

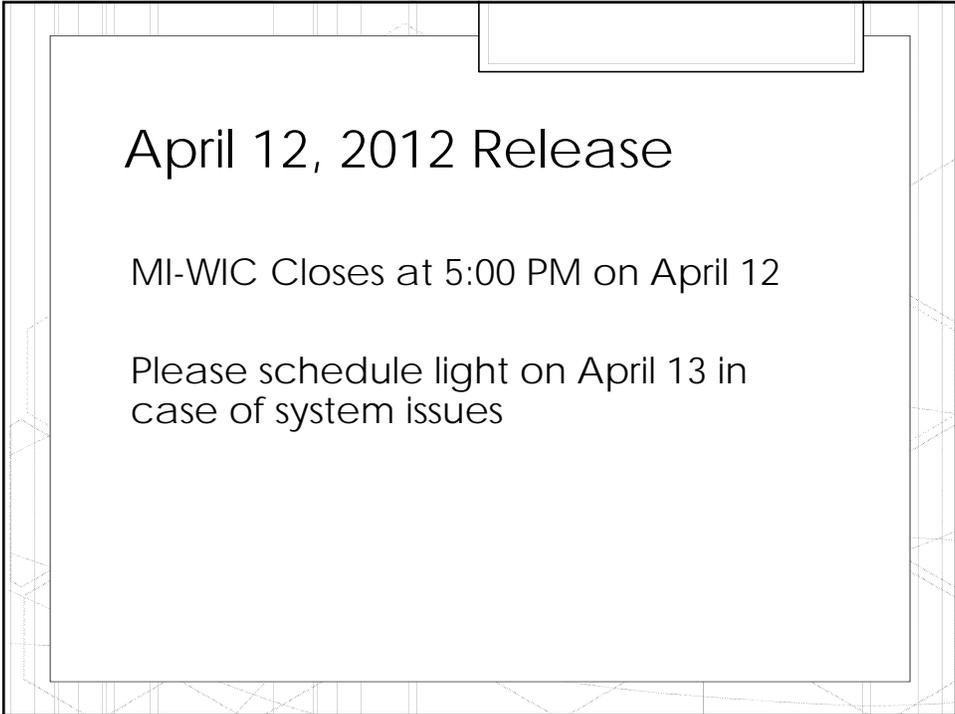


April 2012  
Release 5.1

Changes & Fixes

Webcast - 03/29/12

Laurie Perrelli, MS, RD  
Julie Lothamer, MS, RD



April 12, 2012 Release

MI-WIC Closes at 5:00 PM on April 12

Please schedule light on April 13 in  
case of system issues

**What can you expect in  
the new MI-WIC  
Release on April 13<sup>th</sup>?**

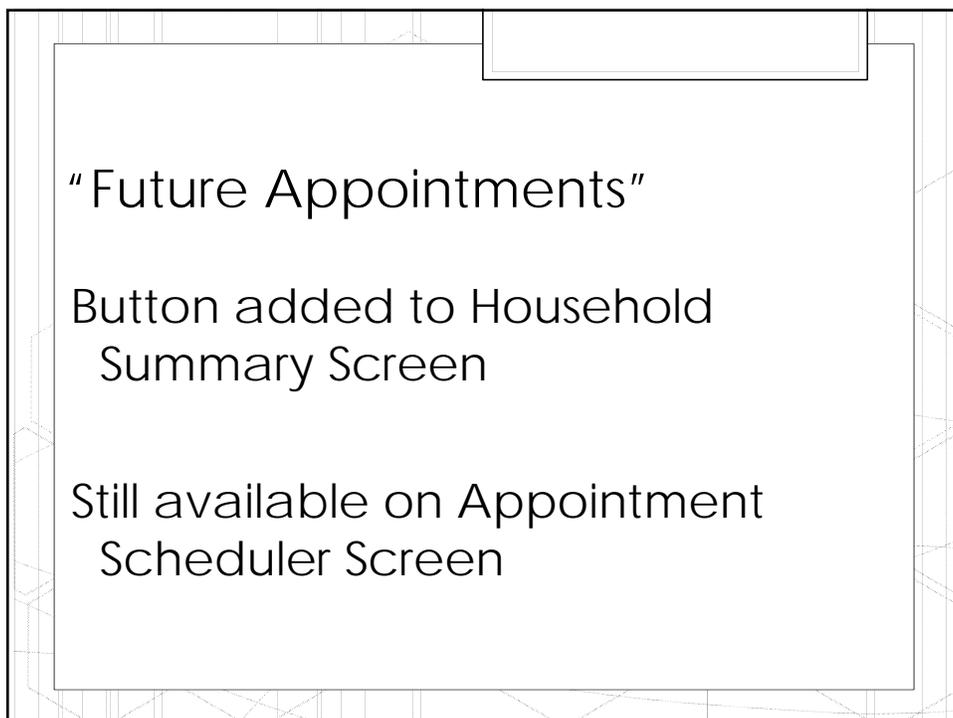
**Bug Fixes**



## Bug Fixes...

- Underweight/overweight risks auto-assigned by MI-WIC incorrectly
- Client Agreement validation
- "Preview/Print" documents not recording to Communications screen
- Not saving when "visually impaired" checkbox checked for Staff

And More...  
Release Notes Will Detail



MI-WIC Management Information Michigan WIC

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Wed 3/28/2012

st, agencyc9

Authorized Person: Agency5 Test Family ID: 9338133  
Assigned Clinic: Pre-Certification Families

**Appointments:**

Name	ID	Type	Date Time	Clinic	Alerts	Notes	Nutr
IFF Test	300 866 833						
AgencyC9 Test	300 865 957						
NPP Test	300 866 831						
PG Test	300 866 832						

**Certifications:**

Name	Birth Date	Cat	Cert Start	Cert End	Term Date	Term Reason
IFF Test	6/6/2011	IFF	2/23/2012	8/22/2012		
AgencyC9 Test	6/6/2008	C3	2/23/2012	8/22/2012		
NPP Test	6/6/1985	NPP	2/23/2012	6/30/2012		
PG Test	6/6/1980	PG	2/23/2012	12/23/2012		

**Food Packages:**

Name	Food Package	Effect. Date	End Date	Ben. Start Date	BVT Date
IFF Test	IFF ENFAMIL PREMIUM POWD (6...	2/23/2012	6/5/2012	4/14/2011	5/13/2012
AgencyC9 Test	C2/C3/C4 MAX ( LOWFAT MILK )	2/23/2012	8/22/2012	4/14/2011	10/13/2011
NPP Test	NPP MAX (LOWFAT MILK)	2/23/2012	6/30/2012	4/14/2011	
PG Test	PG/BP MAX	2/23/2012	12/23/2012	4/14/2011	

Future Appts. Past Appts. Recent NE History Auth. Person History Print

Version: 5.1.0.27 PERRELLIL 000000 State Agency miwic

Household Summary - Windows Internet Explorer

MI-WIC Management Information Michigan WIC

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Wed 3/28/2012

test, agencyc9

Authorized Person: Agency5 Test Family ID: 9338133  
Assigned Clinic: Pre-Certification Families

**Appointments:**

Name	ID	Type	Date Time	Clinic	Alerts	Notes	Nu
Test, AgencyC9	C3	C3	04/02/2012 08:00 AM	Pre-Certificatio...			

Future Appointments -- Webpage Dialog

Name	Cat	Sch Cat	Appt Type	Langu...	Date Time	Clinic	Translat...	Disability	Las...
Test, AgencyC9	C3	C3	EDU	English	04/02/2012 08:00 AM	Pre-Certificatio...			

Print Cancel

PG Test PG/BP MAX 2/23/2012 12/23/2012 4/14/2011

Future Appts. Past Appts. Recent NE History Auth. Person History Print

Version: 5.1.0.27 PERRELLIL 000000 State Agency miwic

Appointment Scheduler - Windows Internet Explorer

MI-WIC  
Management Information  
Michigan WIC

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Wed 3/28/2012

Active Record  
test, agencyc9

Cat: C3 (female)  
ID: 300 865 957  
DOB: 6/6/2008  
Age: 3 yrs, 9 mos  
Cert: 02/23/12 - 08/22/12  
Status: Certified

Scheduling Tasks  
Guided Script  
Client Care  
Logoff

Clinic: 989801 Pre-Certification Families Go

Client Name	Cat	Sched Cat	New Appt	Dur	Type	Date Time	BVT	Cert End	Term Date
IFF Test	IFF	IFF					5/13/2012	8/22/2012	
AgencyC9 Test	C3	C3			EDU	04/02 08:00 AM	10/13/2011	8/22/2012	
NPP Test	NPP	NPP						6/30/2012	
PG Test	PG	PG						12/23/20...	

Start Date: 6/11/2012 End Date: 7/11/2012 Start Time: 07:00 AM End Time: 09:00 PM

Sun Mon Tue Wed Thu Fri

Topic: Search

Total Duration: 0

Future Appts. Past Appts. Cancel Next

Version: 5.1.0.27

## Mother's ID Drop down

Change implemented per local agency staff request: to address the issue of finding, remembering, typing in the Mother's ID for infants and children

Client Information - Windows Internet Explorer

MI-WIC Management Information Michigan WIC

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Wed 3/28/20

Active Record  
test, iff  
Cat: IFF (female)  
ID: 300 997 224  
DOB: 10/10/2011  
Age: 5 mos, 2 wks  
Cert: 02/10/12 - 10/09/12  
Status: Certified

Scheduling Tasks  
Guided Script  
Client Care  
Logoff

Client Information

Authorized Person: Test, Production Family ID: 9361664

Client ID	Last Name*	First Name*	MI
300 997 224	Test	IFF	

Birth Date\*: 10/10/2011 Age: 5 months, 2 weeks

Gender\*:  Male  Female

Medicaid Number: \_\_\_\_\_

Adjunct Eligibility  Income Eligibility

Mother's ID: \_\_\_\_\_  Foster Care

Proof of Identity\*: Birth Certificate  
Proof of Pregnancy\*: Not Applicable  
Education Level\*: Not Applicable  
Marital Status\*: Not Applicable  
Reason for Ineligibility: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Save Cancel

Version: 5.0.0.18 PERRELI 000000 State Agency miwic

Client Information - Windows Internet Explorer

MI-WIC Management Information Michigan WIC

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Wed 3/28/20

Active Record  
test, iff  
Cat: IFF (female)  
ID: 300 997 224  
DOB: 10/10/2011  
Age: 5 mos, 2 wks  
Cert: 02/10/12 - 10/09/12  
Status: Certified

Scheduling Tasks  
Guided Script  
Client Care  
Logoff

Client Information

Authorized Person: Test, Production Family ID: 9361664

Client ID	Last Name*	First Name*	MI
300 997 224	Test	IFF	

Birth Date\*: 10/10/2011 Age: 5 months, 2 weeks

Gender\*:  Male  female

Medicaid Number: \_\_\_\_\_

Adjunct Eligibility  Income Eligibility

Mother's ID: \_\_\_\_\_  Foster Care

Proof of Identity\*: Birth Certificate  
Proof of Pregnancy\*: Not Applicable  
Education Level\*: Not Applicable  
Marital Status\*: Not Applicable  
Reason for Ineligibility: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Save Cancel

Version: 5.0.0.18 PERRELI 000000 State Agency miwic

Client Information - windows internet explorer

MI-WIC Management Information Michigan WIC

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Wed 3/28/2012

Active Record

test, agencyc9

Cat: C3 (female)  
ID: 300 865 957  
DOB: 6/6/2008  
Age: 3 yrs, 9 mos  
Cert: 02/23/12 - 08/22/12  
Status: Certified

Scheduling Tasks  
Guided Script  
Client Care  
Logoff

Client Information

Authorized Person: Test, Agency5  
Family ID: 9338133

Client ID: 300 865 957  
Last Name: Test  
First Name: AgencyC9  
MI:

Birth Date: 06/06/2008  
Age: 3 years, 9 months  
Gender:  Male  Female

Proof of Identity: Birth Certificate  
Proof of Pregnancy: Not Applicable  
Education Level: Not Applicable  
Marital Status: Not Applicable  
Reason for Ineligibility:

Medicaid Number:   
 Adjunct Eligibility  Income Eligibility  
 Foster Care

Physician  
Name:   
Phone: ( ) -

Mother's ID: 300866831 - Test, NPP  
300866831 - Test, NPP  
300866832 - Test, PG

Save Cancel

Version: 5.1.0.27 PERRELLIL 000000 State Agency miwics

Release 5.1

## Mother's ID Drop Down

With the new Mother's ID Field Drop Down, validation messages are now needed.

These will apply to infant and child categories.

Client Information - Windows Internet Explorer

MI-WIC Management Information Michigan WIC

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Wed 3/28/20

--test, build2.5 (C2) \* 300 669 908

**Active Record**

test, build2.5

Cat: C2 (female)  
ID: 300 669 908  
DOB: 9/6/2009  
Age: 2 yrs, 6 mos  
Cert: 08/04/11 - 10/04/12  
Status: Certified

Scheduling Tasks  
Guided Script  
Client Care  
Logoff

**Client Information** Additional Information

**Authorized Person** Family ID

TEST, Family 2599999

Client ID	Last Name*	First Name*	MI
300 669 908	test	build2.5	

Birth Date\* Age: Proof of Identity\*: Birth Certificate

09/06/2009 2 years, 6 months Proof of Pregnancy\*: Not Applicable

Message from webpage

Error Messages  
Please select the mother's ID number from the drop down. If the mother is not on WIC or in another family, please select "Mother Not in Family."

OK

Adjunct Eligibility  Income Eligibility

Foster Care

Mother Not in Family Mother's ID: [dropdown]

Physician Name: ee2 Phone: ( ) -

Save Cancel

Version: 5.1.0.27 PERRELLI 000000 State Agency miwic

Client Information - Windows Internet Explorer

MI-WIC Management Information Michigan WIC

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Wed 3/28/20

--test, build2.5 (C2) \* 300 669 908

**Active Record**

test, build2.5

Cat: C2 (female)  
ID: 300 669 908  
DOB: 9/6/2009  
Age: 2 yrs, 6 mos  
Cert: 08/04/11 - 10/04/12  
Status: Certified

Scheduling Tasks  
Guided Script  
Client Care  
Logoff

**Client Information** Additional Information

**Authorized Person** Family ID

TEST, Family 2599999

Client ID	Last Name*	First Name*	MI
300 669 908	test	build2.5	

Birth Date\* Age: Proof of Identity\*: Birth Certificate

09/06/2009 2 years, 6 months Proof of Pregnancy\*: Not Applicable

Message from webpage

If known, please enter the mother's ID number. If the mother is not on WIC or unknown, click the OK button to save the screen or continue to the next tab.

OK Cancel

Adjunct Eligibility  Income Eligibility

Foster Care

Mother Not in Family Mother's ID: [input]

Physician Name: ee2 Phone: ( ) -

Save Cancel

Version: 5.1.0.27 PERRELLI 000000 State Agency miwic

# Project FRESH Coupon Quantity Change

On "PF Coupons" screens – system will now  
assign 15 instead of 10 coupons

Increase to \$30

The screenshot displays the MI-WIC Management Information System interface. On the left, the 'Active Record' for client 'test, bp' shows details: Cat: BE (female), ID: 300 866 369, DOB: 9/9/1985, Age: 26 yrs, 3 mos, Cert: 08/25/11 - 08/14/12, Status: Certified. The main area features a table of coupon issuances:

Client	Status	Starting Cou...	Assigned Date
300866369	Issued	9950	12/29/2011
300866369	Issued	9949	12/29/2011
300866369	Issued	9948	12/29/2011
300866369	Issued	9947	12/29/2011
300866369	Issued	9946	12/29/2011
300866369	Issued	9945	12/29/2011
300866369	Issued	9944	12/29/2011
300866369	Issued	9943	12/29/2011
300866369	Issued	9942	12/29/2011
300866369	Issued	9941	12/29/2011

A 'Coupon Issuance -- Webpage Dialog' is open, showing fields for Funding Source (WIC), Date Assigned (12/29/2011), Coupon No (9941), and Client (Test, BP). The interface also includes navigation buttons like 'Add', 'Remove', 'Save', 'Cancel', and 'Close'.

# Staff Transferring

When staff first sign up for MI-WIC the agency they are assigned to becomes their "Parent Agency".

Currently, 3 Sigma must change the "Parent Agency" in the database.

This change will allow the State System Administrator to make the change.

The screenshot shows a web browser window titled "Staff Transfer - Windows Internet Explorer". The page header includes the MI-WIC logo and a navigation menu with items: File, Scheduler, User Setup, Agency/Clinic Setup, Breast Pumps, FRESH, Data Maint., Reports, Help, and the date Wed 3/28/20. The main content area is titled "Parent Agency - Change" and contains the following form fields:

- Staff Person: [Dropdown menu] [Go]  Show All
- Current Parent Agency: [Text input field]
- New Parent Agency: [Dropdown menu]

At the bottom right of the form area are buttons for "Save", "Cancel", and "Close". The left sidebar contains a "Data Maintenance" section with a list of options: Table Maintenance, Nutrition Ed Topics, Ref/Out Cat Mgmt, Local Agency Survey, Model Maintenance, Rebate Contracts, Change Cert Start Date, Change Birth Date, Confidentiality Agmt., Manage Roles, Manual Dual Resolve, Interface Files, Staff Transfer, and Schedule Interface. A "Logoff" button is located at the bottom of the sidebar. The footer of the browser window shows "Version: 5.1.0.14" and "000000 State Agency".

## Updates

- Double benefits when “re-issuing”
- Time Study Issues
- Auto-Dialer Issues
- Summer EBT for Children
- Electronic Project FRESH in Kent County
- Emergency Back-Up System

## Breastfeeding

Screen changes

## Column for PC added to BF Notes screen

BF Support    **BF Aids & Notes**    Assessment (1)    Assessment (2)

**Breastfeeding Aids**

Date Assigned*	Pump Type/Model*	Serial Number*	Reason Assigned*	Due Date*	Date Returned
03/23/2012	Manual (Harmony)		Separation, occasional		

**Breastfeeding Notes**

Date*	Staff*	P.C.*	Note*
3/23/2012	LOTHAMERJ	Yes	Breast pump education given.
3/19/2012	ROBERTSONLS472	Yes	Testing to see if the reports are working properly

Add    Remove

Add    Remove

## Inventory Details- Note Columns

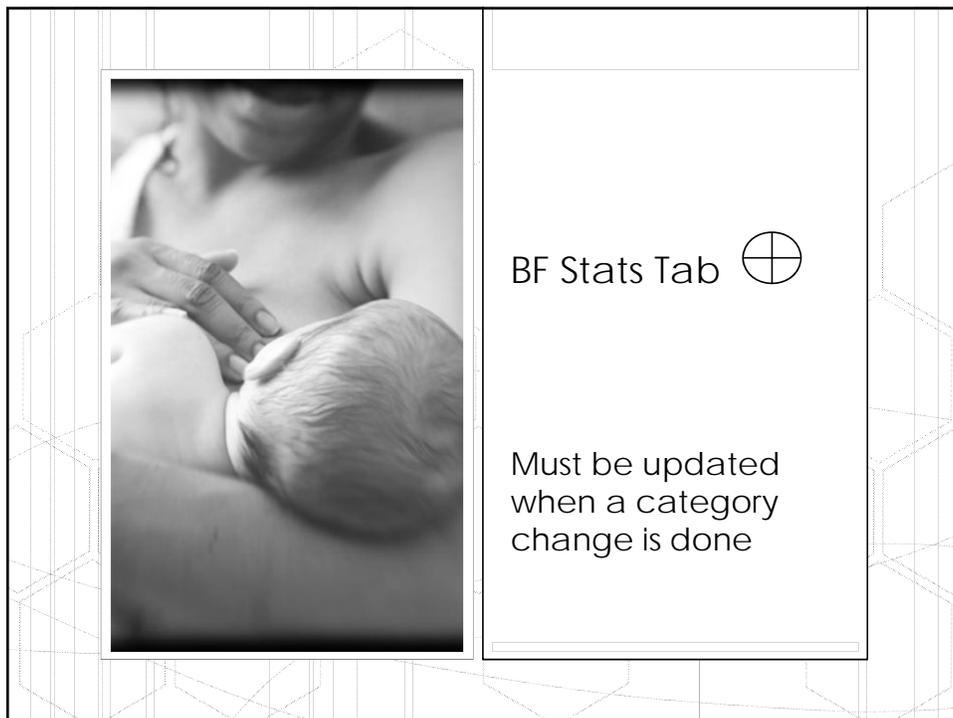
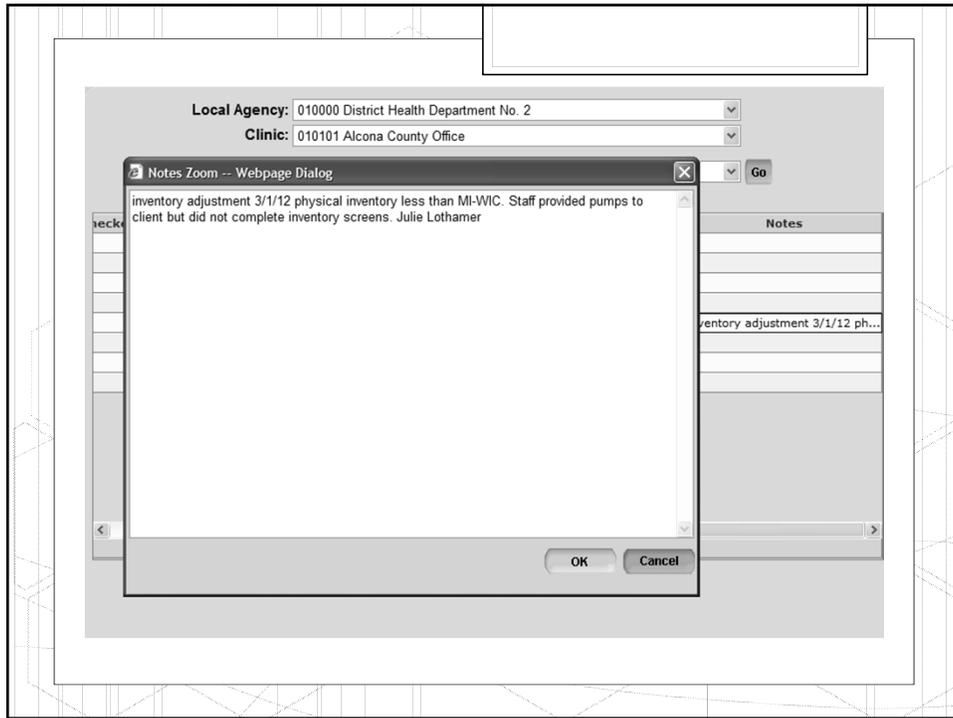
Local Agency: 010000 District Health Department No. 2

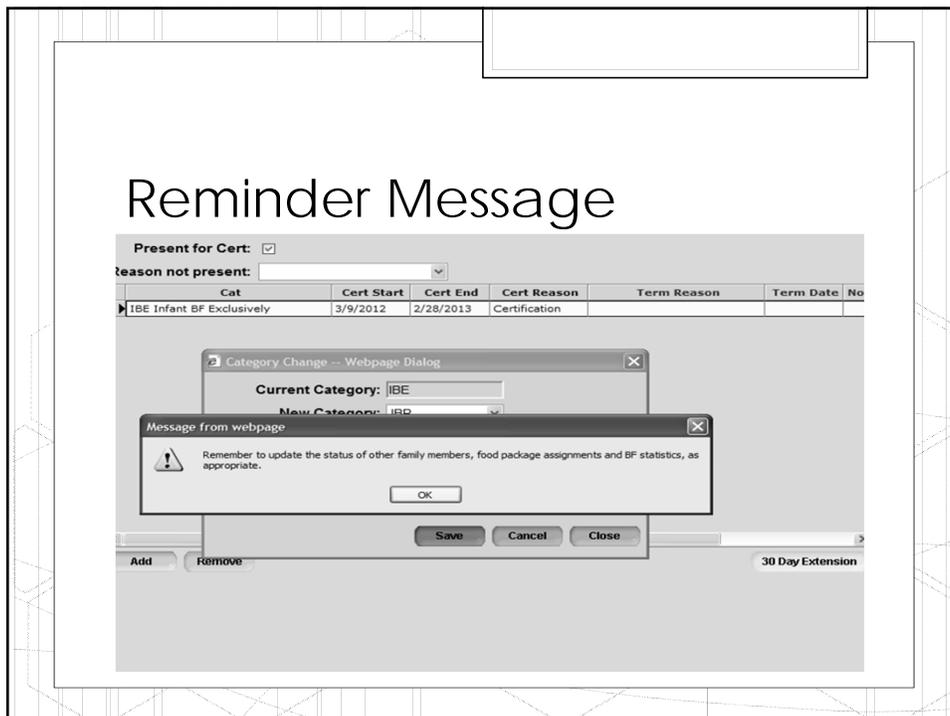
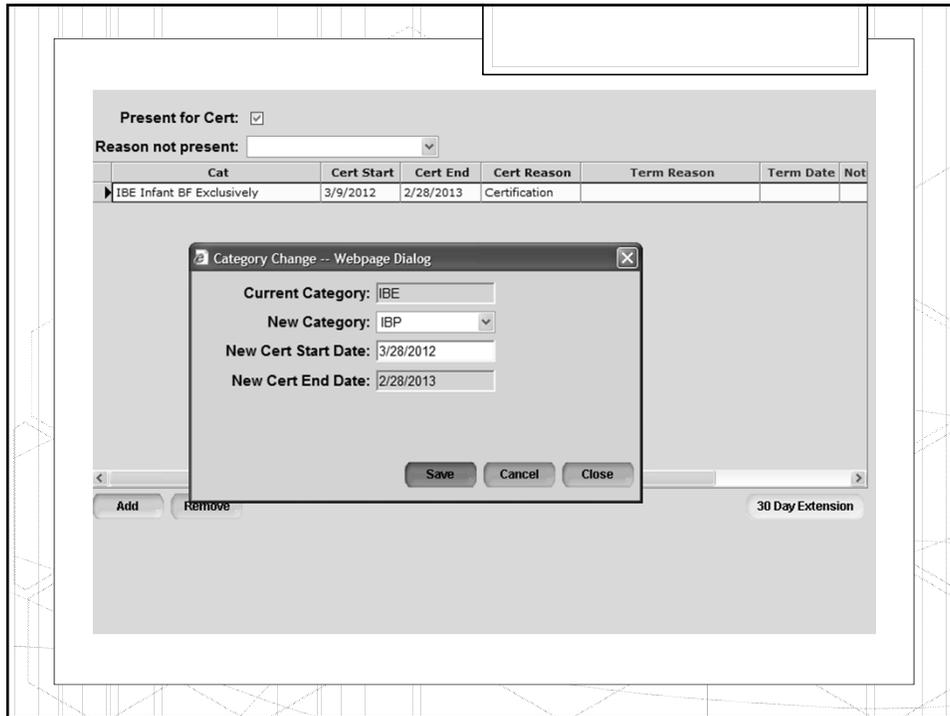
Clinic: 010101 Alcona County Office

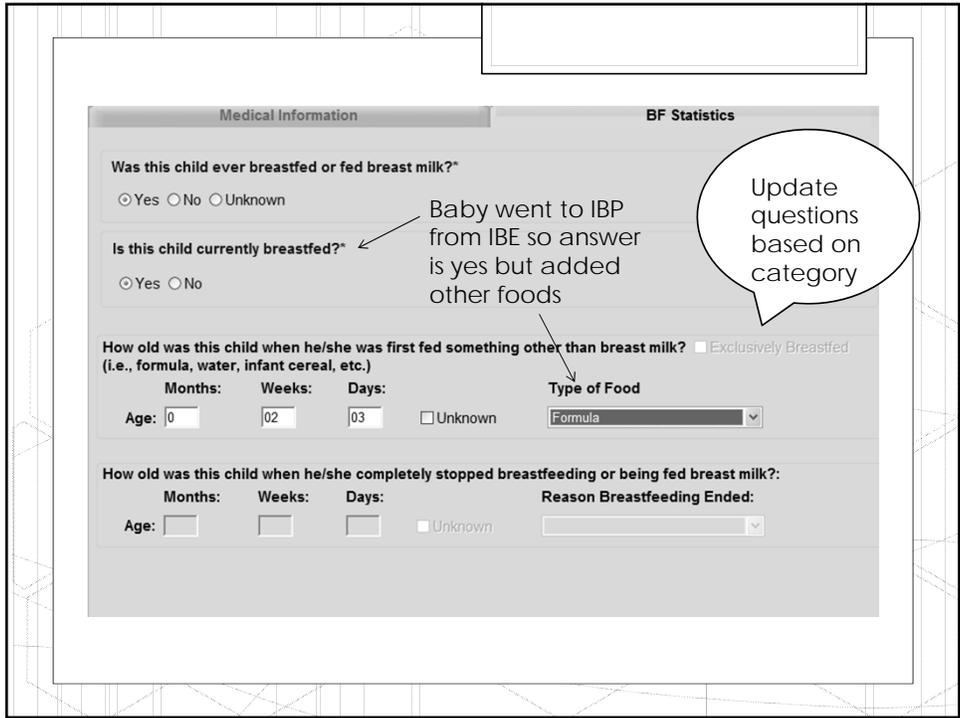
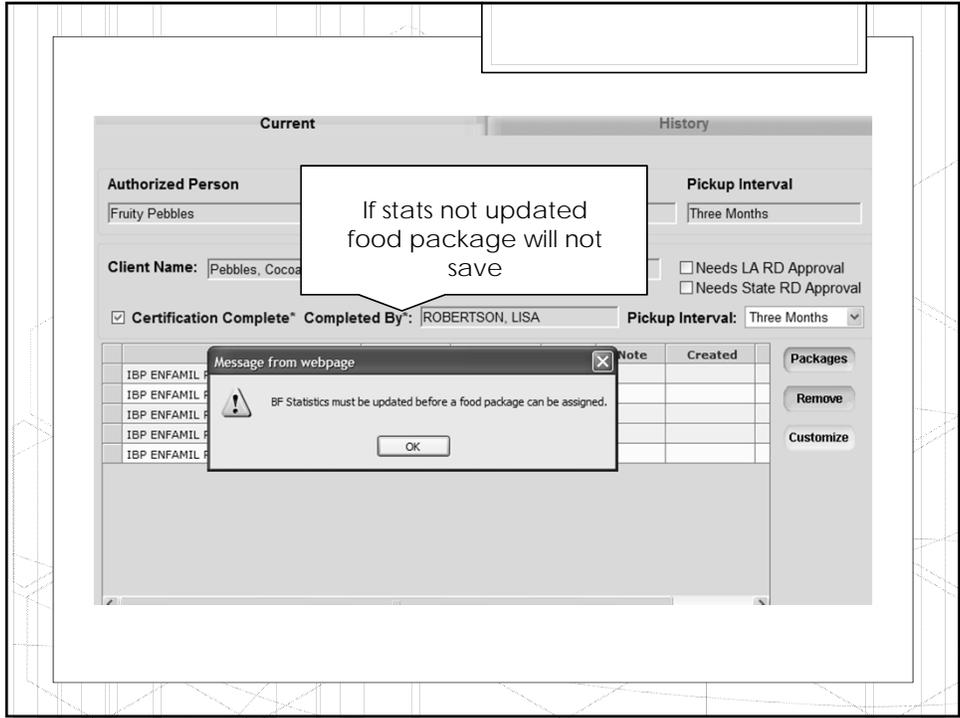
Pump Type/ Model: Manual (Harmony)    Go

Checked out	In Stock	In Transit	Lost-Other	Assigned to MIHP	Assigned to Peer C...	Notes
0	10	0	0	0	10	
0	9	0	0	1	0	
5	0	0	0	3	2	
0	7	0	0	2	0	
0	9	0	5	0	0	inventory adjustment 3/1/12 ph...
0	9	0	0	0	0	
0	0	1	0	0	0	
5	0	0	0	0	0	

10    44    1    5    6    12







## Food Package saves once updated

Current | History

**Authorized Person:** Fruity Pebbles **Benefits Start Date:**  **Pickup Interval:** Three Months

**Client Name:** Pebbles, Cocoa **Expected Infants:**   Needs LA RD A  
 Needs State RE

**Certification Complete\*** **Completed By:** ROBERTSON, LISA **Pickup Interval:** Three M

Description	Effect Date	End Date	Disable	Note	Created
IBP ENFAMIL PREMIUM POWD (0-0 MOS)	3/28/2012	3/31/2012	<input type="checkbox"/>		LOTHAMERJ
IBP ENFAMIL PREMIUM POWD (1-1 MOS)	4/1/2012	4/30/2012	<input type="checkbox"/>		LOTHAMERJ
IBP ENFAMIL PREMIUM POWD (2-3 MOS)	5/1/2012	6/30/2012	<input type="checkbox"/>		LOTHAMERJ
IBP ENFAMIL PREMIUM POWD (4-5 MOS)	7/1/2012	8/31/2012	<input type="checkbox"/>		LOTHAMERJ
IBP ENFAMIL PREMIUM POWD (6-11 M...	9/1/2012	2/28/2013	<input type="checkbox"/>		LOTHAMERJ

Display Formulary  Approved  Not Approved **Expiration Date:**

Formula Calculator Void Benefits Save Cancel

Data Saved Successfully LOTHAMERJ 000000 State Agency



## BF Assessment & Guided Script

- Guided Script ▾
- Family Information
- Client Information
- Cert Action
- Lab
- Medical
- Nutrition History
- Nutr & Hlth Summary
- Nutrition Education
- Referrals
- BF Assessment
- Food Prescription
- Issue Benefits
- Schedule Appts
- Print Documents

# Questions based on Category

BF Support	BF Aids & Notes	Assessment (1)	Assessment (2)
<b>Mother's Name</b> Fruity Pebbles	<b>Phone Number</b> (989) 456-8797 / Cell	<b>Staff Name</b> ROBERTSONL6472	<b>Date</b> 03/09/2012
<b>Baby's Name</b> Cocoa Pebbles		<b>Perceived Problem</b>	
<b>Birth Wt</b> 8 lbs., 8 oz.	<b>Last Known Wt</b> 9 lbs., 2 oz.	<b>Date Taken</b> 03/09/2012	<b># of B.M. 24 hrs / appearance*:</b> B/solid
<b>Hospital Where Born</b>	<b>Pediatrician</b>	<b># of Wet Diapers in 24 hours*:</b> 8	
<b>Lactation Consultant</b>		Mandatory questions for IBE & IBP	

BF Support	BF Aids & Notes	Assessment (1)	Assessment (2)
<b>Infant / Child's Record</b>			
<b>Previous experience breastfeeding:</b>		<b>Equipment and Meds</b>	
<input type="text"/>		<input type="checkbox"/> SNS <input type="checkbox"/> Haberman Feeder <input type="checkbox"/> Finger Feeder <input type="checkbox"/> Cup or Spoon <input type="checkbox"/> Pacifier <input type="checkbox"/> Shield <input type="checkbox"/> Breast Pump <input type="checkbox"/> Meds (Mother) <input type="text"/> <input type="checkbox"/> Meds (Baby) <input type="text"/> <input type="checkbox"/> Other <input type="text"/> <input type="checkbox"/> None	
<b>Feedings</b> <input type="checkbox"/> Number of Feedings / 24 hours <input type="checkbox"/> <input type="checkbox"/> Number of Breastmilk Feeds / 24 hours <input type="checkbox"/> <input type="checkbox"/> Number of Formula Feeds / 24 hours <input type="checkbox"/> <input type="checkbox"/> Nursing both breasts <input type="checkbox"/> Baby removes self <input type="checkbox"/> Swallowing heard <input type="checkbox"/> Baby appears satisfied <input type="checkbox"/> Baby Sick <input type="checkbox"/> Other		<b>Breastfeeding Support</b> <input type="checkbox"/> Significant Other <input type="checkbox"/> Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> H.C. Provider/Midwife <input type="checkbox"/> Peer Counselor <input type="checkbox"/> MIHP <input type="checkbox"/> Other <input type="text"/>	
<b>Follow-Up / Referral</b>		<b>Assessment / Problem</b>	
<input type="text"/>		<input type="text"/>	

# Pregnant clients

BF Support | BF Aids & Notes | Assessment (1) | Assessment (2)

**Mother's Record**

Previous experience breastfeeding\*:

**Feedings**

Number of Feedings / 24 hours

Number of Breastmilk Feeds / 24 hours

Number of Formula Feeds / 24 hours

Nursing both breasts

Baby removes self

Swallowing heard

Baby appears satisfied

Baby Sick

Other

**Equipment and Meds**

SNS

Haberman Feeder

Finger Feeder

Cup or Spoon

Pacifier

Shield

Breast Pump

Meds (Mother)

Meds (Baby)

Other

None

**Breastfeeding Support**

Significant Other

Mother

Grandmother

H.C. Provider/Midwife

Peer Counselor

MIHP

Other

Follow-Up / Referral | Intervention | Assessment / Problem

BF Support | BF Aids & Notes | Assessment (1) | Assessment (2)

**Mother's Record**

Previous experience breastfeeding\*: none

**Feedings**

Number of Feedings / 24 hours

Number of Breastmilk Feeds / 24 hours

Number of Formula Feeds / 24 hours

Nursing both breasts

Baby removes self

Swallowing heard

Baby appears satisfied

Baby Sick

Other

**Equipment and Meds**

SNS

Haberman Feeder

Finger Feeder

Cup or Spoon

Breast Pump

Meds (Mother)

Meds (Baby)

Other

None

**Breastfeeding Support**

Significant Other

Mother

Grandmother

H.C. Provider/Midwife

Peer Counselor

MIHP

Other

Follow-Up / Referral | Intervention | Assessment / Problem

Message from webpage

 Please select at least one Breastfeeding Support option.

OK

Conditionally mandatory not blue but needs to be answered

# Breastfeeding Clients

- Conditionally mandatory questions
  - Equipment and Meds
  - Breastfeeding Support

BF Support    BF Aids & Notes    Assessment (1)    Assessment (2)

**Mother's Record**

**Previous experience breastfeeding:**  
[Text input field]

**Feedings**

- Number of Feedings / 24 hours [Text input field]
- Number of Breastmilk Feeds / 24 hours [Text input field]
- Number of Formula [Text input field]
- Nursing both breast
- Baby removes self
- Swallowing heard
- Baby appears satisfied
- Baby Sick
- Other [Text input field]

**Equipment and Meds**

- SNS
- Haberman Feeder
- Finger Feeder
- Cup or Spoon
- Breast Pump [Text input field]
- Other [Text input field]
- None

**Breastfeeding Support**

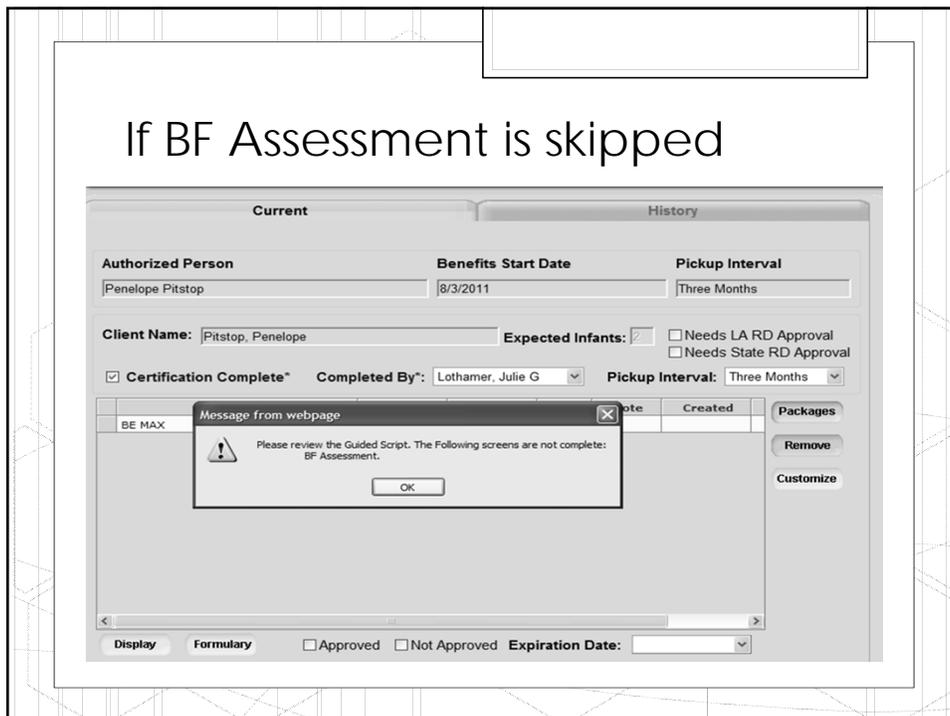
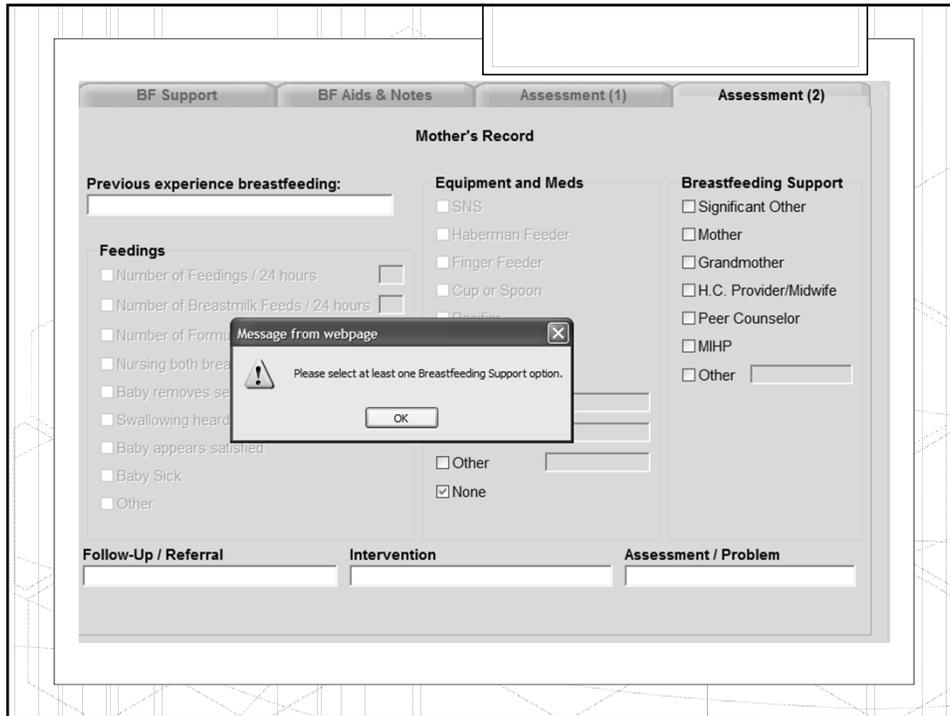
- Significant Other
- Mother
- Grandmother
- H.C. Provider/Midwife
- Peer Counselor
- MIHP
- Other [Text input field]

**Follow-Up / Referral** [Text input field]    **Intervention** [Text input field]    **Assessment / Problem** [Text input field]

**Message from webpage**

Please select at least one Equipment and Meds option.

OK

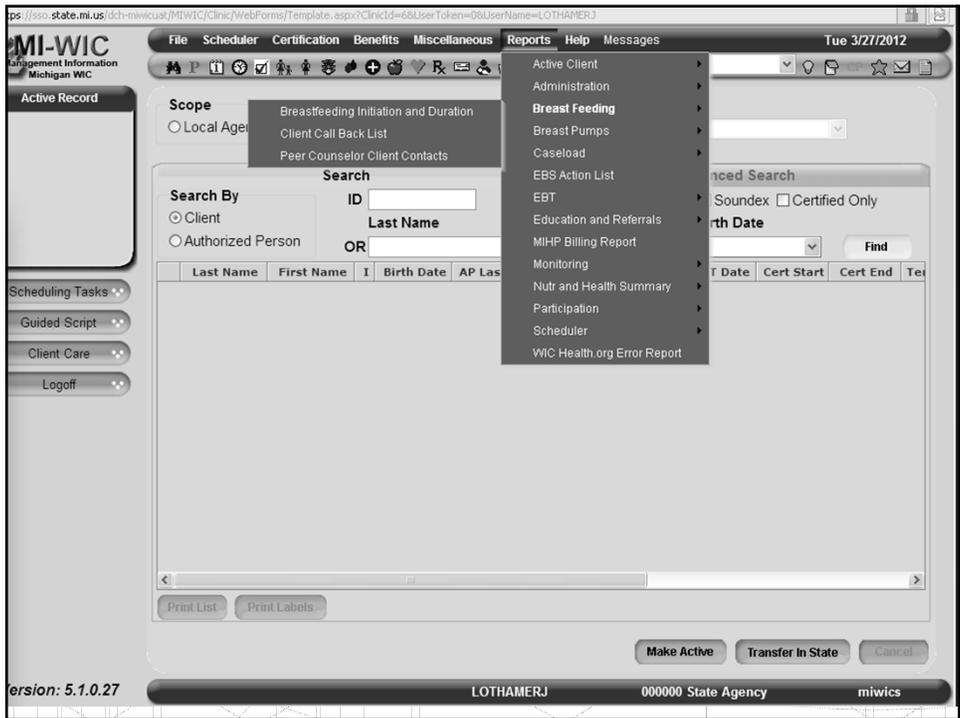


## IFF and Child

- If current breastfeeding is No, screens do not show as CPA uses next button to go through screens
- Moves from Referrals to Food Package
- Screens can be accessed if BF assessment is selected from guided script or icon

## NPP Status

- BF Assessment screens do not show as CPA uses next button to go through screens



## Client call back list

- Client is on list when call back date is entered in contact history
- Can be run for local agency or clinic
- Date range
- Client is removed from list:
  - A new date is entered to call back
  - Achieved date is entered on line with call back date

Breastfeeding Support - Windows Internet Explorer

https://sso.state.mi.us/dch-nawicut/MIWIC/Clinic/WebForms/Template.aspx?ClinicId=68&UserToken=0&UserName=LOTHAMERJ

MI-WIC  
Management Information  
Michigan WIC

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Wed 3/28/2012

---pitstop, penelope (PG) \* 300 866 160

Active Record  
pitstop, penelope

Cat: PG (female)  
ID: 300 866 160  
DOB: 5/5/1993  
Age: 18 yrs, 10 mos  
Cert: 08/03/11 - 05/10/12  
Status: Certified

Scheduling Tasks  
Guided Script  
Client Care  
Logoff

BF Support    BF Aids & Notes    Assessment (1)    Assessment (2)

Estimated Delivery Date: 03/29/2012    Mother's Cert Period: 08/03/2011 - 05/10/2012

Baby Information

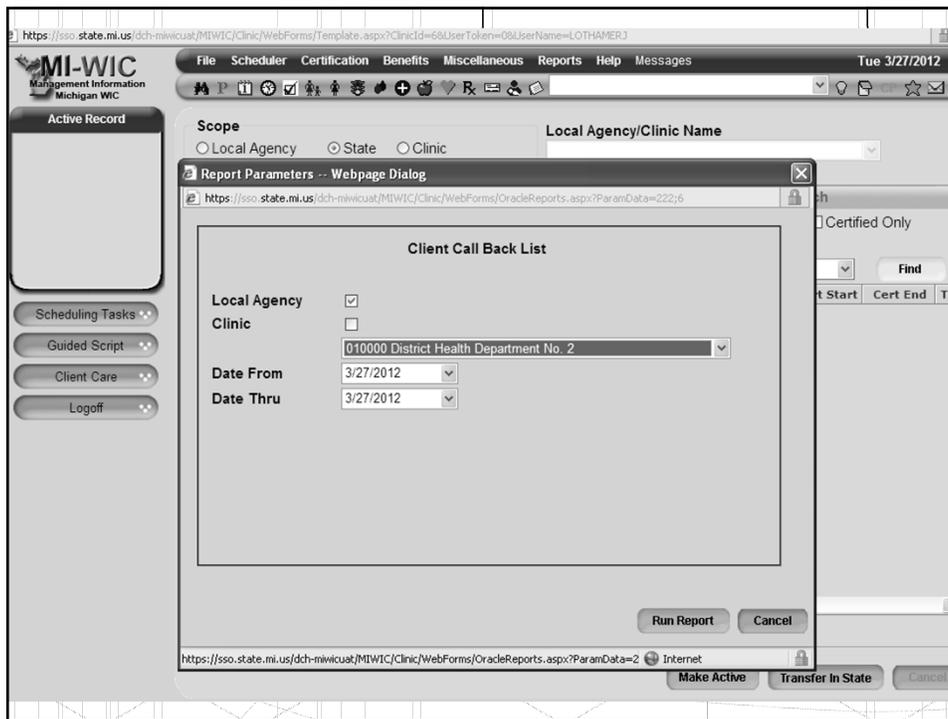
Birth Date	Name	Birth Weight	Cert End Da...
10/10/2011	Peggy Pitstop		10/09/2012
05/06/2011	Crew Pitstop	7 lbs, 2 oz	05/14/2012

Contact History

Date*	Provider*	Prov...	Method*	Contact Made	Topic/No Contact*	Call Back D...	Achieved Dat
3/20/2012	LOTHAMERJ	jl	Phone (BF only)	<input type="checkbox"/>	Phone Disconnected	3/21/2012	

Add    Remove

Save    Cancel    Close



Page 1 of 1

**Michigan WIC Program**  
**Client Call Back List**  
**LA: 010000 District Health Department No. 2**  
 Date From: 03/11/2012      Date Thru: 03/27/2012

Generated Date: 03/27/2012

010101 Alcona County Office

Provider	Call Back Date	Phone #	Client Id	Client Name	Cat	EDD	Baby's DOB
Lothamer, Julie G	03/20/2012	(989) 224-3823	300866131	Abdul, Peony, M	BP	03/06/2012	10-OCT-11
Lothamer, Julie G	03/21/2012	(989) 999-9999	300866160	Pistop, Penelope	PG	03/29/2012	
Lothamer, Julie G	03/22/2012	(989) 555-2233	300866580	Pensypacker, Nancy	BE	10/15/2011	20-OCT-11
Lothamer, Julie G	03/26/2012	(989) 456-8797	300866873	Pebbles, Crunchy	BP	03/01/2012	29-FEB-12
Robertson, Lisa	03/23/2012	(989) 456-8797	300866870	Pebbles, Fruity	BE	02/28/2012	01-MAR-12

## Peer Counselor Client Contacts

- List clients and number of contacts by a peer during a set period of time
- Information is gathered from breastfeeding tab-BF Notes

The screenshot shows a web browser window titled "Breastfeeding Aids and Notes - Windows Internet Explorer". The address bar shows the URL: <https://ssn.state.mi.us/dch-miwicuat/MIWIC/Clinic/WebForms/Template.aspx?ClinicId=68&UserToken=08&UserName=LOTHAMERJ>. The browser's address bar also shows the user name "pitstop, penelope (PG) \* 300 866 160".

The application header includes the MI-WIC logo and navigation tabs: "File", "Scheduler", "Certification", "Benefits", "Miscellaneous", "Reports", "Help", and "Messages". The date "Wed 3/28/2012" is displayed in the top right corner.

The left sidebar contains the "Active Record" for "pitstop, penelope" with the following details:  
Cat: PG (female)  
ID: 300 866 160  
DOB: 5/5/1993  
Age: 18 yrs, 10 mos  
Cert: 08/03/11 - 05/10/12  
Status: Certified

Below the active record are buttons for "Scheduling Tasks", "Guided Script", "Client Care", and "Logoff".

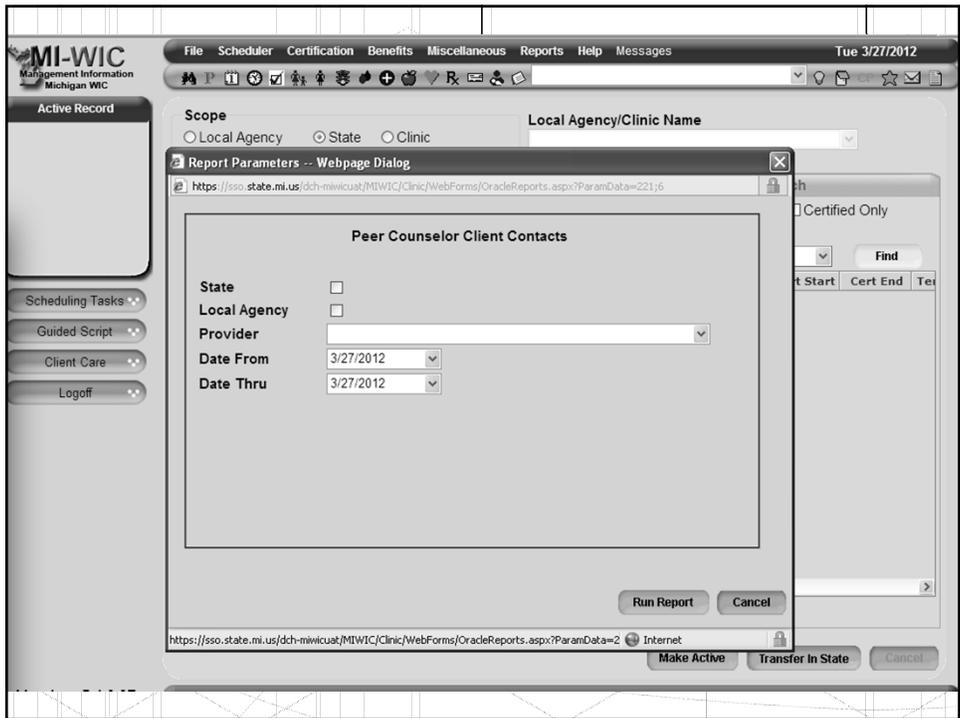
The main content area has tabs for "BF Support", "BF Aids & Notes", "Assessment (1)", and "Assessment (2)". The "BF Aids & Notes" tab is active.

The "Breastfeeding Aids" section contains a table with the following columns: "Date Assigned\*", "Pump Type/Model\*", "Serial Number\*", "Reason Assigned\*", "Due Date\*", and "Date Returned".

The "Breastfeeding Notes" section contains a table with the following columns: "Date\*", "Staff\*", "P.C.\*", and "Note\*".

At the bottom of the form are buttons for "Add", "Remove", "Save", "Cancel", and "Close".

Date*	Staff*	P.C.*	Note*
3/20/2012	LOTHAMERJ	Yes	Mom called back sister answered and thought was a bill collector. Is still very...
3/20/2012	LOTHAMERJ	Yes	tried to call but wrong number



**Michigan WIC Program**  
**Peer Counselor Client Contacts**  
**LA: 010000 District Health Department No. 2**

Page 1 of 1

Date From: 03/01/2012      Date Thru: 03/28/2012

Generated Date: 03/28/2012

**010101 Alcona County Office**

Provider	Family Id	Client Id	Client Name	Cat	Contacts	Phone #
Lothamer, Julie G	9338013	300865852	Palmisano, Penny	BE	2	
Lothamer, Julie G	9338289	300866054	Miwic, Mary	PG	1	(989) 555-5555
Lothamer, Julie G	9338340	300866079	Sunday, Funday	BP	1	
Lothamer, Julie G	9338389	300866131	Abdul, Peony, M	BP	1	(989) 224-3823
Lothamer, Julie G	9338408	300866160	Pitstop, Penelope	PG	2	(989) 999-9999
Lothamer, Julie G	9338689	300866580	Pennypacker, Nancy	BE	1	(989) 555-2233
Lothamer, Julie G	9338816	300866870	Pebbles, Fruity	BE	1	(989) 456-8797
Lothamer, Julie G	9338816	300866873	Pebbles, Crunchy	BP	2	(989) 456-8797
Riemenschneider, TERRI L.	9135056	300714844	Abbott, Addison	C2	1	(989) 254-3424
Robertson, Lisa	9338816	300866870	Pebbles, Fruity	BE	1	(989) 456-8797

**013502 Iosco County Office**

Provider	Family Id	Client Id	Client Name	Cat	Contacts	Phone #
Robertson, Lisa	9152822	300686078	Wic, Wanda	BP	1	(989) 756-5052

## Peer Counselor Reports

- Continue with paper logs at this time
- Compare paper with system of accuracy
  
- Any questions or comments- contact Julie  
[lothamerj@michigan.gov](mailto:lothamerj@michigan.gov) (517)335-5564

# QUESTIONS

