

Procedure Update Webinar



February 29, 2016
1:00 – 3:00 CST



NAVAGATING Adobe Connect



AGENDA

- ❖ Acceptable Proofs – Address, Identity, Income
- ❖ Formula Change Update
- ❖ New Appointment Types
- ❖ Assessing Adjunct Income Eligibility
- ❖ Notices of Ineligibility & Termination – Follow up
- ❖ Help Desk Hints
- ❖ Upcoming Webinars
- ❖ Other

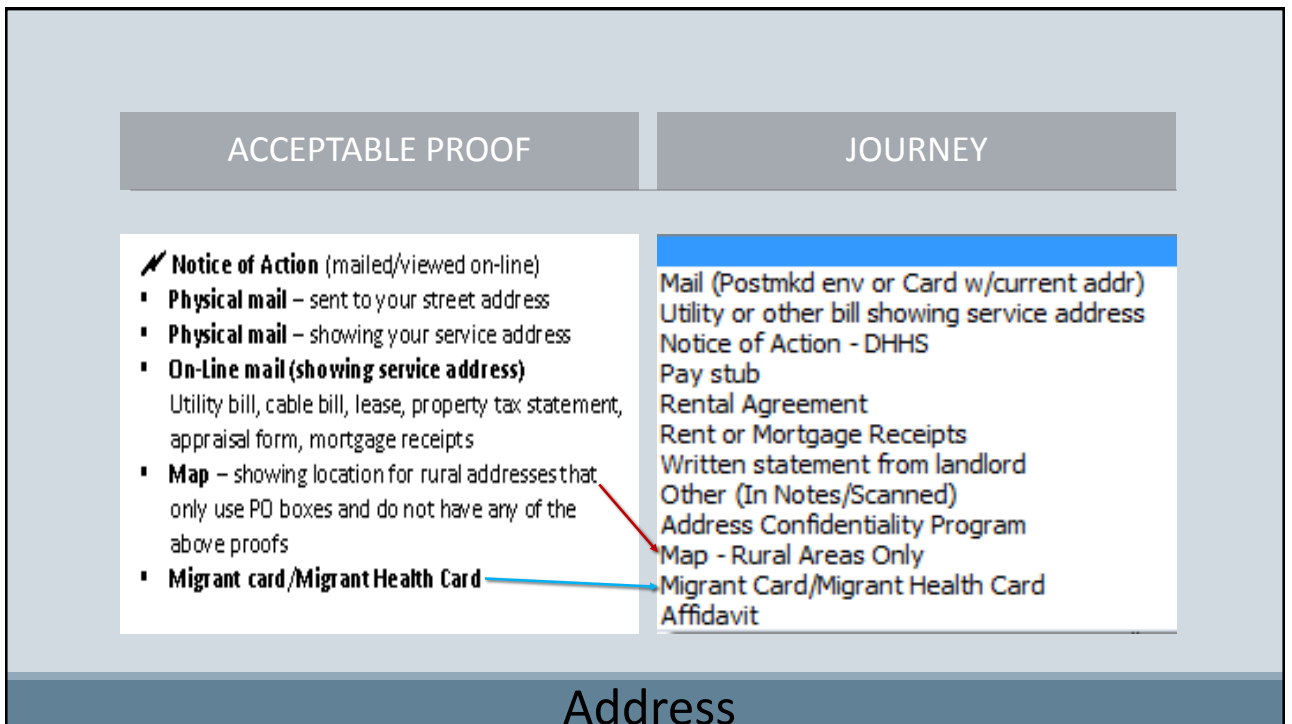
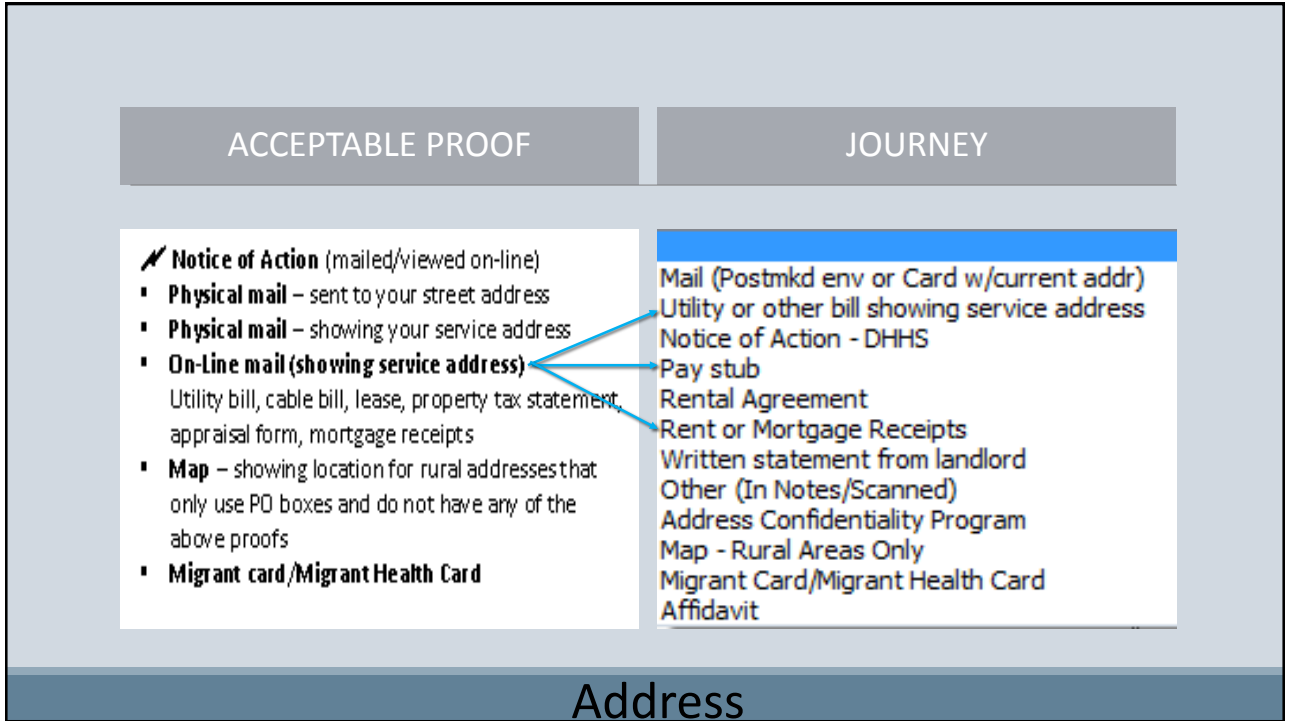


Acceptable Proofs

ADDRESS

ACCEPTABLE PROOF	JOURNEY
<p>✓ Notice of Action (mailed/viewed on-line)</p> <ul style="list-style-type: none"> ▪ Physical mail – sent to your street address ▪ Physical mail – showing your service address ▪ On-Line mail (showing service address) Utility bill, cable bill, lease, property tax statement, appraisal form, mortgage receipts ▪ Map – showing location for rural addresses that only use PO boxes and do not have any of the above proofs ▪ Migrant card/Migrant Health Card 	<p>Mail (Postmxd env or Card w/current addr) Utility or other bill showing service address Notice of Action - DHHS Pay stub Rental Agreement Rent or Mortgage Receipts Written statement from landlord Other (In Notes/Scanned) Address Confidentiality Program Map - Rural Areas Only Migrant Card/Migrant Health Card Affidavit</p>
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Address	



ACCEPTABLE PROOF

JOURNEY

WHAT IS THIS???

Used for victims of domestic violence living in shelters

- Mail (Postmxd env or Card w/current addr)
- Utility or other bill showing service address
- Notice of Action - DHHS
- Pay stub
- Rental Agreement
- Rent or Mortgage Receipts
- Written statement from landlord
- Other (In Notes/Scanned)
- Address Confidentiality Program
- Map - Rural Areas Only
- Migrant Card/Migrant Health Card
- Affidavit

Address

WHAT DO I USE FOR THEIR ADDRESS IN JOURNEY



Signature *Proof of Residency Address Confidentiality Program Affidavit Reason

Physical Address	Mailing Address (if different than Physical)
Eff Date 02/24/2016 3 of 3	Eff Date 02/24/2016 1 of 1
End Date: Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Refugee <input type="checkbox"/>	Add End Date End Date:
*Address Line 1 Clinic Address	*Address Line 1
Address Line 2	Address Line 2
Apt/Suite	Apt/Suite
P.O. Box	*P.O. Box 1234
*City Lincoln	*City Lincoln
*State Nebraska	*State Nebraska
*ZIP Code 68509 (+4)	*ZIP Code 68509 (+4)
*County Lancaster	*County Lancaster

WHAT PROOFS DO I SCAN INTO JOURNEY

Affidavit

Map – Rural Areas Only

Written Statement from Landlord

Other



Acceptable Proofs

IDENTITY



ACCEPTABLE PROOF	JOURNEY
<ul style="list-style-type: none"> ✦ Notice of Action – if listed as eligible participant ▪ Photo ID – Drivers license, school, work, military ▪ Social Security Card ▪ Birth Certificate ▪ Medicaid Card ▪ Passport with picture ▪ I-94 Card-Refugee ▪ Marriage License ▪ Voter Registration Card ▪ Pay Stub (last 30 days) ▪ WIC ID Folder – (re-certs only) 	<ul style="list-style-type: none"> Photo ID - Driver's, Govt, School, Work, Military WIC ID Folder (recert only) Medicaid Card Staff Saw Earlier in Appointment Birth Certificate WIC Infant Enrollment ID Card Social Security Card Foster Papers Custody/Guardianship Papers Notice of Action Verbal ID - Case Manager (foster) Staff Recognition (recert only) Affidavit - No Proof Immunization Record NESIIS (Child & Infant) Paternity Papers Birth Cert. Worksheet (Infant) Voter Registration Card Marriage License Baptismal Cert. (Infant) Refugee Card - I94 Other

Identity

ACCEPTABLE PROOF -ADULTS	JOURNEY
<ul style="list-style-type: none"> ✦ Notice of Action – if listed as eligible participant ▪ Photo ID – Drivers license, school, work, military ▪ Social Security Card ▪ Birth Certificate ▪ Medicaid Card ▪ Passport with picture ▪ I-94 Card-Refugee ▪ Marriage License ▪ Voter Registration Card ▪ Pay Stub (last 30 days) ▪ WIC ID Folder – (re-certs only) 	<ul style="list-style-type: none"> Photo ID - Driver's, Govt, School, Work, Military WIC ID Folder (recert only) Medicaid Card Staff Saw Earlier in Appointment Birth Certificate WIC Infant Enrollment ID Card Social Security Card Foster Papers Custody/Guardianship Papers Notice of Action Verbal ID - Case Manager (foster) Staff Recognition (recert only) Affidavit - No Proof Immunization Record NESIIS (Child & Infant) Paternity Papers Birth Cert. Worksheet (Infant) Voter Registration Card Marriage License Baptismal Cert. (Infant) Refugee Card - I94 Other

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ACCEPTABLE PROOF – CHILD/INFANT	JOURNEY
<ul style="list-style-type: none"> ➤ Notice of Action ▪ Birth Certificate ▪ Medicaid Card ▪ Social Security Card ▪ Passport with picture ▪ I-94 Card – Refugee ▪ Worksheet Birth Certificate ▪ WIC Infant Enrollment ID Card ▪ Immunization record (NESIIS) ▪ Baptismal Certificate ▪ Hospital ID Bracelet (must include date of birth) ▪ Medical discharge papers (must include date of birth) ▪ WIC ID Folder (re-certs only) 	<ul style="list-style-type: none"> Photo ID - Driver's, Govt, School, Work, Military WIC ID Folder (recert only) Medicaid Card Staff Saw Earlier in Appointment Birth Certificate WIC Infant Enrollment ID Card Social Security Card Foster Papers Custody/Guardianship Papers Notice of Action Verbal ID - Case Manager (foster) Staff Recognition (recert only) Affidavit - No Proof Immunization Record NESIIS (Child & Infant) Paternity Papers Birth Cert. Worksheet (Infant) Voter Registration Card Marriage License Baptismal Cert. (Infant) Refugee Card - I94 Other

Identity

ACCEPTABLE PROOF – CHILD/INFANT	JOURNEY
	<p> Medicaid Card Birth Certificate WIC Infant Enrollment ID Card Social Security Card Notice of Action Immunization Record NESIIS Birth Certificate Worksheet Baptismal Certificate Refugee Card/I94 </p>
	
<h2>Identity</h2>	

ACCEPTABLE PROOF – CHILD/INFANT	JOURNEY
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<h2>Identity</h2>	

WHEN DO I USE "STAFF SAW EARLIER IN APPOINTMENT "



Signature Capture to User

I understand my rights and responsibilities for the WIC Program. I have received a copy.

Signature

Signee

Proof Of Identity

No Signature Available Reason

Repeat Capture Close

9525 Either the signature pad is not plugged in or the INI file is not copied onto appropriate folder

WHEN DO I USE "STAFF SAW EARLIER IN APPOINTMENT "



Signature Capture to User

I acknowledge that I received the following checks: 50698184

Signature

Signee

Proof Of Identity

No Signature Available Reason

Repeat Capture Close

Acceptable Proofs



INCOME

ACCEPTABLE PROOF

- Pay stub (paper or electronic)
- Tax Forms/1040
- Child Support/Alimony
- Military LES
- Social Security/Retirement/Pension
- Disability
- Unemployment Letter/Notice
- Bank Statement – Savings/Checking
- Other

JOURNEY

- Medicaid verification
- Pay stub (paper or electronic)
- Tax Forms/1040
- Child Support/Alimony
- Military LES
- Foster Placement Papers/verification
- Notice of Action - DHHS
- SNAP verification
- Social Security/Retirement/Pension
- Disability
- Unemployment Letter/Notice
- Bank Statement - Savings/Checking
- Self Employment documents other than tax forms
- Written Statement from employer
- Other - document in Note column
- Affidavit

Income

What if There is No Proof Available?

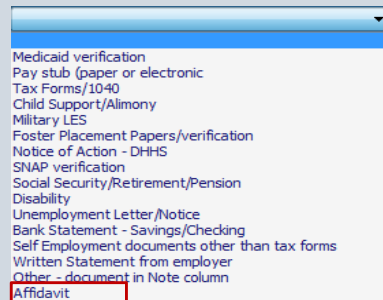


NO PROOF - AFFIDAVIT

JOURNEY

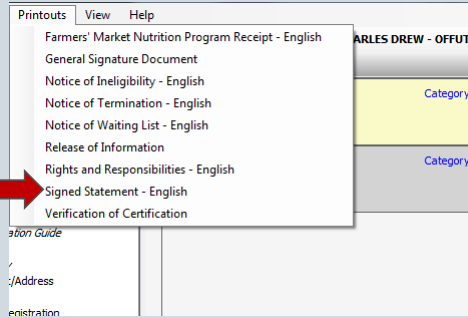
- Zero Income
- Paid in Cash
- Homeless Individuals
- Migrant Families
- Disaster (tornado, fire, hurricane)
- Theft
- Living in Abuse Shelter


Step 1: CHOOSE AFFIDAVIT



NO PROOF - AFFIDAVIT IN JOURNEY

Step 2: Have Participant Complete Signed Statement



 **Nebraska WIC Program - Signed Statement - No Proof**

Authorized Rep: Gala A Apple Family ID# 23490

1 Identity:
I have no proof of Identity because _____

2 Residency:
I have no proof of residency because _____

Map for Authorized Situations:

3 Income:
I have no proof of income because _____


Additional Information needed if zero income is reported:
How do you get food for your family? _____
My household has been without income since _____
I think I will have income starting _____

The information I provided above is correct.

Signature of Participant/Authorized Rep _____ Date _____

Authorized Situations Only:

- Rural Towns that only deliver to PO Boxes AND where the family pays none of their own utility bills.

 **Nebraska WIC Program - Signed Statement - No Proof**

Authorized Rep: Gala A Apple Family ID# 23490

Identity:
I have no proof of Identity because _____

Residency:
I have no proof of residency because _____


Map for Authorized Situations:

Income:
I have no proof of income because _____

Additional Information needed if zero income is reported:
How do you get food for your family? _____
My household has been without income since _____
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The information I provided above is correct.

Signature of Participant/Authorized Rep _____ Date _____

 **Nebraska WIC Program - Signed Statement - No Proof**

Authorized Rep: Gala A Apple Family ID# 23490

Identity:
I have no proof of Identity because _____

Residency:
I have no proof of residency because _____

Map for Authorized Situations:

Income:
I have no proof of income because _____

Additional Information needed if zero income is reported:
How do you get food for your family? _____
My household has been without income since _____
I think I will have income starting _____

The information I provided above is correct.

Signature of Participant/Authorized Rep _____ Date _____

Additional Questions that MUST be Answered for Income:

NO PROOF - AFFIDAVIT IN JOURNEY

Step 3:

Scan Completed Form into Journey and Shred the paper form.

A scanned document titled "Nebraska WIC Program - Signed Statement - No Proof". The form includes sections for "Authorized Rep: Gail A Apple", "Identity", "Residence", "Map for Authorized Situations", "Income", and "Additional information needed if zero income is reported". It also contains a signature line for the "Signature of Participant/Authorized Rep" and a "Date" field.

Policy Change

PHOTOS OF PROOFS ARE ALLOWED



Rules for Using Photos on a Cell Phone

Cannot:
be used for Identity



Rules for Using Photos on a Cell Phone

Must:
Show entire document
Be clear & readable



Questions



Formula Changes

UPDATE

Product Changes Starting March 1st

These products have been discontinued and are no longer shipping from the manufacturer

- Enfamil ProSobee 32 ounce can ready-to-feed
- Enfamil AR 32 ounce can ready-to-feed
- Enfamil Enfacare 32 ounce can ready-to-feed



Enfamil ProSobee 32 ounce RTF



- ❖ Change to 6-packs of 8 oz RTF bottles

This product/size is no longer available

For infants who have medical documentation for, or who require a ready-to-feed product:

Enfamil ProSobee 6-packs of 8 ounce bottles

New model food package



Enfamil AR 32 ounce RTF



- ❖ Change to 6-packs of 8 oz RTF bottles

This size is no longer available

For infants who have medical documentation for, or who require a ready-to-feed product:

Enfamil AR 6-packs of 8 ounce bottles

New model food package



Enfamil EnfaCare 32 ounce RTF



- ❖ Change to 6-packs of 8 oz RTF bottles

This size is no longer available

For infants who have medical documentation requiring EnfaCare ready-to-feed.

Enfamil EnfaCare 6-packs of 8 ounce bottles

New model food package





March 1st Product Changes

CHECKS WON'T PRINT

- Will not be able to print checks if client has the old food package assigned
- Error message will show on food benefits panel

- 03/01/2016: Food Package 'Enfamil Prosobee (RTF) 0-3 mo Full Formula – (32 OZ) Enfamil Prosobee has no food rule

ASSIGN A NEW MODEL FOOD PACKAGE

- Model food packages will include "RTF 6-packs" in the package name
- available in the drop down list

Enfamil Prosobee RTF 6-Packs 0-3 mo full formula

Enfamil AR RTF 6-Packs 0-3 mo Full Formula

Formula and Medical Food Issuance Report

- Run this report to identify clients that are assigned a specific product by month
- Clients that already have checks for 32 ounce product and the product is not available, will need to have checks replaced.
- Work with Julieann and Lisa

*** this report will be useful for formula changes coming in May/June*

Formula and Medical Food Issuance Report Print Date: 02/25/2016

03/01/2016 - 04/30/2016

State Totals	# Participants
(32 OZ) ENFAMIL AR - READY TO USE	3
(32-OZ) ENFAMIL PROSOBEE - READY TO USE	2

Local Agency/Clinic	Formula or Medical Food	Person ID	Participant Name	Category	Risk Factors	FDTU	Rx Renewal Dt	Spec Form Reason
5 CENTRAL NEBRASKA COMMUNITY ACTION PARTNERSHIP								# Participants = 1
15 SPENCER	(32 OZ) ENFAMIL AR - READY TO USE	161753	Baby Leap	Infant	425H	03/01/2016		# Participants = 1

Page 1 of 4 Rev: 12/3/2014 10:41:47 AM

Product Changes in April

These products have a label change, container change, or have a new container size available.

- Nutramigen Ready-to-feed
- Enfamil Infant Ready-to-feed
- Enfamil Gentlease Ready-to-feed
- Similac Expert Care Neosure Powder
- Similac Alimentum Ready-to-feed



Mead Johnson Products

32 ounce *can* changing to a
32 ounce **BOTTLE**



RTF 6-packs available as an option



** For infants who have medical documentation for or who require a ready-to-use product*

Similac Neosure

OLD LABEL



LABEL & NAME CHANGE ONLY

NEW LABEL



Similac Alimentum

OLD LABEL



LABEL & NAME CHANGE ONLY

NEW LABEL – SOMETHING LIKE



Product Changes in May

This products is being reformulated by the manufacturer and will require a transition from the current product/food package to the new product/food package.

- Similac Alimentum Expert Care 16 ounce Powder



Similac Expert Care Alimentum 16 oz powder



old

This product is being reformulated

- Can size ↓
- Number of cans participant receives ↑
- Reconstituted amount ↓
- New label
- Slight name change

Not available after June 1st

Similac Alimentum 12.1 oz powder



new

- 12.1 ounce can
- Each can makes 87 fluid ounces of prepared formula
- New scoop size
- Participant gets more cans per month

0-3 months	4-5 months	6-12 months
10	11	8

- New model food packages

What to do NOW

- ❖ For any participant getting Alimentum powder

Do not issue June checks

- Only issue checks for March, April, May
- 2 month issuance for current clients
- Watch email for detailed guidance, food package information, and staff/client education materials
- Information will be provided in March

All participants with a food package containing 16 oz Alimentum powder will need to have a new food package assigned and verified for June 1st effective dates.

We will use this report

Reports

- [-] Clinic Services Reports
 - [+] Administrative Reports
 - [+] Assessment and Education Report
 - [+] Breastfeeding Reports
 - [+] Client Services Reports
 - [-] Food Benefit Reports
 - [-] FI Activity by Local Agency
 - [-] Food Package Modification
 - [-] **Formula and Medical Food Iss.**
 - [-] No Food Benefits Pickup
 - [-] Voided FIs that have been Ret
- [+] Finance Reports
- [+] Operation Reports
- [+] System Administration Reports
- [+] Scheduler Reports
- [+] Vendor Management Reports

Formula and Medical Food Issuance

Local Agency: 5 CENTRAL NEBRASKA COMM Formula/Medical Food: (16-OZ) SIMILAC EXPERT CAR

Start Date: 05/01/2016 End Date: 05/31/2016

State Totals: Yes

1 of 8 100% Find | Next

Formula and Medical Food Issuance Report Print Date: 02/25/2016

05/01/2016 - 05/31/2016

State Totals	# Participants
(16-OZ) SIMILAC EXPERT CARE ALIMENTUM - POWDER	27

Questions



NEW Appointment Types

EFFECTIVE MARCH 1, 2016

ADD NEW BABY



Use when making appointments for women who are expecting their baby before the next appointment.

FOSTER

Use when making appointments for children and infants moving into or out of a foster home.



Questions



Assessing Adjunct Income Eligibility

Record Dates 02/25/2016 | 2 of 2 | New Edit Delete

Import Sources

***Household Size** 4

Summary Period Annual Monthly Total Income:

Link [Adjunct Eligibility](#)

Add Row

Remove Row

Income Determination				
Sources	Proof	Amount	Period	Note

ALWAYS ASSESS ADJUNCT ELIGIBILITY FIRST
USDA REQUIREMENT

Adjunct Eligibility

Participant	Proof	MA>Title ...	MA ID	SNAP	TANF	599 CHIP
Jonathon L. Apple	Medicaid Phone/Computer Verification	<input checked="" type="checkbox"/>	123670	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Close

Proof of Adjunct Eligibility for Participants Receiving Medicaid

Import Sources

Check Income Eligibility

Link [Adjunct Eligibility](#)

Add Row

Remove Row

*Household Size

Summary Period Annual Monthly Total Income:

Income Determination			
Sources	Proof	Amount	Period
<ul style="list-style-type: none"> Employment Verbal Income for Adj Eligible Child Support Social Security Disability Unemployment Compensation Tax Forms - Self Employed/Farmer ADC Foster care 			

Source of Income for Participant Receiving Medicaid

Record Dates 02/26/2016

Import Sources

*Household Size

Check Income Eligibility

Summary Period Annual Monthly Total Income:

Link
[Adjunct Eligibility](#)

Add Row

Remove Row

Income Determination				
Sources	Proof	Amount	Period	Note
Verbal Income for Adj Eligible	<ul style="list-style-type: none"> Medicaid verification Pay stub (paper or electron Tax Forms/1040 Child Support/Alimony Military LES Foster Placement Papers/v Notice of Action - DHHS SNAP verification 			

Income Proof for Participant Who is Adjunct Eligible

Income

Economic Unit Gala A Apple 1 of 1

Record Dates 02/26/2016 2 of 2 New Edit Delete

Import Sources

*Household Size

Check Income Eligibility

Summary Period Annual Monthly Total Income: \$18,000.00

Link
[Adjunct Eligibility](#)

Add Row

Remove Row

Income Determination				
Sources	Proof	Amount	Period	Note
Verbal Income for Adj Eligible	Medicaid verification	\$1,500.00	Monthly	verbal

Use Monthly Total When Entering Income for Participants Who are Adjunct Eligible

Documenting Medicaid

Adjunct Eligibility

Adjunct Eligibility		MA(Title ...	MA ID	SNAP	TANF	599 CHIP
Participant	Proof	<input checked="" type="checkbox"/>	123670	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jonathon L Apple	Medicaid Phone/Computer Verification					

Must check BOTH the Medicaid (MA Title..) Box & Fill in the Medicaid Number to Activate Adjunct Eligibility

Close

Questions



Notices of Ineligibility & Termination

FOLLOW-UP

Participants Who Need Notice – No Additional Benefits

- Breastfeeding Women more than 6 months postpartum who STOP Breastfeeding

Participants Who *DO NOT* Need Notice & 15 Days of Additional Benefits

- Participants who are terminated mid-certification:
 - Family members of someone who was found over income during a certification appointment
 - Members of Families who are Disqualified for Program Abuse

Questions



Help Desk Hints

When to contact the WIC Help Desk (Journey)

When to contact the WIC Help Desk:

WIC Help Desk Phone Number: (402) 471-0911 or 1-888-275-2018

WIC Help Desk E-mail Address: dhhs.wichelp@nebraska.gov

1. Problems logging onto Journey
 - If you received a pop-up Windows error message stating "Connectivity Problem ... Reason: Remote endpoint could not be found or reached", call the WIC Help Desk immediately.
 - If you received an error message stating ""Credentials entered are invalid", your Journey account might be locked due to too many failed login attempts (incorrect passwords). Please visit the DHHS Password Management Station at <https://passman-dhhs.ne.gov/AIMS/PS/> to unlock your Journey account.
 - If you forgot your password, visit the DHHS Password Management Station to have your forgotten password reset.
 - If you need to change your password, visit the DHHS Password Management Station to have it changed.
 - Call the WIC Help Desk if you are still encountering issue(s) after using the DHHS Password Management Station.
2. Problems logging onto computer/workstation
 - Contact your local/agency IT
3. Problems with connectivity/Internet
 - Contact your local/agency IT
4. WIC Hardware/Equipment problems
 - Please refer to the enclosed "NEBRASKA WIC PROGRAM EQUIPMENT SERVICE/REPLACEMENT PROCESS" guide.
5. New User and Remove User Requests
 - E-mail the WIC Help Desk
6. Urgent problems/issues when serving WIC clients. For example, could not certify clients, food package problems, checks won't print, printed checks did not look right (MICR font not present or the format is off), connectivity problems at satellite clinics, etc.
 - Call the WIC Help Desk
7. Non-urgent problems/issues. For example, ad-hoc report request, merge/combine duplicate IDs request, general Journey questions or concerns, etc.
 - E-mail the WIC Help Desk

When to contact the WIC Help Desk (Journey) (cont.)

NEBRASKA WIC PROGRAM EQUIPMENT SERVICE / REPLACEMENT PROCESS

All equipment below is used in either stationary or satellite agencies/clinics. Whenever a piece of equipment fails in any manner the below process should be followed to determine the problem and provide a resolution

Equipment	Responsible for Support	Under Warranty	Process for Service or Replacement of Equipment
Desktop Computer	Agency	Y	<ul style="list-style-type: none"> • Contact WIC Help Desk to troubleshoot problem occurring • If determined that computer needs service <ul style="list-style-type: none"> ◦ Agency will contact Dell and schedule service
Desktop Monitor	Agency	N	<ul style="list-style-type: none"> • Contact Agency IT support • If determined that monitor has failed <ul style="list-style-type: none"> ◦ Agency responsible for replacement of monitor
Desktop Mouse	Agency	N	<ul style="list-style-type: none"> • Contact Agency IT support • Agency responsible for replacement of desktop mouse
Desktop Keyboard	Agency	N	<ul style="list-style-type: none"> • Contact Agency IT support • Agency responsible for replacement of desktop keyboard
Desktop Software (Journey / Windows)	Agency	N	<ul style="list-style-type: none"> • Contact WIC Help Desk to troubleshoot problem occurring • Depending on issue <ul style="list-style-type: none"> ◦ WIC Help Desk will either help resolve problem or direct you to work with agency IT support to resolve problem
Laptop	Agency	Y	<ul style="list-style-type: none"> • Contact WIC Help Desk to troubleshoot problem occurring • If determined that laptop needs service <ul style="list-style-type: none"> ◦ Agency will contact Dell and schedule service
Laptop Power Supply	Agency	Y	<ul style="list-style-type: none"> • Contact WIC Help Desk to troubleshoot problem occurring • If determined that power supply has failed <ul style="list-style-type: none"> ◦ Agency will contact Dell and schedule service
Toners for All Printers	Agency	N	<ul style="list-style-type: none"> • Agency responsible for purchase and replacement of all Printer toners

When to contact the WIC Help Desk (Journey) (cont.)

Equipment	Responsible for Support	Under Warranty	Process for Service or Replacement of Equipment
Carrying Cases for Printers	Agency	N	<ul style="list-style-type: none"> Agency responsible for purchase and replacement of all Printer Carrying Cases
Laptop Bag	Agency	N	<ul style="list-style-type: none"> Agency responsible for purchase and replacement of Laptop bag
Laptop Wireless Mouse	State	N	<ul style="list-style-type: none"> Contact WIC Help Desk <ul style="list-style-type: none"> Replacement mouse will be shipped to agency
USB Hub	State	N	<ul style="list-style-type: none"> Contact WIC Help Desk <ul style="list-style-type: none"> Replacement USB hub will be shipped to agency
USB Cables	State	N	<ul style="list-style-type: none"> Contact WIC Help Desk <ul style="list-style-type: none"> Replacement USB cable will be shipped to agency
Troy MICR Printer	State	Y	<ul style="list-style-type: none"> Contact WIC Help Desk to troubleshoot problem occurring If determined that Troy MICR Printer has failed <ul style="list-style-type: none"> Replacement Troy MICR Printer will be shipped to agency Agency will ship back to State the broken Printer
HP Laser Printer	State	Y	<ul style="list-style-type: none"> Contact WIC Help Desk to troubleshoot problem occurring If determined that HP Laser Printer has failed <ul style="list-style-type: none"> Replacement Laser printer will be shipped to agency Agency will ship back to State the broken Printer
Brother Printer	State	N	<ul style="list-style-type: none"> Contact WIC Help Desk to troubleshoot problem occurring If determined that Brother Printer has failed <ul style="list-style-type: none"> Replacement Brother printer will be shipped to agency Agency will dispose of broken Printer
Stationary Scanner	State	Y	<ul style="list-style-type: none"> Contact WIC Help Desk to troubleshoot problem occurring If determined that Stationary Scanner has failed <ul style="list-style-type: none"> Replacement scanner will be shipped to agency Agency will ship back to State the broken Scanner
Portable Scanner	State	N	<ul style="list-style-type: none"> Contact WIC Help Desk to troubleshoot problem occurring If determined that Portable Scanner has failed <ul style="list-style-type: none"> Replacement scanner will be shipped to agency Agency will dispose of broken scanner

What to do when needing to change/update Date of Birth

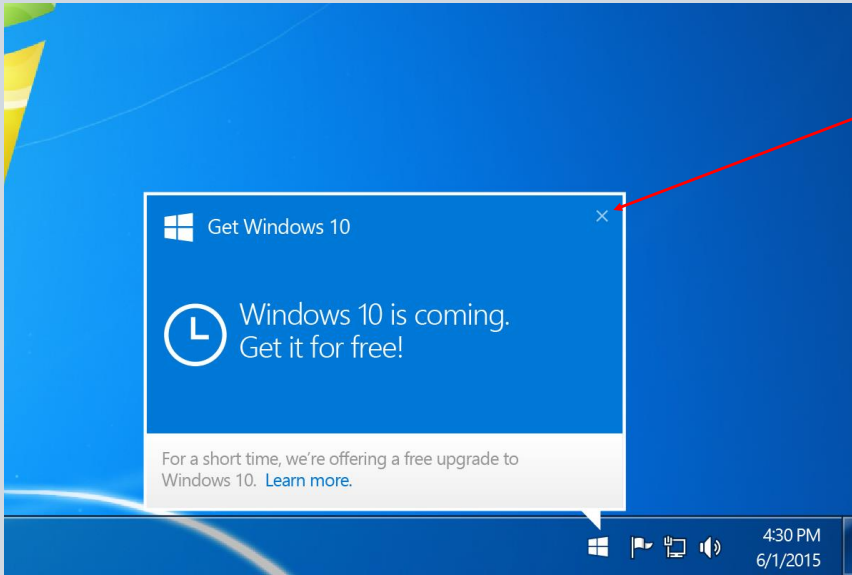
INFANTS OR CHILDREN

1. Identify what the actual birth date it
2. Create a new participant in the same family.
You may have to include/omit a middle initial
3. Carry over all data from old participant into the new participant
4. Certify new participant
5. Send email to dhhs.wichelp@Nebraska.gov with the old participant ID (The one with the wrong birth date), the new participant ID(The one with the correct birth date), family ID, and the reason there is two ID's

ALL OTHERS

1. Identify what the actual birth date is
2. Send email to dhhs.wichelp@Nebraska.gov with the correct birthdate, family ID, and participant ID.

Windows 10 Upgrade Notification (on Satellite Laptops)



DO NOT proceed and upgrade/
install Windows 10 !!!

Just click on the "X" to close it

Questions



Upcoming Webinars

SAVE THE DATES

FUTURE TRAINING



Date	Time (CST)	Tentative Topics
Spring, 2016	TBD	Overview of Planning for Local Agency Plans (Directors, Coordinators)
June 30, 2016	10:00 – 12:00	TBD
Sept 29, 2016	10:00 – 12:00	TBD

Our Journey



Past, Present, Future

WIC & CSFP Conference
Holiday Inn, Kearney NE
April 12-13, 2016

Our Journey




Past, Present, Future

Potential Topics

- ❖ Civil Rights/Cultural Competency
- ❖ Workplace Safety
- ❖ Medicaid/Snap Update
- ❖ CPA Special Formula Update
- ❖ Asking Hard Questions
- ❖ Journey Reports
- ❖ Internet Safety/Confidentiality
- ❖ World Cafe
- ❖ Celebrating Our Journey Past, Present, Future

Remember to
Send in your
Registration
Form

2016 WIC & CSFP Conference		RETURN BY MARCH 10, 2016
Registration Form		
Local WIC/CSFP Agency Name:	Name:	
	Individual Work Email Address:	
Title/Job Position - Please check one		
WIC Program:	CSFP Program:	Plated Lunch Options (Tuesday) - Choose one:
<input type="checkbox"/> Director/Coordinator	<input type="checkbox"/> Director/Coordinator	<input type="checkbox"/> Sherry Glazed Chicken (with mashed potatoes)
<input type="checkbox"/> Clerk/Support Staff	<input type="checkbox"/> CSFP staff	<input type="checkbox"/> Pasta Primavera (pasta & roasted vegetables)
<input type="checkbox"/> CPA	<input type="checkbox"/> Other	
<input type="checkbox"/> Vendor Manager		
<input type="checkbox"/> Breastfeeding Peer Counselor		
<input type="checkbox"/> State WIC Staff		
<input type="checkbox"/> Other		
<p>Mail this registration Form & \$120 Registration Fee by March 10, 2016 to:</p> <p>Barb Packett WIC/CSFP Annual Meeting Registration 301 Centennial Mall South PO Box 95026 Lincoln, NE 68509-5026</p> <p>Make checks payable to: CASHIERS OFFICE</p>		<p>Our Journey</p>  <p>Past, Present, Future</p>

Thanks for attending

REMEMBER TO COMPLETE THE ATTENDANCE POLL BEFORE
LOGGING OUT