Memorandum

TO: WIC Regional Directors
WIC Local Agency Directors

#08-130

FROM: Linda Brumble, Unit Manager (Original Signed)
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: September 18, 2008

SUBJECT: Guidance to all local agencies regarding Hurricane Ike victims

This memo is to provide guidance to all local agencies potentially impacted by Hurricane Ike. We stand ready to assist you in every way possible. E-mail instructions for protecting your computer data and equipment were sent on September 9, 2008. If you have questions about protecting your computer data and equipment, please contact the automation helpdesk at 1-800-650-1328.

Please remember that clients having current vouchers can use them at any Texas WIC store. EBT cards can be used even in some areas that have not implemented EBT because the stores are EBT certified. You can view the EBT certified stores at http://www.texasebtvendors.com/ebt_stores.shtm.

Replacement of participant benefits:
WIC will replace vouchers/EBT cards for clients from those areas impacted by the hurricane unless they are residing in a shelter where food is being provided. If vouchers/cards were lost, or food was damaged or left behind, benefits can be replaced. All participants affected by Hurricane Ike must complete the top section of the attached *Self-Declaration Form* in order to obtain replacements benefits.

For all participants receiving replacement benefits, document 009.08 in the census tract field and document "Ike" in the comment section of the *Family Certification form*. Ensure this information is entered into Texas WIN. Please require participants to sign a *Supplemental Information Form* (SIF).

I. Local Agencies in areas that were hit by the hurricane but still serving their own clients:

A. Any of the WIC participants enrolled at your clinic that return and indicate their current and/or future benefits were lost in the hurricane shall have their vouchers/EBT card replaced.

B. Any of the WIC participants enrolled at your clinic who indicate they redeemed their current WIC benefits, but the *foods* they purchased were lost in the hurricane shall have their redeemed benefits replaced.

C. In order to replace food vouchers, even though you will not have the damaged vouchers in hand, use the void and replace process in TX-WIN to void vouchers and issue new vouchers. For families that have lost EBT benefits or an EBT card, complete a new *in-state transfer certification*. For assistance, contact the automation helpdesk at 1-800-650-1328.

II. Local agencies receiving WIC participants who are not their own clients from an affected area:

A. If the participant is within their certification period, process as an in-state transfer.
   1. Request proof of participation:
      a. WIC FID/EBT card,
      b. WIC food vouchers for future months, or
      c. If they do not have any of these, have participant sign the *Self Declaration Form for Hurricane Ike* - Transfer box.

   2. A new participant record will need to be created by the receiving clinic by processing the certification as an *in-state transfer*. For the purpose of this memo, this means entering an "I" in the transfer field on page 1 of the certification screen. For these *in-state transfer certifications*, do not weigh, measure, or draw blood from the client. Provide a new FID/PAN number- do not issue a duplicate FID/PAN with their old number. DO NOT request a transfer of client records from the participant's original clinic.
      a. If original local agency is available, obtain participant *Verification of Certification (VOC) information*.
      b. If original local agency is unavailable, call the automation helpdesk at 1-800-650- 1328 to obtain the information.

   3. Provide each client with a *VOC* print out at the time of issuance so the information can be provided to their original WIC clinic upon return.

B. EBT card reported as lost during the evacuation will need to be disabled. Staff or participant shall call 1-800-942-3678 to disable the card prior to having the new clinic issue a new EBT card.

C. *In-state transfers* will show up as dual participants (DPs) on the Local Agency systems. In order to prevent clients who have received replacement benefits from getting a DP lock on their new certification, please wait to resolve these DPs until 11/01/2008. A memo with instructions to resolve DPs will be sent.

These are the procedures for the different possible scenarios you may encounter. Affected areas, please read each scenario because instructions are provided on how to process participants upon return to the original clinic:

EBT to EBT

1) Person has EBT card but lost current month purchased food.
   a. Certify client(s) as in-state transfer. If the client's original card has October benefits, enter a certification expiration date of 09/30/2008 and issue September benefits. If the client's original card does not have future month benefits, enter a certification expiration date of 10/31/2008 and issue September and October benefits. Benefits will be prorated on or after the 16th of the month. Write the name "Ike" with a permanent marker on the front of the card and away from the gold chip to avoid damaging the chip.
   b. Instruct participant to keep original card and use it for future benefits.
   c. Second card (hurricane card) should be confiscated when participant returns to their original clinic. Staff must call their IRM liaison to disable the card.

2) Participant lost EBT card.
   a. Staff or participant should call 1-800-942-3678 to have the EBT card disabled.
   b. Certify client(s) as in-state transfer. Enter a certification expiration date of 10/31/2008.
   c. Issue a new EBT card with September and October benefits. Instruct clients to use this card through October.
   d. After returning to the original clinic, provide participant with a replacement card (using the same FID from the original clinic).
   e. Disable the second card (hurricane card).

Voucher to EBT

1) If participant has vouchers, they can be used anywhere in the state.

2) Participant lost vouchers.
   a. Certify client(s) as in-state transfer. Enter a certification expiration date of 10/31/2008.
   b. Issue a new EBT card with September and October benefits.
   c. When participant returns to the original clinic, call IRM liaison to disable the hurricane card.
   d. Void lost vouchers and reissue according to standard WIC Policy. Call the automation helpdesk for assistance.

EBT to Voucher

1) Participant has EBT card with current benefits.
   a. If any stores in the area accept EBT cards, instruct participants to use card at the store. No clinic action is needed.
   b. If stores in the area do not accept EBT Cards, call your IRM liaison and request an administrative lock on the card.
   c. Certify client(s) as in-state transfer. Enter a certification expiration date of 10/31/2008. Issue vouchers for September and October.
   d. When participant returns to original clinic, call automation helpdesk for assistance with removing the lock.

2) Participant has lost EBT card.
   a. Staff or participant should call 1-800-942-3678 to have the EBT card disabled.
   b. Certify client(s) as in-state transfer. Enter a certification expiration date of 10/31/2008. Issue vouchers for September and October.
   c. When participant returns to original clinic, issue replacement card.

Voucher to Voucher
If participant has lost their vouchers or food benefits, certify client(s) as *in-state transfer*. Enter a certification expiration date of 10/31/2008. Issue vouchers for September and October.

III. Certifications:

A. Applicants from the disaster areas requesting WIC services will be processed using the *Self Declaration Form for Hurricane Ike Victims* for lack of identification, residency, and/or proof of income for homelessness.

B. The rest of the certification process may be expedited as outlined in Memo #08-119.

C. Continue to use the guidelines outlined in memo #08-119 for out-of-state participants displaced due to Hurricane Gustav.

The state office staff hopes this coming Monday finds all of you safe and sound. You are in our thoughts.

State Agency staff will be available on Saturday, September 13, 2008, from 8:00 am to 5:00 pm and may be contacted at (877) 341-4491, extension 2523. On Sunday, staff will be available by beeper at (512) 499-6814.

During normal working hours, please call your IRM liaison if you have any questions about this information, or contact Rachel Edwards, Manager, Information Response Management Group at (512) 341-4400, extension 2263, or Rachel.Edwards@dshs.state.tx.us.

Attachments

Self-Declaration Form for Hurricane Ike Victims

For all WIC participants who need replacement benefits: One form may be used for all family members. Document names on this form.

_____ is a victim of Hurricane Ike and is requesting WIC replacement benefits from the Texas WIC Program.
Participant name(s)

Mark the statements that describe your situation:

_____ My/my child's food instruments were received and lost in the hurricane.
_____ My/my child's food instruments were received and cashed and WIC food was lost in the hurricane.
_____ My/my child's food instruments were received and cashed and WIC food was left behind.
_____ My/my child's food instruments had not been received for the current month, _____.

By signing this form I affirm that I/my child am not applying for services at any other WIC program during this crisis and am not staying in a shelter that is providing food/formula.

_____
Applicant/Parent/Caregiver Date

Transfers: One form may be used for all family members. Document names on this form.

_____ is an in-state transfer from the _____ WIC Program due to being a victim of Hurricane Ike. I am currently participating in that program and would like to transfer to this Local Agency WIC Program.
Participant name(s)

_____ I/we have provided acceptable proof of identification.
_____ I/we did **not** provide acceptable proof of identification.

_____ My household is currently residing in Texas and I have provided proof of residency.
_____ My household is currently residing in Texas and did **not** provide acceptable proof of residency.

By signing this form I affirm that I/my child am not applying for services at any other WIC program during this crisis and am not staying in a shelter that is providing food/formula.

_____
Applicant/Parent/Caregiver Date

Certifications: Below is valid for one certification period only. A reassessment shall be done at each certification.

Identification:

_____ is an applicant to this local agency WIC Program and I am/my child is a victim of Hurricane Ike and has no acceptable proof of identification for myself/my child.

_____
Applicant/Parent/Caregiver Date

Residency:

_____ is an applicant to this local agency WIC Program and I am/my child is a victim of Hurricane Ike and am residing in Texas with no acceptable proof of residency for myself/my child.

_____
Applicant/Parent/Caregiver Date

Proof of Income for Homelessness:

This is to certify that _____ is homeless and unable to provide proof of income due to being a victim
(Applicant's name)
of Hurricane Ike. The applicant or the parent/guardian/caregiver who is applying on behalf of a child is self-declaring they have no proof of income.

_____
Applicant/Parent/Caregiver Date

Formulario de declaración para las víctimas del huracán Ike

Para todos los participantes del Programa WIC quienes necesitan reemplazar sus beneficios:
Todos los miembros de una familia pueden incluirse en el mismo formulario.

_____ es víctima del huracán Ike y está solicitando que el Programa WIC de Texas
Nombre del particiapnte reemplaze sus beneficios de WIC.

Marque las declaraciones que explican su situación:

_____Recibí los instrumentos de alimentos para mi/para mi hijo y se perdieron en el huracán.
_____Recibí y gasté los instrumentos de alimentos para mi/mi hijo y alimentos de WIC se perdieron en el huracán.
_____Recibí y gasté los instrumentos de alimentos para mi/mi hijo y me tuve que ir sin ellos.
_____No he recibido los instrumentos de alimentos del mes vigente para mi/mi hijo.

Al firmar este formulario, afirmo que ni yo ni mi hijo estamos participando en otros programas de WIC durante esta crisis y no nos estamos quedando en un albergue que proporciona comida o leche de fórmula para bebés.

_____ _____
Solicitante/Padre de familia/proveedor de cuidado Fecha

Transferencias: todos los miembros de una familia pueden incluirse en el mismo formulario.
Se deben documentar los nombres en este formulario.

_____ está transfiriendose dentro del estado y viene del prgrama WIC de porque es
Nombre(s) del participante víctima del huracán Ike. Actualmente, soy particpante de ese programa de WIC y deseo transferir mis beneficios a este programa de WIC en esta agencia local.

_____ He/hemos proporcionado comprobante satisfactiorio de identificación.
_____ **No** he/hemos proporcionado comprobante satisfactorio de identificación.

_____ Todos en mi hogar están actualmente viviendo en Texas y he proporcionado comprobante de residencia.
_____ Todos en mi hogar estan actualmente viviendo en Texas y **no** he proporcionado comprobante de residencia.

Al firmar este formulario, afirmo que ni yo ni mi hijo estamos participando en otros programas de WIC durante esta crisis y no nos estamos quedando en un albergue que proporciona comida o leche de fórmula para bebés.

_____ _____
Solicitante/Padre de familia/proveedor de cuidado Fecha

Certificaciones: La siguiente información es válida <u>únicamente</u> para 1 periodo de certificación. Se debera conducir una reevaluación en cada periodo nuevo de certificación.

Identificación:
_____ es un solicitante para el programa WIC de esta agencia local y yo soy/mi hijo es víctima del huracán Ike y no tengo/tiene comprobante satisfactorio de identificación para mi o mi hijo.

_____ _____
Solicitante/padre de familia/proveedor de cuidado Fecha

Residencia:

_____ es un solicitante del programa WIC de esta agencia local y soy/mi hijo es víctima del huracán Ike y estoy viviendo en Texas sin comprobante satisfactorio de residencia para mi o mi hijo.

_____ _____
Solicitante/padre de familia/proveedor de cuidado Fecha

Comprobante de ingresos para familias sin vivienda:

Esta declaración es para certificar que _____ no tiene vivienda y no puede proporcionar comprobante
Nombre del solicitante
de ingresos debido a ser víctima del huracán Ike. El solicitante o el padre de familia/guardian/ proveedor de cuidado quien está solicitando por parte de un menor de edad declara por si mismo que ellos no tienen comprobante de ingresos.

_____ _____
Solicitante/padre de familia/proveedor de cuidado Fecha