

An Introduction to User Developed Reports: The World of Pre-Defined Reports

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Department of Community Health

WIC Division

Overview

- Introduction and History of Pre-Defined Reports
- Report options in MIWIC
- Rules and Assumptions for Pre-Defined reports
- Components of Pre-Defined reports
- Walkthrough of Pre-Defined reports
- Contact information

Introductions

- Rick Schneider, MS
- Department Analyst for WIC Office
 - MIWIC report and data validation
 - Pre-Defined report design and development
 - Ad hoc reporting
- Presentation is a training for the Pre-Defined reports

History of Pre-Defined reports

- Interest from the Local Agencies
- Not possible to provide access in MTRACX
- Developed once we moved to MIWIC
- Input collected from State and Local Agencies

Report Options in MIWIC

Three different types of report

- Production reports
- Pre-Defined reports
- Ad Hoc reports

Production Reports

- MIWIC reports frequently used by local agencies
- System defined reports
 - Provides data based on date and organization level parameters
- Examples include:
 - Caseload reports
 - Active Enrollees by Zip Code

Pre-Defined Reports

- User defined and generated
- An A la Carte of report characteristics
 - Type of report
 - Scope of report
 - Report characteristics (filters)
- Increased flexibility at the local level
- Controlled Flexibility
 - Structured
 - Ensures data quality

Ad Hoc Reports

- Provide data to questions that can't be answered through other types of reports
 - Historical data
 - Terminated clients
 - Client characteristics not available in Pre-Defined reports
- Recurring Ad-Hoc requests may become Pre-Defined options
- Ad hoc reports can be generated by submitting a request to your State Consultant.

Rules and Assumptions of Pre-Defined Reports

- Assumptions and Controls
- Location in MI-WIC

Pre-Defined Assumptions

- Provides data for Point-In-Time reporting
 - >90% of all ad hoc reports
 - No need to take dates into consideration
- Only reports on currently active clients
 - >95% of all ad hoc reports include currently active enrollees

Controls

- Pre-Defined report criteria can not be saved for later use
- Access based on user roles.
 - Currently available to WIC Coordinators
- Access to organizational data
 - WIC Coordinators will determine who has access to Pre-Defined reports
 - Access is not differentiated within Pre-Defined reports
 - Users assigned roles at a select clinic level will have access to Local Agency level data as well, even if they are not assigned access to all clinics.

Location in MI-WIC

- Menu based
 - Replaces the client information screens
 - Maintains MI-WIC Toolbar and Jelly Beans
 - If you select a Jelly Bean, MIWIC Icon, or other navigation tool, you will lose all Pre-Defined report work



Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Scope

Local Agency State Clinic

Search

Search By: ID: Last Name:

Client Authorized Person OR

Last Name	First Name	I	Birth Date

- Add Complaint
- Appeals and Fair Hearings
- Authorized Vendors
- Communications
- Compliance Investigations
- Formula Calculator
- Images
- NE Plan/ VOC
- Notes and Alerts
- Pre-defined Reports**
- RD Approval Queue
- Resolve CSFP Dual Enrollment
- Resolve Dual Enrollment
- Sanctions
- Scan
- Signature
- Special Population Issuance
- Survey
- Time Study Entry
- Transfers Out of State

Search:

Advanced Search

Soundex Certified Only

Birth Date

at	BVT Date	Cert Start	Cert End	Te

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →

Page Design

- Variable descriptions are listed on screen
- Selections primarily made with radio button or a check box

- Radio buttons allow only one selection

Yes No

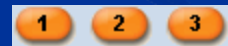
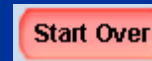
- Check boxes allow one or more selections

BE Woman BF Exclusively IBE Infant BF Exclusively
 BP Woman BF Partially IBP Infant BF Partially

- Other selections include text boxes and drop down lists
- Navigation buttons appear at bottom right of screen

Navigation Buttons

- Navigation Buttons
 - Cancel button
 - Next button
 - Summary button
 - Start Over button
 - Submit button
- Filter variable navigation buttons



Components of Pre-Defined Reports

Four parts of a Pre-Defined Report

- Type of Report
- Organization Level
- Output Characteristics
- Filtering Variables

Types of Report

- Three types of reports
 - Labels
 - Listing
 - Frequency

- *Coming soon – Cross tab report*

Label Reports

- One of the most common Ad Hoc requests
- Allows the user to produce standard set of mailing labels for their Local Agency/Clinic.
- One standard mailing label size (Avery 5160)
- Mailing labels addressed to Authorized Person
 - Includes family number at top of mailing label

Label Reports (cont.)

- Mailing labels are deduplicated at family level
- Printing – Set page scaling to none

	7600464	7600483	7600466
Jane Test1 123 Main Haslett, MI 48840	James Test10 777 Jarmin Haslett, MI 48840	Rose Test2 111 Stirling Haslett, MI 48840	
	7600481		
Lucy Test9 2113 Burdic Haslett, MI 48840			

7600464

Jane Test1
123 Main
Haslett, MI 48840

James Test10
777 Jarmin
Haslett, MI 48840

7600483

Rose Test2
111 Stirling
Haslett, MI 48840

7600466

Lucy Test9
2113 Burdic
Haslett, MI 48840

7600464 **Print**

Printer:
Name: \\ipp://mdch-prt-fs1\CassCanon5570_P Properties
Status: Ready Comments and Forms:
Type: Canon iR5570/iR6570 PCL6 Document and Markups

Print Range:
 All
 Current view
 Current page
 Pages: 1
Subset: All pages in range
 Reverse pages

Page Handling:
Copies: 1 Collate
Page Scaling: Fit to Printable Area
 Auto-Rotate
 Choose Paper
 Print to file

Preview: Composite
8.5
11
Units: Inches Zoom: 94%
1/1 (1)

Printing Tips Advanced OK Cancel

Listing Reports

- Provides a listing of all clients who meet the filter criteria
- Users can have a total of 12 columns in their listing report (includes standard columns)
- Five standard columns always included
 - Local Agency/Clinic number
 - Client ID
 - Client First Name
 - Client Last Name
 - Client Category
- Sorted ascending based on Local agency/clinic number and Client ID

LA American Indian, Black Hawaiian with Medicaid

Date Generated: 03/01/2010

LA/Clinic Client ID	First Name	Last Name	Current Client Category	Race	Adjunct Medicaid
973301 300620075	Cuba	Test6	C4	American Indian Or Alaskan Native	Yes
973301 300620076	Baby	Test7	IBE	Black or African American	Yes
973301 300620079	Cindy	Test10	C2	Native Hawaiian Or Other Pacific Islander	Yes

Note: Report only shows currently active enrollees.

Frequency Reports

- Answers the “How many...” question
- Provides a count and percentage of clients who meet the user defined output characteristic
 - Includes standard filtering options
- Allows user to select some production report characteristics
 - Breastfeeding initiation, duration, and exclusivity
- Percentage provided for clients on the report only

Clinic 4107 Clients w/Income \$500-5000 in Zip 49503,49504,49505 Page 1 of 2
Date Generated: 03/01/2010

<i>WIC Client Category</i>	<i>Frequency</i>	<i>Percentage %</i>
IBE	7	2.82
IBP	6	2.42
IFF	67	27.02
C1	41	16.53
C2	25	10.08
C3	14	5.65
C4	15	6.05
PG	30	12.1
BE	7	2.82
BP	7	2.82
NPP	29	11.69
Total	248	

Organizational Level

Organization Level

- User selects what level they want the report to run for
- User can only select one LA/Clinic at a time
- Utilizes a drop down listing sorted by Clinic Number
- Users can run for clinics which they are assigned rights to
 - Can run at Local Agency level regardless of assigned clinic rights

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →

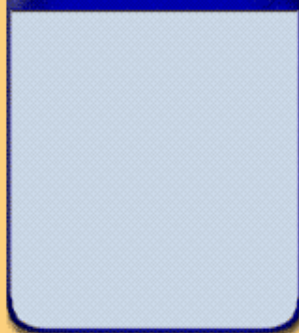
Output Characteristics

- Used for Frequency and Cross tab reports only
- Groups returned results based on selected characteristic
- Can only select one characteristic for Frequency reports
- Users can limit groups included in report with filtering variables

Displaying Output Characteristics

- Frequency report groups can be tailored by using the filtering variables.
 - Trimester at WIC enrollment filtered by “1st trimester” will display results for 1st trimester only
- For ease of use, age and income output characteristics appear in ranges respectively
 - Prevents long lists
 - Increases system efficiency

Active Record



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Please select the output characteristics for the report.

Major Characteristics

- Breastfeeding Initiation
- Breastfeeding Duration
- Breastfeeding Exclusivity
- Risk Code
- Assigned Formula
- Food Package

Minor Characteristics

- WIC Client Category
- Race
- Ethnicity (Arabic)
- Ethnicity (Hispanic)
- Zip Code of Residence
- Age of Client in Months
- Age of Client in Years
- County of Residence
- Client's Attained Education
- Trimester at WIC Enrollment
- Annual Family Income
- High Risk Flag

Start Over Cancel →

Filtering Variables

- Allows user to select who they want to appear in the report
- Filters not selected are ignored
 - (e.g. if no race is selected, all races are included)
- No results returned = no clients match criteria

Filtering Variables (cont.)

- Based on Pre-Defined definition one filtering variable must be selected
 - Report will not generate without one
- Most ad hoc requests indicated the need to filter clients on some characteristic
- What if all clients are needed in a report?
 - Use production reports as applicable
 - Alphabetical Listing of WIC Auth Pers and Enrollees

Filtering Variables (cont.)

- When users are filtering variables, it is important to realize if you are making an and/or statement
- Pre-Defined reports provide flexibility to do both.
- When user selects across filtering variables they are indicating an 'and' response
- When users select within a filtering variable, they are indicating an 'or' response

Examples of using filtering variables

- 'And' includes two or more filtering variables
 - (e.g. A listing of all clients from my local agency who are White and a C1)
- 'Or' includes multiple selections within a filter variables
 - (e.g. A listing of all clients who are a C1, or C2, or PG)
- Typically 'And' statements are more selective than 'Or' statements
- You can use the 'And' and 'Or' in combination with each other

Specific Filtering Variables

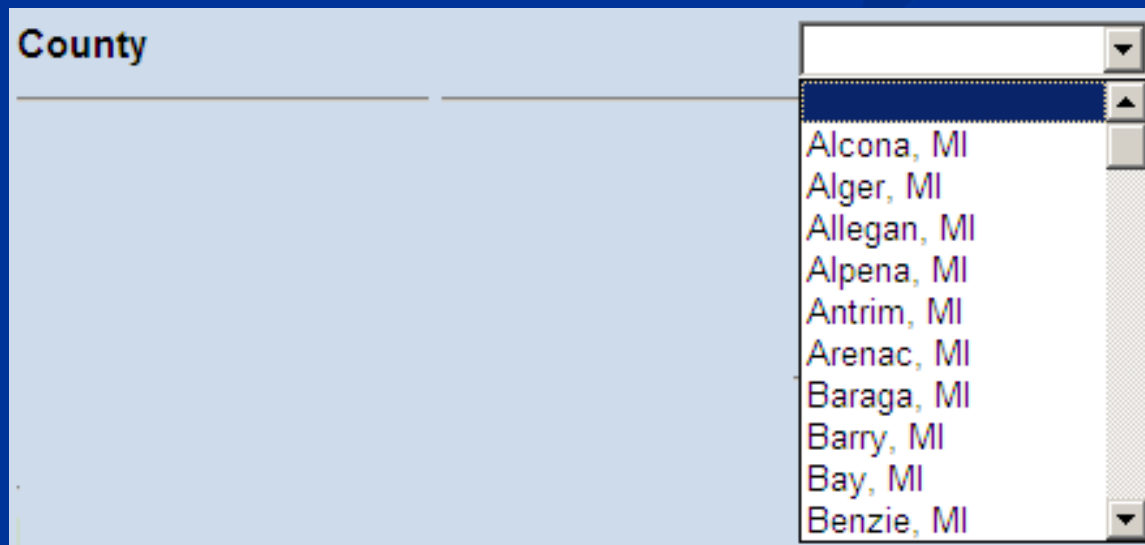
- Zip Code
 - Allows the user to make up to 10 choices
 - Zip codes must be separated by a comma
 - If a comma isn't used, that value will be skipped
 - Based on street zip code, not mailing zip code
 - Invalid zip codes will be skipped
 - Zip codes with letters
 - Incomplete zip codes

Zip Code

(Enter up to 10 zip codes to include in the query; separated by a comma)

Specific Filtering Variables

- County of Residence
 - Allows the user to make one selection at a time
 - Based on their street address
 - Not mailing address
 - Utilizes drop down listing
 - In Alphabetical order



The image shows a screenshot of a web form with a label "County" and a dropdown menu. The dropdown menu is open, displaying a list of counties in Michigan in alphabetical order: Alcona, MI; Alger, MI; Allegan, MI; Alpena, MI; Antrim, MI; Arenac, MI; Baraga, MI; Barry, MI; Bay, MI; and Benzie, MI. The dropdown menu has a scroll bar on the right side.

Specific Filtering Variables

■ Race

- Allows the user to make one or more selections based on client race
- Ethnicity is a separate variable

Race

American Indian or Alaskan
Native

Asian

Black or African American

Native Hawaiian or Other Pacific
Islander

White

Multi-Racial

Race Filtering variables (cont.)

- Multi-Racial vs. multiple race selections
 - If a user selects “Multi-Racial” results will return all clients with multiple selections on the Client Additional Information screen.
 - If a user selects multiple race selections results will return only clients with those individual race characteristics
 - Example: selecting “White” and “Asian” will return clients who are White only and Asian only; not clients who are both White and Asian

Specific Filtering Variables

- Ethnicity
 - Arabic and Hispanic Ethnicity
 - Users can specify to include or exclude
 - Double click on radio button to remove selection
 - Each ethnicity is exclusive
 - Distinct from Race filtering variables
 - Can be used in combination to get finely detailed results
 - i.e. White Arabic is more precise than Arabic

Ethnicity (Arabic)

Yes No

Ethnicity (Hispanic/Latino)

Yes No

Specific Filtering Variables

- Client's Attained Education
 - Addresses the client's highest attained education as record in MIWIC
 - Clients wont appear in education levels already attained
 - Selections are exclusive
 - User can make multiple selections

Client's Attained Education

- | | |
|----------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> None or Kindergarten only | <input type="checkbox"/> 11th grade |
| <input type="checkbox"/> 1st grade | <input type="checkbox"/> 12th grade or GED equivalent |
| <input type="checkbox"/> 2nd grade | <input type="checkbox"/> 1 year of college |
| <input type="checkbox"/> 3rd grade | <input type="checkbox"/> 2 years of college |
| <input type="checkbox"/> 4th grade | <input type="checkbox"/> 3 years of college |
| <input type="checkbox"/> 5th grade | <input type="checkbox"/> 4 or 5 years of college |
| <input type="checkbox"/> 6th grade | <input type="checkbox"/> 1 year of graduate school |
| <input type="checkbox"/> 7th grade | <input type="checkbox"/> 2 or more years of graduate school |
| <input type="checkbox"/> 8th grade | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> 9th grade | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> 10th grade | |

Specific Filtering Variables

- High Risk Designation
 - Returns all clients who are identified as being high risk as indicated in MIWIC
 - Does not specify the risk factor that is causing the high risk
 - Clients with one high risk indicator are considered high risk

High Risk

Only high risk clients No high risk clients

Specific Filtering Variables

- Risk Factor Code
 - Allows the user to make up to 10 choices
 - Risk codes must be separated by a comma and wont include a decimal (i.e. 201.01 should be written as 20101)
 - If a comma isn't used, that value will be skipped
 - Invalid risk codes will be skipped
 - Risk codes with letters
 - Incomplete risk codes

Risk Factor

(Enter up to 10, 5-digit risk codes with no decimal to include in the query; separated by a comma)

Specific Filtering Variables

- Age of Client
 - Evaluates the client's current age
 - Requires users to select either month or year
 - Range must be between 0 and 99
 - Range end values are inclusive
 - To select a specific age, use the same value on both sides of the range
 - Infants with age of zero is accurate
 - Age will only count for year or month the client has attained.

Age of Client

Years Months Between And

Specific Filtering Variables

- Annual Income
 - Calculated based on Family Income screen
 - Data provided at the family level
 - Range can not include negative numbers
- Foster children
 - Income is calculated separately if the value is foster child related.
 - Only if amount is entered separately on the Income Information Screen

Annual Family Income

Between

And

Specific Filtering Variables

- Mother's Trimester at Enrollment into WIC
 - Selects clients based on their trimester during their current enrollment into WIC
 - Based on calculation from LMP and EDD to determine weeks of pregnancy at enrollment
 - Includes all WIC categories, not just PGs
 - Can filter for just PGs by filtering across variables
 - Clients will appear in only one selection

Mother's Trimester of Enrollment into WIC 1st Trimester 3rd Trimester
 2nd Trimester Post-Partum

Specific Filtering Variables

- WIC Client Category
 - One of the most common variables for filtering in MIWIC
 - Selects individuals based on their current WIC Category
 - Often used in conjunction with other filtering variables
 - User can make multiple selections

WIC Client Category

- | | |
|--------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> BE Woman BF Exclusively | <input type="checkbox"/> IBE Infant BF Exclusively |
| <input type="checkbox"/> BP Woman BF Partially | <input type="checkbox"/> IBP Infant BF Partially |
| <input type="checkbox"/> C1 Child Age 1 | <input type="checkbox"/> IFF Infant Formula Fed |
| <input type="checkbox"/> C2 Child Age 2 | <input type="checkbox"/> PG Woman Pregnant |
| <input type="checkbox"/> C3 Child Age 3 | <input type="checkbox"/> NPP Non-Lactating Post-Partum |
| <input type="checkbox"/> C4 Child Age 4 | |

Specific Filtering Variables

- Adjunct Eligibility
 - Identifies clients based on their verified adjunct eligibility status
 - Each adjunct eligibility type is independent
 - Includes all three programmatic adjunct eligibility types
 - Medicaid
 - Food Stamps
 - FIP
 - Also include general adjunct eligibility flag
 - General – Non program specific. Identified using “Client is Adjunctly Eligible” selection

Client Adjunct Eligibility (Medicaid)	<input type="radio"/> Yes <input type="radio"/> No
Client Adjunct Eligibility (Food Stamps)	<input type="radio"/> Yes <input type="radio"/> No
Client Adjunct Eligibility (FIP)	<input type="radio"/> Yes <input type="radio"/> No
Client is Adjunctly Eligible	<input type="radio"/> Yes <input type="radio"/> No

Report Summary Screen

- Final recap of all report characteristics
- User provided title required
- Display report criteria check box
 - Encouraged, but not required
- Report running indicator at bottom of screen

- What if you don't like your report?
 - Make changes to the filters
 - Start over

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Client Listings
Organization Level: State
Output Characteristics:
Filters:

Name	Values
County:	Wayne, MI
Race:	Black or African American, White
WIC Client Category:	BE Woman BF Exclusively, BP Woman BF Partially, PG Woman Pregnant
Client Adjunct Eligibility (Medicaid):	Yes
Client Adjunct Eligibility (Food Stamps):	No
Client Adjunct Eligibility (FIP):	No

Title for Report*:

Display Report Criteria? Yes

Printing your reports

- Reports appear in PDF
- User needs to change print setting depending on report type
 - Labels
 - Page Scaling = None
 - Listing/Frequency reports
 - Page Scaling = Fit to Printable Area

7600464

Jane Test1
123 Main
Haslett, MI 48840

7600483

James Test10
777 Jarmin
Haslett, MI 48840

7600466

Rose Test2
111 Stirling
Haslett, MI 48840

Lucy Test9
2113 Burdic
Haslett, MI 48840

76004

Print

Printer:
Name: \\ipp://mdch-prt-fs1\CassCanon5570_P Properties
Status: Ready Comments and Forms:
Type: Canon iR5570/iR6570 PCL6 Document and Markups

Print Range:
 All
 Current view
 Current page
 Pages: 1
Subset: All pages in range
 Reverse pages

Page Handling:
Copies: 1 Collate
Page Scaling: Fit to Printable Area
 Auto-Rotate
 Choose Paper
 Print to file

Preview: Composite
8.5
11
Units: Inches Zoom: 94%
1/1 (1)

Printing Tips Advanced OK Cancel

Pre-Defined Report Walkthrough

Helpful hints and tips

- It is a good idea to write down the question you are trying to answer with your Pre-Defined report before you run it
- Make your question descriptive
- Client category is based on their current category
- Always remember Pre-Defined reports are point in time and include currently active clients only
- The State Office is here to help

Walkthrough Generating Labels

- I want to produce Pre-Defined Clinic 01 mailing labels for PG and C2 clients who live in Ingham County.

Active Record

Scope

Local Agency
 State
 Clinic

Local Agency/Clinic Name

970000 Predefined Local Agency

Search

Search By
 Client
 Authorized Person

ID
 Last Name
 OR

Advanced Search

Soundex
 Certified Only

Birth Date

Find

Last Name	First Name	I	Birth Date	AP Last Name	AP First Name	Cat	BVT Date	Cert Start	Cert End	Te



Active Record

Scope

Local Agency
 State
 Clinic

Local Agency/Clinic Name

970000 Predefined Local Agency

Search

Search By
 Client
 Authorized Person

ID
 Last Name
 OR

Advanced Search

Soundex Certified Only

Birth Date

Find

Last Name	First Name	I	Birth Date	AP Last Name	AP First Name	Cat	BVT Date	Cert Start	Cert End	Te



Active Record

[Empty box for active records]

- Scheduling Tasks
- Guided Script
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- Logoff

Scope

Local Agency State Clinic

Search

Search By Client Authorized Person

ID Last Name

OR

Last Name	First Name	I	Birth Date	BVT Date	Cert Start	Cert End	Text
[Empty table body]							

Print List Print Labels

Make Active Transfer In State Cancel

- Add Complaint
- Appeals and Fair Hearings
- Authorized Vendors
- Communications
- Compliance Investigations
- Formula Calculator
- Images
- NE Plan/ VOC
- Notes and Alerts
- Pre-defined Reports
- RD Approval Queue
- Resolve CSFP Dual Enrollment
- Resolve Dual Enrollment
- Sanctions
- Scan
- Signature
- Special Population Issuance
- Survey
- Time Study Entry
- Transfers Out of State



Active Record

Scope
 Local Agency State Clinic

Search

Search By
 Client
 Authorized Person

ID

Last Name
OR

Last Name	First Name	I	Birth Date

- Add Complaint
- Appeals and Fair Hearings
- Authorized Vendors
- Communications
- Compliance Investigations
- Formula Calculator
- Images
- NE Plan/ VOC
- Notes and Alerts
- Pre-defined Reports
- RD Approval Queue
- Resolve CSFP Dual Enrollment
- Resolve Dual Enrollment
- Sanctions
- Scan
- Signature
- Special Population Issuance
- Survey
- Time Study Entry
- Transfers Out of State

Agency

Advanced Search

Soundex Certified Only

Birth Date

Find

at	BVT Date	Cert Start	Cert End	Te

[Print List](#) [Print Labels](#)

[Make Active](#) [Transfer In State](#) [Cancel](#)

Active Record



- Scheduling Tasks
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Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →

Active Record



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- Address Labels
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- Frequency Table

Please select the Organization Level for your report.

- State
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- Clinic

Cancel →

Active Record



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Cancel →

Active Record



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Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

- 973301 Predefined Clinic 1
- 973302 Predefined Clinic 2



Cancel →

Active Record



- Scheduling Tasks
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Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

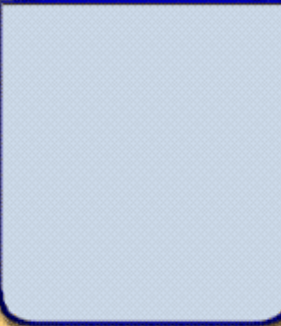
- State
- Local Agency
- Clinic

973301 Predefined Clinic 1



Cancel →

Active Record



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- Address Labels
- Client Listings
- Frequency Table


Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

973301 Predefined Clinic 1

Cancel →

Active Record



- Scheduling Tasks
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Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

Active Record

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Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County



Race

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

- 1
- 2
- 3

Start Over Summary Cancel →

Active Record

- Scheduling Tasks
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- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County



Race

American Indian or Alaskan

Native Hawaiian or Other Pacific Islander

White

Multi-Racial

Ethnicity (Arabic)

Ethnicity (Hispanic/Latino)

- Alcona, MI
- Alger, MI
- Allegan, MI
- Alpena, MI
- Antrim, MI
- Arenac, MI
- Baraga, MI
- Barry, MI
- Bay, MI
- Benzie, MI

- 1
- 2
- 3

- Start Over
- Summary
- Cancel
-

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

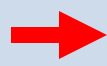
Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race

<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial

- Grand Traverse, MI
- Gratiot, MI
- Hillsdale, MI
- Houghton, MI
- Huron, MI
- Ingham, MI**
- Ionia, MI
- Iosco, MI
- Iron, MI
- Isabella, MI
- Jackson, MI



Ethnicity (Arabic)

Ethnicity (Hispanic/Latino)

- 1
- 2
- 3

- Start Over
- Summary
- Cancel
-

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County


Race

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

- 1
- 2
- 3

Start Over Summary Cancel 



Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Client's Attained Education

<input type="checkbox"/> None or Kindergarten only	<input type="checkbox"/> 11th grade
<input type="checkbox"/> 1st grade	<input type="checkbox"/> 12th grade or GED equivalent
<input type="checkbox"/> 2nd grade	<input type="checkbox"/> 1 year of college
<input type="checkbox"/> 3rd grade	<input type="checkbox"/> 2 years of college
<input type="checkbox"/> 4th grade	<input type="checkbox"/> 3 years of college
<input type="checkbox"/> 5th grade	<input type="checkbox"/> 4 or 5 years of college
<input type="checkbox"/> 6th grade	<input type="checkbox"/> 1 year of graduate school
<input type="checkbox"/> 7th grade	<input type="checkbox"/> 2 or more years of graduate school
<input type="checkbox"/> 8th grade	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> 9th grade	<input type="checkbox"/> Unknown
<input type="checkbox"/> 10th grade	

High Risk Only high risk clients No high risk clients

Risk Factor
(Enter up to 10, 5-digit risk codes with no decimal to include in the query; separated by a comma)

Age of Client Years Months Between And

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Client's Attained Education

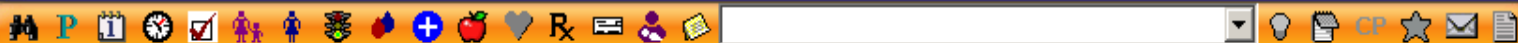
<input type="checkbox"/> None or Kindergarten only	<input type="checkbox"/> 11th grade
<input type="checkbox"/> 1st grade	<input type="checkbox"/> 12th grade or GED equivalent
<input type="checkbox"/> 2nd grade	<input type="checkbox"/> 1 year of college
<input type="checkbox"/> 3rd grade	<input type="checkbox"/> 2 years of college
<input type="checkbox"/> 4th grade	<input type="checkbox"/> 3 years of college
<input type="checkbox"/> 5th grade	<input type="checkbox"/> 4 or 5 years of college
<input type="checkbox"/> 6th grade	<input type="checkbox"/> 1 year of graduate school
<input type="checkbox"/> 7th grade	<input type="checkbox"/> 2 or more years of graduate school
<input type="checkbox"/> 8th grade	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> 9th grade	<input type="checkbox"/> Unknown
<input type="checkbox"/> 10th grade	

High Risk Only high risk clients No high risk clients

Risk Factor
(Enter up to 10, 5-digit risk codes with no decimal to include in the query; separated by a comma)

Age of Client Years Months Between And





Active Record

Please specify the filtering criteria for the report.

Annual Family Income

Between And

Mother's Trimester of Enrollment into WIC

 1st Trimester 3rd Trimester

 2nd Trimester Post-Partum

WIC Client Category

 BE Woman BF Exclusively IBE Infant BF Exclusively

 BP Woman BF Partially IBP Infant BF Partially

 C1 Child Age 1

 IFF Infant Formula Fed

 C2 Child Age 2

 PG Woman Pregnant

 C3 Child Age 3

 NPP Non-Lactating Post-Partum

 C4 Child Age 4

Client Adjunct Eligibility (Medicaid)

 Yes No

Client Adjunct Eligibility (Food Stamps)

 Yes No

Client Adjunct Eligibility (FIP)

 Yes No

Client is Adjunctly Eligible

 Yes No

 1 2 **3**

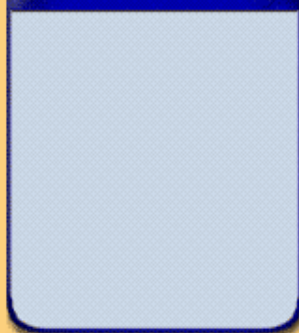
Start Over

Summary

Cancel



Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC 1st Trimester 3rd Trimester
 2nd Trimester Post-Partum

WIC Client Category

<input type="checkbox"/> BE Woman BF Exclusively	<input type="checkbox"/> IBE Infant BF Exclusively
<input type="checkbox"/> BP Woman BF Partially	<input type="checkbox"/> IBP Infant BF Partially
<input type="checkbox"/> C1 Child Age 1	<input type="checkbox"/> IFF Infant Formula Fed
<input type="checkbox"/> C2 Child Age 2	<input type="checkbox"/> PG Woman Pregnant
<input type="checkbox"/> C3 Child Age 3	<input type="checkbox"/> NPP Non-Lactating Post-Partum
<input type="checkbox"/> C4 Child Age 4	



Client Adjunct Eligibility (Medicaid) Yes No

Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No

Client is Adjunctly Eligible Yes No

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC

1st Trimester 3rd Trimester


2nd Trimester Post-Partum

WIC Client Category

BE Woman BF Exclusively IBE Infant BF Exclusively

BP Woman BF Partially IBP Infant BF Partially

C1 Child Age 1 IFF Infant Formula Fed

C2 Child Age 2 PG Woman Pregnant 

C3 Child Age 3 NPP Non-Lactating Post-Partum

C4 Child Age 4

Client Adjunct Eligibility (Medicaid) Yes No

Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No

Client is Adjunctly Eligible Yes No

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC

1st Trimester 3rd Trimester

2nd Trimester Post-Partum

WIC Client Category

BE Woman BF Exclusively IBE Infant BF Exclusively

BP Woman BF Partially IBP Infant BF Partially

C1 Child Age 1 IFF Infant Formula Fed

C2 Child Age 2 PG Woman Pregnant

C3 Child Age 3 NPP Non-Lactating Post-Partum

C4 Child Age 4

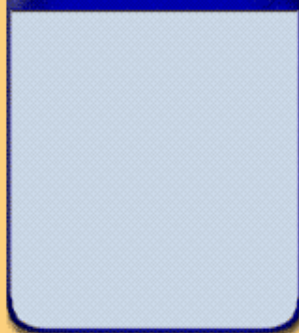
Client Adjunct Eligibility (Medicaid) Yes No

Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No

Client is Adjunctly Eligible Yes No

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC

1st Trimester 3rd Trimester

2nd Trimester Post-Partum

WIC Client Category

BE Woman BF Exclusively IBE Infant BF Exclusively

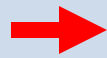
BP Woman BF Partially IBP Infant BF Partially

C1 Child Age 1 IFF Infant Formula Fed

C2 Child Age 2 PG Woman Pregnant

C3 Child Age 3 NPP Non-Lactating Post-Partum

C4 Child Age 4



Client Adjunct Eligibility (Medicaid) Yes No

Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No

Client is Adjunctly Eligible Yes No

Active Record

Please specify the filtering criteria for the report.

Annual Family Income

Between And

Mother's Trimester of Enrollment into WIC

 1st Trimester 3rd Trimester

 2nd Trimester Post-Partum

WIC Client Category

 BE Woman BF Exclusively IBE Infant BF Exclusively

 BP Woman BF Partially IBP Infant BF Partially

 C1 Child Age 1

 IFF Infant Formula Fed

 C2 Child Age 2

 PG Woman Pregnant

 C3 Child Age 3

 NPP Non-Lactating Post-Partum

 C4 Child Age 4

Client Adjunct Eligibility (Medicaid)

 Yes No

Client Adjunct Eligibility (Food Stamps)

 Yes No

Client Adjunct Eligibility (FIP)

 Yes No

Client is Adjunctly Eligible

 Yes No

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC

1st Trimester 3rd Trimester

2nd Trimester Post-Partum

WIC Client Category

BE Woman BF Exclusively IBE Infant BF Exclusively

BP Woman BF Partially IBP Infant BF Partially

C1 Child Age 1 IFF Infant Formula Fed

C2 Child Age 2 PG Woman Pregnant

C3 Child Age 3 NPP Non-Lactating Post-Partum

C4 Child Age 4

Client Adjunct Eligibility (Medicaid) Yes No

Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No

Client is Adjunctly Eligible Yes No

1 2 3

Start Over Summary Cancel 

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Address Labels
Organization Level: Clinic (973301 Predefined Clinic 1)
Output Characteristics:
Filters:

Name	Values
County:	Ingham, MI
WIC Client Category:	C2 Child Age 2, PG Woman Pregnant

Title for Report*:

Display Report Criteria? Yes

- 1
- 2
- 3

Start Over **Cancel** **Submit**

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Address Labels
Organization Level: Clinic (973301 Predefined Clinic 1)
Output Characteristics:
Filters:

Name	Values
County:	Ingham, MI
WIC Client Category:	C2 Child Age 2, PG Woman Pregnant

Title for Report*:



Display Report Criteria? Yes

- 1
- 2
- 3

Start Over **Cancel** **Submit**

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Address Labels
Organization Level: Clinic (973301 Predefined Clinic 1)
Output Characteristics:
Filters:

Name	Values
County:	Ingham, MI
WIC Client Category:	C2 Child Age 2, PG Woman Pregnant

Title for Report*:



Display Report Criteria? Yes

- 1
- 2
- 3

Start Over **Cancel** **Submit**

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Address Labels
Organization Level: Clinic (973301 Predefined Clinic 1)
Output Characteristics:
Filters:

Name	Values
County:	Ingham, MI
WIC Client Category:	C2 Child Age 2, PG Woman Pregnant

Title for Report*:

Display Report Criteria? Yes

- 1
- 2
- 3

Start Over Cancel **Submit**



Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Address Labels
Organization Level: Clinic (973301 Predefined Clinic 1)
Output Characteristics:
Filters:

Name	Values
County:	Ingham, MI
WIC Client Category:	C2 Child Age 2, PG Woman Pregnant

Title for Report*:
Display Report Criteria? Yes

- 1
- 2
- 3

Start Over Cancel **Submit**

	7600464	7600483	7600466
Jane Test1 123 Main Haslett, MI 48840	James Test10 777 Jarmin Haslett, MI 48840	Rose Test2 111 Stirling Haslett, MI 48840	
	7600481		
Lucy Test9 2113 Burdic Haslett, MI 48840			



	7600464	7600483	7600466
Jane Test1 123 Main Haslett, MI 48840	James Test10 777 Jarmin Haslett, MI 48840	Rose Test2 111 Stirling Haslett, MI 48840	
	7600481		
Lucy Test9 2113 Burdic Haslett, MI 48840			



Jane Test1
123 Main
Haslett, MI 48840

Lucy Test9
2113 Burdic
Haslett, MI 48840

7600466

Print

Printer Name: Properties

Status: Ready

Type: Canon iR5570/iR6570 PCL6

Comments and Forms:

Print Range

All

Current view

Current page

Pages:

Subset:

Reverse pages

Page Handling

Copies: Collate

Page Scaling:

Auto-Rotate and Center

Choose Paper Source by PDF page size

Print to file

Preview: Composite

8.5

11

Units: Inches Zoom: 94%

1/1 (1)

Printing Tips Advanced OK Cancel

Jane Test1
123 Main
Haslett, MI 48840


Lucy Test9
2113 Burdic
Haslett, MI 48840

7600466

Print

Printer: Name:
Status: Ready Comments and Forms:
Type: Canon iR5570/iR6570 PCL6

Print Range:
 All
 Current view
 Current page
 Pages:
Subset:
 Reverse pages

Page Handling:
Copies: Collate
Page Scaling: 
 Auto-Rotate and Center
 Choose Paper Source by PDF page size

Print to file

Preview: Composite
8.5
11
Units: Inches Zoom: 94%
1/1 (1)

Jane Test1
123 Main
Haslett, MI 4

Lucy Test9
2113 Burdic
Haslett, MI 4

7600466

48840

Print

Printer:
Name: Properties
Status: Ready
Type: Canon iR5570/iR6570 PCL6
Comments and Forms: Document and Markups

Print Range:
 All
 Current view
 Current page
Pages:
Subset:
 Reverse pages

Page Handling:
Copies: Collate
Page Scaling:
 Auto-Rotate
 Choose Paper
 Print to file

Preview: Composite
8.5
11
Units: Inches Zoom: 94%
1/1 (1)

Printing Tips Advanced OK Cancel



Jane Test1
123 Main
Haslett, MI 4

Lucy Test9
2113 Burdic
Haslett, MI 4

7600466

48840

Print

Printer:
 Name: Properties
 Status: Ready
 Type: Canon iR5570/iR6570 PCL6
 Comments and Forms: Document and Markups

Print Range:
 All
 Current view
 Current page
 Pages:
 Subset:
 Reverse pages

Page Handling:
 Copies: Collate
 Page Scaling:
 Auto-Rotate and Center
 Choose Paper Source by PDF page size

Print to file

Preview: Composite
 8.5
 11
 Document: 8.5 x 11.0 in
 Paper: 8.5 x 11.0 in
 1/1 (1)

Printing Tips Advanced OK Cancel



Walkthrough Generating Listings

- I would like a listing of all clients in Pre-Defined Local Agency who are Native American/Alaskan Native, African-American/Black, or Hawaiian/Pacific Islander and have a verified adjunct eligibility for Medicaid.

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →

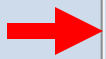
Active Record

A vertical panel on the left side of the interface with a blue header and a light blue textured body.

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table



Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →

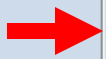
Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table



Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →

Active Record



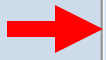
- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic



Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic



Summary Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

970000 Predefined Local Agency



Summary Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency 970000 Predefined Local Agency
- Clinic

Summary Cancel  →

Active Record

Please specify the filtering criteria for the report.

Zip Code

(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

Multi-Racial

Ethnicity (Arabic)

Yes No

Ethnicity (Hispanic/Latino)

Yes No

Active Record




- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race  American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No


Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race  American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Asian White

Black or African American Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race

American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Asian White

Black or African American Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

- 1
- 2
- 3

Start Over Summary Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race

<input checked="" type="checkbox"/> American Indian or Alaskan Native	<input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

- 1
- 2
- 3

Start Over Summary Cancel →

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race

<input checked="" type="checkbox"/> American Indian or Alaskan Native	<input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

- 1
- 2
- 3

- Start Over
- Summary
- Cancel
-

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

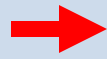
Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race

<input checked="" type="checkbox"/> American Indian or Alaskan Native	<input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input checked="" type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Racial



Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

- 1
- 2
- 3

Start Over Summary Cancel →

Active Record

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race
 American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race

<input checked="" type="checkbox"/> American Indian or Alaskan Native	<input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input checked="" type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

1 2 3

Start Over Summary Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Client's Attained Education

<input type="checkbox"/> None or Kindergarten only	<input type="checkbox"/> 11th grade
<input type="checkbox"/> 1st grade	<input type="checkbox"/> 12th grade or GED equivalent
<input type="checkbox"/> 2nd grade	<input type="checkbox"/> 1 year of college
<input type="checkbox"/> 3rd grade	<input type="checkbox"/> 2 years of college
<input type="checkbox"/> 4th grade	<input type="checkbox"/> 3 years of college
<input type="checkbox"/> 5th grade	<input type="checkbox"/> 4 or 5 years of college
<input type="checkbox"/> 6th grade	<input type="checkbox"/> 1 year of graduate school
<input type="checkbox"/> 7th grade	<input type="checkbox"/> 2 or more years of graduate school
<input type="checkbox"/> 8th grade	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> 9th grade	<input type="checkbox"/> Unknown
<input type="checkbox"/> 10th grade	

High Risk Only high risk clients No high risk clients

Risk Factor
(Enter up to 10, 5-digit risk codes with no decimal to include in the query; separated by a comma)

Age of Client Years Months Between And

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Client's Attained Education

- None or Kindergarten only
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade or GED equivalent
- 1 year of college
- 2 years of college
- 3 years of college
- 4 or 5 years of college
- 1 year of graduate school
- 2 or more years of graduate school
- Not Applicable
- Unknown

High Risk

- Only high risk clients
- No high risk clients

Risk Factor

(Enter up to 10, 5-digit risk codes with no decimal to include in the query; separated by a comma)

Age of Client

- Years
- Months
- Between And

- 1
- 2
- 3



- Start Over
- Summary
- Cancel
-

Active Record

Please specify the filtering criteria for the report.

Annual Family Income

Between And

Mother's Trimester of Enrollment into WIC

 1st Trimester 3rd Trimester

 2nd Trimester Post-Partum

WIC Client Category

 BE Woman BF Exclusively IBE Infant BF Exclusively

 BP Woman BF Partially IBP Infant BF Partially

 C1 Child Age 1

 IFF Infant Formula Fed

 C2 Child Age 2

 PG Woman Pregnant

 C3 Child Age 3

 NPP Non-Lactating Post-Partum

 C4 Child Age 4

Client Adjunct Eligibility (Medicaid)

 Yes No

Client Adjunct Eligibility (Food Stamps)

 Yes No

Client Adjunct Eligibility (FIP)

 Yes No

Client is Adjunctly Eligible

 Yes No

Active Record

- Scheduling Tasks ▾
- Guided Script ▾
- Client Care ▾
- Logoff ▾


Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC 1st Trimester 3rd Trimester
 2nd Trimester Post-Partum

WIC Client Category

<input type="checkbox"/> BE Woman BF Exclusively	<input type="checkbox"/> IBE Infant BF Exclusively
<input type="checkbox"/> BP Woman BF Partially	<input type="checkbox"/> IBP Infant BF Partially
<input type="checkbox"/> C1 Child Age 1	<input type="checkbox"/> IFF Infant Formula Fed
<input type="checkbox"/> C2 Child Age 2	<input type="checkbox"/> PG Woman Pregnant
<input type="checkbox"/> C3 Child Age 3	<input type="checkbox"/> NPP Non-Lactating Post-Partum
<input type="checkbox"/> C4 Child Age 4	

Client Adjunct Eligibility (Medicaid) Yes No 

Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No

Client is Adjunctly Eligible Yes No

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

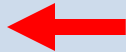
Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC 1st Trimester 3rd Trimester
 2nd Trimester Post-Partum

WIC Client Category

<input type="checkbox"/> BE Woman BF Exclusively	<input type="checkbox"/> IBE Infant BF Exclusively
<input type="checkbox"/> BP Woman BF Partially	<input type="checkbox"/> IBP Infant BF Partially
<input type="checkbox"/> C1 Child Age 1	<input type="checkbox"/> IFF Infant Formula Fed
<input type="checkbox"/> C2 Child Age 2	<input type="checkbox"/> PG Woman Pregnant
<input type="checkbox"/> C3 Child Age 3	<input type="checkbox"/> NPP Non-Lactating Post-Partum
<input type="checkbox"/> C4 Child Age 4	

Client Adjunct Eligibility (Medicaid) Yes No 

Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No

Client is Adjunctly Eligible Yes No

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC

1st Trimester 3rd Trimester

2nd Trimester Post-Partum

WIC Client Category

BE Woman BF Exclusively IBE Infant BF Exclusively


BP Woman BF Partially IBP Infant BF Partially

C1 Child Age 1 IFF Infant Formula Fed

C2 Child Age 2 PG Woman Pregnant

C3 Child Age 3 NPP Non-Lactating Post-Partum

C4 Child Age 4

Client Adjunct Eligibility (Medicaid) Yes No 

Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No

Client is Adjunctly Eligible Yes No

Active Record



- Scheduling Tasks ▾
- Guided Script ▾
- Client Care ▾
- Logoff ▾

Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC

1st Trimester 3rd Trimester

2nd Trimester Post-Partum

WIC Client Category

BE Woman BF Exclusively IBE Infant BF Exclusively

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C2 Child Age 2 PG Woman Pregnant

C3 Child Age 3 NPP Non-Lactating Post-Partum

C4 Child Age 4

Client Adjunct Eligibility (Medicaid) Yes No

Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No

Client is Adjunctly Eligible Yes No

Active Record



Scheduling Tasks

Guided Script

Client Care

Logoff

Summary

Report Type: Client Listings

Organization Level: Local Agency (970000 Predefined Local Agency)

Output Characteristics:

Filters:

Name	Values
Race:	American Indian or Alaskan Native, Black or African American, Native Hawaiian or Other Pacific Islander
Client Adjunct Eligibility (Medicaid):	Yes

Title for Report*:

Display Report Criteria? Yes

1

2

3

Start Over

Cancel

Submit

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Client Listings
Organization Level: Local Agency (970000 Predefined Local Agency)
Output Characteristics:
Filters:

Name	Values
Race:	American Indian or Alaskan Native, Black or African American, Native Hawaiian or Other Pacific Islander
Client Adjunct Eligibility (Medicaid):	Yes

Title for Report*:



Display Report Criteria? Yes

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Client Listings
Organization Level: Local Agency (970000 Predefined Local Agency)
Output Characteristics:
Filters:

Name	Values
Race:	American Indian or Alaskan Native, Black or African American, Native Hawaiian or Other Pacific Islander
Client Adjunct Eligibility (Medicaid):	Yes

Title for Report*: LA American Indian, Black, Hawaiian with Medicaid



Display Report Criteria? Yes

- 1
- 2
- 3

Start Over Cancel Submit

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Client Listings
Organization Level: Local Agency (970000 Predefined Local Agency)
Output Characteristics:
Filters:

Name	Values
Race:	American Indian or Alaskan Native, Black or African American, Native Hawaiian or Other Pacific Islander
Client Adjunct Eligibility (Medicaid):	Yes

Title for Report*: LA American Indian, Black, Hawaiian with Medicaid

Display Report Criteria? Yes



Active Record




- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Client Listings
Organization Level: Local Agency (970000 Predefined Local Agency)
Output Characteristics:
Filters:

Name	Values
Race:	American Indian or Alaskan Native, Black or African American, Native Hawaiian or Other Pacific Islander
Client Adjunct Eligibility (Medicaid):	Yes

Title for Report*: LA American Indian, Black, Hawaiian with Medicaid

Display Report Criteria? Yes 

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Client Listings
Organization Level: Local Agency (970000 Predefined Local Agency)
Output Characteristics:
Filters:

Name	Values
Race:	American Indian or Alaskan Native, Black or African American, Native Hawaiian or Other Pacific Islander
Client Adjunct Eligibility (Medicaid):	Yes

Title for Report*: LA American Indian, Black, Hawaiian with Medicaid
Display Report Criteria? Yes



Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Client Listings
Organization Level: Local Agency (970000 Predefined Local Agency)
Output Characteristics:
Filters:

Name	Values
Race:	American Indian or Alaskan Native, Black or African American, Native Hawaiian or Other Pacific Islander
Client Adjunct Eligibility (Medicaid):	Yes

Title for Report*: LA American Indian, Black Hawaiian with Medicaid
Display Report Criteria? Yes

- 1
- 2
- 3

Start Over Cancel Submit

LA American Indian, Black Hawaiian with Medicaid

Date Generated: 03/01/2010

LA/Clinic Client ID	First Name	Last Name	Current Client Category	Race	Adjunct Medicaid
973301 300620075	Cuba	Test6	C4	American Indian Or Alaskan Native	Yes
973301 300620076	Baby	Test7	IBE	Black or African American	Yes
973301 300620079	Cindy	Test10	C2	Native Hawaiian Or Other Pacific Islander	Yes

Note: Report only shows currently active enrollees.

LA American Indian, Black Hawaiian with Medicaid

Date Generated: 03/01/2010

Report Criteria

<u>Filter</u>	<u>Value</u>
Organization Level:	Local Agency (970000 Predefined Local Agency)
Race:	American Indian or Alaskan Native, Black or African American, Native Hawaiian or Other Pacific Islander
Client Adjunct Eligibility (Medicaid):	Yes

Note: Report only shows currently active enrollees.

LA American Indian, Black Hawaiian with Medicaid

Date Generated: 03/01/2010

LA/Clinic Client ID	First Name	Last Name	Current Client Category	Race	Adjunct Medicaid
973301 300620075	Cuba	Test6	C4	American Indian Or Alaskan Native	Yes
973301 300620076	Baby	Test7	IBE	Black or African American	Yes
973301 300620079	Ci				

Print

Printer:
 Name: \\ipp://mdch-prt-fs1\CassCanon5570_P
 Status: Ready
 Type: Canon iR5570/iR6570 PCL6

Properties
 Comments and Forms: Document and Markups

Print Range
 All
 Current view
 Current page
 Pages 1 - 2
 Subset: All pages in range
 Reverse pages

Page Handling
 Copies: 1 Collate
 Page Scaling: None
 Auto-Rotate and Center
 Choose Paper Source by PDF page size

Print to file

Printing Tips Advanced

Preview: Composite
 Document: 11.0 x 8.5 in
 Paper: 8.5 x 11.0 in
 1/2 (1)

OK Cancel

Note: Report only shows currently active enrollees.

LA American Indian, Black Hawaiian with Medicaid

Date Generated: 03/01/2010

LA/Clinic Client ID	First Name	Last Name	Current Client Category	Race	Adjunct Medicaid
973301 300620075	Cuba	Test6	C4	American Indian Or Alaskan Native	Yes
973301 300620076	Baby	Test7	IBE	Black or African American	Yes
973301 300620079	Cindy	Test10	C2	Native Hawaiian	Yes

Print

Printer:
 Name: \\ipp://mdch-prt-fs1\CassCanon5570_P
 Status: Ready
 Type: Canon iR5570/iR6570 PCL6
 Properties

Comments and Forms:
 Document and Markups

Print Range:
 All
 Current view
 Current page
 Pages 1 - 2
 Subset: All pages in range
 Reverse pages

Page Handling:
 Copies: 1 Collate
 Page Scaling: Fit to Printable Area
 Auto-Rotate and Center
 Choose Paper Source by PDF page size

Print to file

Printing Tips Advanced

Preview: Composite
 11
 8.5
 Units: Inches Zoom: 94%
 1/2 (1)

OK Cancel

Walkthrough Generating Frequency Report

- I would like a count of all WIC clients in Fuller Street Clinic (Kent County) grouped by WIC categories where the family annual income is between \$500 and \$5,000 and live in either zip code 49503, 49504, 49505.

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →

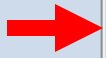
Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table



Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →

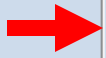
Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table



Please select the Organization Level for your report.

- State
- Local Agency
- Clinic



Cancel →

Active Record



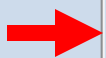
- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic



Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic



- 414103 Baxter Community Health Center WIC Clinic
- 414106 Sheldon WIC Clinic
- 414107 Fuller WIC Clinic**
- 414109 North County WIC Clinic
- 414110 Westside WIC Clinic
- 414112 Clinica Santa Maria WIC Clinic
- 414113 Cherry St. Health Services WIC Clinic
- 414120 Wyoming WIC Clinic
- 414160 Kentwood WIC Clinic

Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

414107 Fuller WIC Clinic



Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

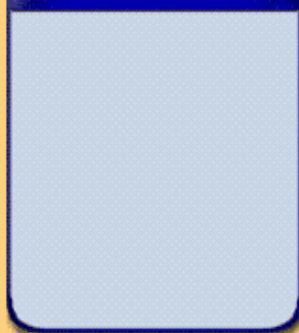
- State
- Local Agency
- Clinic

414107 Fuller WIC Clinic

Cancel →



Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the output characteristics for the report.

Major Characteristics

- Breastfeeding Initiation
- Breastfeeding Duration
- Breastfeeding Exclusivity
- Risk Code
- Assigned Formula
- Food Package

Minor Characteristics

- WIC Client Category
- Race
- Ethnicity (Arabic)
- Ethnicity (Hispanic)
- Zip Code of Residence
- Age of Client in Months
- Age of Client in Years
- County of Residence
- Client's Attained Education
- Trimester at WIC Enrollment
- Annual Family Income
- High Risk Flag

Start Over Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

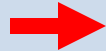
Please select the output characteristics for the report.

Major Characteristics

- Breastfeeding Initiation
- Breastfeeding Duration
- Breastfeeding Exclusivity
- Risk Code
- Assigned Formula
- Food Package

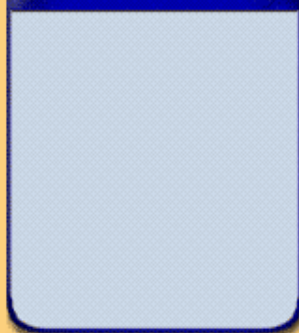
Minor Characteristics

- WIC Client Category
- Race
- Ethnicity (Arabic)
- Ethnicity (Hispanic)
- Zip Code of Residence
- Age of Client in Months
- Age of Client in Years
- County of Residence
- Client's Attained Education
- Trimester at WIC Enrollment
- Annual Family Income
- High Risk Flag



Start Over Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

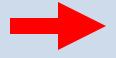
Please select the output characteristics for the report.

Major Characteristics

- Breastfeeding Initiation
- Breastfeeding Duration
- Breastfeeding Exclusivity
- Risk Code
- Assigned Formula
- Food Package

Minor Characteristics

- WIC Client Category
- Race
- Ethnicity (Arabic)
- Ethnicity (Hispanic)
- Zip Code of Residence
- Age of Client in Months
- Age of Client in Years
- County of Residence
- Client's Attained Education
- Trimester at WIC Enrollment
- Annual Family Income
- High Risk Flag



Start Over Cancel →

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the output characteristics for the report.

Major Characteristics

- Breastfeeding Initiation
- Breastfeeding Duration
- Breastfeeding Exclusivity
- Risk Code
- Assigned Formula
- Food Package

Minor Characteristics

- WIC Client Category
- Race
- Ethnicity (Arabic)
- Ethnicity (Hispanic)
- Zip Code of Residence
- Age of Client in Months
- Age of Client in Years
- County of Residence
- Client's Attained Education
- Trimester at WIC Enrollment
- Annual Family Income
- High Risk Flag

Start Over Cancel 



Active Record

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race
 American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)



County

Race

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

- 1
- 2
- 3

Start Over Summary Cancel →

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)



County

Race

American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Asian White

Black or African American Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

- 1
- 2
- 3

Start Over Summary Cancel →

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)



County

Race

American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Asian White

Black or African American Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

- 1
- 2
- 3

Start Over Summary Cancel →

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)



County

Race

American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Asian White

Black or African American Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

- 1
- 2
- 3

Start Over Summary Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race

American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Asian White

Black or African American Multi-Racial

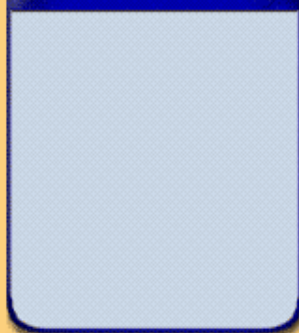
Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

1 2 3

Start Over Summary Cancel  →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC

1st Trimester 3rd Trimester

2nd Trimester Post-Partum

WIC Client Category

BE Woman BF Exclusively IBE Infant BF Exclusively

BP Woman BF Partially IBP Infant BF Partially

C1 Child Age 1 IFF Infant Formula Fed

C2 Child Age 2 PG Woman Pregnant

C3 Child Age 3 NPP Non-Lactating Post-Partum

C4 Child Age 4

Client Adjunct Eligibility (Medicaid) Yes No

Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No


Client is Adjunctly Eligible Yes No

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Annual Family Income Between And 

Mother's Trimester of Enrollment into WIC

1st Trimester 3rd Trimester

2nd Trimester Post-Partum

WIC Client Category

BE Woman BF Exclusively IBE Infant BF Exclusively

BP Woman BF Partially IBP Infant BF Partially

C1 Child Age 1 IFF Infant Formula Fed

C2 Child Age 2 PG Woman Pregnant

C3 Child Age 3 NPP Non-Lactating Post-Partum

C4 Child Age 4

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Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No


Client is Adjunctly Eligible Yes No

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Annual Family Income Between And 

Mother's Trimester of Enrollment into WIC

1st Trimester 3rd Trimester

2nd Trimester Post-Partum

WIC Client Category

BE Woman BF Exclusively IBE Infant BF Exclusively

BP Woman BF Partially IBP Infant BF Partially

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C2 Child Age 2 PG Woman Pregnant

C3 Child Age 3 NPP Non-Lactating Post-Partum

C4 Child Age 4

Client Adjunct Eligibility (Medicaid) Yes No

Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No


Client is Adjunctly Eligible Yes No

Active Record



- Scheduling Tasks ▾
- Guided Script ▾
- Client Care ▾
- Logoff ▾

Please specify the filtering criteria for the report.

Annual Family Income Between And 

Mother's Trimester of Enrollment into WIC

1st Trimester 3rd Trimester

2nd Trimester Post-Partum

WIC Client Category

BE Woman BF Exclusively IBE Infant BF Exclusively

BP Woman BF Partially IBP Infant BF Partially

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C2 Child Age 2 PG Woman Pregnant

C3 Child Age 3 NPP Non-Lactating Post-Partum

C4 Child Age 4

Client Adjunct Eligibility (Medicaid) Yes No

Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No

Client is Adjunctly Eligible Yes No

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC 1st Trimester 3rd Trimester
 2nd Trimester Post-Partum

WIC Client Category

<input type="checkbox"/> BE Woman BF Exclusively	<input type="checkbox"/> IBE Infant BF Exclusively
<input type="checkbox"/> BP Woman BF Partially	<input type="checkbox"/> IBP Infant BF Partially
<input type="checkbox"/> C1 Child Age 1	<input type="checkbox"/> IFF Infant Formula Fed
<input type="checkbox"/> C2 Child Age 2	<input type="checkbox"/> PG Woman Pregnant
<input type="checkbox"/> C3 Child Age 3	<input type="checkbox"/> NPP Non-Lactating Post-Partum
<input type="checkbox"/> C4 Child Age 4	


Client Adjunct Eligibility (Medicaid) Yes No

Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No

Client is Adjunctly Eligible Yes No

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Clinic (414107 Fuller WIC Clinic)
Output Characteristics: WIC Client Category
Filters:

Name	Values
Zip Code:	49503, 49504, 49505
Annual Family Income:	500 - 5000

Title for Report*:

Display Report Criteria? Yes

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Clinic (414107 Fuller WIC Clinic)
Output Characteristics: WIC Client Category
Filters:

Name	Values
Zip Code:	49503, 49504, 49505
Annual Family Income:	500 - 5000

Title for Report*:



Display Report Criteria? Yes

- 1
- 2
- 3

Start Over Cancel Submit

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Clinic (414107 Fuller WIC Clinic)
Output Characteristics: WIC Client Category
Filters:

Name	Values
Zip Code:	49503, 49504, 49505
Annual Family Income:	500 - 5000

Title for Report*:

Clinic 4107 Clients w/Income \$500-5000 in Zip 49503,49504,49505



Display Report Criteria? Yes

- 1
- 2
- 3

Start Over Cancel Submit

Active Record




- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Clinic (414107 Fuller WIC Clinic)
Output Characteristics: WIC Client Category
Filters:

Name	Values
Zip Code:	49503, 49504, 49505
Annual Family Income:	500 - 5000

Title for Report*: Clinic 4107 Clients w/Income \$500-5000 in Zip 49503,49504,49505

Display Report Criteria? Yes 

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Clinic (414107 Fuller WIC Clinic)
Output Characteristics: WIC Client Category
Filters:

Name	Values
Zip Code:	49503, 49504, 49505
Annual Family Income:	500 - 5000

Title for Report*: Clinic 4107 Clients w/Income \$500-5000 in Zip 49503,49504,49505

Display Report Criteria? Yes

- 1
- 2
- 3

Start Over Cancel **Submit**



Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Clinic (414107 Fuller WIC Clinic)
Output Characteristics: WIC Client Category
Filters:

Name	Values
Zip Code:	49503, 49504, 49505
Annual Family Income:	500 - 5000

Title for Report*: Clinic 4107 Clients w/Income \$500-5000 in Zip 49503,49504,49505
Display Report Criteria? Yes

Clinic 4107 Clients w/Income \$500-5000 in Zip 49503,49504,49505 Page 1 of 2
Date Generated: 03/01/2010

<i>WIC Client Category</i>	<i>Frequency</i>	<i>Percentage %</i>
IBE	7	2.82
IBP	6	2.42
IFF	67	27.02
C1	41	16.53
C2	25	10.08
C3	14	5.65
C4	15	6.05
PG	30	12.1
BE	7	2.82
BP	7	2.82
NPP	29	11.69
Total	248	

Clinic 4107 Clients w/Income \$500-5000 in Zip 49503,49504,49505 Page 2 of 2

Date Generated: 03/01/2010

Report Criteria

<u>Filter</u>	<u>Value</u>
Organization Level:	Clinic (414107 Fuller WIC Clinic)
Zip Code:	49503, 49504, 49505
Annual Family Income:	500 - 5000

Walkthrough Generating Frequency Report for Breastfeeding Initiation

- I would like a count of all clients in Grand Traverse County Health Department grouped by Breastfeeding Initiation who have a risk code of 41109 (Routinely using inappropriate sanitation methods for breast milk or formula), 80201 (Migrancy), or 90401 (Exposure to environmental tobacco smoke).

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

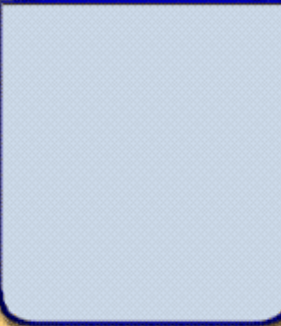
- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →

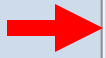
Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table



Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table



Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table



Please select the Organization Level for your report.

- State
- Local Agency
- Clinic



Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic



Cancel →

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic



- 100000 Grand Traverse County Health Department

Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

100000 Grand Traverse County Health Department



Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

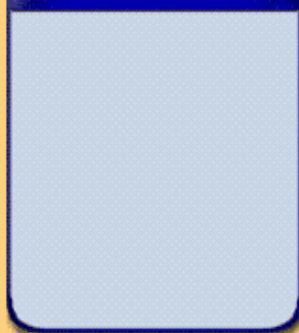
Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →



Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the output characteristics for the report.

Major Characteristics

- Breastfeeding Initiation
- Breastfeeding Duration
- Breastfeeding Exclusivity
- Risk Code
- Assigned Formula
- Food Package

Minor Characteristics

- WIC Client Category
- Race
- Ethnicity (Arabic)
- Ethnicity (Hispanic)
- Zip Code of Residence
- Age of Client in Months
- Age of Client in Years
- County of Residence
- Client's Attained Education
- Trimester at WIC Enrollment
- Annual Family Income
- High Risk Flag

Start Over Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the output characteristics for the report.

Major Characteristics

- Breastfeeding Initiation
- Breastfeeding Duration
- Breastfeeding Exclusivity
- Risk Code
- Assigned Formula
- Food Package

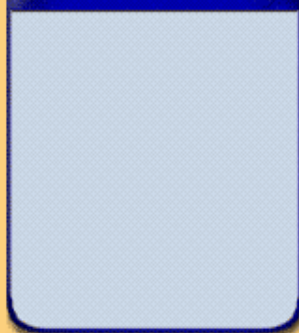


Minor Characteristics

- WIC Client Category
- Race
- Ethnicity (Arabic)
- Ethnicity (Hispanic)
- Zip Code of Residence
- Age of Client in Months
- Age of Client in Years
- County of Residence
- Client's Attained Education
- Trimester at WIC Enrollment
- Annual Family Income
- High Risk Flag

Start Over Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the output characteristics for the report.

Major Characteristics

- Breastfeeding Initiation
- Breastfeeding Duration
- Breastfeeding Exclusivity
- Risk Code
- Assigned Formula
- Food Package

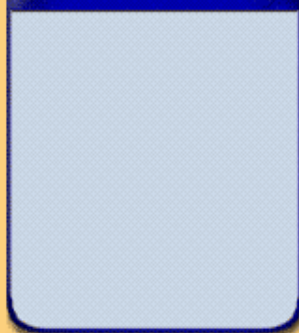


Minor Characteristics

- WIC Client Category
- Race
- Ethnicity (Arabic)
- Ethnicity (Hispanic)
- Zip Code of Residence
- Age of Client in Months
- Age of Client in Years
- County of Residence
- Client's Attained Education
- Trimester at WIC Enrollment
- Annual Family Income
- High Risk Flag

Start Over Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the output characteristics for the report.

Major Characteristics

- Breastfeeding Initiation
- Breastfeeding Duration
- Breastfeeding Exclusivity
- Risk Code
- Assigned Formula
- Food Package

Minor Characteristics

- WIC Client Category
- Race
- Ethnicity (Arabic)
- Ethnicity (Hispanic)
- Zip Code of Residence
- Age of Client in Months
- Age of Client in Years
- County of Residence
- Client's Attained Education
- Trimester at WIC Enrollment
- Annual Family Income
- High Risk Flag

Start Over Cancel 



Active Record

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race
 American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Client's Attained Education

<input type="checkbox"/> None or Kindergarten only	<input type="checkbox"/> 11th grade
<input type="checkbox"/> 1st grade	<input type="checkbox"/> 12th grade or GED equivalent
<input type="checkbox"/> 2nd grade	<input type="checkbox"/> 1 year of college
<input type="checkbox"/> 3rd grade	<input type="checkbox"/> 2 years of college
<input type="checkbox"/> 4th grade	<input type="checkbox"/> 3 years of college
<input type="checkbox"/> 5th grade	<input type="checkbox"/> 4 or 5 years of college
<input type="checkbox"/> 6th grade	<input type="checkbox"/> 1 year of graduate school
<input type="checkbox"/> 7th grade	<input type="checkbox"/> 2 or more years of graduate school
<input type="checkbox"/> 8th grade	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> 9th grade	<input type="checkbox"/> Unknown
<input type="checkbox"/> 10th grade	

High Risk Only high risk clients No high risk clients

Risk Factor
(Enter up to 10, 5-digit risk codes with no decimal to include in the query; separated by a comma)

Age of Client Years Months Between And

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Client's Attained Education

- | | |
|----------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> None or Kindergarten only | <input type="checkbox"/> 11th grade |
| <input type="checkbox"/> 1st grade | <input type="checkbox"/> 12th grade or GED equivalent |
| <input type="checkbox"/> 2nd grade | <input type="checkbox"/> 1 year of college |
| <input type="checkbox"/> 3rd grade | <input type="checkbox"/> 2 years of college |
| <input type="checkbox"/> 4th grade | <input type="checkbox"/> 3 years of college |
| <input type="checkbox"/> 5th grade | <input type="checkbox"/> 4 or 5 years of college |
| <input type="checkbox"/> 6th grade | <input type="checkbox"/> 1 year of graduate school |
| <input type="checkbox"/> 7th grade | <input type="checkbox"/> 2 or more years of graduate school |
| <input type="checkbox"/> 8th grade | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> 9th grade | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> 10th grade | |

High Risk

- Only high risk clients No high risk clients

Risk Factor

(Enter up to 10, 5-digit risk codes with no decimal to include in the query; separated by a comma)



Age of Client

- Years Months Between And

- 1
- 2
- 3

- Start Over
- Summary
- Cancel
-

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Client's Attained Education

- | | |
|----------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> None or Kindergarten only | <input type="checkbox"/> 11th grade |
| <input type="checkbox"/> 1st grade | <input type="checkbox"/> 12th grade or GED equivalent |
| <input type="checkbox"/> 2nd grade | <input type="checkbox"/> 1 year of college |
| <input type="checkbox"/> 3rd grade | <input type="checkbox"/> 2 years of college |
| <input type="checkbox"/> 4th grade | <input type="checkbox"/> 3 years of college |
| <input type="checkbox"/> 5th grade | <input type="checkbox"/> 4 or 5 years of college |
| <input type="checkbox"/> 6th grade | <input type="checkbox"/> 1 year of graduate school |
| <input type="checkbox"/> 7th grade | <input type="checkbox"/> 2 or more years of graduate school |
| <input type="checkbox"/> 8th grade | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> 9th grade | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> 10th grade | |

High Risk

- Only high risk clients No high risk clients

Risk Factor

(Enter up to 10, 5-digit risk codes with no decimal to include in the query; separated by a comma)

41109



Age of Client

Years Months Between And

- 1
- 2
- 3

- Start Over
- Summary
- Cancel
-

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Client's Attained Education

- None or Kindergarten only
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade or GED equivalent
- 1 year of college
- 2 years of college
- 3 years of college
- 4 or 5 years of college
- 1 year of graduate school
- 2 or more years of graduate school
- Not Applicable
- Unknown

High Risk

- Only high risk clients
- No high risk clients

Risk Factor

(Enter up to 10, 5-digit risk codes with no decimal to include in the query; separated by a comma)

41109, 80201



Age of Client

- Years
- Months
- Between And

- 1
- 2
- 3

- Start Over
- Summary
- Cancel
-

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Client's Attained Education

- | | |
|----------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> None or Kindergarten only | <input type="checkbox"/> 11th grade |
| <input type="checkbox"/> 1st grade | <input type="checkbox"/> 12th grade or GED equivalent |
| <input type="checkbox"/> 2nd grade | <input type="checkbox"/> 1 year of college |
| <input type="checkbox"/> 3rd grade | <input type="checkbox"/> 2 years of college |
| <input type="checkbox"/> 4th grade | <input type="checkbox"/> 3 years of college |
| <input type="checkbox"/> 5th grade | <input type="checkbox"/> 4 or 5 years of college |
| <input type="checkbox"/> 6th grade | <input type="checkbox"/> 1 year of graduate school |
| <input type="checkbox"/> 7th grade | <input type="checkbox"/> 2 or more years of graduate school |
| <input type="checkbox"/> 8th grade | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> 9th grade | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> 10th grade | |

High Risk

- Only high risk clients No high risk clients

Risk Factor

(Enter up to 10, 5-digit risk codes with no decimal to include in the query; separated by a comma)

41109, 80201, 90401



Age of Client

Years Months Between And

- 1
- 2
- 3

- Start Over
- Summary
- Cancel
-

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Client's Attained Education

- None or Kindergarten only
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade or GED equivalent
- 1 year of college
- 2 years of college
- 3 years of college
- 4 or 5 years of college
- 1 year of graduate school
- 2 or more years of graduate school
- Not Applicable
- Unknown

High Risk

- Only high risk clients
- No high risk clients

Risk Factor

(Enter up to 10, 5-digit risk codes with no decimal to include in the query; separated by a comma)

41109, 80201, 90401

Age of Client


Years Months Between And

- 1
- 2
- 3

- Start Over
- Summary
- Cancel
-



Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table

Organization Level: Local Agency (100000 Grand Traverse County Health Department)

Output Characteristics: Breastfeeding Initiation

Filters:

Name	Values
Risk Factor:	41109, 80201, 90401

Title for Report*:

Display Report Criteria? Yes

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Local Agency (100000 Grand Traverse County Health Department)
Output Characteristics: Breastfeeding Initiation
Filters:

Name	Values
Risk Factor:	41109, 80201, 90401

Title for Report*:



Display Report Criteria? Yes

- 1
- 2
- 3

Start Over **Cancel** **Submit**

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Local Agency (100000 Grand Traverse County Health Department)
Output Characteristics: Breastfeeding Initiation
Filters:

Name	Values
Risk Factor:	41109, 80201, 90401

Title for Report*:



Display Report Criteria? Yes

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Local Agency (100000 Grand Traverse County Health Department)
Output Characteristics: Breastfeeding Initiation
Filters:

Name	Values
Risk Factor:	41109, 80201, 90401

Title for Report*:

Display Report Criteria? Yes

- 1
- 2
- 3

Start Over **Cancel** **Submit**

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Local Agency (100000 Grand Traverse County Health Department)
Output Characteristics: Breastfeeding Initiation
Filters:

Name	Values
Risk Factor:	41109, 80201, 90401

Title for Report*:
Display Report Criteria? Yes

- 1
- 2
- 3

Start Over Cancel **Submit**



Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Local Agency (100000 Grand Traverse County Health Department)
Output Characteristics: Breastfeeding Initiation
Filters:

Name	Values
Risk Factor:	41109, 80201, 90401

Title for Report*:
Display Report Criteria? Yes

- 1
- 2
- 3

Start Over Cancel Submit

BF Initiation for clients with risks 41109, 80201, 90401 Page 1 of 2

Date Generated: 03/01/2010

<i>Breastfeeding Initiation</i>	<i>Frequency</i>	<i>Percentage %</i>
Ever Breastfed - Yes	102	74.45
Ever Breastfed - No	35	25.55
Total	137	

BF Initiation for clients with risks 41109, 80201, 90401 Page 2 of 2

Date Generated: 03/01/2010

Report Criteria

<u>Filter</u>	<u>Value</u>
Organization Level:	Local Agency (100000 Grand Traverse County Health Department)
Risk Factor:	41109, 80201, 90401

Walkthrough Generating Frequency Report for Trimester at Enrollment

- I would like a count of all currently pregnant clients in Genesee County Health Department who enrolled in their first Trimester grouped by Trimester of Enrollment into WIC.

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →

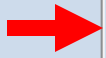
Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table



Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →

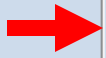
Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table



Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

Cancel →

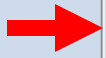
Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

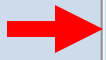
Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table



Please select the Organization Level for your report.

- State
- Local Agency
- Clinic



Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic

250000 Genesee County Health Department

250000 Genesee County Health Department



Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

- State
- Local Agency
- Clinic



Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the type of report you would like to run.

- Address Labels
- Client Listings
- Frequency Table

Please select the Organization Level for your report.

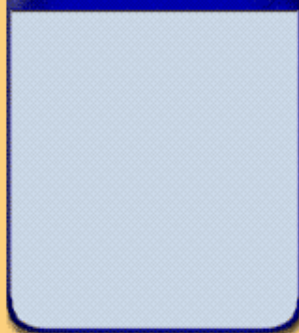
- State
- Local Agency
- Clinic



Cancel



Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the output characteristics for the report.

Major Characteristics

- Breastfeeding Initiation
- Breastfeeding Duration
- Breastfeeding Exclusivity
- Risk Code
- Assigned Formula
- Food Package

Minor Characteristics

- WIC Client Category
- Race
- Ethnicity (Arabic)
- Ethnicity (Hispanic)
- Zip Code of Residence
- Age of Client in Months
- Age of Client in Years
- County of Residence
- Client's Attained Education
- Trimester at WIC Enrollment
- Annual Family Income
- High Risk Flag

Start Over Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

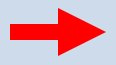
Please select the output characteristics for the report.

Major Characteristics

- Breastfeeding Initiation
- Breastfeeding Duration
- Breastfeeding Exclusivity
- Risk Code
- Assigned Formula
- Food Package

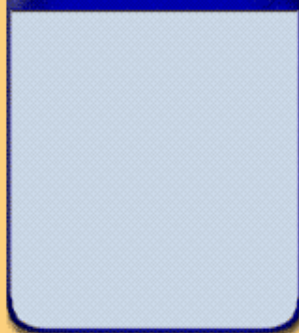
Minor Characteristics

- WIC Client Category
- Race
- Ethnicity (Arabic)
- Ethnicity (Hispanic)
- Zip Code of Residence
- Age of Client in Months
- Age of Client in Years
- County of Residence
- Client's Attained Education
- Trimester at WIC Enrollment
- Annual Family Income
- High Risk Flag



Start Over Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

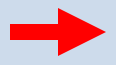
Please select the output characteristics for the report.

Major Characteristics

- Breastfeeding Initiation
- Breastfeeding Duration
- Breastfeeding Exclusivity
- Risk Code
- Assigned Formula
- Food Package

Minor Characteristics

- WIC Client Category
- Race
- Ethnicity (Arabic)
- Ethnicity (Hispanic)
- Zip Code of Residence
- Age of Client in Months
- Age of Client in Years
- County of Residence
- Client's Attained Education
- Trimester at WIC Enrollment
- Annual Family Income
- High Risk Flag



Start Over Cancel →

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please select the output characteristics for the report.

Major Characteristics

- Breastfeeding Initiation
- Breastfeeding Duration
- Breastfeeding Exclusivity
- Risk Code
- Assigned Formula
- Food Package

Minor Characteristics

- WIC Client Category
- Race
- Ethnicity (Arabic)
- Ethnicity (Hispanic)
- Zip Code of Residence
- Age of Client in Months
- Age of Client in Years
- County of Residence
- Client's Attained Education
- Trimester at WIC Enrollment
- Annual Family Income
- High Risk Flag

Start Over Cancel **→**



Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Zip Code
(Enter up to 10 zip codes to include in the query; separated by a comma)

County

Race

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Racial

Ethnicity (Arabic) Yes No

Ethnicity (Hispanic/Latino) Yes No

1 2 3

Start Over Summary Cancel →

Active Record



- Scheduling Tasks ▾
- Guided Script ▾
- Client Care ▾
- Logoff ▾

Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC

1st Trimester 3rd Trimester

2nd Trimester Post-Partum

WIC Client Category

BE Woman BF Exclusively IBE Infant BF Exclusively

BP Woman BF Partially IBP Infant BF Partially

C1 Child Age 1 IFF Infant Formula Fed

C2 Child Age 2 PG Woman Pregnant

C3 Child Age 3 NPP Non-Lactating Post-Partum

C4 Child Age 4

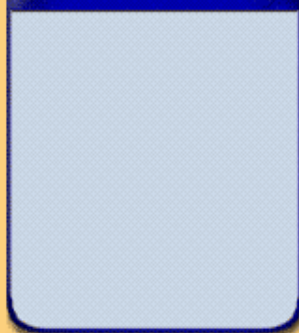
Client Adjunct Eligibility (Medicaid) Yes No

Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No

Client is Adjunctly Eligible Yes No

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC

1st Trimester 3rd Trimester

2nd Trimester Post-Partum



WIC Client Category

BE Woman BF Exclusively IBE Infant BF Exclusively

BP Woman BF Partially IBP Infant BF Partially

C1 Child Age 1 IFF Infant Formula Fed

C2 Child Age 2 PG Woman Pregnant

C3 Child Age 3 NPP Non-Lactating Post-Partum

C4 Child Age 4

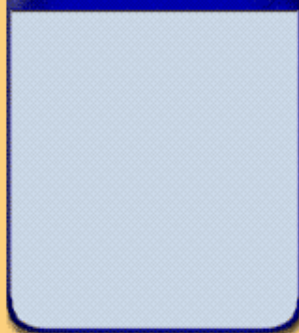
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Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC 1st Trimester 3rd Trimester
 2nd Trimester Post-Partum



WIC Client Category

<input type="checkbox"/> BE Woman BF Exclusively	<input type="checkbox"/> IBE Infant BF Exclusively
<input type="checkbox"/> BP Woman BF Partially	<input type="checkbox"/> IBP Infant BF Partially
<input type="checkbox"/> C1 Child Age 1	<input type="checkbox"/> IFF Infant Formula Fed
<input type="checkbox"/> C2 Child Age 2	<input type="checkbox"/> PG Woman Pregnant
<input type="checkbox"/> C3 Child Age 3	<input type="checkbox"/> NPP Non-Lactating Post-Partum
<input type="checkbox"/> C4 Child Age 4	



Client Adjunct Eligibility (Medicaid) Yes No

Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No

Client is Adjunctly Eligible Yes No

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC 1st Trimester 3rd Trimester
 2nd Trimester Post-Partum

WIC Client Category

<input type="checkbox"/> BE Woman BF Exclusively	<input type="checkbox"/> IBE Infant BF Exclusively
<input type="checkbox"/> BP Woman BF Partially	<input type="checkbox"/> IBP Infant BF Partially
<input type="checkbox"/> C1 Child Age 1	<input type="checkbox"/> IFF Infant Formula Fed
<input type="checkbox"/> C2 Child Age 2	<input checked="" type="checkbox"/> PG Woman Pregnant
<input type="checkbox"/> C3 Child Age 3	<input type="checkbox"/> NPP Non-Lactating Post-Partum
<input type="checkbox"/> C4 Child Age 4	

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Client Adjunct Eligibility (Food Stamps) Yes No

Client Adjunct Eligibility (FIP) Yes No

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Active Record



- Scheduling Tasks ▾
- Guided Script ▾
- Client Care ▾
- Logoff ▾

Please specify the filtering criteria for the report.

Annual Family Income Between And

Mother's Trimester of Enrollment into WIC

1st Trimester 3rd Trimester

2nd Trimester Post-Partum

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C4 Child Age 4

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Client Adjunct Eligibility (FIP) Yes No

Client is Adjunctly Eligible Yes No

1 2 **3**

Start Over Summary Cancel 

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table

Organization Level: Local Agency (250000 Genesee County Health Department)

Output Characteristics: Trimester at WIC Enrollment

Filters:

Name	Values
Mother's Trimester of Enrollment into WIC:	1st Trimester
WIC Client Category:	PG Woman Pregnant

Title for Report*:

Display Report Criteria? Yes

Active Record



- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Local Agency (250000 Genesee County Health Department)
Output Characteristics: Trimester at WIC Enrollment
Filters:

Name	Values
Mother's Trimester of Enrollment into WIC:	1st Trimester
WIC Client Category:	PG Woman Pregnant

Title for Report*:



Display Report Criteria? Yes

- 1
- 2
- 3

Start Over Cancel Submit

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Local Agency (250000 Genesee County Health Department)
Output Characteristics: Trimester at WIC Enrollment
Filters:

Name	Values
Mother's Trimester of Enrollment into WIC:	1st Trimester
WIC Client Category:	PG Woman Pregnant

Title for Report*:



Display Report Criteria? Yes



Active Record

[Empty box for active record]

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Local Agency (250000 Genesee County Health Department)
Output Characteristics: Trimester at WIC Enrollment
Filters:

Name	Values
Mother's Trimester of Enrollment into WIC:	1st Trimester
WIC Client Category:	PG Woman Pregnant

Title for Report*:

Display Report Criteria? Yes

Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Local Agency (250000 Genesee County Health Department)
Output Characteristics: Trimester at WIC Enrollment
Filters:

Name	Values
Mother's Trimester of Enrollment into WIC:	1st Trimester
WIC Client Category:	PG Woman Pregnant

Title for Report*: PG clients enrolled in 1st Trimester

Display Report Criteria? Yes

- 1
- 2
- 3

Start Over Cancel **Submit**



Active Record

- Scheduling Tasks
- Guided Script
- Client Care
- Logoff

Summary

Report Type: Frequency Table
Organization Level: Local Agency (250000 Genesee County Health Department)
Output Characteristics: Trimester at WIC Enrollment
Filters:

Name	Values
Mother's Trimester of Enrollment into WIC:	1st Trimester
WIC Client Category:	PG Woman Pregnant

Title for Report*:
Display Report Criteria? Yes

PG clients enrolled in 1st Trimester

Date Generated: 03/01/2010

<i>Trimester at WIC Enrollment</i>	<i>Frequency</i>	<i>Percentage %</i>
1st Trimester	613	100
Total	613	

PG clients enrolled in 1st Trimester

Date Generated: 03/01/2010

Report Criteria

<u>Filter</u>	<u>Value</u>
Organization Level:	Local Agency (250000 Genesee County Health Department)
Mother's Trimester of Enrollment into WIC:	1st Trimester
WIC Client Category:	PG Woman Pregnant

Conclusion

Wealth of MIWIC Data

- Evaluation and planning can be done like never before.
- Increased diversity of demographic data
 - Increased reliability of data
 - Increased access to reports
 - Various report options

Future Questions?

- Production and Pre-Defined reports:
 - schneiderr1@michigan.gov
 - Or call: 517-241-3595

- Ad hoc reports:
 - Contact your WIC Consultant

**Thank you for your time and
consideration**