ML-C	Low fat milk Cheese	4.75 gal 1 lb	2.5 gal 1 lb
	WPB	Eggs- large Cereal- hot/cold 11.5-12 ounce frozen juice 100% Whole wheat bread/ corn tortillas/brown rice Dry beans, peas or lentils Peanut butter/dry beans/peas/lentils Fruit and vegetables- fresh/frozen	1 doz 36 oz 3 ctr 16 oz 1 ctr 1 ctr 11.00 \$	1 doz 18 oz 2 ctr 16 oz 1 ctr 1 ctr 11.00 \$
Woman Pregnant with Multiples, Woman Partially Breastfeeding Multiples, Woman Mostly Breastfeeding and Pregnant	ML-C	Low fat milk Cheese	5.25 gal 2 lb	3 gal 1 lb
	WPB-M	Eggs- large Cereal- hot/cold 11.5-12 ounce frozen juice 100% Whole wheat bread/ corn tortillas/brown rice Dry beans, peas or lentils Peanut butter/dry beans/peas/lentils Fish- canned tuna/salmon/sardines Fruit and vegetables- fresh/frozen	2 doz 36 oz 3 ctr 16 oz 1 ctr 1 ctr 30 oz 11.00 \$	1 doz 18 oz 2 ctr 16 oz 1 ctr 1 ctr 15 oz 11.00 \$

Job Aid

Standard Food Packages

Category/ Designation	Template Codes	Description	Full	Partial
Woman Fully Breastfeeding	ML-C	Low fat milk Cheese	5.25 gal 2 lb	3 gal 1 lb
	WE	Eggs- large Cereal- hot/cold 11.5-12 ounce frozen juice 100% Whole wheat bread/ corn tortillas/brown rice Dry beans, peas or lentils Peanut butter/dry beans/peas/lentils Fish- canned tuna/salmon/sardines Fruit and vegetables- fresh/frozen	2 doz 36 oz 3 ctr 16 oz 1 ctr 1 ctr 30 oz 11.00 \$	1 doz 18 oz 2 ctr 16 oz 1 ctr 1 ctr 15 oz 11.00 \$
Woman Postpartum Non-Breastfeeding, Woman Some Breastfeeding	ML-C	Low fat milk Cheese	3.25 gal 1 lb	1.75 gal 1 lb
	WN	Eggs- large Cereal- hot/cold 11.5-12 ounce frozen juice Peanut butter/dry beans/peas/lentils Fruits and vegetables- fresh/frozen	1 doz 36 oz 2 ctr 1 ctr 11.00 \$	1 doz 18 oz 1 ctr 1 ctr 11.00 \$

Job Aid

Standard Food Packages

Category/ Designation	Template Codes	Description	Full	Partial
Child 13-23 months	MW-C	Whole milk Cheese	3.25 gal 1 lb	1.75 gal 1 lb
	C	Eggs- large Cereal- hot/cold Peanut butter/dry beans/peas/lentils 100% Whole wheat bread/ corn tortillas/brown rice 64 oz bottle/16 oz frozen juice Fruits and vegetables- fresh/frozen	1 doz 36 oz 1 ctr 32 oz 2 ctr 8.00 \$	1 doz 18 oz 1 ctr 16 oz 1 ctr 8.00 \$
Child 24-60 months	ML-C	Lowfat or fat free milk Cheese	3.25 gal 1 lb	1.75 gal 1 lb
	C	Eggs- large Cereal- hot/cold Peanut butter/dry beans/peas/lentils 100% Whole wheat bread/ corn tortillas/brown rice 64 oz bottle/16 oz frozen juice Fruits and vegetables- fresh/frozen	1 doz 36 oz 1 ctr 32 oz 2 ctr 8.00 \$	1 lb 18 oz 1 ctr 16 oz 1 ctr 8.00 \$
Infant Non-BF 0-3 months	SIA-P	Similac Advance powder	9 can	5 can
Infant Non-BF 4-6 months	SIA-P	Similac Advance powder	10 can	5 can

Job Aid

Standard Food Packages

Category/ Designation	Template Codes	Description	Full	Partial
Infant Non-BF 7-12 months	SIA-P	Similac Advance powder	7 can	4 can
	I-FVC or	Baby food- fruit/ vegetables Baby cereal	128 oz 24 oz	64oz 12 oz
	I-FVC-\$4	Baby food- fruit/ vegetables Baby cereal Fresh fruits and vegetables	64 oz 24 oz 4 \$	32 oz 12 oz 4 \$
Infant Mostly or Some BF 7-12 months *There are no standard food template amounts for partially (Mostly or Some) breastfed infants. The amount of formula each infant receives will vary and must be assigned by the CPA.	SIA-P	Similac Advance powder	CPA assigned *	CPA assigned *
	I-FVC or	Baby food- fruit/ vegetables Baby cereal	24 oz 128 oz	12 oz 64 oz
	I-FVC-\$4	Baby food- fruit/ vegetables Baby cereal Fresh fruits and vegetables	64 oz 24 oz 4 \$	32 oz 12 oz 4 \$
Infant Fully BF 0-6 months	Z	No WIC foods		
Infant Fully BF 7-12 months	I-FVCM or	Baby food- fruit/ vegetables Baby food- meat Baby cereal	256 oz 77.5 oz 24 oz	128 oz 39 oz 12 oz
	I-FVCM- \$8	Baby food- fruit/ vegetables Baby food- meat Baby cereal Fresh fruits and vegetables	128 oz 77.5 oz 24 oz 8 \$	64 oz 39 oz 12 oz 8 \$

Job Aid

Standard Food Packages

Category/ Designation	Template Codes	Description	Full		Partial
			<u>Month 1</u>	<u>Month 2</u>	
Woman Fully Breastfeeding Multiples	ML-C	Low fat milk	8.25 gal	8.25 gal	4 gal
		Cheese	3 lb	* 2 lb	2 lb
See Job Aid: Food Package for Fully BF Twins for special instructions when assigning. *These foods are manually modified every other month.	WE-M	Eggs- large	3 doz	3 doz	2 doz
		Cereal- hot/cold	54 oz	54 oz	36 oz
		11.5-12 ounce frozen juice	5 ctr	* 4 ctr	2 ctr
		100% Whole wheat bread/ corn tortillas/brown rice	32 z	* 16 oz	16 oz
		Dry beans, peas or lentils	2 ctr	2 ctr	1 ctr
		Peanut butter/dry beans/peas/lentils	1 ctr	1 ctr	1 ctr
		Fish- canned tuna/salmon/sardines	45 oz	45 oz	25 oz
		Fruit and vegetables- fresh/frozen	16.50 \$	16.50 \$	16.50 \$

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😊 Job Aid: Food Package Assignment Screen Codes

Chapter 3: Client Processes

Section 5: Food Packages

Lesson: Food Package Assignment Screen

Status Codes

This is the status of the food package on that row:

- BI = Benefits have been issued.
- \$ = Benefits have been spent (any amount).
- FW = Some benefits are being provided by the Formula Warehouse.
- U = The food package has been updated from what was originally issued and needs to be reissued.
- FX = Spent formula benefits have been exchanged.
- FR = Spent formula benefits have been replaced.
- Blank = the food package has been assigned, but not issued.

Partial Check Box

- = partial package assignment (shows after 20th of the month)
- = full package assigned when issued after 20th of the month

Med Doc Codes

- Blank = No medical documentation needed
- R = Medical documentation required, but not yet received
- Y = Medical documentation has been received

Modified Indicators

- * = Less than the maximum foods are assigned in Module B
- Modified =
 - The food package does not match a template,
 - A formula without a template is selected, or
 - There is more than one milk or formula assigned.

Split Row

- Mid-month category changes will show as two rows for the month (a split row). The row for the old category is grayed-out and the row for the new category has the current food package.

Job Aid **Helping Families Use the Benefits List**

How would you use the Benefits List to help WIC families?

Who is the cardholder?

When was this list printed?

WIC Benefits List
Benefits Available as of 03/06/2014 12:54

WIC Family ID: 2100181

FirstCardholder: SAMPLE, SARA SecondCardholder: SAMPLE, STEVE

Which months have benefits issued?

Which family members have benefits?

Benefits for: 3/4/2014 through 3/31/2014

Family Member/s: Sample, Sara - WB Sample, Sam - C1
Sample, Suzy - 1B7-12

Quantity	Unit	Food Item Description
2	LB	Cheese
2	DOZ	Eggs - large
72	OZ	Cereal - hot / cold
2	CTR	Peanut butter / dry beans / peas / lentils
1	CTR	Dry beans, peas or lentils
24	OZ	Baby cereal
128	OZ	Baby food - fruit / vegetables
48	OZ	100% Whole wheat bread/corn tortillas/brown rice
16	\$\$\$	Fruit and vegetables - fresh / frozen
2	CAN	Similac Advance powder
3.25	GAL	Whole milk
4.75	GAL	Lowfat or fat free milk
3	CTR	11.5 to 12 ounce frozen juice
2	CTR	64oz bottle / 16oz frozen juice

How much of each food are they getting?

What foods are they getting?

Benefits for: 4/1/2014 through 4/30/2014

Family Member/s: Sample, Sam - C2-S Sample, Sara - WB
Sample, Suzy - 1B7-12

How many future months of benefits are

Are family members benefits combined?

Quantity	Unit	Food Item Description
2	LB	Cheese
2	DOZ	Eggs - large
72	OZ	Cereal - hot / cold
2	CTR	Peanut butter / dry beans / peas / lentils
1	CTR	Dry beans, peas or lentils
24	OZ	Baby cereal
128	OZ	Baby food - fruit / vegetables
48	OZ	100% Whole wheat bread/corn tortillas/brown rice
16	\$\$\$	Fruit and vegetables - fresh / frozen
2	CAN	Similac Advance powder
8	GAL	Lowfat or fat free milk
3	CTR	11.5 to 12 ounce frozen juice
2	CTR	64oz bottle / 16oz frozen juice

Your next appointment will be _____ . Your WIC clinic phone number is (503) 988-3503.

When should they come back to the clinic?

Types and Units of Foods

Food Category	Short Description	Long Description	Unit of measure	Measure Description
Cheese	Cheese	Cheese	LB	pound
Eggs	Eggs- large	Eggs – large	DOZ	dozen
Cereal	Cereal – hot/cold	Cereal – hot/cold	OZ	ounce
Peanut butter or beans	Peanut butter/beans	Peanut butter/dry beans/peas/lentils	CTR	container 1 CTR=16-18 oz PB or 16 oz beans
Dry Beans or peas	Dry beans or peas	dry beans/peas/lentils	CTR	Container 1 CTR=16 oz
Fish	Fish – canned	Fish – canned tuna/salmon/sardines	OZ	ounce
Bread or whole grains	Whole grains	100% whole wheat bread/corn tortillas/brown rice	OZ	ounce
Fruit and vegetables	Fruit and vegetables	Fruit and vegetables – fresh/frozen	\$\$\$	Amount in dollars and cents example: \$10.00
Whole fluid milk	Whole milk	Whole milk	GAL	1.0 = 1 gallon
Lowfat fluid milk	Lowfat milk	Lowfat or fat free milk	GAL	1.0 = 1 gallon
Soy beverage	Soy beverage	Soy beverage	GAL	1.0 = 1 gallon
Juice – 11.5-12oz	Frzn juice 11.5-12oz	11.5 to 12 ounce frozen juice	CTR	container 1 CTR=11.5-12 ounces frozen
Juice – 64 oz/16 oz	Juice 64oz / 16oz	64oz bottle/ 16oz frozen juice	CTR	container 1 CTR=64 oz plastic bottle or 16 oz frozen
Formulas	Varies	Varies	Can, btl, ctr, box, ctn	Can, bottle, container, box, carton
Baby cereal	Baby cereal	Baby cereal	OZ	ounce
Baby food fruits and vegetables	Baby food – fruit/veg	Baby food – fruit/vegetables	OZ	ounce
Baby food – meat	Baby food – meat	Baby food – meat	OZ	ounce

Job Aid

eWIC Shopper Functions Cheat Sheet

This chart identifies what resources are available for families to perform important eWIC related functions.

Task	WIC office	Phone ¹ – 1-844-234-4946		Website ebtEDGE	Store			WICShopper Smartphone App
		Automated System	Live customer service representative		Register	Customer service desk	Receipt	
Set up PIN		✓		✓				
Change PIN ²		✓		✓				
Check current benefit balance	✓	✓	✓	✓	✓		✓	✓
Check future months benefit balance	✓							
Check transaction history		✓	✓	✓				
Check expiration date of current benefits	✓	✓	✓	✓			✓	✓
Check items purchased during or immediately after the transaction						✓ – ask checker		✓
Address change for first or second cardholder	✓							
Request a second cardholder	✓							
Reporting a card lost or stolen	✓		✓					
Requesting a replacement card	✓		✓					
Deactivate second cardholder (by either first or second cardholder)	✓		✓					
Locate a WIC authorized store	✓							✓

Note 1: Both phone options are accessed with the same phone number. Within the automated system there are options that will transfer participants to the live customer service representative. **Note 2:** The eWIC card is locked after the fourth incorrect PIN try. It will be locked until midnight. If the cardholder remembers the original PIN, they can wait until after midnight and that PIN can be used to access the account. If they do not remember the original PIN, they can wait until after midnight and then change the PIN.

Job Aid

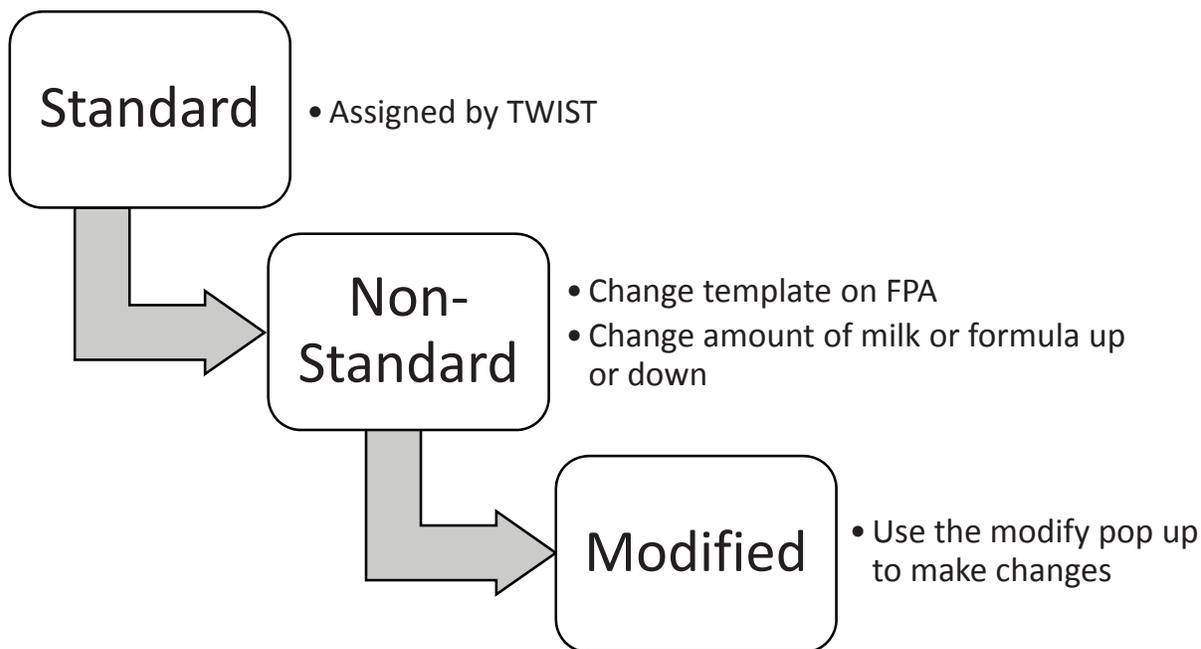
eWIC Shopper Functions Cheat Sheet

eWIC Shopper Education Materials List

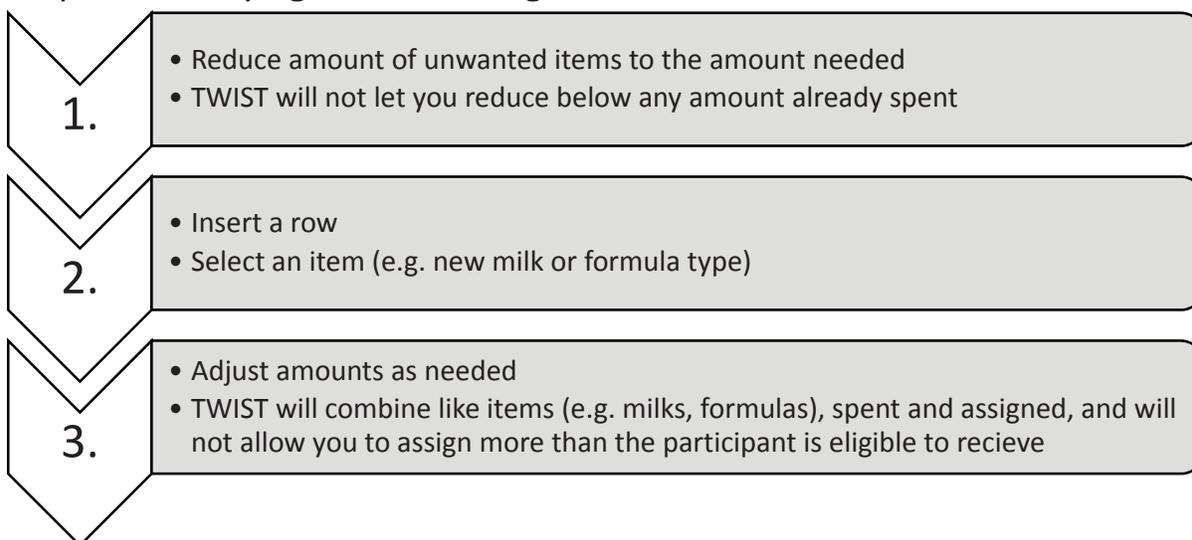
Item/#	Language(s)	Format avail.	
		Print	Web
<ul style="list-style-type: none"> eWIC Participant Signature form 57-629 Rights and Responsibilities 57-630 Using your eWIC Card 57-1008 How to shop with your eWIC card 57-1002 Food List 57-1001 	English	✓	✓
	Spanish	✓	✓
	Russian		✓
	Vietnamese		✓
	Chinese		✓
	Somali		✓
Arabic			✓
WIC ID card (eWIC version)	English	✓	
WIC folder	English	✓	
	Spanish	✓	
Replacement of unavailable/stolen formula 57-912	English		✓
Participant videos (available on DVD also)	English		✓
	Spanish		✓
1/3 sheet inserts			
<ul style="list-style-type: none"> Shopping for baby food Brands (tortillas/baby food) 1001a 	English/Spanish	✓	✓
	English/Spanish	✓	✓

😊 Job Aid: Modifying Food Packages

Chapter 3: Client Processes
Section 5: Food Packages
Lesson: Modifying Food Packages



Steps to Modifying a Food Package



☺ Job Aid: Modifying Food Packages

Example of Modifying a Food Package

Screen	Action	Amount of Food	Notes
FPA	View assigned package	10 cans Similac Powder	
Modify	Reduce amount of unwanted formula	0 cans Similac Powder	
Modify	Insert row – choose new formula	28 bottles Special RTF formula	
FPA/Modify	Repeat for future months	28 bottles Special RTF formula	Can't forecast modified packages
FPA	Save	28 bottles Special RTF formula	
FSS	Issue	28 bottles Special RTF formula	

Example of Modifying a Food Package with Spent Benefits

Client was issued 4.5 gallons of milk and has spent 1 gallon. She has 3.5 gallons of milk remaining for the month. She now needs soy milk instead of cow's milk.

Screen	Action	Amount of Food	Notes
Modify	View remaining unspent	3.5 gallons milk	4.5 gal (maximum shown) minus 1 gal spent (minimum shown)
Modify	Reduce amount of unwanted milk to minimum shown	1 gallon milk	Spent benefit shows as minimum
Modify	Insert row – choose new milk	3.5 gallons soy	Replaces the unspent milk
FPA	Select new template for future month and forecast	4.5 gallons soy	Future months only
FPA	Save	3.5 gallons soy and 4.5 gallons soy	Current month and future months
FSS	Issue	3.5 gallons soy and 4.5 gallons soy	Current month and future months

Replacement of Unavailable/Stolen Formula



Participant Name	
WIC ID Number or eWIC Card PAN	
Formula Name	
Number of Containers Reported as Unavailable/Stolen	
Number of Containers Replaced	

I am reporting the above formula has been stolen or cannot be safely retrieved. I understand that if the original formula is found that I must return the replacement formula to the WIC Program.

Signature of Participant or Guardian: _____

Date Signed: _____

WIC Local Agency	
WIC Staff Name	

☺ Job Aid: Termination Reasons and Benefit Issuance

Chapter 3: Client Processes

Section 8: Other Client Processes

Lesson: Terminations and Ineligibility

Term Reasons in TWIST	Remove Current Benefits?	Removes Future Benefits?	When occurs
Automatic TWIST Terminations			
Child has reached age 5			End of month
Family does not use any benefits for two consecutive months	Yes	Yes	7th of month
Client is marked as deceased in the client master	Yes	Yes	Daily
Client is not issued any benefits for two consecutive months			7th of month
Client is one month overdue for recertification			End of month
Newborn is not fully certified after 2 months (temporary newborns)	No		End of month
Clients did not provide proof of eligibility - identity, residence, or income (eligibility pending)	No		Daily
Woman breastfeeding more than 12 months postpartum	No		End of month
Woman non-breastfeeding more than 6 months postpartum	No	Yes	End of month
Incomplete diet assessment, health history, income, intake, medical data, or NE plan			Weekly
Manual Terminations			
Income ineligible			
No risk assigned			
Priority frozen	No	Yes	

Term Reasons in TWIST	Remove Current Benefits?	Removes Future Benefits?	When occurs
Abuse of program	Yes	Yes	
Custody change	Yes	Yes	
Dual participation	Yes	Yes	
Exceeds income level allowed on program	No	Yes	
Lower priority medical/nutritional risk	No	Yes	
Moved from clinic area	No	Yes	
Moved out of state	No	Yes	
Not at medical/nutritional risk	No	Yes	
Terminated voluntarily	No	Yes	
Client has been on the wait list for more than the allotted time frame			
Other	No	Yes	

Job Aid**What can happen over the phone?**

Determine what actions can happen over the phone, which WIC staff can do it, and what documentation will be required. Staff will need to determine if the caller is authorized to request these actions by requesting the appropriate security data from the caller. The security data in TWIST may include WIC ID number, child's name and DOB, cardholder DOB/zip, or other reasonable combination of data matched to what is found in TWIST.

Action	By phone?	Staff?	Security?	Documen- tation	Policy
Change appointments	Yes	All	Security Data from TWIST	FAR	
Change address and phone numbers for participants and first cardholder	Yes	All	Security Data from TWIST	Client Master Demographics	510
Change address for second cardholder	Yes	All	Security Data from TWIST	FCS	510
Report card lost, stolen, deactivated	Yes	All	Security Data from TWIST	FCS	510
Remove second cardholder	Yes	All	First cardholder DOB, ZIP	FCS	510
Change food package/benefits <ul style="list-style-type: none"> • Add foods to existing food package • mid-cert FP changes • Category changes (e.g. WP-WE) • Additional cans of formula • Infant to Child change 	Yes	CPA	Security Data from TWIST	FPA	769 660
Change form of milk, formula, or juice	Yes	All	Security Data from TWIST	FPA	660
Temporary Newborn	Yes	CPA	Security Data from TWIST	TNB screens	511 601 660 769
Transfers in from in-state	Yes	All	Security Data from TWIST	Transfers	654

Job Aid**What can happen over the phone?**

Action	By phone?	Staff?	Security?	Documen- tation	Policy
Missed NE – issuing a month of benefits and rescheduling NE	Yes	All	Security Data from TWIST	FAR	830 835 860 511
Issuing benefits to participant when report completion of online NE	Yes	CPA or trained clerical-with discussion	Security Data from TWIST + CPA finds record of completion online	Document in Online Group or as NE topic in Participant’s record	823
Issuing benefits to participant by RD after phone high risk follow up	Yes	RD – after appt.	Security Data from TWIST	Document HR care plan – Issue from FSS	661 821 822
Issue or Replace eWIC cards	No			Inform of process (either ebtEDGE or in-person at clinic)	510
Custody changes	No				510
Transfer in from out-of-state	No				510
Add a new second cardholder	No				510

☺ Job Aid: Missed Nutrition Education Appointments and Nutrition Education Refusal

Chapter 3: Client Processes

Section 9: Second Nutrition Education Contact

Lesson: Nutrition Education Refusal

Policy Summary 835: Nutrition Education: Attendance and Refusal

Participants shall not be denied food benefits for failure to attend or participate in nutrition education activities.

Follow these steps when a participant is unable to attend their scheduled nutrition education:

1. Try to reschedule the participant for another nutrition education appointment within the same month and issue food benefits at that appointment.
2. If it is not possible to reschedule the participant within the same month, allow the participant or caretaker to be issued one month of food benefits and reschedule the participant for their second NE activity the following month. Continue their normal frequency of issuing food benefits when they attend the NE activity.
3. If the participant refuses any 2nd nutrition education offered during the initial or subsequent certifications, they must contact the clinic the month their food benefits end to be issued additional benefits. Document NE refusal in the participant's record in TWIST.

Documentation for Nutrition Education (NE) Offerings, Refusals, Reschedules and No Shows

(Refer to Policy 830: Nutrition Education – Documentation)

Process	Flow	Documentation
1. WIC Staff Offer Client NE	Offer and encourage attendance at a second NE* opportunity at <u>every</u> cert/recert appointment. (Regardless of whether participant has refused NE in the past).	Document in Family Appt record: An NE request or booked NE appointment for each family member
2. Client Refuses NE***	Only occurs at cert/recert visit when participant refuses to attend <u>any</u> second nutrition education contact (this should happen very rarely). Let the participant know which month they need to contact the WIC clinic to be issued more benefits.	Document in FAR using the NE Refusal button. Write the month to contact the clinic on the participants Benefits List, ID card, or other document.
3. Client Reschedules Second NE	Participant calls <u>before</u> scheduled second NE to say they can't attend. Offer to reschedule. If cannot reschedule, issue one month of benefits and schedule for NE next month.	No additional documentation needed – this is not a “refusal
4. Client No Shows Scheduled Second NE	Participant does not attend second NE. Make effort to contact family to reschedule NE. If reach family but they are unable to reschedule NE this month, issue one month of benefits and reschedule NE for next month.	Unattended scheduled appts. are “no showed” by End of Day. No other documentation is needed.

*Second Nutrition Education Contacts may include the following appointment types: F1, F2, F3, FD, IE, MI, MW, GE.

** PU (“Benefit Pick-up”) appointments do not qualify as second NE contacts.

***In this scenario, a participant may receive up to 3 months of benefits.

♪ NOTE: NE Refusal documentation can be viewed on the Family Appointment Record by selecting client and clicking on the “**NE Refusal**” button.

Documentation of refusal will remain in the system unless or until user chooses to remove it.

Job Aid Assigning Dry and Evaporated Cow and Goat Milk

For both cow and goat, dry and evaporated milk, the size of the container is **not** printed on the receipt or the Food List or when Customer Service is contacted.

In addition, only one size of container can be used when purchasing these products. For dry cow milk, it is the 25.6 oz. pouch or box. For evaporated cow milk, it is the 12 oz. can. Meyenberg goat milk is the only authorized brand, and both evaporated and powdered goat milk are packaged in a 12 oz. can.

The WIC Benefits List does have the container size, so it will be important to give the participant their WIC Benefits List and point out the container size they must use to purchase these products with WIC.

When a participant prefers dry or evaporated milk, consider the reconstitution amounts of the box or can when issuing.

Dry Milk

For cow milk, the only dry milk option available is a 25.6 oz. pouch or box of nonfat dry milk. The powdered goat milk option is a 12 oz. can. When mixed with water as directed on the container, each will make:

- 25.6 oz. container of dry cow milk = 2 gallons milk
- 12 oz. can of powdered goat milk = .75 gallons milk

In order to assign the maximum milk benefit, most participants would be assigned a few quarts of liquid milk in addition to the dry milk.

Example Receipt	
Benefits Expire on XX-XX-20XX	
01	CTR NONFAT DRY MILK
24	CAN EVAP FAT FREE MILK
16	CAN EVAPORATED WHOLE MILK
28	CAN EVAP WHOLE GOAT MILK
04	CAN PWD WHOLE GOAT MILK
07	CAN PWD NONFAT GOAT MILK

WIC Benefits List		
Quantity	Unit	Food Item Description
01	CTR	Non fat dry milk 25.6 oz. 
24	CAN	Evaporated fat free milk 12 oz. 
16	CAN	Evaporated whole milk 12 oz.
28	CAN	Evap whole goat milk 12 oz.
04	CAN	Powdered whole goat milk 12 oz.
07	CAN	Powdered nonfat goat milk 12 oz.

Evaporated milk

Evaporated goat or cow milk is only available in a 12 oz. can.

One 12 oz. can of evaporated milk mixed with 12 oz. of water reconstitutes to 24 oz. or 3 cups of milk (.75 quart). We cannot assign in increments that are smaller than a quart, so when determining how many cans of evaporated milk to assign, consider issuing in increments of 4 cans. Every 4 cans of evaporated milk provides 3 quarts of milk.

4 cans evaporated milk	=	.75 gallon milk	(3 qts)
8 cans evaporated milk	=	1.5 gallons milk	(6 qts)
12 cans evaporated milk	=	2.25 gallons milk	(9 qts)
16 cans evaporated milk	=	3 gallons milk	(12 qts)
20 cans evaporated milk	=	3.75 gallons milk	(15 qts)
24 cans evaporated milk	=	4.5 gallons milk	(18 qts)
28 cans evaporated milk	=	5.25 gallons milk	(21 qts)
32 cans evaporated milk	=	6 gallons milk	(24 qts)
36 cans evaporated milk	=	6.75 gallons milk	(27 qts)
40 cans evaporated milk	=	7.75 gallons milk	(31 qts)

To reach the maximum milk benefit for the participant, it may be necessary to assign quarts of liquid milk, along with the evaporated milk.

☺ Job Aid: Postpartum or Breastfeeding Woman Reinstated to Pregnant

Chapter 3: Client Processes Section 5: Food Packages

When **any** postpartum participant tells you that she is pregnant, reinstate her for her new pregnancy, regardless of her current breastfeeding status.

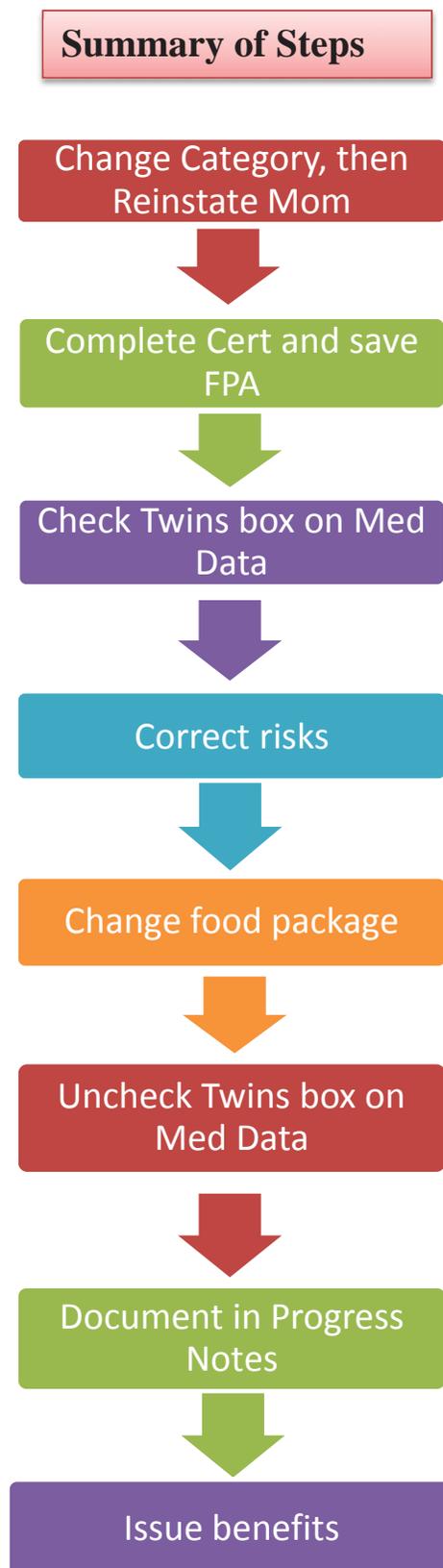
1. On the *WIC Intake* screen, change her category to **Woman, Pregnant**.
**This step *MUST* happen first for *TWIST* to correctly assign the food package.
2. Click the *Change Transaction Type* button. When the *Category Change* pop-up appears, click **No**.
3. On the *Select Transaction Type* pop-up, select **Reinstate** and click **OK**.
4. Change category to **Woman, Pregnant** (again).
5. Enter *EDD*.
6. Save.
7. Complete the *Income Eligibility* screen.
8. Save.
9. Fastpath to *Certification, Woman*.
10. Complete the *Certification* as normal.
NOTE: If the woman is **pregnant and continues to breastfeed, skip to the next section.
11. Save the new food package.
12. On the *Family Summary* screen, issue the new benefits.

Pregnant and Breastfeeding - Assigning the Correct Food Package

Only follow these steps to assign the correct food package to women who are “**Fully**” or “**Mostly**” breastfeeding (WE or WB) **and pregnant** and will receive a larger quantity of food. Women who are “**Some**” breastfeeding (WBN) **and pregnant** are assigned a pregnant woman food package and do not need the additional foods.

1. Follow steps 1-9 above.
 - a. Complete the certification.
 - b. Review weight gain grid as needed.
 - c. Review risks assigned.
 - d. Save the standard food package.
2. Return to the *Medical Data* screen and check the **Twins or more** box to allow the assignment of the larger food package.

3. Go to the *Health History* screen:
 - a. Remove **Risk 335** (Multiple Fetus Pregnancy) and
 - b. Correct any inappropriate weight gain risks assigned due to checking the “Twins” box.
 - c. Add **Risk 338** - Pregnant Woman Currently Breastfeeding
 - d. Add **Risk 332** - Closely Spaced Pregnancies
4. Go to the *Food Package Assignment* screen and change the food package to the maximum for woman pregnant with twins.
 - a. Only change the months until the breastfed baby turns one year old.
 - b. Use the Modify popup to adjust to 2 pounds of cheese and 5.25 gallons of milk.
 - c. In Module B, select template WPB-M.
5. Return to *Medical Data* screen and uncheck the **Twins** box.
6. Document in *Progress Notes* in both the woman’s and the infant’s chart.
 - a. In the woman’s chart, indicate the month the infant will turn one year.
 - b. In the infant’s chart, document that mom is pregnant and breastfeeding, so if baby changes to “Some” or “Non-Breastfeeding” the mom’s food package will need to change.
7. Fast Path to the *Family Summary* screen and issue benefits.
8. Ask the mom to let you know if she stops breastfeeding.



Job Aid **Food Packages for Women Fully Breastfeeding Twins**

Women who are fully breastfeeding multiples receive a package that is 1.5 times the fully breastfeeding package. To provide the maximum food package, quantities will be averaged over two months for those foods whose packaging does not accommodate the 1.5 amount.

Women's Food Package Assignment Screen

TWIST will automatically assign the food package with the larger amount of foods for the entire certification. The CPA must make modifications to three foods every other month in the certification.

Client Processes - [CP3115 - Woman Certification State ID:3680274 Name: Fully Breastfeeding, Twins DOB:02/02/1990]

File Edit Window Help

Selection

WIC ID: 01122252-01 Name: Fully Breastfeeding, Twins DOB: 02/02/1990 WIC Cat.: WOMAN, FULLY BREASTFEEDING Tr.Type: N

Medical Data Health History Diet Assessment NE Plan Progress Notes BF Tracking **Food Package Assignment**

FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
06/01/2016	WE	ML-C	8.25	gal	WE - M						
05/01/2016	WE	ML-C	8.25	gal	WE - M						
04/01/2016	WE	ML-C	8.25	gal	WE - M						
03/01/2016	WE	ML-C	8.25	gal	WE - M						
02/01/2016	WE	ML-C	8.25	gal	WE - M						
01/01/2016	WE	ML-C	8.25	gal	WE - M						
12/01/2015	WE	ML-C	8.25	gal	WE - M						
11/01/2015	WE	ML-C	8.25	gal	WE - M						
10/01/2015	WE	ML-C	8.25	gal	WE - M						
09/01/2015	WE	ML-C	8.25	gal	WE - M						
08/01/2015	WE	ML-C	8.25	gal	WE - M						
07/07/2015	WE	ML-C	8.25	gal	WE - M						

Modify FR and FX Med. Doc. Info Forecast Row Summary :Special Client :IBN/WBN Twins or More:

Food Package Assignment Old Food Package Assignment

Enrollment Family Summary Screen Immunizations Status Change Transaction Type Determine Eligibility

Job Aid

Food Packages for Women Fully Breastfeeding Twins

1. Click on the second row of the certification, then click on the Modify button.

WIC ID: 01122252-01 Name: Fully Breastfeeding, Twins DOB: 02/02/1990 WIC Cat.: WOMAN, FULLY BREASTFEEDING Tr.Type: N

Medical Data Health History Diet Assessment NE Plan Progress Notes BF Tracking **Food Package Assignment**

FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
06/01/2016	WE	ML-C	8.25	gal	WE - M						
05/01/2016	WE	ML-C	8.25	gal	WE - M						
04/01/2016	WE	ML-C	8.25	gal	WE - M						
03/01/2016	WE	ML-C	8.25	gal	WE - M						
02/01/2016	WE	ML-C	8.25	gal	WE - M						
01/01/2016	WE	ML-C	8.25	gal	WE - M						
12/01/2015	WE	ML-C	8.25	gal	WE - M						
11/01/2015	WE	ML-C	8.25	gal	WE - M						
10/01/2015	WE	ML-C	8.25	gal	WE - M						
09/01/2015	WE	ML-C	8.25	gal	WE - M						
08/01/2015	WE	ML-C	8.25	gal	WE - M						
07/07/2015	WE	ML-C	8.25	gal	WE - M						

Modify FR and FX Med. Doc. Info Forecast Row Summary :Special Client :IBN/WBN Twins or More:

Food Package Assignment Old Food Package Assignment

Enrollment Family Summary Screen Immunizations Status Change Transaction Type Determine Eligibility

Job Aid

Food Packages for Women Fully Breastfeeding Twins

2. Make the following modifications to the food package:
Cheese- decrease from 3 pounds to 2 pounds
Whole grains- decrease from 32 ounces to 16 ounces
Juice- decrease from 5 containers to to 4 containers

The screenshot shows the WIC Food Package Assignment interface. At the top, it displays patient information: Selection, WIC ID: 01122252-01, Name: Fully Breastfeeding, Twins, DOB: 02/02/1990, WIC Cat.: WOMAN, FULLY BREASTFEEDING, Tr.Type: N. Below this are tabs for Medical Data, Health History, Diet Assessment, NE Plan, Progress Notes, BF Tracking, and Food Package Assignment. The main table lists food packages by FP Start Date, WIC Category, Module A, Qty A, Unit A, Module B, Module C, Qty C, Unit C, Med Doc, Partial, and Status. The 08/01/2015 package is selected. A 'Food Assignment Modify Screen' dialog box is open, showing a list of food items with their current quantities and units. The items and their values are: Cheese (2 lbs), Lowfat or fat free milk (8.25 gal), Eggs - large (3 doz), Cereal - hot / cold (54 oz), Peanut butter / dry beans / peas / lentils (1 ctr), Dry beans, peas or lentils (2 ctr), Fish - canned tuna / salmon / sardines (45 oz), 100% Whole wheat bread/corn tortillas/brown rice (16 oz), Fruit and vegetables - fresh / frozen (15.00 \$\$\$), and 11.5 to 12 ounce frozen juice (4 ctr). The dialog box also includes 'OK' and 'Cancel' buttons and an 'Insert Row' button at the bottom.

FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
06/01/2016	WE	ML-C	8.25	gal	WE - M						
05/01/2016	WE	ML-C	8.25	gal	WE - M						
04/01/2016	WE	ML-C	8.25	gal	WE - M						
03/01/2016	WE	ML-C	8.25	gal	WE - M						
02/01/2016	WE	ML-C	8.25	gal	WE - M						
01/01/2016	WE	ML-C	8.25	gal	WE - M						
12/01/2015	WE	ML-C	8.25	gal	WE - M						
11/01/2015	WE	ML-C	8.25	gal	WE - M						
10/01/2015	WE	ML-C	8.25	gal	WE - M						
09/01/2015	WE	ML-C	8.25	gal	WE - M						
08/01/2015	WE	ML-C	8.25	gal	WE - M						
07/07/2015	WE	ML-C	8.25	gal	WE - M						

Module	Food Group	Quantity	Unit
A	Cheese	2	lb
[A]	Lowfat or fat free milk	8.25	gal
B	Eggs - large	3	doz
B	Cereal - hot / cold	54	oz
B	Peanut butter / dry beans / peas / lentils	1	ctr
B	Dry beans, peas or lentils	2	ctr
B	Fish - canned tuna / salmon / sardines	45	oz
B	100% Whole wheat bread/corn tortillas/brown rice	16	oz
B	Fruit and vegetables - fresh / frozen	15.00	\$\$\$
B	11.5 to 12 ounce frozen juice	4	ctr

3. Repeat these changes for every other month of the certification.

Job Aid

**Food Packages for Women Fully
Breastfeeding Twins**

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😊 Job Aid: eWIC Issues and Solutions

There are some issues in TWIST that are already known and do not need to be reported. This list of issues provides you with solutions, if needed.

Formula Warehouse (FW) / Med Doc	
The Formula Warehouse Button is greyed out.	Make sure you have an active eWIC cardholder and a FW formula assigned.
How can I tell if a Formula Warehouse order has been placed?	There are 3 ways to tell: On the FSS, the Formula Warehouse button will show an exclamation point if a FW order has been placed. There will also be "FW" on the Benefits List next to the formula name. For now, there is not an indicator on the FPA.
When I converted the client, her med doc didn't convert.	Go to the "Old FPA", click on "Med Doc Info" to view to existing Med Doc. Copy that information into a new "Med Doc Info" pop-up on the new "FPA".
On the FW screen, I can't choose flavors for Neocate Splash.	Select the regular Neocate Splash, and in the Formula Warehouse "Notes" section, write the quantity of each flavor for the FW to send.

Special	
I can issue special formula to women with TWINS without checking the "special" checkbox.	If the client is special, check the "special" checkbox. If the client is not special, in Module C select nothing, or a ZN or Z-FIX-IT package.
I have an over-issuance error message when I unchecked "special" for an IN7-12.	You do not need to call app support. The participant already has spent the max amount for an infant (non-special), so the benefits do not need to be reissued. On the FSS, uncheck the current month and issue only future months.

Special	
The infant (IN7-12) is receiving child foods and now she needs to be “special”.	<p>If benefits are NOT SPENT for the current month, on the FPA, mark “special”, assign the child food template in Module B, and formula in Module C.</p> <p>If benefits are SPENT for the current month, on the FPA, mark “special”, add the remaining unspent benefits back in one by one using the “Modify” screen and assign formula.</p>
I marked “special” for the child but I didn’t have to select a formula in Module C.	<p>If child doesn’t need formula, uncheck “special”.</p> <p>If the child needs formula, select a formula in Module C.</p>

Nutrition Education	
I can’t issue benefits from the Group NE screen.	This function has been disabled for eWIC. Issue benefits from the individual’s FPA.

Forecasting Food Packages	
I can’t forecast a “Modified” food package.	<p>If a food package is called “modified”, it can’t be forecasted the normal way.</p> <p>Either select a template for the next month and forecast from that row, or modify every future month using the modify pop-up.</p>
IB and IBN formula doesn’t forecast the correct amount when the baby changes from IB4-6 to IB7-12.	<p>This is because it is trying to forecast an amount of formula that is over the max for the IB7-12 age.</p> <p>From the first month of the IB7-12 range, select the amount of formula and forecast the future months in the 7-12 age range.</p>
When I recertified the client, the non-standard template didn’t carry forward to the new certification period.	Select the desired template and forecast for the new certification period.
The IBN baby shows spent benefits, but I know they haven’t spent any this month.	In WBN/IBN pairs with infant CVB (FVV), the baby will show spent benefits. No action needed.

Modifying Food Packages	
An Asterisk* appears on the FPA row even though there haven't been any changes to the food package.	No action needed.
I can't issue the child foods to an infant even though they are past their first birthday.	<p>The infant must have no spent benefits in the current month in order to make the change. If the infant's food package is IFVC-\$4, this includes no spent CVB (fresh fruits and veggies) for the family.</p> <p>If the mom requests the foods at the beginning of the month (before the baby's birthday), do not issue benefits to the baby until after their birthday, then make the switch to child food and issue the benefits.</p>

Category Changes	
When I change the category of an infant with spent CVB (FVV), the amount of baby food and CVB are incorrect this month.	Leave the baby food and CVB assigned alone (with incorrect amounts) on the modify screen and issue formula as needed for this month.
When I reinstate a woman, I don't get a food package to reissue.	Change the category of the woman before using the reinstate transaction type. If you did not, and have no food package, call App Support.
When I recertify a returning temp newborn baby and mom, I can't change the food package to match their new category.	Always change the category of the baby and mom before selecting the recert transaction type. If you did not, and have the wrong food package, call App Support.

FPA screen	
The FPA screen is greyed out.	Make sure the certification is complete and risks have been assigned.
The current month shows the wrong category and food package after a recertification.	This happens when you do not change the category before selecting recertification. Call App Support to have the current month fixed.

Family Summary Screen / Issuing Benefits	
Sometimes I get only 2 checkmarks instead of 3, and then when I issue the benefits the 3 rd one appears.	When the 3 rd one appears, issue those benefits so all three months are issued.
The participant doesn't have a food package to issue on the FSS.	Go back to the FPA and assign a food package.
An Oregon family wants to transfer in, but they still have printed vouchers.	Transfer in the family and use the "old" FPA and FSS to change vouchers if needed. Convert to eWIC for months after vouchers.
The wrong food package is showing on the FSS.	Make sure the correct food package is saved on the FPA.

eWIC Card	
When I swipe the eWIC card, I get too many numbers displaying in the field.	In most cases, when you save, it will correctly save the card number.
The cardholder reports that they can't PIN their card and are getting error messages.	<ol style="list-style-type: none"> 1. If there is a 9 digit zip code in TWIST, remove the plus 4 and save. Then retry. 2. If the cardholder is using the Spanish language PIN services, make sure they enter the date of birth in day-month-year order. 3. Have the cardholder try a different phone. Some phones are not "tone enabled."

Misc.	
The "Reports" icon is not on the Select Modules screen.	It has been removed. Select the reports directly from each component using the "Output" selection.

Shopping	
The cardholder is unable to buy a food they think is approved.	<ol style="list-style-type: none"> 1. Make sure it is on their benefit list (e.g. juice sizes have changed) 2. Have them send a picture of the UPC to send to the state for review.