

**Connecticut WIC Program Manual
Federal Fiscal Year 2018**

Section: Dual Participation

103-01 Dual Participation Report and Follow-up

SECTION: Dual Participation**SUBJECT: Dual Participation Report and Follow-up**

Federal Regulations: §246.7 (l); 246.23(c)(1); 246.12(u)(2).

See also: WIC 104-04 WIC Participant Abuse of the WIC Program, WIC 104-05 WIC Applicant Abuse of the WIC Program

POLICY

Potential dual enrollment is evaluated for participants potentially participating at 2 or more clinics within the State. During the save process on the Pre-Certification screen, CT-WIC performs an analysis to ensure a duplicate record does not exist. The following information is compared for dual participation:

- The first 4 letters of the participant's First Name
- The first 4 letters of the participant's Last Name
- Gender
- Exact Date of Birth

**Similarities between Participant Names, Birth Dates, or Participant Numbers**

If a potential duplicate record is found, a Potential Dual Participation pop up will be displayed requiring WIC staff to take immediate action. At this time ensure the information entered is correct. If correct, immediately validate the dual participant information, by verifying the participant's name, birth date, and gender when applicable. If it is determined that there is no dual enrollment select **Save New Participant**. If it is found that the information was processed in error, for example the same participant was entered twice, select **Cancel New Participant**.

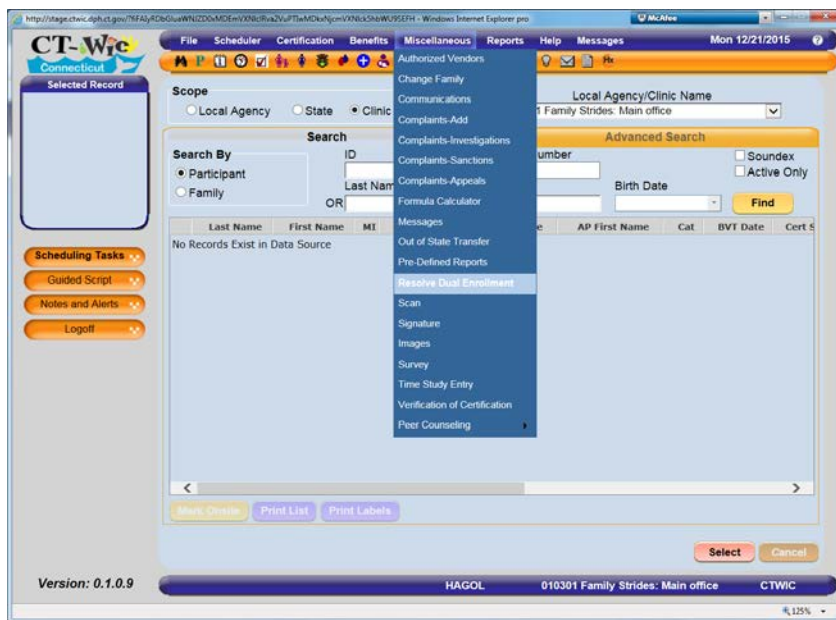
If a participant is enrolled in more than one program, talk with the participant to determine if it was or a program error or intentional. Some questions to ask the participant includes: "Have been on WIC before?" "Have you ever received WIC benefits in another WIC agency?" "Did you call another WIC office to schedule an appointment?" Depending on the response, staff may ask "Did you notify the other agency that you were moving?".

If it is a program error:

- One local agency shall "terminate" to remove the participant from its program. Dual application must also be resolved in CT-WIC, using one of the resolution codes below. CT-WIC will not issue benefits for a participant who's "Potential Dual Application" has not been resolved.
- If a participant is enrolled in more than one agency and intentional fraud is not involved, give the participant a choice of agencies and remove from one agency.

Once a potential dual enrollment has been identified, it is saved in CT-WIC for further evaluation by the WIC Coordinator or designee.

To resolve Dual Enrollment, Select Miscellaneous on the top bar and in the drop down menu, select Resolve Dual Enrollment and select a Clinic and a Participant Name and click the Go button.



Verify the participant data in both sections of the screen, and select the appropriate reason for the resolution in the Resolution dropdown (example," Resolve-Different Participant"), enter a note with the resolve dual enrollment information and click Save. Additional options in the Resolution dropdown include; Resolve-Duplicate Record-Keep, Resolve-Duplicate Record-Block, Resolve-Other and Investigate. For additional information and examples, access the Help menu in the Dual Participation screen or refer to CT-WIC CLINC or ADMIN Users' Manual.

Clinic: 010301 Family Strides: Main office Note:

Participant: 110532807-110536494-CV-ROGERS

The following Dual Enroll information was identified as of 11/02/2015 11-02-2015

Agency Identifier: 010301-Family Strides: Main office Participant ID: 110536494 Participant Name: CV-KINSLI CV-MCCORD Date of Birth: 02/14/2014 Foster: <input type="checkbox"/> Gender: F Auth Person Name: ANGEL CV-WAGERS Participant Address: <input type="text"/> Cert Start Date: 03/07/2014 Cert End Date: 02/28/2015 BVT Date: <input type="text"/> Term Date: 03/19/2015 Term Reason: Failure to Recert Resolution: <input type="text"/>	Agency Identifier: 010301-Family Strides: Main office Participant ID: 110532807 Participant Name: CV-AHNER CV-ROGERS Date of Birth: 02/14/2014 Foster: <input type="checkbox"/> Gender: F Auth Person Name: ANGEL CV-PRICE Participant Address: <input type="text"/> Cert Start Date: 03/13/2014 Cert End Date: 02/28/2015 BVT Date: <input type="text"/> Term Date: 03/19/2015 Term Reason: Failure to Recert * Resolution: <div style="border: 1px solid black; padding: 2px;"> Investigate Resolve - Different Participant Resolve - Duplicate Record - Block Resolve - Duplicate Record - Keep Resolve - Other </div>
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If intentional fraud is suspected, and Investigate is selected, telephone the State agency within 24 hours. Action will be taken per Policy WIC 104-04 WIC Participant Abuse of the WIC Program.

WIC Dual Enrollment/Participation Report

A computer generated "WIC Dual Enrollment/Participation report" is in CT-WIC for the local agency to identify possible simultaneous WIC participation. This report is generated from CT-WIC on a daily basis. The report can be found in the Reports Tab under Operations or OPER 11.4, 11.17 WIC Dual Participation Report. The report includes the local agency name and number, Participant ID number, Authorized Person, Participant Name, Birth Date, Certification Start Date and End Date, Benefit Valid Through (BVT) Date, Date Dual Identification is identified, Date Resolved, and notes. On a monthly basis, the State agency will follow up, via telephone, on any identified dual participant on which no action has been reported.



**State of Connecticut
Department of Public Health
WIC Program**

NOTICE OF PARTICIPANT ACTION

Date of Notice: _____

NAME	WIC ID or DOB
ADDRESS	
CITY/ZIP	PHONE # () -

INELIGIBILITY/TERMINATION SECTION

You or your infant/child are not eligible for the WIC Program for the following reasons:

You or your infant/child are no longer eligible (terminated) from the WIC Program for the following reasons:

- Income is too high for the WIC Program.
- Not in a WIC-eligible category (pregnant, postpartum, breastfeeding woman infant or child up to 5 years of age).
- Postpartum woman 6 months past your delivery date.
- Breastfeeding woman that discontinued breastfeeding before one year.
- Breastfeeding woman that reached WIC eligibility limit of 12 months.
- Child turning five (5) years old.
- Do not have a medical/nutritional health condition.
- Certification appointment for the Program was missed.
- Voluntary withdrawal from the Program.
- Other _____

DISQUALIFICATION SECTION

You are being suspended from the WIC Program for _____ because you broke the following WIC Program rule(s):
(amount of time)

FAIR HEARING SECTION

You have the right to a fair hearing if you do not agree with the reason for your ineligibility, termination or disqualification. A request for a fair hearing must be made within 60 days of the date of this notice. Fair hearing requests should be addressed to:

State of Connecticut - Department of Public Health-WIC Program
Attention: State WIC Director
410 Capitol Avenue MS # 11WIC
P.O. Box 340308
Hartford, CT 06134-0308

The local WIC Program staff will assist you in preparing the fair hearing request form if you ask for help. Written rules for fair hearings are included on the fair hearing request form.

PARTICIPANT/PAYEE SIGNATURE	WIC PROGRAM REPRESENTATIVE SIGNATURE/TITLE
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This institution is an equal opportunity provider. If you believe you have been discriminated based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights



Departamento de Salud Pública de Connecticut
Programa WIC

NOTIFICACIÓN DE TERMINACIÓN

Fecha de Notificación: _____

NOMBRE	Número de Identificación o Fecha de Nacimiento
DIRECCIÓN	
CIUDAD/CÓDIGO POSTAL	TELÉFONO ()

SECCIÓN PARA SOLICITANTES INELEGIBLES/TERMINACIÓN

- Usted o su hijo(a) no son elegibles para el Programa WIC por las razones siguientes:
- Usted o su hijo(a) han dejado de ser elegibles (dados de baja) para el Programa WIC por las razones siguientes:
 - Ingresos demasiado altos para el Programa WIC.
 - No pertenece a una categoría elegible de WIC (mujer embarazada, postparto, madre lactante, hijo(a) de hasta 5 años de edad).
 - Mujer postparto después de 6 meses de la fecha del parto.
 - Interrumpió la lactancia antes del primer año.
 - Madre lactante que alcanzó el límite de 12 meses establecido bajo los requisitos del Programa WIC.
 - Hijo(a) que va a cumplir cinco (5) años de edad.
 - No presenta una condición clínica ni trastorno de salud nutricional.
 - Faltó a la cita de certificación/re-certificación.
 - Se retiró voluntariamente del programa.
 - Otro: _____

SECCIÓN SOBRE DESCALIFICACIÓN

Se le descalifica del programa WIC durante _____ porque usted infringió la(s) siguiente(s) regla(s) del Programa WIC:
(periodo de tiempo)

SECCIÓN DE AUDIENCIA IMPARCIAL

Usted tiene derecho a una audiencia imparcial si no está de acuerdo con las razones que determinan su inelegibilidad, terminación or descalificación. Usted deberá presentar una petición de audiencia imparcial dentro de los sesenta (60) días siguientes a la fecha de notificación. Las peticiones se deben enviar a:

State of Connecticut – Department of Public Health – WIC Program
Attention: State WIC Director
410 Capitol Avenue MS #11 WIC
P.O. Box 340308
Hartford, CT 06134-0308

El personal del Programa de WIC local le ayudará a rellenar el formulario de petición de audiencia imparcial si usted lo solicita. El formulario incluye las normas para la petición de audiencias imparciales.

FIRMA DE LA PARTICIPANTE

FIRMA/TÍTULO DEL REPRESENTANTE DE WIC

Esta institución es un proveedor que ofrece igualdad de oportunidades. Si cree que se le ha discriminado sobre la base de raza, color, nacionalidad, sexo, credo religioso, discapacidad, edad, creencias políticas, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA complete el [Formulario de Denuncia de Discriminación del Programa del USDA](http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf), (AD-3027) que está disponible en línea en: http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf. y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por: correo: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

Washington, D.C. 20250-9410; fax: (202) 690-7442; correo electrónico: program.intake@usda.gov.

WIC Dual Enrollment
Year: 2016 Month: January

Generated Date: 01/19/2016

Resolution: All

Local Agency: 010000 FAMILY STRIDES						Clinic: 01 Family Strides: Main office				
Res Partic ID	Participant Name	Birth Date	Cert Start	End Date	BVT Date	Authorized Person	Clinic	Date ID'd	Date Rshd	Notes
- 300 870 463	ADJUNCT 3, IFF	08/08/2015	01/15/2016	08/07/2016		FAMILY ADJUNCT 3	101	01/07/2016		
- 300 870 155	AUGUST, IBE	08/08/2015	08/17/2015	08/07/2016		AP AUGUST	101	01/07/2016		
- 300 870 464	ADJUNCT 3, NP	08/08/1988				FAMILY ADJUNCT 3	101	01/07/2016		
- 300 870 153	AUGUST, NP	08/08/1988				AP AUGUST	101	01/07/2016		
- 300 869 910	ALLEN, AIMEE	06/06/1986				AIMEE ALLEN	101	01/07/2016		
- 300 870 188	ALLEN, AIMEE2	06/06/1986				AIMEE ALLEN	101	01/07/2016		
- 300 869 910	ALLEN, AIMEE	06/06/1986				AIMEE ALLEN	101	01/07/2016		
- 300 871 258	ALLEN, AIMEE	06/06/1986				AIMEE ALLEN	101	01/07/2016		
- 300 871 258	ALLEN, AIMEE	06/06/1986				AIMEE ALLEN	101	01/07/2016		
- 300 869 910	ALLEN, AIMEE	06/06/1986				AIMEE ALLEN	101	01/07/2016		
- 300 871 258	ALLEN, AIMEE	06/06/1986				AIMEE ALLEN	101	01/07/2016		
- 300 870 188	ALLEN, AIMEE2	06/06/1986				AIMEE ALLEN	101	01/07/2016		
- 300 870 188	ALLEN, AIMEE2	06/06/1986				AIMEE ALLEN	101	01/07/2016		
- 300 871 258	ALLEN, AIMEE	06/06/1986				AIMEE ALLEN	101	01/07/2016		
- 300 870 188	ALLEN, AIMEE2	06/06/1986				AIMEE ALLEN	101	01/07/2016		
- 300 869 910	ALLEN, AIMEE	06/06/1986				AIMEE ALLEN	101	01/07/2016		
- 300 869 909	ALLEN, STEVE	06/06/2015				AIMEE ALLEN	101	01/07/2016		
- 300 870 189	ALLEN, STEVE2	06/06/2015				AIMEE ALLEN	101	01/07/2016		
- 300 870 189	ALLEN, STEVE2	06/06/2015				AIMEE ALLEN	101	01/07/2016		
- 300 869 909	ALLEN, STEVE	06/06/2015				AIMEE ALLEN	101	01/07/2016		
- 300 870 713	ANTHRO, CI	10/10/2014	10/29/2015	06/01/2016		PAULA ANTHRO	101	01/07/2016		
- 300 870 708	ANTHRO, CHILDSGA	10/10/2014	10/29/2015	06/01/2016		PAULA ANTHRO	101	01/07/2016		
- 300 870 708	ANTHRO, CHILDSGA	10/10/2014	10/29/2015	06/01/2016		PAULA ANTHRO	101	01/07/2016		
- 300 870 713	ANTHRO, CI	10/10/2014	10/29/2015	06/01/2016		PAULA ANTHRO	101	01/07/2016		