

<b>Referrals MI-WIC Policy 6.02</b>			<b>Yes or N/A</b>	<b>If no, Action Plan needed</b>
<b>MPR</b>				
O	5.1a	Observe that written information on Medicaid/MiChild/Healthy Michigan Plan application is readily available to WIC participants? Are other referral source materials available?		
I	5.1b	Observe or ask how the local agency advises each participant, parent or caretaker of the types of health services, including availability, where they are located, how they may be obtained, and why they may be useful.		
I, O	5.1c	Observe or ask how staff provides all newly enrolled clients receive listing on local resources for drug and other harmful substance abuse counseling, prevention and treatment, where they are located and how they may be obtained, and why they may be useful.		
<b>Outreach (MI-WIC Policy 6.01)</b>				
D	5.6a	Verify that the agency annually publicly announces: (MI-WIC Policy 6.01) <ul style="list-style-type: none"> <li>▪Information about WIC eligibility</li> <li>▪Location of WIC Clinics and contact phone numbers</li> <li>▪Institutional criteria (re: eligibility of individuals residing in group homes, shelters and other institutions)</li> </ul> Newspaper      Website      Other: _____		
D	5.6b	Does the agency target outreach toward high risk individuals such as women in early pregnancy (especially those without Medicaid), homeless people and migrant farm workers? (MI-WIC Policy 6.01) How?		
D	5.6b	Does the agency document outreach activities in the MI-WIC system? (MI-WIC Policy 6.01)		
D	5.6c	Does the agency distribute outreach information to organizations, agencies, and offices that provide services to significant numbers of potentially eligible persons? (Documentation in MI-WIC) (MI-WIC Policy 6.01)		
I	5.6c	Does the agency coordinate outreach efforts with other closely related programs, such as lead screening, breastfeeding support, MIHP, immunizations, family planning, DHS, substance abuse prevention and treatment? If not, suggest they do. (MI-WIC Policy 6.01)		
<b>Facility</b>				
O	2.1a	Is the new green "... And Justice for All" poster (Dated 12/15) displayed in prominent location(s) in the clinic? (MI-WIC Policy 1.09), [FNS 113-2 VII] (need at least 1 poster displayed)		
<b>Printed Materials</b>				
	2.1b	Does this Non-Discrimination Statement appear on each of the following local agency developed WIC materials? (MI-WIC Policy 1.09) In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. .Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a> , and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a> . <b>This institution is an equal opportunity provider.</b> 10/15		

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2.1b	Outreach flyers/brochures/letters/posters/WIC websites		
2.1b	WIC newsletters		
2.1b	Newspapers/radio/TV/Public Service Announcements The statement “ <b>This institution is an equal opportunity provider</b> ” is sufficient for newspapers, radio/TV/Public Service announcements if space is severely limited. Font must be the same size as the rest of the document. 10/14/2015		
MPR	<b>Racial/Ethnic/Discrimination Reporting</b>	<b>Yes or N/A</b>	<b>If no, Action Plan needed</b>
2.1d	Does the agency forward all complaints of discrimination to the USDA, Director of Office of Adjudication? (MI-WIC Policy 1.09)		
2.1e	Where a significant number or proportion of the population eligible to be served needs the information in a language other than English, are reasonable steps taken to provide the information in appropriate languages?		
	Does the agency identify non-English speakers so they can be provided interpreters? Utilize the <b>Families Count by Primary Language</b> Report to determine the extent of client needs and if non-English speakers’ needs are being met.		
2.1e	Describe how non-English speaking participants are served in a timely manner: (MI-WIC Policy 6.01) Circle all available services: <b>Multilingual staff</b> <b>Language Line</b> <b>Professional Interpreters</b> <b>Sign Language interpreter</b> <b>Multilingual materials</b> <b>Other:</b>  List staff who are multilingual or perform sign language:		
2.2a	Was Online Civil Rights Training <u>completed</u> by all WIC Staff who have WIC client interaction and their supervisors, during the past year? (MI-WIC Policy 1.09)  LMS-Michigan WIC Civil Rights Training (M0500-15) <a href="https://courses.mihealth.org/PUBLIC/cm710/home.html">https://courses.mihealth.org/PUBLIC/cm710/home.html</a> Review Staff Training Documentation (MI-WIC)		

# Michigan Dept. of Health and Human Services WIC Management Evaluation-Outreach

Consultant: \_\_\_\_\_ Interview Dates: \_\_\_\_\_ Clinic: \_\_\_\_\_

**Client Interviews:**

Three clients must be interviewed at each clinic site being reviewed, including at least one minority or handicapped individual, if possible. Use A, B or C for responses from different clients.

Race of Interviewee (ask or check file-note all that applies): \_\_\_\_\_Black \_\_\_\_\_Hispanic  
 \_\_\_\_\_American Indian/Alaskan Native \_\_\_\_\_White \_\_\_\_\_Asian or Pacific Islander \_\_\_\_\_Arabic

1. How long have you or members of your family been a WIC Client?
  - a. \_\_\_\_\_ # of Months \_\_\_\_\_ # Years \_\_\_\_\_ don't know
  - b. \_\_\_\_\_ # of Months \_\_\_\_\_ # Years \_\_\_\_\_ don't know
  - c. \_\_\_\_\_ # of Months \_\_\_\_\_ # Years \_\_\_\_\_ don't know

	MPR	Yes or NA			If No, Action Plan Needed
		A	B	C	
2.	5.4c- Have you ever been given an explanation of how to use WIC benefits? (MI-WIC Policy 8.06)				
3.	5.4a- Do you understand that the purpose of the WIC Program is to provide nutrition education, nutritious supplemental foods, and appropriate community referrals to you and your family? (MI-WIC Policy 5.01)				
4.	Do you speak a language other than English at home? (if no, skip to 6)				
5.	2.1 e- Would you like WIC materials in a language other than English? (MI-WIC Policy 1.09, 5.01) If yes, what language?				
	2.1e- If yes, has the staff offered you assistance or materials in this language?				
6.	2.1d - Do you feel that race, ethnicity or citizenship affects your WIC eligibility?				
7.	1.2a- Have you been given a copy of the WIC Client Agreement, including your right to appeal a decision regarding your eligibility for WIC by requesting a Fair Hearing? (MI-WIC 1.04) Best Practice- Verbal & written notice				
8.	6.5e- Has WIC staff discussed breastfeeding? (for woman/infant who has been enrolled on WIC) (MI-WIC Policy 4.01, 5.01)				
9.	5.4d- Were you offered the opportunity to register to vote? (if applicable) MI-WIC Policy 1.10				
	MPR	No or NA			If Yes, Action Plan Needed
		A	B	C	
10.	4.1 a- Have you had to pay for any WIC service? (MI-WIC Policy 2.01)				
	4.1 a- Was a medical referral required for enrollment with the WIC Program?				
	4.1 b- If the agency charges WIC clients for immunizations or lead testing ask: Have you been offered immunizations or lead testing in WIC and been asked to pay for it? If Yes, Were you told that acceptance does not affect WIC eligibility? (Cite if NO)				

# Michigan Dept. of Health and Human Services WIC Management Evaluation-Outreach

## Client Interviews (Select Recerts or if New Client note where N/A .

11. Why did you come to WIC today? Can you tell me what happened while you were here?

Respondent A:

Respondent B:

Respondent C:

Note in topic identified by client in "Additional Information" or "Additional Comments" area

12. Please describe any problems you have had when you used your WIC EBT card in a store.

Respondent A:

Respondent B:

Respondent C:

Note in 8.1 in "Additional Information" or "Additional Comments" area

13. How do you feel you have been treated in the WIC Program?

Respondent A:

Respondent B:

Respondent C:

Note in topic identified by client in "Additional Information" or "Additional Comments" area

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**Client Interviews (Select Recerts or if New Client note where N/A .**

14. Tell me about your experiences with the nutrition education you've received in WIC?  
(Prompts: With Types of Nutrition Ed: counseling, WICHealth.org, Nut Ed Mall; have you made any food or health (behavior) changes as a result?)

Respondent A:

Respondent B:

Respondent C:

Note in 6.2 in "Additional Information" or "Additional Comments" area

**Client Interviews**

15. Do you find it easy to contact the agency for an appointment or with a problem?

Respondent A:

Respondent B:

Respondent C:

Note in topic identified by client in "Additional Information" or "Additional Comments" area

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**Client Interviews**

16. What do you think could make WIC services better?

Respondent A:

Respondent B:

Respondent C:

Note in topic identified by client in "Additional Information" or "Additional Comments" area

*Reviewer: Summarize problems/concerns identified in the interviews during exit Conference and include in citations, if indicated:*

*Summarize positive comments identified in the interviews, include quotes in report:*

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Consultant: \_\_\_\_\_ Date: \_\_\_\_\_