



Memorandum

15-035

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Amanda Hovis, Unit Manager
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: March 18, 2015

SUBJECT: Request for Auxiliary Services Form

The Request for Auxiliary Services form has been modified to streamline the application and approval process. Please refer to Policy GA:18.0 Research or Auxiliary Services Involving WIC Participants for guidance on auxiliary requests.

Summary of changes:

- Included a section to provide contact information for local agency as well as auxiliary services
- Added an email inbox Auxiliary-Research.Requests@dshs.state.tx.us on the form for requests
- Separated the form into two distinct sections that pertain to either brochures or non-brochure related requests

Training will be provided via Century Link to provide more insight into the completion and submission of the form as well as the overall approval process. The information regarding the training is listed below:

Dates & Times:

- Thursday, April 23, 2015: 12:00 P.M. – 1:00 P.M.
- Friday, April 24, 2015: 12:00 P.M. – 1:00 P.M.

Instructions for logging on:

1. You will need a telephone and internet access.
2. Open your internet browser. Go to <https://stateoftx-dshs.centurylinkccc.com/CenturylinkWeb/AuxiliaryServices>
3. Click the “Guest” tab.
4. Enter your name and email address, then click “Join Meeting.”
5. To join audio, type your phone number and click “Let the Meeting Call Me.” The program will automatically dial your phone.
 - a. You may also dial toll free **1-877-820-7831**. Enter participant passcode **5123414520#** when prompted (including the # sign that follows).
6. For help logging in, contact CenturyLink Customer Support at 1-800-485-0844.

If you have any questions or require additional information, please contact Leona Duong, Clinical Nutrition Specialist, Nutrition Education/Clinic Services Unit, at (512) 341-4520, or Leona.Duong@dshs.state.tx.us.

Request for Auxiliary Services

Local Agency Name: _____

Local Agency Contact: _____

Local Agency Contact's Phone Number: _____

Local Agency Contact's Email: _____

Requesting Auxiliary Service Name: _____

Requesting Auxiliary Service Contact: _____

Requesting Auxiliary Service's Phone Number: _____

Requesting Auxiliary Service's Email: _____

◆ Please submit all requests to Auxiliary-Research.Requests@dshs.state.tx.us

SECTION 1 - Brochures Only

1. What type of interaction will auxiliary services staff have with WIC clients?
 - None. Auxiliary services staff will only leave brochures for clients to pickup.
 - Auxiliary services staff will be present in the clinic(s) to distribute brochures to clients. Please provide a schedule of when they will be present.
2. Please provide an electronic or scanned sample of the materials that will be supplied/distributed in the appropriate languages for the population that is being served.
3. Please skip to Page 3 and provide signature and date.

SECTION 2 – Non-Brochure Related Requests

1. What type of interaction will auxiliary services staff have with WIC clients?
 - The auxiliary services staff will provide clients with information on other programs/services
 - The auxiliary services staff will assist clients with the completion of applications for other programs/services
 - Other _____
2. What identifiable client information will be collected?
 - None
 - Name
 - Address
 - Telephone number
 - Other _____
3. How will WIC clients be recruited/selected?

- There is no recruitment /selection
- Random selection
- Based on the client's race/age/category (i.e. pregnant, child, infant)
- Other _____

4. How is it conveyed to clients that their participation is voluntary and their WIC benefits will not be affected?
- Clients contact the auxiliary service with all interaction to be outside of the WIC clinic
 - This is verbally stated to clients
 - This is provided to clients in a written/printed format
 - Other _____

5. How will client confidentiality be maintained?
- A private area such as an office will be used for discussions with clients
 - All identifiable client information will be stored in a locked/secured location
 - Clients will be identified by a code (i.e. number, letter) and not their actual name
 - Other _____

6. How will you ensure that the auxiliary service does not interfere with the certification/nutrition education process?
- The service is provided after the WIC appointment is complete
 - Client are referred to a location outside of the clinic to receive the service
 - Clients will receive the service on a day when they don't have their WIC appointment
 - Other _____

7. Will WIC staff be utilized to assist with the auxiliary service?
- No
 - Yes
 - How many staff? _____
 - How much time is involved? _____
 - What are the roles/duties of the staff? _____

8. Will a class/educational session be presented to clients?
- No
 - Yes
 - Provide specifics on the approval granted by the State Agency Nutrition Education liaison if the auxiliary service class is used in lieu of a WIC Nutrition Education class (i.e. class name, code, etc.).

9. Please provide an electronic or scanned sample of all materials that will be distributed/utilized by the auxiliary service (i.e. posters, pamphlets, lesson plans, applications, surveys, pre/post tests, etc.) in the appropriate languages for the population that will be served.

10. Please supply a schedule of when the auxiliary services staff will be coming to the clinic(s) to provide services.

11. Please provide a sample of the consent/confidentiality form that clients will sign when identifiable client information is being collected as well as a written disclaimer statement indicating that their participation/refusal will not affect their WIC participation.

My signature below is confirmation that I am ensuring this auxiliary service will not affect my clinic flow, interfere with the certification process/issuance of benefits, provision of nutrition education services, and delivery of quality customer service to my clients. I am responsible for making sure that the clients are aware that their participation in an auxiliary service is voluntary and will not affect their WIC benefits. I am ensuring that this auxiliary service will not compromise the privacy and confidentiality of my clients and that their participation in a program/service will not be known by other WIC participants in the clinic.

WIC Director / Designee

Date