

ORIENTATION CHECKLIST

Reviewer: _____ Facilitator: _____ Date: _____

Agency: _____ Site: _____ Language: _____ Total time: _____

This form is for ALL orientations and is to be used with group or individual contacts in addition to other checklists. Any staff may teach this class if appropriately trained. Check off "completed" column as topics are covered.

REQUIRED ORIENTATION TOPICS	METHODS						Completed	Comments
	DVD	Welcome to WIC	R & R	Can We Help	Shopping Guide	Other		
Purpose of WIC	X							
Roles of WIC food in achieving a good diet	X	X	X					
WIC foods are for WIC participants only		X	X					
Food Instrument Description and Instructions							----	
Types, brand, amount of WIC foods	X	X			X			
Option to use cash with fruit/vegetable FI	X							
Which vendor (any authorized vendor)	X	X						
Use during effective dates of the food instruments	X	X			X			
Separate WIC foods at checkout stand	X	X			X			
Signing in cashier's presence	X	X			X			
How to report vendor problems	X	X			X			
Rights/Responsibilities							----	
Review/read and give R&R/WIF		X	X					
Possible punitive action for abuse		X	X					
Lost/stolen food instruments will NOT be replaced	X	X						
Assess understanding of the food instruments e.g. verbal or written quiz, "shopping" activity, etc.						X		
Referrals - must be made in writing when appropriate. (CAL Works/SNAP/Medi-Cal/Child Support/ Substance Abuse-a list of local resources/CHDP) <i>If not observed check if referrals are made during individual contact.</i>				X				
Presence at Certification		X						
"Smart Shopping" – NOT required					X			
COMMENTS								