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About Us

Three Sigma Software is an innovative software development company established in 2003, with the sole mission of providing our Customers with quality software development, implementation, and maintenance support to effectively manage their Women, Infants, and Children (WIC) programs.



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About Us

Superior WIC Solution

- Web-based and modularized allowing easy \bullet customization
- Cross browser compliant-works with all major \bullet industry standard browsers: MS edge, Chrome, Firefox, Safari, IE
- Proven WIC MIS serving more participants than any other system
- Interfaces to other external systems \bullet

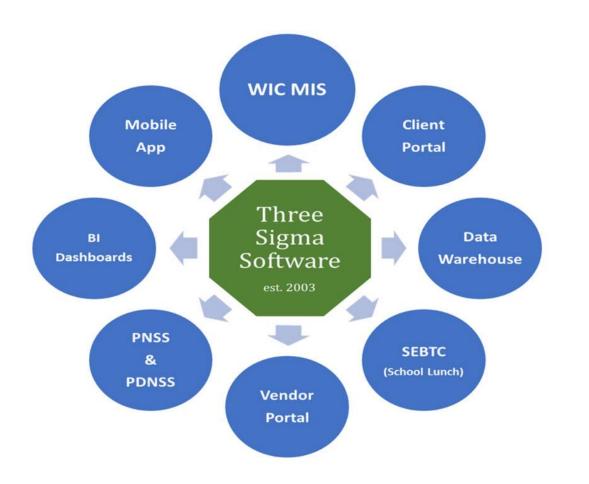
Largest staff of WIC MIS experts in the industry

Every employee works on WIC projects \bullet



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A Complete WIC Solution



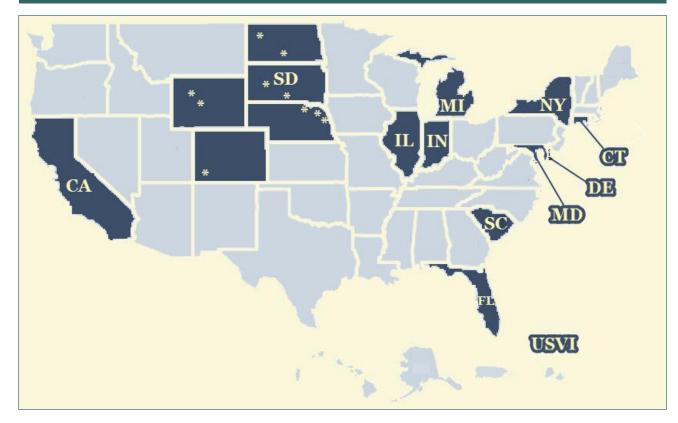


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Current Systems

Maryland Michigan Virgin Islands **Delaware South Dakota** Florida Indiana **Connecticut *NATIONS Cheyenne River Sioux** Tribe Eastern Shoshone Tribe Northern Arapaho **Omaha Nation Rosebud Sioux Tribe** Santee Sioux Tribe **Standing Rock Sioux Tribe Three Affiliated Tribes UTE Mountain Tribe** Winnebago Tribe **New York South Carolina** California Illinois

Expanding Our WIC Presence **Coast to Coast**





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System Modules

Clinic

Used by clinic staff to deliver services to eligible WIC participants

Admin

Used by administrative staff to configure clinics, assign user roles, manage breast pump inventory

Vendor

Used by vendor management staff to authorize and monitor WIC vendors

Nutrition

Used by State staff to set up food items, food package and manage UPC information

Finance

Used by State staff to track and manage WIC funds and generate required reports



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Search Screen

The Search section contains screens that help the user search for a participant or a Household within the IL-WIC system based on certain search criteria. This is the first screen that appears in the IL-WIC system when a user logs into the Clinic Module.

This screen provides a basic means for searching based on scope (State, Local Agency, or Clinic), then by ID, eWIC card number, last name, first name, or birth date of the participant or Household. The user also can use the Soundex feature to search for names that 'sound like' the one entered and/or search for only certified participants.

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| Daily Schedule | | | | | | | | | | |
| Classes Onsite List | | | | | | | | | | |
| Appt. Waiting List | | | | | | | | | | |
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Household Summary

The HH Summary screen provides a quick, at-a-glance summary for the WIC participants within a given household and is the "Home Base" screen within the IL WIC Clinic module. This is a read-only screen that displays a summary of future appointments, current Certification information, Food Prescription and Benefit information, indicators for active Alerts, Notes or high risk participants in the HH.

The HH Summary screen is initially accessed by clicking the Open Record button for a selected participant or Authorized Representative on the Search, OnSite List, or Daily Schedule screens. The HH Summary screen can also be accessed while working with a participant or HH record, by clicking on the Cancel button on most screens in the Clinic Module.

| Selected Record OUSEHOLD, MELISSA Cat: PG (female) ID: 300 872 832 DOB: 7/8/1988 | Head of Household: MELISSA Assigned Clinic: CEDA - A | P 🕹 🕹 ⊄ Household | ouser | | SHOUSE | | Mon 4/22/2 SSA (PG) 300 8 🗸 | |
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| Scheduling Tasks | | | | | | | | |
| Notes and Alerts | Certifications: | | | | | | | |
| Logoff 😯 | Name MELISSA HOUSEHOLD | Birth Date 7/8/1988 | Cat | Cert Start 4/18/2019 | Cert End | Term Date | Term Rea | ison |
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| | Name MELISSA HOUSEHOLD | Food | Package | | ffect. Date | End Date | Ben. Start Date | BVT Date |
| | THOMAS HOUSEHOLD | | | | | | | |
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Precertification

The Precertification screen allows the user to enter basic participant information during an initial walk-in visit – or more commonly, during an initial phone contact with a participant. Because Household and Participant IDs are generated within this screen, data must be entered here before any appointments can be scheduled: Household and participant records are created here.

The user can also use the Precertification screen as a quick reference to view participants within a household record or to review or update basic Household information.

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| Weeks: 11 Cert: 04/18/19 - 12/17/19 BVT: Status: Active Scheduling Tasks | Migrant Homeless | Zip Code: 60505 City/State: Aurora, IL | Zip Co | de: 60505 ate: Aurora, IL | √ Sa | ly/Friend/Neighbo ame as Street A efer No Mailing | |
| Search | *Last Name | *First Name | MI *Birth Date | e *Cat *M/F | Partic ID | Foster Ap | p Date |
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| Logoff | (630) 555-6565 | | | Cell | | Translator Re | quired |
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Household Information

The Household Information screen contains Head of Household, Proxy, and Household information.

When the Household Information screen is accessed during a certification appointment, the screen pre-fills with the information that was entered during Prescreening.

| | File Scheduler Certification Benefits | Miscellaneous Reports Help Messages 🗞 🍏 🎔 🏫 💦 🛤 🐼HOUSEHOLD, ME | Tue 4/23/2019 🗹 🔗 |
|---|--|--|-------------------------------------|
| Selected Record HOUSEHOLD, MELISSA | Household Information | Clinic: 001016001 CEDA - ALBANY PAR | Information |
| Cat: PG (female) ID: 300 872 832 DOB: 7/8/1988 Age: 30 yrs, 9 mos Weeks: 11 Cert: 04/18/19 - 12/17/19 | Household ID: 9344143 * Last Name * Head of Household: HOUSEHOLD Proxy: | * First Name MELISSA | MI * Birth Date |
| BVT: Status: Active Scheduling Tasks ··· Guided Script ··· Household Info.* Participant Info.* | Housing Migrant Homeless Zip Code: 60505 City/State: Aurora | * Mailing Address 123 MAIN ST Zip Code: 60505 IL ✓ City/State: Aurora, IL | Same as Street Addr |
| Participant info. Cert Action* Lab* Breastfeeding* Health* Nutrition* Mid-Certification | * Language: English * Education Level: Bachelor's Degree * Proof of Residency: IL Driver's License | | ed Contact Method O Text O Email |
| Nutrition Risk* Nutrition Education* | Area Code Phone | Comment Prefer | No Calls Phone Type Txt Msg |
| Vultrition Education* Food Prescription* Issue Benefits* Referrals Schedule Appt Print Documents Notes and Alerts | (630) 555-6565 Add Remove | Referral Proof Residency History | Cell |
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Income Information

The Income Information screen allows users to record Adjunct Eligibility and Income Information for a household or for a foster child within the Household.

The Adjunct Eligibility grid allows the user to record information related to Medicaid, SNAP, and TANF program participation. The "Include In Verification" checkbox will default to checked for all Household members. This means that all members who have this checkbox checked will be considered when verifying Adjunct Eligibility.

The Income Information grid allows the user to record income. The grid allows the user to enter income for different Intervals which are hourly, weekly, biweekly, semi-monthly, monthly, or annual. The system automatically calculates the annual income based upon whatever interval is entered.

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| BVT: | | Include In | | | | | Adjunct | Med | licaid | SI | NAP | т/ | ANF |
| tatus: Active | | verification | | Name | | CAT | Elig | *REP | VER | *REP | VER | *REP | VER |
| Scheduling Tasks | | | HOUSEHOLD, M | IELISSA | | PG | | No | | No | | No | |
| Guided Script | | | HOUSEHOLD, T | HOMAS | | C3 | | No | | No | | No | |
| Household Info.* Participant Info.* Cert Action* Lab* Breastfeeding* | | | | | 1 | | | | | | | Н | istory |
| Health* | | *Interval | Hrs/Wk | *Amount | | *Verifica | tion | | *An | nual | *Dat | te | [*] User ID |
| Nutrition* | | Monthly | 0 | \$3,800.00 | Pay Stubs | | | | \$45,6 | 00.00 | 4/18/20 | 019 KN | ICNAMA |
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Participant Information

The Participant Information Screen is a data-entry screen that contains Participant-specific data. The user must complete all required fields on the screen before being able to save the data and advance to the next step in the Intake process.

PG Screen

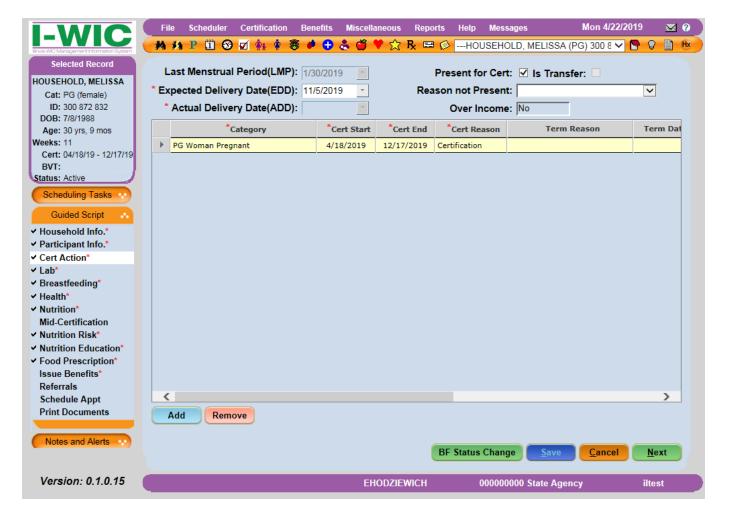
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| HOUSEHOLD, MELISSA Cat: PG (female) ID: 300 872 832 DOB: 7/8/1988 Age: 30 yrs, 9 mos Weeks: 11 Cert: 04/18/19 - 12/17/19 | Participant ID * Last N 300 872 832 HOUSER Caretaker: | | * First Name | Mi | Declined | v |
| BVT: Status: Active Scheduling Tasks Guided Script Household Info.* Participant Info.* Cert Action* Lab* Breastfeeding* Health* | * Birth Date: 7 * Gender: 0 Foster Care: 0 Mother Not in Family * Is the Participant Hisp O Yes • No | Male • Female Mother's ID: | America Asian Black or Native H | ect One or More n Indian or Alaska Native African American awaiian or Other Pacific I al, check all that apply fr | Islander | above. |
| Vutrition* Mid-Certification Nutrition Risk* Nutrition Education* Food Prescription* | * Proof of Identity: Special Needs: Reason for Ineligibility: | Government Issued ID | | | ✓✓ | |
| Issue Benefits* Referrals Schedule Appt Print Documents | * Voter Registration: Physician Name: | No, Already Registered at | Current Address Physician Phone | :() - | ~ | □Verified |
| Notes and Alerts | | | Proof Ident | ity History Save | <u>C</u> ancel | <u>N</u> ext |
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Cert Action

The Cert Action screen is used to establish certification periods for new and recertifying Participants. Staff can also perform manual category changes, terminate, reinstate, and extend certification periods within this screen as well.



PG Screen



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Cert Action

The BF Status Change button is enabled for all categories except for Pregnant Women (PG). Clicking this button brings up a pop-up which allows the user to change the category of the Participant or the breastfeeding status of the Participant without changing the category. Any information entered on this BF Status Change pop-up will be transferred to the Breastfeeding screen on the BF Information tab.

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| Selected Record HOUSEHOLD, THOMAS Cat: C3 (male) ID: 300 872 831 | Present for Cert: 🗹 Is Transf Reason not Present: | er: | F | |
| DOB: 10/20/2015 | Over Income: No | | Frequency of Breastfeed | ing: |
| Age: 3 yrs, 6 mos | *Category | *Cert Start *Cert End | *Cert Reason Te | rm Reason Term Dat |
| Cert: 04/18/19 - 04/17/20 BVT: | C3 Child Age 3 | 4/18/2019 4/17/2020 | Certification | |
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| Participant Info.* | | | | |
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Lab

The Lab screen allows staff to enter data related to a client's anthropometric data, immunization status, and blood work. The Lab screen for infants and children has two tabs: Height/Weight and Growth Chart.

The Infant/Child Height/Weight tab collects Anthropometric data in the top grid, immunization information and birth information in the middle section. and lead test and blood work data in the bottom grid. The bloodwork grid is disabled for infants under nine months of age.

C3 Screen

| | File | e Schedule | er Certificatio | on Benefi | ts Mis | cellaneous | Repo | orts | Help | Messag | es | | Mon 4/22/2 | 2019 | ⊠ ? |
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| Selected Record | - | | Infant/Child H | leiaht/We | iaht | | γ | | | (| Growth | n Char | t | | |
| HOUSEHOLD, THOMAS Cat: C3 (male) | | | | | | | | | | | | | | | |
| ID: 300 872 831 DOB: 10/20/2015 | Anti | hropometri | ic Data | | | | | | | | | ΘE | nglish(SAE | :) OMe | etric |
| Age: 3 yrs, 6 mos | | | | | | | Weigh | t | | He | ight | | | | |
| Cert: 04/18/19 - 04/17/20 BVT: | | Non-WIC | *Anthro Date | Act. Age | AG | A [*] lbs | *oz | ? | *in | *1/8 | R/S | ? | BMI | BMI/ Age | W1 Ag |
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| | | | 10/20/2015 | 0 days | -7 days | 7 | 8 | | 20 | 0 | R | | N/A | N/A | 54. |
| Scheduling Tasks | | | | | | | | | | | | | | | |
| Guided Script | | | | | | | | | | | | | | | <u>></u> |
| Household Info.* | | Add R | emove | | | | | | | | | | | | |
| Participant Info.* | * | irth Weight | : 7 lbs | | Unki | | * | Dista | Length | | 20 | | 0 1/8 🗆 u | | |
| ✓ Cert Action* | | inin weight | | 0 02 | | | | Dirti | Length | . j | 20 | in j | 0 1/0 110 | TIKIOWI | ' I I |
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| ✓ Nutrition Education* ✓ Food Prescription* | | Non-W | IC [*] Date Bloodw | | B Hct | Lead Value | No Bl | boo | | Exemp | tion Re | asons | Da | ite Creat | i |
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Lab – Growth Chart

The height and weight information recorded on the Wt/Ht/Bloodwork screen is used to plot an infant/child's growth. Data must be entered and saved in the Anthropometric grid on the Lab screen before displaying a growth chart.

C3 Screen





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Lab

The Lab screen for women is like the infant/child screen except different information is collected in the middle section between the Anthropometric Data Grid and the Bloodwork Grid. Information relating to the woman's pregnancy is captured here instead. This screen for Pregnant Women also has any extra button which brings up their Prenatal Chart.

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PG Screen

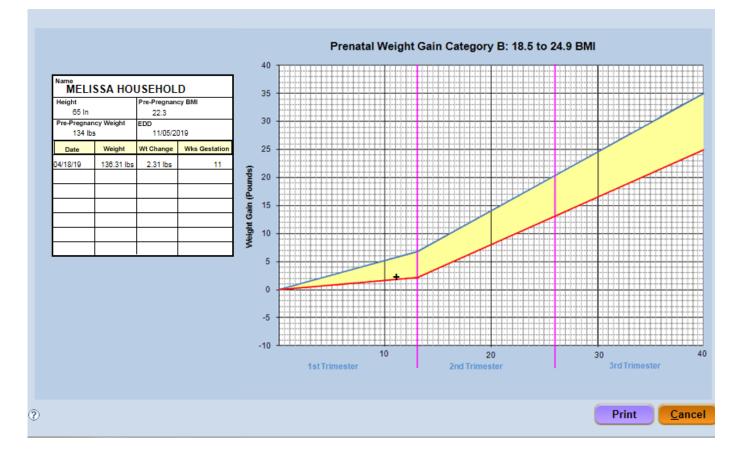


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Lab – Prenatal Chart

This screen for Pregnant Women also has any extra button which brings up their Prenatal Chart.

PG Screen





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Nutrition Assessment – Health Screens

Nutrition Assessment is comprised of three Screens:

- The <u>Health Screen</u> is a data entry screen that allows staff to enter data related to the active client's health information. There is a different screen with different questions based on the category of the active client.
- The <u>Nutrition Screen</u> provides a series of user-friendly questions regarding the general health and eating habits of the client. Based on the answers to these questions, the presence of dietary or nutritional risk factors can be determined (and will later be displayed on the Nutrition Risk Screen). The questions on the Nutrition Screen are displayed according to the category of the active Client.
- The <u>Nutrition Risk Screen</u> displays all health and nutritional risk factors, either manually or automatically, generated from the client's data and is comprised of two (2) tabs: Current Risks and History.

The following slides will show the Nutrition Assessment Screens based on Participant categories for a Child Aged 3 (C3) and a Pregnant Woman (PG).



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Nutrition Assessment – Health Screen – C3 – Page 1

The Health Information Screen is comprised of a set of health questions to help determine possible risk factors. Certain questions may generate additional responses depending on the answer marked in the checkbox. These questions vary based on category of the active client.

| | File | Scheduler | Certification | Benefits | Miscellane | ous Repor | ts Help | Messages | М | on 4/22/2019 | 2 🛛 |
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| Incis WC Management Information System | - #4 #4 | P 🗓 🏵 | 🗹 👫 🛊 | 🖲 🏓 🔁 | 📥 🍏 🎔 | ☆ 🧏 🛤 | 🙆HOI | JSEHOLD, T | HOMAS (C3) | 300 8' 🗸 🕒 | 🖓 🗋 Hx |
| Selected Record | | | | | | | | | | | |
| HOUSEHOLD, THOMAS | HX * | 1. Do you l | have any que | estions or | concerns | about your | child's: | | | | |
| Cat: C3 (male) | | 🗹 Appe | tite | | Health | | | Other | | | |
| ID: 300 872 831 DOB: 10/20/2015 | | Brea | stfeeding | | Veight G | ain/Growth | | | | | |
| Age: 3 yrs, 6 mos | | Form | ula Intake | | No Conce | erns | | | | | |
| Cert: 04/18/19 - 04/17/20 | (B) \$ | | | | | | | | | | |
| BVT: | | 2. How do | you feel abo | ut your ch | ild's grow | th? 🗆 To | o slow | Just righ | t 🗌 Too fa | st | |
| Status: Active | * | 3. Parent p | present with l | BMI > 30? | | | | | | | |
| Scheduling Tasks | | 😬 * Mothe | r | Yes • | ✓No □N | ot Present | | | | | |
| Guided Script | | 😬 * Father | r | Yes • | ✓No □N | ot Present | | | | | |
| Household Info.* | HB * | 4. Does yo | ur child have | e any heal | th or medi | cal issues? | | Yes 🗹 No | Details. | | |
| Participant Info.* | | | | | | | | | | | |
| Cert Action* | • K × | · · · · · | ur child regu | | any of the | following r | nedicatio | ns? 🗌 Yes | ✓ No | | |
| Lab* | | 😬 * If yes, | check all that | apply. | | | | | | | |
| Breastfeeding* Health* | | Antig | out | | | Horm | ones: Gro | wth, Steroid | l, Other | | |
| Nutrition* | | Blood | d Formation/C | coagulation | 1 | 🗌 Insulii | n/Antidiab | etic | | | |
| Mid-Certification | | Card | iac/Blood Pre | ssure/Lipid | 1 | Thyro | id/Antithyr | oid | | | |
| Nutrition Risk* | | Dige | stive Enzyme | s . | | Other | | | | | |
| Nutrition Education* | | Diure | · · · · · | | | | | | | | |
| Food Prescription* Issue Benefits* | | Diare | | | | | | | | | |
| Referrals | | | ur child have | | related al | ergies? 🗌 | Yes 🗹 No |) | | | |
| Schedule Appt | • | s * If yes, p | please select: | | | | | | | | |
| Print Documents | | | lilk (Lactose I | ntolerant) | Egg | Soy | 🗌 Fi | sh | Tree nuts | | |
| | | | lilk (Allergy) | | Peanut | Whea | at 🗌 S | hellfish | Other | | |
| Notes and Alerts | | | | | ſ | 1 2 | | 6 | C | | |
| | | | | | l | | | | <u>S</u> ave | <u>Cancel</u> | Next |
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Nutrition Assessment – Health Screen – C3 – Page 2

The Health Information Screen is comprised of a set of health questions to help determine possible risk factors. Certain questions may generate additional responses depending on the answer marked in the checkbox. These questions vary based on category of the active client.

| | File Scheduler (| Certification | Benefits | Miscellaneous | Reports | Help | Messages | Mon 4/22/2019 | 🖂 🕐 |
|--|------------------|----------------|------------|------------------|--------------|--------------|------------------|----------------------|-----|
| linois WC Management Information System | 🦰 🚧 P 🗓 😌 🛛 | 🗹 👫 🛊 💐 | 🕐 🕀 - | 🕹 🍯 🎔 🕱 | R 📼 💋 | HOU | SEHOLD, THOM | AS (C3) 300 8 🗸 🖺 💡 | Hx |
| Selected Record | | | | | | | | | |
| HOUSEHOLD, THOMAS | 地 * 7. Does your | | | | <u>, </u> да | A.II | | | |
| Cat: C3 (male) ID: 300 872 831 | • vitamin: | s/Minerals | | | | | | | |
| DOB: 10/20/2015 | | | ssive/Inac | • | Excessiv | e | Inadequa | ate | |
| Age: 3 yrs, 6 mos | 🥶 ^ Herbs, S | Supplements | s or Reme | edies 🗌 Yes 🗄 | ✓ No | | | | |
| Cert: 04/18/19 - 04/17/20 BVT: | 🥗 * 8. Does you | r child regula | arly eat a | ny non-food it | ems? ⊡γ | ′es ⊻N | lo | | |
| Status: Active | 🨬 * If yes, ple | ease select: | Ashes | | Clay | | Large an | nounts of ice | |
| | | | 🗌 Baby j | owder | Cornstar | ch | Other | | |
| Scheduling Tasks | | | Baking | Soda [| Dirt | | | | |
| Guided Script | | | | | | | | | |
| ✓ Household Info.* | 🤒 * 9. Does you | r child have | access to | o dental care? | ✓ Y | ′es □N | lo 🗆 N/A | | |
| Participant Info.* | 10 Doos vo | ur ohild have | any don | tal problems? | | (I N | lo 🗆 N/A | | |
| ✓ Cert Action* | - | | e any den | tai problems : | L Y | es ⊠n | 10 🗆 N/A | | |
| ✓ Lab* ✓ Breastfeeding* | 🤷 " if yes, pie | ease select: | | | | | | | |
| ✓ Health* | Gingivi | tis | | | | | | | |
| ✓ Nutrition* | Oral Co | ondition whic | h Impairs | Eating (tooth lo | ss/ineffecti | ively rep | laced teeth/ora | l infections) | |
| Mid-Certification | Periodo | ontal Disease | • | | | | | | |
| ✓ Nutrition Risk* | Tooth [| Decav | | | | | | | |
| Nutrition Education* | | | | | | | | | |
| Food Prescription* Issue Benefits* | 🚥 " 11. Does any | one living i | n the hon | ne smoke insid | de? 🗌 Yes | s 🗹 No | | | |
| Referrals | | | | | | | | | |
| Schedule Appt | | | | | | | | | |
| Print Documents | | | | | | | | | |
| Notes and Alerts | | | | | | | | | |
| | | | | 1 | 2 | | <u>S</u> av | ve <u>C</u> ancel Ne | ext |
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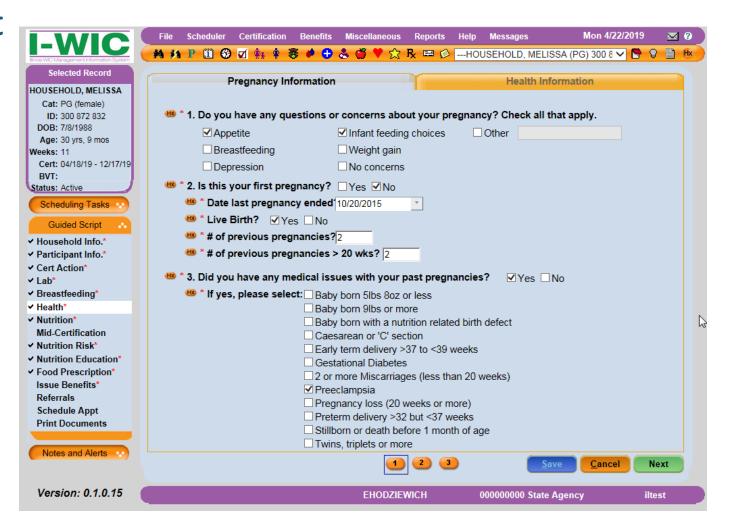
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Nutrition Assessment

– Health Screen – PG

– Pregnancy Information Tab – Page 1

The Health Information screen for Pregnant Women consists of two tabs that allow the user to record information pertaining to the health of a woman during and after her pregnancy. The first tab is the Pregnancy Information tab.





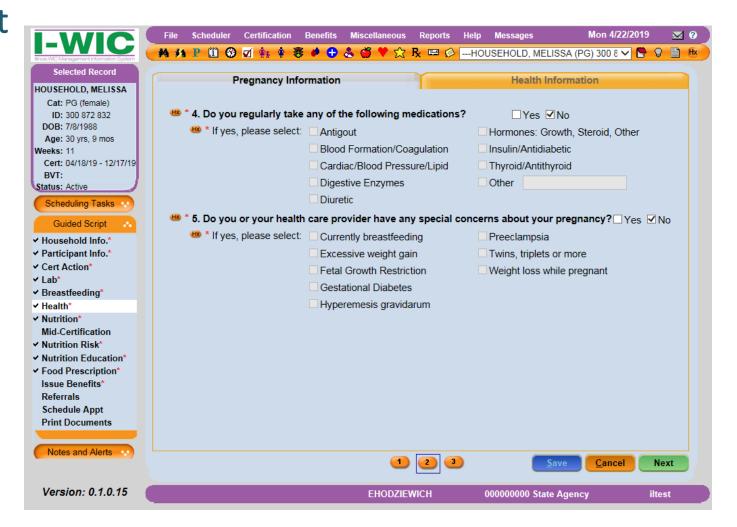
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Nutrition Assessment

– Health Screen – PG

– Pregnancy Information Tab – Page 2

The Health Information screen for Pregnant Women consists of two tabs that allow the user to record information pertaining to the health of a woman during and after her pregnancy. The first tab is the Pregnancy Information tab.





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Nutrition Assessment

– Health Screen – PG

– Pregnancy Information Tab – Page 3

The Health Information screen for Pregnant Women consists of two tabs that allow the user to record information pertaining to the health of a woman during and after her pregnancy. The first tab is the Pregnancy Information tab.

| I-WIC | File Scheduler Certification Benefits Miscellaneous Reports Help Messages | Mon 4/22/2019 🛛 🛛 🕜 |
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| Incis WC Management Information System | 🔶 🚧 🦸 P 🗓 🥸 🗹 🙀 🛊 😻 🏓 🔂 🕹 🝏 🎔 🏠 🦉 🖛 🕼Household, Melissa | . (PG) 300 8 🗸 🕒 🖓 📋 🗷 |
| Selected Record | | |
| HOUSEHOLD, MELISSA | * 9. Are you sometimes hungry because there is not enough money to buy food? | Yes Vo |
| Cat: PG (female) | • 5. Are you sometimes nungry because there is not enough money to buy lood: | |
| ID: 300 872 832 | | |
| DOB: 7/8/1988 | | |
| Age: 30 yrs, 9 mos | 🥗 * 10. Do you have access to a refrigerator and stove/hot plate? 🗹 Yes 🗌 No | |
| Weeks: 11 | | |
| Cert: 04/18/19 - 12/17/19 | | |
| BVT: Status: Active | | |
| | | |
| Scheduling Tasks | | |
| Guided Script | | |
| ✓ Household Info.* | | |
| Participant Info.* | | |
| ✓ Cert Action* | | |
| ✓ Lab* | | |
| ✓ Breastfeeding* | | |
| ✓ Health* | | |
| ✓ Nutrition* | | |
| Mid-Certification | | |
| ✓ Nutrition Risk* | | |
| ✓ Nutrition Education* | | |
| ✓ Food Prescription* | | |
| Issue Benefits* | | |
| Referrals | | |
| Schedule Appt | | |
| Print Documents | | |
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| Notes and Alerts | | |
| | 1 2 3 <u>Save</u> | <u>Cancel</u> Next |
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Nutrition Assessment – Health Screen – PG – Health Information Tab

The Health Information screen for Pregnant Women consists of two tabs that allow the user to record information pertaining to the health of a woman during and after her pregnancy. The second tab is Health Information.

| 🕒 🖤 🖉 💽 🚰 👬 🥵 🗹 🛊 🛊 😻 🏓 🔂 🕉 🎔 🔂 🛣 🗭 🖓 🖓 🖓 🖓 🖓 🖉 🖓 | Hx |
|--|----|
| | |
| Selected Record | _ |
| OUSEHOLD, MELISSA Health Information Health Information | |
| Cat: PG (female) | |
| ID: 300 872 832 4 * 1. Do you have any health or medical issues? Yes Ves No Details | |
| DOB: 7/8/1988 | |
| Age: 50 yrs, 9 mos | |
| /eeks: 11 *** If yes, please select: Cert: 04/18/19 - 12/17/19 Milk (Lastace Intelegant) Eag | |
| I wink (Lactose Intolerant) Egg Soy Fish Thee huts | |
| BVT: Milk (Allergy) Peanut Wheat Shellfish Other | |
| Scheduling Tasks 💀 🤲 * 3. Do you have access to dental care? 🗹 Yes 🗌 No | |
| Guided Script | |
| Household Info.* | |
| Participant Info.* Gingivitis | |
| Cert Action* Oral Condition which Impairs Eating (tooth loss/ineffectively replaced teeth/oral infections) | |
| Lab* Periodontal Disease | |
| Breastfeeding* Tooth Decay | |
| Health* * 5. Do you take any of the following? | |
| Nutrition* | |
| | |
| Nutrition Risk* | |
| Nutrition Education* [™] * Herbs, Supplements or Remedies ✓ Yes □ No | |
| Food Prescription* Issue Benefits* | |
| Referrals ⁴⁰⁰ * If yes, please select: | |
| Schedule Appt Ashes Clay Large amounts of ice | |
| Print Documents Baby powder Cornstarch Other | |
| Baking soda Dirt | |
| Notes and Alerts | |
| | xt |
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Nutrition Assessment – Nutrition Screen – C3 - Page 1

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| Incis WC Management Information System | 🤆 🚧 🏄 P 🗓 🥹 🗹 | 🛊 🛊 💐 🔂 | 📥 🍯 🎔 🏡 | R 📼 💋 | HOUSEHOLD, | THOMAS (C3) 300 8 🗸 🕒 | V 🗎 Hx |
| Selected Record | | | | | | | |
| HOUSEHOLD, THOMAS Cat: C3 (male) | * 1. How do you Eats too | u feel about how m little | uch your child e ☑ Eats ju: | | | Eats too much | |
| ID: 300 872 831 DOB: 10/20/2015 | 🥶 * 2. If your child | d won't eat, what d | o vou do? | Č. | | | |
| Age: 3 yrs, 6 mos | Try to ge | t child to eat | Give di | fferent foo | d | Offer rewards | |
| Cert: 04/18/19 - 04/17/20 BVT: | Save foo | d for later | Other | | | Not applicable | |
| Status: Active | 😬 * 3. Does your | child follow a spec | ial diet? | | | | |
| | Diabetic | 🗆 Hig | h calorie | 🗌 High | protein/low carb | Kosher | |
| Scheduling Tasks | Lacto-ov | o 🗆 Lad | tose free/restricte | ed 🗌 Low (| alorie | Low cholesterol | |
| Guided Script | Low fat | | v salt/sodium | Macr | obiotic | PKU | |
| ✓ Household Info.* | Vegan | □Veg | getarian | 🗌 Weig | ht loss | ✓ None of the above | |
| ✓ Participant Info.* ✓ Cert Action* | Other | | | | | | |
| ✓ Lab* | 😬 * 4. Does your | child eat these foo | ds every day? | | | | |
| ✓ Breastfeeding* | 🥶 * Fruit | ✓ Yes | s 🗆 No | | | | |
| ✓ Health* ✓ Nutrition* | 🤒 * Vegetable | s ⊻Yes | s 🗆 No | | | | |
| Mid-Certification | 🥗 * Whole gra | ains ⊻Yes | S 🗆 No | | | | |
| ✓ Nutrition Risk* | 😬 * 5. Does your | child eat raw, unde | rcooked or unp | asteurized | d foods? | | |
| Nutrition Education* Food Prescription* | Soft chee | ese [| Juice unpaster | irized | Deli meats | hot dogs not steaming | |
| Issue Benefits* | Sprouts r | aw [| Fish high in me | ercury | □ Meat/poult | y/eggs raw/undercooked | |
| Referrals | Milk unpa | asteurized | Fish/shellfish ra | aw/underco | ooked/smoked | | |
| Schedule Appt Print Documents | ✓ No | | | | | | |
| Thire Documents | | | | | | | |
| Notes and Alerts | | | | | | | |
| | | | 1 | 2 3 | | <u>Save</u> | Next |
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Nutrition Assessment – Nutrition Screen – C3 - Page 2

| -WIC | File | Scheduler | Certificatio | | | | Reports | Help | Messages | | Mon 4/22/2019 | | ⊠ 0 |
|--|---------|------------|-----------------|--------------|----------------|---|--------------|---------|---------------|--------------|-----------------|--------|-----|
| ois WC Management Information System | - #4 #4 | P 🗓 🏵 | v 👫 🕈 | - 🦉 🏓 🤇 | Ð 🕹 🍏 (| 125 | x = p | HOU | SEHOLD, TH | HOMAS (C: | 3) 300 8 🗸 📔 | 0 | Hx |
| Selected Record | | | | | | | | | | | | | |
| OUSEHOLD, THOMAS | HX * | 6. What m | ilk does yo | ur child d | lrink most o | often? | | | | | | | |
| Cat: C3 (male) | | Breas | st milk | | Formula | a | | | ow-fat/1% c | ow's or lac | tose free | | |
| ID: 300 872 831 DOB: 10/20/2015 | | Rice | beverages | | Whole (| Cow's o | r lactose fr | ree 🗹 R | educed fat/2 | 2% cow's o | or lactose free | | |
| Age: 3 yrs, 6 mos | | Goat/ | sheep's mill | ¢ | Nut milk | s | | □Fa | at-free/skim | cow's or la | actose free | | |
| Cert: 04/18/19 - 04/17/20 BVT: | | Soy b | veverages (f | ortified) | Soy be | /erages | (unfortifie | d) □ H | omemade n | nixtures/no | n-dairy cream | ier | |
| tatus: Active | | Cann | ed evaporat | ed milk | Sweete | ned cor | ndensed m | ilk 🗆 O | ther | | | | |
| | | None | | | | | | | | | | | |
| Scheduling Tasks | HX * | 7. Does yo | our child re | gularly d | rink any of | the foll | owing: | | | | | | |
| Guided Script | | Breas | | | Coffee | | - | | iet soda | | | | |
| Household Info.* | | Form | ula | | ☑ 100% F | ruit juic | е | S | oda, fruit/sp | ort drinks o | or sweetened | tea | |
| Participant Info.* | | ✓ Water | r | | None of | f these | | | ther | | | | |
| Cert Action* | HX * | 8. What do | oes your ch | ild use to | eat or drin | ık? | | | | | | | |
| Lab* Breastfeeding* | | Breas | st | Bot | tle | Image: A start of the start of | Cup | | Cup v | vith lid | Spoon | fed | |
| Health* | | Spool | n/fork | 🗹 Fin | pers | | Tube fed | | | | | | |
| Nutrition* | H0 * | 9. Does yo | | | , - · - | | | | | | | | |
| Mid-Certification | - | | sleep/go to | hod with | a bottlo | | | | | | | | |
| Nutrition Risk* | | | | | | | | | | | | | |
| Nutrition Education* Food Prescription* | | | a bottle with | | | - | | as a pa | cifier | | | | |
| Issue Benefits* | | | around and | | | | · · | | | | | | |
| Referrals | | Use a | a bottle to dr | ink fruit ju | ice, diluted | cereal o | or other foo | ods | | | | | |
| Schedule Appt | | 🗆 Use a | a bottle for fe | eding/dri | nking > 14 n | nonths | of age | | | | | | |
| Print Documents | | 🗌 Use a | a pacifier dip | ped in sw | eetener (su | gar, ho | ney, etc.) | | | | | | |
| | | ✓ None | of the abov | е | | | | | | | | | |
| Notes and Alerts | | | | | | 1 | 2 3 | | | <u>S</u> ave | <u>C</u> ancel | Next | |
| Vanaian, 0.4.0.45 | | _ | _ | | _ | | | | | | | | |
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Nutrition Assessment – Nutrition Screen – C3 - Page 3

| I-WIC | File Scheduler Certification Benefits Miscellaneous | Reports Help Messages | Mon 4/22/2019 🛛 🗹 🖓 🔪 |
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| Ince WC Management Information System | 💽 👬 🗚 P 🔟 🥸 🗹 🐐 🛊 😻 🏓 🕹 🗳 🎔 🏫 | ℞ 🛤 😥HOUSEHOLD, TH | OMAS (C3) 300 8 🗸 🖹 🖗 🗎 🕸 |
| Selected Record | | | |
| HOUSEHOLD, THOMAS Cat: C3 (male) ID: 300 872 831 DOB: 10/20/2015 Age: 3 yrs, 6 mos Cert: 04/18/19 - 04/17/20 BVT: Status: Active | * 10. Are there any other feeding concerns, such Does not allow child to self-feed Ignores hunger cues Feeds foods of inappropriate consistency, siz Feeds foods of inappropriate texture based o Follows a rigid feeding schedule Vone of the above | e or shape | |
| Guided Script | * 11. How often do you sit together and have a m All of the time Most of the time | eal as a family? Sometimes | Never |
| ✓ Household Info.* ✓ Participant Info.* ✓ Cert Action* | * 12. How many hours a day does your child have >0 <1 hr 1 hr 2 hrs | · · · · | II, etc.)]5+ hrs □None |
| ✓ Lab* ✓ Breastfeeding* ✓ Health* | * 13. How much time does your child spend in ac None 15 minutes | tive play? 30 minutes 1 hour | ✓>1 hour |
| ✓ Nutrition* Mid-Certification ✓ Nutrition Risk* | * 14. Is your child sometimes hungry because the Yes No | ere is not enough money to b | uy food? |
| Nutrition Education* Food Prescription* Issue Benefits* Referrals Schedule Appt Print Documents | * 15. Do you have access to a refrigerator and sto | ove/hot plate? | |
| Notes and Alerts 💀 | • | 2 3 | Save Cancel Next |
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Nutrition Assessment – Nutrition Screen – PG – Page 1

| | File Scheduler Certification Be | enefits Miscellaneous Rep | orts Help Messages | Mon 4/22/2019 🛛 🗹 🕜 |
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| linois WC Management Information System | 🗨 👫 P 🗓 🕄 🗹 👬 🛊 💐 | 🕨 🔂 🕹 🝏 🎔 🏫 🧏 🖻 | 🛚 😥HOUSEHOLD, MELISSA | A (PG) 300 8 🗸 🕒 🖓 🗎 🗷 |
| Selected Record | | | | |
| HOUSEHOLD, MELISSA Cat: PG (female) ID: 300 872 832 DOB: 7/8/1988 | * 1. How do you feel about y * 2. What milk do you drink | | | |
| Age: 30 yrs, 9 mos Weeks: 11 | ✓ Fat-free/skim cow's or | actose free | fat/1% cow's or lactose free | |
| Cert: 04/18/19 - 12/17/19 BVT: | □ Reduced fat/2% cow's □ Formula | | le cow's or lactose free t/sheep's milk | |
| Status: Active | Homemade mixtures/n | | | |
| Scheduling Tasks | Rice beverages | | beverages (fortified) ned evaporated or sweetened (| andoncod milk |
| ✓ Household Info.* | □ Soy beverage (unfortifi □ Other | | • | condensed milk |
| ✓ Participant Info.* ✓ Cert Action* | 🥶 * 3. Do you regularly drink a | ny of the following? | | |
| ✓ Lab* ✓ Breastfeeding* | Beer, wine or drinks wi | | | Diet soda |
| ✓ Health* | ☐ 100% fruit juice ☐ Other | □ Soda, fruit/s | ports drinks or sweetened tea | ✓ Water |
| ✓ Nutrition* Mid-Certification ✓ Nutrition Risk* | | | | |
| ✓ Nutrition Education* ✓ Food Prescription* | 地 * 4. Do you eat these foods 🎂 * Fruit | ✓Yes □No | | |
| Issue Benefits* Referrals | * Vegetables | ✓Yes □No | | |
| Schedule Appt Print Documents | 🍩 * Whole grains | | | |
| Notes and Alerts | | 1 2 |) 3 💽 Save | <u>Cancel</u> Next |
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Nutrition Assessment – Nutrition Screen – PG – Page 2

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| Selected Record | | | | | |
| HOUSEHOLD, MELISSA Cat: PG (female) ID: 300 872 832 DOB: 7/8/1988 Age: 30 yrs, 9 mos Weeks: 11 Cert: 04/18/19 - 12/17/19 BVT: Status: Active | * 5. Do you eat raw, und Deli meats/hot dog Fish/shellfish raw/u Meat/poultry/eggs Soft cheese Tofu raw/undercoord | raw/undercooked | ed foods? Fish high in mercury Juice unpasteurized Milk unpasteurized Sprouts raw | | |
| Scheduling Tasks 💀 | 🍩 * 6. Are you having any | problems with eating? | | | |
| Guided Script | Can't find the food | I like Constipation | Don't feel li | ke eating | |
| ' Household Info.* | Heartburn | Mouth pain | Nausea | | |
| Participant Info.* | No time to eat | Vomiting | None of the | above | |
| Cert Action* Lab* Breastfeeding* | 🍩 * 7. Do you follow a spe | | | _ | |
| ' Health* | Diabetic | High calorie | 5 1 | Kosher | |
| Nutrition* Mid-Certification | Lacto-ovo | Lactose free/restric Low salt/sodium | ted Low calorie | Low cholesterol PKU | |
| Nutrition Risk* Nutrition Education* | Post-bariatric surg | , , | Vegetarian | Weight loss | |
| Food Prescription* Issue Benefits* Referrals Schedule Appt Print Documents | | Other activity do you include i 15 minutes ☑ 30 m | | ☐ More than 1 hour | |
| Notes and Alerts 💀 | | • | 2 3 | Save Cancel Next | |
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Nutrition Assessment – Nutrition Screen – PG – Page 3

| | File Scheduler Certification Benefits Miscellaneous Reports Help Messages | Mon 4/22/2019 🛛 🛛 🖓 🔪 |
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| linois WC Management Information System | 🌔 🚧 🦸 🗜 🗓 🚱 🗹 🛊 🛊 😻 🏓 🔁 歳 🍏 🎔 🏠 🧏 🖼 🌮HOUSEHOLD, MELISSA (F | PG) 300 8 🗸 📴 🖗 🗎 🗛 |
| Selected Record | | |
| HOUSEHOLD, MELISSA | 🍩 * 9. Are you sometimes hungry because there is not enough money to buy food? | Yes ✓No |
| Cat: PG (female) | | |
| ID: 300 872 832 | | |
| DOB: 7/8/1988 | | |
| Age: 30 yrs, 9 mos | 🥗 * 10. Do you have access to a refrigerator and stove/hot plate? 🗹 Yes 🗌 No | |
| Weeks: 11 | | |
| Cert: 04/18/19 - 12/17/19 BVT: | | |
| Status: Active | | |
| Scheduling Tasks | | |
| Guided Script | | |
| ✓ Household Info.* | | |
| Participant Info.* | | |
| ✓ Cert Action* | | |
| ✓ Lab* | | |
| ✓ Breastfeeding* | | |
| ✓ Health* | | |
| ✓ Nutrition* | | |
| Mid-Certification | | |
| Nutrition Risk* | | |
| Nutrition Education* | | |
| Food Prescription* | | |
| Issue Benefits* | | |
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| Notes and Alerts | 1 2 3 | Cancel Next |
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Nutrition Assessment – Nutrition Risk Screen – PG – **Current** Tab

The Nutrition Risk screen displays all health and nutrition risk factors, either manually or automatically, generated from the client's data and is comprised of two (2) tabs: Current and History.

| | File | Scheduler | Certificatio | | Miscellaneous | Reports | Help | Messag | es | Mon 4/22/ | 2019 💌 |
|---|------------|-----------------------|--------------|----------------|--------------------|----------------|------|---------|--------------|----------------|--------|
| Thois WC Management Information System | H # | 🕯 P 🗓 🚳 |) 🗹 👬 🛊 | - 🦉 🏓 🕀 | 🕹 🗳 🎔 🖄 | R 🗏 🖉 | HOU | SEHOLI | D, MELISSA | (PG) 300 8 🗸 | 🕒 V 🗎 |
| Selected Record | - | | Cur | rent | | Y | | | History | | |
| HOUSEHOLD, MELISSA Cat: PG (female) ID: 300 872 832 | | tion Risk igh Risk | Gui | rent | | | | | Thistory | | |
| DOB: 7/8/1988 Age: 30 yrs, 9 mos | | Cert Start Date | Date | | Detailed Desc | iption | | | Staff | Source | Note |
| Weeks: 11 | | 4/18/2019 | 4/18/2019 | 427.05[4] - I | ngesting foods tha | t could be con | tami | | KMCNAM | SYSTEM | |
| Cert: 04/18/19 - 12/17/19 BVT: | | 4/18/2019 | 4/18/2019 | 304[1] - Histo | ory of Preeclampsi | a | | 1 | KMCNAM | SYSTEM | |
| Status: Active | | | | | | | | | | | |
| Scheduling Tasks | | | | | | | | | | | |
| Guided Script | | | | | | | | | | | |
| Household Info.* | | | | | | | | | | | |
| ' Participant Info.* | | | | | | | | | | | |
| Cert Action* | | | | | | | | | | | |
| ' Lab* | | | | | | | | | | | |
| Breastfeeding* | | | | | | | | | | | |
| 'Health* | | | | | | | | | | | |
| Nutrition* | | | | | | | | | | | |
| Mid-Certification 'Nutrition Risk* | | | | | | | | | | | |
| Nutrition Education* | | | | | | | | | | | |
| Food Prescription* | | | | | | | | | | | |
| Issue Benefits* | | | | | | | | | | | |
| Referrals | | | | | | | | | | | |
| Schedule Appt | < | | | | | | | | | | > |
| Print Documents | | dd Rer | | | | | | | | | |
| | | | nove | | | | | | | | |
| Notes and Alerts | | | | | | Reason | Ri | sk Help | <u>S</u> ave | <u>C</u> ancel | Next |
| | | | | | | | | | | | |
| Version: 0.1.0.15 | Risk fa | ctors assign | ned success | fully | EHODZIE | WICH | 0 | 000000 | 00 State Age | ncy | iltest |



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Nutrition Assessment – Nutrition Risk Screen – C3 – Current Tab

The Nutrition Risk screen displays all health and nutrition risk factors, either manually or automatically, generated from the client's data and is comprised of two (2) tabs: Current and History.

| | File Scheduler Certification | · · · · |) Messages | Mon 4/22/2019 🛛 🔀 🝞 |
|--|---------------------------------|---|---------------------|----------------------|
| lincis WC Management Information System | 🛃 #4 P 🗓 🤀 🗹 👫 🛊 | 蓦 🏓 🛨 🕹 🍏 🎔 🏠 🧏 🖼 🕸HO | DUSEHOLD, THOMAS | (C3) 300 8 🗸 🕒 🖓 🗎 🗷 |
| Selected Record | Curre | ant | History | |
| HOUSEHOLD, THOMAS Cat: C3 (male) ID: 300 872 831 | Nutrition Risk | | Thatory | |
| DOB: 10/20/2015 Age: 3 yrs, 6 mos | Cert Start Date Date | Detailed Description | 🕈 Staff | Source Note |
| Cert: 04/18/19 - 04/17/20 BVT: | 4/18/2019 4/18/2019 4 | 425.05[5] - Feeding foods that could be contamin. | KMCNAM | SYSTEM |
| Status: Active | 4/18/2019 4/18/2019 4 | 425.03[5] - Improper use of bottle/cup/pacifier | KMCNAM | SYSTEM |
| | 4/18/2019 4/18/2019 3 | 381[3] - Oral Health Conditions | KMCNAM | SYSTEM |
| Scheduling Tasks •• Guided Script •• Household Info.* Participant Info.* Cert Action* Lab* Breastfeeding* Health* Nutrition* Mid-Certification Nutrition Risk* Nutrition Education* Food Prescription* Issue Benefits* Referrals Schedule Appt Print Documents Notes and Alerts Notes and Alerts | Add Remove | Reason | Risk Help | Cancel Next |
| Version: 0.1.0.15 | Risk factors assigned successfu | Illy EHODZIEWICH | 000000000 State Age | ncy iltest |



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Nutrition Assessment – Nutrition Risk Screen – History Tab

The Nutrition Risk screen displays all health and nutrition risk factors, either manually or automatically, generated from the client's data and is comprised of two (2) tabs: Current and History.

There is currently no history for C3 or PG participants within this demonstration.

| I-WIC | File | Scheduler | | | Miscellaneous | Reports | Help Message | | Mon 4/22 | | ⊠ ? |
|---|------------|--------------------|----------------|-------|---------------|------------|--------------|-------------|--------------|--------|-----|
| linois WIC Management Information System | H H | PÜG | 9 🗹 👬 🛊 | - 🕹 😽 | | K 🖽 😥 | HOUSEHOLD | , THOMAS | (C3) 300 8 N | | Hx |
| Selected Record | | | Curr | ent | | | | History | | | |
| HOUSEHOLD, THOMAS Cat: C3 (male) ID: 300 872 831 | (| Cert Start Date | Date | | Detailed [| escription | | • | Staff | Source | |
| DOB: 10/20/2015 Age: 3 yrs, 6 mos Cert: 04/18/19 - 04/17/20 BVT: Status: Active Scheduling Tasks Guided Script Household Info.* Participant Info.* Cert Action* Lab* Breastfeeding* Health* Nutrition* Mid-Certification Nutrition Risk* Nutrition Risk* Nutrition Education* Food Prescription* Issue Benefits* Referrals Schedule Appt | No Rec | ords Exist i | in Data Source | | | | | | | | |
| Print Documents | | | | | | | | | | | |
| Notes and Alerts 💀 | | | | | | | | | | Reas | on |
| Version: 0.1.0.15 | | | | | EHODZIE | WICH | 00000000 |) State Age | ncy | iltes | t |



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Nutrition Education

The Nutrition Education section allows the user to record the Nutrition Education imparted to clients during their **CERT/RECERT** appointments and then later during EDU appointments.

The user may also enter a note regarding the Nutrition Education topic by double clicking the note grid.

| | File | Scheduler | Certification | Benefits | Miscellaneous | Reports | Help Mes | sages | Mon 4 | /22/2019 | ⊠ ? |
|--|----------|------------|---------------|----------|---------------|---------|----------|-----------------|-------------|-----------------|-----|
| linois WIC Management Information System | 神神 | P 🗓 🏵 | 🗹 🏦 🛊 💐 | § 🏓 🔂 | 🕹 🗳 🎔 🏠 | R 📼 💋 | HOUSEH | OLD, MELISSA (I | PG) 300 | 8 🗸 💾 🖓 | Hx |
| Selected Record | Nutritic | n Educatio | 'n | | | | | | | | |
| HOUSEHOLD, MELISSA | | Date | | *Topic | : | | Note | | Draft | User ID | |
| Cat: PG (female) ID: 300 872 832 | | 4/18/2019 | Physical Act | | | | | | | KMCNAMARA | |
| DOB: 7/8/1988 | | | | - | | | | | | | |
| Age: 30 yrs, 9 mos | | | | | | | | | | | |
| Weeks: 11 | | | | | | | | | | | |
| Cert: 04/18/19 - 12/17/19 BVT: | | | | | | | | | | | |
| Status: Active | | | | | | | | | | | |
| Scheduling Tasks | | | | | | | | | | | |
| Guided Script | | | | | | | | | | | |
| Household Info.* | | | | | | | | | | | |
| ✓ Participant Info.* | | | | | | | | | | | |
| ✓ Cert Action* | | | | | | | | | | | |
| ✓ Lab* | | | | | | | | | | | |
| ✓ Breastfeeding* | | | | | | | | | | | |
| ✓ Health* | | | | | | | | | | | |
| ✓ Nutrition* Mid-Certification | | | | | | | | | | | |
| ✓ Nutrition Risk* | | | | | | | | | | | |
| ✓ Nutrition Education* | | | | | | | | | | | |
| ✓ Food Prescription* | | | | | | | | | | | |
| Issue Benefits* | | | | | | | | | | | |
| Referrals | | | | | | | | | | | |
| Schedule Appt | | | | | | | | | | | |
| Print Documents | | | | | | | | | | | |
| | Add | Remo | ove | | | | | | | | |
| Notes and Alerts | | | | | | | | <u>S</u> ave | <u>C</u> an | cel <u>N</u> ex | t |
| | | | | | | | | | | | |
| Version: 0.1.0.15 | | | | | EHODZIE | WICH | 00 | 1000000 CEDA | | iltest | |

PG Screen



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Food Prescription

The Food Prescription screen is used to indicate that the client's certification is complete, assign food packages, customize food packages, and perform food package changes.

Staff may also view formulary details and use the Formula Calculator to assist in calculating correct formula exchange values. Authorized staff members also can approve or disapprove a food prescription which requires RD approval.

PG Screen

| | - File Scheduler C | ertification Benefits | Miscellaneous | Reports Help | Messag | 05 | Mon 4/22/201 | 9 💌 ? |
|---|--|-----------------------------|---------------|---------------|-------------|---------------------|----------------|--------------|
| I-WIC | | | | Reports псір | | | | |
| Selected Record | | | | | JUDEITOE | | | |
| HOUSEHOLD, MELISSA | | Current | | | | History | | |
| Cat: PG (female) ID: 300 872 832 | Certification C | Complete | * Com | oleted By: MC | NAMARA, | KATIE | | |
| DOB: 7/8/1988 | Benefits Start Date | Frequency | | Assign 4-5 mc | Pkg | | Assign BE Pl | kg |
| Age: 30 yrs, 9 mos Weeks: 11 | | 3 | ~ | Assign BE Mu | Itiples Pkg | , l | No Formula | |
| Cert: 04/18/19 - 12/17/19 BVT: Status: Active | Flags Medical Condition Inadequate Storage | Milk Allergy Egg Allergy | | | sher | Prescripti Contract | on Formula | |
| Scheduling Tasks | De | scription | Effect Date | End Date | Disable | Note | Created | Last I |
| Household Info.* Participant Info.* Cert Action* Lab* Breastfeeding* Health* Nutrition* Mid-Certification Nutrition Risk* Nutrition Education* Food Prescription* Issue Benefits* Referrals Schedule Appt Print Documents | Add Remov | e Edit Disp | | | | | | > |
| Notes and Alerts | Add Remov | | лау | | | | | |
| House and Mente | | | Formula Ca | Iculator Void | d Benefits | <u>S</u> ave | <u>C</u> ancel | <u>N</u> ext |
| Version: 0.1.0.15 | | | EHODZIEV | /ІСН | 00100 | 00000 CEDA | | iltest |



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Food Prescription

The Food Prescription screen is used to indicate that the client's certification is complete, assign food packages, customize food packages and perform food package changes.

Staff may also view formulary details and use the Formula Calculator to assist in calculating correct formula exchange values. Authorized staff members also can approve or disapprove a food prescription which requires RD approval.

C3 Screen

| | File | e Scheduler Cert | tification Benefits | Miscellaneous | Reports He | lp Messa | 2006 | Mon 4/22/20 | 19 💌 🕜 |
|--|------|---|-----------------------------|--------------------|--------------|-------------|----------------------|--------------------|-----------|
| I-WIC | - | | | | - | <u> </u> | <u> </u> | | |
| Selected Record | | | | | ~ ~ ~ | | | (/ | |
| HOUSEHOLD, THOMAS | | | Current | | | | History | 1 | |
| Cat: C3 (male) | | * Certification Co | mplete | * Com | pleted By: M | CNAMARA | , KATIE | | |
| ID: 300 872 831 DOB: 10/20/2015 | Ber | nefits Start Date | Frequency | | Assign 4-5 m | o Pka | | Assign BE F | Pka |
| Age: 3 yrs, 6 mos | | | 3 | | Assign BE M | | (a | | |
| Cert: 04/18/19 - 04/17/20 BVT: | | ags | | | | | vg | | |
| Status: Active | Me | ags edical Condition idequate Storage | Milk Allergy Egg Allergy | | | osher | Prescrip Contrac | otion Formula t | |
| Scheduling Tasks 💀 | | Desc | ription | Effect Date | End Date | Disable | Note | Created | Last Mo |
| Guided Script | ► | CHILD, 24-60 MONTH | IS (FP IV) | 4/18/2019 | 10/19/2019 | | | EHODZIEWICH | |
| Participant Info.* Cert Action* Lab* Breastfeeding* Health* Nutrition* Mid-Certification Nutrition Risk* Nutrition Education* Food Prescription* Issue Benefits* Referrals Schedule Appt Print Documents | | Add Remove | Edit Disp | olay Formula Ca | alculator | id Benefit: | s <u>S</u> ave | Cancel | > Next |
| Version: 0.1.0.15 | | | | EHODZIE | WICH | 001 | 000000 CED# | A | iltest |



www.3sigmasoftware.com Food **Prescription** -Customization

In order to customize a Food Prescription, select the Edit button once a package has been assigned.

C3 Screen

| ags | | | | MILK | CHEESE | | |
|--------------------------------------|-----------------------------|---|--|------|----------|----------|--|
| edical Condition adequate Storage | | Milk Allergy Peanut Allergy Kosher Egg Allergy Soy Allergy | | | | | |
| Food Category | Prescription Min (Units) | Prescription Max (Units) | | | Quantity | Physical | |
| Cheese | | | | | | | |
| Cheese | | | | | | | |
| Eggs | 0 | 1 | Eggs | | 1 | DOZ | |
| Breakfast Cereal | 0 | 36 | Breakfast Cereal - All Authorized Hot and Cold | | 36 | oz | |
| Legumes | 0 | 1 | Beans - Dry or Canned | | 1 | CTR | |
| Infant Fruits and Veget | | | | | | | |
| Bread/Whole Grains | 0 | 32 | Whole Wheat Bread or Whole Grains | | 32 | ΟZ | |
| Fruit & Vegetables - Ca | 0 | 8 | Fruits and Vegetables - Cash Value Voucher | | 8 | \$\$\$ | |
| Yogurt | | | | | | | |
| Milk - Fat Reduced | 0 | 4 | Lower Fat Milk (Mini Wildcard) | | 4 | GAL | |
| Juice - 64 oz | 0 | 2 | Juices - All Categories - 64 oz Carton | | 2 | CTR | |



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Case Notes

The Notes screen enables the user to add notes at the Household level. This screen also records notes that are generated automatically by the system, e.g., when transferring a household from one clinic to another.

| I-WIC | | ile Scheduler | | | laneous Reports | Help Messages | Mon 4/22/2019 | ⊠ ? |
|--|----|---------------|------------|----------------|-----------------------|-------------------------|-------------------|--------|
| linois WIC Management Information System | -M | 34 P 🖺 🚳 | 9 🗹 👫 📍 | 8 🖸 🔁 🕹 🍯 | 🔻 🗘 🧏 🛱 🖉 | HOUSEHOLD, THOM | AS (C3) 300 8 🗸 🕒 | V 🗎 Hx |
| Selected Record | | | | | | | | |
| HOUSEHOLD, THOMAS | | | | Note Type: All | | ✓ Go | | |
| Cat: C3 (male) | | Date | Staff | Туре | | Note | | |
| ID: 300 872 831 DOB: 10/20/2015 | • | 4/18/2019 | KMCNAMARA | General | Certification was cor | mpleted by KMCNAMARA as | of 04/18/2019. | |
| Age: 3 yrs, 6 mos | | | J | | J | | | _ |
| Cert: 04/18/19 - 04/17/20 | | | | | | | | |
| BVT: | | | | | | | | |
| Status: Active | | | | | | | | |
| Scheduling Tasks | | | | | | | | |
| | | | | | | | | |
| Guided Script | | | | | | | | |
| Notes and Alerts | | | | | | | | |
| Notes | | | | | | | | |
| Alerts | | | | | | | | |
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| Logoff | | | | | | | | |
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| | | | nove Displ | ay | | | | |
| | | | | | | Sav | re <u>C</u> ancel | |
| | | | | | | | | |
| Version: 0.1.0.15 | | | | E | HODZIEWICH | 001000000 CE | DA il | test |



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Transfer Process

In order to transfer a participant from one household to another, the user searches for the participant. Once the participant has been selected, the Transfer Process pop-up appears.

| | Fil M | e Scheduler <mark>#1 P III &</mark> | Certification | | enefits Mis 🟓 🛨 歳 (| cellaneo | us Report 🏠 🎝 🖼 | | Messag | | Mon | 4/22/2019 | ⊠ ? | |
|---|---|--|---------------------------|--------------|------------------------|----------|--------------------------------|-------------|---------|----------|--------------|------------|-------|--|
| Selected Record | Sco | o pe Local Agency | State | 0 | Clinic | | Local Age | ency/Clinic | : Name | | | | | |
| | Search | | | | | Ad | | | | dvance | anced Search | | | |
| | ● Participant ● Participant ● Household | | | ID Las | st Name | | eWIC Card Number First Name | | | Birth Da | ate | Soundex | | |
| | | nouscholu | O | R hou | usehold | | | | | | * | Find | | |
| | | Last Name | First Name | MI | Birth Date | нон і | last Name | HOH First | Name | Cat | BVT Date | Cert Start | Cei | |
| Scheduling Tasks 🔥 | | HOUSEHOLD | MELISSA | | 7/8/1988 | HOUSE | HOLD | MELISSA | | PG | | 4/18/2019 | 12/1 | |
| Search Advanced Search | | HOUSEHOLD | THOMAS | | 10/20/2015 | HOUSE | HOLD | MELISSA | | C3 | | 4/18/2019 | 4/17, | |
| Income Guidelines Schedule Appt Daily Schedule Classes Onsite List Appt. Waiting List Guided Script Notes and Alerts Logoff | < | - | | | | | | | | | | 1 | | |
| | 1 - | 2 of 2 records | | | | | | | | ₩÷ | | 1 Next 🕨 | ⇒ | |
| | M | ark Onsite | Print List | Print | Labels | | | | | | Se | elect | ancel | |
| Version: 0.1.0.15 | 2 ma | tching records | s found. | | | EHODZ | ZIEWICH | 0020160 | 01 ALIV | IO MED | ICAL CENT | ER ilt | est | |



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Transfer Process

The Transfer Process popup screen is used to transfer participants between households.

| | Transferring Family | |
|-------|---------------------------------|---|
| From: | 001016001 CEDA - ALBANY PARK | |
| * То: | 002016001 ALIVIO MEDICAL CENTER | ~ |
| | | |

| Authorized Persor | Information | | | |
|-------------------|-------------|------------|----|------------|
| Family ID | Last Name | First Name | MI | Birth Date |
| 9344143 | HOUSEHOLD | MELISSA | | 7/8/1988 |

| Participant Information | | | | | | | | | | |
|-------------------------|-----------|-----------|------------|----|------------|----------|--|--|--|--|
| | Partic ID | Last Name | First Name | MI | Birth Date | BVT Date | | | | |
| | 300872831 | HOUSEHOLD | THOMAS | | 10/20/2015 | | | | | |
| | 300872832 | HOUSEHOLD | MELISSA | | 7/8/1988 | | | | | |
| | | | | | | | | | | |
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Mid-Certification – C3 – Page 1

The Mid-Certification screens provide a series of user-friendly questions regarding the general health and eating habits of the Participant.

| Cat: C3 (male) ID: 300 872 831 DOB: 10/20/2015 Age: 3 yrs, 6 mos Cert: 04/18/19 - 04/17/20 BVT: | Q ■ Hx |
|--|--------|
| HOUSEHOLD, THOMAS Cat: C3 (male) Date: 4/22 ID: 300 872 831 ID: 300 872 831 ID: 300 872 831 DOB: 10/20/2015 Age: 3 yrs, 6 mos ID: 10/201/2015 Cert: 04/18/19 - 04/17/20 Image: * 2. How do you feel the child is growing? BVT: Status: Active Image: * 3. Tell me about the child's meals and snacks? | 2/2019 |
| HOUSEHOLD, THOMAS Cat: C3 (male) ID: 300 872 831 DOB: 10/20/2015 Age: 3 yrs, 6 mos Cert: 04/18/19 - 04/17/20 BVT: Status: Active W * 3. Tell me about the child's meals and snacks? | 12019 |
| ID: 300 872 831 DOB: 10/20/2015 Age: 3 yrs, 6 mos Cert: 04/18/19 - 04/17/20 BVT: Status: Active ************************************ | |
| ID: 300 872 831 DOB: 10/20/2015 Age: 3 yrs, 6 mos Cert: 04/18/19 - 04/17/20 BVT: Status: Active ** 3. Tell me about the child's meals and snacks? | |
| Age: 3 yrs, 6 mos Cert: 04/18/19 - 04/17/20 BVT: Status: Active | |
| Cert: 04/18/19 - 04/17/20 BVT: Status: Active | |
| BVT: Status: Active #8 * 3. Tell me about the child's meals and snacks? | |
| Status: Active | |
| * 3. Tell me about the child's meals and snacks? | |
| | |
| Scheduling Tasks | |
| | |
| | |
| 4. Are there any foods (groups) the child dislikes or is unable to eat? | |
| Participant Info.* | |
| | |
| Lab* | |
| Breastfeeding* | |
| Health* | |
| ✓ Nutrition* | |
| Mid-Certification | |
| Mutrition Risk* * 6. How would you describe feeding time with your child? | |
| Nutrition Education* | |
| Food Prescription* | |
| Issue Benefits* . 7. Does your child feed him/herself with the following? Check all that apply. | |
| Referrals Spoon | |
| Schedule Appt | |
| Print Documents | |
| | |
| Notes and Alerts | |
| 1 2 3 <u>Save</u> <u>Cancel</u> | |
| | Next |
| Version: 0.1.0.15 EHODZIEWICH 001000000 CEDA | Next |



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Mid-Certification – C3 - Page 2

The Mid-Certification screens provide a series of user-friendly questions regarding the general health and eating habits of the Participant.

| | File | Scheduler | Certification | Benefits | Miscellaneous | Reports | Help N | Nessages | Mon 4 | /22/2019 | 🖂 🕐 |
|--|-----------|---------------|----------------|---------------|------------------|-------------|------------|---------------|-------------|---------------|-----|
| lines WC Management Information System | - M #1 | P 🗓 🏵 | 🗹 👫 🌹 | - 🔶 🍓 | 📥 🍏 🎔 🏡 | Ŗ 📼 💋 | HOUS | EHOLD, THOMA | S (C3) 300 | 8° 🕶 🕒 😡 | Hx |
| Selected Record HOUSEHOLD, THOMAS | Mid-Ce | rtification A | ssessment | t Screen (C3 | 3) | | | | Da | ite: 4/22/201 | 19 |
| Cat: C3 (male) | | | | | | | | | | | |
| ID: 300 872 831 | HX | 8. How ofte | en do you ha | ive family me | eals? | | | | | | |
| DOB: 10/20/2015 | | | | | | | | | | | |
| Age: 3 yrs, 6 mos | | | | | | | | | | | |
| Cert: 04/18/19 - 04/17/20 | HX | 9. What do | you do if the | e child won't | eat what you | offer? | | | | | |
| BVT: | | | | | | | | | | | |
| Status: Active | HX * | 10 What f | uide doos t | he child dri | nk daily or or | n most dave | -2 | | | | |
| | - | Whole | | 2% milk | | % milk | | Skim milk | | an aratad mi | 11. |
| Scheduling Tasks 💀 | | | | | | | | | | aporated mi | IK |
| Guided Script | | 🗆 Lactai | id | Other mi | lk ∐S | oy beverage | e L | 100% juice | □Fr | uit drinks | |
| | | 🗌 Soda | | Water | | lalta | | | | | |
| Household Info.* | | | | | | | | | | | |
| Participant Info.* | HX | 11. Does th | ne child drin | k from the fo | llowing? | | | | | | |
| ✓ Cert Action* ✓ Lab* | | Baby | bottle | Regular | cup | | | | | | |
| ✓ Lab ✓ Breastfeeding* | | | vith straw | Sippy cu | D | | | | | | |
| ✓ Health* | | | | | | | | | | | |
| ✓ Nutrition* | HX | 12. If the cl | hild drinks fr | om a bottle o | or sippy cup, v | vhen does h | ie/she use | eit? | | | |
| Mid-Certification | | | | | | | | | | | |
| ✓ Nutrition Risk* | | HX At bed | at night or n | antime? If ve | s, what is in it | 2 | | | | | |
| ✓ Nutrition Education* | | | armgneorm | apanio: ii je | .o, macio in i | | | | | 1 | |
| ✓ Food Prescription* | | | | | | | | | | J | |
| Issue Benefits* | HX * | 13. Tell me | about the | child's phys | sical activity: | | | | | | |
| Referrals | _ | | about the | onna o priye | liour uourrig. | | | | | | |
| Schedule Appt | | | | | | | | | | | |
| Print Documents | HX * | 14 Does v | our family k | ave enoug | h food? | | | | | | |
| | _ | 14. 2003 y | our runny r | lare choug | | | | | | | |
| Notes and Alerts | | | | | | | | | | | |
| | | | | | <u>-</u> | 23 | | <u>S</u> ave | <u>C</u> ar | cel Ne | xt |
| Version: 0.1.0.15 | | | | | EHODZI | EWICH | | 001000000 CED | A | ilte | st |