


<b>Department of Public Health and Social Services Bureau of Nutrition Services-Guam WIC Program</b>		
<b>TITLE:</b> WIC Program Outreach	<b>POLICY NO.:</b> WIC-NS-02	Page 1 of 3
<b>APPROVED BY:</b>  Arthur U. San Agustin, MHR - DPHSS Director	<b>DATE OF ORIGINAL APPROVAL:</b> 12/06/22	
	<b>DATE REVISED/REVIEWED:</b>	
<b>Endorsed By:</b> Deputy Director: Laurent Duenas, BSN, MHA Chief Public Health Officer: Zennia Pecina, MSN, RN <i>12/05/22</i> Guam WIC Director: Cydsel Toledo, MD, MHA <i>12/15/22</i>		

## PURPOSE

To provide structure to the Bureau of Nutritional Services (BNS), Special Supplemental Nutrition Program for Women Infants and Children (WIC) outreach activities in the community and other agencies ensuring an increase access and referrals to Guam WIC Program services.

## POLICY

- A. The Bureau of Nutritional Services WIC program shall announce the availability of WIC services to the public annually using statewide media. It shall obtain or develop outreach materials for distribution to partner agencies.
- B. The BNS WIC program shall have an Outreach Plan to other health programs and services on how to increase referrals to WIC;
  1. It shall address the findings of the approved Affirmative Action Plan.
  2. It shall have consistent outreach activities outlined in the plan.
  3. It shall target areas that were ranked high in the number of eligible populations not served based on data gathered for the Affirmative Action Plan.
  4. Emphasis on outreach will also be placed on reaching participants who are homeless, minority population and those women enrolled in the substance abuse programs.
- C. Guam WIC program shall participate in outreach activities hosted by other agencies and collaborate with the agencies in obtaining referrals.
  1. A blank referral form shall be provided to agencies to be distributed to possible clients (*see attachments for WIC Referral Form*).
- D. Guam WIC shall establish a Memorandum of Understanding with Guam Memorial Hospital, Guam Regional Medical Center and other birthing centers to conduct outreach activities in the maternity ward, pediatric clinics and other areas with possible clients.
  1. Outreach activities shall be conducted by the program coordinator or health educator at least 4 hours per day 3x per week.
- E. Guam WIC Health Educator and or outreach coordinator shall provide outreach and replenish blank referral forms to but not limited to the following agencies;
  1. Immunization Clinics

2. Supplemental Nutrition Assistance Program (SNAP)
3. Centers for Medicare and Medicaid Services Office
4. Temporary Assistance for Needy Families (TANF)
5. Bureau of Family Health & Nursing Services (BFHNS)
6. Guam Memorial Hospital Authority (GMHA)
7. Headstart
8. Expanded Food and Nutrition Education Program (EFNEP)
9. Guam Early Interventions
10. Alee Shelter
11. Child Protective Services /BOSSA
12. Northern Regional Health Center (Medical Clinic co-location)
13. Southern Regional Community Health Center (Medical Clinic co-location)
14. Karinu/Ceddars
15. Birthing Centers (Sagua)

## **DEFINITIONS**

## **RESPONSIBILITIES**

## **PROCEDURE**

### **A. Outreach Plan**

1. The Health Educator II in collaboration with other Guam WIC Health Educators and the Public Health Nutrition Specialist (PHNS) shall create an outreach plan addressing the result of the Affirmative Action Plan at the beginning of the fiscal year.
2. The action plan shall be forwarded to the PHNS for endorsement and approved by the Guam WIC Director.
3. The Health Educators shall implement the action plan and document the referrals received after each outreach activities.

### **B. Outreach Hosted by other Agencies**

1. A table shall be prepared with the WIC posters, handouts, and educational material.
2. Guam WIC Staff shall distribute brochures describing WIC services, eligibility criteria, and location of clinics, and provide educational materials to participants or passersby during the outreach.
3. Staff shall obtain names and contact information of possible / eligible clients.
4. Staff shall schedule appointments for those possible clients to be screened.
5. Staff shall instruct potential WIC clients bring the WIC referral forms to any WIC Clinic to be scheduled for an appointment or processed as a walk-in if staffing is available.

### **C. Outreach in Hospitals and other agencies or Medical / OBGYN clinics**

1. Health educator shall collaborate with other agencies that are able to identify and refer potential WIC clients every first week of the month.

2. Health Educator will provide blank WIC Referral Forms and brochures to the agencies (see attachment).
  3. Health Educator shall make rounds in the hospital and or birthing centers to seek and reach out possible clients.
  4. Staff shall obtain names and contact information of possible / eligible clients.
  5. Staff shall schedule appointments and provide instruction for those possible clients to be screened.
  6. Submitted referral are to be stored monthly and by fiscal year.
- D. Health Educator II compiles the number of all referrals monthly and submit report to Public Health Nutrition Specialist. The report will have category of client (infants, children, women), and total number of referrals.

## REFERENCES

## ATTACHMENTS:

1. WIC Referral Form for Women
2. WIC Referral Form for Infants and Children
3. Outreach Referrals Contact Log



WIC Referral Form  
(women)\_update\_Ju



WIC Referral Form  
(Infants-children)(re'



Outreach Referrals  
Contact.xlsx



# WIC Program Referral Form

(Women) Rev. 07/22

Please enter below all the data available. This will expedite the establishment of an appointment for determining WIC program eligibility.

A. Applicant's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date of referral to WIC \_\_\_\_\_

Person making referral: \_\_\_\_\_

## B. Screening Data:

**PREGNANT WOMEN** (measurements and lab test data must be no more than 60 days old at the time of the eligibility screening)

Date of measurements:	Height in inches (no shoes):	Weight in pounds & ounces:	Date test done: Hgb. or Hct. value:	
EDC:	Pre-pregnant weight:	Date last pregnancy ended:	Number of pregnancies including this one:	Hx. poor pregnancy outcome(s)? Yes/No If yes, dates:

## POST PARTUM WOMEN:

Date of measurements:	Height in inches (no shoes):	Weight in pounds & ounces:	Date test done: Hgb. or Hct.:	
Date this pregnancy ended:	Number of live births including this one:	Hx. poor pregnancy outcome(s)? Yes/No If yes, dates:	This pregnancy only: Multiple birth: 2, 3, 4, 5 Infant(s) condition:	

## C. Diagnosed Nutrition Related Problems (check all that apply):

☐ Anemia  
☐ Nutrient deficiency disease (specify) \_\_\_\_\_  
☐ Gastrointestinal disorder (specify) \_\_\_\_\_  
☐ Diabetes mellitus  
☐ Gestational diabetes  
☐ Thyroid disorder (specify) \_\_\_\_\_  
☐ Chronic hypertension  
☐ Renal disease (specify) \_\_\_\_\_  
☐ Cancer (specify) \_\_\_\_\_  
☐ CNS disorder (specify) \_\_\_\_\_  
☐ Genetic or congenital disorders (specify) \_\_\_\_\_  
☐ HIV or AIDS  
☐ Recent major surgery (specify) \_\_\_\_\_  
☐ Food allergy (specify) \_\_\_\_\_  
☐ Lactose intolerance  
☐ Hx. of preterm infant (date) \_\_\_\_\_  
☐ Hx. of low birth weight infant (date) \_\_\_\_\_  
☐ Hx. of infant birth with defect (specify) \_\_\_\_\_  
☐ Fetal growth restriction  
☐ Pica (specify) \_\_\_\_\_  
☐ Maternal Depression (specify) \_\_\_\_\_  
☐ Alcohol or illegal drug use (specify) \_\_\_\_\_  
☐ Prescribed medication (specify) \_\_\_\_\_  
☐ Smoking (amount/day) \_\_\_\_\_  
☐ Other nutrition related health problems (specify) \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Signature of referring medical professional: \_\_\_\_\_

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

# WIC REFERRAL FORM INSTRUCTIONS

(for Women)

**SECTION A:** Enter the information requested to identify the person being referred to the WIC program.

**SECTION B:** Any values or lab test results that are current (within 60 days before the eligibility determination appointment) and related to the person's nutritional health will be helpful in determining the referred person's eligibility for WIC. Hematocrit and/or Hemoglobin values are required for eligibility determination on the day of the eligibility screening appointment. Therefore, their inclusion, if available and timely, will expedite the eligibility screening process.

**SECTION C:** Indicate any diagnosed nutrition related problems that the WIC applicant may have which will contribute to the person's eligibility determination and for which our WIC Registered Nutrition staff can assist through individual counseling.

## **SIGNATURE OF REFERRING MEDICAL PROFESSIONAL:**

The Medical Professional's signature validates the lab test data, diagnoses, and anthropometric measurements reported. None of the medical information or data entered is valid unless this section is signed by a medical professional.

**NOTE:** A referral may be made by a non-medical professional without any medical data or information provided. If lab test results or other medical reports exist, a copy of the report may be attached to the referral form although not required.

Call the nearest WIC site:

Dededo	(671) 635-7473/71/72	FAX: (671) 635-7476
Tiyan	(671) 475-0294/95/96	FAX: (671) 477-7949
Santa Rita	(671) 565-3537	FAX: (671) 565-3536
Inarajan	(671) 828-7550	FAX: None at this time

or the WIC Nutrition Service Coordinator at (671) 475-0288 if you have any questions.

E-mail: [guamwic@dphss.guam.gov](mailto:guamwic@dphss.guam.gov)

Guam WIC website: <https://dphss.guam.gov/woman-infants-infants-wic-program>

 Like us on Facebook <https://www.facebook.com/GuamWICProgram>

 Follow us on Instagram <https://www.instagram.com/guamwicprogram/>

This institution is an equal opportunity provider.

# WIC Program Referral Form

(Infants & Children up to age 5) Rev. 07/12/22

Please enter below all the data available. This will expedite the establishment of an appointment for determining WIC program eligibility.

A. Applicant's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date of referral to WIC \_\_\_\_\_

Person making referral: \_\_\_\_\_

## B. Screening Data:

**INFANTS & CHILDREN** (measurements and lab test data must be no more than 60 days old at the time of the eligibility screening)

<b>Date of measurements:</b>	<b>Height/length in inches (no shoes):</b>	<b>Weight in pounds &amp; ounces (diaper off):</b>	<b>Date test done:</b>	<b>Hgb. or Hct.:</b>
<b>Infant Birth weight:</b>	<b>Infant Birth length:</b>	<b>Breast feeding now?</b> YES NO	<b>Was infant or child ever breast fed?</b> Yes/No How long?	

## C. Diagnosed Nutrition Related Problems (check all that apply):

- ☐ Anemia
- ☐ Nutrient deficiency disease (specify) \_\_\_\_\_
- ☐ Gastrointestinal disorder (specify) \_\_\_\_\_
- ☐ Diabetes mellitus
- ☐ Gestational diabetes
- ☐ Thyroid disorder (specify) \_\_\_\_\_
- ☐ Chronic hypertension
- ☐ Renal disease (specify) \_\_\_\_\_
- ☐ Cancer (specify) \_\_\_\_\_
- ☐ CNS disorder (specify) \_\_\_\_\_
- ☐ Genetic or congenital disorders (specify) \_\_\_\_\_
- ☐ HIV or AIDS
- ☐ Recent major surgery (specify) \_\_\_\_\_
- ☐ Food allergy (specify) \_\_\_\_\_
- ☐ Lactose intolerance
- ☐ Premature birth (specify) \_\_\_\_\_
- ☐ Low birth weight (2,500 gm or 5 pounds 8 ounces or less)
- ☐ Small for gestational age (<10<sup>th</sup> percentile)
- ☐ Short stature (<5<sup>th</sup> percentile)
- ☐ Underweight (<5<sup>th</sup> percentile)
- ☐ Small head circumference (< 5<sup>th</sup> percentile)
- ☐ Overweight for age or height (>90<sup>th</sup> percentile)
- ☐ Slow growth (<3<sup>rd</sup> percentile)
- ☐ Failure to thrive
- ☐ Hypoglycemia
- ☐ Lead poisoning
- ☐ Pica (specify) \_\_\_\_\_
- ☐ Child of mentally retarded parent
- ☐ Child abuse or neglect victim
- ☐ Prescribed medication (specify) \_\_\_\_\_
- ☐ Other nutrition related health problems (specify) \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Signature of diagnosing medical professional: \_\_\_\_\_ Date \_\_\_\_\_

## **WIC REFERRAL FORM INSTRUCTIONS**

(Infant's and Children's referral forms)

**SECTION A:** Enter the information requested to identify the person being referred to the WIC program and information concerning where the referral is coming from.

**SECTION B:** Any values or lab test results that are current (within 60 days before the eligibility determination appointment) and related to the person's nutritional health will be helpful in determining the referred person's eligibility for WIC. Hematocrit and/or Hemoglobin values may be required for eligibility determination and can't be determined on the day of the eligibility screening appointment for children under 2 years old. Therefore, their inclusion, if available and timely, will expedite the eligibility screening process.

**SECTION C:** Indicate any diagnosed nutrition related problems that the WIC applicant may have which will contribute to the eligibility determination and for which our WIC Registered Nutrition staff can assist through individual counseling.

### **SIGNATURE OF REFERRING MEDICAL PROFESSIONAL:**

The Medical Professional's signature validates the lab test data, diagnoses, and anthropometric measurements reported. None of the medical information or data entered is valid unless this section is signed by a medical professional.

**NOTE:** A referral may be made by a non-medical professional without any medical data or report may be attached to the referral form.

Call the nearest WIC site:

Dededo	(671) 635-7473/71/72	FAX: (671) 635-7476
Tiyan	(671) 475-0294/95/96	FAX: (671) 477-7949
Santa Rita	(671) 565-3537	FAX: (671) 565-3536
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or the WIC Nutrition Service Coordinator at (671) 475-0288 if you have any questions.

E-mail: [guamwic@dphss.guam.gov](mailto:guamwic@dphss.guam.gov)

Guam WIC website: <https://dphss.guam.gov/woman-infants-infants-wic-program>



<https://www.facebook.com/GuamWICProgram>



<https://www.instagram.com/guamwicprogram/>

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### Outreach Referrals Fiscal Year 2023

Month	Infants	Children	Women	Total
October				0
November				0
December				0
January				0
February				0
March				0
April				0
May				0
June				0
July				0
August				0
September				0
October				0
<b>Total</b>	0	0	0	0



**Bureau of Nutrition Services WIC Program  
Department of Public Health and Social Services**

**REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

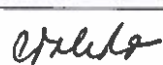
**Policy Title:** WIC Program Outreach

**Policy No:** WIC-NS-02

**Initiated by:** Godfrey Wong

Date	Signature
10/13/22	

Godfrey Wong  
Nutrition Specialist

Date	Signature
10/13/22	

Cydsel Victoria Toledo, MHA  
Health Services Administrator, BNS-WIC Program

RECEIVED  
DPHSS / DGA  
DIRECTOR'S OFFICE

DEC 05 2022

Time: 5:00 pm  
Initial: LS

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DPHSS / DGA  
DIRECTOR'S OFFICE

OCT 31 2022

Time: 10:32am  
Initial: LS

RECEIVED  
DPHSS / DGA  
HR Section

OCT 31 2022

Time 0930  
Initial TD

FY23Q1-1120