



Memorandum

TO: WIC Regional Directors #08-159
WIC Local Agency Directors

FROM: Mike Montgomery, Section Director (Original Signed)
Nutrition Services

DATE: December 12, 2008

SUBJECT: **Policy Memo:** Revised Policies: *BF:04, Breastfeeding Training; CS:10, Economic Unit for Income; and CS:14: Completion of the WIC Income Questionnaire and the Family Certification/WIC Program Income Screening Form*

The subject policies were revised as follows:

Policy *BF: 04, Breastfeeding Training*, was revised to update the names of the Breast pump IDL classes. If you have any questions on BF:04, please contact Tracy Erickson, WIC Breastfeeding Coordinator, at 512-341-4400 ext. 4521 or email Tracy.Erickson@dshs.state.tx.us.

Policy *CS:10, Economic Unit for Income*, was revised to clarify that when the Competent Authority (CA) signs the eligibility determination on the WIC-35-3, it also means the CA is taking responsibility for any separate economic unit determination on the WIC-35 because the CA's signature on the WIC-35-3 means he/she has reviewed all eligibility documents/information. See Procedure VII.

Policy *CS:14, Completion of the WIC Income Questionnaire and the Family Certification/WIC Program Income Screening Form*, was also revised to make the same clarification described above for CS:10. See change in Procedure III. B. 2. G. Procedure I. A. was also revised to correct a typographical error (the mention of form WIC-35 in the previous version should have been a reference to form WIC-35-3).

If you have questions on the two CS policies, please contact your IRM liaison at 877-341-4491, press option 6, followed by option 4 for assistance.

Attachments: Policies BF:04, CS:10 and CS:14

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Policy No. BF:04.0

Breastfeeding Training

Purpose

To ensure that breastfeeding (BF) is promoted and supported on a local agency (LA) level.

Authority

7 CFR Part 246.11

Policy

All WIC staff who provide direct clinic services to WIC participants shall receive initial and ongoing training on BF promotion and support.

Procedures

- I. All WIC staff who provide direct clinic services to WIC participants receive training on LA protocol regarding whom to contact to answer participant's questions on BF within one month of employment. The training may be completed by an orientation session with the BF Coordinator, WIC Director, or clinic supervisor

- II. All WIC staff who provide direct clinic services to WIC participants shall complete the Breastfeeding Promotion and Support Module within 6 months of employment with the exception of breastfeeding peer counselors (PCs), International Board Certified Lactation Consultants, Registered Dietitians, and degreed nutritionists (See policy NE: 02.0). The module can be ordered from the Texas WIC Warehouse or completed via Interactive Distance Learning (IDL) at <http://www.dshs.state.tx.us/wichd/tng/desc-bf.shtm>

- III. All WIC staff who provide direct clinic services shall receive ongoing annual updates in BF. The ongoing BF training requirement may be

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- satisfied by all WIC staff attending an in-service on current issues in BF, a BF training, repeating a required BF training listed in procedure VI, or attending a BF conference at least once every fiscal year.
- IV. IV. The BF Coordinator and all WIC CAs shall receive training on breast pump issuance, inventory control, retrieval, basic troubleshooting, assembly, use, and cleaning within 6 months of employment and prior to issuing breast pumps to WIC participants. Any other WIC staff designated by the WIC Director or Breastfeeding Coordinator to issue breast pumps shall receive the same training. WIC staff shall receive the training listed in Procedures I, II, and V prior to issuing breast pumps to WIC participants.
- V. Breast pump training shall be satisfied by one of the following options:
- A. Successful completion of the Breast Pump Procedures Manual post-test and Texas WIC Breast Pump Program_02-Basic Use, Assembly & Cleaning of Ameda and Medela Breast Pumps IDL. For the manual go to <http://www.dshs.state.tx.us/wichd/bf/bfwicres.shtm>.
 - B. Successful completion of Texas WIC Breast Pump Program_01-Issuance, Inventory and Retrieval of Breast Pumps and Texas WIC Breast Pump Program_02-Basic Use, Assembly & Cleaning of Ameda and Medela Breast Pumps IDL trainings. For breast pump IDL trainings go to <http://www.dshs.state.tx.us/wichd/tng/desc-bf.shtm>.
- VI. All CAs (with the exception of IBCLCs) shall complete one of the following DSHS breastfeeding trainings within 12 months of employment and repeat this training no less than every five years:
- A. Principles of Lactation Management (POLM)
 - B. Mini BF Management Program I

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To find the current BF training schedule and registration instructions go to <http://www.dshs.state.tx.us/wichd/lactate/courses.shtm>.

- VII. CAs are not required but are strongly encouraged to complete the following advanced DSHS breastfeeding trainings:
- A. Lactation Counseling and Problem Solving (LCPS), or Managing Breastfeeding Complications (MBC)
 - B. Breastfeeding the Compromised Infant (BFCI)– This training is a highly effective tool for breastfeeding management for the premature infant
 - C. Clinical Lactation Practicum (CLP) – A three day mentorship program based at Mom’s Place Lactation Resource and Training Center in Austin.
 - D. Evidenced-Based Lactation Management (EBLM). This is a very high-level training designed for those with some college background, those who are writing policy, and/or those who are about to sit for the International Board of Lactation Consultant Examiner’s exam.
- VIII. The following prerequisites apply to DSHS BF trainings:
- A. MBC and BFCI prerequisites: Completion of Mini Bf Management I no more than three years prior to date of Mini II training.
 - B. LCPS prerequisite: Completion of POLM no more than three years prior to date of LCPS training
 - C. CLP prerequisite: Completion of LCPS training no more than three years prior and POLM no more than five years prior to date of CLP
 - D. EBLM prerequisite: Completion of POLM no more than three years prior to date of LRP training or IBCLC exam.
- VIII.** WIC staff designated to issue nipples shields or supplemental nursers, with the exception of IBCLCs, shall complete IDL training on issuance of nipple shields and supplemental nursers prior to issuing these supplies. To find breastfeeding IDL trainings go to <http://www.dshs.state.tx.us/wichd/tng/desc-bf.shtm>.

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- X. PCs shall be trained in accordance with SA designated PC training materials prior to working with WIC participants, have monthly meetings, and receive monthly in-services according to [Policy BF:03.0](#).

Guidelines

For BF training requirements for WIC Certification Specialists, see [Policy CS: 16.0](#).

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Policy No. CS:10.0

Economic Unit for Income

Purpose

To establish a consistent method of determining income eligibility.

Authority

7 CFR Part 246.7; USDA FNS Instruction 803-3; 25 TAC §31.22

Policy

Income eligibility for WIC services shall be based on the total income of the economic unit.

Definitions

Economic Unit means all persons, related and/or unrelated, living together in the same dwelling, with the exception of the following special situations: pregnant woman, foster child, and individuals who qualify as a separate economic unit.

Procedures

- I. When determining an applicant's income eligibility for WIC services:
 - A. Determine economic unit size by counting all persons living in the dwelling, with the following exceptions:
 1. pregnant women (see procedure II);
 2. individuals who reside in institutions (see procedure III);
 2. foster children (see procedure IV); and
 3. individuals who qualify as a separate economic unit (see procedure VI).

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- B. Determine total economic unit income by counting all incomes of all members of the unit.
 - C. Compare the total economic unit income for the economic unit size with the Texas WIC Income Guidelines (see **Policy CS:12.0**).
 - D. Record unit size and income(s) on form WIC-35.
- II. For a pregnant woman, with the exception that she qualifies as a separate economic unit (refer to procedure VI. D.), increase her family size by the number of children she expects to give birth to. If she is expecting one child, count her as two individuals; if she is expecting twins, count her as three individuals. The LA shall allow applicants to waive the increase in family size.
- III. Individuals residing in institutions (e.g., homes for battered women, drug treatment centers, intermediate care facilities for mentally retarded or mentally ill persons, half-way houses, etc.) that meet the conditions specified in **Policy CS:06.0** are considered a separate economic unit. In this instance, the economic unit consists of the applicant and family members residing in the institution.
- IV. A foster child shall be considered a separate economic unit (a one-person economic unit).
- A. The income of the foster child shall be the payments made by the welfare agency for the care of the child. Note: If a foster child receives income, whether from a job or outside financial resource, it must be counted in the income determination.
 - B. If the foster child is later adopted, the child's income eligibility shall change and then be based on the income of the adoptive family.
- V. When determining economic unit size:
- A. Do not include members who have been absent from the economic unit for more than six months, unless the member

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continues to exercise customary family responsibilities, i.e., contributes to the support of the economic unit.

- B. You may include persons temporarily absent if the following circumstances exist:
 - 1. other members still consider the economic unit to be the principal residence of the absent member; and
 - 2. the absence does not exceed six months (except in the case of school or military service); and
 - 3. the absence is for a purpose such as school, training, employment, hospitalization, institutionalization, military service etc.; and
 - 4. the absent member continues to exercise customary family responsibilities, e.g., a parent continues providing support, physical care, planning, etc.

VI. On an exception basis, a separate economic unit (SEU) may be identified within a dwelling, if the applicant indicates that he/she shall be counted as a separate group/economic unit.

- A. Exceptions shall be reviewed on a case by case basis. It is recommended that the Certifying Authority (CA) or WIC Certification Specialist (WCS) approve the SEU; however, LAs shall determine their own procedure on who may approve an SEU.
- B. To qualify as an SEU, applicants shall meet the following criteria, which shows their independent source of income adequate to provide for their living expenses in their particular environment:
 - 1. The total monthly gross income of the SEU shall be equal to or greater than the amount listed on the Separate Economic Unit Screening Table in this policy and
 - 2. The SEU usually purchases and prepares food separately from the other persons who are not members of the SEU but reside in the same dwelling or intends to purchase and prepare food separately after certification.

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- C. LA staff shall identify the SEU's household members by placing a checkmark in the SEU column on the Family Certification Form (WIC-35).
 - D. LA staff shall compare the SEU's monthly gross income to the SEU Screening Table in this policy to determine if the family qualifies as an SEU.
 - E. After determining SEU status, any unborn fetus(es) shall be counted as part of the household size when comparing household income to the WIC Income Guidelines in **Policy CS: 12.0** and completing the WIC-35.
 - D. Do not certify the following as a Separate Economic Unit:
 - 1. minor children who live with their parents;
 - 2. a child under age 18 who lives with adult household members who serve as managing conservators; That is,
 - a. the household member(s) provides more than half of the child's total support; and
 - b. the family states that the child is under parent or guardian control.
 - 3. spouses: two people who are legally married, which includes two people who live together and represent themselves to the community as husband and wife.
- VII. The Certifying Authority's (CA) signature on the Supplemental Information/NVRA-WIC form constitutes approval of SEU eligibility because the CA must review the WIC-35 as part of his/her certification responsibilities.

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Separate Economic Unit Screening Table	
Family Size	Monthly Income
1	\$ 118
2	\$ 211
3	\$ 311
4	\$ 423
5	\$ 517
6	\$ 651
7	\$ 744
8	\$ 853
Each Additional Member	+ \$96

Based on Official USDA Food Plans: Cost of Food at Home. US Average-Thrift Plan, April 2008, individual groupings

Compare the total amount of income of the entire group considered in the economic unit to the Separate Economic Unit Screening Table. Use the WIC-35 form for all documentation.

- Is the total income of the group equal to or greater than the amount listed on the **Separate Economic Unit Screening Table** for family size?
- Does the group usually purchase and prepare food separately or intend to purchase and prepare food separately after certification?

If the answer to both of these questions is **"yes,"** the group can qualify as a SEU. Mark the box for SEU on the WIC-35.

If the answer to either of these questions is **"no,"** the group cannot qualify as a SEU. All persons living in the household and their income must be listed and screened for eligibility on the WIC-35.

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Policy No. CS:14.0

**Completion of the WIC Income Questionnaire and the
Family Certification/WIC Program Income Screening Form and the
Sharing of Information Form**

Purpose

To provide instructions on completing the WIC Income Questionnaire (WIC-35-3) and the Family Certification/WIC Program Income Screening Form (WIC-35).

Authority

State Policy

Policy

The WIC Income Questionnaire shall be utilized to document the family's sources of income. The Family Certification/WIC Program Income Screening Form (WIC-35) shall be utilized by the local agency (LA) to record applicant and household information. These forms shall be maintained on file in the participant's or family's record, as determined by the LA.

Procedures

- I. The applicant shall use the WIC Income Questionnaire to document all sources of income or adjunctive income eligibility.
 - A. The WIC-35-3 shall be completed prior to determining income eligibility. It is recommended that the applicant complete the form prior to the certification appointment.
 - B. All questions within the applicable section shall be answered by marking either the "Yes" or "No" box.
 - C. The question, "All the information provided reflects my usual gross monthly household income (prior to deductions)," shall be marked "Yes" in order to use the information provided as documentation of household income.

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- D. The applicant's or parent/guardian's printed name, signature, and the date are required.
 - E. If a participant's or parent's/guardian's income is screened within 60 calendar days of their last income screening date, the participant or parent/guardian may use the same WIC-35-3 form in lieu of completing a new one. If the same form is used, he/she shall sign and date near the previous signature and date.
- II. The LA shall use the Family Certification/WIC Program Income Screening Form (WIC-35) to record all required applicant information.

Side 1 - Family Certification Form:

- A. Family I.D (FID): The Family Identification number or Primary Account Number (PAN) may be recorded.
- B. Name of applicant or Parent/Guardian #1 and #2: Record the last, first, and middle name(s). This person(s) shall be the food instrument recipient. (The completion of Parent/Guardian #2 is optional.)
- C. Social Security Number: Record the social security number for the applicant or each parent/guardian, if available. Written proof is **not** required. Refer to [Policy CS: 13.0](#) for further information.
- D. Date of Birth: Record the date of birth of the applicant or Parent/Guardian #1 and Parent/Guardian #2, if applicable. If the applicant completes this section, confirm that the month and date were recorded in the correct order (e.g. 06-12-1980 is June 12, 1980, not the 6th of December, 1908.) Make sure the year of birth is four digits such as "06-12-1980."
- E. Sex: Indicate if the Applicant or Parent/Guardian #1 and Parent/Guardian #2, if applicable, is Male (M) or Female (F) by placing a check in the appropriate box.
- F. Identification Method:
 - 1. Record the two digit number corresponding to the type of identification presented by the Applicant or Parent/Guardian in the "P/G #1" box and P/G #2 box, if applicable. For example, the P/G #1 presented a driver's

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- license as proof of identification. Enter "05" in the box marked "P/G #1."
2. If "Other" is selected, document the type of identification method.
- G. Language: Check or circle the two-letter code for the language preferred/spoken by the parent/guardian/applicant. If the individual is bilingual, the LA may document this by checking or circling both languages. However, the Texas WIC Information Network (TWIN) will accept only ONE code.
- H. Out of State Transfer: If the family is transferring from out of state, check Yes (Y) otherwise check No (N).
- I. Mailing Address: Enter family's mailing address (street, apartment #, if applicable, city, zip code).
- J. Residence Address: Complete this field in the following cases:
1. residence address differs from the mailing address; or
 2. mailing address is a P.O. Box.
- K. Residency Method: Check or circle the two digit number corresponding to the type of residency proof presented in the box. For example, P/G #1 presented a rent receipt as proof of residency. Check or circle "02" for "Rent Receipt/Rental Agreement." If a gateway program is used for documentation, check "03" for business letter. (See [Policy CS:06.0.](#))
- L. Census Tract: Optional field.
- M. Telephone Number: Record the family's daytime phone number including the area code and telephone extension, if applicable.
- N. Contact: Record the name of the person who shall be contacted at the indicated telephone number if different from the parent/guardian/applicant (e.g., neighbor or relative).
- O. Gateway
1. Check or circle one appropriate initial corresponding to the type of gateway participation presented by the family, if applicable. For example, Medicaid is presented. Check or circle "M" for Medicaid.
 2. Participation in the Women's Health Program is documented under the Medicaid option.

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3. Write below the box the name of the gateway recipient if different from the name of the applicant. For example: Child three years old is certified based on the adjunctive income eligibility of an infant sibling receiving Medicaid. Write the name of the infant below the Gateway box.
- P. Monthly Income:
1. Record the family's (household's) total gross monthly income from Side 2. Record the dollar amount excluding the cents (do not round up or down).
 2. For those applying as adjunctively income eligible ask for a verbal declaration of the family's total gross monthly income and enter this amount. Refer to the glossary at the end of the policy manual for the definition of "family."
- Q. Gateway Income Method: (If this field is completed, "Non-Gateway Income Method" shall not be completed.)
1. Check or circle the appropriate number for the type of form presented, if applicable, for proof of gateway participation. For example, Form 3087 is presented. Check or circle "16" for 3087 Series.
 2. If "Other" is appropriate, enter "phone," "on-line," "automated" or any other form name/number not listed on the WIC-35 n the blank and check or circle "27" for "Other." If phone or automated verification is indicated, the name of the person contacted for phone verification or the phone number used to verify eligibility of Gateway participation shall be recorded on side 2 under Gateway Verification (see III. A. 3. in this policy).
- R. Non-Gateway Income Method: (If this field is completed, the "Gateway Income Method," shall not be completed.) Check or circle the appropriate number that reflects the highest amount of income, if applicable, as income documentation. For example, a client presents check stubs as proof of income. Check or circle "01" for "Check Stubs." If client presents pay check stubs showing a monthly income of \$1,215 and a copy of her monthly child support check for \$150, check or circle code "01" for

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- paycheck stubs since the income received from employment is her highest amount source of income.
- S. Income Clerk User I.D.: Enter the TWIN system user ID.
 - T. Date: Enter the date income eligibility was determined only if different from the date applicant was found to be eligible/ineligible to receive program benefits. The year shall be a four-digit number such as "02-28-2007."
 - U. Family (Household) Size: Record the two digit number for the family size, such as "01" or "02." Refer to the glossary for the definition of "family."
 - V. Indicators Y/N: Place a check in the appropriate reply box Yes (Y) or No (N) for items Foster child, Migrant, Military family, and Homeless family.
 - W. Comment: This area is provided for any additional comments.
- III. Side 2 WIC Program Income Screening. LA staff may complete side 2 before completing side 1. If an applicant is found income ineligible, completion of side 1 is not required.
- A. For applicants applying as adjunctively income eligible only the following are required:
 - 1. applicant or parent/guardian signature and date;
 - 2. staff signature, title, and date; and
 - 3. phone, automated or online Gateway verification for adjunctive eligibility, if applicable. Select "Online," "By Phone," or "Automated" if one of these methods is used to verify proof of Gateway. Enter the name of the contact person verifying adjunctive income eligibility. If an automated system is used, record the phone number used to obtain verification.
 - B. For applicants not using adjunctive eligibility, the following shall be completed.
 - 1. Household Members:
 - a. Applicant or Parent/Guardian (P/G)#1: Record the Applicant or Parent/Guardian applying for benefits for themselves or on behalf of a child

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- b. P/G #2: If another parent/guardian is a member of the household (for example, a spouse), record that person's name as "P/G #2."
2. Participant #1, Participant #2, Participant/Other:
 - a. Record all other applicants/participants starting with Participant #1 and Participant #2, and utilizing the spaces for Participant/Other as needed. Record the names of all other non-applicant members of the household in the Participant/Other spaces. All household members shall be listed even if separate economic unit (SEU) is identified.
 - b. Date of Birth (D.O.B.): Record the date of birth for each individual listed under Household Members. Written proof is **not** required.
 - c. Social Security #: Record the social security number for each applicant and household member, if available. Written proof is **not** required. See [Policy CS:13.0](#), for further information.
 - d. Employer's Name/WIC Form Number and Employer's Address: Record the employer's name and physical address or city where located for each individual who is employed in the household. If a WIC form was used, document the WIC form number. Written proof is **not** required for employer's name/address.
 - e. Gross Income: Record the monthly gross income per [Policy CS:09.0](#), for each person in the household.
 - f. Total: Add the monthly gross income entries together and record the total.
 - g. SEU (shaded column): Refer to [Policy CS:10.0](#) for the criteria for separate economic unit (SEU). If the applicant or parent/guardian is identified as an SEU, place a check mark in the SEU column for those individuals who are members of the SEU. Add the gross income entries together for these individuals and record the total. The Certifying Authority's (CA) signature on the Supplemental Information/NVRA-

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- WIC form constitutes approval of SEU eligibility because the CA must review the WIC-35 as part of his/her certification responsibilities.
- h. For WIC Staff Use Only: Check the SEU box if the applicant or parent/guardian qualifies as an SEU.
 - i. Income Checked by Staff Signature, Title and Date: The LA staff completing the screening shall sign (not initial), write his/her title, and date the form using his/her official signature and own handwriting.
 - j. Applicant or Parent/Guardian Signature and Date: The applicant or parent/guardian shall sign (not initial) and date the form in his/her own handwriting.
- IV. A WIC-35 and WIC-35-3 forms shall be used to document income. The forms shall be easily accessible for audit/review.
- A. When certification records are not kept in family folders, a notation shall be made in each individual's folder (without WIC-35's and 35-3's) indicating in which family member's folder the forms are filed. For example: "See Mary Smith's (mother's) folder for WIC-35."
 - B. Income shall be documented each time a family member is certified (except for instream migrants). If income has been documented for one family member within the last 60 days, it may be used for other family members being certified within that 60-day period. WIC staff and the applicant or parent/guardian/caregiver shall sign and date near the original signature on the forms. The dates should be within 60 calendar days of each other. The 60-day period does not apply to applicants who were adjunctively income eligible (refer to [Policy CS:08.0](#)).
- V. Information on client's rights and release of client data: The client shall be offered the opportunity to read or have read to them the section on side 2 of the WIC-35 regarding the provision of information to the WIC Program, the verification of such

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information, and dual participation. If the client does not understand, the information shall be explained to the client.

- VI. LAs shall retain copies of applicants'/participants' WIC-35 and WIC-35-3, and documentation provided as proof of income eligibility document(s) in order to assist in the prevention of Program fraud and abuse. These document(s) may be attached to the WIC-35 and shall be kept in the client's file. LA staff shall not make copies of identification and residency documents for the participant's file.
- VII. Refer to [Policy CS:23.0](#) for the document and forms required to maintain on file when an applicant is found ineligible.

Guidelines

For more information on completing the WIC Income Questionnaire (WIC 35-3), refer to the "WIC Income Questionnaire Questions and Answers" and the "WIC Income Guide" on the web at:

<http://www.dshs.state.tx.us/wichd/tng/idl-trng-matrls.shtm>