

# NM WIC Disaster Plan-Tier II COVID-19

## Checklist for Screening Applicants/Participants



| <b>Questions to Ask Over the Phone</b><br><b>(Prior to collecting the EBT Card/ID from the Participant)</b>   |  |
|---|--|
| <b>Endorser</b><br><i>(Who are they speaking to? Who is there for the appointment?)</i>   |  |
| <i>Inquire if they are experiencing symptoms of respiratory infection (i.e. cough, sore throat, fever). If the applicant/participant indicates 'yes', staff will ask to reschedule or assign a proxy to come to the appt. If 'no', staff will ask the applicant/participant to have their EBT card and ID ready</i> |  |
| <b>Vehicle Information</b><br><i>(What kind of car are they in? Color?)</i>   |  |
| <b>Family Size</b><br><i>(For Certifications or Recertifications ONLY)</i>  |  |
| <b>Monthly Gross Income Amount</b><br><i>(For Certifications or Recertifications ONLY)</i>  |  |
| <b>Adjunct Eligibility (Medicaid/SNAP etc. Enrollment Number)</b><br><i>(For Certifications or Recertifications ONLY)</i>   |  |
| <b>PIN # of the WIC EBT Card</b><br><i>(What is the PIN for the existing WIC card? If a new card will be given, ask what PIN they would like to assign.)</i>  |  |
| <b>Address (Physical and Mailing)</b><br><i>(Please check it is correct for all, but new files it will need to be entered)</i>  |  |
| <b>Phone</b><br><i>(Please check it is correct for all, but new files it will need to be entered)</i>   |  |
| <b>Food Package and Customizations</b><br><i>(Ask what type of formula and/or milk and what substitutions they would like)</i>  |  |
| <b>Counseling</b><br><i>(Ask if they have any questions or concerns)</i>  |  |
| <b>Certification Questions - Child</b>  |  |
| <b>Race/Ethnicity</b><br><i>(For NEW Certifications ONLY)</i>   |  |
| <b>Food Package and Customizations</b><br><i>(Ask what type of milk and what substitutions they would like)</i>   |  |
| <b>Counseling</b><br><i>(Ask if they have any questions or concerns)</i>  |  |
| <b>Certification Questions - Pregnant</b>   |  |
| <b>Race/Ethnicity</b><br><i>(For NEW Certifications ONLY)</i>   |  |
| <b>Food Package and Customizations</b><br><i>(Ask what type of milk and what substitutions they would like)</i>   |  |
| <b>Counseling</b><br><i>(Ask if they have any questions or concerns)</i>  |  |
| <b>Voter Registration</b><br><i>(Ask if they would like to Register to Vote)</i>  |  |
| <b>Gravida</b><br><i>(How many pregnancies?)</i>  |  |
| <b>Participant Prior Pregnancies</b><br><i>(Ask about info related to prior pregnancies, i.e. DOB, Outcome (live birth, miscarriage, etc.) Weeks Gestation, Birth Weight)</i>   |  |

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|   |  |
|---|--|
| <b>Due Date (EDD)</b><br><i>(Ask for current due date)</i>  |  |
| <b>Pregnancy Category</b><br><i>(Ask for current pregnancy category i.e. multiples)</i>   |  |
| <b>Certification Questions - Postpartum</b>   |  |
| <b>Race/Ethnicity</b><br><i>(For NEW Certifications ONLY)</i>   |  |
| <b>Food Package and Customizations</b><br><i>(Ask what type of milk and what substitutions they would like)</i>   |  |
| <b>Counseling</b><br><i>(Ask if they have any questions or concerns)</i>  |  |
| <b>Voter Registration</b><br><i>(Ask if they would like to Register to Vote)</i>  |  |
| <b>Gravida</b><br><i>(How many pregnancies?)</i>  |  |
| <b>Participant Prior Pregnancies</b><br><i>(Ask about info related to prior pregnancies, i.e. DOB, Outcome (live birth, miscarriage, etc.) Weeks Gestation, Birth Weight)</i> |  |
| <b>Actual Delivery Date</b><br><i>(Ask for actual delivery date)</i>  |  |
| <b>Certification Questions – Breastfeeding (Nursing)</b>  |  |
| <b>Race/Ethnicity</b><br><i>(For NEW Certifications ONLY)</i>   |  |
| <b>Food Package and Customizations</b><br><i>(Ask what type of milk and what substitutions they would like)</i>   |  |
| <b>Counseling</b><br><i>(Ask if they have any questions or concerns)</i>  |  |
| <b>Voter Registration</b><br><i>(Ask if they would like to Register to Vote)</i>  |  |
| <b>Gravida</b><br><i>(How many pregnancies?)</i>  |  |
| <b>Participant Prior Pregnancies</b><br><i>(Ask about info related to prior pregnancies, i.e. DOB, Outcome (live birth, miscarriage, etc.) Weeks Gestation, Birth Weight)</i> |  |
| <b>Actual Delivery Date</b><br><i>(Ask for actual delivery date)</i>  |  |
| <b>Breastfeeding Category</b><br><i>(Determine if FBF, PBF, SBF)</i>  |  |
| <b>Certification Questions – Infants</b>  |  |
| <b>Race/Ethnicity</b><br><i>(For NEW Certifications ONLY)</i>   |  |
| <b>Infant Breastfeeding Frequency</b><br><i>(Determine if Formula, FBF, PBF, SBF)</i>   |  |
| <b>Infant Ever Breastfed Breast Milk and Follow Up Questions</b><br><i>(Answer as needed if BF)</i>   |  |
| <b>Food Package and Customizations</b><br><i>(Ask what type of formula if appropriate, and if CVB is desired for infants over 9 months)</i>                                   |  |
| <b>Counseling</b><br><i>(Ask if they have any questions or concerns)</i>  |  |
| <b>These questions will help complete required fields in NMSOL.</b>   |  |