

ACTION BY: Regional Directors
Supplemental Food Programs

SOURCE CITATION: Section 246.7

WIC Program--Certification: Waiting Lists

Requirement

Program regulations provide local agencies with the authority to limit the number of applicants placed on a waiting list to those individuals who visit the local agency expressing interest in the receipt of program benefits and who are likely to be served. If, however, an individual who visits the local agency specifically requests to be placed on the waiting list, the local agency is mandated to do so.

The regulations also provide that, at its discretion, the State may establish a policy whereby local agencies are permitted or required to place persons on the waiting list in response to telephone requests for such placement. This option would only apply to those persons likely to be served or to those who specifically requested placement on the waiting list.

Function

The waiting list is meant to facilitate placement of the highest priority persons at the earliest opportunity when demand exceeds supply of caseload slots. If the State or local agency has a strong system of caseload management and knows that certain low priority applicants will never be served, it is unnecessary to place them on the waiting list. The State agency has the authority to set policy on who needs to be placed on a waiting list.

Implementation

Waiting list policies must reconcile the need for local agencies to effectively utilize their limited administrative resources with the need to

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FORM FNS-620 (10-81)

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FNS INSTRUCTION 803-6
REV. 1

facilitate access to the program, particularly for those highest risk individuals not being served. In the development of local and State agency policy on waiting lists, factors which may be considered include the relative stability of caseload and funding levels, and the participant attrition rate as it relates to the number of potential participants currently maintained on the waiting list. For example, a local agency which graduates and otherwise loses participants at the rate of about 40 per month might want to restrict its waiting list to approximately twice that number. A local agency which has not been able to serve applicants below Priority III for the past six months may find it unnecessary to carry postpartum women on its waiting list, unless it has elevated the priority status of high-risk postpartum women. Systems developed to establish who should be placed on the waiting list should be conservatively designed so as to minimize the possibility that a slot will become available which cannot be filled immediately from the list. If a State or local agency cannot adequately predict future caseload and priorities served, it may be appropriate to put all waiting persons on a waiting list.

False Expectations

Placement on waiting lists of only those persons who are likely to be served addresses the concern that waiting lists create false hopes for many. The WIC staff person should always explain why placement on a waiting list is necessary and what it means in terms of realistic possibilities of receiving benefits. Referral to other health or social service programs should be given as appropriate.

Pre-certification

Another area of State discretion is whether to determine the eligibility of applicants prior to certification, i.e., whether to pre-certify. Pre-certification of all wait-listed persons may generate unnecessary administrative costs for local agencies. If however, a State agency elects to require pre-certification, it is not necessary to pre-certify everyone on the waiting list of a local agency. For example, given a large number of Priority I and II persons on the waiting list, it may not be necessary to pre-certify children. Furthermore, it is not administratively efficient to fully pre-certify every pregnant and breast-feeding woman and infant when caseload limitation will allow only a few to enter the program. For example, if only three Priority I pregnant women will be admitted and there are 100 pregnant women on the waiting list, it is not prudent to fully pre-certify all 100 women. It may be more practical to pre-certify only 10 or 20 and to select the three from among them, based on severity of risk. State agencies may wish to develop additional criteria for deciding who should be pre-certified: first come, first served; stage of pregnancy; and degree of need based on known or apparent income or nutritional conditions. State agencies also have the option of doing a partial pre-certification screening prior to placement on the waiting list. For example, the State agency may suggest that an income review be made prior to placement to assure financial eligibility of all persons on the waiting list. This is an inexpensive but effective screening that will facilitate full certification.

Page 2
4-1-88

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FNS INSTRUCTION 803-6
REV. 1

Recordkeeping

A final issue is whether it is necessary to keep waiting lists for 3 years in line with recordkeeping requirements. This is not necessary because waiting lists do not constitute certification records as such, and are not bound by recordkeeping requirements. However, it is recommended that such lists be retained for a reasonable period of time, primarily to assure that persons waiting are served at the earliest opportunity, and for management review purposes.

Summary

The primary purpose of waiting lists is to maintain a pool of interested applicants from which highest priority people can be selected to participate when caseload slots become available. An important function of the system is to direct benefits to those who are in greatest need at the earliest opportunity. However, the procedures for waiting lists and pre-certification should also be consonant with efficient and effective management practices and should not become futile exercises in paperwork. The issue of waiting lists is closely related to the overall issue of effective caseload management. State agencies are encouraged to establish procedures which direct benefits to highest priority participants in a workable, efficient manner.



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