

Documentation

- I. The VISION system offers several methods to document and communicate important information regarding WIC participants.
 - a. **Goals** are set with the client during the nutrition assessment and are used only for health and nutrition related reasons.
 - b. **Comments** are used to document information required by policy or to document information that would be helpful to staff for future reference.
 - c. **Alerts** are comments that are set as an alert to communicate critical information that staff needs to be aware of each time they access the family's record. Staff must get into the habit of checking the bottom of the screen for alerts each time they open a new family. There are many reasons why an alert may need to be set. When Staff makes a comment and checks the "Display as Alert" check box the comment is displayed on the bottom of the screen with the staff member's name that made the alert. The system requires that an expiration date for the alert be set. The alert will disappear after this date, but the comment will remain. Expiration dates should be set as far into the future that the information is still critical.
 - i. In some cases, when benefits should not be provided until the situation is resolved, or when a dual exists that should not be used, the "FB Issuance" dropdown box on the family screen should be set to "No food benefits" in order to prevent staff from accidentally issuing checks before the situation is resolved.
 - ii. Some alerts are created automatically by the system, for example, when staff has checked the "Do not allow food benefits" check box in the Participant Violations Screen (indicating that counseling for a participant violation must be completed prior to further benefit issuance). Staff must clear this check box in order to remove the alert and allow benefit issuance.
- II. Various hard copy documents will need to be scanned and uploaded into the VISION system. The table below list types of forms that should be scanned if used by the clinic.

Examples of Forms & Letters to be Scanned into VISION system

Name of Form/Letter	Source	Use	Optional/ Required
Alternate Proofs Identity Residency Income (ID, Res, Inc)	Brought in by client	Proof of ID/Residency/Income not normally accepted, but approved on a case by case basis by State staff (Operations Manager or Program Manager) when “other- state approval” is selected on drop down menu.	Required
Breast Pump/Aid Loan Agreement (BPAid)	Pre-printed UCI form	Used when breast pumps or aids are issued.	Optional
Certificate of completion of an online education class (Class)	Brought in by client	To document a participant's nutrition education completed outside of the clinic.	Optional
Formula and Food Authorization Form (FAFAF)	Brought in by client	Used when doctors prescribe non-contract formulas. Also must be documented in the “Documentation” link in the food package panel.	Required
General Signature Document (GenSig)	Print-out from VISION System	Is used when clients need to make a signed statement or declaration such as declaring to be the guardian of a child when other type of proof is not available.	Required
Health Data Referral form (Ref)	Brought in by client	Referral information from Dr.	Optional
Participant Violations Complaint Letters (PVCOMP)	Complaint letters/vendor reply cards sent to clinics by State Office	To be attached to participant records and used for documentation of alleged participant violations.	Required
Copies of Checks (Check #)	State	Copies of checks that are alleged violations.	Required
Participant Written Complaints	Participant's written statements	Documentation of complaints.	Required

Name of Form/Letter	Source	Use	Optional/ Required
(Comp)			
Powdered Formula Waiver (Powd)	Pre-printed UCI form	Signed by Parent/Guardian of premature infants requesting powdered infant formula.	Required
Proof of Guardian/Caretaker (Guard)	Brought in by client	Letter from parent, DCFS, or court document that verifies the name of the child's guardian or indicates that a caretaker has permission to be the endorser.	Required
Repayment of benefits letter (Repay)	Pre-printed UCI form	Used when a repayment is required for a participant violation.	Required
Signed Statement (SS)	Print-out from VISION System	Is filled out by client when proof is not available and a provisional cert is done, affidavit is used or when zero income is reported.	Required
Single-User Electric Breast Pump Release Form (Pump)	Pre-printed UCI form	Documents pump issuance. Filled out by staff/clients	Required
Print Screen when No Signature Pad is available (NoSig)	Screen printed from PC	When the signature pad malfunctions or is not available	Required
Verification of Certification (VOC)	Brought in by client from other states	Proof of certification	Required

- III. The clinic may choose to save other scanned documents as needed in addition to those listed. Clinic staff will be able to easily view scanned documents to check for expiration dates etc. In most cases, hard copies need not be kept and should be returned to the client or shredded whichever is appropriate.
- IV. Files will be named consistently statewide. File names will consist of the abbreviated title for the type of document. The abbreviated title will be the bolded word or letters from the list of document titles in the table above (for example VOC, FAFAF, etc.).

- a. If multiple family members may use the same type document, such as foster children or twins, a first name can be added after the descriptor to differentiate the documents (for example FAFAF. Johnny).
- b. Copies of checks saved in the scanned documents may be titled with the check number only.