

## WIC ExtraNet Universe Content and Object Definition List

**TIP:** In the ExtraNet click on an object to highlight it and the description appears at the bottom of the screen. In this appendix all things highlighted in yellow are new to the ExtraNet. Folders and sub-folders are on the left margin and objects are indented.

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Below is a list of the folders and objects in the **Agency Snapshot Universe** (ASNAP) – A ‘Snapshot’ of ISIS Individual and Family data taken on the last day of each month.

### **Individual**

**Extract Date** - The date that the ‘copy’ of the ISIS database was done. The last day of the month in MM/DD/YYYY format.

**Agency ID** – The unique 3 digit code assigned to each WIC Local Agency in California.

**Agency Name** – The name of WIC Local Agency.

**Alpha Agency Name** – Agency name for alphabetizing.

**Clinic ID** – The unique 3 digit code assigned to each WIC Local Agency’s site.

**Individual ID** – A unique 11 character code assigned to each WIC participant. It includes 9 numbers followed by 2 letters. The 2 letters are the participant’s first and last initials at enrollment.

**Family ID** – A unique 11 character code assigned to each WIC family. It includes 2 letters followed by 9 numbers. The 2 letters are the parent or guardian’s first and last initials at enrollment.

**Record Create Date** – The date that the participant’s current record was ‘started’ through applicant screening, enrollment or recertification. In MM/DD/YYYY format.

**Fam Lang Pref** – Example: EN-English

**Language Desc** - Preferred Language of the family – Example: SP-Spanish

**MNT Referral** – For Intervention Level 1, 2, & 3 participants, this field will be blank. For Intervention Level 4 participants, the status of MNT referral: A=Already receiving MNT. Y=Yes, MNT Referral was made. U=Unnecessary, document reason in INEP. X=MNT not available. Blank=Pending RD review.

**MNT Referral Desc** – Description of the MNT Referral code. For Intervention Level 4

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**Participation Indicator** – Indicates whether participant was issued a Food Package that month: Y=participant issued a food prescription for the month of the Extract Date, N=Participant was not issued a food prescription for the month of the Extract Date, E=Expired record – not eligible to receive a food package for the month of the Extract Date.

**Participation Indicator Desc** - Y=participant issued a food prescription for the month of the Extract Date, N=Participant was not issued a food prescription for the month of the Extract Date, E=Expired record – not eligible to receive a food package for the month of the Extract Date.

**Individual Count** – Count of individuals.

**Family Count** – Count of Families.

### Pre-defined Conditions on the Conditions Tab:

**Women** – Women who are in the Prenatal, Breastfeeding, and Non-Breastfeeding category

**Prenatal Women** – Women who are in the Prenatal category

**Breastfeeding Women** – Women who are in the Breastfeeding category

**Non Breastfeeding Women** – Women who are in the Non-Breastfeeding category

**Infants** – Participants who are in the infant category

**Children** – Participants who are in the Child category

**Teens** – Women who are less than 20 years old

### Prenatal

**EDD** – Estimated Delivery Date in MM/DD/YYYY format.

**Multiple Expected** – Answer to ISIS question: “Are you pregnant with twins/triplets?”

**Pregravid Weight Lbs** – Answer to ISIS question: “Prepregnant/1<sup>st</sup> trimester weight?”

**Pregravid BMI** – The women’s prepregnant Body Mass Index (BMI) based on the answer to the ‘Prepregnant/1<sup>st</sup> trimester weight question

**Nbr of Births** – Answer to ISIS question: “How many births?”

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**Bf Plans** – Answer to ISIS question: “Breastfeeding Plan” on the Individual Nutrition Education Screen. Y=Yes, plans to breastfeed, N=No, does not plan to breastfeed, U=Undecided about breastfeeding, Blank=Plans not stated.

**Bf Plans Desc** - Y=Yes, plans to breastfeed, N=No, does not plan to breastfeed, U=Undecided about breastfeeding, Blank=Plans not stated.

**Family Sub Abuse** – Answer to the ISIS question: “Has anyone in your family or your current partner ever had a problem with alcohol or drugs?”

**Never Drinks** – Answer to ISIS question: “When did you last drink alcohol?”  
NEVER DRINK

**Date Last Drink** – Answer to ISIS question: “When did you last drink alcohol?”  
\_\_ \_\_ MONTH/YR

**Date Last Drugs** – Answer to ISIS question: “When did you last use drugs?”  
\_\_ \_\_ MONTH/YR

**Never Drugs** – Answer to ISIS question: “When did you last use drugs?” NEVER USES

**Self Sub Abuse** – Answer to ISIS question: “Have you ever had a problem with alcohol or drugs?”

**Prenatal Care** – Answer to ISIS question: Are you in prenatal care?”

**Mo Care Began** – Answer to ISIS question: “Prenatal care began in: calendar month OR month of pregnancy.” ISIS converts the answer to month of pregnancy.

**Mo Preg Enrolled** – The number of months pregnant the woman was at enrollment.

**Mo of Preg** – The month of pregnancy the woman was in on the Extract Date.

**Married** – Answer to the ISIS question: “Are you married?”

### **Postpartum**

**Total Pg Wt Gain** – Total prenatal weight gain in most recent pregnancy. Answer to ISIS question: “Number of pounds gained during pregnancy” on the Health Information screen. If this question is not answered, then it is the result of postpartum weight taken within 6 weeks of delivery minus the prenatal weight.

**Delivery Date** – Date of Delivery of most recent pregnancy in MM/DD/YYYY format.

**Nbr of pgs** – Answer to ISIS question: “How many times have you been pregnant?”

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**Date Last Pg Ended** – Answer to ISIS question: “What date did the pregnancy prior to this one end?” MM/DD/YYYY format.

**Nbr of Births** – Answer to ISIS question: “How many births?”

**Multiple Birth** – Answer to ISIS question: “Did you give birth to twins/triplets?”

**Feeding Choice** – Answer to ISIS question: “Exclusively Breastfeeding” Y=Exclusively Breastfeeding, N=Combination Feeding

**Fam Sub Abuse** – Answer to the ISIS question: “Has anyone in your family or your current partner ever had a problem with alcohol or drugs?”

**Self Sub Abuse** – Answer to ISIS question: “Have you ever had a problem with alcohol or drugs?”

**Date Last Drink** – Answer to ISIS question: “When did you last drink alcohol?”  
\_\_ \_\_ MONTH/YR

**Never Drinks** – Answer to ISIS question: “When did you last drink alcohol?”  
NEVER DRINK

**Date Last Drugs** – Answer to ISIS question: “When did you last use drugs?”  
\_\_ \_\_ MONTH/YR

**Never Drugs** – Answer to ISIS question: “When did you last use drugs?” NEVER USES

**Postpartum BMI** – The Body Mass Index (BMI) of most current postpartum weight for the extract period.

### Infant

**Feeding Choice** – Answer to ISIS question: “How are you feeding your baby?” Example: B=Breastfeeding only

**Feeding Choice Desc** – Example: B=Breastfeeding only

**Inf Feeding Instr** – Answer to ISIS question: “Infant Feeding Instructions?” on the Individual Nutrition Education Plan screen. Example: Y=Caregiver instructed in infant feeding.

**Weeks Breastfed** – The number of weeks the infant was breastfed. The data is either entered by the ISIS user, or it is calculated based on the DOB and the date when the infant changes from a breastfeeding packet (either exclusive or combo) to a fully formula fed packet.

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**Weeks Early** – Answer to ISIS question(s): “If your baby was born early, how many weeks?” OR “If your baby was born early, what was your baby’s due date?” If the due date is entered ISIS converts the date into weeks early. The value for WEEKS EARLY will be between 01 and 40, inclusive.

**Age Formula Beg** – The age in weeks when the infant was first fed formula. The data is either entered by the ISIS user or it is calculated based on the DOB and the date when the infant changes from an exclusive breastfeeding packet to a combo breastfeeding and formula packet or to a fully formula fed packet.

**Birth Lbs** – Birth weight in pounds. You must also retrieve Birth Oz for an accurate report of birth weights.

**Birth Oz** – Birth weight ounces, which is in addition to Birth Lbs. You must also retrieve Birth Lbs for accurate report of birth weights.

**Birth Length** – Birth Length in inches and quarter inches.

**Source Birth Data** – R=Referral Form, C=Crib Card, M=Medical/Clinical Records, O=Other (requires explanation in comments).

**Source Birth Data Desc** – Source of Birth Data: R=Referral Form, C=Crib Card, M=Medical/Clinical Records, O=Other (requires explanation in comments).

**Birth Wt Band** – A=VLBW, B=LBW, C=NORMAL, D=HBW

**Birth Wt Band Desc** – VLBW - < 3lb 5oz, LBW - > = 3lb 5oz and < = 5lb 8oz, NORMAL - > 5lb 8oz and < 9lb 0oz, HBW - > = 9lb 0oz.

## **Child**

**Breastfeeding** – Answer to ISIS Question: “Is this child breastfeeding?” on the Health Information screen.

**Weeks Breastfed** – The number of weeks the child was breastfed as an infant. This data comes from the child’s ISIS infant record, so the data is only available for children who were on WIC in California as infants.

## **Drug Alcohol Questions**

**Alcohol Day/Wk** – Answer to ISIS question: “On the average, how many days a week do (or did) you drink beer, wine, wine coolers, or liquor?”

**Alcohol Drinks/day** – Answer to ISIS question: “on the average, how many drinks of beer, wine, wine coolers, or liquor do (or did) you have on the days you have (or had) a drink?”

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**Alcohol Quit** – Answer to ISIS question: “(If currently drinking) Do you want to stop drinking?”

**Drug Used 1** – Answer #1 to the ISIS question: “What drugs do (or did) you usually use?”

**Drug Used 2** – Answer #2 to the ISIS question: “What drugs do (or did) you usually use?”

**Drug Used 3** – Answer #3 to the ISIS question: “What drugs do (or did) you usually use?”

**Drug Used 4** – Answer #4 to the ISIS question: “What drugs do (or did) you usually use?”

**Drug Times/Wk** – Answer to the ISIS question: “How often do (or did) you usually use”  
“\_\_\_ times per week”

**Drug Times/Mnth** – Answer to the ISIS question: “How often do (or did) you usually use”  
“\_\_\_ times per month”

**Drug Quit** – Answer to the ISIS question: “(If currently using) Do you want to stop?”

## Risk

**Risk Code** – The code assigned to an indicator of Nutritional Need, aka, ‘Risk’. The first letter indicates the type: A=Anthropometric, B=Biochemical, C=Clinical, D=Dietary, N=Social/Other.

**Risk Code Desc** – The Description of each risk code.

**Risk Determined Date** – The date that the user pressed F11 on the summary screen through enroll, recert or change. It is not necessarily the date the risk was first determined.

**Overweight** – For Women and Children, did the participant have an overweight risk? Values are O=Overweight, V=Very Overweight, R=Risk of Overweight (Risk for Children Only), Blank=No Overweight Risk.

**Overweight Desc** – Values are O=Overweight, V=Very Overweight, R=Risk of Overweight (Risk for Children Only), Blank=No Overweight Risk.

**Smoking** – For Women Only: Y=Yes, has a smoking risk code, N=No smoking risk code.

**Second Hand Smoke** – Answer to the ISIS question: “Does anyone in your household smoke cigarettes?” Y=Yes, Blank=No or No Answer.

**HGB HCT** – All Categories: L=Low HGB/HCT risk, V=Very Low HGB/HCT risk, Blank=no HGB/HCT risk.

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**HGB HCT Desc** - L=Low HGB/HCT risk, V=Very Low HGB/HCT risk,

**Unique Individual Count** – Because an individual can have more than one Risk record, a unique count of individuals can sometimes be helpful.

### Immunization

**Vaccine** – The type of vaccine administered: POLIO, DTP/DTAP, HIB, MMR, OR HEP B.

**Dose Number** – Dose Number

**Vaccination Date** – Date Vaccination was administered in MM/DD/YYYY format.

**Immunization 12 Month** – Did infant receive their 6 month IZ's by 12 months old.

**Immunization 24 Month** – Did infant receive their 12 month IZ's by 24 months old.

**Unique Individual Count** – Because an individual can have more than one immunization record, a unique count of individuals can sometimes be helpful.

### Individual Rx Data

**Contract Formula** – The participant's type of contract formula. A = Similac Advance, S = Similac with Iron, I = Similac Isomil with Iron, V = Similac Isomil Advance, L = Similac Lactose Free, SPACE = Blank.

**Contract Formula Desc** - A = Similac Advance, S = Similac with Iron, I = Similac Isomil with Iron, V = Similac Isomil Advance, L = Similac Lactose Free, SPACE = Blank.

**Non Contract Formula** – The participant's type of non-contract formula. C = Enfamil Enfacare Lipil, D = Pediasure, E = No Longer Valid, F = Enfamil AR Lipil, G = Goodstart Supreme, M = Alimentum Advance, N = Nutramigen Lipil, O = Neosure Advance, P = No longer valid, SPACE = Blank.

**Non Contract Formula Desc** - C = Enfamil Enfacare Lipil, D = Pediasure, E = No Longer Valid, F = Enfamil AR Lipil, G = Goodstart Supreme, M = Alimentum Advance, N = Nutramigen Lipil, O = Neosure Advance, P = No longer valid, SPACE = Blank.

**Formula Form** – The answer to the ISIS question: "Would you like the formula in concentrate or powdered form?" P = Powdered, C = Concentrate, SPACE = Blank

**Formula Form Desc** - P = Powdered, C = Concentrate, SPACE = Blank

**Formula FI Qty** – Answer to the ISIS question: "Do you want all the formula on one check?" Y = 1 formula check, N = 2 formula checks, SPACE = blank

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**Formula Cans** – For Combo Fed infants, the answer to the ISIS questions: “How many ounces of formula do you feed your baby in one day?” OR “ How many cans of formula do you use each month?” Ounces are converted to cans. Cans of concentrate are converted to 8, 12, 16, 20, 24, 28, 30 or 31 cans. SPACE = Blank

**Extra Formula** – For Children & Women who receive formula prescriptions, answer to the ISIS question: EXTRA FORMULA. Y = 1 extra can powder or 4 extra cans concentrate. SPACE = Blank – no extra formula.

**Formula Rx MMY** – For infants with therapeutic formula prescriptions and for Children and Women with formula prescriptions, the month and the year the MD’s prescription for formula expires. In MMYYYY format.

**Cereal Box Qty** – For infants, answer the ISIS question: You can get up to three 8-ounce boxes of cereal for your baby. How many do you want?” Answer can be 1, 2, 3 or Space.

**Juice Form** – Answer to ISIS question: “Do you want frozen juice or juice in plastic bottles?” Answers are F = Frozen, B = Plastic Bottles, or SPACE = blank.

**Juice Form Desc** – Juice Form Description: F = Frozen, B = Plastic Bottles, or SPACE = blank.

**Q Juice Flavor 1** – Participant’s juice flavor choice. A = Apple, B = Blended, G = Grape, O = Orange, P = Pineapple, V = Vegetable, SPACE = Blank

**Q Juice Flavor 1 Desc** - A = Apple, B = Blended, G = Grape, O = Orange, P = Pineapple, V = Vegetable, SPACE = Blank

**Q Juice Flavor 2** – Participant’s juice flavor choice, if the participant chooses 2 juices. A = Apple, B = Blended, G = Grape, O = Orange, P = Pineapple, V = Vegetable, SPACE = Blank

**Q Juice Flavor 2 Desc** - A = Apple, B = Blended, G = Grape, O = Orange, P = Pineapple, V = Vegetable, SPACE = Blank

**Q Beans Pb** – Answer to ISIS Question: “You will be getting dry beans every month. Would you rather have beans, peanut butter, or alternating beans and peanut butter?” B = Beans every month, P = Peanut butter every month, A = Alternating beans / peanut butter

**Q Beans Pb Desc** - B = Beans every month, P = Peanut butter every month, A = Alternating beans / peanut butter

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**Q Beans Pbbeans** – “Select one of the following 3 choices for your monthly food package. B = 2 pounds of beans, or P = 1 pound of beans with 1 jar of peanut butter, or A = Alternate monthly between 2 pounds of beans and 1 pound of beans with 1 jar of peanut butter.”

**Q Beans Pbbeans Desc** - B = 2 pounds of beans, or P = 1 pound of beans with 1 jar of peanut butter, or A = Alternate monthly between 2 pounds of beans and 1 pound of beans with 1 jar of peanut butter.”

**Food Packet ID** – The 2 to 4 character Food Packet ID. The first character is the participant’s category at the time of FI issuance.

### Family

**Clinic ID** – The unique 3 digit code assigned to each WIC Local Agency’s site, from the Family screen

**Family First Name** – First Name from the Family screen

**Family Mid Initial** – Middle Initial from the Family screen

**Family Last Name** – Last Name from the Family screen

**Family Lang Pref** – Example: VI = Vietnamese.

**Language Desc** – Preferred Language of the family. Example: CH = Chinese.

**Family Size C** – Family Size on Extract Date

**Fam Size Band** – Banded Family Size: A = 01, B = 02, C = 03, D = 04, E = 05 – 07, F = 08 – 10, G = 11+

**Fam Size Band Desc** – Family Band Size Description: A = 01, B = 02, C = 03, D = 04, E = 05 – 07, F = 08 – 10, G = 11+

**Num Indiv on WIC** – This is a count of the number of individuals within the family who are currently within a valid cert period.

**Monthly Income C** – The Family’s income as of the extract date.

**Income Date C** – The date the family’s income was entered into ISIS as of the extract date in MM/DD/YYYY format.

**Income Doc C** – Source of Income Documentation as of the extract date.

**Income Doc Desc** – Source of Income Documentation: Example: P = Pay stub.

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**Inelig Disqual Cd** – Family Disqual or Ineligible Code from the Family screen. Example: 03 = Not in a category served by WIC.

**Inelig Disqual Desc** – Disqual & Ineligible Code Descriptions: Example: 04 = Does not meet income eligibility criteria.

**Highest Grade** – Answer to the ISIS question: “Highest Grade Completed” on the Family screen.

**High Grade Band** – Banded Highest Grade: 00 = 00, 01 = 01 – 06, 02 = 07 – 08, 03 = 09 – 11, 04 = 12, 05 = 13 – 15, 06 = 16+, 07 = blank

**Migrant Ques 1 Current** – Answer to ISIS question: “Have you/your family worked in agriculture during the past 2 years?” as on extract date.

**Migrant Ques 2 Current** – Answer to ISIS question: “If yes, did you/they have to leave the area to do this work?” as of extract date. A Y (yes) answer to this question will generate the migrant risk & make this family a Migrant family.

**Primary Phone Number** – Primary telephone number where the applicant or parent/guardian receives calls or messages. Valid values between 0 – 9.

**Primary Phone Type Desc** – Indicates primary phone number type.

**Secondary Phone Number** – Secondary telephone number where the applicant or parent/guardian receives calls or messages. Valid values between 0 – 9.

**Secondary Phone Type Desc** – Indicates secondary phone number type.

**TANF FS MC** – Answer to the ISIS question: “Are any Applicants receiving Medi-Cal, TANF, Food Stamps, or FDPIR?”

**Address Doc** – Address Documentation: from the Family Screen. Example: B = Any Bill.

**Address Doc Desc** – Address Documentation: Example: A = Mail / Postcard

**Outreach** – Answer to the ISIS question: “How did you hear about WIC?” on the Family screen. It appears only at enrollment. Example: F = Friend / Relative / Co-worker

**Outreach Desc** – How did you hear about WIC: Example: D = Doctor / Health Care Provider.

**Home Mail Same** – A Y indicates the home and mailing address are the same, an N indicates they are different.

**Add Line 1** – The Family First Name, Middle Initial, and Last Name combined into 1 line.

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**Home Addr Line 2** – The components of the home street address combined into 1 line.

**Home Addr Line 3** – The home city, state, and zip code combined into 1 line.

**Home Addr Zip 5** – The 5 digit home zip code.

**Home Addr Zip 9** – The 9 digit home zip code.

**Mail Addr Line 2** – The components of the mailing street address combined into 1 line.

**Mail Addr Line 3** – The mailing city, state, and zip code combined into 1 line.

**Mail Addr Zip 5** – The mailing address 5 digit zip code.

**Mail Addr Zip 9** – The mailing address 9 digit zip code.

**Alternate Name 1** – The first alternate listed on the Prepare Family Packages screen.

**Alternate 1 How Auth** – How the first alternate was authorized. N = Note, V – Verbal, T = Telephone, P = Parent / Guardian

**Alt 1 How Auth Desc** – Authorization description: N = Note, V – Verbal, T = Telephone, P = Parent / Guardian

**Alt 1 Date Auth** – The date first alternate was authorized in ISIS.

**Alternate Name 2** – The second alternate listed on the Prepare Family Packages screen.

**Alternate 2 How Auth** – How the second alternate was authorized. N = Note, V – Verbal, T = Telephone, P = Parent / Guardian

**Alt 2 Date Auth** – The date second alternate was authorized in ISIS.

**Next Appt Date** – The next appointment date as of the extract date in MM/DD/YYYY format.

**Next Appt Time** – Next Appointment time as of the extract date in HH:MM format.

**Last Cert End Dte** – The latest cert end date of all family members with an ISIS record.

**TANF Refs** – TANF Referral Y = Referral made or already receiving services, BLANK or N = Referral not made.

**Medi-Cal Referral** – Medi-Cal Referral Y = Referral made or already receiving services, BLANK or N = Referral not made.

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**Food Stamp Refs** – Food Stamp Referral Y = Referral made or already receiving services, BLANK or N = Referral not made.

**Child Supp Refs** – Child Support Referral Y = Referral made or already receiving services, BLANK or N = Referral not made or not needed.

**Consent** – “Did the participant sign the informed consent form?” Y = Yes N = No

**Consent Date** – Date consent form last updated in MM/DD/YYYY format.

**Family Hold** – “Hold Food Packages” on the Family Comments Screen Y = Hold Placed or N = No Hold.

**Fam Hold Eff Date** – Month and Year hold effective. MM/YY

**Confidential** – “Confidential record” on the Family Comments Screen C = Confidential, N = Not Confidential

**Confidential Desc** - C = Confidential, N = Not Confidential

**Referral Type** – Four character Local Agency Defined Referral Type

**Referral Date** – Date referral made MM/DD/YYYY

### **Prenatal Outcome**

**Delivery Date** – Delivery Date MM/DD/YYYY from Pregnancy Outcome Screen

**Multiple Birth** – Answer to ISIS question: “Did you have twins/triplets (or more?)” on the Pregnancy Outcome Screen.

**Feeding Choice** – Answer to the ISIS question: “How are you feeding your baby?” on the Pregnancy Outcome Screen.

**Tot Pg Wt Gain** – Answer to ISIS question: “How many pounds did you gain during this pregnancy?” on the Pregnancy Outcome Screen. Two digits.

**Status Outcome** – Status from the Pregnancy Outcome Screen: L = Live, S = Stillbirth, M = Miscarriage, N = Neonatal Death, A = Abortion.

**Status Outcome Desc** – Status from the Pregnancy Outcome Screen: L = Live, S = Stillbirth, M = Miscarriage, N = Neonatal Death, A = Abortion.

**Infant Ind ID** – Individual ID of infant enrolled. If it is a multiple birth, there will be a separate record for each infant.

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### Participation

**Participation Indicator** – Indicates whether participant was issued a Food Package that month: Y = participant issued a food prescription for the month of the Extract Date, N = Participant was not issued a food prescription for the month of the Extract Date, E = Expired record = not eligible to receive food packages for the month of the Extract Date.

**Participation Indicator Desc** - Y = participant issued a food prescription for the month of the Extract Date, N = Participant was not issued a food prescription for the month of the Extract Date, E = Expired record = not eligible to receive food packages for the month of the Extract Date.

**Last Issue Date** – Date of issue of most recent food package MM/DD/YYYY

**Food Packet ID** – The 2 to 4 character Food Packet ID. The first character is the participant's category at the time Food Packet is issued.

### **Pre-defined Conditions on the Conditions Tab:**

#### **Certified Participants**

#### **Certified Participants Issued FI**

#### **Expired Participants**

### Certification

**Category** – Category at Certification P = Prenatal B = Breastfeeding  
N = Non-Breastfeeding I = Infant C = Child.

**Priority** – Priority that is assigned at enrollment.

**Enroll Date** – Date participant enrolled in ISIS.

**Cert Start Date** – Certification Start Date in MM/DD/YYYY format.

**Cert End Date** – End date for Certification period in MM/DD/YYYY format.

**Follow Up Ed** – The staff level designated for follow up education. G = Group, C = WNA,  
D = RD

**Interven Level** – Intervention level at current certification as of Extract Date.

**Inelig Disqual Code** – If participant has been deemed ineligible or has been disqualified, the code entered in the record.

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**ID Doc** – What is the source of ID Documentation? Example: L = CA Driver's License or ID Card.

**ID Doc Desc** – Example: B = Birth Certificate/Hospital Birth Verification/Crib Card

**Present** – Is the Individual present at certification? Y = Present, D = Not present – Disabled, H = Not present at recert – ongoing health care (infant/child), I = Infant, less than eight weeks old, not present at enrollment, W = Not present at recert – working parents (infant/child)

**Present Desc** - Y = Present, D = Not present – Disabled, H = Not present at recert – ongoing health care (infant/child), I = Infant, less than eight weeks old, not present at enrollment, W = Not present at recert – working parents (infant/child)

### Demographic

**Foster Ind** – Indicates whether participant is a foster child. Y = Yes, N = No.

**Gender** – M = Male F = Female

**First Name** – Participant's First Name

**Middle Initial** – Participant's Middle Initial

**Last Name** – Participant's Last Name

**Date of Birth** – Participant's Date of Birth

**Age Years** – Women Only: Age in years on Extract Date

**Age Months** – Infants and Children only: Age in months on Extract Date

**Age Band 1** – 00 – 03 Months, 04 – 06 Months, 07 – 09 Months, 10 – 12 Months, 01 Year, 02 Years, 03 Years, 04 Years, 05 Years, < 14 Years, 14 – 16 Years, 17 – 18 Years, 19 Years, 20 – 29 Years, 30 – 39 Years, 40+ Years

**Age Band 2** – 00 – 12 Months, 01 Year, 02 – 03 Years, 04 – 05 Years, TEENS, 20 – 29 Years, 30 – 39 Years, 40+Years

**Mother First Name** – Participant's Mother's first name

**Birth County** – County participant was born in, if he or she was born in California. 2 digit format.

**County Name** – The name of the California County corresponding to the Birth County number.

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**Birth State** – Two letter abbreviation of State in which participant was born.

**State** – The name of the State corresponding to the abbreviation of participant's Birth State.

**Birth Country** – Two letter abbreviation of Country in which participant was born.

**Country** – The name of the Country corresponding to the abbreviation of participant's Birth Country.

### **Race Ethnicity**

**Old Racial Ethnic** – The way race was collected in ISIS May 1, 2005. A = Asian, B = Black or African American, H = Hispanic or Latino, N = Native American, W = White, R = Refused

**Old Racial Ethnic Desc** - A = Asian, B = Black or African American, H = Hispanic or Latino, N = Native American, W = White, R = Refused

**Hisp Lat** – Hispanic or Latino: Y = Yes, N = No, R = Refused to Answer

**Race A** – Y = Asian, BLANK = no Asian. Participant can choose up to 5 races.

**Race B** – Y = Black or African American, BLANK = no Black or African American. Participant can choose up to 5 races.

**Race N** – Y = Native American or Alaska Native, BLANK = not Native American or Alaska Native. Participant can choose up to 5 races.

**Race P** – Y = Native Hawaiian or other Pacific Islander, BLANK = not Native Hawaiian or other Pacific Islander. Participant can choose up to 5 races.

**Race W** – Y = White, BLANK = not White. Participant can choose up to 5 races.

**Race R** – Y = Refused to Answer or Blank. No other race can be chosen in addition to Refused.

**Racial / Ethnic** – First character indicates ethnic choice: H – Hispanic / Latino, N – Non-Hispanic / Latino, or R – Refused. Second character indicates race choice: A – Asian, B – Black / African American, N – American Indian or Alaskan Native, P – Native Hawaiian or other Pacific Islander, W – White, R – Refused or M – More than one race chosen.

**Racial / Ethnic Desc** – Description of the Racial / Ethnic Code.

**Reporting Race** – Transformed Race for reporting purposes. A = (NA,RA) = Asian,

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B = (NB, RB) = Black / African American, H = (HA, HB, HN, HP, HW, HR, HM) = Hispanic / Latino, R = (NR, RR) = Refused, W = (NW, RW) = White, M = (NM, RM) = More than one race chosen

**Reporting Race Desc** – Transformed Race for reporting purposes. A = NA, RA; B = NB, RB; H = HA, HB, HN, HP, HW, HR, HM; N = NN, NP, RN, RP; R = NR, RR; W = NW, RW; M = NM, RM

### Income

**Family Size Original** – Family size at certification for current cert period.

**Monthly Income Original** – Family's gross monthly income at certification for current cert period.

**Income Doc Original** – Income documentation at certification for current cert period.

**Income Desc** – Description of Income documentation at certification:  
Example : P = Pay stub

**Income Date Original** – The income date at certification for current cert period.

**Pct Federal Poverty Level Band** – Percent Federal Poverty Level Band:  
A = 000.0 – 010%, B = 010.1 – 050%, C = 050.1 – 100%, D = 100.1 – 130%,  
E = 130.1 – 133%, F = 133.1 – 185% G = 185.1+%, H = FOSTER

**Pct Federal Poverty Level Band Desc** – Percent Federal Poverty Level Band:  
000.0 – 010%, 010.1 – 050%, 050.1 – 100%, 100.1 – 130%, 130.1 – 133%  
133.1 – 185%, 185.1+%, FOSTER

**Migrant Ques 1 Original** – Answer to ISIS question: “Have you/your family worked in agriculture during the past 2 years?” at certification for current cert period.

**Migrant Ques 2 Original** – Answer to ISIS question: “If yes, did you/they have to leave the area to do this work?” at certification for current cert period. A Y (yes) answer to this question will generate the Migrant risk & make this family a Migrant family.

### Non WIC Services

**Medi Cal Aid Code** – The 2 digit Medi Cal Aid Code. Obtained through the ISIS-MEDS interface.

**TANF Status** – TANF status as of the Extract Date for the current cert period. Y = Yes, N = No, P = Pending

**TANF Status Desc** - Y = Yes, N = No, P = Pending

## Agency Snapshot Universe

**Food Stamps Status** – Food Stamps status as of the Extract Date for the current cert period. Y = Yes, N = No, P = Pending

**Food Stamp Status Desc** - Y = Yes, N = No, P = Pending

**Source of Health Care** – Source of Health Care. 2 character abbreviation.

**Srcce of HC Status Desc** – Source of Health Care: Example: PI = Private Insurance

**Other Programs 1** – Four character abbreviation of other program or services the participant is receiving.

**Other Programs 2** - Four character abbreviation of other program or services the participant is receiving.

**Other Programs 3** - Four character abbreviation of other program or services the participant is receiving.

**Non WIC Nutrition Ed** – Four character abbreviation of additional participant education which does not fulfill WIC NE requirements.

**Doctor Clinic Name** – Doctor / Clinic name

**Doctor Clinic Phone** – Doctor / Clinic Phone number

### Lab

**Hemo** – Hemoglobin value, with one decimal point

**Hema** – Hematocrit value, no decimal point. If there is a decimal value, it is supposed to be dropped.

**Hemo Hema Date** – The date the Hemoglobin and/or Hematocrit was taken.

**HGB HCT Desc** – All Categories: L = Low Hgb / Hct risk, V = Very Low Hgb / Hct risk, Blank = No Hgb / Hct risk.

**HGB HCT Up to Date Desc** – For Women and Children, indicates if participant's blood test was up-to-date as of the Extract Date, based on the policy requirements for their category. This is not calculated for infants.

### Height Weight

**Current Ht** – Most recent Height in inches, up to 2 decimals, from current cert period as of the Extract Date.

## Agency Snapshot Universe

**Current Wt** – Most recent Weight in pounds and quarter pounds in decimals, from current cert period as of the Extract Date.

**Wt Date** – Date the current weight was taken.

**Source** – Source of Height and Weight. Example: R = Referral form

**Source Desc** – Example: W = WIC Office Measurement

**Pregravid BMI** – For Prenatal Women only: The participant's pre-pregnant Body Mass Index (BMI).

**Postpartum BMI** – For Postpartum Women, the participant's most recent Body Mass Index (BMI) for the current cert period.

## Breastfeeding Summary Universe

Below is a list of the folders and objects in the **Breastfeeding Summary Universe** (BF\_SUMM) – Breastfeeding summary reporting universe.

**Breastfeeding** – This is the initial breastfeeding universe.

**Prescription Month/Year** – Prescription month and year in yyyyymm format.

**Individual ID** – The participant's individual ID

**Age** – The age of the participant on the valid start date of the food packet. Available ages are 02, 04, 06, and 11 months

**Agency ID** – 3-digit Agency ID number

**Agency Name** – Agency Name

**Clinic ID** – 3-digit Clinic ID number

**Clinic Name** – Clinic Name

**Feeding Choice** – Feeding choice. Available choices are: B = Breastfeeding, C = Combo is breast with contract or therapeutic formula, F = Formula is contract or therapeutic formula

**Racial/Ethnic** – First character indicates ethnic choice: H – Hispanic/Latino, N – Non Hispanic/Latino, or R – Refused. Second character indicates race choice: A – Asian, B – Black/African American, N – American Indian or Alaskan Native, P – Native Hawaiian or other Pacific Islander, W – White, R – Refused or M – More than one race chosen

**Racial/Ethnic Desc** – Description of the Racial/Ethnic Code

**Reporting Race** – Transformed Race for reporting purposes. A = (NA,RA) = Asian, B = (NB,RB) = Black/African American, H = (HA,HB,HN,HP,HW,HR,HM) = Hispanic/Latino, N = (NN,NP,RN,RP) = Non Hispanic/Latino, R = (NR,RR) = Refused, W = (NW,RW) = White, M = (NM,RM) = More than one race chosen

**Reporting Race Desc** – Transformed Race for reporting purposes. A = NA,RA; B = NB,RB; H = HA,HB,HN,HP,HW,HR,HM; N = NN,NP,RN,RP; W = NW,RW; M = NM,RM

**Total Infants** – Total number of 2, 4, 6, and 11 month old infants issued a food packet in a prescription month

## Combination Feeding Summary Universe

Below is a list of the folders and objects in the **Combination Feeding Summary Universe** (BFICSUMM) – Combination summary reporting universe.

### **Combination Breastfeeding**

**Prescription Month/Year** – Prescription Month/Year in yyyyymm format.

**Agency ID** – 3-digit Agency ID number

**Agency Name** – Agency Name

**Clinic ID** – 3-digit Clinic ID number

**Clinic Name** – Clinic Name

**Individual ID** – The participant's individual ID

**Age** – The age of the participant on the valid start date of the food packet. Available ages are 02, 04, 06, and 11 months

**Feeding Choice** – Available choice C – Combination Feeding

**Formula Form** – The form of formula. Choices are C – Concentrate P – Powder

**Racial/Ethnic** – First character indicates ethnic choice: H – Hispanic/Latino, N – Non Hispanic/Latino, or R – Refused. Second character indicates race choice: A – Asian, B – Black/African American, N – American Indian or Alaskan Native, P – Native Hawaiian or other Pacific Islander, W – White, R – Refused or M – More than one race chosen

**Racial/Ethnic Desc** – Description of the Racial/Ethnic Code

**Reporting Race** – Transformed Race for reporting purposes. A = (NA,RA) = Asian, B = (NB,RB) = Black/African American, H = (HA,HB,HN,HP,HW,HR,HM) = Hispanic/Latino, N = (NN,NP,RN,RP) = Non Hispanic/Latino, R = (NR,RR) = Refused, W = (NW,RW) = White, M = (NM,RM) = More than one race chosen

**Reporting Race Desc** – Transformed Race for reporting purposes. A = NA,RA; B = NB,RB; H = HA,HB,HN,HP,HW,HR,HM; N = NN,NP,RN,RP; W = NW,RW; M = NM,RM

**Individual Count** – Count of individuals issued a combination food package

**# Cans Issued** – Total number of cans issued

## Participation Universe

Below is a list of the folders and objects in the **Participation Universe** (PARTCP) – Participation Universe

**Participation** – Participation

**Agency ID** – The unique 3 digit code assigned to each WIC Local Agency in California.

**Clinic ID** – The unique 3 digit code assigned to each WIC Local Agency's site.

**Racial/Ethnic** – First character indicates ethnic choice: H – Hispanic/Latino, N – Non Hispanic/Latino, or R – Refused. Second character indicates race choice: A – Asian, B – Black/African American, N – American Indian or Alaskan Native, P – Native Hawaiian or other Pacific Islander, W – White, R – Refused or M – More than one race chosen

**Racial/Ethnic Desc** – Description of the Racial/Ethnic Code

**Reporting Race** – Transformed Race for reporting purposes. A = (NA,RA) = Asian, B = (NB,RB) = Black/African American, H = (HA,HB,HN,HP,HW,HR,HM) = Hispanic/Latino, N = (NN,NP,RN,RP) = Non Hispanic/Latino, R = (NR,RR) = Refused, W = (NW,RW) = White, M = (NM,RM) = More than one race chosen

**Reporting Race Desc** – Transformed Race for reporting purposes. A = NA,RA; B = NB,RB; H = HA,HB,HN,HP,HW,HR,HM; N = NN,NP,RN,RP; W = NW,RW; M = NM,RM

**Food Packet ID (2 characters)** – The first two letters of the Food Packet ID.

**Food Packet ID (3 characters)** – The first three letters of the Food Packet ID.

**Food Packet ID (4 characters)** – The full Food Packet ID, up to 4 letters long.

**Category** – Category at Certification P = Prenatal B = Breastfeeding  
N = Non-Breastfeeding I = Infant C = Child

**Priority** – The participant's priority for the Prescription Month at the time of FI Issuance.

**Issue Date** – The date the Food Packet was issued

**Valid Start Date** – The Valid Start Date of the Food Packet in MM/DD/YY format

**Valid Start Date Month/Year** – Prescription month and year in YYYYMM format

**Age Range** – The age ranges are as follows: M00<01, M01<02, M02<03, M03<04, M04<05, M05<06, M06<07, M07<08, M08<09, M09<10, M10<11, M11<12, Y01<02, Y02<03, Y03<04, Y04<or =05, Y09<15, Y15<19, Y19<35, Y35<45 & >Y45

**Participation Count** – Count of Certified Participants Issued a Food Packet

## Participation WIC Reports Universe

Below is a list of the folders and objects in the **Participation WIC Reports Universe (PARTOFF)**  
– Participation WIC Reports Universe

**Participation WIC Reports** – Participation WIC Reports

**Agency ID** – The unique 3 digit code assigned to each WIC Local Agency in California.

**Valid Start Date Month/Year** – The Valid Start Date of the Food Packet in YYYYMM format.

**Priority 1 & 2** – A count of Priority 1 & 2 Participants

**Combo Fed Infants** – Number of Infants issued an IC = Combo is breast with contract formula or IZ = Combo is breast with therapeutic formula type packet

**Exclusively BF Infants** – Number of infants issued an IB type packet.

**Formula Only Infants** – Number of Infants issued an IF = Infant, formula fed or IT = Infant Toddler type packet

**Total Infants** – The total number of infants, including those with IT type packets.

**Formula Fed Infants** – The sum of the number of participants receiving Contract Formula, WIC Paid Therapeutic Formula, and Non-WIC paid Therapeutic Formula.

**Contract Formula** – The number of participants (all categories) issued contract formula.

**WIC Paid Therap. Formula** – The number of infants issued WIC-paid therapeutic formula.

**Non-WIC Paid Therap. Formula** – The number of infants issued non-WIC-paid therapeutic formula.

**Participation Count** – A count of individuals issued a prescription.

## Summarized ISIS Information Universe

Below is a list of the folders and objects in the **Summarized ISIS Information Universe** (SUMMARY1) – Summary tables universe. This universe contains multiple summary tables. Each report must be created from a single folder.

**Participation Summary 1** – Contains summarized data on WIC individuals who were issued food instruments from the first day of implementation to close of business yesterday. Local agency staff will be restricted to their own agency's summarized participation data.

**Agency ID** – Unique identification code for each agency.

**Agency Name** – Name of Agency

**Clinic ID** – Unique clinic code within a specific agency.

**Clinic Name** – Name of Clinic

**Category** – Category of the participant. P = Pregnant, B = Breastfeeding, N = Non-breastfeeding (Postpartum), I = Infant (Less Than 1 Yr), C = Child (1-5 Years)

**Sort Nbr** – When using category in a report, place this object on the far left of the report and the data will be sorted in Prenatal, Breastfeeding, Non-Breastfeeding, Infant, and Child order.

**Food Packet ID (2 Char)** – First two characters of the Food Packet Identifier code. Used to provide summaries of like food packet ids.

**Food Packet ID (3 Char)** - First three characters of the Food Packet Identifier code. Used to provide summaries of like food packet ids.

**Food Packet ID (4 Char)** – Food Packet Identifier code displayed as all 4 characters.

**Priority** – Priority code, 1 – 8

**FI Issue Date** – Date the FI's were issued.

**Valid Start Date** – First date the FI is valid for use, also know as 'first day to use'

**Valid Start Date – Year Month** – Valid start date in YYYY/MM format

**Age Range** – Age of participants in predefined ranges

**Racial Ethnic** – Ethnicity or Race of an individual. A = Asian, B = Black, H = Hispanic, N = Native American, W = White, R = Refused

**Participation Count** – Count of participants.

## Summarized ISIS Information Universe

### Pre-defined Conditions on the Conditions Tab:

**Current Month** – Selects participants for the current month only. Based on Valid Start Date being any day within the current month.

**Last Month** – Selects participants for the previous month only. Based on Valid Start Date being any day within the previous month.

**Participation Summary II** – Contains summarized counts of WIC individuals who were priorities I and II as well as breastfeeding and formula feeding. Data is refreshed once each month adding a new participation month. Local agency staff will be restricted to their own agency's data.

**Agency ID** – Unique identification code for each agency.

**Agency Name** – Name of Agency

**Participation Month** – Counts are all based on monthly extracts summarizing participation data. This is the first day of the month being summarized: E.G. 01/01/2002, Display format is MM/YYYY.

**Caseload**

**Partial BF Infants**

**Partial BF to Total Infants**

**Excl BF Infants**

**Excl BF to Total Infants**

**Formula Only Infants**

**Formula Only to Total Infants**

**Total Infants**

**Participation**

**Participation to Caseload**

**Priority I and II**

**Priority I & II to Caseload**

**Priority I & II to Participation**

**Formula Fed**

**Contract Formula**

**Contract to Formula**

**Alternate Formula**

**Alternate to Formula**

**WIC Paid TF**

**WIC Paid TF to Formula**

**Non-WIC Paid TF**

**Non-WIC Paid TF to Formula**

## Summarized ISIS Information Universe

### Pre-defined Conditions on the Conditions Tab:

**Prior 12 Months** – Prior 12 Months: Selecting this filter will limit your results to each of the last 12 months.

**Prior 24 Months** – Prior 24 Months: Selecting this filter will limit your results to each of the last 24 months.

**Priority by Category** – Contains summarized data on WIC enrollees by priority and category. It contains a weekly snapshot of summary priority and category information from ISIS implementation to current date. Local agency staff will be restricted to their own agency's data.

**Extract Date** – Date the information was extracted from ISIS

**Agency ID** – Three-digit number assigned by WIC Branch to each agency.

**Agency Name**

**Clinic ID** – Three-digit number assigned by WIC Branch to each clinic within each agency.

**Clinic Name**

**PG 1** – Count of priority 1 prenatal women

**PG 4** – Count of priority 4 prenatal women

**PG 8** – Count of priority 8 prenatal women

**BF 1** – Count of priority 1 breastfeeding women

**BF 2** – Count of priority 2 breastfeeding women

**BF 4** – Count of priority 4 breastfeeding women

**BF 8** – Count of priority 8 breastfeeding women

**NBF 3b** – Count of priority 3b non-breastfeeding women

**NBF 6** – Count of priority 6 non-breastfeeding women

**NBF 8** – Count of priority 8 non-breastfeeding women

**I 1** – Count of priority 1 infants

**I 2** – Count of priority 2 infants

## **Summarized ISIS Information Universe**

**I 4** – Count of priority 4 infants

**I 8** – Count of priority 8 infants

**C 3a** – Count of priority 3a children

**C 3c** – Count of priority 3c children

**C 5** – Count of priority 5 children

**C 8** – Count of priority 8 children

### **Pre-defined Conditions on the Conditions Tab:**

**Select an Extract Date** – Provides a popup list of available Extract dates

**Ethnicity by Category** – Contains summarized data on WIC enrollees by ethnicity and category. If contains a weekly snapshot of summary ethnic and category information from ISIS implementation to current date. Local agency staff will be restricted to their own agency's data.

**Extract Date** – Date the information was extracted from ISIS

**Agency ID** – Three-digit number assigned by WIC Branch to each agency.

**Agency Name** – Name of Agency

**Clinic ID** – Three-digit number assigned by WIC Branch to each clinic within each agency

**Clinic Name** – Name of Clinic

**Racial Ethnic** – Ethnicity or Race of an individual. A = Asian, B = Black, H = Hispanic, N = Native American, W = White, R = Refused

**Prenatal** – Count of prenatal women

**Excl BF Women** – Count of women exclusively breastfeeding

**Partial BF Women** – Count of women partially breastfeeding

**Non BF Women** – Count of women not breastfeeding

**Excl BF Infant** – Count of infants exclusively breastfeeding

**Partial BF Infant** – Count of infants partially breastfeeding

**Formula Infant** – Count of infants on formula

## Summarized ISIS Information Universe

Children – Count of children

### Pre-defined Conditions on the Conditions Tab:

Select an Extract Date – Provides a popup list of available Extract dates

Vaccination Aggregate – Contains aggregate detail information about infants and children's immunizations by agency and clinic. Local agency staff is restricted to their own agency's data.

Extract Date

Agency ID

Agency Name – Name of Agency

Clinic ID

Clinic Name – Name of Clinic

Racial Ethnic

Category

Sort Nbr – By placing a sort on this column the data can be sorted in Prenatal, Breastfeeding, Non-Breastfeeding, Infant, and Child order.

Priority

Age Range

HepB Dose

Polio Dose

DTP Dose

Hib Dose

MMR Dose

Var Dose

No IZ Card

Intilleg Error

IZ 12 Month

IZ 24 Month

Vacc Aggr

## Unissued Prescription Detail Universe

Below is a list of the folders and objects in the **Unissued Prescription Detail Universe** (UNISSDTL) – Unissued Prescription Detail Universe

**Unissued Prescription Detail** – Unissued Prescription Detail

**Agency ID** – The unique 3 digit code assigned to each WIC Local Agency in California.

**Clinic ID** – The unique 3 digit code assigned to each WIC Local Agency's site.

**Rx Month/Year** – Prescription month & year in YYYYMM format.

**Individual ID** – A unique 11 character code assigned to each WIC participant. It includes 9 numbers followed by 2 letters. The 2 letters are the participant's first and last initials at enrollment.

**Interven Level** – Intervention level for current certification period.

**Category** – Category at Certification P = Prenatal B = Breastfeeding  
N = Non-Breastfeeding I = Infant C = Child

**Family ID** – A unique 11 character code assigned to each WIC family. It includes 2 letters followed by 9 numbers. The 2 letters are the parent or guardian's first and last initials at enrollment.

**Fam Lang Pref** – Example: VI – Vietnamese

**Language Desc** – Description for the preferred language of the family.  
Example: SP – Spanish

**Appt Agency ID** – 3-digit Agency ID where the appointment is scheduled.

**Appt Clinic ID** – 3-digit Clinic ID where the appointment is scheduled.

**Schedule Date** – Date next appointment scheduled in MM/DD/YYYY format.

**Appointment Time** – Next Appointment Time as of the extract date in HH:MM format.

**Contact Type** – Agency defined contact type.

**Primary Phone Number** – Primary telephone number where the applicant or parent/guardian receives calls or messages. Valid values between 0–9.

**Primary Phone Type Desc** – Indicates primary phone number type

**Secondary Phone Number** – Secondary telephone number where the applicant or parent/guardian receives calls or messages. Valid values between 0-9.

## Unissued Prescription Detail Universe

**Secondary Phone Type Desc** – Indicates secondary phone number type

**Addr Line 1 (Family Name)** – The Family First Name, Middle Initial, and Last Name combined into 1 line.

**Street Address** – The components of the street address combined into 1 line.

**City/State/Zip** – The city, state, and zip code combined into 1 line.

**Unissued Indiv Count** – Count of unissued participants.

**Unissued Fam Count** – Count of unissued families.

### Pre-defined Conditions on the Conditions Tab:

**Future Appointments** – Appointments tomorrow and into the future.

**No Future Appointments** – No appointments scheduled for today and into the future.

**Today's Appointments** – Appointments scheduled for today.

**Intervention levels 3 and 4**

## ISIS Reporting Information Universe

Below is a list of the folders and objects in the ISIS Reporting Information Universe (WorkingA)  
– Contains ISIS working active data

### Individual Information

**Period #** - Working Active information is broken up into period numbers 1 and 2. Each represents a specific month of extracted data.

**Extract Date** – Date data was extracted from ISIS.

**Individual ID** – Unique identification number assigned to every enrollee in ISIS.

**Name** – First and last name of the individual

**Agency ID** – Unique identification code for each agency.

**Clinic ID** – Unique clinic code within a specific agency.

**Family ID** – Unique identification number assigned to every family in ISIS.

**DOB** – Date of Birth

**Age Years at Extract** – Age in years calculated at the time the data was extracted from ISIS

**Age YY-MM at Extract** – Age (partial years) in months calculated at the time the data was extracted from ISIS

**Age Years Current** – Age in years calculated as of today

**Age YY-MM Current** – Age (partial years) in months calculated as of today

**Racial Ethnic** – Ethnicity or Race of an individual. A = Asian, B = Black, H = Hispanic, N = Native American, W = White, R = Refused

**Language Pref** – Preferred Language of the family. Example: SP = Spanish

**Language Description** – Example: EN = English

**Category** – Category of the participant. P = Pregnant, B = Breastfeeding, N = Non-Breastfeeding (Postpartum), I = Infant (Less Than 1 Yr), C = Child (1-5 Years)

**EDD** – Expected delivery date for prenatal women. Populated only for individuals with a category of 'P'.

**Cert Start Date** – Start date of the individual's certification period.

## **ISIS Reporting Information Universe**

**Cert End Date** – End date of the individual's certification period.

**Gender** – M = Male, F = Female. Populated only for infants and children. Prenatal, Breastfeeding and Non-Breastfeeding contain blank

**Priority** – Priority code, 1 – 8

**Intervention Level** – Indicates the priority level at which WIC participant receives WIC services. Values: 1 – 4

**TANF Status** – TANF Status. Y = Yes, N = No

**Food Stamp Status** – Food Stamp status Y = Yes, N = No

**Health Care** – Indicates Health Care Status. A = AA Agency defined, B = BB Agency defined, C = CC Agency defined, H = HF Healthy Families, Q = HP Healthy Families pending, Y = MC Medi-Cal / Medi-Cal managed care, P = MP Medi-Cal / Medi-Cal managed care pending, Z = NO None, I = PI private insurance, R = RE refused.

**Families** – Count of families

**Certified Participants** – Count of Certified Participants

**Certified Participants Issued FI** – Count of Certified Participants with FI

**All Records** – Count of all individuals

**Expired Records** – Count of Expired Records

### **Pre-defined Conditions on the Conditions Tab:**

**Certified Participants** – Individuals within their WIC certification period

**Certified Participants with FI** – Individuals within their WIC certification period who were issued an FI

**Expired Records** – ISIS records up to 90 days after the end of an individual's certification period

**Prenatal Women** – Prenatal Women – Category = 'P'

**Breastfeeding Women** – Breastfeeding Women – Category = 'B'

**Non-Breastfeeding Women** – Non-Breastfeeding Women – Category = 'N'

**All Women** – All Women – Categories = 'P', 'B' or 'N'

## **ISIS Reporting Information Universe**

**Infants** – Infants – Category = ‘I’

**Children** – Children – Category = ‘C’

**Infants and Children** – Infants and Children – Categories of ‘I’ or ‘C’

**Individual Name Details** – Individual’s names broken down into first, middle and last names.

**First Name** – Participant’s First Name

**Middle Init** – Participant’s middle initial

**Last Name** – Participant’s Last Name

**Miscellaneous** – Miscellaneous ISIS information such as birth demographics, other programs and IZ status flags

**Birth Country** – Participant’s country of birth

**Birth State** – Participant’s state of birth

**Birth County** – Participant’s county of birth

**Follow-up Ed** – Follow-up education. G = Group, C = CPA, D = Registered Dietitian

**Other Programs 1** – Indicates to what, if any, other services the WIC participant has been referred.

**Other Programs 2** - Indicates to what, if any, other services the WIC participant has been referred.

**Other Programs 3** - Indicates to what, if any, other services the WIC participant has been referred.

**Non WIC NE** – Indicates non WIC Nutritional Education

**Dr/Clinic Name** – Doctor or Clinic Name

**IZ 12 Months** – Indicator of up to date IZ status at 12 Months – Y = Yes, N = No, <blank> - unknown

**IZ 24 Months** – Indicator of up to date IZ status at 24 Months – Y = Yes, N = No <blank> - unknown.

**Disqual Code** – Indicates if the individual has been identified as ineligible or has been disqualified. A disqualified person includes a child who “ages out” at five years or a member of a family whose income has increased so as to make the family ineligible.

## ISIS Reporting Information Universe

**Nutrition Ed History** – This table contains data on nutrition education contacts with WIC participants/enrollees. Contains information from ISIS implementation to current date  
\*\* Requests run much faster when a NE Date range is specified.

**NE Date** – Nutrition Education date \*\* Queries run much faster when a date range is specified.

**Age in days at NE** – Age in days on NE Date. Sometimes used in selection criteria when trying to determine how many infants under 30 days old enrolled

**Contact Type (2 Char)** – First two characters of the code describing the appt/contact type

**Contact Type (4 Char)** – An entire code describing the appt/contact type

**Contact Title** – Description of the contact

**Last Mod User (NEH)** – Last mod user on the NE history record

**Last Mod Date (NEH)** – Last mod date of the NE history record

### **Pre-defined Conditions on the Conditions Tab:**

**NE Contact Status = Y** – Nutrition Education Contact Status = 'Y'

**NE Date within Cert Period** – Contacts that only occurred between the participant's cert start date and cert end date

**Enrollments** – Contact types that begin with E

**Nutrition Ed Plan** – ISIS nutrition education plans related to ISIS working active records, (individual records currently within their certification period or up to three months beyond their certification end date).

**Contact Type** – A code describing the appt/contact type

**Contact Date** – Nutrition Education contact date

**Prescription Information** – ISIS prescription information related to ISIS working active records (individual records currently within their certification period or up to three months beyond their certification end date).

**Food Packet ID (2 Char)** – First two characters of the Food Packet Identifier code. Used to provide summaries of like food packets ids.

**Food Packet ID (3 Char)** – First three characters of the Food Packet Identifier code. Used to provide summaries of like food packet ids.

## **ISIS Reporting Information Universe**

**Food Packet ID (4 Char)** – Food packet Identifier code

**Rx Month Year** – Prescription month and year, displayed as YYYY/MM

**Tailored Indicator** – Indicates if the package was tailored

**Hold/Issued Status** – Indicates if the FI has been issued. I = Issued, H = Held, <blank> - not issued

**Risk Information** – ISIS risk information related to ISIS working active records (individual records currently within their certification period or up to three months beyond their certification end date).

**Risk Code** – Risk code

**Risk Date** – Date risk was determined

**Health Stats** – The table is a monthly snapshot of ISIS risk codes related to ISIS working active records (individual records currently within their certification period or up to three months beyond their certification end date). This table contains current and previous month's information. Local agency staff will be restricted to their own agency's data.

**Hgb – Hct Date** – Date of last Hemoglobin or Hematocrit.

**Hgb** – Hemoglobin number of GM/DL. Values: 6.0 to 19.0.

**Hct** – Hematocrit percentage number. Values 20 to 50.

**Wt Date** – Date weight recorded.

**Wt lbs** – Weight in pounds.

**Wt ¼** - Partial pounds in ¼ pound increments.

**Length/Height In** – Length/Height in inches.

**Length/Height ¼** - Partial inches in ¼ inch increments.

**Food Instruments** – Contain current FI data dating back 2-3 months and looking forward 2 months.

**Serial Number** – Serial number of the food instruments

**Printer ID** – Printer id of the printer that printed the FI.

## **ISIS Reporting Information Universe**

**Proxy** – Proxy information

**Max Value** – Maximum value of the FI

**FI Issue Date** – Date the FI was issued

**Valid Start Date** – First day to use date

**Valid End Date** – Last day to use date

**Food Packet ID** – The monthly group or “package” of food items or instruments that a WIC participant receives. A food packet usually consists of more than one food instrument.

**Food Item Nbr** – Code number for a specific quantity of a specific food item

**Food Item** – Short description of the food item

**Description 0** – Beginning of detailed food item description.

**Description 1** – Continuation of detailed food item description.

**Description 2** - Continuation of detailed food item description.

**Description 3** - Continuation of detailed food item description.

**Description 4** - Continuation of detailed food item description.

**Description 5** - Continuation of detailed food item description.

**Description 6** - Continuation of detailed food item description.

**Quantity 1** – Beginning of detailed measurement of the quantity of the food item for which this instrument can be redeemed.

**Quantity 2** – Continuation of detailed measurement of the quantity of the food item for which this instrument can be redeemed.

**Quantity 3** - Continuation of detailed measurement of the quantity of the food item for which this instrument can be redeemed.

**Migrant Q 1** – Answer to question: Did your family work in Agriculture in the past 2 years?  
Y/N

**Migrant Q 2** – Answer to the agriculture follow-up question: If yes, did you/they have to leave the area to do this work?

## ISIS Reporting Information Universe

**Priority** – Priority code: 1, 2, 3, 4, 5, 6, 8

**Category** – Category of the participant. P = Pregnant, B = Breastfeeding, N = Non-breastfeeding (Postpartum), I = Infant (Less than 1 Yr), C = Child (1-5 Years)

**Redeem Amount** – Actual price charged (to be paid by WIC) for the item on this FI.

**Redeem Date** – Date that this FI was paid by the bank. This is not the date that the WIC participant redeemed this FI at the store.

**Disposition** – FI disposition code. I = Issued, R = Redeemed, VD = Void & Reissue Damaged, VM = Void/No Reissue Missing, VP = Void and Reissue diff Rx, V V = Void and Reissue diff Vendor...etc.

**Disposition Date** – Date when current disposition code became effective.

**Updated Disposition** – Reject code – reason for voiding an FI.

**Last Mod User (FI)** – Last mod user on the FI Issued record

**Last Mod Date (FI)** – Last mod date of the FI Issued record

**Food Instruments** – Count of food instruments

### **Family Information**

**Family ID** – Family identifier

**Family Name** – First and last name of the family

**Street Address** – Street address of the family

**City/State/Zip** – City, State and Zip Code of the family

**Phone Number** – Phone number of the family in (999) 999-9999 format

**Message Phone** – Indicates the type of Phone Number. H = Home, C = Cell, W = Work, M = Message, <blank> = Unknown

**Secondary Phone Number** – Secondary Phone Number of the family in (999) 999-9999 format

**Secondary Message Phone** – Indicates the type of Secondary Phone Number. H = Home, C = Cell, W = Work, M = Message, <blank> = Unknown

## **ISIS Reporting Information Universe**

**Address Doc** – Address Documentation: Example – B = Bill

**Language Pref** – Language Preference: Example – SP = Spanish

**Verification** – Indicates method of income documentation: Example – P = Pay stub

**Heard of WIC** = Indicates how the person heard about WIC:

Example – F = Friend/Relative/Co-Worker

**Family Size** – Size of the family of the person who is applying for WIC. Includes the actual family, not necessarily the people who are living in the household.

**Highest Grade** – The highest grade of the head of the household of the family applying for WIC. Usually the mother or parent / foster parent, but could be the husband in a two parent family if he is considered to be the head of the household. 0 – 20.

**Migrant Q 1** – Answer to question: Did your family work in Agriculture in the past 2 years?  
Y/N

**Migrant Q 2** – Answer to the agriculture follow-up question: If yes, did you / they have to leave the area to do this work?

**Monthly Income** – Eligible income allowed to be used to determine WIC income eligibility. Not all income counts toward eligibility.

**TANF/FS/MC** – Used to determine WIC eligibility. Any one who is on one of these forms of assistance is generally income eligible for WIC.

**Next Appt Date** – Date of the next appointment

**Next Appt Time** – Time of the next appointment

**Last Cert End Date** – Oldest Certification End Date for any member of the family

**Income Date** – Date the family's income is verified.

**Refer TANF** – Indicates if the family was referred to AFDC services by WIC.

**Refer MediCal** – Indicates if the family was referred to MEDI-CAL services by WIC.

**Refer FS** – Indicates if the family was referred to FOOD STAMPS by WIC.

**Refer Child Supp** – Indicates if the family was referred to Child Support Services by WIC.

**Racial Ethnic** – Ethnicity or Race of a disqualified family. A = Asian, B = Black, H = Hispanic, N = Native American, W = White, R = Refused

## **ISIS Reporting Information Universe**

**Disqual Code** - Ineligible / Disqualification code for the family

**Confidential** – Confidential indicator. Y = Yes, N = No

**Consent** – Indicator on whether or not the consent statement was signed. Y = Yes, N = No

**Consent Date** – Date consent indicator was collected.

**Family Hold** – Indicates whether or not there is a hold on the family record.

**Last Mod User (Fam)** – Last mod user on the Family record

**Last Mod Date (Fam)** – Last mod date on the Family record

### **Family Name Detail**

**Family First Name** – First name on the family record

**Family Middle Initial** – Middle initial on the family record

**Family Last Name** – Last name on the family record

### **Home Address Detail**

**Home / Mail Same** – Indicates if the home address is the one at which the person / family receives mail. This is helpful when doing a mail – out activity since we can note which addresses are those to which informational items can be sent.

**House Nbr** – Number of Home Address

**Pre Dir** – Direction of home street type, for example, North Main or South Main.

**Street Name** – Name of the street where the WIC applicant / participant lives

**Street Type** – Type of street where the WIC applicant / participant lives. For example, Drive, Avenue, etc.

**Post Dir** – Direction of home street type, for example, Main North or Main South.

**Unit Type** – Type of unit. Example: Apartment (Apt)

**Unit Number** – Unit number of the address where WIC applicant / participant lives. For example, # 1 or # A or # 21-C.

## **ISIS Reporting Information Universe**

**City** – Used to determine WIC eligibility for California WIC. It should be noted, however, California WIC does serve some persons in other states such as Indian reservations in Arizona or locations in Oregon or Nevada which are significantly closer to a California WIC clinic than they are to a WIC clinic in the person's state of residence.

**State** – California WIC does serve some persons in other states such as Indian reservations in Arizona or locations in Oregon or Nevada which are significantly closer to a California WIC clinic than they are to a WIC clinic in the person's state of residence.

**Zip5** – There is no edit for this attribute, that is, there is no way to confirm that the zip code (only the first 5 digits) given for a particular city or location is correct. This is often not the best data element to use to determine service areas because the zip codes for the persons' homes are not required to be updated if the person transfers from one agency to another, therefore, one can have a zip code in Northern California but actually be enrolled in an agency in Southern California.

**Zip9** - There is no edit for this attribute, that is, there is no way to confirm that the zip code (either 5 or 9 digits) given for a particular city or location is correct. This is often not the best data element to use to determine service areas because the zip codes for the persons' homes are not required to be updated if the person transfers from one agency to another, therefore, one can have a zip code in Northern California but actually be enrolled in an agency in Southern California.

### **Mail Address Detail**

**Home / Mail Same** - Indicates if the home address is the one at which the person / family receives mail. This is helpful when doing a mail – out activity since we can note which addresses are those to which informational items can be sent.

**House Nbr** – Number of Address at which the person receives mail.

**Pre Dir** – Direction of street type (for example, North Main or South Main) where the person receives mail.

**Street Name** – Name of the street where the WIC applicant / participant receives mail.

**Street Type** – Type of street where the WIC applicant / participant receive mail. For example, Drive, Avenue, etc.

**Post Dir** – Direction of home street type (for example, Main North or Main South) where the person receives mail.

**Unit Type** – Type of unit where WIC applicant / participant receive mail. Example: Apartment (Apt)

## **ISIS Reporting Information Universe**

**Unit Nbr** – Unit number of the address where WIC applicant / participant receives mail. For example, # 1 or # A or # 21-C.

**City** – Name of city in which the WIC applicant / participant receives mail.

**State** – Name of the state in which the participant receives mail.

**Zip5** – Zip code where the participant receives mail (only first 5 characters)

**Zip9** – Zip code where the participant receives mail.

### **Proxy Detail** – Proxy information

**Proxy1 First Name** – First name of 1<sup>st</sup> person authorized by the WIC participant to pick up WIC food instruments at the WIC clinic.

**Proxy1 Last Name** – Last name of 1<sup>st</sup> person authorized by the WIC participant to pick up WIC food instruments at the WIC clinic.

**Proxy1 How Auth** – Authorization method used to identify name of Proxy1.

**Proxy1 Date Auth** – Date of authorization for Proxy1.

**Proxy2 First Name** - First name of 2<sup>nd</sup> person authorized by the WIC participant to pick up WIC food instruments at the WIC clinic.

**Proxy2 Last Name** - Last name of 2<sup>nd</sup> person authorized by the WIC participant to pick up WIC food instruments at the WIC clinic.

**Proxy2 How Auth** - Authorization method used to identify name of Proxy2.

**Proxy2 Date Auth** – Date of authorization for Proxy2.

### **Agency Information**

**Agency ID** – Three-digit number assigned by WIC Branch to each agency.

**Agency Name** – Name of agency

**Contact Name** – First and last name of designated contact in agency

**Fax Nbr** – Fax phone number

**Phone Nbr** – Telephone number of agency

**Pre Dir** – Direction of home street type, for example, North Main or South Main.

## **ISIS Reporting Information Universe**

**Street Nbr** – Street address number

**Street Name** – Street name

**Street Type** – Type of street where the WIC applicant / participant lives. For example, Drive, Avenue, etc.

**Post Dir** – Direction of home street type, for example, Main North or Main South.

**Unit Type** – Type of unit. Example: Apartment (Apt)

**Unit Nbr** – Unit number of the address. For example, # 1 or # A or # 21-C.

**City** – City name

**State** – Abbreviation of name of state

**Zip** – Zip code 5+4 format

### **Clinic Information**

**Agency – Clinic** – Designed to link clinics to their respective agencies in canned report prompts.

**Agency ID** – Three-digit number assigned by WIC Branch to each agency.

**Clinic ID** – Three-digit number assigned by WIC Branch to each clinic within each agency. This is a unique number, which is not “re-cycled” when or if the clinic is closed.

**Clinic Name** – Name of clinic

**Street Nbr** – Street address number

**Street Name** – Street name

**Street Type** – Type of street where the WIC applicant / participant lives. For example, Drive, Avenue, etc.

**Pre Dir** – Direction of home street type, for example, North Main or South Main.

**Post Dir** – Direction of home street type, for example, Main North or Main South.

**Unit Type** – Type of unit. Example: Apartment (Apt)

**Unit Nbr** – Unit number of the address. For example, # 1 or # A or # 21-C.

## **ISIS Reporting Information Universe**

**City** – City name

**State** – Abbreviation of name of state

**Zip** – Zip code 5+4 format

**County Nbr** – County identifier, normally a two digit number

**County Name** – Name of county

### **Pre-defined Conditions on the Conditions Tab:**

**Agency-Clinic** – This filter originally intended to be used to link clinics to their respective agencies. Used in canned reports.

### **Hdwicidp Vinfwapartcntl**

#### **WA Extract Month**

**Rx Month/Year** – Designed to be used in conjunction with the corresponding object of the same name, in canned reports.