

Memorandum of Understanding

Between

Pueblo Rocky Mountain SER Head Start and the Pueblo WIC Program

This agreement is established to permit the sharing of WIC participant information with the Pueblo Rocky Mountain SER Head Start Program ("Head Start") by the Pueblo City-County Health Department ("Department").

- I. WIC participant information may be shared with Head Start for the sole and only purpose of conducting outreach, referral, and eligibility determination for WIC participants in order that the WIC participants may be served by Head Start.
- II. The following WIC information may be shared with Head Start as a part of this agreement:
 - A. participant name
 - B. participant ID number
 - C. date of birth
 - D. address
 - E. parent or endorser's name
 - F. social security number
 - G. primary language spoken
 - H. clinic location
 - I. immunization information
 - J. ethnic origin
 - K. phone number
 - L. height
 - M. weight
 - N. hematocrit/hemoglobin
 - O. sex
 - P. Medicaid household number
 - Q. Medicaid number
 - R. date of last WIC visit
 - S. WIC staff ID
 - T. last WIC benefit date
 - U. Income
 - V. Nutrition Risk Factors
- III. The WIC participant information is confidential and will not be released or revealed to any third party for any reason. This agreement binds Head Start and all its employees to treat the information as confidential.
- IV. The Department is responsible to see that all WIC applicants and participants are informed of the potential disclosure of their information to Head Start through the WIC Participant Documentation Form.

This agreement between Head Start and the Department is effective from February 1, 2005 to January 31, 2006. Both parties agree to insure their employees' compliance with the terms of this agreement and maintain confidentiality of WIC participant information. This agreement may be amended upon mutual consent of the program directors of Head Start and the Department.

Pueblo City-County Health Department 3-5-05 Pueblo Rocky Mountain SER Head Start

By [Signature]
Signature Date

By [Signature] 3-9-05
Signature Date

Director - Pueblo City-County Health Dept.
Title

Director
Title