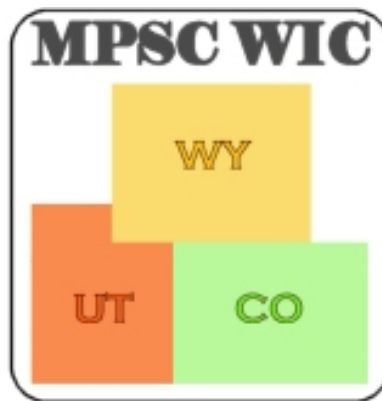

Mountain Plains States Consortium WIC System Project

DETAILED FUNCTIONAL DESIGN DOCUMENT OPERATIONS REPORTS

Presented to:



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Document Revisions

Revision Date	Updated By	Requested By	Description of Revision

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1 Introduction

This reports DFDD contains the reports related to the Operations Management functional area. The following set of reports represents existing reports from the transfer system as well as new reports requested during the MPSC project's design phase.

2 EBT Operations Reports

These reports are for EBT States only.

2.1 EBT Cards Issued Disposition Report (EBT Only)

Description	This is for EBT only states. The EBT Card Issued Disposition Report shows the EBT cards issued based on selection parameters.
Parameters	Local Agency (one or all) Clinic (one or all) Start and End Dates
Record Selection / Filtering / Calculations	Based on the selection, gathers all issued EBT cards (transaction type of Setup and Replaced). This report will exclude investigation family related data.
Print Columns	Card Number (Mask of 99999999-99999999) Family Name and Number (if applicable) Special Indication if card is assigned to a foster child Issued Date
Sort Order	Local Agency ID Clinic ID Card Number
Total / Count Columns	Count
State Totals	Yes
Primary Group (page break)	Local Agency
Additional Group By	Clinic ID

EBT Cards Issued Disposition Report						
01/04/2007 - 01/10/2007						
Print Date: 01/11/2007						
State Totals		# Cards Issued				
		1,234				
Local Agency/Clinic	# Cards Issued	Card Number	Family Name	Family ID	Foster Child	Issued Date
1 LocalAgencyOne	8					
1 LAOneClinicOne	5					
		80000358-00021596	Janet Adams	53389	No	01/05/2007
		80000358-00021588	Anita Bryant	55843	No	01/05/2007
		80000358-00021613	Debbie Reynolds	51246	No	01/07/2007
		80000358-00021625	Hamilton Burger	51246	Yes	01/05/2007
		80000358-00021604	Joyce Zolu	49632	No	01/15/2007
2 LAOneClinicTwo	3					
		80000358-00022416	Alice Boxers	56789	No	01/05/2007
		80000358-00022431	Susie Smith	56325	No	01/04/2007
		80000358-00022423	Ann Taylor	51246	Yes	01/06/2007

2.2 EBT Cards Abnormal Disposition Report (EBT Only)

Description This is for EBT only states
 The EBT Card Abnormal Disposition Report shows the details of EBT cards with abnormal dispositions with a comparison summary of cards issued based on selection parameters.

Parameters Local Agency (one or all)
 Clinics (One or all)
 Start and End Dates

Record Selection / Filtering / Calculations EBT cards have status history records. Select all the cards that have history records of Hot Carded (i.e. Lost, Stolen, Damaged) within the selection parameters.
 Count all the EBT cards that were issued (Type of Setup or Replaced) based on the selection parameters.
 This report will exclude investigation family related data.

Print Columns	Card Number (Mask of 99999999-99999999) Family Name and Number (if applicable) Special Indication if card is assigned to a foster child Reason Transaction Date
Sort Order	Local Agency Clinic ID Card Number
Total / Count Columns	Count of "abnormal" cards Count of cards issued (Setup) Calculate and print % of "abnormal" against the issued
State Totals	No
Primary Group (page break)	Local Agency
Additional Group By	

EBT Cards Abnormal Disposition Report						
01/04/2007 - 01/10/2007						
Print Date: 01/11/2007						
Local Agency/Clinic	Card Number	Family Name	Family ID	Foster Child	Reason	Transaction Date
1 LocalAgencyOneName	Abnormal Cards: 7					
	Total Issued: 59					
	Abnormal %: 11.9%					
1 LAOneClinicOne	Abnormal Cards: 4					
	Total Issued: 42					
	Abnormal %: 9.5%					
	80000358-00021596	Janet Adams	53389	No	Lost	01/05/2007
	80000358-00021588	Anita Bryant	55843	No	Damaged After Issuance	01/04/2007
	80000358-00021613	Debbie Reynolds	51246	Yes	Counterfeit	01/07/2007
	80000358-00021625	Joyce Zolu	49632	No	Stolen	01/07/2007
2 LAOneClinicTwo	Abnormal Cards: 3					
	Total Issued: 17					
	Abnormal %: 17.6%					
	80000358-00022416	Alice Boxers	56789	No	Damaged Prior To Issuance	01/05/2007
	80000358-00022431	Susie Smith	56325	No	Dual Participation	01/04/2007
	80000358-00022423	Ann Taylor	51246	Yes	Transferred Out	01/06/2007

2.3 UPC Purchased Report (EBT Only)

Description This is for EBT only states.
 The EBT UPC Food Purchased Report shows the UPC counts and average prices for the selected categories over a selected time period.

Parameters Category (select one, multiple or all)
 Start and End Dates

Record Selection / Filtering / Calculations Count and calculate the average price for UPCs from the selected categories from start to end date inclusively.

Print Columns	Category Number and Name Subcategory Number and Name UPC Number UPC Product Name Generic (Yes or No) Count Average Price
Sort Order	Category by Category name Subcategory by Subcategory number UPC Detail Line by UPC Number
Total / Count Columns	Count the number of UPCs Calculate the average price
State Totals	Grand Total
Primary Group (page break)	Category (total count)
Additional Group By	Subcategory (total count)

UPC Purchased Report

Print Date: 01/20/2009

11/01/2008 - 11/30/2008

Total Purchases: 39,410

Category Number and Name	Subcategory Number and Name	UPC Number	UPC Name	Generic	Count	Average Price	
21 Infant Formula (IF)					18,095	\$13.63	
	001 Infant Formula (IF)					29	\$13.24
		300871273412	ENFAMIL LIPIL W/IRON PWD 12.9OZ MJ	No	29	\$13.24	
	013 Infant Formula (IF)					9	\$14.43
		300870201423	ENFAMILAR LIPIL PWD 12.9OZ	No	9	\$14.43	
	018 Infant Formula (IF)					20	\$15.89
		300878693428	ENFAMIL GENTLEASE LIPIL 12OZ PWD R	No	20	\$15.89	
	025 Infant Formula (IF)					10,479	\$13.88
		070074559582	SIMILAC ADV POWD W/IRON 12.9OZ CA	No	10,479	\$13.88	
	026 Infant Formula (IF)					575	\$4.39
		070074569741	SIMILAC ADV CONC-ROSS 13OZ	No	575	\$4.39	
	027 Infant Formula (IF)					3	\$6.49
		070074559629	SIMILAC ADV RTF 32OZ	No	3	\$6.49	
	031 Infant Formula (IF)					2,309	\$14.92
		070074559643	SOMIL ADV POWD-ROSS 12.9OZ CAN	No	2,309	\$14.92	

2.4 UPC Not Purchased Report (EBT Only)

Description This is for EBT only states.
 The UPC Not Purchased Report is to assist the state in determining which UPCs may need to drop from their list of available UPCs.

Parameters Category (select one, multiple or all)
 Start Date
 End Date

Record Selection / Filtering / Calculations For each active UPC, count the quantity of redeemed UPCs from the selected subcategories for all vendors from the start to end date inclusively.

Print Columns	UPC Number UPC Product Name Cat (this is the category number) Subcategory Generic (Yes or No) Count
Sort Order	Count (ascending)
Total / Count Columns	Count the number of UPCs
State Totals	None
Primary Group (page break)	None
Additional Group By	None
Special Notes	Similar to the UPC Purchased Report

UPC Not Purchased Report

1/1/2007 to 2/28/2007

Data Effective: 3/1/2007

Print Date: 3/5/2007

UPC Number	UPC Name	Cat	Subcategory	Generic
234956733	Never used cheese	02	002 Lowfat Cheese	No
223428349	MSUD2	62	151 MSUD2	No
234243523	Almost never used infant cereal	09	001 Infant Cereal	Yes
69690384	Smelly eggs	03	001 Fresh Eggs	No
13243286	Deisel smelling milk	01	004 Buttermilk	No

.... (on for every UPC purchased)

3 Inventory Operations Reports

3.1 Non-Serialized Inventory Order Received Summary Report

Description	The Non-Serialized Inventory Order Receipt Summary Report is used to track the amount of non-serialized inventory received at the clinics.
Parameters	Start Date End Date Category (one, multiple or all)
Record Selection / Filtering / Calculations	Select all the Non-Serialized Inventory Received records that match the category(s) selected and whose Received Date is within the start and end date inclusively. Sum the Amount Received for the Inventory Items.
Print Columns	Category Inventory Item Count
Sort Order	Category (code display sequence) Inventory Item (display sequence)
Total / Count Columns	Count
State Totals	The detail records are statewide counts.
Primary Group (page break)	None
Additional Group By	Category

Non-Serialized Inventory Order Received Summary
11/1/2006 to 12/30/2006

Data Effective: 1/1/2007

Print Date: 1/5/2007

Category	Inventory Item	Count
WIC Literature	Breastfeeding Basics	14,116
WIC Literature	Advanced Breastfeeding	23,234
WIC Literature	Special Formula Options	2,938
WIC Literature	Nutrition and Your Baby	29,303
Forms	1045 Expense Report	5,023
Forms	193 Personal Time Off Application	6,739
Special Formula	Enfamil lipil 3oz.	24,600
Special Formula	Enfamil lipil 6 oz.	260
Special Formula	Enfamil Premature 20cal 3 oz.	680
Special Formula	Enfamil Oremature 24cal 3 oz.	1,200
Special Formula	Similac 12.9 oz.	89,058
Special Formula	MCT oil	28
Special Formula	Kindercal	568
Special Formula	Pregestimil 24 cal 3oz.	850
Special Formula	Supena RTF 8oz.	25

3.2 Non-Serialized Inventory Order Received Detail Report

Description	The Non-Serialized Inventory Order Received Detail Report is used to track the amount of non-serialized inventory received at each clinic with clinic totals.
Parameters	Start Date End Date Category (one, multiple or all)
Record Selection / Filtering / Calculations	Select all the Non-Serialized Inventory Received records that match the category(s) selected and whose Received Date is within the start and end date inclusively. Sum the Amount Received for the Inventory Items for each clinic.
Print Columns	Category (Inventory Category Name) Inventory Item (Inventory Name) Clinic (LA ID, Clinic ID and Clinic Name) Clinic Total State Total
Sort Order	Category (code display sequence) Inventory Item (display sequence) Clinic (LA ID / Clinic ID)
Total / Count Columns	Clinic Total (total for an inventory items within a clinic) State Total (total for an inventory item)
State Totals	Yes
Primary Group (page break)	None
Additional Group By	Inventory Item

Non-Serialized Inventory Order Received Detail
 11/1/2006 to 12/30/2006

Data Effective: 1/1/2007

Print Date: 1/5/2007

Category	Inventory Item	Clinic	Clinic Total	State Total
WIC Literature	Breastfeeding Basics	1 - 10 City Clinic	5,320	14,116
		1 - 12 Town Clinic	6,432	
		12 - 34 Rural Clinic	2,364	
WIC Literature	Advanced Breastfeeding	1 - 10 City Clinic	4,837	11,959
		1 - 12 Town Clinic	5,283	
		12 - 34 Rural Clinic	1,839	
WIC Literature	Special Formula Options	1 - 10 City Clinic	1,847	5,734
		1 - 12 Town Clinic	2,623	
		12 - 34 Rural Clinic	1,264	
WIC Literature	Nutrition and Your Baby	1 - 10 City Clinic	8,923	28,769
		1 - 12 Town Clinic	11,923	
		12 - 34 Rural Clinic	7,923	
Forms	1045 Expense Report	1 - 10 City Clinic	1,023	5,144
		1 - 12 Town Clinic	2,383	
		12 - 34 Rural Clinic	1,738	
Forms	193 Personal Time Off Application	1 - 10 City Clinic	1,303	5,979
		1 - 12 Town Clinic	2,738	
		12 - 34 Rural Clinic	1,938	
Special Formula	Entamil lipil 3oz.	1 - 10 City Clinic	6,933	24,154
		1 - 12 Town Clinic	9,838	
		12 - 34 Rural Clinic	7,383	
...				

3.3 Serialized Inventory Report

Description	The Serialized Inventory Report is used to show the amount of serialized inventory at the selected level (clinic, local agency or statewide).
Parameters	Category Select one: Statewide (default if no selection) Local Agency Clinic
Record Selection / Filtering / Calculations	Select all the active Serialized Inventory Records that are not Retired based on the selection parameters. To be active, neither the serialized inventory category or type can be deactivated.
Print Columns	Detail line: Serial Number Inv # Rental Company Add Date
Sort Order	Type (table display sequence)
Total / Count Columns	Count on Category and Type (at all levels)
State Totals	Yes (if selected)
Primary Group (page break)	None
Additional Group By	Type

Serialized Inventory Report

Data Effective: 3/1/2007

Print Date: 3/31/2007

Statewide	Category/Type	Serial Number	Inv #	Rental Company	Add Date
	Breastpumps	Count of 20			
	Medala Latina	Count of 9			
	Medata Premium	Count of 11			
1 - Anyagency	Breastpumps	Count of 12			
	Medala Latina	Count of 5			
	Medata Premium	Count of 7			
10 - Anyclinic	Breastpumps	Count of 7			
	Medala Latina	Count of 3			
		C-115-9699975	101	ACME Rentals	1/30/2005
		C-115-2343453	105		2/15/2005
		C-123-2348335	106		2/15/2005
	Medata Premium	Count of 4			
		C-154-234256	134	Good Rentals	1/22/2005
		C-167-1356353	156		4/1/2005
		C-1234-1345956	163		5/30/2005
		D-39395	167		5/30/2005
11 - Nextclinic	Breastpumps	Count of 5			
	Medala Latina	Count of 2			
		D-135-234975	234	ACME Rentals	1/30/2005
		D-132-2234353	254		2/15/2005
	Medata Premium	Count of 3			
		C-11348659	255	Good Rentals	1/22/2005
		D-13843-324	289		4/1/2005
		E-3283-E383	275		5/30/2005
2 - Nextgency	Breastpumps	Count of 8			
	Medala Latina	Count of 4			
	Medata Premium	Count of 4			
22 - Onlyclinic	Breastpumps	Count of 8			
	Medala Latina	Count of 4			
		C-115-9699975	457	ACME Rentals	1/30/2005
		E-123-2348335	2349		2/15/2005
		C-115-2343453	563		2/15/2005
		C-123-2348335	2834		2/15/2005
	Medata Premium	Count of 4			
		C-154-234256	2944	Good Rentals	1/22/2005
		C-167-1356353	243		4/1/2005
		C-1234-1345956	2984		5/30/2005
		D-39395	188		5/30/2005

4 Monitoring Operations Reports

4.1 Clinic Monitoring Report

Description	The Clinic Monitoring Report is for the state operations manager to monitor and compare key clinic factors. These factors may indicate a need to investigate a clinic to determine if operational improvements need to be made or abuse situations need to be rectified.
Parameters	<p>Issuance Start Time (drop down contains 12 AM, 1 AM, 2 AM,...12 PM, 1 PM, 2 PM,...11 PM).</p> <p>Issuance End Time (drop down contains 12 AM, 1 AM, 2 AM,...12 PM, 1 PM, 2 PM,...11 PM).</p> <p>There are two sub-titles on this report to help the user know what parameters were used when the report was run: Issuance Start Time and Issuance End Time.</p>
Record Selection / Filtering / Calculations	<p>No Nutr Education Percentage: Calculated by dividing the number of enrolled participations that do not have a nutrition education record in their latest certification period divided by the total number of enrolled participants.</p> <p>No Income Percentage: Calculated by dividing the number of enrolled families reporting an income of zero by the total number of enrolled families.</p> <p>Infants Percentage: Calculated by dividing the number of enrolled infant participants by the number of enrolled participants.</p> <p>Multiple Births Percentage: Calculated by dividing the number of enrolled multiple birth participants by the number of enrolled participants. Each multiple birth is counted as a single item in the calculation.</p> <p>Cert Appts Percentage: Calculated by dividing the total number of scheduled certification appointments by the total number of scheduled appointments from the last full calendar month.</p> <p>No Shows Percentage: Calculated by dividing the total number of no show appointments by the total number of scheduled appointments from the last full calendar month.</p> <p>Outside Hours Percentage: Calculated by dividing the total number of issued food benefits (FI states – FIs, EBT States – write to a card) outside reasonable hours by the total number of issued food benefits from the last full calendar month. Outside reasonable hours are considered any Saturday or Sunday or weekday hours starting at midnight until an Issuance Start Time report parameter or an Issuance End Time report parameter until midnight.</p> <p>This report will exclude investigation family related data.</p>

Print Columns No Nutr Education
 No Income
 Infants
 Multiple Births
 Cert Appts
 No Shows
 Outside Hours
 All percentages expressed with one decimal point.

Sort Order The sort order of the report is state aggregated followed by each local agency (ascending by local agency number) with their clinics (ascending clinic number).

Total / Count Columns Columns are percentage based (percentage calculated for each level; clinic, local agency and state).

State Totals Yes

Primary Group (page break) Local Agency

Additional Group By Clinic (detail line)

Developer Notes

Clinic Monitoring Report

Print Date: 02/10/2011

Issuance Start Time: 10 AM
 Issuance End Time: 2 PM

	97%	3.4%	23.4%	1%	0.7%	0.1%	100%
3 Tri-County Health Department	99.9%	3.5%	24.0%	1.1%	0.8%	0.2%	100.0%
101 Northglenn WIC Clinic	99.6%	4.2%	25.7%	1.1%	80.0%	20.0%	100.0%
102 Commerce City WIC Clinic	100.0%	1.7%	21.0%	0.5%	0.0%	0.0%	100.0%
301 Aurora WIC Clinic	100.0%	3.9%	22.1%	1.0%	9.1%	0.0%	0.0%
305 Iliff WIC Clinic	100.0%	3.3%	24.5%	1.2%	0.0%	0.0%	0.0%
1801 Castle Rock WIC Clinic	100.0%	4.1%	26.4%	2.0%	0.0%	0.0%	0.0%
5 Baca County Public Health Agency	95.7%	15.4%	21.7%	0.0%	0.0%	0.0%	0.0%
501 Baca Clinic	95.7%	15.4%	21.7%	0.0%	0.0%	0.0%	0.0%
7 Boulder County Public Health	100.0%	2.4%	21.8%	1.0%	0.0%	0.0%	0.0%
701 Boulder Clinic	100.0%	1.9%	21.7%	0.9%	0.0%	0.0%	0.0%
702 Lafayette Clinic	100.0%	1.4%	21.5%	1.2%	0.0%	0.0%	0.0%
703 Longmont Clinic	100.0%	2.8%	21.9%	0.9%	0.0%	0.0%	0.0%

4.2 Clinic Profile Report

Description	The Clinic Profile Report shows profile data about a clinic. It is used as supplemental information for state or local agency visits to the clinic.
Data Updated	Monthly
Parameters	Clinic
Record Selection / Filtering / Calculations	Select the latest Clinic Staff Profile Calculate the participant ratio to FTE by dividing the clinic total participant count by the FTE amount. This report will exclude investigation family related data.
Print Columns	Staff Type FTE Counts of All, High Risk, and Low Risk participants Participant Ratio to Staff Type FTE (for All, High Risk, and Low Risk participants)
Sort Order	Staff Type
Total / Count Columns	FTE Counts of All, High Risk, and Low Risk participants Participant Ratio to Total Staff FTE
State Totals	No
Primary Group (page break)	None
Additional Group By	None

Clinic Profile Report

Data Effective: 3/1/2007

Print Date: 3/31/2007

	FTEs	All	Ratio	High Risk	Ratio	Low Risk	Ratio
01-010 Clinic A	7.25	2,918	402	684	94	2,234	308
Manager	1.00		2,918		684		2,234
Para-Professional	2.50		1,167		274		894
CPU	3.75		778		182		596

4.3 C&A Tailored Package Usage Report

Description	Abuse may occur with the "Combine and Average" food rules feature. Abuse could occur if a package was set up for an 'Odd' month (i.e. January) with a "higher amount" food item that was marked Odd that was followed in the next immediate 'Even' month (i.e. February) by with a "higher amount" food item that was marked Even. The user could then issue each month with the "higher amount" food item. The ability to detect abuse will be done via clinic audits with this report. This report will show which participants have issued food from a tailored food package that used combine and average food items. The auditor can use this to review these participants to see if abuse has occurred
Parameters	Local Agency, Clinic, Date Range
Record Selection / Filtering / Calculations	For the specified Clinics, find all occurrences of issued food with the Date Range where a tailored food package was used that contains the "Combine and Average" feature. This report will exclude investigation family related data.
Print Columns	Local Agency (LAID and LA Name) Clinic (Clinid ID and Clinic Name) Family ID Person ID Participant Name (First, Middle, Last) Tailored Package Name FDTU
Sort Order	LA ID, Clinic ID, Family ID, Person ID, FDTU
Total / Count Columns	No
State Totals	No
Primary Group (page break)	Local Agency
Additional Group By	Clinic
Developer Notes	

Combine and Average Tailored Package Usage Report
3/1/2010 - 4/30/2010

Agency/Clinic	Family ID	Person ID	Participant Name	Tailored Package Name	FDTU
33 - Agency B 1 Sac City	2376	28373	Sammy Jones	Tailored Infant 6-11 Special Formula	03/01/2010
	2376	28373	Sammy Jones	Tailored Infant 6-11 Special Formula	04/01/2010
	2376	28373	Thomas Fredickson	Tailored Infant 6-11 Special Formula	03/01/2010
	3445	22343	Kevin Potel	Tailored Infant 0-1 Special Formula	03/01/2010
	234	23488	Steve Smith	Tailored Infant 6-11 Special Formula	03/01/2010
45 - Agency A 1 Lionsville					
	23839	45362	Lisa Brown	Tailored Infant 3-4 Special Formula	03/01/2010

4.4 Family Customer Service Log Report

Description The Family Customer Service Log Report allows for the detail printing of log entries based on level (state, LA or Clinic), Time Period and Contact Type. Examples of its use include complaint monitoring or ME preparation.

Parameters Level – State, LA or Clinic (data is tied to a family which is at the Clinic level)
Start and End Dates
Customer Service Type (select one, multiple or all)

Record Selection / Filtering / Calculations Record selection is based on parameters
This report will exclude investigation family related data.

Print Columns	LA Clinic Family Last Name Family ID Recorded Date Customer Service Type Civil Right Complaint (Yes or No) Closed Date Referred To Description Resolution
Sort Order	LA Clinic Family Name Record Date (Most recent to oldest)
Total / Count Columns	Clinic Totals LA Totals
State Totals	Yes
Primary Group (page break)	Local Agency
Additional Group By	Clinic

Family Customer Service Log Report										Print Date: 3/7/2007
1/1/2007 - 2/28/2007										
Statewide Count: 55										
Agency	Clinic	Fam Last Nm	Family ID	Recorded Dt	Cust Svc Type	Civ Rts	Closed Dt	Ref To	Description	Resolution
1-AgencyOne	1-ClinicOne	Alberts	456789	2/24/2007	Problem	Yes	2/28/2007	Vendor Manager	Customer felt she was discriminated against by a clerk when making a purchase at WIC Vendor XYZ	Vendor Manager initiated an investigation and the clinic notified the customer that the problem was being investigated
		Alberts	456789	1/10/2007	Question	No	1/10/2007	Clinic Staff	Customer called with a question about how to use her WIC EBT card	Clinic staff person was able to answer her question over the phone
		O'Rourke	753951	2/3/2007	Problem	No		Local Agency	Customer reported that clinic hours are inconvenient - need evening hours	
Clinic Subtotal: 3										
2-ClinicTwo		Mason	159159	2/14/2007	Question	No	2/21/2007	Local Agency	Customer reported that the clinic lobby was dirty	Agency fired cleaning service and hired new one
		Shane	497842	2/1/2007	Problem	No	2/6/2007	Human Resources	Customer reported that a clinic staff person used bad language during an appointment	Human Resources let staff person go since this was the third similar complaint
Clinic Subtotal: 2										
Agency Total: 5										
...(next agency on next page)										

4.5 Interstate Dual Participation Report

Description The Interstate Dual Participation Report is the result of a two step process that reads an input file from another state's WIC system and produces list a of potential dual participation candidates. The first step is to load the other state's input file (done by the Interstate Dual Participation batch process). This report is the second step.

Parameters Input Source (dropdown of available input files which were loaded by the batch process)
 Receipt of a Dual Participation File from another WIC system includes:
 MPSC CIBER WIC System (from other MPSC state): see Dual Participation Extract in the Clinic Services Batch Processes DFDD
 WIC Indian Networking Data System Nebraska format – WINDS (Wyoming) and Ute Mountain Ute Tribe (Colorado): see WY WINDS Dual Participation File Format-Nebraska.doc
 Arizona File Format (Utah): See Utah File Format Arizona Files.doc
 CSFP (Colorado): see Re: Dual Participation Format and Lists.msg

Record Selection / Filtering / Calculations	<p>This process assumes that an input file has been loaded by the Interstate Dual Participation batch process and the user has been notified of which source it is.</p> <p>The report will determine any potential participation candidates. A potential participation candidate is identified when the last name, date of birth and sex match exactly (Sex match code is not done with CSFP file as there is no sex code on the input layout) against active MPSC participants. The job creates a report table which is available in the Reports database.</p> <p>This report will exclude investigation family related data.</p>
Print Columns	<p>Matched Data is considered the data that had the exact content match. WIC system is considered the state's WIC system Input Record is considered the other state's input data.</p> <p>Matched Data – Last Name Matched Data – Date of Birth (Mask of mm/dd/yyyy) Matched Data – Sex (Mask of M or F) WIC System – LA ID/Clinic (Mask of 99-999) WIC System – Cert Date (Mask of mm/dd/yyyy) WIC System - City WIC System – First Name Input Record – First Name Input Record – Cert (Mask of mm/dd/yyyy) Input Record – From (this depends on what is available from other state)</p>
Sort Order	Matched Data - last name and date of birth
Total / Count Columns	<p>Number of Input Records (in Header or at top of report) Number of Potential Candidates (in Header or at top of report)</p>
State Totals	No
Primary Group (page break)	Input File Source (State Name)
Additional Group By	None

Matched Data			WIC System Data				Input Source Data		
Last Name	DOB	Sex	LA ID/Clinic	Cert Date	City	First Name	First Name	Cert Date	City
Jones	12/12/2004	F	4-28	01/26/2005	Anycity5	Elizabeth	Liz	04/25/2006	Inputcity5
Klinger	04/12/2004	M	19-24	05/16/2004	Anycity8	Anthony	Tony	06/25/2006	Inputcity8
Leventry	04/23/2005	M	1-25	03/25/2006	Anycity4	Barry	Barry	08/15/2006	Inputcity4
Smith	03/04/2006	F	1-23	05/15/2006	Anycity2	Judy	Judy	08/15/2006	Inputcity2
Tucker	01/05/2005	M	2-12	04/16/2005	Anycity	Robert	Bob	06/19/2005	Inputcity

Interstate Dual Participation Report
 Input Source: Nebraska
 Input Record Count: 5,025
 Potential Candidates: 5

Print Date: 03/31/2007

Page 1 of 1 Rev: 02/25/2006

4.6 LA Eligibility Performance Report

Description The LA Eligibility Performance Report shows how the local agencies are performing in accordance with the latest caseload eligibility.

Data Updated Monthly – Participation

Parameters None

Record Selection / Filtering / Calculations The eligibility data is retrieved from the latest non-experimental caseload record.
 The participation data is calculated based on the sum of the last 12 months of the participation count table for each local agency. This is divided for each local agency by the number of months where that agency had any participation recorded.
 The percentage is calculated by dividing the eligible by the participation for each category.
 This report will exclude investigation family related data.

Print Columns	Header parameter line – Date of the latest non-experimental caseload record. Local Agency ID Women Eligible Participation Percent Infants Eligible Participation Percent Children Eligible Participation Percent Total Eligible (Women Eligible + Infants Eligible + Children Eligible) Participation (Women Participation + Infants Participation + Children Participation) Percent
Sort Order	By Local Agency
Total / Count Columns	Each Eligible and Participation Column should be aggregated into State Total
State Totals	Yes
Primary Group (page break)	None
Additional Group By	None

Data Effective: 3/1/2007

LA Eligibility Performance Report
Caseload - 11/15/2006

Print Date: 3/31/2007

LA	Women			Infants			Children			Totals		
	Eligible	Part	Pct.	Eligible	Part.	Pct.	Eligible	Part.	Pct.	Eligible	Part.	Pct.
01	11,234	2,039	18%	5,383	1,293	24%	7,384	1,923	26%	24,001	5,255	22%
02	23,393	4,423	19%	9,234	2,038	22%	13,039	2,933	22%	45,666	9,394	21%
...												
Statewide	34,627	6,462	19%	14,617	3,331	23%	20,423	4,856	24%	69,667	14,649	21%

4.7 Local Agency Profile Report

Description The Local Agency Profile Report shows profile data about a local agency. It is used as supplemental information for state visits to the local agency.

Data Updated Monthly
Participation - Latest CountMonth available from Participation Count Batch Process

Parameters Local Agency

Record Selection / Filtering / Calculations	<p>Select the latest Clinic Staff Profile for the clinics in the local agency.</p> <p>Select the latest production Caseload Management Local Agency row record.</p> <p>Select all the Local Agency Budget Allocation and Adjustment transactions for the local agency.</p> <p>Calculate the participant ratio to FTE by dividing the clinic total participant count by the FTE amount.</p>
Print Columns	<p>Clinic Staff Profile detail lines:</p> <ul style="list-style-type: none"> Staff Type FTE (aggregate across clinics) Participant Ratio to Staff Type FTE Participants <p>Caseload Management Eligible detail line:</p> <ul style="list-style-type: none"> Eligible Women Participant Count of Women Percentage of Participant against Eligible Eligible Infants Participant Count of Infants Percentage of Participant against Eligible Eligible Children Participant Count of Children Percentage of Participant against Eligible Total (Women, Infant and Children) Participant Count of Total Percentage of Participant against Eligible <p>Caseload Management Allocation detail line:</p> <ul style="list-style-type: none"> Allocation Total Participant Count Achievement Percent <p>Budget detail line:</p> <ul style="list-style-type: none"> Total Budget Total Participant Count Cost per participant
Sort Order	None
Total / Count Columns	<p>Clinic Staff Profile total line</p> <ul style="list-style-type: none"> FTE (all staff types) Participant Ratio to Total Staff FTE
State Totals	No

Primary Group (page break) None

Additional Group By None

Developer Notes Clinic Staff Profile – Only clinics that have a profile setup will be shown on the report and contribute to the LA totals for ratio calculation.
 Budget – Pulls number from appropriate Federal Fiscal Year in LA Budget screen. The Fiscal Year is determined based on the current date. The month that starts the fiscal year is found in the system parameter System.StateFiscalMonthStart. For instance, if the value is '10' and the current date is 6/8/2010 then the fiscal year would be 2010 as the fiscal year is from 10/1/2009 to 09/30/2010 (which is 2010 fiscal year). For instance, if the value is '10' and the current date is 12/13/2010 then the fiscal year would be 2011 as the fiscal year is from 10/1/2010 to 09/30/2011 (which is 2011 fiscal year).

Data Effective: 4/1/2007

Local Agency Profile Report

Print Date: 4/6/2007

Clinic Staff Profile

	FTEs	Ratio
01 Agency One	11.75	421
Manager	2.00	2,472
Para-Professional	4.00	1,236
CPU	5.75	860
01-010 Clinic A	7.25	402
Manager	1.00	2,918
Para-Professional	2.50	1,167
CPU	3.75	778
01-011 Clinic B	4.50	450
Manager	1.00	2,025
Para-Professional	1.50	1,350
CPU	2.00	1,013

Caseload Management Eligible

Eligible	Women Participants	Percent	Eligible	Infants Participants	Percent	Eligible	Children Participants	Percent	Eligible	Participants	Percent
3564	2589	73%	2314	1963	85%	3965	3120	79%	9843	7672	78%

Caseload Management Allocation

Allocation	Participants	Achieve %
8000	7672	96%

Budget

Total Budget	Participants	Cost/Part
\$1,460,000.00	7672	\$190.30

4.8 No Show Report

Description	The No Show Report reports no-show rates by appointment types in a rollup fashion from clinic to local agency to statewide.
Parameters	Month, Year
Record Selection / Filtering / Calculations	For each level and for each appointment type, count the total number of appointments and the total number marked as no-show. This report will exclude investigation family related data.
Print Columns	State, Local Agency ID and Name, Clinic ID and Name For all types Appt Count No Show Count Percent For each appointment type: Appt Count No Show Count Percent
Sort Order	State wide at top, Local Agency – by LA ID Clinic within LA – Clinic ID
Total / Count Columns	Detail rows are counts and percentages
State Totals	Yes
Primary Group (page break)	None
Additional Group By	LA and Clinic (no reason for page breaks)

Data Effective: 3/1/2007

No Show Report
February 2007

Print Date: 3/8/2007

State		Appointments	No Shows	Percent
	Totals	10,568	769	7.3%
	Appointment Type 1	7,986	524	6.6%
	Appointment Type 2	1,987	159	8.0%
	Appointment Type 3	595	86	14.5%
01 Local Agency One	Totals	7,222	488	6.8%
	Appointment Type 1	5,417	295	5.4%
	Appointment Type 2	1,420	135	9.5%
	Appointment Type 3	385	58	15.1%
01-01 Clinic One Agency One	Totals	5,603	295	5.3%
	Appointment Type 1	4,183	189	4.5%
	Appointment Type 2	1,280	90	7.0%
	Appointment Type 3	140	16	11.4%
01-02 Clinic Two Agency One	Totals	1,619	193	11.9%
	Appointment Type 1	1,234	106	8.6%
	Appointment Type 2	140	45	32.1%
	Appointment Type 3	245	42	17.1%
02 Local Agency Two	Totals	3,346	281	8.4%
	Appointment Type 1	2,569	229	8.9%
	Appointment Type 2	567	24	4.2%
	Appointment Type 3	210	28	13.3%
02-01 Clinic One Agency Two	Totals	1,988	190	9.6%
	Appointment Type 1	1,420	151	10.6%
	Appointment Type 2	410	15	3.7%
	Appointment Type 3	158	24	15.2%
02-02 Clinic Two Agency Two	Totals	1,358	91	6.7%
	Appointment Type 1	1,149	78	6.8%
	Appointment Type 2	157	9	5.7%
	Appointment Type 3	52	4	7.7%

4.9 Participant Violations, Sanctions and Claims Report

Description	The Participant Violations and Sanctions Report shows the last (rolling) 12 months of participant violations, sanctions and claims. Claims are the Line 10 and Line 24 types from the 798 Income Tracking screens (which is how they are collected).
Parameters	Month and Year Note: this is the end month
Record Selection / Filtering / Calculations	For the last 12 months, pull participant violations (by violation date), participant sanctions (by end date) and the 798 Income transaction lines 10 and 24 (by transaction date). This report will exclude investigation family related data.
Print Columns	Participant Violation Endorser Name Family ID Participant Name Person ID Violation Date Violation Type LA ID/Clinic Participant Sanction Endorser Name Family ID Participant Name Person ID Start Date End Date Sanction Type Claim Requested (Yes or No) Claims Description Requested Date (Transaction Date) Claim Requested Claim Received Received Date
Sort Order	Violations (Family Last Name with Participant Name within Family) Sanctions (Family Last Name with Participant Name within Family) Claims (Description)

Total / Count Columns Violation Type
 Violations
 Sanctions
 Claims – Count and Sum of amount received

State Totals This is a state report.

Primary Group (page break) None

Additional Group By None

Participant Violations, Sanctions and Claims Report
 Start Month: May 2006

Print Date: 05/08/2007

Violations						
Endorser Name	Family ID	Participant Name	Person ID	Violation Date	Violation Type	LA ID/Clinic
Peg Adams	123456	Peg Adams	454545	7/16/2006	Cashng Flamer lastvalld date	31-1
		Doy Je Alilus	789789	4/25/2006	Attending a food instrument	31-1
Age B Beason	787845	Ageela Beason	741711	1/14/2007	Threat of physical abuse of staff	40-2
Joyce Carson	224225	Betty Carson	116119	6/8/2006	Dual Participation	40-4
Shella Sampson	446447	Rkonda Dairle	111119	2/28/2007	Dual Participation	31-1
		Lella Sampson	111118	12/1/2006	Threat of physical abuse of staff	31-1

Total Violations	6
Attending a food instrument	1
Cashng Flamer lastvalld date	1
Dual Participation	2
Threat of physical abuse of staff	2

Sanctions							
Endorser Name	Family ID	Participant Name	Person ID	Start Date	End Date	Sanction Type	Claim Requested
Peg Adams	123456	Peg Adams	454545	8/1/2006	7/31/2007	Disqualified 1 year	Yes
Joyce Carson	224225	Betty Carson	116119	6/22/2006	6/21/2007	Disqualified 1 year	Yes
Shella Sampson	446447	Lella Sampson	111118	12/5/2006		Warning	No

Total Sanctions:	3
------------------	---

Claims				
Description	Requested Date	Claim Requested	Claim Received	Received Date
Betty Carson (part ID of 116119)	7/1/2006	\$34.05	\$30.00	8/5/2006
Peg Adams (part ID of 454545)	8/6/2006	\$65.99	\$65.99	9/19/2006

Total Received:	\$65.99
Total Claims:	2

5 Time Study Operations Reports

5.1 Time Study FTE Report

Description	The Time Study FTE (Full Time Equivalent) Report shows FTEs by staff person and by staff type within each clinic for all Cost Categories within a time study period. FTEs are calculated by dividing the hours by the FTE value specified for the time study period (based on weeks, months, etc.).
Parameters	A Time Study (defined earlier by the start and end dates) Local Agency, Clinic: select one, multiple or all (statewide)
Record Selection / Filtering / Calculations	All active staff in the selected clinic during the time study period. Cost Category hours (per staff person) are the sum of all hours for that cost category during the time study period. Cost Category FTE is the Cost Category Hours divided by the FTE for the time study.
Print Columns	Detail line: Staff Type Staff Person Clinic Services Hours Clinic Services FTE Nutrition Education Hours Nutrition Education FTE Breastfeeding Hours Breastfeeding FTE Administration Hours Administration FTE Total Hours Total Calculated FTE
Sort Order	Local Agency Clinic Staff Type Staff Person

Total / Count Columns	<p>Detail line totals:</p> <ul style="list-style-type: none"> Total hours for each detail line Total Calculated FTE for each detail line <p>Column totals by staff type:</p> <ul style="list-style-type: none"> Total hours for each type of Cost Category Total hours for all Cost Categories Total calculated FTE for all Cost Categories <p>Column Totals for Clinic:</p> <ul style="list-style-type: none"> Total hours for each type of Cost Category Total hours for all detail lines Total Calculated FTE for all detail lines <p>Column Totals for Local Agency:</p> <ul style="list-style-type: none"> Total hours for each type of Cost Category Total hours for all detail lines Total Calculated FTE for all detail lines <p>Column Totals for Time Study (this would be statewide when it is a statewide time study):</p> <ul style="list-style-type: none"> Total hours for each type of Cost Category Total hours for all detail lines Total Calculated FTE for all detail lines
State Totals	None
Primary Group (page break)	Local Agency Clinic
Additional Group By	Staff Type (Office Manager, CPA, Clerical, etc.)

Time Study FTE Report

Print Date: 04/08/2007

01/01/2007 - 01/31/2007
FTE = 168.0 Hours

State Totals	Staff Type	Clinic Services		Nutrition Education		Breastfeeding		Administration		Total	Total Calc
		Hrs	FTE	Hrs	FTE	Hrs	FTE	Hrs	FTE	Hrs	FTE
	Clerical	3234.00	19.250	230.50	1.372	120.75	0.719	525.00	3.125	4110.25	24.466
	CPA	6235.50	37.116	3121.00	18.577	2286.75	13.612	440.00	2.619	12083.25	71.924
	Office Manager	267.00	1.589	53.75	0.320	100.00	0.595	3400.00	20.238	3820.75	22.742
	Total State	9736.50	57.952	3405.25	20.268	2507.50	14.923	4365.00	25.982	20014.25	119.130

Local Agency/Clinic	Staff Type	Staff Person	Clinic Services		Nutrition Education		Breastfeeding		Administration		Total	Total Calc
			Hrs	FTE	Hrs	FTE	Hrs	FTE	Hrs	FTE	Hrs	FTE
1 LocalAgencyOneName												
	Clerical		3234.00	19.250	230.50	1.372	120.75	0.719	525.00	3.125	4110.25	24.466
	CPA		6235.50	37.116	3121.00	18.577	2286.75	13.612	440.00	2.619	12083.25	71.924
	Office Manager		267.00	1.589	53.75	0.320	100.00	0.595	3400.00	20.238	3820.75	22.742
	Total Local Agency		9736.50	57.952	3405.25	20.268	2507.50	14.923	4365.00	25.982	20014.25	119.130
1 ClinicOneName												
	Clerical											
		Kiven, Terri	74.00	0.440	16.00	0.095	10.00	0.060	68.25	0.406	168.25	1.001
	Total Staff Type		74.00		16.00		10.00		68.25		168.25	1.001
	CPA											
		Doe, Jane	20.00	0.119	25.45	0.151	70.50	0.420	13.00	0.077	128.95	0.768
		Smith, Helen	19.25	0.115	40.00	0.238	95.00	0.565	14.00	0.083	168.25	1.001
		Thomas, Kay	10.00	0.060	20.33	0.121	48.25	0.287	6.00	0.036	84.58	0.503
	Total Staff Type		49.25		85.78		213.75		33.00		381.78	2.273
	Office Manager											
		Doe, Tanya	10.50	0.063	14.50	0.086	20.00	0.119	115.00	0.685	160.00	0.952
	Total Staff Type		10.50		14.50		20.00		115.00		160.00	0.952
	Total Clinic		133.75		116.28		243.75		216.25		541.78	3.225
2 ClinicTwoName												
	CPA											
		Ray, Joyce	20.00	0.119	25.45	0.151	70.50	0.420	13.00	0.077	128.95	0.768
		Johnson, Susie	19.25	0.115	40.00	0.238	95.00	0.565	14.00	0.083	168.25	1.001
		Wilson, Kyla	10.00	0.060	20.33	0.121	48.25	0.287	6.00	0.036	84.58	0.503
	Total Staff Type		49.25		85.78		213.75		33.00		381.78	2.273
	Office Manager											
		Ray, Theresa	10.50	0.063	14.50	0.086	20.00	0.119	115.00	0.685	160.00	0.952
	Total Staff Type		10.50		14.50		20.00		115.00		160.00	0.952
	Total Clinic		59.75		100.28		233.75		148.00		541.78	3.225

5.2 Time Study Payroll Report

Description The Time Study Payroll Report calculates the percentage of total hours each staff member spent working on the different cost categories.

Parameters Local Agency (one, multiple or all)
Start and end Date of Time Study

Record Selection / Filtering / Calculations All active staff in the selected local agency during the time study period. The cost category percentages are the total hours spent in the cost category divided by the total number of hours worked during the time study period.

Print Columns	Detail lines: Staff Person Clinic Services Nutrition Education Breastfeeding Administration
Sort Order	Local Agency, Staff Person.
Total / Count Columns	None.
State Totals	None
Primary Group (page break)	Local Agency
Additional Group By	None.

Time Study Payroll Report
01/01/2007 - 01/31/2007

Print Date: 04/08/2007

Local Agency	Staff Person	Clinic Services % of Hours	Nutrition Education % of Hours	Breastfeeding % of Hours	Administration % of Hours
1_AgencyNumberOne	Doe, Tanya	36.00	1.00	44.00	19.00
	Doe, Jane	20.15	1.00	50.00	28.85
	Smith, Helen	40.00	10.00	30.00	20.00
	Thomas, Kay	25.00	25.00	25.00	25.00
	Kiven, Terri	0.00	0.00	90.00	10.00

5.3 Non-Scheduled Activity Report

Description This is a report to show the variety of non-scheduled activities that are consuming staff time. This information is captured during time studies.

Parameters Local Agency, Date Range, Activity

Record Selection / Filtering / Calculations The non-scheduled activities are defined as an indicator on the defined time study activities..
All non-scheduled activities for date range
Count is a count of the times the activity is captured.
Hours is listed in decimal hours (NN.NN)
Rows are the individual activities

Print Columns Local Agency/Clinic, Staff Person, Non-Scheduled Activity, Count, Hours, Contacts

Sort Order	Sort Local Agencies by LA ID, Sort Clinics by Clinic ID, Sort Staff Person alphabetically, Sort Non-Scheduled Activity alphabetically
Total / Count Columns	Total contacts within staff, clinic, local agency and state. Total activities by counts and hours within staff, clinic, local agency and state.
State Totals	Yes
Primary Group (page break)	Local Agency
Additional Group By	Clinic, by staff member

Data Effective: 5/1/2007

Non-Scheduled Activity Report
4/1/2007 - 4/30/2007

Print Date: 5/3/2007

	Count	Hours	Contacts
State Total	88	208.00	32
Computer Hardware Problems	32	68.25	
Networking Community Partner	28	125.75	
Voter Registration	28	125.75	
33 - New Agency	20	56.50	7
1 - Sac City	15	48.75	5
James Andrews	7	25.75	4
Computer Hardware Problems	4	8.00	
Networking Community Partner	2	3.75	
Voter Registration	1	2.00	
Helen Hunt	8	23.00	1
Computer Hardware Problems	1	1.25	
Networking Community Partner	5	7.75	
Voter Registration	2	2.50	
2 - Next Clinic	5	7.75	2
Tony Kellan	5	7.75	2
Networking Community Partner	5	7.75	
...			

6 WIC Outreach Operations Report

6.1 WIC Outreach Activity Report

Description	The WIC Outreach Activity Report is a local agency report that shows in a tabular style the outreach activity for the last 12 months (starting with previous month).
Parameters	Local Agency (one or Statewide)
Record Selection / Filtering / Calculations	<p>There should be a detail row for any outreach organization for the local agency that has at least one completed activity during the last 12 months.</p> <p>The Family counts are those that indicated they were referred to WIC by the Outreach Organization. The month will be determined by the date the family is added to the WIC data system.</p> <p>This report will exclude investigation family related data.</p>
Print Columns	<p>Activity Cnt (count of activities in the time period)</p> <p>Cost (sum of cost of activities in the time period)</p> <p>Hours (sum of hours of activities in the time period)</p> <p>Cost per Fam (cost sum divided by families that have been referred to WIC in the agency in the time period)</p> <p>% Referred (last 12 month count / current families in agency)</p> <p>Family Counts:</p> <p> 12 Mos. (last 12 months)</p> <p> Rolling Months columns (last 6 months; label each month with 3 char abbreviations)</p>
Sort Order	<p>Organization Type – alphabetic</p> <p>Organization Name – alphabetic</p>
Total / Count Columns	See Print columns
State Totals	Yes (at top)
Primary Group (page break)	Local Agency
Additional Group By	Outreach Organization Type

WIC Outreach Activity Report						Print Date: 06/03/2010						
State Total	Organizations					Referred Family Counts						
	Activity Cnt	Cost	Hours	Cost Per Fam	% Referred	12 Mos.	Dec	Jan	Feb	Mar	Apr	May
	21	\$14,498	329	\$1,610.83	0%	9	0	0	3	2	4	0
Local Agency/Clinic	Organizations					Referred Family Counts						
	Activity Cnt	Cost	Hours	Cost Per Fam	% Referred	12 Mos.	Dec	Jan	Feb	Mar	Apr	May
Boulder County Public Health	6	\$950	115	\$135.71	0%	2	0	0	2	0	0	0
Food Resources												
Health Food Bank	1	\$100	40	N/A	0%	0	0	0	0	0	0	0
Local Food Bank	5	\$850	75	N/A	0%	0	0	0	0	0	0	0
Health/Medical												
QuitLine	0	\$0	0	\$0.00	0%	1	0	0	1	0	0	0
Other												
Denver Westside Diapers	0	\$0	0	\$0.00	0%	1	0	0	1	0	0	0

6.2 WIC Outreach Mailing Labels

Description The WIC Outreach Mailing Labels formats an address listing so that it can be saved to an Excel spreadsheet for importing into a MS Office product for label printing. MS Office products support the many industry standard label layouts.

Parameters Local Agency
Organization Name (one, multiple or all)

Record Selection / Filtering / Calculations Select organization(s) based on parameters

Print Columns Organization Name
Attention Name
Address Line 1
Address Line 2
Formatted concatenation of City, State, Zip and Zip+4

Sort Order Organization Name – alphabetic

Total / Count Columns None

State Totals	No
Primary Group (page break)	No
Additional Group By	No
Special Note	The third column is Address Line 1 combined with the P.O. Box. The fourth column is Address Line 2 and the Suite combined.

Abuse Resource Network	Missy Schmidt	333 Elm Street	Suite 404	Provo, UT 84602
Family Planning, Inc.	Dean Jones	P.O. Box 7979		Provo, UT 84602
Nutrition Specialists	Anne Bennett	45 Hampton Rd.	Rear Building Suite 10	Moab, UT 84510
Your Neighborhood Center	Tracy Adair	25 Locust Blvd.		Salt Lake City, UT 84101

6.3 WIC Outreach Organization Listing

Description	The WIC Outreach Organization Listing is a listing that contains the contact information regarding outreach organizations. WIC users may print a single organization (to hand to a client), multiple, or all organizations to create a listing for counter or desk reference purposes.
Parameters	Local Agency Organization Name (one, multiple or all)
Record Selection / Filtering / Calculations	Selection organization(s) based on parameters
Print Columns	Organization Name Attention Name Address Line 1 and/or P.O. Box Address Line 2 and/or Suite Suite Formatted concatenation of City, State, Zip and Zip+4
Sort Order	Organization Name – alphabetic
Total / Count Columns	None

State Totals No

Primary Group (page break) No

Additional Group By No

Special Notes Line 1 is the organization.
 Line 2 is the contact person
 Line 3 is Address 1 and the P.O. Box combined
 Line 4 is Address 2 and the Suite combined
 Line 5 is city, state, zip
 Blank lines should be removed.

Abuse Resource Network
 Missy Schmidt
 123 Elm Street
 Suite 404
 Provo, UT 84602

Busy Bee Neighborhood Center
 4564 Maple Avenue
 Provo, UT 84602

Community Action Zone
 Dale Thompson
 879 W. 23rd Street
 Salt Lake City, UT 84101

Family Planning Action Network
 Dana Dunlap
 614 Maple Boulevard
 Rear Building Suite 80
 Salt Lake City, UT 84101

Hillcrest Community Project
 753 Broad Street
 Park City, UT 84060

Jay Street Nutrition Education Center
 Neal Borland
 7812 S. Jay Street
 Green River, UT 84525

Love Your Children, LLC
 Debra Masters
 2222 Mountain Lane
 Provo, UT 84602

Women's Health Focus
 Anna Gable
 P.O. Box 457
 Moab, UT 84532