

# WIC User Information (To be submitted along with User Request Form)

Name: \_\_\_\_\_

Agency name and Number \_\_\_\_\_

(PLEASE Print your name clearly)

1. Has the new employee worked for Iowa WIC before ? Y\_\_ N\_\_
2. When did the employee last work for Iowa WIC? \_\_\_\_\_
3. Hours per week working for WIC using WIC grant \$: \_\_\_\_\_ FTE: \_\_\_\_\_ or
4. Hours per month working for WIC using WIC grant \$: \_\_\_\_\_ FTE: \_\_\_\_\_ or

WIC Duties: (check the one description that best matches the tasks this person will be performing in Focus)

\_\_\_\_\_ BFPC

\_\_\_\_\_ CPA

\_\_\_\_\_ CPA Admin

\_\_\_\_\_ Non CPA Professional

\_\_\_\_\_ Reports only

\_\_\_\_\_ Scheduler only

\_\_\_\_\_ Support Staff

\_\_\_\_\_ Support Staff Admin

\_\_\_\_\_ View only

\_\_\_\_\_ WIC Coordinator

Other (please explain)

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