A Day in the Life

CDPH/WIC Staff
We acknowledge that every agency may have a different clinic flow. This demonstration highlights one example.
<table>
<thead>
<tr>
<th>Time</th>
<th>WNA</th>
<th>Nutritionist</th>
<th>Walk-In</th>
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<tbody>
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<tr>
<td>4:15</td>
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</tbody>
</table>

**Fun Fact!**
Family Rep: Alicia Dian
Assigned Site: Mariposa WIC
Caretaker 1:
Caretaker 2:
Caretaker 3:

Appointments:

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Type</th>
<th>Date Time</th>
<th>Site</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pablo Dian</td>
<td>400 100 618</td>
<td>CERT</td>
<td>3/28/2019 1:30 PM</td>
<td>Mariposa WIC</td>
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Certifications:

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Cat</th>
<th>Cert Start</th>
<th>Cert End</th>
<th>Term Date</th>
<th>Term Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pablo Dian</td>
<td>3/15/2016</td>
<td>C3</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Food Packages:

<table>
<thead>
<tr>
<th>Name</th>
<th>Food Package</th>
<th>Effect Date</th>
<th>End Date</th>
<th>Ben. Start Date</th>
<th>BVT Date</th>
</tr>
</thead>
</table>

Mark Onsite | Signature | Appointments | Fam Rep History | Caretakers | Nutr Education History | Print
### Family Information

This is the Income for:
- Household 3001006171

#### Adjunct Eligibility

<table>
<thead>
<tr>
<th>Include in</th>
<th>Name</th>
<th>CAT</th>
<th>Aid Code</th>
<th>Adjunct</th>
<th>Medi-Cal</th>
<th>CalFresh</th>
<th>CalWORKs</th>
<th>FDPIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verification</td>
<td>Dian, Pablo</td>
<td>C3</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

#### Not Participating in Any Program:
- Medi-Cal, CalFresh, CalWORKs, FDPIR

#### Not Participating - By Program:
- Medi-Cal
- CalFresh
- CalWORKs

---

### Income Information

#### MEDS

<table>
<thead>
<tr>
<th>Interval</th>
<th>Amount</th>
<th>Proof of Income</th>
<th>Comments</th>
<th>Annual</th>
<th>Date</th>
<th>User ID</th>
</tr>
</thead>
</table>

---

**Annual Income:** $0.00
### Family Information

**Adjunct Eligibility**

<table>
<thead>
<tr>
<th>Verification</th>
<th>Name</th>
<th>CAT</th>
<th>Adjunct</th>
<th>Medi-Cal</th>
<th>CalFresh</th>
<th>CalWORKs</th>
<th>FDPER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dian, Pablo</td>
<td>C3</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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</tbody>
</table>

Not Participating in Any Program:
- [ ] Medi-Cal
- [ ] CalFresh
- [ ] CalWORKs
- [ ] FDPER

### Income Information

<table>
<thead>
<tr>
<th>Interval</th>
<th>Amount</th>
<th>Proof of Income</th>
<th>Comments</th>
<th>Annual Income</th>
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<tbody>
<tr>
<td>Monthly</td>
<td>$1,100.00</td>
<td>Pay Stub (the latest entire 30 da...</td>
<td>$13,200.00</td>
<td>03/28/2019</td>
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### Family Information

<table>
<thead>
<tr>
<th>Individual Info</th>
<th>Cert Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Information</td>
<td></td>
</tr>
</tbody>
</table>

### Individual ID

- **ID**: 400 100 618
- **DOB**: 1/25/2016
- **Age**: 3 yrs, 9 mos
- **Birth Date**: 02/15/2016

### Personal Information

- **Last Name**: Daniel
- **First Name**: Pablo
- **Gender**: Male
- **Birth Date**: 02/15/2016
- **Parent’s ID**: Yes

### Race and Ethnicity

- **Race**: Asian Indian
- **Ethnicity**: Native Hawaiian or Pacific Islander
- **Mother’s First Name**: Alisa

### Medical Information

- **Provider Name**: Medical Provider Phone
- **Sanctioned**: Yes

### Additional Information

- **Social Security Number**: XXX-XX-XXXX
- **Healthcare Source**: Medical
- **Driver License / CA ID**: Special Accommodation
- **Medical Provider Phone**: 123-456-7890
### Active Record

**Family**

- **Name:** Dian, Pablo
- **Gender:** Male
- **DOB:** 3/19/2016
- **Age:** 3 yrs, 0 mos
- **Certified:** 03/09/16 - 03/31/20
- **Status:** Certified

**Family Site**

- **Address:** 5001 0064 - Alicia Dian
- **Phone:** (802) 2003 Mariposa WIC

### EBT Accounts

<table>
<thead>
<tr>
<th>Card Holder Type</th>
<th>Card Holder Name</th>
<th>Card Number</th>
<th>Date Issued</th>
<th>Status</th>
<th>Created By</th>
<th>Modified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auth Rep</td>
<td>Dian, Alicia</td>
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</tr>
</tbody>
</table>

- **EBT Account Setup**

- **EBT Accounts History**

<table>
<thead>
<tr>
<th>Card Holder Type</th>
<th>Card Holder Name</th>
<th>Card Number</th>
<th>Date Issued</th>
<th>Status</th>
<th>Changed on</th>
<th>Replace Reason</th>
<th>Stop Access Reason</th>
<th>Created By</th>
<th>Modified By</th>
</tr>
</thead>
</table>

- **Unlock PIN**

**20922003 Mariposa WIC**

**USER3LA208**

wicworks.ca.gov
Fun Fact!
** Pediatric Referral **

**Name:**  
**Family ID:** 300 100 617  
**Appt. Type:**  
**Date:**  
**Time:**  

*For lost or stolen cards, call 1 (844) 4MY-FAMILY 1 (844) 469-3264*

**What to Bring:**

- [x] Your ID and WIC Card
- [ ] Each person being certified and ID
- [ ] Proof of:
  - Income
  - Address
  - Pregnancy
  - Height & Weight
  - Bloodwork

---

**WIC Agency:**

**State of California — Health and Human Services Agency**

**California Department of Public Health — WIC Program**
Fun Fact!
WIC Card Video (8:49)
California WIC Program
WIC Food Balance
Broadway Main Office

As of: March 28, 2020 1:34 PM
Site #: 001
Family Rep Name: Tiffany Franklin
Family ID#: 300 100 441

Your WIC foods for John (ID# 400 100 441) for March 28, 2020 to April 27, 2020 are:

16 OZ Cheese
1 DOZ Eggs
36 OZ Breakfast Cereal Whole or Non-Whole-Grain
1 CTNR Dry Beans or Peanut Butter
32 OZ Whole Wheat (WW) Bread, WW Tortilla, WW Pasta, Brown Rice, Bulgur, Oatmeal, Barley, or Soft Corn Tortilla
9 $ Fruits and Vegetables Cash Value Benefit
32 OZ Yogurt Lowfat Nonfat
3 GAL Nonfat & Lowfat 1% Milk
128 OZ Juice-Bottled Concenrate

The WIC foods you can expect for April 28, 2020 to May 27, 2020 for John (ID# 400 100 441) are listed below. If the WIC status of a family member changes before the benefits are available, please contact us.

16 OZ Cheese
1 DOZ Eggs
36 OZ Breakfast Cereal Whole or Non-Whole-Grain
1 CTNR Dry Beans or Peanut Butter
32 OZ Whole Wheat (WW) Bread, WW Tortilla, WW Pasta, Brown Rice, Bulgur, Oatmeal, Barley, or Soft Corn Tortilla
9 $ Fruits and Vegetables Cash Value Benefit
32 OZ Yogurt Lowfat Nonfat
3 GAL Nonfat & Lowfat 1% Milk
128 OZ Juice-Bottled Concentrate
Keep your PIN safe:

- Do not write your PIN on your WIC Card or anything you keep with your WIC Card.
- Do not share your PIN with others. If you have someone shop for you, share your PIN only with a person that you trust.
- Carefully enter your PIN at the store. You have 4 chances to enter it correctly. After 4 tries, your WIC Card will be locked and you will not be able to get your WIC foods. Call the toll-free number on the back of your card for help. Locking the WIC Card protects against someone trying to guess your PIN and getting your food benefits.

When someone learns your PIN without your approval, you will need to change your PIN. If someone takes your WIC Card and knows your PIN, they could get your WIC foods. Any WIC foods purchased by someone else, before you report your WIC Card lost or stolen, will not be replaced.

4182

Your WIC Food Balance

Your WIC Food Balance shows the foods and the amounts available to your family every month. As you shop and use your WIC foods, your Food Balance will change. Be sure to shop for all of the foods in your WIC Food Balance before they expire.

There are many ways to find your WIC Food Balance:

- Use the free California WIC App on your smartphone.
- Get a printout at your WIC office.
- Look at your store receipt from your last shopping trip.
- Ask the cashier or customer service desk at the store to print out your WIC Food Balance.
- Call the toll-free number on the back of your WIC Card, 1-844-4MY-FAMILY or 1-844-469-3264.
- Go online to www.myfamily.wic.ca.gov
Reading Your Receipt

WIC foods purchased

Discounts for coupons, store loyalty card

Expiration Date: the last day you can get the rest of your WIC foods. Your food benefits will expire at midnight on that day.

WIC Food Balance for your family

Dollar amount of cash benefit fruits and vegetables for your family

Your receipt may look different.
9. What does your child drink from?
- Bottle
- Sippy Cup
- Cup without a lid

10. Do you give your child a multi-vitamin daily?

11. Do you give your child any herbs, other vitamin/mineral supplements or home remedies?

12. How many hours a day does your child have screen time, such as TV, computer, cell phone, tablet, video games?
8. What does your child drink on most days?
   - [ ] Water
   - [ ] Type of Water
   - [ ] Tap
   - [ ] Bottled
   - [ ] Cow's Milk
   - [ ] Type of Milk
   - [ ] Whole
   - [ ] 2%
   - [ ] 1%
   - [ ] 0%
   - [ ] Nonfat
   - [ ] Non-Dairy Beverage (Rice, Nut, etc.)
   - [ ] 100% Juice
   - [ ] Tea
   - [ ] Soda
   - [ ] Other Sugar Sweetened Drinks
   - [ ] Pediasure
   - [ ] Toddler Formula
   - [ ] Other

9. What does your child drink from?
   - [ ] Bottle
   - [ ] Sippy Cup
   - [ ] Cup without a lid

10. What do you do if your child does not finish his/her food at mealtimes?
    - [ ] Save food for later

11. Do you give your child a multi-vitamin daily?
    - [ ] NO
    - [ ] YES

12. Do you give your child any herbs, other vitamin/mineral supplements or home remedies?
    - [ ] YES
    - [ ] NO

13. How many hours a day does your child have screen time, such as TV, computer, cell phone, tablet, video games?
    - [ ] More than 2 hours
**Fun Fact!**

[Image of a computer screen showing a WIC program interface]
### Risk Factors

- **426.02(6)**: Routinely Feeding a Child Any Sugar-Containing Fluids
- **426.03(6)**: Routinely Using Nursing Bottles/Cups/Pacifiers Improperly

### Assessment

* Characters Remaining: **2000**

### Goals (double click Goal column to edit)

<table>
<thead>
<tr>
<th>Date Created</th>
<th>Status</th>
<th>*Goal</th>
<th>User ID</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### Follow Up (double click Notes column to edit)

<table>
<thead>
<tr>
<th>Date</th>
<th>Appt Type</th>
<th>User ID</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
Assessment

Pablo is using a bottle at night, and is offered sweetened drinks on occasion. Alicia is interested in additional information on transitioning off the bottle.

Goals (double click Goal column to edit)

<table>
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<tr>
<th>Date Created</th>
<th>Status</th>
<th>Goal</th>
<th>User ID</th>
</tr>
</thead>
<tbody>
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<td>3/23/2019</td>
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<td>Transition off the bottle</td>
<td>USER3LA208</td>
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Follow Up (double click Notes column to edit)

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<th>Appt Type</th>
<th>Notes</th>
</tr>
</thead>
</table>
Fun Fact!
<table>
<thead>
<tr>
<th>Referral Date</th>
<th>Type</th>
<th>Referral Category</th>
<th>Currently Participating</th>
<th>Currently Not Participating</th>
<th>DECLINED</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/28/2019</td>
<td>IND</td>
<td>Medi-Cal</td>
<td>✓</td>
<td></td>
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<tr>
<td>03/28/2019</td>
<td>IND</td>
<td>CalFresh</td>
<td>✓</td>
<td>3/28/2019</td>
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<tr>
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<td>CalWORKs</td>
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<td>03/28/2019</td>
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### Referrals

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<td>✓</td>
<td></td>
<td>3/28/2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Agreement:

By signing this form I understand and agree:

I have read, or have had read to me, the document noted above. I understand and agree to the information provided. If I have questions, I should discuss them with the WIC staff. I understand that I will be given or may request a copy of this document.
By signing this form I understand and agree:

I have read, or have had read to me, the document noted above. I understand and agree to the information provided. If I have questions, I should discuss them with the WIC staff. I understand that I will be given or may request a copy of this document.

Signature Display:

[Signature Image]
Fun Fact!
Alicea Dian

Name: __________________________
Family ID: ______________________
Appt. Type: ______________________
Date: __________________________
Time: __________________________

What to Bring:
- Your ID and WIC Card
- Each person being certified and ID

Proof of:
- Income  □ Address  □ Pregnancy
- Height & Weight
- Bloodwork

For lost or stolen cards, call
1 (844) 4MY-FAMILY
1 (844) 469-3264

#000000 Rev 00/00
Fun Fact!
California WIC Program
WIC Food Balance
Broadway Main Office

At: 11:34 PM

Family Key Name: Alcena Doe

Your WIC foods for Pablo (ID# 490 100 441) for March 28, 2020 to April 27, 2020 are:

16  OZ  Cheese
1  DOZ  Eggs
36  OZ  Breakfast Cereal Whole or Non-Whole-Grain
1  CTVR  Dry Beans or Peanut Butter
32  OZ  Whole Wheat (3W) Bread, WW Tortilla, WW Pasta, Brown Rice, Beans, Oatmeal, Barley, or Soft Corn Tortilla
9  $  Fruits and Vegetables: Cash Value Benefit
32  OZ  Yogurt Lowfat/Lowfat
3  GAL  Nonfat Lowfat 1% Milk
128  OZ  Juice, Fortified Concentrate

The WIC foods you can expect for April 28, 2020 to May 27, 2020 for John (ID# 490 100 441) are listed below. If the WIC status of a family member changes before the benefits are available, please contact us.

16  OZ  Cheese
1  DOZ  Eggs
36  OZ  Breakfast Cereal Whole or Non-Whole-Grain
1  CTVR  Dry Beans or Peanut Butter
32  OZ  Whole Wheat (3W) Bread, WW Tortilla, WW Pasta, Brown Rice, Beans, Oatmeal, Barley, or Soft Corn Tortilla
9  $  Fruits and Vegetables: Cash Value Benefit
32  OZ  Yogurt Lowfat/Lowfat
3  GAL  Nonfat Lowfat 1% Milk
128  OZ  Juice, Fortified Concentrate

This institution is an equal opportunity provider.
California WIC Program

WIC Food Balance

Broadway Main Office

At: 3/29/2020 1:54 PM

Family Name: Alcorn

Date of Report: 4/1/2020

Family ID#: 509 162 441

Your WIC foods for Pamblo (ID# 400 100 441) for March 28, 2020 to April 27, 2020 are:

16 OZ Cheese
1 DOZ Eggs
36 OZ Breakfast Cereal Whole or Near-Whole-Grain
1 CT of Dry Beans or Peanut Butter
32 OZ Whole Wheat (SW) Bread, WW Tortilla, WW Pasta, Brown Rice, Bulgur, Oatmeal, Barley, or Soft Corn Tortilla
9 $ Fruits and Vegetables Cash Value Benefit
32 OZ Yogurt Lowfat/Nonfat
3 GAL Nonfat & Lowfat 1% Milk
128 OZ Juice, Fortified Concentrate

The WIC foods you can expect for April 28, 2020 to May 27, 2020 for John (ID# 400 100 441) are listed below. If the WIC status of a family member changes before the benefits are available, please contact us.

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32 OZ Whole Wheat (SW) Bread, WW Tortilla, WW Pasta, Brown Rice, Bulgur, Oatmeal, Barley, or Soft Corn Tortilla
9 $ Fruits and Vegetables Cash Value Benefit
32 OZ Yogurt Lowfat/Nonfat
3 GAL Nonfat & Lowfat 1% Milk
128 OZ Juice, Fortified Concentrate

This institution is an equal opportunity provider.
But wait, there’s more!
At the Customer Service Desk
At Checkout: Integrated Store
At Checkout: Stand Beside Store
Credits

Alicea        Rhianna Sheldon
WNA A         Kathryn Brelje
WNA B         Jessica Favela
Clerk 1       Txia Thao
Clerk 2       Juvoni Sterling
Clerk 3       Paige Worley
Narrator      Stephanie Kwong

Written By
Debra Castaneda
Kathryn Brelje
Chen-Chen Lui
Halley Holloway
Stephanie Kwong