

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

Name: _____

Agency name and Number _____

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)
