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**#11-116**

**TO:** WIC Regional Directors  
WIC Local Agency Directors

**FROM:** Linda Brumble, Unit Manager  
Nutrition Education/Clinic Services Unit  
Nutrition Services Section

**DATE:** September 12, 2011

**SUBJECT:** Procedures for Disaster Situations

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The following procedures shall be taken when serving Texas disaster victims. **Disaster victims shall be given first priority for appointments and benefit issuance.** Every effort should be made to see them as soon as possible.

### **Replacement of Participant Benefits**

WIC will replace EBT benefits for clients from those areas impacted by a disaster unless they are residing in a shelter where food is being provided. If cards were lost, or food was damaged or left behind, benefits can be replaced. All participants affected by a disaster must complete the top section of the attached *Self-Declaration Form for Disaster Victims* in order to obtain replacements benefits.

**For all participants receiving replacement benefits, document the current month and last two digits of the current year, i.e. 009.11 for September 2011, in the census tract field and document the “disaster name,” for example “Wildfires,” in the comment section of the *Family Certification Form*. Ensure this information is entered into Texas WIN. Please require participants to sign a *Supplemental Information Form (SIF)-NVRA Form*.**

- I. **Local Agencies in areas that were affected by a disaster but are still serving their own clients:**
  - A. Any of the WIC participants enrolled at your clinic that return and indicate their EBT card was lost shall have the card replaced.
  - B. Any of the WIC participants enrolled at your clinic who indicate they redeemed their current WIC benefits but the *foods* they purchased were lost in a disaster shall have their redeemed benefits replaced.

For families that have lost their EBT benefits or card, complete a new *in-state transfer certification*. For assistance, contact the Automation Help Desk at 1-800-650-1328.

**II. Local agencies receiving WIC participants from an affected area who are not their own clients:**

- A. If the participant is within their certification period, process as an in-state transfer.
1. Request one of the following proofs of participation:
    - a. WIC EBT card
    - b. WIC Shopping List for future months
    - c. If they do not have any of these, have participant sign the *Self-Declaration Form for Disaster Victims* - Transfer box.
  2. A new participant record will need to be created by the receiving clinic by processing the certification as an *in-state transfer*. For the purpose of this document, this means entering an "I" in the transfer field on page 1 of the certification screen. For these *in-state transfer certifications*, do not weigh, measure, or draw blood from the client. Provide a new PAN number- do not issue a duplicate PAN with their old number. **DO NOT** request a transfer of client records from the participant's original clinic.
    - a. If original local agency is available, obtain participant *Verification of Certification (VOC)* information.
    - b. If original local agency is unavailable, call the Automation Help Desk at 1-800-650-1328 to obtain the information.
  3. Provide each client with a *VOC* printout at the time of issuance so the information can be provided to their original WIC clinic upon return.
- B. EBT card reported as lost during the disaster will need to be disabled. Staff or participant shall call 1-800-942-3678 to disable the card prior to having the new clinic issue a new EBT card.
- C. *In-state transfers* will show up as dual participants (DPs) on the Local Agency systems. See *memo 08-150, Resolving Dual Participation due to Hurricane Ike* at <http://www.dshs.state.tx.us/wichd/data08/08150.pdf>, which includes instructions on how to resolve DPs **after October 31, 2011**.

**Procedures for Different Scenarios that May Be Encountered**

- 1) Person has EBT card but has lost food purchased for current month.
  - a) Certify client(s) as in-state transfer. If the client's original card has future benefits, enter a certification expiration date with the last day of the current month and issue the current month benefits (see bullets below). If the client's original card does not have future month benefits, enter a certification expiration date with the last day of the next month and issue those months' benefits. Benefits will be prorated on or after the 16th of the month. Write the name of the disaster with a permanent marker on the front of the card and away from the gold chip to avoid damaging the chip.

- The certification expiration date for pregnant and postpartum women is based on the delivery date. You will need to tailor delivery dates, and TWIN will automatically calculate the expiration date as 9/30/11. Use the guidelines below:
- Pregnant women expire 6 weeks after delivery date. Enter 8/19/11 as the delivery date.
  - Postpartum women expire 6 months after delivery date. Enter 3/30/11 as the delivery date.
- b) Instruct participant to keep original card and use it for future benefits.
- c) Second card (disaster card) should be confiscated when participant returns to their original clinic. Staff must call their IRM liaison to disable the card.
- 2) Participant lost EBT card.
- a) Staff or participant should call 1-800-942-3678 to have the EBT card disabled.
- b) Certify client(s) as in-state transfer. Enter a certification expiration date with the last day of the next month. Certification expiration date for pregnant and postpartum women is based on the delivery date. You will need to tailor delivery dates and TWIN will automatically calculate the expiration date as 10/31/11. Use the guidelines below:
- Pregnant women expire 6 weeks after delivery date. Enter 9/19/11 as the delivery date. After 9/18/11, TWIN will no longer allow a delivery date of 9/19/11 to be entered during certification. Instead enter a delivery date one day after the current date.  
**\*\*Note: This will cause the certification expiration date to be after 10/31/11. Since there should not be any benefits issued with a first date to spend after 10/31/11, issuance frequency will need to be changed for the client during issuance.**
  - Postpartum women expire 6 months after delivery date. Enter 4/30/11 as the delivery date. TWIN will calculate the expiration date as 10/30/11.
- c. Issue a new EBT card with current and next months' benefits. Instruct clients to use this card through the end of next month. Write the name of the disaster with a permanent marker on the front of the card and away from the gold chip to avoid damaging the chip.
- d. After returning to the original clinic, provide participant with a replacement card (using the same FID from the original clinic).
- e. Disable the second card (disaster card).

### III. Certifications

Applicants from the disaster areas requesting WIC services will be processed using the *Self-Declaration Form for Disaster Victims* when there is lack of identification, residency, and/or proof of income. When proof exists, the following procedures should be followed.

**Proof of Identification** – Obtain one of the following. Please request the following in the order listed.

- *Verification of Certification*
- WIC EBT card
- Any of the acceptable documents listed in *policy CS:05.0*
- Applicant or staff should complete the Identification statement on the *Self-Declaration Form for Disaster Victims* (attached).

**Proof of Residency** – Obtain one of the following. Please request the following in the order listed.

- Proof of residency per *policy CS:06.0*
- Letter from individual/shelter where the client is living
- Applicant or staff should complete the Residency statement on the *Self-Declaration Form for Disaster Victims* (attached).

**Proof of Income** Obtain one of the following. Please request the following in the order listed.

- Proof of income per *policy CS:08.0*
- Written statement that client is living with cash-on-hand and request that the client document the amount.
- Applicant or staff should complete the Proof of Income statement on the *Self-Declaration Form for Disaster Victims* (attached).

#### **Certifications**

- Certify applicant according to policy.
- Anthropometrics and blood work may be waived for 90 days on a case-by-case basis.

#### **Nutrition Education**

- Participants may be offered lessons they can complete at home such as self-paced, web-based, or take home lessons.
- Enter NE code EN-000-49, Expedited Nutrition Education for Critical Situations.
- Participants do not need to provide documentation of completion of class.

Attached is the *Self-Declaration Form for Disaster Victims* that may assist in expediting the certification process. The form includes statements that may be needed from the applicants.

Those who are staying with relatives or residing in shelters are considered homeless. Therefore the policies regarding homeless individuals may apply. If the client self-reports as homeless, use *risk code 801, Homelessness*.

Review *policy FD:12.0, Prescription of Food Packages*, to assist in issuing the appropriate food package to meet each individual's needs. Homeless and nonrefrigeration food packages may be appropriate but are not mandatory.

# Self-Declaration Form for Disaster Victims

## For all WIC participants who need replacement benefits

One form may be used for all family members. Document names on this form.

\_\_\_\_\_ is a victim of a disaster and is requesting WIC replacement benefits from Texas WIC Program.

Participant Name(s)

## Mark the statements that describe your situation:

- My/my child's food instruments were received and lost in the disaster.  
 My/my child's food instruments were received and cashed and WIC food was lost in the disaster.  
 My/my child's food instruments were received and cashed and WIC food was left behind.  
 My/my child's food instruments had not been received for the current month,

By signing this form I affirm that I/my child am not applying for services at any other WIC program during this crisis and am not staying in a shelter that is providing food/formula.

Applicant/Parent/Caregiver

Date

## Transfers

One form may be used for all family members. Document names on this form.

\_\_\_\_\_ is an in-state transfer from the \_\_\_\_\_ WIC Program due to being a victim of a disaster.

Participant name(s)

I am currently participating in that program and would like to transfer to this Local Agency WIC Program.

- I/we have provided acceptable proof of identification.  
 I/we did not provide acceptable proof of identification.  
 My household is currently residing in Texas and I have provided proof of residency.  
 My household is currently residing in Texas and did *not* provide acceptable proof of residency.

By signing this form I affirm that I/my child am not applying for services at any other WIC program during this crisis and am not staying in a shelter that is providing food/formula.

Applicant/Parent/Caregiver

Date

## Certifications

Below is valid for one certification period *only*. A reassessment shall be done at each certification.

### Identification

\_\_\_\_\_ is an applicant to this local agency WIC Program and I am/my child is a victim of a disaster and has no acceptable proof of identification for myself/my child.

Participant name(s)

Date

### Residency

\_\_\_\_\_ is an applicant to this local agency WIC Program and I am/my child is a victim of disaster and am residing in Texas with no acceptable proof of residency for myself/my child. I/We are residing at \_\_\_\_\_

Applicant/Parent/Caregiver

Date

### Proof of Income

This is to certify that \_\_\_\_\_ is homeless and unable to provide proof of income due to being a

Applicant's Name

victim of a disaster. The applicant or the parent/guardian/caregiver who is applying on behalf of a child is self-declaring they have no proof of income.

Applicant/Parent/Caregiver

Date



# Forma de Declaración-propia para las víctimas de un desastre

## Para todos los participantes de WIC que necesitan reemplazar beneficios.

Se puede usar una forma para todos los miembros de la familia. Documente los nombres en esta forma.

\_\_\_\_\_ es una víctima de un desastre y solicita reemplazo de sus beneficios de WIC  
*nombre(s) del participante(s)*  
por el programa de WIC de Texas.

Marque las declaraciones que explican su situación:

- Mis tarjetas o las de mi niño las recibí y se perdieron en el desastre.  
 Mis tarjetas o las de mi niño las recibí y las cambié por alimentos en la tienda y los alimentos del WIC se perdieron en el desastre.  
 Mis tarjetas o las de mi niño las recibí y las cambié por alimentos en la tienda y los dejé allá.  
 Mis tarjetas o las de mi niño no las he recibido por el mes corriente.

Al firmar esta forma, afirmo que yo/mi niño no estamos solicitando servicios en ningún otro programa de WIC durante esta crisis, ni nos estamos habitando en un lugar de amparo que proporciona comida o fórmula para bebé.

\_\_\_\_\_  
Solicitante/padres/guardian Fecha

## Transferencias

Se puede usar una forma para todos los miembros de la familia. Documente los nombres en esta forma.

\_\_\_\_\_ se está transfiriendo de \_\_\_\_\_ dentro del Programa WIC de Texas ya que ha sido víctima de un desastre.

Marque las declaraciones que explican su situación:

- Yo he/hemos proporcionado comprobante adecuado de identificación.  
 Yo **no** he/hemos proporcionado comprobante adecuado de identificación.  
 Yo y los miembros de mi familia/hogar actualmente viven en Texas y he proporcionado comprobante de residencia.  
 Yo y los miembros de mi familia/hogar actualmente viven en Texas y **no** he proporcionado comprobante adecuado de residencia.

Al firmar esta forma, afirmo que yo/mi niño no estamos solicitando servicios en ningún otro programa de WIC durante esta crisis, ni nos estamos habitando en un lugar de amparo que proporciona comida o fórmula para bebé.

\_\_\_\_\_  
Solicitante/padres/guardian Fecha

## Certificaciones

Los siguientes datos son válidos por sólo 1 periodo de certificación. Deberá llevarse a cabo una evaluación nueva en cada certificación.

### Identificación

\_\_\_\_\_ soy un solicitante a esta agencia local del programa WIC y yo/mi hijo es/somos víctimas de un desastre. No tengo/tenemos comprobante de identificación.

### Residencia

\_\_\_\_\_ soy un solicitante a esta agencia local del programa WIC y yo/mi hijo es/somos víctimas de un desastre. Soy/somos residente(s) de Texas y no tengo/tenemos comprobante de residencia. Estamos viviendo en \_\_\_\_\_

\_\_\_\_\_  
Solicitante/padres/guardian Fecha

## Comprobante del ingresos

Esto es para certificar que \_\_\_\_\_ estoy sin vivienda y no puedo

Nombre del solicitante  
proporcionar comprobante de ingresos porque he sido víctima de un desastre. El solicitante o los padres/ tutores o personas que dan cuidado quienes están solicitando de parte del niño declaran que no tienen comprobante de ingresos.

\_\_\_\_\_  
Aplicante/padres/guardian Fecha