

WIC APPLICATION CHECKLIST

FY 2007

- _____ Tribal Resolution or Letter of Application signed by the tribal chairman, president, governor or CEO authorizing the applicant to be a WIC agency.
- _____ Two original signed copies of the ITCA and Local Agency Memorandum of Agreement
- _____ WIC Project Statement completed (see attached)
- _____ Budget reflecting amount of funding authorized in cover letter.
- _____ Local Agency Policy and Procedure Manual
- _____ Copy of the Valid CLIA Certificate
- _____ Lobbying Certificate (not required for tribes)
- _____ Suspension and Debarment Certificate

WIC PROJECT STATEMENT

I. PROGRAM MANAGEMENT

A. Program Name: _____

Address: Street _____

City _____ State _____ Zip _____

Telephone: _____

FAX: _____

Tribal Leader: _____

Supervisor of WIC Program Director: _____

WIC Director: _____

Nutritionist: _____

Breastfeeding Lead: _____

Data Lead: _____

Vendor Lead: _____

B. SERVICE POPULATION

1. Proposed Service Delivery Area(s):

Describe the geographical areas and population that are to be served by the WIC program.

2. Complete the following table to describe your target caseload.

CATEGORY	POTENTIALLY ELIGIBLE	CASELOAD REQUEST					
		NUMBER	RACE/ETHNICITY BY PERCENTAGE				
			Amer. Indian	Hispanic	Black	White	Asian
Pregnant							
Breastfeeding							
Post Partum							
Infants							
Children							
TOTAL							

3. Clinic sites, days of operation (day of month) and hours:

Example:

Local Agency Site/Site Supervisor	Type of Clinic (i.e., hospital, tribal health department, field clinic and mobile van)	Days of Operation by Monthly Schedule	Hours of Operations
Site: XXXXX Indian Medical Center Site Supervisor: Ann Smith, CNW Supervisor	Hospital	M,T,TH,F of every week Wednesday Saturday	7:00 am to 5:00 pm 10:00 am to 6:30 pm 9:00 am to 5:30 pm

4. Staff Training Plans for FY 2007

- a. Attach completed individual training plans for each WIC employee, including the WIC Director and Nutritionist, based upon your assessment of their needs using the form attached.
 - 1. Fill in all information regarding the completion of the ITCA competency units;
 - 2. Fill in the information on the following core CAC Dietetics Education Program classes.
 - 3. Complete all other trainings attended and planned.

II. Services to be Provided in FY 2007

- A. Provide a detailed Outreach and Coordination Plan for the coming year. The plan will be updated annually by amendment.
 1. Describe how the agency will target benefits to each of the following categories:
 - a. Working families
 - b. Pregnant women
 - c. High risk women (i.e., teenagers)
 - d. Priority 1 infants and Priority 3 children
 - e. Migrants
 - f. Homeless persons/families
 - g. Incarcerated pregnant women
 - h. Institutionalized persons
 2. Describe policies and procedures for ensuring participation is maintained at assigned caseload and follow up on participants who missed appointments especially pregnant women, infants and other high priority individuals.
 3. Describe the steps that will be taken to provide outreach materials to the following agencies.
 - a. Health and medical organization (i.e., immunizations)
 - b. Hospitals and clinics
 - c. Welfare and unemployment offices, social service agencies and tribal providers
 - d. Migrant farm worker organizations
 - e. Homeless organizations
 - f. Religious and community organizations
 - g. Head Start
 - h. Foster Parents
 - i. Child Care Provider
 4. Describe how the agency will notify the public of its services. (The agency must advertise once annually.)
 5. Describe the agency's plans for expanding WIC services to areas of need where services are currently not provided or restricted due to travel costs or personnel limitations.
 - a. Adjusted hours: early, late, lunch hour, weekend appointments
 - b. Priority appointment scheduling during regular clinic hours of operations
 - c. Mobile clinics
 - d. Other

B. Clinic Sites and hours of operation

Attach a list of each clinic site including the location and days/hours of operation.

III. Nutrition Services Plan

(Use form provided by ITCA)

1. Develop at a minimum 2 nutrition-related goals and 1 breastfeeding goal for your local agency based on your assessment of your population's nutrition problems. Please note that the goals must be within the scope of WIC services.
2. Develop objectives for your goals that will help to achieve the goals. Include specific time frames for your objectives. They may span one or two years.
3. Develop a method to evaluate your goals and objectives. You will be reporting on the evaluation of your goals and objectives on your annual report.

