

SERVICE MODIFICATION REQUEST FORM TEMPLATE

DEPARTMENT

Health & Wellness – 6 WIC Clinics

1. Describe the service modification request.

Please including the reason for change

The WIC program is currently providing in person services. In October, we would like to expand services to include all participants.

2. Who will be impacted by the change?

Consider the racial equity impacts for both service users and staff

Does the change affect the provision of healthcare or healthcare support services (definitions below)? Yes Who will be impacted by the change?

WIC serves a diverse clientele that are at higher risk of nutrition and health related concerns. Not providing the full scope of WIC services impacts our ability for early intervention.

3. How will this change impact workplace safety during COVID-19?

Seeing clients in-person, which includes growth & hemoglobin screening in addition to counseling, education and referrals, will positively impact families and clients. During this pandemic, we have received requests from families to come into our WIC spaces to have their child measured.

This will allow the ability to screen clients and refer them to their medical provider to continue care.

4. Will this change bring additional staff or residents into your assigned county building?

Will this change return staff who've been remote to face-to-face resident interaction either in a building or in the community? : No If yes, please explain the plan to communicate with and train staff about any COVID-19 protective measures.: No this is not a change to staff returning to work. All staff are currently working at least part-time onsite providing face-to face services.

5. Has this request been reviewed and approved by your Deputy County Manager or Executive Team member?

YES

Use the [online service modification request form](#) to submit official requests