

<b>WIC LOCAL AGENCY PERFORMANCE MEASURES REPORT</b>	
<b>MONTH OF:</b>	<b>LA #:</b>
<b>LOCAL AGENCY NAME:</b>	
<b>Instructions</b>	
<ol style="list-style-type: none"> <li><b>The totals entered on this summary page must equal the total of all back-up documentation.</b></li> <li><b>All back-up documentation for this report will be submitted with this summary page to the State Office by the 15<sup>th</sup> day of the following report month.</b></li> </ol>	
<b>PERFORMANCE MEASURES</b>	
<b>1. Percentage of families receiving NE/Counseling services at the time of voucher issuance</b>	
Total number of FAMILIES that received VI and NE within the report period.	
Total number of FAMILIES that received VI (whether or not they received NE) during the report period.	
<b>PERCENTAGE</b>	
<b>2. Percentage of women in first trimester at certification</b>	
Total number of pregnant women certified and in their first trimester of pregnancy within the report period.	
Total number of pregnant women certified within the report period.	
<b>PERCENTAGE</b>	
<b>3. Percentage of enrolled clients receiving vouchers during the report period (no-show rate)</b>	
Total number of non-migrant clients who were not DP or TR locked and were issued vouchers within a first date to spend within the report period.	
Total number of enrolled, non-migrant clients who were not DP or TR locked.	
<b>PERCENTAGE</b>	
<b>4. Percentage of clients having a health care source (HCS) of 00 (self/non) and also a referred to (REFTO) other than 00 (self/none) at certification</b>	
Total number of clients having HCS = 00 and REFTO = something other than 00 at certification.	
Total number of clients having HCS = 00 at certification.	
<b>PERCENTAGE</b>	
Cumulative Project Total for the Month & Percentage Calculation	

Please complete this report by responding to the following question:

***Born-to-WIC Breastfed Infants***

***Percentage of infants born to WIC breastfed at or before the time of certification***

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