<table>
<thead>
<tr>
<th>WIC LOCAL AGENCY PERFORMANCE MEASURES REPORT</th>
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<tr>
<td>MONTH OF:</td>
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<td>LOCAL AGENCY NAME:</td>
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**Instructions**

1. The totals entered on this summary page must equal the total of all back-up documentation.
2. All back-up documentation for this report will be submitted with this summary page to the State Office by the 15th day of the following report month.

**PERFORMANCE MEASURES**

1. **Percentage of families receiving NE/Counseling services at the time of voucher issuance**
   - Total number of FAMILIES that received VI and NE within the report period.
   - Total number of FAMILIES that received VI (whether or not they received NE) during the report period.
   - **PERCENTAGE**

2. **Percentage of women in first trimester at certification**
   - Total number of pregnant women certified and in their first trimester of pregnancy within the report period.
   - Total number of pregnant women certified within the report period.
   - **PERCENTAGE**

3. **Percentage of enrolled clients receiving vouchers during the report period (no-show rate)**
   - Total number of non-migrant clients who were not DP or TR locked and were issued vouchers within a first date to spend within the report period.
   - Total number of enrolled, non-migrant clients who were not DP or TR locked.
   - **PERCENTAGE**

4. **Percentage of clients having a health care source (HCS) of 00 (self/non) and also a referred to (REFTO) other than 00 (self/none) at certification**
   - Total number of clients having HCS = 00 and REFTO = something other than 00 at certification.
   - Total number of clients having HCS = 00 at certification.
   - **PERCENTAGE**

Please complete this report by responding to the following question:

*Born-to-WIC Breastfed Infants*

*Percentage of infants born to WIC breastfed at or before the time of certification*