Sample Local Memorandum of Understanding Between the Child Health Disability Prevention and the Women, Infants, and Children Supplemental Nutrition Program

GOAL:

The primary goal of this agreement is to establish guidelines for collaboration between the Child Health and Disability Prevention (CHDP) Program and the Women, Infants, and Children (WIC) Supplemental Nutrition Program to improve access to and use of these programs by the target population of both programs.

CHDP AGREES THAT THEY WILL:

1. Instruct providers to refer WIC eligible infants and children for services by completing the Confidential Screening/Billing Report (PM160), the WIC referral form, or prescription pad with date, height, weight, hematology, other comments regarding physical/medical status and the health care provider's signature. A copy of the referral form will be sent with the parent or guardian to the WIC appointment.

2. Inform WIC of relevant changes in CHDP policies and procedures.

3. Make information about CHDP services available to WIC programs.

4. Orient new CHDP providers about the benefits and availability of WIC services.

5. Inform CHDP program staff and providers about changes and updates in WIC services.

6. Include information about WIC services, referral, and eligibility in the orientation for new CHDP staff.

7. Follow-up on reported inappropriate and questionable nutrition/medical information or counseling given to WIC participants by a CHDP provider and provide a written response to WIC.

8. Provide WIC with CHDP provider lists (quarterly or semiannually) or more frequently when updated lists are available.

WIC AGREES THAT THEY WILL:

1. Refer CHDP eligible participants who are in need of health/dental referral to a CHDP provider using available CHDP provider lists.

2. Inform CHDP of relevant changes in WIC policies, procedures, and eligibility.

3. Orient new WIC participants about the CHDP program.

4. Orient new WIC staff about CHDP services.

5. Inform WIC staff about changes and updates in the CHDP program.

6. Accept the patient copy of the Confidential Screening/Billing Report (PM160) as evidence of a medical examination.

7. Inform the CHDP program of questionable nutrition/medical data or inappropriate counseling given to a WIC participant by a CHDP provider.

BOTH PROGRAMS AGREE THAT THEY WILL:

1. Review and update this agreement annually.

2. Appoint a representative to coordinate actions and activities relating to the terms of the interagency agreement and to facilitate the exchange of information. These representatives will regularly communicate with one another and meet at least annually.

3. Provide orientation to the other program's staff at least annually.

4. Distribute each other's outreach materials to the target population, medical providers, and to other agencies.

5. Inform each other of workshops, presentations, etc., that may be of mutual interest.

_____ _____
(signature) DATE

_____
CHDP PROGRAM DIRECTOR (print or type)

_____
CHDP REPRESENTATIVE (print or type)

_____ _____
(signature) DATE

_____
WIC PROGRAM DIRECTOR (print or type)

_____
WIC AGENCY

_____
WIC REPRESENTATIVE (print or type)