



WIC Health Channel Contact

Please do not contact the KWIC Helpdesk for assistance as they do not have an affiliation with this program and will not be able to assist you. If you need assistance with WIC Health Channel, please contact Julie Ornelas at 785-296-0094 or jornelas@kdheks.gov at the State WIC office.

Homeless and Foster Care Risk Factors

As a reminder, when selecting the “Homeless” checkbox on the Demographics screen, the system will auto generate the “Homeless” risk factor for the client. If at some point in time the client is no longer homeless:

- Clerks, please make sure to uncheck this box on the Demographics screen as it is no longer accurate.
- Nurses and Dietitians, please make sure to unassign the “Homeless” risk factor if you see it is improperly assigned and make sure the “Homeless” checkbox has been unchecked on the Demographics screen.

Street Address Mailing Address

City, State, Zip City, State, Zip

County County

Special Needs Migrant Homeless

Primary Language Interpreter Print Letters in Spanish

Release of Information to Web-IZ for all family members? Allowed Not Allowed

Assigned Risk Factors	
06/01/2016	Inadequate Vitamin/Mineral Supplementation
06/01/2016	Low Birth Weight Infant born at Last Delivery
06/01/2016	Low Hemoglobin/Hematocrit
06/01/2016	Overweight <6 mos postpartum
06/01/2016	Preterm Delivery at Last Delivery
06/01/2016	Short Interpregnancy Interval
09/19/2016	Homelessness





The same applies to the “Foster Child” checkbox on the Demographics screen, with the exception that the system will not auto calculate this risk factor. But again, if at some point in time the client is no longer in Foster care:

- Clerks, please make sure to uncheck this box on the Demographics screen as it is no longer accurate.
- Nurses and Dietitians, please make sure to unassign the “Foster Care” risk factor if you see it is improperly assigned and make sure the “Foster Child” checkbox has been unchecked on the Demographics screen.

Client Information

Initial Contact Date 06/01/2014

Client ID Local ID Medicaid #

Client Last Name First Name MI M

Date of Birth 04/09/2014 2 Years 5 Months Female Male Foster Child



Race and Ethnicity Complete Mother is Family Member

Assigned Risk Factors

06/17/2016	Inadequate Vitamin/Mineral Supplementation
06/17/2016	Obese(BMI/Age)
09/19/2016	Foster Care

